

Change Healthcare cyberattack impact

Key takeaways from informal AMA follow-up survey

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Over 590 individuals responded to an informal AMA follow-up survey of the Federation of Medicine (state medical associations and national medical specialty societies) on the continuing impacts the [Change Healthcare cyberattack](#) has had on physician practices. The survey was open to respondents from April 19 – April 24, 2024. Respondents could skip questions; not all questions have the same number of responses.

This survey is intended as a follow-up to a similar, informal AMA survey fielded March 26 – April 3, 2024; results from that survey are [here](#). **Note: Respondents are not consistent across surveys.**

Practice demographics: Most responses came from practices with **fewer than 10 physicians**.

179	Single-provider practices
245	Practices with 2-10 physicians
52	Practices with 11-24 physicians
21	Practices with 25-49 physicians
42	Practices with 50+ physicians
54	Direct hospital employee/contractor
593	Total

Survey respondents report continuing issues with multiple operations, despite UnitedHealth Group’s (UHG) announcements of restored service:

- 60% continue to face challenges in verifying patient eligibility.
- 75% still face barriers with claim submission.
- 79% still cannot receive electronic remittance advice.
- 85% continue to experience disruptions in claim payments.

“We are still not able to send electronic claims, yet Medicare and other insurances are saying to bill electronically because Change is back online, when the platform we use will not be online for months.”

“UHC said they reserve the right to take 60 days to pay claims that were not submitted through an official clearing house, in spite of the clearing house being shut down. We have no other option!”

Additional responses indicate continuing issues with electronic prescribing, electronic ordering of labs, electronic receipt of lab results, and communicating lab results to other physicians.

A lack of information regarding service restoration is leading to confusion:

- 84% of survey respondents indicated that they are not receiving information, or are receiving inaccurate information, regarding service restoration from UnitedHealth Group and its subsidiaries.

“No communication or updates from Change throughout this entire process.”

“Total lack of communication. The little obtained through extensive searching is inaccurate.”

Service disruptions continue to severely impact practices’ financial wellbeing:

- 90% of respondents continue to lose revenue from unpaid claims; more than one-quarter (26%) of respondents report that their practice revenue for the last week was down by over 70% compared to an average week before the cyberattack.
- 80% of respondents are losing revenue from the inability to submit claims.
- 63% said they are losing revenue due to the inability to charge patient co-pays or remaining obligation.
- An overwhelming 91% have had to commit additional staff time and resources to complete revenue cycle tasks.

“We were given dates that claims would be paid during the outage, however; these dates have expired, and the outage continues.”

Partial or complete revenue reductions continue to force physician practices to make changes and cuts to their operations – but physicians remain committed to patient care:

- 62% of respondents said they are still using personal funds to cover practice expenses.
- 42% are unable to purchase supplies.
- 34% are not able to make payroll.
- 29% of respondents are relying on private bank loans.

“...on the verge of losing my practice.”

“The physician owners canceled their regular salary and we still had to take a \$100k bank loan to cover.”

“This almost put me out of business. Had to use retirement money to cover payroll”

“Having to borrow from my bank at 14% interest is a hardship I will never recoup.”

Despite these challenges, and consistent with previous AMA survey results, only 15% of respondents reported reducing office hours in an effort to prioritize patient care.

In addition to problematic impacts on physician practices, respondents note their patients continue to face challenges:

- 42% say that patients are unable to access coverage and cost information.
- 30% of respondents say patients cannot pay co-pays at the time of service.
- 25% shared that patients continue to face difficulties getting prescriptions filled.

“The difficulty in accessing lab, radiology and hospital records is causing a dangerous delay in diagnosis and treatment of my patients.”

Responses also indicate persisting problems in appointment scheduling delays, the inability to access prescription drug co-pay or coinsurance assistance, and delays in receiving lab results.

While switching clearinghouse was an option for some practices, many practices are unable to switch or are choosing not to switch due to substantial barriers:

- 54% of the respondents who did *not* switch clearinghouses cited the time commitment required as a main barrier.
- 32% said a switch was not supported by their EHR or practice management system.
- 25% shared that switching to an alternative clearinghouse was too expensive.
- 36% cited incompatibilities with payers' systems or restrictions due to contract exclusivity.

" Some insurance companies have exclusive contracts with Change Healthcare"

"My EHR has to rewrite software to do this - and they are not in a hurry."

Respondents indicated that health plans are not offering administrative flexibilities in response to the Change Healthcare cyberattack:

- 30% report that they are required to complete prior authorizations on claims impacted by the service outage.
- 27% report that claims have been denied for failing to meet timely filing requirements.

"Insurers for the most part did not waive their rules on paper claims and would process after 4weeks only and then deny if paper claim had any errors..."

"We are reworking claims, had 9000 denials when we switched clearinghouses."