75 Vanderbilt Avenue, Staten Island NY 10304 1-844-CPHL-CARES

To our Provider Partners:

As you well know, the cyber-attack on Change Healthcare has impacted healthcare systems nationwide. As many of you navigate your own contingency plans, we are sharing information related to the impact on CPHL and offering direction for any of you that may be affected.

For CPHL, the only direct impact is regarding how provider claims are received. All other processes are fully operational without impact. With regard to claim submission, there are three general options for providers to submit their claims to CPHL.

1) **Electronic Submission – Clearinghouse:**
   Submit electronic claims via a clearinghouse, or network of clearinghouses, with the **Payer ID of CPHL1** to be received by CPHL through one of the following clearinghouses:
   A. Change Healthcare Clearinghouse
   B. Smart Data Solutions (SDS) Clearinghouse

2) **Electronic Submission – Direct via a Portal:**
   Register with one of the following EDI vendors to submit claims directly to CPHL:
   A. Payer Connectivity Services (PCS), a Change Healthcare Company
   B. Smart Data Solutions (SDS)

3) **Paper Submission:**
   Submit paper claims by mail to:
   Centers Plan for Healthy Living
   P.O. Box 21033
   Eagan, MN 55121

As highlighted above, until Change Healthcare brings their systems back, the Change Healthcare paths are unavailable. **However, as indicated above, each of the electronic options can be fully supported by our alternate clearinghouse, Smart Data Solutions, as follows.**

- If you are submitting electronic claims via a clearinghouse (Option #1), direct your practice management system vendor and/or clearinghouse to channel their claims to Smart Data Solutions.
  CPHL's **Payer ID of CPHL1** is listed with Smart Data Solutions so claims with that Payer ID received by them will be received by CPHL.

- If you would like to submit electronic claims directly (Option #2), which may be the quickest path, follow these few steps to register and submit your electronic claims to CPHL.
  1) Go to Smart Data Solution's website at sdata.us
  2) On the right side of the top banner click on "Provider Portal"
  3) Select Register
  4) Complete the registration form to create an account
     [*Note: Click on the radio button under Account Confirmation to ensure the verification is sent to the phone number provided in the form]*
  5) Once registration is verified, follow instructions for submitting claims to CPHL (also included below)

  If you have any questions regarding this process, please contact Smart Data Systems support Mon-Fri 9-5 CST at stream.support@sdata.us or 855-297-4436.

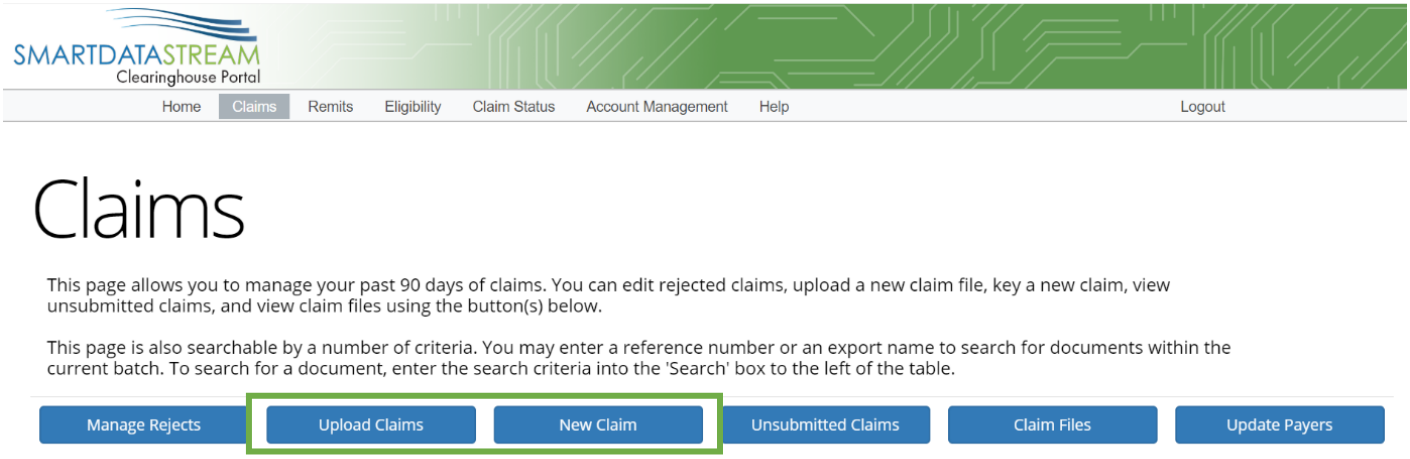
We hope you'll find this information helpful in successfully navigating around any obstacles created by this cyber-attack.

