



March 25, 2024

To the healthcare provider community:

As many of you have experienced, the impacts of the cyberattack against Change Healthcare have continued to disrupt provider billing and claims operations. At the U.S. Department of Health and Human Services (HHS), the Administration for Strategic Preparedness and Response (ASPR), and the Centers for Medicare & Medicaid Services (CMS), we have heard concerns from so many providers - from pediatricians and ophthalmologists to infusion centers, home- and community-based services providers, and community health centers - about cash flow disruptions in the aftermath of the Change Healthcare cyberattack.

The Biden-Harris Administration is leading with solutions, providing flexibility for state Medicaid programs to provide interim payments to fee-for-service providers, making advance and accelerated payments available to providers and hospitals through Medicare, and urging health plans to do the same. We continue to press UnitedHealth Group and private healthcare plans to follow our lead.

We also continue to hear from providers that you have sometimes had difficulty getting answers from healthcare plans about the availability of prospective payments or the flexibilities you may need while the Change Healthcare platform is unavailable. HHS asked health plans to provide specific national contact information that providers can use when they need this information, and we are providing that information to you enclosed with this letter. Please share this resource with providers who need it. However, if you have a regional point of contact for your health plan, we'd suggest you reach out to them first. If you reach out to these contacts and do not receive a response, please contact us at HHScyber@hhs.gov.

We also encourage you to review and implement HHS's voluntary Healthcare and Public Health Cybersecurity Performance Goals (<https://hphcyber.hhs.gov/performance-goals.html>), which are designed to help healthcare organizations strengthen cyber preparedness, improve cyber resiliency, and ultimately protect patient health information and safety.

We appreciate your resilience and your continued commitment to your patients during the last month. And thank you for remaining engaged with us to make sure we know about the challenges you have faced in light of the Change Healthcare cyberattack. It has been helpful for us to hear directly from you to understand the scope of those challenges and to know how to tailor our response to your needs. We will continue to value your feedback as we move forward together.



Andrea Palm
Deputy Secretary

Dawn O'Connell
Dawn O'Connell
Administrator and Assistant Secretary, ASPR

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Chiquita Brooks-LaSure
Administrator, CMS

Enclosure

Resources for Providers in Response to the Change Healthcare Cyberattack

March 25, 2024

Introduction

As you know, Change Healthcare was subject to a cyberattack in late February – and it has had a significant impact on health care operations across the country. Payments to hospitals, physicians, pharmacists, and other health care providers across the country were disrupted. Change Healthcare, which is owned by UnitedHealth Group (UHG), processes 15 billion health care transactions annually and is involved in one in every three patient records.

In order to help providers manage the impact of this attack, the U.S. Department of Health and Human Services (HHS) has compiled information, resources, and tools from health plans and payers for providers in need of assistance. In this document, providers will find information to help them connect with payers regarding impacts of the cyberattack, links to resources payers have set up (including guides to connect to alternate data clearinghouse services), information on advanced payments, and more.

If you have questions for HHS regarding the Change Healthcare cyberattack, please reach out to HHScyber@hhs.gov.

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United Health Group

UnitedHealth Group has advanced more than \$2 billion thus far through multiple temporary funding initiatives. We recognize the event has caused different levels of impact among providers; therefore, we continue to offer temporary funding assistance at no cost. We know many providers, especially smaller practices, are struggling, and we encourage those who need further assistance to access these resources. Since this effort launched more than two weeks ago, we have launched funding assistance programs designed for care providers to access funding help at no cost. These programs are available to:

- Providers who receive payments from payers processed by Change Healthcare.
- UnitedHealthcare medical, dental and vision providers.
- Providers who have exhausted all available connection options — or are in the process of implementing workaround solutions — and work with other payers who have opted not to advance funds while the Change systems are down.
- If you are a provider and are not seeing the amounts to cover your weekly shortfall, please contact us and we can help you. Please submit a request through the [temporary funding assistance inquiry form](#)

UnitedHealth Group's [funding website](#) allows for providers to first determine their eligibility, even without an Optum Pay account. To accept funds, an Optum Pay account is required.

Providers have 45 business days to return funds. Change Healthcare will send notice to recipients that the funding amount is due after claims processing or payment processing services have resumed and payments impacted during the service disruption period are processed. For all providers receiving funding support, there are no fees. No interest. No additional or associated costs.

All the necessary resources are in place to support funding assistance through the eventual system recovery and normalization of claims flow. For additional help, see “Inquiries About Funding Support” under the Additional Resources section on the right.

Contact Information

If providers have questions, they can go to our website www.optum.com/temporaryfunding For assistance, please contact 1-877-702-3253. Or contact your United or Optum relationship manager.

AmeriHealth Caritas

AmeriHealth Caritas has been in communication with our state and federal regulators and is going to extend claims timely filing requirements for all lines of business in accordance with the guidance recently released by HHS and any applicable regulatory direction.

For providers seeking advance payments, the company is evaluating the requests on a case-by-case basis. We centrally track all requests to ensure that they are quickly reviewed and processed.

Below are the links to the provider section of our plan-specific websites that include the latest information for our providers.

Medicaid

1. [AmeriHealth Caritas Delaware](#)
2. [AmeriHealth Caritas District of Columbia](#)
3. [AmeriHealth Caritas Florida](#)
4. [AmeriHealth Caritas](#)
5. [AmeriHealth New Hampshire](#)
6. [AmeriHealth Caritas North Carolina](#)
7. [AmeriHealth Caritas Ohio](#)
8. [AmeriHealth Caritas Pennsylvania](#)
9. [AmeriHealth Caritas Pennsylvania Community HealthChoices](#)
10. [Blue Cross Complete of Michigan](#)
11. [Keystone First](#)
12. [Keystone First Community HealthChoices](#)
13. [Select Health of South Carolina](#)
14. [AmeriHealth Caritas Louisiana](#)

Medicare

1. [AmeriHealth Caritas VIP Care Delaware](#)
2. [AmeriHealth Caritas VIP Care Florida](#)
3. [AmeriHealth Caritas VIP Care Pennsylvania](#)
4. [First Choice VIP Care](#)
5. [Keystone First VIP Choice](#)
6. [AmeriHealth Caritas VIP Care Plus](#)
7. [First Choice VIP Care Plus](#)

Exchange

1. [AmeriHealth Caritas Next–Delaware](#)
2. [AmeriHealth Caritas Next– Florida](#)
3. [AmeriHealth Caritas Next –North Carolina](#)
4. [First Choice Next](#)

Behavioral Health

1. [PerformCare \(PA\)](#)

Change Healthcare System Interruption

Change Healthcare, our electronic data interchange (EDI) clearinghouse for claims and payment cycle management, continues to address their network interruption related to a security incident. Below are updates for our systems and processes:

