

Aetna® update on Change Healthcare service interruption

Updated April 10, 2024

On February 21, Change Healthcare took several of their services offline in response to a cyber security incident they experienced. As communicated before, this impacted certain Aetna business operations, and there remains no indication that Aetna's systems have been compromised.

With the Change Healthcare systems coming back online, Aetna is working to assess when to restore the connections for Electronic Data Interchange transactions.

As of April 10, we restored our connection to the Change Healthcare Electronic Remittance Advice distribution service. This means:

- For Commercial, Individual and Family Plans, and Medicare:
 - Providers that did not select a different vendor to receive ERA files from Aetna during the service interruption began receiving ERA files on a go-forward basis starting on April 9.
 - If you submitted a form to enroll with a different vendor to receive your ERA files and you have not heard back, please be patient. We are working to process all submitted requests as quickly as possible. Once your form is processed, you will begin receiving ERAs based on your selection.
 - We will send ERA files to CHC that were held going back to Feb. 21 and not reissued to another vendor due to a provider-initiated ERA Enrollment.
 - If you have previously used an EOB or some other means to update claims within your revenue cycle management system, it is important to be aware of any duplication impact that may be caused by downloading the ERAs for these claims. Please check with your system's vendor to discuss impact prior to downloading older ERAs.
- For Aetna Better Health (Medicaid) plans:
 - Providers will continue to receive their ERA files from the clearinghouse on file with ECHO health or via the ECHO Health portal. Providers that want to update their payment/ERA distribution preferences with ECHO Health for Medicaid claims payment may do so [here](#).
 - Access to historical remits/ERAs processed prior to the CHC outage are still impacted. We are continuing to work closely with CHC to understand their recovery timeline and assess alternate solutions as more capabilities become available.

On April 3, we restored our connection to the Change Healthcare claim intake service. This means:

- Providers that did not select a different EDI clearinghouse vendor to send claims to Aetna during the service interruption should begin working with their direct claims vendor to validate they are ready to submit claims to Aetna via CHC.
- Providers that selected a different EDI clearinghouse vendor to submit claims may continue to use that vendor or they may revert back to using Change Healthcare.
- We will continue to work with CHC to turn back on the remaining claim intake services once made available.

We have not established a timeline for reconnecting to any other Change Healthcare EDI transaction systems, including member eligibility and benefits checks, prior authorization submission and provider payment. We will provide updates as that changes.

This bulletin provides the latest to our network providers about how we are moving forward following the Change Healthcare service interruption. Below is a set of Frequently Asked Questions that address the mitigation plans in place for providers to complete transactions with Aetna. We will continue to share additional information as it becomes available.

Is Aetna requiring an attestation from CHC to validate that their systems are ready to reconnect?

Yes, Aetna has received CHC's attestation validating system readiness and providing assurances regarding the security of their environment and systems.

What options do providers have for submitting their claims going forward?

For Aetna Commercial, Individual & Family Plan, Medicare, Dental and plans administered by Meritain Health:

With the Aetna connection to the Change Healthcare claims submission system restored, providers that want to submit claims via CHC should work with their direct claims vendor to validate they are ready to do so. Providers may also continue to use the other [approved clearinghouse](#) vendors, as well as our medical provider portal hosted on Availity or dental provider portal hosted on Dental Exchange.

For Aetna Better Health (Medicaid) plans: Providers that want to submit claims via CHC should work with their direct claims vendor to validate they are ready to do so. Providers may also continue to use Office Ally for electronic claims submissions.

I am a provider who submits claims to Aetna through CHC and did not select a different EDI clearinghouse vendor to send my claims to Aetna during the service interruption. What should I do?

Now that a portion of the CHC claim intake services are available and Aetna has reconnected to their system, you will want to work with your direct claims vendor to validate you are ready to submit claims to Aetna. If you have claims that you submitted around the time of the outage that were not acknowledged by Aetna, please resubmit them, including any attachments.

What should providers do about claims submitted prior to the Change Healthcare service interruption that are still pending or outstanding?

Providers that have claims that were submitted prior to the Change Healthcare service interruption on Feb. 21 but have not been not acknowledged by Aetna should resubmit those claims and any correlating electronic attachments.

- For Commercial, IFP and Medicare medical claims, providers can submit through CHC once they have validated they are ready to do so with their direct claims vendor, as well as any of the other [approved clearinghouse](#) vendors or use our medical provider portal hosted on Availity.
- For Medicaid medical claims, providers may use CHC once they have validated they are ready to do so with their direct claims vendor or continue to use Office Ally.
- For Dental claims, providers may use CHC once they have validated they are ready to do so with their direct claims vendor, or they may continue using NEA/Vyne or Dental Exchange.

What options do providers have for submitting “member eligibility and benefits” checks going forward?

We have not established a timeline to reconnect to the Change Healthcare system for submitting member eligibility and benefits checks.

For Aetna Commercial, Individual & Family Plan and Medicare: Providers may use another approved EDI clearinghouse vendor, medical provider portal hosted by [Availity](#) or our dental provider portal hosted by [Dental Exchange](#) for member eligibility and benefits checks.

