

March 22, 2024

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

Dear Secretary Becerra,

The National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of nearly 3,400 mental health and substance use treatment organizations and the millions of people they serve. The recent cyberattack of Change Healthcare significantly impacted and still is impacting behavioral health organizations across our country. With the current overdose crisis and the increased demand for mental health services, any disruption in treatment and services leaves patients, families, and communities more vulnerable to experiencing a behavioral health crisis. We appreciate the agency's action last week to help coordinate efforts to avoid disruptions to care and mitigate the harm to these community organizations by urging UnitedHealth Group and other insurers to make interim payments and work to reduce administrative burdens. These actions are critical to ensuring people living with mental health and substance use challenges do not experience disruptions in care.

Our member mental health and substance use organizations from across the country have described the immense struggles they are facing due to delays in reimbursement during this time and the need for immediate solutions as they face financial uncertainty. Our members in Oregon are experiencing up to \$200,000 in billing that has been delayed and are concerned about timely filing deadlines. Similarly, members in New York are experiencing delays in reimbursement. Several small agencies with limited budgets have expressed concern about the added expense of obtaining a new clearinghouse to submit claims. A member in West Virginia was advised by its electronic health record vendor not to submit paper claims as payers in the state are not equipped or staffed to process the anticipated volume of paper claims. The members were advised that they are trying to prepare for a revenue cycle that could last up to 180 days. Another member in West Virginia shared that their claims being sent to the clearinghouse are not reaching the intended destination and are coming back as "rejected." We also heard from member clinics in Maryland who are concerned that liquidity is low and that the absence of commercial insurers' revenue is destabilizing cashflow to keep them alive and serving the mental health and substance use treatment needs of the community.

The cashflow disruption caused by the Change Healthcare cyberattack has over-extended mental health and substance use treatment organizations, many of whom did not have significant cash reserves, and now have had to incur the additional cost of changing clearinghouses or the administration costs of processing paper claims. Current workarounds have delayed cash collections and have impacted the mental health and substance use safety net organization's ability to meet their operational expenses, such as payroll. Our members are



also concerned about the financial and administrative burden of staff learning new platforms and inputting information, backlogs, and duplication from workarounds- all of which impact the efficient delivery of care during a time when many providers continue to face workforce challenges.

Additionally Change Healthcare, at the time of the attack, had exclusivity clauses with roughly one hundred payers, blocking the ability of organizations and other clearinghouses to integrate and elongating the time to reimbursement. The claims that are getting through are facing an extended payment time.

While the Centers for Medicare and Medicaid Services and the Department of Health and Human Services have encouraged Medicare and Medicaid to loosen payer enrollment processes and waive or suspend timely filing limitations, the response has been underwhelming. In many states, such as Texas, where the timely filing limits for managed care organizations/Medicaid is 95 days; time is ticking for mental health and substance use treatment organizations to be able to submit claims to payers.

Our mental health and substance use treatment organizations are doing everything they can to adapt and mitigate the effects on people living with mental health and substance use, but they need strong additional support from the Administration. We appreciate your recent action to find solutions and offer support that decreases disruptions and would encourage you to go beyond by considering the following actions:

- Establish and quickly execute bridge payments in the next 30 days to mental health and substance use treatment organizations impacted by Change Healthcare's clearinghouse disruption, in line with the bridge loans/payments received during the Covid 19 Public Health Emergency
- Issue guidance strongly encouraging other payers, including state Medicaid and Children's Health Insurance Program (CHIP) agencies and Medicaid and CHIP managed care plans to work with mental health and substance use treatment organizations to get advanced payments to these organizations.
- Ensure mental health and substance use treatment organizations are eligible to request and receive timely and equitable Medicare advanced and accelerated payments from their Medicare Administrative Contractors (MACs)
- Create a temporary dedicated task force for impacted mental health and substance use treatment organizations to report challenges with payors, Medicaid agencies, or companies involved with the cyberattack.
- Waive clearinghouse Medicaid and MCO enrollment requirements to expedite mental health and substance use treatment organizations ability to change clearinghouses.

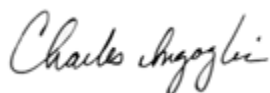


- Formally require Medicare/Medicaid to waive timely filing requirements for Medicaid and MCOs across all 50 states until all Change Healthcare revenue cycle products are back online extending a period of 90 days following the reinstatement. (see BCBS response to Covid -19 PHE <https://www.bcbsil.com/covid-19-producers/alerts-announcements/06-24-2020-timely-filing-appeals-deadline> )

Community mental health and substance use treatment organizations need certainty that they will not face continued disruptions due to claims being denied or the lack of obtaining authorizations. Barriers and other technical obstacles should be eliminated completely.

Individuals seeking mental health or substance use treatment deserve the appropriate treatment services, and we represent the safety net our nation needs to meet the demands of the ongoing mental health and substance use crisis. I look forward to working with you to find solutions that increase access to mental health and substance use services as well as strengthening our country's mental health and substance use workforce to address the ongoing crisis.

Sincerely,



Chuck Ingoglia, MSW  
President and CEO  
National Council for Mental Wellbeing