1. Claims payments: We have resumed payments for claims submitted prior to the incident. Since Change Healthcare is still unable to accept claims submissions, providers who submitted claims during the outage may be able to resubmit them either through additional solutions identified below through Availity and PCH Global, or once Change Healthcare's connectivity is restored, through Change Healthcare. We appreciate the inconvenience this is causing.
2. Electronic claims submission: We have established a connection with Availity to receive electronic claims. If you or your clearinghouse do not currently use Availity to submit claims, you may register at: <https://www.availity.com/Essentials-Portal-Registration>. You will find registration options for Healthcare and Atypical Provider, so please choose the one that aligns with your business. For registration process assistance and other resources, access the [training site](#) link on the Availity registration page.
3. Manual claims submission: We have established a direct claims entry process through PCH Global. To submit claims directly, please go to <https://pchhealth.global> and click the Sign-Up link in the upper right-hand corner to register. Complete the registration process and log into your account. You will be asked how you heard about PCH Global; select Payer, then AmeriHealth. Access your profile by clicking on Manage User and then My Profile. You will need to complete all the profile information. When you go to the Subscription Details screen, select the More option on the right-hand side to see how to enter the promo code Exela-EDI.

For a detailed walk through of the registration process, refer to the [PCH Global Registration manual \(PDF\)](#), found on the PCH Global website in the Resource Menu.

4. Electronic remittance advice: Electronic remittances are available at this time. However, some individual remittance advices may not be available due to Change Healthcare's security incident.
5. Prior authorization submission and processing: The prior authorization systems continue to operate normally.
6. Eligibility verification, claim status inquiry, and authorization inquiry: These capabilities continue to be available via NaviNet. If you do not have access to NaviNet provider portal, please visit <https://register.navinet.net> to sign up.

Please note, in the interim, our Provider Services Department will not be able to assist with the processing of your payments any sooner. If you have other questions, you may contact Provider

Services at 1-888-738-0004.

We thank you for your partnership and will continue to provide updates as we work to resolve the downstream impacts of Change Healthcare's service interruption.

Contact Information:

For providers that need to reach out to address a problem they have around procuring advanced payments or any other issue:

- a. **Organization:** AmeriHealth Caritas
- b. **Name:** Danielle Quinn
- c. **Title:** Vice President, Medicaid Markets
- d. **Email:** providerandstaterequests@amerihealthcaritas.com



750 9th Street NW
Washington, D.C. 20001-4524
202.626.4800
www.BCBS.com

Anthem Blue Cross Blue Shield

Provider Relations (800)
676-2583

Elevance Health plans are providing updates on our response to the Change incident on our provider portals. In addition, our provider services representatives have all been trained to assist providers continuing to experience issues due to the Change incident. We encourage providers to contact our provider services toll-free number for assistance. In addition, we are establishing a dedicated phone number for providers seeking financial assistance. Providers can call 833-821- 2339, and their request will be escalated for a response within 1-2 business days.

Arkansas Blue Cross and Blue Shield

Alessandra Barnes
Manager, Health Information Networks
albarnes@arkbluecross.com
(501) 502-1159

Arkansas Blue Cross and Blue Shield's network development representatives have been working directly with providers struggling to submit claims. Three providers within the state requested assistance with their claims, and our staff has been in contact with them daily to assist with alternative methods of claims filing and with working on the rejected claims reports when necessary.

Blue Cross Blue Shield of Alabama

Facilities:
Chris Wodarz
Manager, Hospital/Facility Contracting
Christopher.wodarz@bcbsal.org
(205) 220-5384

Professional:
Daniel Jackson
Manager, Healthcare Networks
dajackson@bcbsal.org
(205) 220-7842

Facilities: For hospitals, we have monitored weekly reimbursements for hospitals that have used Change Healthcare as their clearinghouse to determine if they have fallen below a threshold amount. If so, we have drafted correspondence notifying them of financial advances and providing a letter of agreement specifying the payback terms associated with the advances.

Professional: While there has been no interruption in Blue Cross and Blue Shield of Alabama's ability to process and pay claims, we do recognize that some of our network providers have been impacted by recent events. Blue Cross and Blue Shield of Alabama has multiple channels through which a provider can submit claims and many providers have thanked us for our flexibility throughout this event. As such, Blue Cross and Blue Shield of Alabama has been quick to offer cash advances and to help support the speedy transition to new payment clearinghouses.

Blue Cross Blue Shield of Arizona

For Medicaid:

Charlotte Whitmore

Director, Medicaid Network Services

Charlotte.Whitmore@azblue.com

All other lines of business:

VP, Provider Network Management Colby

Bowers Colby.bower@azblue.com

The information we're sharing publicly with providers is available here:

<https://www.azbluefacts.com/changehealthcare/providers>

Blue Cross Blue Shield of Florida

Shawn Trotter-Mitchell

SVP, Provider Network Solutions

shawn.trotter-mitchell@bcbsfl.com

With the goal of working closely with providers to ensure the health care ecosystem can quickly adapt to alternate systems and prevent access-to-care disruptions, we are supporting providers with ongoing communications to ensure awareness of alternative solutions for electronic claims submission and transactions. We are also working directly with providers to help them understand the most appropriate options available to continue transactional workflows and receive payments.

We are closely monitoring our provider payments to identify any material anomalies and ensure adequate support for providers, including supporting pursuit of alternative options to continue transactional workflows and receipt of related payments.

Blue Cross Blue Shield of Hawaii

Lori-Ann Davis
AVP, Provider Experience
lori-ann_davis@hmsa.com
(808) 948-5020

We understand providers may be experiencing issues as a result of the cybersecurity incident currently impacting Change Healthcare. Please contact your HMSA field representative for assistance as every provider's situation will be unique. Your field representative will be able to provide you with personalized support to help troubleshoot any issues you may be experiencing.

Blue Cross Blue Shield of Kansas

Doug Scott
Director, Professional Relations
doug.scott@bcbsks.com
(785) 291-8831

Janne Robinson
Director, Institutional Relations
janne.robinson@bcbsks.com
(785) 291-8227

BCBSKS took immediate action and preemptively disconnected our networks from affected systems. We continue to monitor the situation. For systems impacted, BCBSKS has implemented a manual component for pre-certifications in order to keep the process moving forward. For claim processes, EDI has pro-actively implemented options for providers, including direct connection options, additional vendor opportunities and other software options.