If providers work through a billing partner, practice management system or other vendor partner, they likely can advise on an alternate connection method for electronic transactions with Aetna.

Finally, when digital submission isn't possible, providers can utilize the Aetna Voice Advantage system. A [list of phone numbers](#) is available for providers to select from based on the specific transaction they are calling about.

For Aetna Better Health (Medicaid) plans: Providers need to use Availity to submit electronic member eligibility and benefits.

For providers who have not been paid yet at this time, will you issue advanced payment?

We take the matter of timely claims payment to our network providers very seriously and we recognize the disproportionate impact of the Change Healthcare service interruption on payment of Medicaid claims. We now have a solution in place with ECHO Health for Medicaid claims payments. We are expediting getting claims payments to providers and payments have started. While claims payments are being processed, Aetna will continue to help alleviate unusually difficult financial circumstances for providers submitting Medicaid claims on a case-by-case basis.

What options do providers have for receiving Explanation of Provider Payment files going forward?

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 - If you submitted a form to enroll with a different vendor to receive your ERA files and you have not heard back, please be patient. We are working to process all submitted requests as quickly as possible. Once your form is processed, you will begin receiving ERAs based on your selection.
 - We will send ERA files to CHC that were held going back to Feb. 21 and not reissued to another vendor due to a provider-initiated ERA Enrollment.
 - If you have previously used an EOB or some other means to update claims within your revenue cycle management system, it is important to be aware of any duplication impact that may be caused by downloading the ERAs for these claims. Please check with your system's vendor to discuss impact prior to downloading older ERAs.
- For Aetna Better Health (Medicaid) plans:
 - Providers will continue to receive their ERA files from the clearinghouse on file with ECHO health or via the ECHO Health portal. Providers that want to update their payment/ERA distribution preferences with ECHO Health for Medicaid claims payment may do so [here](#).
 - Access to historical remits/ERAs processed prior to the CHC outage are still impacted. We are continuing to work closely with CHC to understand their recovery timeline and assess alternate solutions as more capabilities become available.

How will Aetna pay providers going forward?

We have not established a timeline for reconnecting to the Change Healthcare System for provider payment.

Medicaid claims payment: We've moved to a new vendor, ECHO Health, to process and distribute Medicaid claims payments to providers. Because ECHO Health is a national payment solutions supplier, we were able to readily transition data to support Medicaid claim payment operations after careful system and quality testing. Medicaid claims payments are now going out on our normal schedule.

Commercial, Individual and Family Plans, and Medicare claims payment: Please keep in mind that EFT payments for Commercial, IFP and Medicare claims were not impacted by the Change Healthcare service interruption. In addition, we have restored check and virtual credit card payment operations, so payments are going out on our normal schedule.

How do providers utilize ECHO Health to receive payments for Medicaid claims?

Providers do not need to take additional action at this time to receive claims payment or remittance files through ECHO Health for Medicaid claims they have submitted.

Providers that want to update their payment/Electronic Remittance Advice (ERA) distribution preferences for Aetna Medicaid claims payment on the dedicated [Aetna Better Health/ECHO portal](#). No fees apply when using this dedicated portal, which is identified by the "Aetna Better Health" name in the top left of the page.

To sign up for electronic funds transfer, providers will need to provide an ECHO payment draft number and payment amount for security reasons as part of the enrollment authentication. The ECHO draft number can be found on all provider Explanation of Provider Payments (EPP), typically above your first claim on the EPP. If you have not received a payment from ECHO previously, you will receive a paper check with a draft number you can use to register after receiving your first payment.

Your name, Sample Provider, and Tax ID have been verified by the IRS.

Service Date	Code or Description	Explanation Codes	Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation			Net Payment Amount	
							Co-Ins	Co-Pay	Deductible	Max.Cov	
Provider: SAMPLE PROVIDER				Patient Acct #: 5555555555			Group/Check Number: ABC123456				
Network: SAMPLE NETWORK				Member Number: 123456789			Customer Service #: 111.111.1111				
Patient Name: JOHN DOE				Claim Number: 1111111111			Administered By: TPA				
01/23/20	99214	45	142.00	44.40	0.00	0.00	0.00	50.00	0.00	0.00	47.60
Total:			142.00	44.40	0.00	0.00	0.00	50.00	0.00	0.00	47.60

Please note that initially after go-live, there could be a 48-hour delay between the time a payment is received and an ERA is available.

Providers that choose to enroll in ECHO's ACH all payer program will be charged fees, so be sure to use the Aetna ECHO portal for no-fee processing.

To opt out of the virtual credit card option, visit our [Aetna ECHO portal](#) to manage your payments. You can also contact ECHO directly at 1.800.830.5831. If you are not enrolled with us to receive payments via EFT and you opt out of virtual card and have enrolled for ECHO's Medical Payment Exchange (MPX) with another payer, you will receive your payments in your MPX portal account. Otherwise, you will receive a paper check via print and mail.

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