Private Payer Advocacy

A Program of the American Academy of Pediatrics

AAP Endorsed Principles on Benefit Plan Coverage and Payment

AAP POLICY ADVOCATES FOR THE FOLLOWING:

1. HEALTH CARE BENEFITS FOR CHILDREN AND ADOLESCENTS MUST BE COMPREHENSIVE, ALIGNED WITH THE AAP RECOMMENDATIONS (INCLUDING ALL SERVICES OUTLINED IN THE AAP POLICY STATEMENT "SCOPE OF HEALTH CARE BENEFITS FROM BIRTH THROUGH AGE 26") AND ADEQUATELY PAID*.

2. ALL PAYERS MUST RECOGNIZE THE FULL SPECTRUM OF HIPAA CODES SETS (i.e., CPT, HCPCS, AND ICD-9-CM) AND THEIR GUIDELINES AND PROVIDE ADEQUATE PAYMENT*

3. HEALTH PLANS AND PAYMENT SYSTEMS MUST SUPPORT THE FAMILY-CENTERED MEDICAL HOME MODEL THROUGH COMPREHENSIVE BENEFITS COVERAGE, ADEQUATE PAYMENT* AND INFRASTRUCTURE SUPPORT FOR IMPLEMENTATION.

4. ALL RECOMMENDED PREVENTIVE CARE IN THE BRIGHT FUTURES GUIDELINES MUST BE COVERED AS A FIRST DOLLAR BENEFIT AND ADEQUATELY PAID*.

5. PEDIATRICIANS MUST RECEIVE ADEQUATE AND SEPARATE PAYMENT FOR VACCINES AND IMMUNIZATION ADMINISTRATION TO COVER THE TOTAL DIRECT AND INDIRECT EXPENSES OF THE VACCINE PRODUCT AND THE IMMUNIZATION ADMINISTRATION SERVICE:
    - Payment for the vaccine product should be at least 125% of the current Centers for Disease Control (CDC) vaccine price list for the private sector
    - Payment for immunization administration must be at least 100% of the current Medicare Resource Based Relative Value Scale (RBRVS) physician fee schedule

6. BENEFIT PLAN DESIGN MUST INCLUDE COVERAGE AND PAYMENT* FOR PEDIATRIC OBESITY ASSESSMENT, EVALUATION, AND TREATMENT.

7. BENEFIT PLAN DESIGN MUST INCLUDE COVERAGE AND PAYMENT* FOR MENTAL HEALTH SERVICES, INCLUDING THOSE PROVIDED BY GENERAL PEDIATRICIANS AND MENTAL HEALTH PROVIDERS TRAINED TO TREAT CHILDREN, ADOLESCENTS AND YOUNG ADULTS. MENTAL HEALTH CARE BENEFITS SHOULD BE AN INTEGRAL PART OF THE MEDICAL PLAN BENEFITS COVERAGE. THE AAP OPPOSES MENTAL HEALTH CARVE OUTS AS THESE PROVIDE A SIGNIFCANT BARRIER TO MENTAL HEALTH CARE ACCESS.

8. PHYSICIAN TIERING AND PAY FOR PERFORMANCE PROGRAMS MUST EMPHASIZE QUALITY, BE BASED ON VALID QUALITY AND EFFICIENCY MEASURES, AND PROVIDE POSITIVE INCENTIVES FOR PERFORMANCE IMPROVEMENT.

9. PHYSICIANS MUST BE ADEQUATELY PAID* FOR NON-FACE TO FACE SERVICES, INLCUDING TELEPHONE CARE AND ELECTRONIC CONSULTATIONS, PROVIDED TO ESTABLISHED PATIENTS.

10. BENEFIT PLANS MUST PROVIDE COVERAGE AND PAYMENT* FOR ORAL HEALTH PREVENTIVE SERVICES PROVIDED BY PEDIATRICIANS.

*ADEQUATE PAYMENT SHOULD, AT A MINIMUM, REFLECT THE TOTAL RELATIVE VALUE UNITS (RVU) OUTLINED FOR THE CURRENT YEAR UNDER THE MEDICARE RESOURCE-BASED RELATIVE VALUE SCALE PHYSICIAN FEE SCHEDULE, INCLUSIVE OF ALL SEPARATELY REPORTED CURRENT PROCEDURAL TERMINOLOGY (CPT) AND HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) LEVEL II CODES. THE RELATIVE VALUE ASSIGNED TO THSE CODES RECOGNIZE THE SIGNIFICANT CLLINICAL PRACTICE EXPENSE, PHYSICIAN WORK, AND PROFESSIONAL LIABLITY EXPENSE INVOLVED IN PROVIDING THESE SERVICES.

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