



October 2021 PAAC Report

Sharing updates from Payer Advocacy Advisory Committee:

PAAC and COCHF (Committee on Child Health Financing chaired by Jon Price) had our two day meeting in October. Many items were discussed including:

1. Priorities for the upcoming 6-12 months:
 - a. Downcoding, pre-payment audits and the pediatric impact
 - b. Mental Health: including access to care, coverage, sustainable business models, removing obstacles to integration, appropriate payment, etc.
 - c. Telehealth
2. Responses to Leadership Conference (ALF) resolutions regarding payment issues:
 - a. Most favored nation: working with AAP State Government Affairs on talking points for state advocacy (this lives at the state level and some states already have legislation to prohibit this). If you are interested in learning about issues such as this at your state level, the AMA has a good resource: <https://managedcarelegaldatabase.org/>
 - b. Development of a HEDIS measure for all aspects of Bright Futures as a way to have payers recognize all the work of preventive care: Historically, the AAP has not been involved in developing HEDIS or other quality measures. Working with appropriate leaders and other groups to create a path for providing pediatric expertise on this important work.
 - c. Overhaul of Medicaid: ongoing conversations with AAP leadership, COCHF, State and Federal Advocacy, and others
3. Celebrated some wins on COVID vaccine administration payment and will continue to monitor
4. Discussed upcoming coding updates with COCN staff
5. Presentation from a large group in Ohio on their Alternative Payment Model. Some key take home points:
 - a. Full risk doesn't work unless you have a very large population base
 - b. Cost savings for pediatrics work best when collaborating with OB/GYNs to demonstrate reduction in avoidable NICU spend
 - c. Savings cannot be demonstrated in the short term, must be seen as long term societal gains inclusive of other domains, not just health/medical spend over multiple years/the life course
6. Discussions about how to best support Pediatric Councils

Other updates from October:

1. Quarterly Pediatric Council meeting identified similar priorities as PAAC. We also discussed how Immunization Administration codes get valued and expectations. If you are not getting paid at least approximately \$40 for COVID immunization Administration codes, please report through [the Coding Hotline \(otherwise known as the Hassle Factor form\)](#) so we can track and advocate!

2. A letter was sent to national payers to ensure that they update their systems with the new CPT codes for administration of the COVID-19 vaccine for children ages 5-11 and pay at or above the CMS rate of \$40 per administration (geographically adjusted) and encouraging them to pay for COVID-19 vaccine counseling even if the vaccine is not administered and update their software to align with the most recent NCCI edit updates. Please reach out to tsalaway@aap.org if you would like a copy of the letter to send to payers in your region.
 - a. PAAC has heard about some payers not immediately updating their systems with the new codes for the Pfizer pediatric COVID-19 vaccine. If you experienced front-end rejections or claim denials due to the new codes not being recognized/loaded in a payer's system, please report through [the Coding Hotline](#).
3. PAAC is starting to hear about issues regarding COVID vaccine and an E/M services on the same day. Please report through [the Coding Hotline \(Hassle Factor form\)](#) if you are experiencing this.
4. Down-coding:
 - a. Exploring contacts with the companies who sell this "pre-payment" auditing software.
 - b. Working on collecting information on how this disproportionately impacts pediatricians
 - c. Advocating for removing mental health diagnoses from these down-coding audits (F and R series ICD10s)
 - d. Developing strategies on making the case for turning this off for pediatrics
5. COVID testing difficulties: Payment issues around payment for COVID point of care (POC) testing codes are an ongoing concerns among members. There are reported issues where the only POC test that a practice can obtain is not covered by payers. Guidance and strategies are being discussed including the difference between testing for "diagnosis" and testing for "exposure" and return to school.
6. The AAP, in partnership with ACG, AGA, ASGE, & NASPGHAN, has been discussing concerns with Aetna about dosing restrictions of infliximab for patients with Inflammatory Bowel Disease (IBD). Aetna adjusted their Remicade policy in October to allow higher dosing (10 mg/kg) in children with IBD without requiring trial and failure of the 5 mg/kg dose first. Advocacy is ongoing to further address dosing restrictions of infliximab.
7. PAAC attempts to review payer update newsletters on policy changes that impact pediatrics. Please bring any concerning Payer Policy updates to our attention for any of your payers!
8. 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 \(otherwise known as the Hassle Factor form\)](#) - 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!