



PAAC March 2021 Report

Sharing updates from Payer Advocacy Advisory Committee:

Highlights from our activities:

1. PAAC and the AAP joined multiple other professional societies in pushing back against OPTUM's new policy regarding enrollment in OPTUM pay in order to have historical access to payment information. OPTUM reversed this decision and provided a way for practices to terminate their enrollment in the program. Please reach out to PAAC if you are experiencing challenges related to this program.
2. PAAC has learned from many Medicaid programs that they will be paying increased COVID immunization administration fees as updated by CMS (in part because this is federally funded and a pass through.) Private payers have not all adopted the new increased valuation. PAAC is working with other AAP leaders and exploring partnerships with other professional organizations to advocate for Medicare parity for COVID immunization administration payment. This will become increasingly necessary as children are added to the eligible patient population.
3. If you have ordered the new MenQuadfi please be aware of some potential challenges:
 - a. Federal programs such as TriCare do NOT add new ACIP approved vaccines until they are published in the MMWR (which has not happened as of this publication 4/8). They will not retroactively pay for administered vaccines.
 - b. Some Immunization Information Systems have not yet added the new codes to their systems and it may cause initial rejections of reporting.
 - c. Make sure you use the CDC private sector cost pricing PLUS a reasonable margin to your fee schedule (using the AAP business case for vaccines)
 - d. **As with any new vaccine on the market verify coverage and payment**
4. PAAC became aware that United Healthcare published documentation that they are requiring gestational age ICD-10-CM codes on newborn claims. The AAP is investigating and pushing back as this is a violation of the definition of the code (which is only appropriate to be use when reporting maternal gestational age). More information to follow as it becomes available.
5. Thanks to everyone who participated in the Immunization Administration re-valuation process. New values are scheduled to be presented to the RUC in the near future.
6. During the month of March, **49** Hassle Factor/Coding Hotline forms were submitted by members. Please continue to utilize these forms so that we can track utilization and progress as well as identified member needs/priorities and respond accordingly.
7. **PAAC and Neonatology expertise met with XX to respond to their proposed neonatal policy changes.**

As part of PAAC monthly activities, we discussed a variety of subjects including:

Poor payment for COVID testing in office, pre-payment audits and issues regarding UHC coverage and payment.

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, please reach out to us by filling out the <https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Pages/Hassle-Factor-Form-Concerns-with-Payers.aspx> 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 such as ERAs 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 AND Medicaid, for now....please process through the Hassle Factor Form

Thanks for your support!

Sue Kressly