**TIMELY FILING WAIVER REQUEST FOR CLAIMS IMPACTED BY THE**

**CHANGE HEALTHCARE CYBERSECURITY INCIDENT**

Mass General Brigham Health Plan

399 Revolution Drive, Suite 810

Somerville, MA 02145

**Requesting Party’s involved entities**

|  |  |  |
| --- | --- | --- |
| **Entity** | **TIN** | **NPI** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

To prevent the penalization of the above-referenced entities for any inadvertent and unintentional untimely billing of claims with Mass General Brigham Health Plan, we respectfully request that Mass General Brigham Health Plan grant a voluntary waiver of the timely claims submission requirement found in the parties’ Provider Participation Agreement(s), to preclude the denial and exclusion of any claims subject to delay in submission and for an extension of the contracted timely filing limits.

While we understand the need for the timely submission of claims for payment and that the parties’ agreements and understandings require such timely filing, we trust that the difficulties with timely submission due to the Change Healthcare cybersecurity incident warrant the limited waiver of said timely claims filing requirements and we thank you in advance for your acknowledgement and consent to the timely filing requirements below.

**Timeframe for Request**

Request for the voluntary waiver of the Timely Claims Filing Requirement for dates of service **11/21/23-5/31/24** We ask that you submit original or corrected claims no later than **August 20, 2024,** to have timely filing waived. Please submit this completed form to [**healthplanprovrelations@mgb.org**](mailto:healthplanprovrelations@mgb.org)prior to submitting your claims.

Regards,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date