

Key Success Factors in Reporting Under PAMA

Critical Insights for Clinical Laboratories

January 2020

Sponsored by Hologic

+ What Will I Learn In This Webinar?



What is PAMA?



What do I need to do?



Is this going to impact payments to my lab?



What resources are available to help me?



What is PAMA?

+ Protecting Access to Medicare Act of 2014



Congressional Involvement

Congress realized that private payor rates for laboratory services were lower than Medicare rates and it was determined not to allow Medicare to subsidize private payor contracts

Prompted Section 216 of the Protecting Access to Medicare Act (PAMA), which overhauls the Clinical Laboratory Fee Schedule (CLFS)



Section 216



Estimated Savings

CMS originally estimated changes would save:

**\$390
million**

**Exceeds
\$760
million**



Actual Savings

+ Medicare Lab Reimbursement: Background

- + In 1984, Medicare CLFS was established
- + Payment rates were originally based on laboratory charges
- + For a new test, payment was set using either crosswalk or gapfill
- + Under the CLFS, once a rate was established, other than inflation updates, there were no changes to the rates

CROSSWALK	GAPFILL
<p>Crosswalking is used if it is determined that a new test is comparable to an existing test(s).</p> <ul style="list-style-type: none">▪ Looks for similar characteristics (e.g., analyte, methodology) between assays▪ CMS assigns, to the new test code, the fee schedule amounts that apply to the comparable existing test(s)	<p>Gapfilling is used when no comparable existing test(s) is available.</p> <p>Gapfill rates are set by local contractors, considering the following factors, if available:</p> <ol style="list-style-type: none">1) Charges for the test and routine discounts;2) Resources required to perform the test;3) Payment amounts determined by other payors; <p>After 1 year, CMS establishes a national rate at the median of all gapfill rates.</p>

+ PAMA Highlights

1



Applicable Laboratories

- Applicable laboratories must report private payor rates
- Reported private payor rates determine new CLFS payment rates

2



Payment System

- PAMA created a new payment system effective January 1, 2018

3



CLFS Payments

- In 2018 – 2020, reductions capped at 10% per year
- In 2021 – 2023, reductions capped at 15% per year
- In 2024 and beyond, payment will be set at the weighted median

4



Three-Year Cycle

- Most data is collected and reported to CMS on a three-year cycle though certain advanced diagnostic lab tests follow an annual cycle

+ Changes Since Implementation

- + CMS implemented changes in a few key areas after the 1st 3-year cycle

ORIGINAL POLICIES	REVISED POLICIES
<ul style="list-style-type: none">▪ Medicare Advantage (MA) revenues <u>considered</u> when determining if a lab is an “applicable lab”▪ Very few hospital outreach labs reported data▪ Rate reductions capped at <u>10% per year</u> (2018 – 2020)	<ul style="list-style-type: none">▪ Medicare Advantage (MA) revenues <u>excluded</u> when determining if a lab is an “applicable lab”▪ More hospital outreach labs to be reporting data▪ Rate reductions capped at <u>15% per year</u> (2021 – 2023)




- + It is unclear how many additional labs will now qualify as “applicable labs” and how that additional data may impact the rates for CY 2022 and beyond

+ Changes Since Implementation: The LAB Act

- + As part of the 2019 end-of-year spending package, Congress passed the Laboratories Access for Beneficiaries Act, referred to as the LAB Act, on Dec. 19, 2019.
- + The LAB Act (Sec. 105) has two main provisions:
 - Delaying the data reporting period for the current cycle until 2021
 - Requiring the Medicare Payment Advisory Commission (MedPAC) to conduct a study to review the methodology that CMS has implemented for determining the private payor-based CLFS rates
 - Report is due by June 2021

+ The LAB Act: Implications

+ The LAB Act has implications for Medicare and for laboratories

ORIGINAL		REVISED
Data reporting period: January 1 through March 31, <u>2020</u>		Data reporting period: January 1 through March 31, <u>2021</u>
First data collection and reporting period set payment rates for CLFS for 2018 – <u>2020</u>		First data collection and reporting period set payment rates for CLFS for 2018 – <u>2021</u>
New private payor based CLFS rates as of <u>January 1, 2021</u>		New private payor based CLFS rates as of <u>January 1, 2022</u>

- + A few things have remained unchanged with the LAB Act:
 - Data collection period remains at January 1 through June 30, 2019
 - Guardrails remain the same: 10% for 2018 – 2020, 15% for 2021 – 2023
 - Three-year cycle remains going forward

+ Flawed Implementation

Some stakeholders have argued that CMS implemented PAMA in a way that ignores Congressional intent and threatens beneficiary access.

PAMA'S INTENT	PAMA AS IMPLEMENTED	IMPACT
Market based system	Highest volume/lowest price tests dominate the data	Data is not reflective of either the private payer or the Medicare market
Data from all market segments	Data excluded significant markets	Over 99% of labs were prohibited from reporting
Predictable and sustainable	Arbitrary and unsustainable	Implementation resulted in unpredictable and unsustainable rate decreases
Fair and accurate rate setting	Rate cuts 3 – 4x predictions	Top 25 tests cut by 32%; rural hospital labs cut by 28.5%
Ensure continued access to diagnostic tests	Access is threatened by dramatic rate cuts	Beneficiaries at risk of losing access to lab services

