

The Emergency Department Practice Management Association (EDPMA) is writing about the implications of the ongoing cyberattack on Change Healthcare, a main clearinghouse for medical claims. As a result of the attack, Change has been forced to completely cease its operations and, as of now, there is no projected resolution date to the outage.

It is difficult to overstate the impact on the nation's emergency care providers resulting from the abrupt halt to claims processing and payment, because there is a unique twofold impact on frontline providers. First, like all other medical providers, we are contending with the immediate impact on the financial viability of our practices, which is catastrophic in and of itself. However, depending on the duration of this shutdown, we will quickly become the "landing place" for patients unable to access their regular physicians' offices, since medical practices across all specialties will inevitably be forced to reduce operations due to their inability to make payroll, purchase the needed medical supplies, and meet their standing financial obligations.

Suggestions that practices should just switch to a new clearinghouse or file paper claims are disconnected from the reality of running a medical practice, because they fail to acknowledge the time needed to partner with a new clearinghouse and the administrative burden of that process, nor do they acknowledge the fact that many payers no longer accept paper claims. The problem lies in the fact that claims payment abruptly ceased, leaving medical practices in a liquidity crisis. The solution for that immediate issue is to provide medical practices with access to funding to improve liquidity, with no up-front fees, requirement to sign up for new accounts with certain banks, or similar barriers.

We are incredibly appreciative of the federal law enforcement resources deployed to address the cyberattack itself. Now we are calling on Congress and the Department of Health and Human Services (HHS) to quickly assess the full breadth of the impact on medical practices and to take any and all actions to protect the stability of our healthcare system, including our nation's emergency care network.

To that end, we have requested that HHS:

- Immediately provide opportunities to increase practice cash flow, such as providing flexibilities for the Medicare Advanced and Accelerated Payments Program similar to the expansion of the program during the COVID-19 public health emergency (PHE);
- Increase its investigatory efforts to quantify the full impact of the cyberattack;
- Given overwhelming staffing pressures to address the ongoing crisis, investigate and provide flexibilities as it relates to physician reporting programs, such as the Merit-Based Incentive Payments System (MIPS), particularly given the upcoming MIPS 2023 reporting deadline on April 1, 2024, including reopening the <u>Extreme and Uncontrollable</u> <u>Circumstances (EUC) application</u> for 2023 performance year, which closed on Jan. 2, 2024; and

 Increase outreach to physician practices, hospitals, and revenue cycle management entities to communicate updates on the cyberattack and on any actions by HHS in response.

We appreciate the effort that the Administration has already directed to this unprecedented attack on our health care system and we hope we can count on your support to help advance these additional solutions with HHS. If we can put you in touch with an emergency clinician in your state or district to further discuss the impact on their practice, please do not hesitate to contact EDPMA's Executive Director, Cathey Wise, at <u>cathey.wise@edpma.org</u>.

EDPMA is the nation's only professional trade association focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups of all sizes, billing, coding, and other professional support organizations that assist healthcare clinicians in our nation's emergency departments. Together, EDPMA members see or support 60% of all annual emergency department visits in the country.