Blue Cross Blue Shield of Kansas City

Rhonda Janky
Director, Provider Partnerships
Rhonda.Janky@bluekc.com (816)
395-3086

Samantha Palmieri
Manager, Data Exchange Services
Samantha.Palmieri@bluekc.com
Data_exchange_services@bluekc.com (816)
395-2563

Our plan is actively working with providers to resolve issues they are experiencing with claims submission and reimbursement as a result of the Change Incident including assistance and support connecting to new clearinghouses and verifying that the providers claims are being received and reimbursed by our plan.

Blue Cross Blue Shield of Louisiana

Provider Relations

provider.relations@bcbsla.com

(800) 716-2299, option 4

BCBSLA has been outreaching to providers who use Change Healthcare to offer them alternative options to get their BCBS claims submitted. We also provided the following information to providers via email and on our provider portal message board:

Blue Cross and Blue Shield of Louisiana is aware of reports of a cyber event involving Change Healthcare, a subsidiary of UnitedHealth Group. Blue Cross does not use any Change Healthcare systems or processes impacted by the reported event. **The cyber event has not impacted Blue Cross' ability to serve its members and providers, evaluate authorization requests or process filed claims.**

Blue Cross knows that some Louisiana providers are impacted by this event. Blue Cross stands ready to assist impacted providers if needed. Our systems remain online and available for electronic claim filing for any provider or claims clearinghouse. If an impacted provider needs assistance, you may contact our Provider Relations Department at provider.relations@bcbsla.com or 1-800-716-2299, option 4.

Blue Cross continues to monitor events as information becomes available to protect our members.

Blue Cross Blue Shield of Massachusetts

Change Healthcare Assistance Program (CHAP)

(888) 402-3550

Provider Services (800)

882-2060

BCBSMA understands that the cybersecurity incident at Change Healthcare is leading to significant disruptions to routine business interactions between some health care providers and Blue Cross Blue Shield of Massachusetts. We want to assure you this is not a Blue Cross Blue Shield of Massachusetts cyber incident. In fact, BCBSMA continues to conduct all business operations, such as processing claims, benefits and eligibility verification, and referral and authorization requests by a variety of other methods.

BCBSMA recommends that our provider partners pursue one of the many options noted below as an alternative while Change Healthcare's systems are unavailable. At present, BCBSMA does not know how long the event at Change Healthcare will interrupt their service to you. Please see the Provider Central resources, which present additional information on these topics:

- Get technical support for claim submission;
- Temporary waiver of claim filing and appeal limits for Change Healthcare affected providers;
- Submission of claims via alternative ways;
- Checking claim status; and
- Benefit and eligibility checks

Blue Cross Blue Shield of Michigan

Jcynthia Tory

Director, Provider Servicing

Commercial Professional Providers: (800) 344-8525

Commercial Facility Providers: (800) 249-5103

Johanna Judson

Director Medicare Servicing (Medicare Advantage Provider Servicing) Medicare Advantage PPO: (866) 309-1719

Blue Care Network Advantage Facility Providers: (800) 249-5103 Professional Providers: (800) 344-8525

Please see Attached Provider Alert for public statement:



20240227 Provider
Alert.pdf

Blue Cross Blue Shield of Minnesota

Eric Hoag

VP, Provider Relations

Eric.Hoag@bluecrossmn.com

Blue Cross and Blue Shield of Minnesota has operationalized a short-term advance payment program for healthcare providers affected by the Change Healthcare cyberattack. Funding will be allocated on a case-by-case basis. We are currently working on expanding the program to reach providers throughout our state.

Blue Cross Blue Shield of Mississippi

For Institutional Providers:

Marc Dunn

Director, Provider Partnerships

MA_Dunn@bcbsms.com

(601) 664-4216

For Professional Providers:

John Benedict

Manager, Provider Experience

JFBenedict@bcbsms.com (601)

664-4333

Based on conversations Blue Cross & Blue Shield of Mississippi (BCBSMS) has had with its Network Providers, we understand some Providers are not impacted, some are waiting to determine next steps dependent upon Change Healthcare's timeline for restoration and others are transitioning to different clearinghouses and vendors. Regardless of your position, BCBSMS is here to support you during this time.

BCBSMS has several options you may want to consider, dependent upon your organization's size and technology expertise and infrastructure. These options support the efficient filing of claims and can be quickly accommodated. The options include System-to-System Connectivity, free direct claims software, connectivity assistance to existing clearinghouse doing business with BCBSMS, Availity Lifeline short-term service, and additional clearinghouses connecting with BCBSMS. Claims for previously impacted Change Healthcare Providers who made a transition are being processed. You can contact BCBSMS through the EDI Services Team at 601-664- HELP (Option 1) or the Provider portal.

Blue Cross Blue Shield of Nebraska

Brenda Wichman

VP, Member and Provider Services

Brenda.Wichman@nebraskablue.com

(402) 982-7074

Blue Cross and Blue Shield of Nebraska (BCBSNE) is providing advanced payment to providers impacted by the Change Healthcare event. The advances are based on provider needs and claims payment trends. To make this offer as administratively easy as possible on providers impacted by this situation, we are not requiring them to reimburse the funds via claims offsetting. They may simply pay us back in a lump sum.

Blue Cross Blue Shield of North Carolina

Mark Werner,

VP, Network Management

CHCfinancialassistance@bcbsnc.com (919)

765-4700

Financial Assistance Coming for Eligible Providers Impacted by the Change Healthcare Outage

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) recognizes that some of our smaller, independent providers are facing greater financial burden due to the Change Healthcare (CHC) outage. CHC is taking longer than they anticipated to recover from this cyberattack; therefore, we are offering additional support to our provider community in the form of an interest- free loan. For more information and/or to apply for this program, please email CHCFinancialAssistance@bcbsnc.com. Additional information regarding alternative methods of claims submission and receiving remittance advice along with other updates may be found at:

<https://www.bluecrossnc.com/providers/provider-news/2024/change-healthcare-outage-affecting-claims-submissions>

<https://www.bluecrossnc.com/providers/provider-news/2024/change-healthcare-outage-may-affect-835-remittance-advice>

<https://www.bluecrossnc.com/providers/provider-news/2024/change-healthcare-outage-affecting-electronic-submission-dental-claims>

<https://www.bluecrossnc.com/providers/provider-news/2024/change-healthcare-cybersecurity-update-for-healthy-blue>

Blue Cross Blue Shield of Rhode Island

Mary Ellen Moskal Director,
Provider Services
maryellen.moskal@bcbsri.org
(401) 459-5160

Providers impacted by the Change Healthcare outage in February 2024 may request a timely filing exception for claims where the ability to meet timely requirements has been impacted by the outage. The request should be detailed to include:

- Number of claims impacted.
- Detailed reason for the claims being submitted outside of the BCBSRI timely filing limit. BCBSRI will accept requests for these exceptions now through 60 days post Change Healthcare resolution for providers who were impacted by the outage. Requests should be submitted to the Provider Relations Team at ProviderRelations@bcbsri.org.