+ Data Excluded Large Market Segments

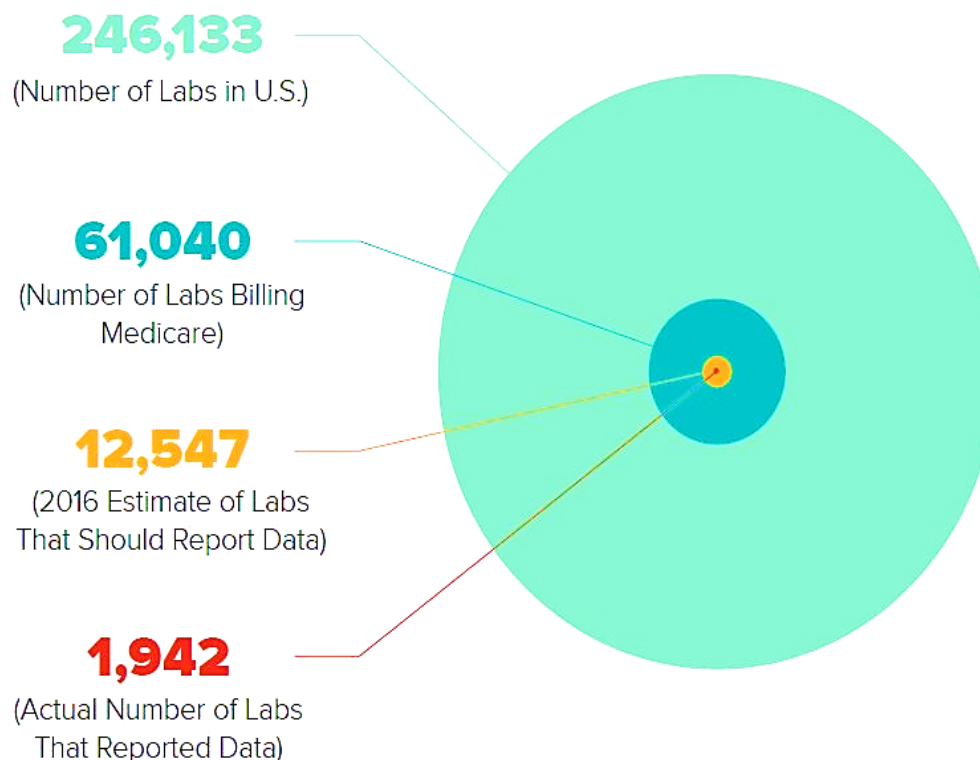


Patient Access at Risk

Proposed rate cuts will likely force clinical labs in rural and underserved areas to close and limit the lab tests they offer, resulting in test result delays for Medicare Beneficiaries.

The US clinical lab market is composed of nearly 250,000 labs, including hospital labs, physician office labs, and independent labs. In 2016, the Department of Health & Human Services estimated that 12,500 labs would report their private market lab data to calculate the new Medicare rates. Ultimately, ***fewer than 2,000 labs reported rates***, creating a dataset that is unrepresentative of the private market.

Less Than 1% of All Labs Reported Data



*Industry data on file: AdvaMed Dx, ACLA and AMA

+ Flaws in Reported Data

Hospital labs contributed
1% of data but have
24% share of lab
spending

Physician Office Labs
contributed 7.5% of data
but have 20% share of
spending

CMS wrongly
presumed adding more
data from other labs is
not going to change
the results

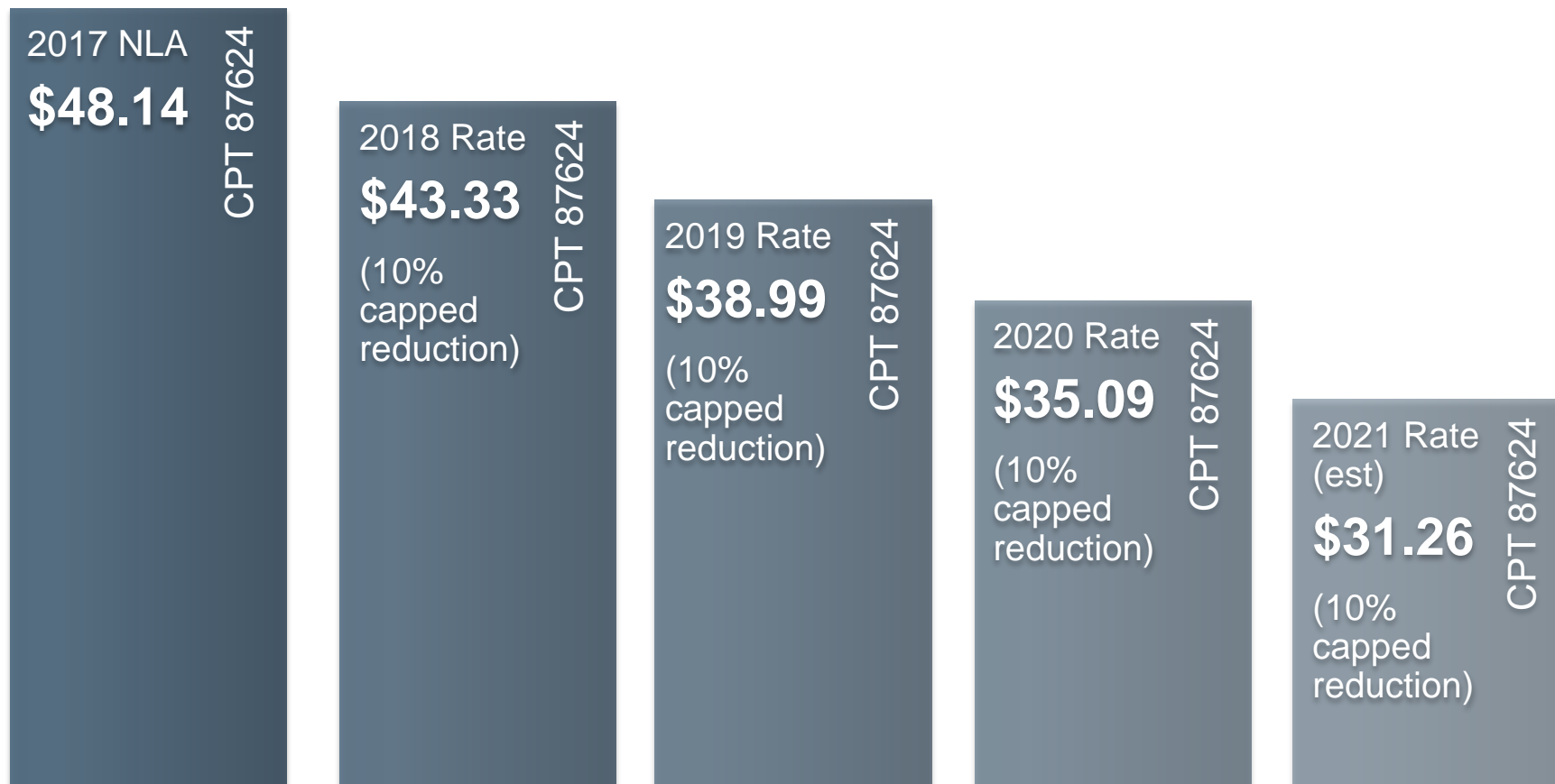
**3.7 million data points were
“outliers”**

