DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Room 352-G
200 Independence Avenue, SW
Washington, DC 20201

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF COMMUNICATIONS

FACT SHEET

March 9, 2024

Contact: CMS Media Relations
(202) 690-6145 | CMS Media Inquiries

Change Healthcare/Optum Payment Disruption (CHOPD) Accelerated Payments to Part A Providers and Advance Payments to Part B Suppliers

The U.S. Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) recognizes the impact that the cyberattack on UnitedHealth Group's subsidiary Change Healthcare/Optum in late February (the Incident) has had on health care operations across the country.

CMS is in frequent communication with UnitedHealth Group and Change/Optum and will continue to press them to swiftly communicate with the health care sector and to offer better options for interim payments to providers and suppliers to ensure continuity of operations for all health care providers and suppliers impacted by the Incident. CMS is also meeting with private health care plans and is encouraging their continued efforts to help avoid further disruption to the health care sector.

CMS recognizes that providers and suppliers may face significant cash flow problems from the unusual circumstances impacting facilities' operations, preventing facilities from submitting claims and receiving Medicare claims payments when using the Change Healthcare platform. CMS has heard these concerns and is taking direct action to support the important needs of the health care sector.

On March 9, 2024, CMS made available Change Healthcare/Optum Payment Disruption (CHOPD) accelerated payments to Part A providers and advance payments to Part B suppliers experiencing claims disruptions as a result of the Incident. The CHOPD accelerated and advance payments may be granted in amounts representative of up to thirty days (30) of claims payments to eligible providers and suppliers. The average 30-day payment is based on the total claims paid to the provider/supplier between August 1, 2023 and October 31, 2023, divided by three. These payments will be repaid through automatic recoupment from Medicare claims for a period of 90 days. A demand will be issued for any remaining balance on day 91 following the issuance of the accelerated or advance payment.

CMS continues to monitor the Incident, and its level of disruption. Providers and suppliers should continue to work with all their payers for the latest updates on how to receive timely payments, and any additional short term funding programs offered through other payers. CMS has encouraged MA organizations to offer advance funding to providers most affected by this cyberattack. The rules governing CMS's payments to MA

organizations and Part D sponsors remain unchanged. Please note that nothing in this fact sheet speaks to the arrangements between MA organizations or Part D sponsors and their contracted providers or facilities. CMS further encourages providers and suppliers to work with their liability insurers to determine whether coverage for this disruption is available.

Eligibility Requirements

- **Eligible Providers/Suppliers**: Providers and suppliers are eligible for CHOPD accelerated or advance payments. CHOPD accelerated and advance payments must be requested for individual providers/suppliers – i.e. unique National Provider Identifier (NPI) and Medicare ID (PTAN) combinations.
- **Ineligible Providers/Suppliers**: Providers receiving Periodic Interim Payments are not eligible for accelerated payments.

- **Required Certifications:** In the CHOPD accelerated and advance payment request, the provider/supplier must make the following certifications:
    - The provider/supplier is not able to submit claims to receive claims payments from Medicare.
    - The provider/supplier has experienced a disruption in claims payment or submission due to a business relationship the provider/supplier, or the provider's/supplier's third-party payers, has with Change Healthcare or another entity that uses Change Healthcare or requires the provider/supplier to use Change Healthcare.
    - The provider/supplier has been unable to obtain sufficient funding from other available sources to cover the disruption in claims payment, processing, or submission attributable to the Incident.
    - The provider/supplier does not intend to cease business operations and presently is not insolvent.
    - The provider/supplier, if currently in bankruptcy, will alert CMS about this status and include case information.
    - Based on its best information, knowledge, and belief, the provider/supplier is not aware that the provider/supplier or a parent, subsidiary, or related entity of the provider/supplier is under an active healthcare-related program integrity investigation in which the provider/supplier or a parent, subsidiary, or related entity of the provider/supplier: (1) is under investigation for potential False Claims Act violations related to a federal healthcare program; (2) is a defendant in state or federal civil or criminal action (including a qui tam False Claims Act action either filed by the Department of Justice (DOJ) or in which DOJ has intervened); or (3) has been notified by a state or federal agency (including a state or federal prosecutor, the HHS Office of Inspector General, or the Centers for Medicare & Medicaid Services (including its contractors, such as the Unified Program Integrity Contractors)), that it is a subject of a civil or criminal investigation or Medicare program integrity administrative action (e.g., revocation of enrollment or payment suspension); or (4) has been notified that it is the subject of a program integrity investigation by a licensed health insurance issuer's special investigative unit (or similar entity).
    - The provider/supplier is enrolled in the Medicare program and has not been revoked, deactivated, precluded, or excluded by CMS or the HHS Office of the Inspector General.
    - The provider/supplier does not have any delinquent Medicare debts.

- The provider/supplier is not on a Medicare payment hold or payment suspension.
- The provider/supplier will use the funds for the operations of the specific provider/supplier for which they were requested.

- **Required Acknowledgement of Terms:** The provider/supplier must acknowledge and agree (via a signed agreement) to the terms of the CHOPD accelerated and advance payment including:
  - The funds are extended from the Medicare Trusts and represent an advance on claims payments.
  - The accelerated and advance payment is not a loan and cannot be forgiven, indebtedness cannot be reduced, and there are no flexibilities regarding repayment timelines. CMS will use its standard recoupment procedures to recover these amounts.
  - Repayment will commence immediately via 100% recoupment of Medicare claims payments owed to the provider/supplier, as the provider/supplier submits claims and claims are processed, after the date on which the payment is granted. Recoupment will continue for a period of 90 days.
  - A demand will be issued for any remaining balance on day 91 following the issuance of the accelerated and advance payment.
  - Interest will start to accrue 30 days after a demand is issued consistent with the interest rate established under applicable interest authorities. Any resulting demand does not convey administrative or judicial appeal rights, or rebuttal rights.
  - CMS will proceed directly to demand the accelerated or advance payments if any certifications or acknowledgments are found to be falsified. After a demand letter requiring repayment is issued, recoupment will continue at 100% until the balance is repaid in full. If a provider/supplier is experiencing financial hardship, they may request an Extended Repayment Schedule after a demand is issued.
  - Granting of an accelerated or advance payment is not guaranteed and payments will not be issued once the disruption to claims servicing is remediated, regardless of when a request is received. The program length is dependent on the duration of the Incident. CMS may terminate the program at any time.
  - CMS maintains the right to conduct post payment audits related to any accelerated or advance payments issued under this program.

- **Payment Amount:** The provider/supplier may select one of two options to request an accelerated or advance payment:
  - The maximum allowable amount as calculated by CMS, which will represent thirty (30) days of Medicare claims payments, - the average 30-day payment is based on the total claims paid to the provider/supplier between August 1, 2023 and October 31, 2023 divided by three; or
  - A specific amount not to exceed the maximum allowable amount.

MAC Contact Information

Please contact your respective MAC for assistance.

A list of MACs can be found at our CMS.gov website at: https://www.cms.gov/mac-info.

###