



Your Questions Answered: The Change Healthcare Data Breach

TriZetto Provider Solutions (TPS) is aware that parts of the Change Healthcare network are down due to a cyber incident. TriZetto Provider Solutions is not currently aware of the extent of the intrusion or degree to which it has impacted Change Healthcare client data.

Per our security protocols, TriZetto Provider Solutions has disabled connectivity and shut down TriZetto data exchanges with the Change Health network pending further information. Any questions related to client data impact should be directed to Change Healthcare.

TriZetto Provider Solutions Statement

"Cognizant is closely monitoring the situation and participating on daily calls conducted by UnitedHealthGroup/Optum/ChangeHealthcare. Optum has issued a series of public statements and updates on the status of the Optum network ([Optum Solutions Status - Update: Some applications are experiencing connectivity issues. \(changehealthcare.com\)](https://www.changehealthcare.com)) and its Chief Information Security Officer has provided Cognizant a signed attestation stating that the company has a "high-level of confidence that Optum, UnitedHealthcare and UnitedHealth Group systems have not been affected by the Change Healthcare cyber security issue." Based on Cognizant's analysis of the communications provided by Optum, and the architecture of the Optum network, Cognizant believes that the risk to reconnect to Optum is low."

Change Healthcare FAQs

Has TriZetto Provider Solutions disconnected from Change Healthcare?

As part of our standard security measures to safeguard both TriZetto Provider Solutions and our customers, all transactions from Change Healthcare remain disconnected from TriZetto.



Change Healthcare FAQs

Have you disconnected from Optum and United HealthCare (UHC)?

Change Healthcare, Optum, and the United Healthcare Group were disconnected from TriZetto Provider Solutions on February 21, 2024. Optum and UHG provided TriZetto Provider Solutions with proper documentation that their systems and network were not compromised during the cybersecurity attack on Change Healthcare. TriZetto Provider Solutions made the decision to reconnect to Optum and UHC on February 25, 2024. The connection to Change Healthcare remains disconnected.

What, if anything, is TriZetto doing or able to do to restore the payer connections for the transactions that were being routed through Change Healthcare?

TriZetto Provider Solutions is redirecting connections wherever possible and exploring alternative solutions for the remaining affected transactions. TPS will continue to communicate updates within our website Message Center, please reference this for the most recent listing of newly established routes to payers and to find a completed list of impacted transactions and payers that have been rerouted successfully. We remain actively engaged with many of the impacted payers to solution for new connections daily.

What steps is TriZetto Provider Solutions taking to ensure they are not impacted by a cybersecurity event?

Security Controls have been implemented per the TriZetto Provider Solutions policies, standards, and procedures. All of TriZetto's policies, standards and procedures are aligned with ISO27001 and NIST cybersecurity framework.

- Adequate Security Tools have been deployed at the perimeter, endpoint, network, application, and database layers for the implementation of security controls.
- The TriZetto Provider Solutions environment is being periodically scanned for vulnerabilities and malicious code to include external penetration testing.
- Periodic security awareness trainings are being conducted for all employees.
- TriZetto Provider Solutions is undergoing the HITRUST and State Ramp certification process. In addition, renewals of the SOC 2 and EHNAC audits are also in process.
- TriZetto Provider Solutions State of Security and metrics are reported to the board and senior management on a regular basis.

What is SOC 2, HITRUST, EHNAC, and State Ramp certification?

- **SOC 2:** Specifies how organizations should manage customer data. The standard is based on the following Trust Services Criteria: Security, Availability, Processing Integrity, Confidentiality, and Privacy.
- **EHNAC (Electronic Healthcare Network Accreditation Commission):** Ensures the Security, Compliance, and Quality of data exchange processes.
- **State Ramp:** Is a security maturity assessment tool for cloud products that standardizes security requirements for providers.
- **HITRUST (Health Information Trust Alliance):** Is a certifiable and recommended framework to demonstrate compliance with HIPAA security requirements.

Change Healthcare FAQs

What is TriZetto Provider Solutions doing in order to help providers get enrolled and sending transactions quickly during this cyber event?

TriZetto has streamlined the process of contracting, enrollment, and onboarding to get you back up and running as quickly as possible with the below steps.

TriZetto has an expansive practice management and EMR partnership footprint. We have direct integration with over 350 practice management and EMR companies. This is a huge difference from the various SFTP or direct connections being offered in the market currently. The direct connections and SFTP options are only a bidirectional way to send those transactions. Those methods require substantial human and manual intervention for submission and posting of those transactions back into your practice management system. The robust integrations with our practice management partners allows you to get back to business as usual with transactions submitted directly from your practice management system and with payments flowing back into your system for auto-posting. Ask your sales associate about the integrated solutions offered with your practice management system partner.

How do I get started as quickly as possible with TriZetto Provider Solutions?

