

Aetna Better Health® of Kansas

Change Healthcare National Outage Impact to Medical Claims - *Updates as of April 2, 2024*

The following are additional, new updates to the Aetna Better Health of Kansas Provider Bulletins previously published.

What progress has Aetna made on restoring operations impacted by the Change Healthcare service interruption?

As of April 2, Change Healthcare has made a portion of their claim intake services available and we have restored our connection to their system. 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 they are made available.
- We have not established a timeline for reconnecting to any other Change Healthcare EDI transaction systems, including electronic remittance advice file distribution, member eligibility and benefits checks, prior authorization submission and provider payment. We will provide updates as that changes.

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?

Providers that want to submit Medicaid 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.

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 acknowledged by Aetna should resubmit those claims and any correlating electronic attachments.

For Medicaid medical claims, providers may use Change Healthcare once they have validated they are ready to do so with their direct claims vendor. Or providers may continue to use Office Ally, file through KMAP, or mail paper claims:

- For electronic claims submissions, providers may use Office Ally at www.officeally.com, using Payer ID 128KS. Provider should confirm their clearinghouse is compatible with Office Ally prior to submitting claims.
- Providers may also bill electronically, free of charge, through the KMAP Portal at <https://portal.kmap-state-ks.us/PublicPage/Public/Login>
- Paper claims may be mailed to: Aetna Better Health of Kansas P.O. Box 982961 El Paso, TX 79998-2961

What alternative methods do providers have to submit “member eligibility and benefits” checks?

We have not established a timeline to reconnect to the Change Healthcare system for submitting member eligibility and benefits checks. Providers need to use Availity to submit electronic member eligibility and benefits checks.

<https://apps.availity.com/availity/web/public.elegant.login>

How can providers submit prior authorizations to Aetna during the Change Healthcare service interruption?

We have not established a timeline for reconnecting to the Change Healthcare system for submitting prior authorization. Providers need to use Availity to submit electronic prior authorization requests.

<https://apps.availity.com/availity/web/public.elegant.login>

How will Aetna pay providers going forward?

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

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, may do so 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.

Tax ID: 123456789		EPC Draft #: 999999999		Payment Week: 40	Payment Date: 01/01/1900	Page 1 of 2				
Service Date	Code or Description	Explanation Codes	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation			Net Payment Amount
Provider: SAMPLE PROVIDER				Patient Acct #: 555555555		Group/Check Number: ABC/123456				
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	47.60
Total:			142.00	44.40	0.00	0.00	0.00	50.00	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.

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

We have not established a timeline for reconnecting to the Change Healthcare system for distributing Electronic Remittance Advice files. For providers that do not switch vendors, all ERAs from Feb. 21 to present will be distributed once connectivity resumes.

For Medicaid claim payments. ECHO Health will distribute Electronic Remittance Advice (ERA) files. Providers will receive ERA files electronically based on their information on file and, for those who have not signed up to receive ERA files electronically, they will receive paper ERA files. Providers who submitted Medicaid

claims do not need to take additional action at this time to receive claims payment or remittance files through the new vendor, ECHO Health.

- If you have questions about claims payments, please call the customer service number on your Explanation of Provider Payment.
- Providers that want to update their payment/ERA distribution preferences for Medicaid claims payment may do so here [ECHO Health \(echohealthinc.com\)](https://echohealthinc.com)

Please monitor the Aetna Better Health of Kansas provider website for additional Medicaid updates at [For Health Care Providers | Aetna Medicaid Kansas \(aetnabetterhealth.com\)](https://aetnabetterhealth.com).

Providers may also access the Aetna Corporate website for enterprise-wide updates at [Resources & Support for Health Care Providers | Aetna](https://aetna.com).

Thank you,

Provider Experience Department
Aetna Better Health of Kansas