



AMERICAN ACADEMY
OF OPHTHALMOLOGY

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The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW Washington, DC 20201

Re: Mitigating the Impact on Medical Groups from the Cyberattack on
Change Healthcare

Dear Secretary Becerra,

The American Academy of Ophthalmology (the Academy) appreciates the work you and the Department of Health and Human Services (HHS) are doing to address the harmful impact resulting from the cybersecurity attack on Change Healthcare. Due to the size of Change Healthcare and scope of services it provides to physician groups and healthcare facilities, the consequences of this malicious cyberattack are affecting the entire healthcare ecosystem, including our members. The Academy is the largest association of eye physicians and surgeons in the United States. A nationwide community of nearly 20,000 medical doctors, we protect sight and empower lives by setting the standards for ophthalmic education, supporting research, and advocating for our patients and the public. We innovate to advance our profession and to ensure the delivery of the highest-quality eye care.

We urge HHS to use its authority to support physician practices, facilitate patients' continued access to care, and hold UnitedHealth Group accountable to restore electronic transactions expeditiously. It is critical that all Change Healthcare operations be safely reestablished as quickly as possible. The Academy has been hearing alarming feedback from our members about the negative ways their practices have been impacted since the disruption to services started nearly two weeks ago. Ophthalmology practices have experienced nearly a complete halt to electronic transactions and revenue cycle processes since the outage began, including:

- Substantial billing and cash flow disruptions, such as a lack of electronic claims processing. Some groups have been unable to submit claims or receive payments for the duration of the outage.

- Limited or no electronic remittance advice from health plans. Groups are having to manually pull and post from payor portals, which takes staff away from patient care and focuses them on administrative work.
- Prior authorization submissions have been rejected or have not been transmittable at all. This further exacerbates what is routinely ranked as the number one regulatory burden by medical groups and jeopardizes patient care.
- Groups have been unable to perform eligibility checks for patients.

We are appalled by UnitedHealth Group's (UHG) lack of communication and inaction on fixing the above issues, which effectively stops the revenue cycle for physician practices. Thus far, UHG's recommended workarounds to physicians and practices experiencing these issues are to use another clearinghouse for electronic transactions or submit manually via each separate payor online portals. Clearly, UHG does not understand the magnitude of the issue, nor its impact on practice operations. Setting up electronic transactions with a clearinghouse is not a quick and simple process. Physicians or their staff must complete paperwork, change their electronic health records/billing system set-up, send test files, and wait for the clearinghouse to confirm the connection before claims can be submitted. In the end, it usually takes 1-2 months before a practice can send and receive electronic transactions from a new clearinghouse.

We are concerned that many claims may run into timely filing issues due to the disruption to claims submission. Some payors allow as few as 30 days from the service date to submit timely claims; therefore, there is a real danger of denials if it takes the new clearinghouse months to process a practice's paperwork. **To the extent allowed by its authority, we urge HHS to practice enforcement discretion of timely filing policies and encourage other payors to do so as well.**

On March 1, UHG launched a temporary financial assistance program via Optum Financial Services, which drives physicians to yet another one of the company's many service lines. The Academy has already heard from our members that this workaround is inadequate and has many stipulations that limit the effectiveness of the aid. First, assistance is only available for those with payment distribution issues, not claims submission issues. In our experience, claims submission is the number one problem for most practices. Second, the group must sign up for Optum Pay, which has a premium service that charges 0.5% per consolidated payment (\$5 for every \$1,000 in payments) if selected. Lastly, the amount of funding available is calculated based upon the last 12 months of payments processed by Change Healthcare. If a practice only submits claims through Change Healthcare, but has payments processed by the payor (such as the case with Medicare fee-for-service (FFS) claims), then that practice may not be eligible for any financial assistance.

A small ophthalmology practice in New Jersey shared their recent experience with the financial assistance program and workarounds recommended by UHG.

They applied for financial assistance through Optum, which has allowed them just \$2,600 per week. For a practice with 6 providers plus staff, this amount will not even cover the additional administrative staff expense required by the outage. The practice has also started manually entering claims for private insurance companies. This data entry is painfully time consuming and takes staff away from other jobs in the office. The biggest issue is that the practice currently has no way to submit to Medicare FFS claims, because their billing system has no way of direct submission and Medicare does not typically allow paper claims submission.

We request HHS utilize all the tools at its disposal to mitigate the negative impacts to practice operations, so medical groups do not have to take drastic actions to remain in operation. Guidance, financial resources, enforcement discretion, and more are needed to avoid escalating an already serious situation. **Most immediately, we urge HHS and the Centers for Medicare & Medicaid Services to temporarily allow for paper claims submission of FFS claims.**

The effects of the Change Healthcare outage are even more pronounced in smaller ophthalmology practices, which may not have the ability to weather extended cash flow disruption. Practices must be able to keep doors open to maintain patients' access to high-quality eye care. The Academy looks forward to working with HHS to make sure ophthalmology practices can continue operating effectively despite these attempts to attack our nation's healthcare system. If you have questions or need any additional information, please contact Brandy Keys, MPH, Director of Health Policy at bkeys@aaao.org or via phone at 202-587-5815.

Sincerely,



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Medical Director for Government Affairs
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John T. McAllister, MD
Secretary for Federal Affairs
American Academy of Ophthalmology

cc The Honorable Chiquita Brooks-LaSure, CMS Administrator