Blue Cross Blue Shield of South Carolina

Bart Strickland,
VP, Provider Services
Bart.Strickland@bcbsc.com (803)
264-1072

BCBSSC is operating normally, and providers should not see a delay from claims processing within our system. However, BCBSSC is sensitive to the fact that a small number of providers may still be experiencing issues. Providers are encouraged to utilize our web portal as an immediate solution for claim submission. Our EDI on-boarding requirements have been streamlined for Change Healthcare providers seeking an alternative submission channel.

Blue Cross Blue Shield of Vermont

Wendy York
Manager, Provider Relations (802)
371-3249

<https://www.bluecrossvt.org/blue-cross-vt-response-change-healthcare-cybersecurity-incident>

Blue Cross Blue Shield of Wyoming

Logan Trautwein
Director, Provider Affairs
Logan.Trautwein@bcbswy.com
(307) 829-3384

We have a notice on our website as well as providing detailed steps to our providers on how they can submit claims to BCBSWY in order to get processed.

Blue Cross of Idaho

Karen Maciejewski
Director, Compliance and Privacy
Karen.maciejewski@bcidaho.com (986)
224-3987

We are working with providers in communicating information on switching clearinghouse vendors as they may choose and offer assistance manually inputting claims during this issue with Change Healthcare. We also continue to listen and support providers on other issues they may be experiencing with this incident and ensure our members are still able to access care.

Blue Shield of California

Andy Chasin
VP, Federal Policy and Advocacy
andy.chasin@blueshieldca.com

BlueCross BlueShield of North Dakota

Teresa Moe
Director, Provider Network Performance
Teresa.moe@bcbsnd.com
(701) 277-2077

We encourage any impacted provider to reach out directly to BCBSND to help understand more about the challenges they are experiencing due to this event.

BlueCross BlueShield of Tennessee

Susan Buchanan
VP, Provider Networks
susan_buchanan@BCBST.com (865)
384-3427

Capital Blue Cross

Provider Benefits Correspondence
providerbenefitcorrespondence@capbluecross.com (866)
688-2242

Capital Blue Cross has been working diligently to ensure minimal disruption to our providers and members since we learned of the attack on Change Healthcare. We have seen no significant disruption or delays in processing claims to date and the issues impacting Change Healthcare have not affected Capital's IT infrastructure. Although some of our network providers have used Change Healthcare for various services and operations, we have worked closely with them to configure alternative solutions that allow them to confirm eligibility, submit claims, and complete other important business functions. Our approach has worked well, and we are fully committed to helping any provider solve their unique challenges.

CareFirst BlueCross BlueShield

Molly McIntyre

Director, Provider Relations and Education

Molly.mcintyre@carefirst.com, provider.carefirst.com

For continuity of electronic claims submission, CareFirst recommends providers directly contracted with Change Healthcare for medical claims submission transition to Availity. The Availity connection is available now.

Please find resources to support registering with Availity here: Availity Essentials Portal Registration. If you use another EDI vendor who uses Change Healthcare as an intermediary for medical claims submission, we recommend you work with your vendor to reroute medical claims through Availity. Any medical claims submitted to CareFirst using or passing through Change Healthcare since February 21 for the products mentioned above should be resubmitted to CareFirst once connection to Availity has been established.

As a reminder, providers can use CareFirst Direct to check Member eligibility and benefits or to see a list of recent payments and remittances for these lines of business. Latest materials can be found here: News Archives (www.carefirst.com)

Excellus BlueCross and BlueShield

Misty Postol

VP, Provider Relations

misty.postol@excellus.com

(315) 209-9634

We are aware of the ongoing cybersecurity issue associated with Change Healthcare, a third-party vendor within the health care industry. Change Healthcare is part of Optum and tied to United Healthcare. Please refer to United Healthcare's website for updates related to this issue: <https://www.unitedhealthgroup.com/changehealthcarecyberresponse>.

To assist our participating providers impacted by the outage of Change Healthcare's claims clearinghouse, we can offer temporary claim submittal alternatives.

Please contact your Provider Relations representative to discuss claim submission alternatives, advance payment options, and any other impacts you may be experiencing.

We are actively monitoring the restoration efforts of Change Healthcare. As their services come back online, we will assess each service individually and the attestations provided by Change Healthcare regarding the related safety and security before reconnecting. It is important to note that this is a third-party incident with no evidence of cybersecurity issues in our Health Plan systems. Rest assured that we are taking every precaution to protect our members, providers and the internal business systems that serve them.

HCSC

Provider Network Services

IL, NM, OK, TX: <https://www.bcbstx.com/provider/contact-us>

MT: <https://www.bcbsmt.com/provider/network-participation/network/contact-us>

Highmark

Kate Musler

SVP, Health Plan Risk Management

Katherine.Musler@highmark.com

(412) 544-8653

Highmark has launched an assistance program to provide funding advances for eligible participating providers who use Change Healthcare or one of its impacted companies and are experiencing cash flow concerns due to an inability to submit claims. Eligibility for assistance and amount of assistance will be determined based on a variety of factors including inability to use an alternate method to submit claims and current financial need. To apply for the assistance program, providers must submit a form located on Highmark's provider portal. Providers who are approved for a funding advance must sign an agreement and the funding advance will be subject to the terms outlined in that agreement including repayment obligations.

Horizon Blue Cross and Blue Shield of New Jersey, Inc.

Tim Collins Senior

Director

Timothy_j_collins@horizonblue.com (732)

256-5383

We included the following information on our website and also within our Provider Portals (NaviNet and Availity):

“We are aware that Change Healthcare, a vendor that connects payers, providers and patients within the U.S health care system, is experiencing a cyber security issue that is affecting the business operations of many companies nationwide, including Horizon. This is not a Horizon incident, and at this time, there is no indication that our systems have been compromised. Once we became aware of the incident, we disconnected our systems from Change Healthcare and are reviewing the impact to our business operations.

We are aware that some of our members may have been impacted as a result of this incident. If during this time you need help filling a prescription, please call 1-800-370-5088

We know this can be concerning and are working hard to make sure you have continued access to care. We are gathering more information as the situation unfolds and will provide updates as soon as possible.”

Independence Blue Cross

Provider Network Services

pnsproviderrequests@IBX.com

Independence is working closely with impacted providers and has communicated workarounds. We will continue to pay claims submitted and are working directly with health systems on advanced payments and other accommodations as circumstances warrant.

