



# Important Provider Notice

March 5, 2024

## Change Healthcare CLAIMS/REMITTANCE UPDATE

Highmark Wholecare is working to address impacts from the recent Change Healthcare cyber security incident. Change Healthcare, an outside vendor, supports health care providers and vendors with electronic submissions to payers such as the filling of prescriptions and healthcare claims.

**This notice includes important updates on claims submissions and electronic remittance.**

### **Submitting Claims:**

Providers can once again submit electronic claims to Highmark Wholecare.

Highmark Wholecare has changed to the Smart Data Solutions (SDS) clearinghouse used for electronic claims submission. Providers can use any clearinghouse to submit claims except Change Healthcare. Due to the continued impacts of Change Healthcare's cybersecurity incident, Highmark Wholecare will not receive any claims submitted through Change Healthcare and they will not be processed for payment.

To minimize disruption and expedite payments, we strongly encourage providers who use Change Healthcare as their clearinghouse to submit claims to an alternative solution while Change Healthcare addresses their cybersecurity incident.

Highmark Wholecare payer IDs have not changed:

- Medicaid: 25169
- Medicare: 60550

Highmark Wholecare providers can continue to submit paper claims.

The organization continues to assess the impact of the Change Healthcare cybersecurity incident on providers' claims. To the extent issues have been or are identified, we will implement mitigation activities and communicate further updates as new information becomes available.

### **Electronic Remittances:**

Providers will continue to have the ability to access and receive electronic remittances through ECHO Health by:

- Downloading Electronic Remittance Advices (ERAs) directly from the ECHO Health provider web portal to bypass dependency on a clearinghouse.
- Downloading a human-readable remittance (PDF format) for manual posting of cash receipts. This solution is targeted for providers with minimal claim payment activity.

We are promptly identifying additional solutions to distribute 835 remittances to more clearinghouses. Details will be provided in future communications.

Highmark Wholecare providers can continue to utilize NaviNet® to verify member eligibility and benefits, and to request prior authorization through our Guiding Care Authorization Tool.

**Writing/Filling Prescriptions:**

Guidance from Highmark Wholecare’s previous notice remains unchanged.

Highmark Wholecare continues to investigate this incident and will communicate further updates as new information becomes available.

**Disclosure**

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).