

Change Healthcare Timely Filing Communications

On February 21, 2024, Change Healthcare (CHC) experienced a significant cybersecurity issue that impacted pharmacies and providers across Vermont. As a result, electronic claim submission through CHC was unavailable for a period of several weeks.

To ensure timely filing limits are met and to avoid timely filing claim denials, Vermont Medicaid providers were and are reminded to seek alternative solutions for claims submission during the CHC outage and when experiencing any other technical issues that result in failure to transmit claims:

1. Providers may submit paper claims
2. Providers may contract with another clearinghouse to enable electronic claims submission

Failure to implement alternative solutions may lead to timely filing denials, as providers are still expected to meet the Vermont Medicaid timely filing limits regardless of the outage (see: [Vermont Medicaid Provider Manual 3.3.1 Timely Filing Limits](#)).

However, in recognition of the fact that affected providers may be experiencing increased administrative burden during this time, the Agency of Human Services will offer affected providers the opportunity to submit a timely filing reconsideration request for claims that deny for timely filing to be reviewed by the Department of Vermont Health Access (DVHA).

This affected-provider-specific timely filing reconsideration process is subject to the following limits:

- Reconsideration requests must be received by December 31, 2024.
- CHC-affected providers may submit one reconsideration request containing all affected claims for which they are seeking reconsideration. No more than one reconsideration request per provider shall be considered.
- Only denied claims with dates of service between January 15, 2024 – April 30, 2024, are eligible for reconsideration.
- Claims must meet the Federal filing requirements ([eCFR :: 42 CFR 447.45 -- Timely claims payment.](#)) in order to be eligible for reconsideration.

For ease of reference, we are including a portion of the Federal Filing Requirements here:

- **Medicaid** primary claims – Claims must be received by Medicaid within 1 year from the date of service
- **Medicare** primary claims – Claims must be received by Medicaid within 6-months from Medicare's processing date

Providers will also be required to complete a certification form acknowledging they were affected by the CHC outage which will be submitted with a formal timely filing reconsideration request. To streamline this process, providers will work directly with their provider representatives at Gainwell Technologies to submit a spreadsheet with all claims received outside the Vermont Medicaid timely filing limits that denied for timely filing. The certification form can be found here,

<https://dvha.vermont.gov/providers/timely-filing-claims>.

Please note that Medicare primary claims cannot be considered for an override if they are not received by Vermont Medicaid within 6-months of Medicare's processing date, as this is a Federal filing requirement.