We also have provider-facing resources in response to the cyber incident on our Provider News Center with information on alternative ways to submit claims and how to sign up for EFT payments if paper check payments were disrupted by the Change Healthcare incident.

Premera

Brenda Frost
Senior Business Manager, Issues Management
issuesmgmt@premera.com
(425) 918-6525

Link to provider home page with banner: <https://www.premera.com/wa/provider/>

Link to Provider News story: <https://providernews.premera.com/change-healthcare-cybersecurity-issue-may-impact-claims-submissions/>

Pharmacy Only: In-network pharmacies whom are continuing to experience challenges with submitting electronic claims may reach out for plan support in working through these challenges with our PBM.

Regence

Alan Ford
Director of Provider Relations
Alan.Ford@regence.com (801)
333-2545

We worked from day one to make providers aware of available solutions such as Availity's Lifeline and CHC's funding assistance program.

Triple-S Salud

Zoraida Mendez
VP, Provider Relationships & Partnership
zoraida.mendez@ssspr.com
(787) 749-4949 Ext 8322629

As partners, we are providing alternatives to these providers to directly submit their claims.

If you know of a provider that is affected by the situation, please inform them that they can visit our provider website Mi Triple-S and submit their claims through that portal. They may also have other options that our Provider Call Center will be able to offer to help them.

Providers are critical to our mission of enabling healthy lives. As partners, we want to make sure that they can continue to focus on caring for our members' health. Thus, we are taking proactive steps to providing with any additional alternatives to address the difficulties some of them may be facing now.

Wellmark Blue Cross and Blue Shield

Network Technical Support (800)

407-0267

Wellmark's processes for submitting claims and prior authorizations remain active. Wellmark continues to monitor the situation and is committed to ensuring our members can access the care they need.



Centene Corporation

On Feb. 21, Change Healthcare experienced a cybersecurity incident that has created a service disruption impacting payers, providers and pharmacies nationwide, including Centene and some of its subsidiaries. Recognizing the impact of the outage, Centene took immediate and decisive action to preserve access to care for its members and patients, while seeking to reduce the disruption for its providers. The Company immediately initiated a provider outreach support campaign, launching a [website](#) to help providers navigate this evolving situation with routinely updated reference materials, tips, and step-by-step guidance to address challenges related to processing claims, checks, provider advances, and chart retrieval. Centene's

~700 Provider Engagement team members nationwide are proactively making calls, checking in on providers, and working tirelessly to help them resume normal course operations as quickly as possible.

Centene's website is broken down by topic and will be routinely updated as the situation evolves. Caring for members, providers, customers, and local communities is core to the Company's mission. Centene thanks you for your patience and apologizes for any inconveniences resulting from this situation.

Claims

Centene understands that providers who use Change Healthcare (Emdeon Business Services) for claims submission are experiencing challenges resulting from the outage. Centene's preferred clearinghouse for electronic claims submission is [Availity](#), and their base Essentials plan is free for Centene providers. [To enroll, please visit Availity's website](#) and/or call Availity Client Services at [1-800-AVAILITY \(1-800-282-4548\)](#). Step- by-step instructions for Availity, are outlined below:

[Availity Lifeline Resource Guide, FAQs and Training Demos](#)

[How to Register with Availity's Provider Portal \(PDF\)](#)

Member Eligibility

There has been no impact on Centene's ability to check a member's eligibility. Providers seeking to check a member's eligibility can do so through their normal process unless the provider utilizes Change Healthcare for eligibility checks. Centene's subsidiary health plans also offer multiple ways for providers to easily check member eligibility, and detailed instructions can be found in the provider manuals on the health plan websites.

Checks

Providers who receive payments through paper checks and virtual credit cards may have been

impacted by the Change Healthcare outage (providers receiving payments through an ACH process are not impacted).

Centene moved provider payments previously facilitated by Change Healthcare to an alternative vendor and, as of March 8, all Centene health plans resumed routine paper check cycles.

Alternatively, to receive payments more quickly, you can sign up with PaySpan (now part of Zelis) to receive ACH payments from Centene at www.payspanhealth.com.

[How to Register for PaySpan Health \(PDF\)](#)

Provider Advances

Centene recognizes that finding alternative ways to submit claims is not always immediately possible. As a result, providers may be experiencing extreme financial hardship (e.g., risk in making payroll) resulting from the Change Healthcare cybersecurity incident that could impact their ability to continue operating and, ultimately, limit access to care for our members.

Preserving access to care for our members and supporting our providers remains our top priority.

As an organization, the Company's guidelines for considering cash advances largely aligns with CMS' approach on accelerated fee-for-service payments, as outlined in CMS' March 9, 2024 Change Healthcare/Optum Payment Disruption (CHOPD) Accelerated Payments to Part A Providers and Advance Payments to Part B Suppliers [Fact Sheet](#). The Company's provider advance program is for a 90-day term, with zero interest, and requires completion of a two-page agreement. Centene will assess all requests for cash advances on a case-by-case basis.

Providers experiencing financial distress should reach out to their local Provider Engagement team for immediate support. If you are unsure of who to contact, providers can submit a request for a cash advance by emailing us at Provideradvances@centene.com.

Chart Retrieval

Change Healthcare performs retrieval of medical records for several of our programs, such as HEDIS® and Risk Adjustment. You may have received a request via phone or fax from Change Healthcare on behalf of Centene or its subsidiary health plans, where you either scheduled appointments or provided medical records. Change Healthcare is unable to honor any fulfillment requests at this time; however, Centene will be employing two of our existing medical record retrieval vendors, Datavant (formerly Ciox) and Datafied, to satisfy these prior commitments.

These retrievals are required to report on clinical quality measures and diagnosis data to Health and Human Services (HHS), the Centers for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Centene asks that you please honor the same commitment dates for these vendors, even if you have already committed to providing medical records to Change Healthcare. If you have provided medical records from the time period of Feb. 19, 2024 to current, you may be asked to provide these medical records again.

Providers experiencing financial distress should reach out to their local Provider Engagement team for immediate support. If you are unsure of who to contact, providers can submit a request for a cash advance by emailing us at Provideradvances@centene.com.

Alternatively, providers can contact Centene's Enterprise Provider Experience Lead regarding any issues requiring escalation:

- a. **Organization:** Centene Corporation
- b. **Name:** Kate Blackmon
- c. **Title:** SVP, Provider Experience
- d. **Email:** k.blackmon@centene.com
- e. **Phone Number:** 214-784-1719

Thank you for the opportunity to provide additional detail concerning Centene's ongoing efforts to connect with and assist our provider community and close the last mile.

Cigna Healthcare

Change Healthcare cyber security incident.

