



March and April 2024 PAAC Report

Sharing updates from the AAP Payer Advocacy Advisory Committee (PAAC):

- **Change Healthcare Cyberattack:** On February 21st, 2024, a security breach required United Health Group (UHG) to shut down all Change Healthcare software to isolate further access to data. Multiple services were impacted, including e-prescriptions, claims adjudication of pharmacy claims, eligibility verification, prior authorization submissions, claims scrubbing, claim submission, and claim payments. The effects of this were felt not only by clinicians but also by payers. The most significant clinical impact was patient access to care relating to prescriptions and prior authorizations.
 - Change Healthcare Response:
 - i. A [page](#) was set up to provide information and progress updates as UHG worked to bring their systems up in a completely rebuilt environment.
 - ii. Temporary funding has been made available without fees or interest. Please note that the prepopulated amount is based on claims data UHG can see for previous claims processed through Change Healthcare. Additional funding is available by filling out a [temporary assistance inquiry form](#).
 - [AMA Response](#)
 - [Aetna Updates](#)
 - [AAP Response](#)
 - [HHS Response](#)
- **G2211 Visit Complexity for Office/Other Outpatient Services:** The academy advocates for coverage and payment of this code and takes every available opportunity to discuss this with payers.
- **Nirsevimab Price Increase for 2024/2025 RSV Season:** Sanofi has indicated a 5% increase effective 4-1-2024. The [CDC](#) private sector price is now \$519.75. We are working to spread awareness and advocate for increased payment from payers.

- **SMART Therapy for Asthma:** We have been made aware of an issue relating to the Single Maintenance and Reliever Therapy (SMART) guidelines for asthma and drug formularies that limit quantities of ICS [budesonide formoterol](#). As stated in the Global Initiative for Asthma (GINA) guidelines, ICS budesonide formoterol has been proven effective as a rescue inhaler and controller medication; however, pharmacy benefit managers (PBM's) are only allowing a quantity to support using this medication as a rescue inhaler. We are working with PBM's and AAP state [chapter](#) Pediatric Councils to advocate for changes to the quantity limits so that this clinically effective therapy can improve patient outcomes in the treatment of asthma.

Information from PAAC: Member feedback helps us to identify how we can advocate for members. If you have any problems with payer policies, programs, processes, or coding questions, don't hesitate to contact us via [the Coding Hotline/Hassle Factor Form](#). When we follow up with you, please respond and include the appropriate team members (such as biller or office manager) in your organization who might be able to provide additional details if needed so that we can be more effective in our advocacy efforts. Issues at the state level can be reported to your state [chapter](#) of the AAP. Some chapters have Pediatric Councils that work directly with PAAC.

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

Greg Barabell, PAAC Chair