Prototype Data Files for PAMA Reporting

To assist our clients in complying with the reporting regulations of the Protecting Access to Medicare Act of 2014 (PAMA), Quadax has obtained prototype final payment data from our systems for those clients who have requested it. The prototype data is intended to allow our clients time to review their final payment data prior to the reporting period. The data will be provided in two separate CSV files, one that contains summary data and one that contains detail data, through an FTP location or the Secure File Exchange (SFE).

Summary Data

The prototype summary data file contains the following fields required by CMS and specified in the CLFS Data Reporting Template.

Column	Description
HCPCS Code	Standardized coding system used to represent medical procedures performed on a patient or non-physician services. Five alphanumeric characters are accepted.
Payment Rate	Each unique private payer rate for each test. Only numeric values are accepted. Formatted as XXXXX.XX.
Volume	Number of lab tests paid at each unique private payer rate. Only positive numeric values including 0 are accepted. Formatted as XXXXX.
National Provider Identifier	A unique 10-digit identification number required by HIPAA for all health care transactions by providers in the United States.

The prototype summary data file only contains data for tickets that meet all the criteria outlined in the Quadax ticket selection process, which is provided on the last page of this document. The summary data file is provided to clients as a CSV file, which is the format required by CMS, so it can be used for reporting. However, if clients wish to report the most current data, Quadax can provide final payment data again in January 2020.

Note: All cells in the CSV file must be in text format.

Detail Data

The prototype detail data file contains final payment information for every ticket within the initial population of tickets selected for PAMA reporting, even if those tickets were eliminated later in the ticket selection process for the following reasons:

- The ticket received an additional insurance receipt from the same receipt source between July 2019 and December 2019.
- The ticket received an insurance refund after the receipt between January 2019 and December 2019.
- The ticket or case was in either a client-specific appeal hold status in HARP or an Appeals Case Status Summary 2 case status in PAS at the time of the June 2019 monthend.

To be included in the initial population of tickets, a ticket must have a non-government receipt that has a billing month within the data collection period of January 2019 through June 2019. Tickets within the initial ticket population that were eliminated later in the ticket selection process are not included in the summary data file.

The prototype detail data file contains the following fields.

Column	Description
Ticket	HARP ticket number.
Billing Group	HARP billing group code.
CPT	Adjudicated CPT code.
Units	Number of units for the CPT code. When the source of data is an 835 remittance, the units are pulled from the 835. When the source is HARP LIRP data, the units are pulled from HARP.
Charge Amount	Amount charged to the insurance.
DOS	Data of service.
Check Date	Check date of the remittance. The check date must be between December 1, 2018 and June 30, 2019 for the ticket to be included in the detail data.
Payer Name	Name of the payer. Payer names vary depending on the source of the data. When the source of data is an 835 remittance, the payer name is pulled from the 835. When the source is HARP LIRP data, the payer name is pulled from the receipt source in HARP.
Allowed Amount	Amount allowed by the insurance plan. Depending on the source of data, the allowed amount is either the amount passed in the 835 remittance or the amount that was calculated in HARP.
Allowed Amount by Unit	Allowed amount divided by the number of units, if the number of units is not 1 or 99. This amount is displayed as the Payment Rate in the summary data file.
NPI	National Provider Identifier. A unique 10-digit identification number required by HIPAA for all health care transactions by providers in the United States.
Source	Source of data. Options are: • **P.** Payer 835 remittance. • **H.** HARP Line Item Receipt Posting (LIRP). • **R.** RemitMax 835 remittance. • **None.** The ticket does not have an 835 remittance or HARP LIRP data. The only information displayed in the detail data for tickets without an 835 or HARP LIRP data is the ticket number and the source. Tickets without an 835 remittance or LIRP data are excluded from the summary data file. If the ticket was excluded from the summary data file, one of the following notes will be displayed after the source to indicate why the ticket was excluded: • **Zero allowed.** The ticket was excluded because it has a zero allowed amount. Quadax has made the reasonable assumption that the final payment is equal to the allowed amount, and only non-zero final payments need to be reported to CMS. • **Non-applicable HCPCS/CPTs.** The ticket was excluded because it has a non-applicable HCPCS/CPT code. Only applicable HCPCS/CPT codes specified in the CLFS Applicable Information HCPCS Codes spreadsheet file on the CMS website can be reported to CMS. The only information displayed in the detail data for tickets with non-applicable HCPCS/CPT codes is the ticket number and the source. • **P/R – LOB Exclusion.** The ticket was excluded because the payer or RemitMax 835 remittance does not have one of the following Line of Business (LOB) codes: 11, 12, 13, 14, 15, 16, BL, CI, or HM. Only payments from private payers can be reported to CMS, so payer and RemitMax data is filtered by LOB code to eliminate payments from government payers. • **Billing Group Exclusion.** The ticket was excluded because the billing group does not use the 14X type of bill, which is used to bill non-patients. For

Column	Description
	hospital outreach laboratories, only payments for laboratory tests billed to non-patients need to be reported to CMS. • **LQ Exclusion – M15/N19.** The ticket was excluded because the service was returned by the payer with one of the bundling ANSI remark codes, M15 or N19, and is not a final payment. Only non-zero final payments need to be reported to CMS. • **Takeback.** The ticket was excluded because the payment was reversed by the payer and is not a final payment. Only non-zero final payments need to be reported to CMS.

Filtering Data

Applicable laboratories may only report final payment amounts from private payers, so traditional Medicare, Medicaid, and other government receipts must not be reported. To ensure that only payments from private payers are reflected in the data files, payer and RemitMax 835 remittance data is filtered by Line of Business (LOB) code, and HARP LIRP data is filtered by receipt source. The data files only include primary payments from payer and RemitMax 835 remittances with LOB codes 11, 12, 13, 14, 15, 16, BL, CI, and HM, and primary payments from HARP LIRP data with receipt sources that match the summary insurance financial category or rerouted summary insurance financial category of the receipt. The LOB codes are defined below.

LOB Code	Description
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk*
BL	Blue Cross/Blue Shield
CI	Commercial Insurance
HM	Health Maintenance Organization

**This is the LOB code for Medicare Advantage, which is included as private payer data.*

Payer and RemitMax 835 remittance and HARP LIRP data is further filtered by check date, allowed amount, and HCPCS code. If the check date is not between December 1, 2018 and June 30, 2019, the line-level receipt has a zero allowed amount, or the charge line has a non-applicable HCPCS code, the data will not be included in the data files.

Note: When a ticket has multiple payments during the data collection period, Quadax has made the reasonable assumption that final payment is the most recent allowed amount.

Modifying Data

After reviewing the prototype summary and detail data files, clients may wish to modify their detail data or their LIRP data in HARP. The prototype summary and detail data files are static CSV files, so updating the detail file or HARP LIRP data will not change the prototype summary data. If the client modifies the prototype detail data, the client is responsible for manually updating the summary data to reflect the update before submitting it to CMS.

If HARP LIRP data is modified, the update will be reflected in the final summary and detail data files Quadax will provide to clients, if requested, in January 2020. When line item data is changed in HARP, only the data that was derived from HARP LIRP data (indicated by the Source type of H in the detail file) will be updated in the final summary and detail data files. Updates to HARP LIRP data will not affect data derived from 835 remittances. Additionally, LIRP data must be updated by January 1, 2020 for the updated LIRP data to be reflected in the final summary and detail data files.