- Step 1: Work with your sales representative to provide important details for contracting (business name, contact name, phone number, address, name of your current practice management system or electronic health record partner, number of providers, and monthly claim volume). The sales representative will provide you with the contract for signature and our clearinghouse enrollment spreadsheet. The enrollment spreadsheet has the necessary information to speed up your enrollment and onboarding process. Please have that filled out and ready by the kick-off call.
- Step 2: Once the signed contract is processed, someone from our enrollment team will reach out to set up a kick-off call, typically between 24-48 business hours of signing. They will walk you through all of the necessary steps for the enrollment process. They will utilize our EDI Enrollment Portal to automate your enrollments to the insurance plans. This saves valuable time.
 - Commercial plans do not require enrollment for claims. You can begin to send your claims within 24-28 hours of signing the contract. The enrollments for remittance transactions is required for commercial plans. This process takes between 15-30 days, depending on the payer/plan.
 - Government plans require enrollment for claims and remittance transactions. The timeline for the enrollment is between 5-30 days depending on the plan.
 - While waiting for your remittance enrollments to be finalized, we recommend that you reach out to the payer/plan directly to receive a copy of the remittance advice.

Change Healthcare FAQs

TriZetto Provider Solutions has enrollment teams that specialize in onboarding based on your specific practice management system, which will create efficiencies in the process. Additionally, TriZetto Provider Solutions has dedicated additional resources to get you onboarded quickly and effectively in 24-72 hours. Most practices are able to send 90% of their claims within 24-72 hours.

What measures are health plans taking to provide connectivity outside of Change Healthcare?

Health plans often maintain multiple clearinghouses for connectivity to the submitter community. Where possible, TriZetto Provider Solutions submits directly to the payer. TriZetto is actively working to identify alternative routes for instances where health plans were utilizing Change Healthcare as a connection point. These alternative routes will depend on a payer's ability to transact with multiple clearinghouses.

What payers are impacted by this incident?

TriZetto Provider Solutions has a list of impacted health plans. Our robust payer team is actively seeking out direct connections with multiple payers from the list of impacted organizations and TriZetto is exploring alternative submission channels with other trading partners. In the meantime, we recommend reaching out to the payers directly to receive a copy of the remittance advice. TPS will continue to communicate updates within our website Message Center, please reference this for the most recent listing of newly established routes to payers and to find a completed list of impacted transactions and payers that have been rerouted successfully. We remain actively engaged with many of the impacted payers to solution for new connections daily.

Was this incident caused by TriZetto Provider Solutions?

No, this security incident is isolated to Change Healthcare. We proactively disabled our connections as a precautionary measure to protect the data of our clients. Since that time, we have been working diligently to reroute or restore connections.

Do I need to change clearinghouses?

No, TriZetto Provider Solutions is doing what we can do minimize the downtime caused by the Change Healthcare incident. All clearinghouses are impacted if they route claims through Change Healthcare.

What transactions are impacted by this situation?

Claims, remittances, eligibility, and claim status inquiries are impacted.

Change Healthcare FAQs

Should I drop my Change Healthcare claims to paper at this point?

We do not have a clear indication of when the issues with Change Healthcare will be resolved. TriZetto Provider Solutions is working to establish direct connections or alternative submission channels. At this time clients are able to submit claims on paper, hold them until the issues are resolved or TriZetto is able to establish a new connection, or utilize the payer's direct data entry (DDE). TPS can print and mail claims for clients who currently have our Paper Claim product. To utilize this paper process, please use the payer ID 00000 when submitting impacted claims. This unique payer ID will bypass any systematic attempt to send them electronically and route them via paper. Note: Clients may also opt to download claims from their software, print them, and mail them directly to the payer.

What will happen to my transactions that have already been submitted to Change Healthcare?

TriZetto Provider Solutions has made the decision to start rejecting claims for impacted payers that have been submitted from 2/20/2024 – present. This will allow providers the opportunity to submit by paper, hold, or utilize the payer's direct data entry (DDE).

The rejection message listed will be: **This payer has been impacted by the Change Healthcare cyber incident.** Providers will need to submit by paper, hold, or utilize the payer's DDE.

Will TriZetto Provider Solutions hold the claims until they can be released?

TriZetto Provider Solutions was holding claims previously, but those claims have now been flagged as "rejected".

Can I continue to send claims to TriZetto Provider Solutions?

Yes, claims can still be sent to TriZetto Provider Solutions.

Why am I unable to run eligibility transactions?

This functionality was turned off for select payers (please check the Payer List which can be found under the Resources tab on the client website). You may find payers missing from the list and/or receive an error when attempting to check eligibility. Our robust payer team is working to move connections as they are available.

Can clients continue to send claims to TPS?

For claims going to payers not impacted by the Change Healthcare issue, yes. Claims can still be sent to TriZetto. Claims that are rejected at TPS will still be posted for client review and resubmission. We will continue to process and batch these claims following our standard process.

For claims going to payers impacted by the Change Healthcare issue, please check the message center before resubmitting claims to see if the connection for that payer has been restored.

- If yes, resubmit for processing.
- If no, you will receive a rejection upon resubmission.

Change Healthcare FAQs

How long will it take to process paper claims?

Unfortunately, we do not have any estimated timeframe as this is contingent on how quickly the claims are delivered via mail and then processed at the payer. Please be advised there is no tracking for paper claims that we can provide.

How will this impact Timely Filing?

Timely filing is entirely up to the payer. If the payer has been impacted by this issue and the client has concerns, it is best for them to reach out to the payer.

Will claims need to be resubmitted individually or is mass resubmission possible?

Claims need to be resubmitted on an individual basis.