



Bulletin 2024-1

Issued March 8, 2024

Effective March 8, 2024

Change Healthcare Cybersecurity Incident

Introduction

Change Healthcare, a health care technology company that is part of Optum and owned by UnitedHealth Group, experienced a cyberattack on February 21, 2024 that disrupted a number of its systems and services. The Rhode Island Office of the Health Insurance Commissioner (OHIC) continues to monitor the recent cybersecurity incident.

OHIC understands that the above referenced cybersecurity attack created significant operational challenges for both health care entities¹ and health care providers nationwide, including in Rhode Island. The latest updates on Change Healthcare's efforts to address the cybersecurity attack can be found at <https://www.unitedhealthgroup.com/ns/changehealthcare.html>.

Providers² are encouraged to visit the following link for information regarding Change Healthcare's financial assistance program: [Optum Temporary Funding Assistance Program](#).

OHIC's Expectations of Health care entities

With respect to affected members, OHIC's expectation is that health care entities will make every effort to provide prompt assistance, including actively communicating to members how they may access their benefits/eligibility information. Further, health care entities should develop workarounds to ensure that members can submit for reimbursement and receive timely payment for any covered services in which an

¹ 230-RICR-20-30-9.3 (A)(14): "Health care entity" means an insurance company licensed, or required to be licensed, by the state of Rhode Island or other entity subject to the jurisdiction of the Commissioner or the jurisdiction of the department of business regulation that contracts or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including, without limitation: a for-profit or nonprofit hospital, medical or dental service corporation or plan, a health maintenance organization, a health insurance company, or any other entity providing health insurance, accident and sickness insurance, health benefits, or health care services.

² 230-RICR-20-30-9.3 (A)(23): "Provider" means a physician, hospital, professional provider, pharmacy, laboratory, dental, medical, or behavioral health provider, or other state licensed or other state-recognized provider of health care or behavioral health services or supplies.

out-of-pocket cost was inadvertently applied, due to the cybersecurity attack.

The financial stability of health care providers in Rhode Island is paramount. With respect to providers, including, but not limited to, physician practices, hospitals, and pharmacies, OHIC's expectation is that health care entities will take necessary action to ensure that health care providers can bill and be reimbursed for covered services in a timely manner. Further, until such time that the Change Healthcare breach is fully resolved, OHIC is instructing all health care entities and their delegates to adopt flexible policies for timely filing requirements until 60 days post resolution. OHIC also expects that health care entities will provide flexibility to providers with respect to claim filing requirements and expeditiously process paper claims upon receipt.

Health care entities should actively communicate, via its website and other methods of communication, how providers may access any alternative clearinghouse or workarounds to submit prior authorization requests and seek reimbursement for services rendered to the health care entities' members.

OHIC further expects health care entities to make available clear points of contact, including via both phone and email, as appropriate, to providers and members affected by this cybersecurity attack.

Finally, should OHIC's expectations outlined above and the health care entities' existing workarounds not be sufficient to alleviate the burden on members and providers, OHIC strongly encourages health care entities to:

- Consider waiving (or allowing for other flexibility) prior authorization requirements in situations where the provider cannot share the information.
- Develop prompt, meaningful, and streamlined financial assistance for providers for instances where billing and reimbursement processes are unavailable or delayed, to ensure providers are able to continue to render services to members and maintain necessary cashflow.

OHIC reserves the authority to augment these expectations as the situation develops.

Conclusion

This bulletin shall take effect on March 8, 2024

Dated at Cranston, Rhode Island this 8th day of March 2024.



Cory King
Acting Health Insurance Commissioner