



TO: ALL PROVIDERS

RE: Interim Payment Request Process for Providers Temporarily Unable to Submit Claims Due to Cyber Attack

In response to the reimbursement interruption and impact caused by the Change Healthcare Cyberattack incident and in accordance with federal Medicaid guidance from the U.S. Centers for Medicare and Medicaid Services, the Department of Social Services (DSS) will be accepting interim payment requests from affected providers in order to maintain a continuation of care to members without interruption. This is a temporary measure and is only available to the extent that providers are temporarily unable to submit claims due to this incident. Affected providers must take all reasonable steps to reestablish their ability to submit claims as soon as feasible and should keep documentation of their process to regain the ability to submit claims normally.

REQUESTING AN INTERIM PAYMENT

For each claim cycle that a provider is affected, the provider/provider representative will need to click on the survey monkey link below and complete the request.

[Interim Payment Request Form](#)

The provider/provider representative can use 1 submission to request interim payments for multiple provider AVRS IDs. Each AVRS ID will need to be identified in the request. The interim payment amount being requested must be broken out by each AVRS ID.

INTERIM PAYMENT CALCULATIONS:

DSS will calculate the maximum interim payment amount using the below methodology for each claim cycle an interim payment is requested:

1. For biweekly claim cycles the payment amounts will be estimated for each

impacted provider using the average biweekly claim cycle payment amount reimbursed between July 1, 2023, through February 29, 2024.

2. For three-week claim cycles the payment amounts will be estimated for each impacted provider using the average three-week claim cycle payment amount reimbursed between July 1, 2023, through February 29, 2024.
3. For each claims cycle during the effective dates of this section for which the provider is requesting an interim payment, the interim payments will be calculated as: (a) the estimated average biweekly or three-week claim cycle payment amounts, as applicable to the claims cycle minus (b) the amount that was actually paid in the impacted claim cycle.

If approved, all payments will be made via Electronic Transfer Files (EFT) based on the payment information on file. Checks will **not** be available for pick-up. Providers will not receive notification if approved, the approval will be the EFT payment.

RECOUPMENT OF INTERIM PAYMENT

Providers are still required to submit all claims for services provided during the Change Healthcare outage as soon as possible after the provider regains the ability to submit claims. Recoupment of the interim payment will begin when DSS sees the providers claim cycle payments have returned to average payment levels. It is anticipated that providers will be back to normal levels by the end of June 2024. Recoupments will be completed as soon as possible, but no later than September 30, 2024, unless otherwise notified in writing by the Department.