



Talking Points and Frequently Asked Questions related to Change Healthcare

As you may have heard, a security incident has occurred at Optum Healthcare, this incident impacts a key entity within their organization, Change Healthcare. All of their systems are down until further notice, and Optum is posting updates on their efforts to resolve the issue to the following website:

<https://status.changehealthcare.com/incidents/hqjz25fn3n7>

<<Insert Plan Name>> utilizes services from Change Healthcare and our plan members and provider community are also being impacted. Providers are utilizing Change Healthcare for various functions including but not limited to those listed below:

- ✓ Receipt of claims through CHC clearinghouse (other clearinghouses remain available)
- ✓ Real-time Eligibility checks through CHC clearinghouse (other clearinghouses and Plan Provider Portals remain available)
- ✓ HIPPA transactions such as 835 transactions

While there are services performed by Change Healthcare on behalf of **AgeRight Advantage**, we have mitigated those scenarios and are able to move forward with our operational processes.

Frequently Asked Questions:

<p>Q: How do I verify member eligibility?</p>	<p>A: Member's eligibility can be verified via:</p> <ol style="list-style-type: none"> 1. EDI Clearing House via 270/271 real time transactions 2. Provider Portal agerightadvantage.com/providers/ 3. Calling the Contact Center at 1-844-854-6885
<p>Q: How do I submit a claim for a member?</p>	<p>A: Providers that utilized Change Healthcare as their clearinghouse can utilize Availity, or another clearinghouse, to continue to submit electronic claims. Please visit Availity's resource page for options to continue submitting electronic claims: https://www.availity.com/availity-lifeline-self-serve-resources</p> <p>Submit electronic claims to ARA01</p>

	Paper claims can be submitted to PO BOX 550 Glen Burnie, MD 21060-0550
Q: What is the timely filing limit for claims?	A: There will not be an extension for timely filing. It remains at 365 days , consistent with CMS. For claims submitted to Change Healthcare clearinghouse prior to the outage, providers should review their transaction history to confirm that a Payor Acknowledgement was received. If no Payor Acknowledgement received, the claim should be resubmitted in order to reach the Plan for payment. Please continue to submit claims, and if there is a denial for timely filing, please follow plan appeal rights. *
Q: How do I submit an authorization?	A: Authorizations can be submitted via fax 1-833-610-2399 or on the portal at agerightadvantage.com/providers/ Given that we can issue authorization and have alternate ways for providers to obtain an authorization, we are not waiving this requirement at this time.
Q: When can I expect to receive payment for submitted claims for 2024 Dates of Service?	A: We are working on contingency planning for the scenario where the CHC outage continues indefinitely and will share additional details as we have them.
Q: Will claims payments for 2023 Dates of Service and prior be impacted?	A: No, there is no impact to payment processing for 2023 Date of Service Claims.