As you likely know, Change Healthcare [publicly announced](#) a cyber security incident last week. We understand many providers who treat patients with a Cigna Healthcare benefit plan work through Change Healthcare to administer electronic services, including claim submissions, eligibility verification, precertification, and other administrative services. The Cigna Group, which includes Cigna Healthcare and Evernorth Health Services, also works with Change Healthcare to facilitate some of these services. The issues they are experiencing are therefore impacting our ability to interface with Change Healthcare.

First, please know that we continue to actively monitor the situation and there are no indications that any The Cigna Group systems are affected.

As an organization, we are focused on ensuring access to care and medications for our customers and patients while also ensuring that you have alternative options to transact with us as needed. We are also working to resolve any disruption from Change Healthcare's incident for you, individuals, clients, and other partners as quickly as possible.

What we did when we found out about the incident

After becoming aware of the incident, we immediately severed system connections with Change Healthcare and relevant associate UnitedHealth Group companies (e.g., UnitedHealthcare and Optum) and implemented business continuity planning to ensure there was as limited disruption to our provider partners, customers, and clients as possible.

Network connections were reestablished on February 24 with related UnitedHealth Group companies, which include Optum and UnitedHealthcare. This decision was made after conducting additional investigation and receiving validation from the UnitedHealth Group that these companies were not impacted by the cyber incident. ***However, our connections to Change Healthcare systems remain severed as they work to resolve this issue, and there is currently no estimated date for restoration.***

Submitting claims to Cigna Healthcare

- We encourage all commercial and Medicare Advantage providers to utilize the many alternative [digital trading partners](#) we offer to submit claims directly to Cigna Healthcare. Please know that we have been in direct contact with these vendors and are confident in their ability to support your digital transactional needs in a timely manner.
- Commercial providers also have the option to submit paper claims to us through typical claims addresses and can access Explanation of Payments (EOPs) and Direct Deposit Activity Reports (also known as remittance reports) on CignaforHCP.com to reconcile their payments.
- Cigna Healthcare Medicare Advantage uses Change Healthcare to issue electronic funds transfers (EFT), paper check payments, and corresponding electronic remits and EOPs to providers. As a result of severing system connections with Change Healthcare, EFT and paper check payments for Medicare Advantage claims have been held since February 21, 2024. Please be assured that we are quickly working on an alternative solution to ensure you are paid in a timely manner and remain committed to working with you to reconcile claims and payments, as needed. We appreciate your patience and will update you soon.

Alternative options to check patient eligibility.

Cigna Healthcare continues to offer two primary alternative options for providers to check eligibility and benefits information for their patients with a Cigna Healthcare benefit plan:

Option one (online)

Commercial providers | Verify patient eligibility and verify patient and plan detail information on CignaforHCP.com.

Medicare Advantage providers | Verify patient eligibility and verify patient and plan detail information on the [HSConnect Provider Portal](#).

Option two (automated phone)

Commercial providers | Call Cigna Healthcare Customer Service at 800.88Cigna (882.4462).

Medicare Advantage providers | Call Cigna Healthcare Customer Service at 800.230.6138.

Please note that for our Third-Party Administrator accounts (e.g., Shared Administration Repricing and Payer Solutions), providers should continue to verify eligibility by calling the number on the back of the patient's ID card.

Answers to commonly asked questions

We appreciate that your day-to-day operations, like ours, may be impacted by the Change Healthcare outage. However, the incident at Change Healthcare has not affected our ability to operationally receive, process, respond to, review, or approve various provider requests, including those about precertification, admissions, and utilization management reviews.

Therefore, Cigna Healthcare's existing requirements remain in place with no changes at this time. While we continue to monitor the situation closely, and may update some of our guidance if Change Healthcare remains down for an extended period of time, we are not making any changes to the following requirements at this time:

- Precertification (i.e., authorizations)
- Timely filing
- Facility-to-facility transfers and related authorizations
- Admission notifications
- Eligibility reviews
- Utilization management review

Precertification

Precertification continues to be an important way to ensure that your patients' care will be covered under their specific benefit plan. The precertification process also helps direct participants to various support programs, including wellness coaching, chronic condition coaching, and case management.

As noted above, the incident at Change Healthcare has not impacted our ability to receive, process, or approve precertification requests. Therefore, Cigna Healthcare's precertification requirements remain in place with no changes at this time (including for facility-to-facility post-acute transfers). Providers are encouraged to continue to use standard channels to request precertification through Cigna Healthcare and related The Cigna Group companies.

Cigna Healthcare (commercial)

- CignaforHCP.com > [Precertification process](#)
- 800.88Cigna (882.4462)

Cigna Healthcare (Medicare Advantage)

- [HSConnectOnline.com](#)
- 800.668.3813

eviCore healthcare*

- [eviCore.com/provider](#)
- 800.918.8924

Keeping you informed

It's unclear how long this outage will remain in place. We continue to stay in touch with Change Healthcare and have requested a timing estimate for restoration of their site. As always, we remain committed to keeping you informed as we learn more or as we update the guidance noted above.

In the meantime, if you have any questions, feel free to engage us as you do today through your standard channels, and we will answer as best we can.

Thank you for the ongoing care you provide our customers.



CVS Health

Aetna's [Provider Bulletin](#) provides information to our network providers experiencing impact from the Change Healthcare network disruption, including a set of Frequently Asked Questions that address the mitigation plans in place for providers to complete transactions with Aetna. We will continue to share additional information as it becomes available. The Bulletin can be found on our website at [Aetna.com](https://www.aetna.com).

Contact Information:

Given the breadth of Aetna's network, the multiple business segments covered, and the variability in provider questions we receive daily, there is a "Contact Us" link on [Aetna.com](https://www.aetna.com) that includes different phone numbers affiliated with different provider needs. This ensures more efficient and effective provider service. The contact page is here: [Contact Us - Health Care Providers \(aetna.com\)](#)

CVS Health is committed to continue our around the clock work to ensure access to healthcare and address problems related to the Change Healthcare incident. Please contact us with any questions about these survey responses.



Elevance Health

Are you extending timely filing requirements for providers impacted by Change Healthcare?

At this time, our timely filing requirements remain in place. However, for those providers who are actively working to transition to Availity or their preferred clearinghouse as a result of the Change Healthcare incident, we are extending timely claims filing days by an additional 30 days from the date of the service to provide additional time for submissions.

Until this event is resolved, we are here to assist providers with any questions they may have.

For more information on timely filing requirements, you can find timeframes and processes in your provider manual by selecting Provider Home from the top of this News site and navigating to the Resources category.

Will you make advance payments or loans to providers?

Our ability to process and pay claims is not impacted. We encourage providers that rely on Change to move to Availity or another claim clearinghouse of their choosing to submit claims.