**2.4 million \$0.00
claims reported**

Data set excludes 99.3% of market

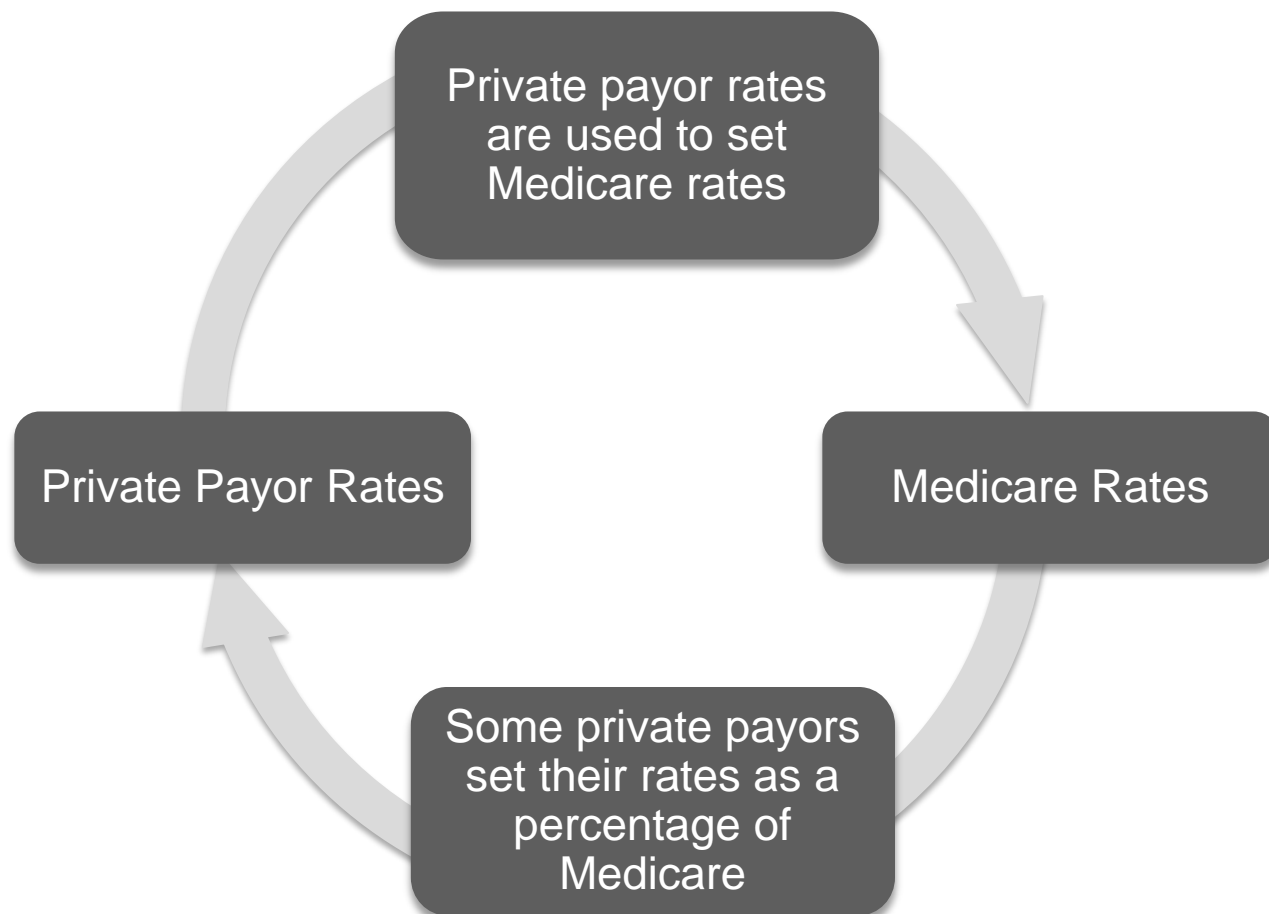
+ Example of PAMA Impact

HIGH RISK HPV (CPT® 87624)



+ Why Does This Matter?

