

May 2024 PAAC Report

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

- <u>**Change Healthcare Cyberattack**</u>: 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.
 - The academy is advocating to have payers temporarily pause on denying claims due to timely filing while change healthcare systems and their customers can reconnect to the new platform.
- <u>Nirsevimab Price Increase for 2024/2025 RSV Season:</u> Sanofi has indicated a 5% increase effective 4-1-2024. The <u>CDC</u> private sector price is now \$519.75. We are working to spread awareness and advocate for increased payment from payers. This month, the academy published an advocacy <u>letter</u> and is in direct conversations with the following commercial payers: Cigna, Aetna, UHC, Tricare, and Elevance.
- <u>G2211 Visit Complexity for Office/Other Outpatient Services:</u> G2211 captures payment for the complexity of evaluating and managing patients who require longitudinal care. This month, the academy published an advocacy <u>letter</u> and is in direct conversations with the following commercial payers: Cigna, Aetna, UHC, Tricare, and Elevance.
 - We have heard that the following non-medicare payers cover G2211: UHC, Tricare, Humana, and some state Medicaid programs. State AAP <u>chapters</u> may have more information on which state Medicaid programs cover G2211.
- **BCBS California Modifier 25 Policy:** July 2024 will see a policy update indicating a 50% reduction in payment for non-preventive E/M services when a 25 modifier and a procedure with a 0-10 day global period appear on the claim. The academy is working with the <u>California</u> <u>Medical Association</u> to advocate for the implementation of this policy change to be rescinded.

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 <u>the Coding Hotline/Hassle Factor Form</u>. 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 <u>chapter</u> 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