



January 2022 PAAC Report

Sharing updates from the Payer Advocacy Advisory Committee:

1. The quarterly Pediatric Council meeting was held on January 19. The following topics were discussed:
 - a. Medicaid: Resources are being drafted to support chapters regarding Medicaid re-enrollment after the public health emergency ends. Additionally, in response to the CMS announcement that states must cover counseling for COVID-19 vaccination and routine childhood vaccinations, the AAP is proposing coding guidance for vaccine counseling to CMS.
 - b. UHC COVID testing payment: UHC has confirmed that any providers who previously completed the diagnostic COVID testing amendment in 2021 will continue to see increased payment through the end of the public health emergency. Any providers who did not previously complete the UHC diagnostic COVID testing amendment can contact UHC at covidpediatrictest@uhc.com or 866-229-2921 for more information.
 - c. Value based contracting: members shared varying experiences with payers on patient attribution. PAAC is working on developing best practices for accurate patient attribution to use with payers.
 - d. Success stories in payer advocacy: one chapter worked with a Medicaid MCO to stop downcoding, focusing on how this is a barrier to appropriate care for children. Another chapter worked with a local payer to resolve issues with immunization administration, educating the payer on the associated expenses covered by the code and the need for appropriate payment to cover these essential preventive medicine services.
 - e. The next Pediatric Council meeting is scheduled for April 13. Please contact tsalaway@aap.org for more information.
2. UHC has been reprocessing claims for COVID vaccine administration between March 15 and June 30, 2021, to be paid at the CMS rate of \$40 per administration. Please report through [the Coding Hotline/Hassle Factor Form](#) if you have not seen claims reprocessed as of February.
3. PAAC has heard of some ongoing payment issues with new vaccines, MenQuadfi and Vaxelis. Please report any instances of this through [the Coding Hotline/Hassle Factor Form](#).
4. The No Surprises Act is in effect. While parts of the No Surprises Act are targeted foremost at care delivered in hospitals or other facilities, some parts (eg, the requirement for [good faith estimates](#) for uninsured/self-pay patients) apply to all providers and sites of service. The [AMA No Surprises Act Toolkit](#) has detailed information on requirements for providers.
5. PAAC tries to review national payer update newsletters on policy changes that impact pediatrics. Please bring any concerning payer policy updates to our attention!
6. Interested in joining PAAC? Please reach out to skressly@kresslypediatrics.com to discuss and/or answer the AAP's call for applications!

Thank you for all that you do to help the children, families, and colleagues of your region!

Request from PAAC: if you have any problems with payment, coverage, or payer policies, please reach out to us via [the Coding Hotline/Hassle Factor Form](#) (link on the bottom of every SOAPM email), or emailing members directly. **PLEASE** consider including **email contact for your biller or office manager** who might best provide additional information so that we can be more effective in our advocacy efforts. In addition, if we reach out to you to follow-up, please respond and include the appropriate team members in your organization who might be able to provide additional details if needed.

Please help us help you!

Sue Kressly, PAAC Chair

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All others please process through [the Coding Hotline/Hassle Factor Form](#)

Thanks for your support!