All Data Matters





Am I an Applicable Lab?

+ Am I an Applicable Lab?

Are you a CLIA-certified laboratory?

↓ Yes

Do you have an NPI under which you bill Medicare on CMS 1500 or if you are a hospital outreach lab, do you bill on CMS-1450 TOB 14x?

↓ Yes

For data collection period – January 1 – June 30, 2019*

Medicare CLFS
+ PFS Revenues

>

50% of Total Medicare Revenues exclusive
of Medicare Advantage Revenue

↓ Yes

For data collection period – January 1 – June 30, 2019

Medicare CLFS Revenues

>

\$12,500

↓ Yes

No

If you responded
“NO” to any of
these questions,
you are not an
applicable
laboratory**

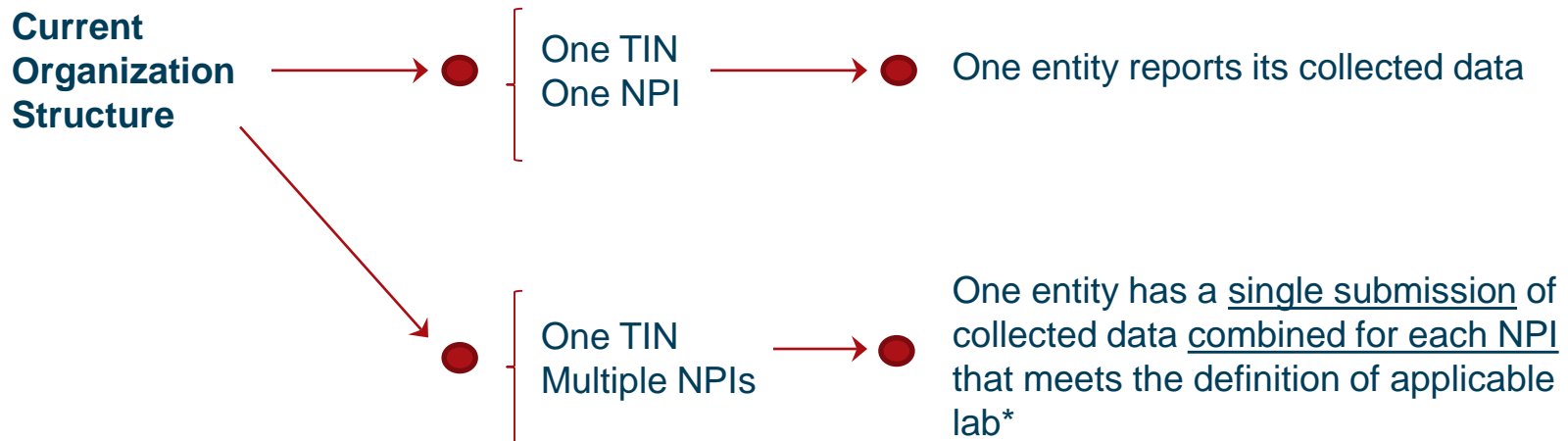
You are an applicable laboratory and must report
information on lab tests to CMS

* Most independent labs and physician office labs will meet this criterion.

** Exception in place for laboratories that offer sole-source laboratory tests called Advanced Diagnostic Laboratory Tests

+ Which Entity is Required to Report?

- + For the upcoming data reporting period, CMS is allowing entities to do a “condensed data reporting” option
- + So you may be wondering what that means ...



* Applicable lab requirements:

- Meets minimum threshold of Medicare CLFS revenues > \$12,500 for data collection period
- Medicare CLFS + PFS Revenues > 50% of Total Medicare Revenue

+ Checklist: Am I an Applicable Laboratory?

Checklist: Am I an Applicable Laboratory? **Protecting Access to Medicare Act Section 216 Toolkit**

McDermott | **HEALTH**
+ CONSULTING | LOBBYING
ANALYTICS
POLICY
Sound Health Policy Objectives Achieved

Identification

1. Are you a laboratory?

A "laboratory" is defined under 42 CFR 493.2 as a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. Are you CLIA-certified?

Note: a facility that receives any CLIA certificate (including a CLIA certificate of waiver) is considered a laboratory

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. Are you a hospital outreach laboratory?

<input type="checkbox"/>	Yes, proceed to question 4A.
<input type="checkbox"/>	No, proceed to question 4B.

Download this entire checklist:

[Checklist - Am I an Applicable Laboratory_ \(2019\) \[mcdermottplus.com\]](https://mcdermottplus.com)



What Do I Have to Report?

+ What Applicable Information Must I Report?

Report private payor payment data at the code level for CLFS tests

1

2

3

Private payors → (a) Health insurance issuer or group health plan
(b) Medicare Advantage plan under Part C
(c) Medicaid managed care organization

Payment data →

- Final amount paid by private payor during data collection period
 - Date of service for test can be outside of data collection period
- Net of private payor concessions (e.g., discounts, rebates)
- Inclusive of patient cost share amounts (e.g., deductible, coinsurance)
- If multiple payment rates from the same payor, laboratory should report volume at each rate