We have extended timely filing requirements for affected providers by 30 days and have accelerated the processing for existing claims volume. Please note that Carelon Health (formerly known as CareMore) and National Government Solutions (NGS) are currently excluded from extensions to timely filing requirements.

Any provider unable to change data clearinghouse or experiencing other issues, including financial hardship, should contact their provider service representative.

Contact Information

Elevance Health plans are providing updates on our response to the Change incident on our provider portals. In addition, our provider services representatives have all been trained to assist providers continuing to experience issues due to the Change incident. We encourage providers to contact our provider services toll-free number for assistance.

In addition, we are establishing a dedicated phone number for providers seeking financial assistance that will go live this weekend. Providers can call 833-821-2339, and their request will be escalated for a response within 1-2 business days.



An update from Humana regarding the Change Healthcare cyber security incident (March 20, 2024)

Dear provider,

As you may know, Change Healthcare has been involved in a cyber security incident. It appears as if you may typically utilize Change Healthcare as your electronic clearinghouse. While this cyber security incident didn't originate with Humana, the interconnectivity of our healthcare system partners and our shared commitment to providing uninterrupted access to care underscores the importance of working together as an industry to overcome disruptions and find solutions. We are here to help.

What happened?

On Feb. 21, 2024, Change Healthcare notified Humana that it experienced a cyber security incident. This resulted in system outages at Change Healthcare and caused widespread disruptions for many entities in the healthcare industry that utilize Change Healthcare's various electronic clearinghouse capabilities.

What does this mean to you?

Due to this cyber security incident, the connection between Humana systems and Change Healthcare systems was severed; this connection remains out of service. We want to ensure you have found alternate methods for claims submissions.

What do you need to do next?

Availity—another electronic clearinghouse—has published guidance for providers to connect directly for various uses, including claims submission. Providers can utilize Availity instead of Change Healthcare.

View instructions on how to use Availity for your claim submissions at <https://www.availity.com/availity-lifeline-self-serve-resources> > Self-Serve Transactions > Download the PDF guidance. Availity has also created a microsite with information to help health plans, providers and trading partners navigate the current environment. This microsite can be accessed at <https://marketing.availity.com/Availity-lifeline>. If you need assistance, complete the form on this microsite, and a representative from Availity will reach out to you to assess your situation and advise on next steps.

Additionally, for providers who have existing Availity accounts, the microsite provides guidance on how to utilize that account to exchange both batch and real time transactions.

Humana is also accepting paper and faxed claims: You can submit paper claims to Humana at the address on the back of the member's ID card or fax claims to **888-556-2128**. Please do not hesitate to reach out to Provider Services at **800-457-4708**, 8 a.m. to 8 p.m. Monday through Friday, Eastern time—if you have further questions or need additional assistance.



Kaiser Permanente

Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Our external providers and networks are an integral part of how we deliver on our mission, and when their operations are disrupted through cyberattacks like the one affecting Change Healthcare, we believe it is vital that we quickly act to support them. Should a provider or hospital in our contracted network need financial support, we urge them to please reach out to their Kaiser Permanente Provider Contracting and Relations team member to request assistance and access our online Provider Portal for up-to-date information and resources.

Contact Information

For providers that need to reach out to address a problem they have around procuring advanced payments or any other issue:

- a. **Organization:** Kaiser Permanente
- b. **Name:** Ken Kurzendoerfer
- c. **Title:** Vice President, National Claims Administration, Provider Data Management, and Applied Intelligence Solutions
- d. **Email:** kenneth.w.kurzendoerfer@kp.org
- e. **Phone Number:** 858-860-6095 (mobile)

Molina Healthcare

Molina Healthcare is and has been committed to providing support to its providers during the Change Healthcare (CHC) outage. Molina Healthcare has established a dedicated contact center to assist providers impacted by the CHC outage, which is available Monday-Friday from 5:00AM PST to 6:30PM PST. That contact center number is (844) 548-7684.

Communications and updates regarding the CHC incident are also posted on the Molina Healthcare provider website. Molina Healthcare has a process to support emergency payment requests if providers are in financial distress. Please contact our dedicated contact center to obtain information about this process.

Molina Healthcare has alternative options available for claims submission and will provide assistance to any provider who needs help with such alternative options. Providers utilizing CHC to submit claims to Molina prior to this outage may use our alternate established connection with SSI Claimsnet, LLC (“SSI Group”) clearinghouse or another clearinghouse of provider’s choice. Providers can register with SSI Group for claim submission via the Claimsnet’s Provider Registration Form located online at: <https://products.ssigroup.com/molinaregistrationportal/register>.

Our Availity Essentials provider portal solution was not impacted by the CHC outage and remains available as another option to key in claims for submission. Providers can register with Availity Essentials at <https://www.availity.com/molinahealthcare>. Molina Healthcare encourages all our providers submitting paper claims to explore our electronic submission options, although claims can always be submitted in paper form.

Contact Information

For providers that need to reach out to address a problem they have around procuring advanced payments or any other issue:

- b. **Organization:** Molina Healthcare
- c. **Name:** Molina Provider Portal Management and Response Team
- d. **Title:** Manager
- e. **Email:** CHCoutage@molinahealthcare.com
- f. **Phone Number:** 844-548-7684, Monday-Friday 5:00AM PST to 6:30PM PST

Payer Contact Information

The Department of Health and Human Services asked health plans to provide specific national contact information that providers can use when needed. Below, providers can find contact information for health plans across the country. Please share this resource with providers who need it.

Organization	Staff Name	Title	Email	Phone Number
Anthem Blue Cross Blue Shield				(800) 676-2583
Arkansas Blue Cross and Blue Shield	Alessandra Barnes	Manager, Health Information Networks	albarnes@arkbluecross.com	(501) 502-1159
AmeriHealth Caritas	Danielle Quinn	Vice President, Medicaid Markets	providerandstaterquests@amerihealthcaritas.com	
Blue Cross Blue Shield of Alabama	Facilities: Chris Wodarz	Manager, Hospital/Facility Contracting	Christopher.wodarz@bcbsal.org	(205) 220-5384
	Professional: Daniel Jackson	Manager, Healthcare Networks	dajackson@bcbsal.org	(205) 220-7842
Blue Cross Blue Shield of Florida	Shawn Trotter-Mitchell	SVP, Provider Network Solutions	shawn.trotter-mitchell@bcbsfl.com	
Blue Cross Blue Shield of Hawaii	Lori-Ann Davis	AVP, Provider Experience	lori-ann_davis@hmsa.com	(808) 948-5020
Blue Cross Blue Shield of Kansas	Doug Scott	Director, Professional Relations	doug.scott@bcbsks.com	(785) 291-8831
	Janne Robinson	Director, Institutional Relations	janne.robinson@bcbsks.com	(785) 291-8227

