Key Recommendations for PAMA Reporting:
Identifying Data Sources, Using Informatics Tools, Understanding Where Data Is Missing or Inaccurate, and Transmitting Your Data

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Data Sources & Informatics
PAMA Data Collection – Round 2

REPORTING

- PAMA statute allows penalties of $10K/day for each failure to report, error in reporting or omission in reporting applicable information.
- Establish Systems with Appropriate Reporting Capabilities and Retain Source Documents
- Correct contracting problems prior to reporting period
  - Eliminate coupled contracts
  - Evaluate fees for each CPT to determine outliers that need to be re-negotiated

Second round of PAMA may cut individual test payment rates by up to 15%

Solid reporting from labs is the key to mitigate future price cuts

- Report on actual allowables vs. payments
- Validate accuracy of payments
- Optimize appeals activity to avoid reporting under payments
Basic Data Requirements

- Store the Source Data (ERA's, EOB's, etc)
- Actual Dates, Not Posted/Logged Dates
- Parsing the Data Files

```
TRN*Abc*12345*45*CO*55*
  100*45*1*PR*15*30*1*TRN
23456*45*CO*90*TRN*1000

Abc Procedure 12345
  Billed $100 Units 1
  Allow $45 CO45 $55
  PR1 $15 Paid $30
```

- Historical Data and PAMA Specific Data
PAMA Reporting 2016 Overview

**Electronic EOB Payments**
- Extract Electronic Insurance Payments
  - Dates from Jan 1 – Jun 30, 2019
- Extract Associated Electronic Insurance Payments
  - Outside submitted dates
  - Jan 1 – Jun 30, 2019
- Extract associated proc status and submissions

**Manual Payments EOB Payments**
- Extract Manual Insurance Payments
  - Dates from Jan 1 – Jun 30, 2019
- Extract Associated Manual Insurance Payments
  - Outside submitted dates
  - Jan 1 – Jun 30, 2019
- Extract Refunds, Appeals, etc
  - All dates

**Combine & Prepare for PAMA Reporting Analysis**

**Analytical View for PAMA Reporting**
PAMA Reporting Fundamental Needs

- Allows user to flag applicable payors and Procedure Codes
- Identifies all payment activity for reporting period
- Pulls all forward and backward looking activity for selected payments
- Calculates allowable following 5010 specifications
- Identifies circumstances for data exclusion (appeals, partial pay etc.)
- Detailed table of excluded items with reason for exclusion
- Analyzes included data for abnormalities and flags them for Review
- Combines reportable data into a PAMA acceptable reporting format
## Labs Must Report “Applicable Information” For Each CLFS Test

<table>
<thead>
<tr>
<th>Report</th>
<th>Do Not Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fully Paid/Adjudicated claims in the Period</td>
<td>• Any test for which payment is made on a <a href="#">capitated basis</a></td>
</tr>
<tr>
<td>2. Multiple Payments rates for same test</td>
<td>• Tests subject to an <a href="#">unresolved appeal</a></td>
</tr>
<tr>
<td>3. Resolved Appeals</td>
<td>• Tests with final payment of <a href="#">zero dollars</a></td>
</tr>
<tr>
<td>4. Secondary</td>
<td>(e.g., because payor refused to pay)</td>
</tr>
<tr>
<td>5. Non-contracted amounts &amp; Out of Network services</td>
<td>• Tests where the payor groups multiple tests together in claim-level payment</td>
</tr>
<tr>
<td>6. Volume at each private-payor rate</td>
<td>so lab cannot correlate code with payment</td>
</tr>
<tr>
<td></td>
<td>• Tests coded with an “<a href="#">unlisted</a>” CPT code or a “<a href="#">not otherwise classified</a>” HCPCS Level II code</td>
</tr>
</tbody>
</table>
Understanding Where Data Is Missing or Inaccurate
Common Misconceptions & Data Inaccuracies

- Electronic Data from Payors is always uniform and Accurate
  - Do you ever have to restart your computer?
  - Excel phantom digits: $1 + 1 = 2.000000004568$
ERA/EOB Allowable

- Is it accurate for PAMA Reporting?
  - Out of network
    - All Patient Responsibility (Not just CoPay/ColInsurance/Deductible)
  - Additional payments/activity on a Claim
    - Recouped and Allowed
    - Allowed more
      - Cumulative
      - Replacing
  - All activity on 1 Proc Code, Not Flagged as Bulk
Paid Units Greater than Billed units

• Billed 1 Unit = Paid 2 Units
  – Paid 0 Units
  – Paid 5 units
  – Paid 10 units
  – Paid 1,000 units
  – Paid 2,016,456 units

• Allowed per unit
  – $10/1,000 = $0.01
Why Are Units Important?