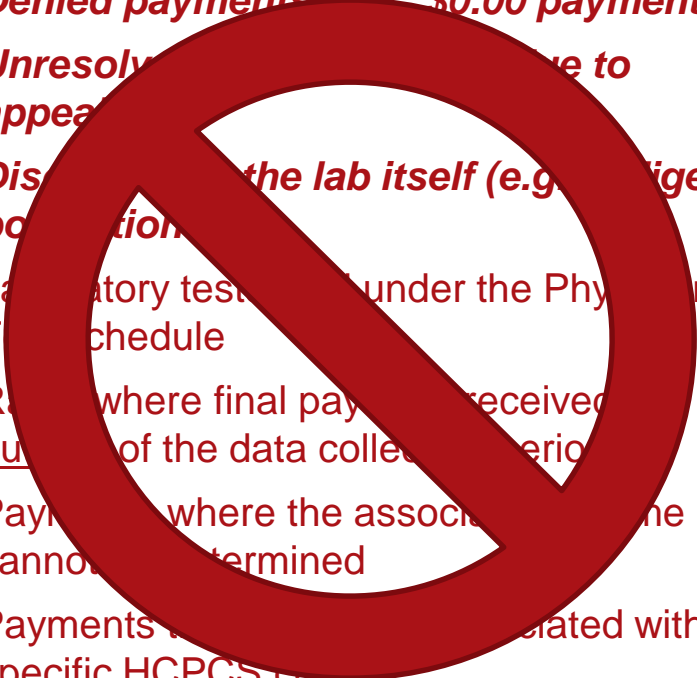
Code level →

- Volume reported at code level for tests identified by CMS
- Excludes the unlisted and not otherwise classified (NOC) codes
- Excludes tests paid under the Medicare Physician Fee Schedule

+ Applicable Information - Payment Data

- Denied payments (e.g., \$0.00 payment)
- Unresolved payments (e.g., due to appeals)
- Discounts by the lab itself (e.g., indigent populations)

What's Not Reportable

- 
- Denied payments (e.g., \$0.00 payment)
 - Unresolved payments (e.g., due to appeals)
 - Discounts by the lab itself (e.g., indigent populations)
 - Laboratory tests performed under the Physician Fee Schedule
 - Reimbursements where final payment received outside of the data collection period
 - Payments where the associated HCPCS code cannot be determined
 - Payments not associated with a specific HCPCS code
 - Payments made on capitated basis

+ Applicable Information - Data Elements

+ Required data elements to be reported by applicable labs

Field Name	Field Definition	Values	Required Field
HCPCS Code	CPT [®] code / Standardized coding system associated with the test	Alphanumeric (maximum length of 5)	Yes
Payment Rate	Private payor final rate for each test	Only numeric values with 2 decimal places.	Yes
Volume	Number of lab tests paid at each unique private payor payment rate	Only numeric values.	Yes
National Provider Identifier	Unique 10-digit identification number required by HIPAA for all health care transactions by providers in the United States	Numeric digits (length of 10)	Yes

Source: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1620.pdf>

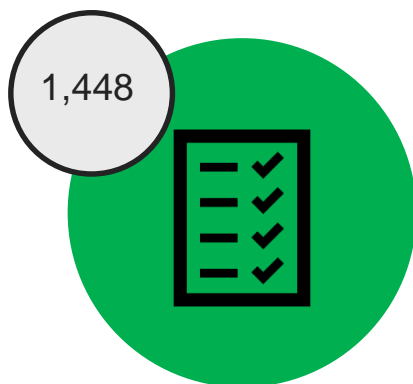
+ You may need to collect additional information in order to verify the data (e.g., paid date, appeals status, etc.)

+ Applicable Information - Example

Sample Data for 80000-Series HCPCS Code

HCPCS Code	Payor	Private Payor Rate*	Date Performed	NPI	Final Payment Date	
80000 series code	Private Payor Plan #1	\$100	11/30/2018	1234567890	1/30/2019	Excluded: Final payment date occurred before collection period
	Private Payor Plan #1	\$100	3/22/2019	1234567890	4/2/2019	
	Private Payor Plan #1	\$100	11/30/2018	1234567890	12/9/2018	Excluded: Final payment date occurred after collection period
	Private Payor Plan #2	\$95	4/25/2019	1234567890	5/7/2019	
	Private Payor Plan #2	\$90	12/4/2018	1234567890	1/9/2019	
	Private Payor Plan #3	\$90	6/1/2019	1234567890	6/30/2019	
	Private Payor Plan #3	\$90	6/1/2019	1234567890	7/3/2019	Excluded: Claims in appeals
	Medicare Advantage Plan #1	\$105	12/5/2018	1234567890	1/2/2019	
	Medicare Advantage Plan #2	\$80	5/1/2018	0987654321	Unresolved	
	Private Payor Plan #1	\$100	3/3/2018	0987654321	3/17/2019	
	Private Payor Plan #1	\$100	11/30/2018	0987654321	1/30/2019	Excluded: Medicaid Fee for Service
	Private Payor Plan #2	\$95	4/3/2019	0987654321	4/17/2019	
	Private Payor Plan #4	\$100	5/7/2019	0987654321	5/26/2019	
	Medicaid, FFS	\$75	3/22/2019	0987654321	4/4/2019	Excluded: Capitated payment
	Medicaid, MCO Plan #1	Capitated	4/3/2019	0987654321	4/20/2019	
	Medicaid, MCO Plan #2	\$65	6/11/2019	0987654321	6/23/2019	
	Private Payor Plan #5	\$0	1/2/2019	0987654321	2/1/2019	Excluded: Zero-dollar claims

+ To What Codes Does This Apply?



CMS Lists Applicable Codes

List of 1,448 codes for which information should be collected and reported

**If Not on the List,
Don't Report**



List of applicable codes can be found on the CMS website at:

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/PAMA-Regulations.html>
under the link to “CMS Applicable Information HCPCS Codes”

+ Reporting Applicable Information

+ 3-month period for reporting data collected on private payor rates

- Data collection period was from January through June 2019
- Upcoming reporting period begins **January 1, 2021** (Recently changed from 2020)



+ Subsequent data collection and reporting periods run every three years (2023-2025, 2026-2028, 2029-2031, etc.)

