Suspension or Tolling Certification Related to the February 2024 Change Healthcare Cyber Incident

I hereby certify under penalty of law that the February 2024 cybersecurity incident ("cyber incident") involving Change Healthcare had an adverse impact on the ability of the provider to perform key functions, necessitating the suspension or tolling of the following requirement(s):

(check all that apply)

- ☐ Suspension of preauthorization utilization review
- ☐ Suspension of concurrent utilization review
- ☐ Suspension of retrospective utilization review
- ☐ Tolling the timeframe for utilization review reconsiderations
- ☐ Tolling the timeframes for submission of internal and external appeals
- ☐ Tolling the timeframe for submission of claims
- ☐ Suspension of eligibility verifications

Name of Provider:	
Taxpayer Identification Number(s):	
Operating Certificate Number(s):	
Authorized Representative's Signature:	
Authorized Representative's Name (Please Print):	
Authorized Representative's Title (Please Print):	
Date:	
Name of Issuer or PBM:	
Authorized Representative's Signature:	
Authorized Representative's Name (Please Print):	
Authorized Representative's Title (Please Print):	
Date:	

Directions:

The health care provider should immediately inform the issuer or pharmacy benefit manager ("PBM") when it sends the issuer or PBM this signed certification, and the issuer or PBM should sign this certification and return a copy to the provider. The suspension or tolling of the requirement(s) selected above should remain in effect until the functions can be performed through Change Healthcare again, unless the provider notifies the issuer or PBM that the suspension or tolling is no longer needed, if earlier.

Please note that this certification form should be signed by the highest-level management person of the provider, PBM, or issuer with authority to sign on behalf of the provider, PBM, or issuer, which may be the Chief Executive Officer, Chief Financial Officer, or Chairperson of the Governing Board, or Officer (President, Vice President, Secretary, or Treasurer).

Nothing here precludes issuers from requesting further information from providers regarding the impact of the cyber incident on the provider.

After obtaining the issuer or PBM's signatures, the provider should also send copies of each certification to the Department of Health at URAgent@health.ny.gov and to the Department of Financial Services at externalappealquestions@dfs.ny.gov.

The Department of Health and the Department of Financial Services reserve the right to request additional information in the future with regard to this matter.