For any other claims related questions, please contact the CPHL Claims Dept. Mon-Fri 9-5 ET at 844-292-4211, Option 2.

Thank you,
Provider Services Dept.

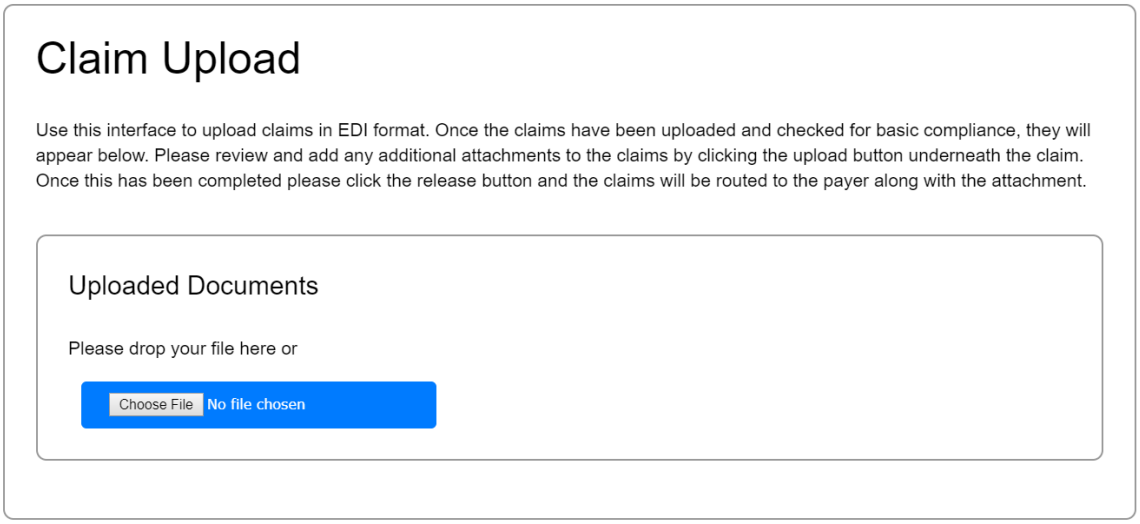
SUBMITTING A CLAIM

- There are two options to submit a claim through the Smart Data Stream Clearinghouse Portal. You can either upload a claim file or you can do Direct Data Entry and key in a new claim.