- Some laboratories performing a special class of sole source tests called advanced diagnostic laboratory tests (ADLTs) report annually

+ Reporting Applicable Information



Reporting applicable information is **mandatory** for “applicable labs”
– Reporting is not discretionary



CMS has authority to impose **civil monetary penalties (CMP)** **up to \$10,000 per day** for non-compliance



No voluntary reporting
– Reporting by labs that do not meet criteria of “applicable laboratory” is strictly prohibited

+ Checklist: Am I Ready to Report?

Checklist: Am I Ready to Report Applicable Information?

Protecting Access to Medicare Act Section 216 Toolkit

The Centers for Medicare & Medicaid Services has a portal for reporting Applicable Information. The purpose of this checklist is to help Applicable Laboratories understand what is included in Applicable Information and to assess whether they are prepared to submit Applicable Information.

Identification

Are you an Applicable Laboratory (see "Checklist: Am I an Applicable Laboratory?")

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

CONTINUE, if you answered YES to the question above.

STOP, if you answered NO to the question above. You are not permitted to submit Applicable Information.

Download this entire checklist:
[Checklist - Am I Ready to Report
Applicable Information \(2019\)](#)
[\[mcdermottplus.com\]](http://mcdermottplus.com)

Preparedness Assessment

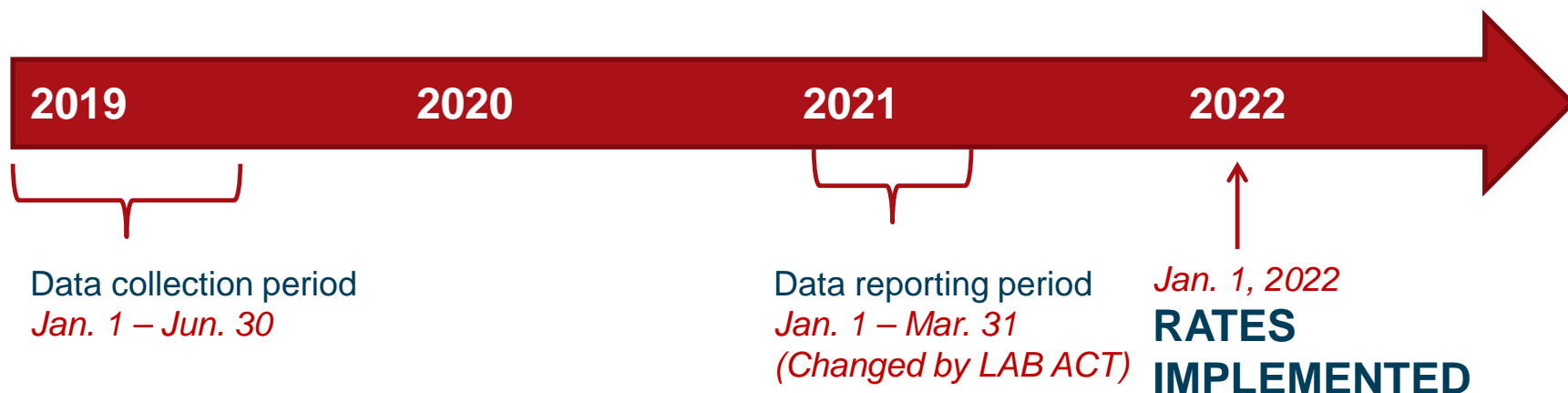
Note: Applicable Information will be reported by the Taxpayer Identification Number (TIN) level for each of its component National Provider Identifier (NPI)-level entities that meet the definition of an applicable laboratory.

Question	Explanation	YES	NO
1. Do you have data on final paid claims for the period January 1, 2019 through June 30, 2019?	You may maintain such data in paper, electronic, or a combination of paper and electronic files.		
2. Are you able to extract data from these databases?	You may have systems in place to electronically extract data, or you may have to rely on manual review. If you maintain data in multiple systems, you may have to aggregate across systems.		
3. Are you able to extract data by individual NPI meeting the criteria for Applicable Laboratory?			
4. Are you able to extract the following data elements from these			
A. Payments on claims identifying specific HCPCS/CPT® codes?	See "PAMA Codes" tab for full list of codes for which reporting is required.		
B. Deriving from 4A, whether or not claims reflect final payments?	Final payment: (1) Is the final amount that is paid by a private payor for a CDLT after all private payor price concessions are applied and does not include price concessions applied by a laboratory. (2) Includes any patient cost sharing amounts, if applicable. (3) Does not include information about denied payments. See the "What's Included/Excluded" section below for a full list of data inclusions and exclusions.		



When Do I Report Data?

