

Aetna® update on Change Healthcare service interruption

Updated August 5, 2024

On February 21, Change Healthcare took several of their services offline in response to a cyber security incident they experienced. On June 21, UnitedHealth Group notified us that Aetna member information was included in the PHI or PII that was compromised by the cyberattack.

We do not currently know which Aetna businesses or Aetna members were impacted and are waiting for additional information from Change Healthcare regarding their plans to provide notice to impacted individuals.

Nothing is more central to us than protecting the privacy and security of our members' information. CVS Health's systems, including Aetna's systems, were not compromised by the cyberattack against Change Healthcare.

More information is available at changeybersupport.com and call center support is being provided by UHG at 1-866-262-5342.

Here is the latest information about our support for Electronic Data Interchange transactions.

- We've reconnected to the [Optum Payer Enrollment Services \(OPES\) portal](#) for Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) enrollment. Going forward, please use it to make changes to your ERA/EFT enrollments for Commercial, Individual & Family, Medicare and Dental plan claims.
- If you submitted an ERA/EFT enrollment request during the OPES service interruption and haven't begun receiving your ERAs and EFTs through your preferred vendor, submit your enrollment change through Optum Payer Enrollment Services. We're no longer processing enrollment requests submitted using our temporary form during the OPES service interruption, as the OPES portal provides automation that will make processing requests faster.
- For Medicaid claims, continue to use [ECHO Health](#) to update your ERA/EFT enrollment.

I submitted an enrollment form. What does this news mean for me?

If you submitted the form we made available during the Change Healthcare service interruption and received confirmation from us that your enrollment is complete, there's nothing else for you to do. If you need to make changes to your enrollments in the future, use Optum Payer Enrollment Services.

If you submitted an ERA/EFT enrollment request and haven't received confirmation from us or begun receiving your ERAs and EFTs through your preferred vendor, submit your enrollment change through Optum Payer Enrollment Services. We are no longer processing enrollment requests that were submitted during the OPES service interruption using our temporary form as the OPES portal provides automation that will make processing requests faster.

Did you get any kind of attestation from Optum to validate that Optum Payer Enrollment Services was ready to reconnect?

Yes, we've received Optum's attestation validating Optum Payer Enrollment Services readiness. They also assured us their environment and systems are secure.

If I have more questions about Optum Payer Enrollment Services, who can I contact?

You may contact the Optum Payer Enrollment Services support team for any additional questions.

How do I access ERA files from Aetna?

For Commercial and Medicare claims, here is guidance on how to access ERA files:

- **Providers that have not switched ERA vendors** and are still using Change Healthcare can get historical ERA files from CHC. Providers should contact CHC if they are experiencing any issues accessing their ERA files. Contact information is provided below – providers should use the contact information for the solution they are using.
 - Revenue Performance Advisor (RPA) Support: Please enter a ticket here: [Customer Care Hub](#)
 - Assurance Reimbursement Manager Support: Please email assurance.support@optum.com or call 1-800-457-1209.
 - Clearance Patient Access Suite Support: Please email clearance.support@optum.com
- For **providers that have switched to a new ERA vendor**, the files will be sent to that new vendor on a go forward basis. Note, enrollment with a new vendor is not complete until the provider receives an email from Aetna confirming the completion and effective date of the vendor change.
 - Providers that have switched to a new vendor can still access historical ERA files from CHC. The contact information listed above can be used to contact CHC to receive those files. Providers can also ask their new vendor to reach out to CHC to get their historical ERAs.
 - Providers need all ERAs to rectify their payment postings.
 - Provider must enroll with the new ERA vendor FIRST before sending their ERA enrollment form to Aetna.
 - Providers may also access historical Explanation of Benefit statements on the Availity portal.

For Aetna Better Health (Medicaid) plan claims, here is guidance on how providers can access ERA files:

- Providers can access ECHO Health generated ERA files from the clearinghouse they have on file with ECHO Health, via the ECHO Health portal or through the Availity Remit Viewer screen. Providers that want to update their payment/ERA distribution preferences with ECHO Health for Medicaid claims payment may do so [here](#).
- Access to Change Healthcare generated remits is still limited. Providers can access CHC remits back to Jan 11, 2024 through the Availity Remit Viewer screen.
- Access to other historical CHC remittances are still impacted. We are continuing to work closely with CHC to understand their recovery timeline.

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: We have restored our direct 837 claim submission capability with CHC, so providers now have the option of submitting Medicaid claims through CHC or Office Ally.

For First Health: There is no disruption in EDI service between First Health clients that have a direct EDI connection with First Health. Clients who use Change Healthcare to route claims to First Health, and are experiencing a disruption in claims transmission, can manually key claims into our First Health online web portal.

For Aetna Signature Administrators: There is no disruption in EDI service between Aetna Signature Administrators clients and Aetna Signature Administrators. Clients can continue to send electronic claims via normal processes. The small percentage of paper claims sent from providers directly to Change Healthcare is under review.

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 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 checks.

For First Health & Aetna Signature Administrators: Providers would need to work directly with the payor to determine alternative methods.

How is Aetna paying providers?

For Aetna Better Health (Medicaid) plans: We've moved to national payment solutions vendor ECHO Health, to process and distribute Medicaid claims payments to providers. Medicaid claims payments are now going out on our normal schedule.

For Aetna Commercial, Individual & Family Plan and Medicare: Claims payment is going out on our normal schedule for all payment methods.

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 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		
Tax ID: 123456789 EPC Draft #: 999999999 Payment Week: 40 Payment Date: 01/01/2000 Page 1 of 2												
Provider: SAMPLE PROVIDER				Patient Acct #: 555555555				Group/Check Number: ABC123456				
Network: SAMPLE NETWORK				Member Number: 123456789				Customer Service #: 111.111.1111				
Patient Name: JOHN DOE				Chain 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	

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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