Blue Cross Blue Shield of Kansas City	Rhonda Janky	Director, Provider Partnerships	Rhonda.Janky@bluekc.com	(816) 395-3086
	Samantha Palmieri	Manager, Data Exchange Services	Samantha.Palmieri@bluekc.com Data_exchange_services@bluekc.com	(816) 395-2563
Blue Cross Blue Shield of Louisiana		Provider Relations	provider.relations@bcbsla.com	(800) 716-2299, option 4
Blue Cross Blue Shield of Massachusetts		Change Healthcare Assistance Program (CHAP)		(888) 402-3550
		Provider Services		(800) 882-2060
Blue Cross Blue Shield of Michigan	Jcynthia Tory	Director, Provider Servicing		Commercial Professional Providers: (800) 344-8525 Commercial Facility Providers: (800) 249-5103 Medicare Advantage PPO: (866) 309-1719 Blue Care Network Advantage Facility Providers: (800) 249-5103 Professional Providers: (800) 344-8525
	Johanna Judson	Director Medicare Servicing (Medicare Advantage Provider Servicing)		
Blue Cross Blue Shield of Minnesota	Eric Hoag	VP, Provider Relations	Eric.Hoag@bluecrossmn.com	
Blue Cross Blue Shield of Mississippi	For Institutional Providers: Marc Dunn	Director, Provider Partnerships	MADunn@bcbsms.com	(601) 664-4216
			JFBenedict@bcbsms.com	(601) 664-4333

	For Professional Providers: John Benedict	Manager, Provider Experience		
Blue Cross Blue Shield of Nebraska	Brenda Wichman	VP, Member and Provider Services	Brenda.Wichman@nebraskablue.com	(402) 982-7074
Blue Cross Blue Shield of North Carolina	Mark Werner	VP, Network Management	CHCfinancialassistance@bcbsnc.com	(919) 765-4700
Blue Cross Blue Shield of Rhode Island	Mary Ellen Moskal	Director, Provider Services	maryellen.moskal@bcbsri.org	(401) 459-5160
Blue Cross Blue Shield of South Carolina	Bart Strickland	VP, Provider Services	Bart.Strickland@bcbsc.com	(803) 264-1072
Blue Cross Blue Shield of Vermont	Wendy York	Manager, Provider Relations		(802) 371-3249
Blue Cross Blue Shield of Wyoming	Logan Trautwein	Director, Provider Affairs	Logan.Trautwein@bcbswy.com	(307) 829-3384
Blue Cross of Idaho	Karen Maciejewski	Director, Compliance and Privacy	Karen.maciejewski@bcidaho.com	(986) 224-3987
Blue Shield of California	Andy Chasin	VP, Federal Policy and Advocacy	andy.chasin@blueshieldca.com	
BlueCross BlueShield of North Dakota	Teresa Moe	Director, Provider Network Performance	Teresa.moe@bcbsnd.com	(701) 277-2077
BlueCross BlueShield of Tennessee	Susan Buchanan	VP, Provider Networks	susan_buchanan@BCBST.com	(865) 384-3427
Capital Blue Cross		Provider Benefits Correspondence	providerbenefitcorrespondence@capbluecross.com	(866) 688-2242

CareFirst BlueCross BlueShield	Molly McIntyre	Director, Provider Relations and Education	Molly.mcintyre@carefirst.com	
CDPHP			ProviderRelations@cdphp.com	(518) 641-3890
Centene Corporation	Kate Blackmon	SVP, Provider Experience	k.blackmon@centene.com	214-784-1719
Cigna Healthcare				Commercial: 800-88Cigna (882.4462) Medicare Advantage: 800-668-3813 eviCore healthcare: 800-918-8924
Elevance				833-821-2339
Excellus BlueCross and BlueShield	Misty Postol	VP, Provider Relations	misty.postol@excellus.com	(315) 209-9634
Fallon Health	Susan Keser	VP, Provider Contracting & Network Development and Management	susan.keser@fallonhealth.org	508-368-9261
Geisinger Health Plan	Paul Forlenza Kim Spath	Director, Provider Contracting Sr. Director, Provider Account Management	prforlenza@thehealthplan.com kspath@thehealthplan.com	1-800-876-5357
Group Health Cooperative of South Central Wisconsin	John Duncan	Contracting Manager	jduncan@ghcsw.com	608-662-4882
HAP	Jeffrey Holzhausen	Vice President of Provider Contracting and Network Development	jholzha1@hap.org	734-502-6548

Health Care Service Corporation	Kelly Butler	Vice President, Customer Service	CHC_Requests@bcbsil.com	800-972-8088
Highmark	Kate Musler	SVP, Health Plan Risk Management	Katherine.Musler@highmark.com	(412) 544-8653
Horizon Blue Cross and Blue Shield of New Jersey, Inc.	Tim Collins	Senior Director	Timothy_j_collins@horizonblue.com	(732) 256-5383
Humana				800-457-4708
Independence Blue Cross		Provider Network Services	pnsproviderrequests@IBX.com	
Independent Health	Anthony Montagna	SVP – Chief Network Officer	anthony.montagna@independenthealth.com	(716) 635-3639
Kaiser Permanente	Ken Kurzendoerfer	Vice President, National Claims Administration, Provider Data Management, and Applied Intelligence Solutions	kenneth.w.kurzendoerfer@kp.org	858-860-6095
Martin’s Point Health Care	Jeff Polk	Vice President, Network Management	Jeffrey.polk@martinspoint.org	(207) 233-2439
Molina Healthcare	Molina Provider Portal Management and Response Team	Manager	CHCoutage@molinahealthcare.com	844-548-7684, Monday-Friday 5:00AM PST to 6:30PM PST
Premera	Brenda Frost	Senior Business Manager, Issues Management	issuesmgmt@premera.com	(425) 918-6525
Regence	Alan Ford	Director of Provider Relations	Alan.Ford@regence.com	(801) 333-2545

Security Health Plan			shpprd@securityhealth.org	1-800-548-1224
Triple-S Salud	Zoraida Mendez	VP, Provider Relationships & Partnership	zoraida.mendez@ssspr.com	(787) 749-4949 Ext 8322629
UCare	Theresa-Peters Nelson	Director, Provider Relations & Contracting	tpeters-nelson@ucare.org	612-294-5089
UnitedHealth Group				1-877-702-3253
UPMC	Mike Sweeney	Vice President, Reimbursement, Contracting and Value Based Reimbursement	sweeneyms@upmc.edu	
Wellmark Blue Cross and Blue Shield		Network Technical Support		(800) 407-0267