+ Timeline



- + Data to be reported are for claims for which final payment was received between January 1, 2019 and June 30, 2019
- + Data reporting period pushed out one year by the LAB Act
- + For most lab tests, there is a three-year cycle
 - **Collect:** Year 1
 - **Report:** Year 2
 - **Rate:** Years 3 – 5

+ The LAB Act: Data Collection and Reporting

+ Review of data collection and reporting periods

CDLT Rates	Data Collection Period	Data Reporting Period	Reduction Cap
CY 2020	1/1/16 – 6/30/16	1/1/17 – 5/31/17	10%
CY 2021	1/1/16 – 6/30/16	1/1/17 – 5/31/17	15%
CY 2022	1/1/19 – 6/30/19	1/1/21 – 3/31/21	15%
CY 2023	1/1/19 – 6/30/19	1/1/21 – 3/31/21	15%
CY 2024	1/1/19 – 6/30/19	1/1/21 – 3/31/21	No cap

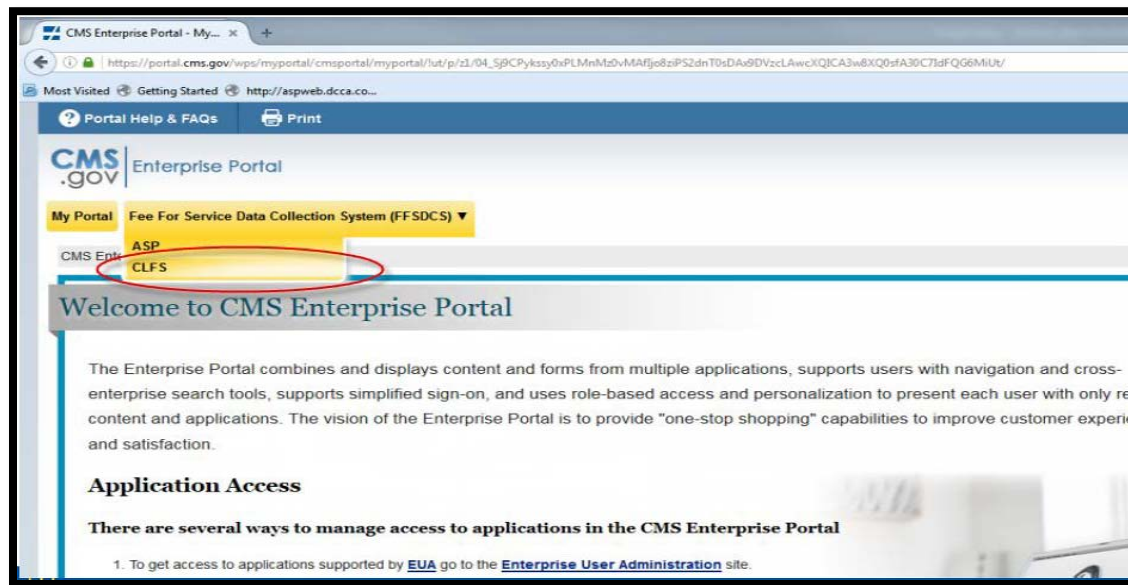
* In the most recent guidance, CMS noted that it will resume a three-year cycle, starting in 2025. Based on the communication, the next data collection period would be January through June in 2023 with the subsequent data reporting period in 2024 for rates effective January 1, 2025.



How Do I Report Data?

+ How Do I Report Applicable Information?

- + CMS operates a web-based portal referred to as the Fee-For-Service Data Collection System (FFSDCS)
- + Data collection system at <http://portal.cms.gov>
 - **Users must** register or re-activate previously registered account as either a submitted or a certifier before you can access the system



+ How Do I Report Applicable Information?

- + Will accept data manually by data entry via an online interface or electronically through csv file upload
 - Data reporting template was published by CMS in November 2016 at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/PAMA-Regulations>

Clinical Lab Fee Schedule Upload Applicable Information

Current Reporting Period: 2016

Please use this data submission option if you have prepared all of your data in a .csv file that conforms to the [template](#). This is a good option if you want to upload a large amount of information at one time or use an automated data source.

Last three uploaded files

File Name	Upload Type	Upload Date	Status
CLFS.csv	LAB DATA	2016-10-12 17:02:53.0	Completed
CLFS.csv	LAB DATA	2016-10-12 16:10:51.0	Completed
CLFS.csv	LAB DATA	2016-10-12 16:10:17.0	Completed

Lab Name: My Lab Name Lab TIN: 12-121212 NPI: 1245319599 101195031 CCR:

Please select file for data upload No file selected. [Click here for acceptable file formats](#)

Step 4: Review and Save Data
Upload Date: 2016-10-12 17:02:53.0

Lab submission data not saved. Any records that have passed validation below are not saved until all records have passed validation. Please correct data.

Click on a field in the table header to sort in ascending order. Click again to sort in descending order.

Showing all 10 results. Previous First 4 Last Next

HCPCS CODE	PAYMENT RATE	VOLUME	NPI	RESULT
86402	100.06	107	1245319599	Validation check passed.
86406	222.06	10000	1245319599	Validation check passed.
86408	333.03	100888	1245319599	Volume format 99999.
80410	769.12	44100	1245319599	Validation check passed.
80412	769.12	100	1245319599	Payment Rate format 9999.99
80414	100.11	2100	1245319599	Validation check passed.
80415	10.00	5100	1245319599	Validation check passed.
80416	987.44	8100	1245319599	Validation check passed.
80417	81.00	9999	1245319599	Volume format 99999.
80418	0.31	1100	1245319599	Validation check passed.

CLFS.csv - Microsoft Excel

	A	B	C	D	E	F	G	H	I	J	K
1	HCPCS CO	PAYMENT	VOLUME(:	NATIONAL PROVIDER IDENTIFIER(10 numeric characters)							
2	80402	100.00	107	1245319599							
3	80406	222.00	10000	1245319599							
4	80408	333.03	100888	1245319599							
5	80410	769.12	44100	1245319599							
6	80412	769.12	100	1245319599							
7	80414	100.11	2100	1245319599							
8	80415	10.00	5100	1245319599							
9	80416	987.44	8100	1245319599							
10	80417	81.00	9999	1245319599							
11	80418	0.31	1100	1245319599							
12											
13											

+ Groups Who May Help





How Does PAMA Impact Our Industry?

