



Recommendations to Payors During the Change Healthcare Electronic Transaction System Outage

National Home Infusion Association (NHIA) is a trade association that represents companies that provide medically necessary infusion therapies to patients with acute and chronic health conditions, as well as companies that manufacture and supply infusion-related products and services.

The Change Healthcare cyber-attack is having a significant impact on the ability of home infusion pharmacies to verify patient eligibility, benefits and out-of-pocket responsibility, as well as transmit claims and receive remittance and payment. At the time of this publication, NHIA estimates that the majority of infusion pharmacies are unable to transmit a significant portion of their medical and pharmacy claims. Despite provider and payor efforts to develop workarounds to facilitate the transmission of information and claims, this disruption is causing major reductions in cash flow, making it increasingly difficult for some providers to serve patients, particularly those needing high-dollar specialty infusions.

NHIA offers the following recommended actions for payors to consider to ensure the continuity of care for all patients throughout the duration of the disruption. Questions or comments related to these recommendations may be sent to Bill Noyes, Senior Vice President, Reimbursement Policy at bill.noyes@nhia.org.

Recommendations

1. Publish a listing of all clearinghouses that the payor accepts and expedite enrollment and/or changes to clearinghouse and portal access.
 - a. Allows pharmacies to narrow the selection process while seeking a change to its electronic transaction facilitator.
 - b. Submitting claims via the payor portals is helpful, but as the volume of claims increases, providers lack the resources to keep up with these manual processes.
 - Developing processes to batch claims would alleviate the burden of manual submission
2. Relax or suspend timely filing deadlines for the duration of the outage and during a catch-up time frame once transactions through Change Healthcare resume.
3. Waive prior authorization, reauthorization, step therapy, preferred drug limitations, refill to soon limitations, as well as formulary restrictions on drugs at the NDC level.
 - a. Offline systems are affecting the normal visibility into patient eligibility and benefit information.
 - b. This will ensure timely transitions of care for new patients, and continuity of care for patients already on service.
4. Develop cash-advance programs to assist pharmacies with cash flow challenges.
 - a. Most patients do not have the means to pay out-of-pocket for high-dollar drugs and wait for health plans to reimburse them when systems are back up and running.
 - b. Cash advances to established infusion providers in your networks can be based on historic claims dollar volume. Advances would be repaid on future claims once transmissions are re-established.