

HHS flexibilities following cyberattack on Change Healthcare

Last week, the U.S. Department of Health and Human Services (HHS) issued [guidance](#) and [information](#) that noted the following:

- CMS expected and encouraged Medicare Advantage (MA) organizations and Part D sponsors to remove or relax prior authorization, other utilization management, and timely filing requirements during these system outages, as appropriate.
- CMS also encouraged MA plans to offer advance funding to providers most affected by this cyberattack.
- CMS strongly encouraged Medicaid and CHIP managed care plans to adopt the same strategies of removing or relaxing prior authorization and utilization management requirements, and to consider offering advance funding to providers, on behalf of Medicaid and CHIP managed care enrollees to the extent permitted by the State.
- Medicare providers who had trouble filing claims or other necessary notices or other submissions should contact their Medicare Administrative Contractor (MAC) for details on exceptions, waivers, or extensions, or contact CMS regarding quality reporting programs.
- CMS contacted all MACs to make sure they are prepared to accept paper claims from providers who need to file them. While CMS recognize that electronic billing is preferable for everyone, the agency noted that MACs must accept paper submissions if a provider needs to file claims in that method.