UPLOAD CLAIMS

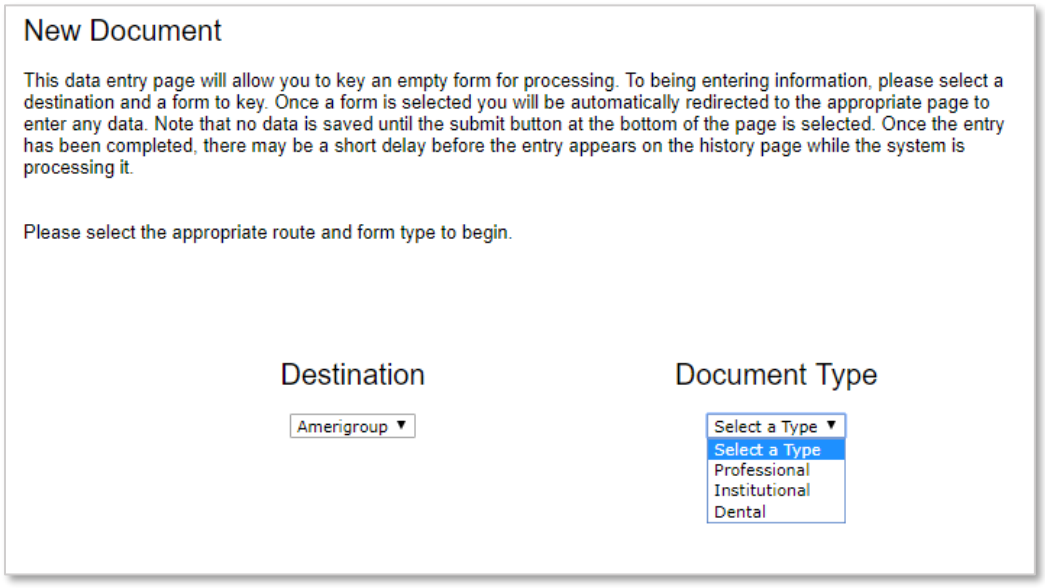
- If you selected "**Upload Claims**", this screen will appear:



- This feature allows you to upload claims in batches to portal. As long as it's a valid 837 file and has a payer ID in the REF02 segment, SDS will successfully route your claims on to the payer.

NEW CLAIM

- If you selected "**New Claim**", this screen will appear. From here you can either choose a Professional/CMS1500 claim form, an Institutional/UB04 claim form, or a Dental claim form.



- Once the claim type has been selected, it will bring up a template for the claim information to be typed into. The various document types are shown below:

SMARTDATASTREAM
Clearinghouse Services

CENTERS PLAN FOR HEALTHY LIVING

PROFESSIONAL

More

1. Type: OTHER		1a. INSURED'S I.D. NUMBER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Last / First / Middle	3. PATIENT'S BIRTH DATE: YYYY/MM/DD Sex	4. INSURED'S NAME (Last Name, First Name, Middle Initial): Last / First / Middle
5. PATIENT'S ADDRESS (No. Street)	6. PATIENT RELATIONSHIP TO INSURED: Self	7. INSURED'S ADDRESS (No. Street)
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
ZIP CODE / TELEPHONE		ZIP CODE / TELEPHONE
9. OTHER INSURED's NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED's POLICY OR GROUP NUMBER [More...]	10. IS PATIENT'S CONDITION RELATED TO: Employment? No / Auto Accident? No / Other Accident? No	a. INSURED'S BIRTH DATE: YYYY/MM/DD Sex
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? No
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signed		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Signed
14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP): YYYY/MM/DD QUAL	15. OTHER DATE QUAL YYYY/MM/DD	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: YYYY/MM/DD TO YYYY/MM/DD
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Last / First	17a. / 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: YYYY/MM/DD TO YYYY/MM/DD
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? No / $ CHARGES 0.00
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY — ICD Ind. ICD-10 A. B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE 1 / ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE	B. POS	C. EMG	D. PROC	MODIFIER	E. DIAG	F. CHARGE	G. D/U	H. EPSDT	I. QUAL	J. PROVIDER ID

Add Line

25. FEDERAL TAX I.D. NUMBER	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? No	28. TOTAL CHARGE $ 0.00	29. AMOUNT PAID $ 0.00	30. RSVD for NUCC Use

31. SIGNATURE OF PHYSCIAN OR SUPPLIER	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFORMATION
Last / First / Middle / Credential	Name / Address / City / Zip / Phone	Name / Address / City / Zip / Phone
	a. NPI / b.	a. NPI / b.

Save Progress | Save Billing Information | Submit Document

INSTITUTIONAL