**Median, Median, Median**

<table>
<thead>
<tr>
<th>Rate</th>
<th>Volume</th>
</tr>
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<tbody>
<tr>
<td>$0.01</td>
<td>2,000</td>
</tr>
<tr>
<td>$8.00</td>
<td>500</td>
</tr>
<tr>
<td>$10.00</td>
<td>500</td>
</tr>
<tr>
<td>$15.00</td>
<td>500</td>
</tr>
<tr>
<td>$20.00</td>
<td>499</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,999</strong></td>
</tr>
</tbody>
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</tr>
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<td><strong>Total</strong></td>
<td><strong>2,000</strong></td>
</tr>
</tbody>
</table>

Median $0.01  
Median $10.00
Procedure Bulk Paid Not Flagged

• Electronic
  – Less Common & Not Reportable
    • All Activity on 1 Procedure Code
    • Payor Didn’t Flag as Bulk

• Manual – Most common
  – Data Entry Work Flows
    • Most Likely Reportable
  – Human Error (Miss-keyed)
    • Potentially Reportable
Duplicate Payment or Missing Reversal

- Reason for
  - Human Error (Posting)
  - Human Error (Miss-Placed)
  - Inaccurate flag on values (Negative vs. Positive)
Transmitting Your Data
Upcoming Timeline for CMS and Laboratories

- **Jan 1 2019**
  - Data Collection Period

- **Jun 30 2019**
  - CMS makes FFSDCS available for Registration

- **Jan 1 2020**
  - Reporting period

- **March 31 2020**
  - CMS Develops New Rates

- **Sep 1 2020**
  - CMS Publish Final Rates

- **Jan 1 2021**
  - CMS Publish Draft Rates

- **Jan 1 2022**
  - CMS makes FFSDCS available for Registration

- **Jun 30 2022**
  - Reporting period

- **Jan 1 2023**
  - Extension??

- **March 31 2023**
  - CMS Develops New Rates

- **Sep 1 2023**
  - CMS Publish Final Rates

- **Jan 1 2024**
  - New Rates
How to Prepare for Data Submission

• Assign the CLFS Submitter and CLFS Certifier (CFO, Officer, etc.)
• Should designate individual/s to Review
• Data Validation: Cross check system data to source data (ERAs/EOBs)
  – Identify clerical payment posting errors and adjustments
  – Verify all reportable data has been captured
• Analysis: Review data
  – Identify payor adjudication errors that require redetermination, appeals etc.
  – Financial over site to determine data makes sense
  – **Hold on to any Paper EOBs**
Who does the reporting

- **Submitter**
  - Inputs/Uploads the Data
  - Corrects Data

- **CLFS Certifier**
  - Certifies Accuracy & Completeness of Submission
  - President or CFO of the Lab (May appoint an Individual)
  - Tells Submitter to make Corrections
  - Once Certified no more Edits
Accessing the FFSDCS

- Need a CMS EIDM Username and Password
  - Enterprise Identity Management (EIDM)

- In the EIDM - request Access & specific FFSDCS Role
  - Register TIN or TIN's
  - Up to 72 hours for Confirmation
• Active Accounts Don’t Need to Re-Register
• In-Active for 360 Days = Account Deleted
• Requires Personal Identifiable Information (PII)
• Experian used to verify Identity
• Multi-Factor Authentication (MFA)
• May need to Download & Install Software
• Submitter Generates an OTP for Certifier
Reporting Options

- **Data Upload**
  - Large Data sets
  - Load into Template (.csv)
  - Data Must Be Formatted Correctly
  - Status = Error, “filename” will have link to Error Description
  - Files Sizes between 3.4M & 29.3M bytes = Large Volume file, Uploads over night

- **Manual Entry**
  - Best for Labs Submitting only a few HCPCS and rates
  - Data Must Be Formatted Correctly
CSV Field Formats

Report:
• Specific Procedure Code: Alphanumeric or all Numeric 5 characters
• Each private payor paid/“allowed” Rate: numeric not a negative as 99999.00 format
• Volume at each Rate: Numeric, no negatives, no decimal places
• NPI: Numeric, 10 digits, no decimal places
Links

• CMS’s User guide

• The CMS Portal – EIDM and FFSDCS