+ Payment Rate Calculation

- + Accurate payment rates rely on accurately reported data from labs
- + Inclusion of data that should not be reported can skew the median payment rate calculation
- + Scrub out any data that should not be reported

HCPSC Code	Private Payor Rate	Volume of Tests	National Provider ID
80000 series HCPCS code	\$105	1	1234567890
	\$100	2	1234567890
	\$100	3	0987654321
	\$95	1	0987654321
	\$95	1	1234567890
	\$90	2	1234567890
	\$65	1	0987654321
	\$100	Calculated Weighted Median	

HCPSC Code	Private Payor Rate	Volume of Tests	National Provider ID
80000 series HCPCS code	\$105	1	1234567890
	\$100	2	1234567890
	\$100	3	0987654321
	\$95	1	0987654321
	\$95	1	1234567890
	\$90	2	1234567890
	\$65	3	0987654321
	\$0	1	0987654321
	\$95	Calculated Weighted Median	



Summary

+ Keys to Successful Reporting

IDENTIFY



Identify where your payment data is housed

COLLECT



Gather the data you need to be able to report properly

AUDIT



Scrub out non-reportable data

REPORT



Submit applicable data to CMS

+ What Do I Need to Do?

Data Collection Period

Jan. 1 – Jun. 30, 2019

TODAY

Data Reporting Period

Jan. 1 - Mar. 31, 2021

Rates Effective

Jan. 1, 2022

2019

2020

2021

2022

- Identify data source for reporting
- Complete Checklist: Am I an Applicable Laboratory?
- Identify CMS codes list and ensure inclusion of only the codes that CMS requires for reporting
- Extract data and review for completeness
- Register or activate your CMS portal ID
- Complete impact to business and trend analysis

- Review data prior to submission
- Submit data in web-based portal by March 31
- When rates are proposed and finalized in the fall, review impact on business
- Timeline delayed one year due to the LAB Act

- Monitor impact on business
- Prepare for next cycle of data submission

+ Resources

- + These slides and the checklists are available to download at:
 - <https://www.mcdermottplus.com/insights/hologic-pama-webinar/> [mcdermottplus.com]
 - [PAMA Resources Checklists Codes FAQ \(2019\)](#) [mcdermottplus.com]
- + CMS documents, including fact sheets, FAQs and the portal guide (when available) can be found on CMS's website:
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/PAMA-Regulations.html>

The screenshot shows the CMS.gov website. The header includes the CMS.gov logo and navigation links: Home, About CMS, Newsroom, Archive, Share, Help, and Print. Below the header is a search bar. A row of yellow buttons contains links to Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Medicare > Clinical Laboratory Fee Schedule > PAMA Regulations. The left sidebar has a 'Clinical Laboratory Fee Schedule' section with links to Clinical Laboratory Fee Schedule Files, CLFS Regulations and Notices, CMS Clinical Laboratory Fee Schedule (CLFS) Annual Public Meeting, Code of Federal Regulation Citations, Garfill Pricing Inquiries, PAMA Regulations (selected), CMS Sponsored Events, and Laboratory Date of Service Policy. The main content area is titled 'PAMA Regulations' and contains several questions in red font: 'Do I need to submit private payor rates?', 'When do I submit private payor rates?', 'How do I report private payor data?', 'Advanced Diagnostic Laboratory Tests (ADLTs)', 'How do I notify CMS of FDA Cleared or Approved CDLTs?', and 'Where do I find CY 2019 private payor rates and supporting information? Questions?'. Below these questions is a section titled 'Do I need to submit private payor rates?' which explains the requirements of the PAMA Act. At the bottom, there is a 'Learn more:' section with a link to 'Summary (PDF)'.

The screenshot shows the 'Frequently Asked Questions' page for CMS 1621 F, titled 'Medicare Program—Medicare Clinical Diagnostic Laboratory Tests Payment System Final Rule'. The text explains that on June 17, 2016, CMS announced the release of its final rule implementing section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA). It states that the rule will require reporting entities to report private payor rates paid to laboratories for lab tests, which will be used to calculate Medicare payment rates. The rule also announces CMS' decision to move the implementation date for the private payor rate-based fee schedule to January 1, 2018. A compilation of frequently asked questions (FAQs) about the final rule and the CMS responses are provided below. Updated questions and responses have been annotated by red font. To go directly to a category of questions, please click on the category below. The categories listed are: 1. General Theme, 2. Applicable Laboratories, 3. Applicable Information, 4. Data Collection Period, 5. Penalties, 6. Advanced Diagnostic Laboratory Tests (ADLTs), 7. Payment Reduction Limitation, and 8. Coding.

+ Resources: LAB Act

- + The Laboratory Access for Beneficiaries Act – Section 105(a)(1) of the Further Consolidated Appropriations Act of 2020
 - HR 1865 – Further Consolidated Appropriations Act of 2020
 - <https://www.congress.gov/bill/116th-congress/house-bill/1865/text>
- + Medicare Part B CLFS: Revised Information for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System:
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/PAMA-Regulations.html>

+ Resources

Future Webinars

DECEMBER 2019				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	4 ⁰⁰ ET/ 1 ⁰⁰ PT 11	2 ⁰⁰ ET/ 11 ⁰⁰ PT 12	13
16	17	12 ⁰⁰ ET/ 9 ⁰⁰ PT 18	11 ⁰⁰ ET/ 8 ⁰⁰ PT 19	20
23	24	25	26	27
30	31			



Questions?