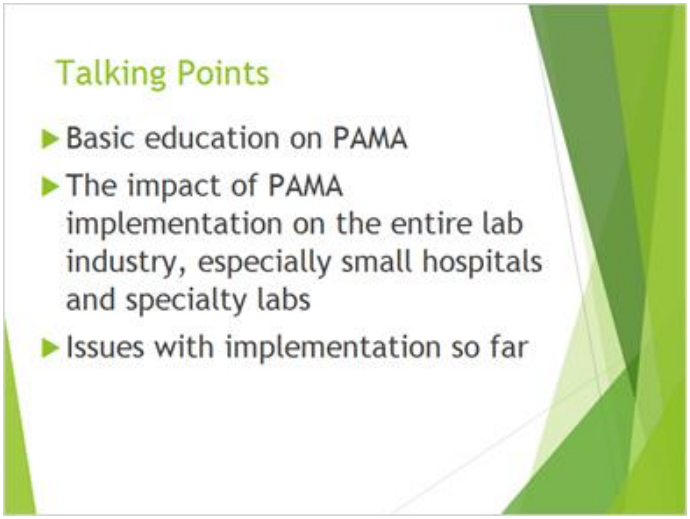
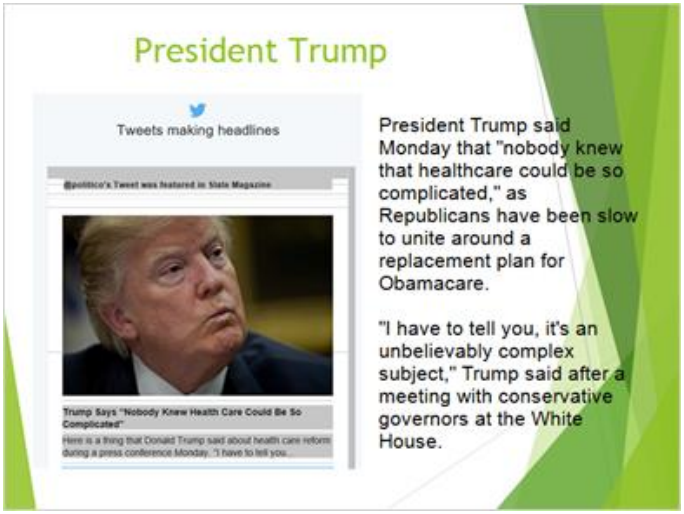
1.1 2017 Minnesota Legislative Symposium

1.2 2017 PAMA Review

1.3 Talking Points

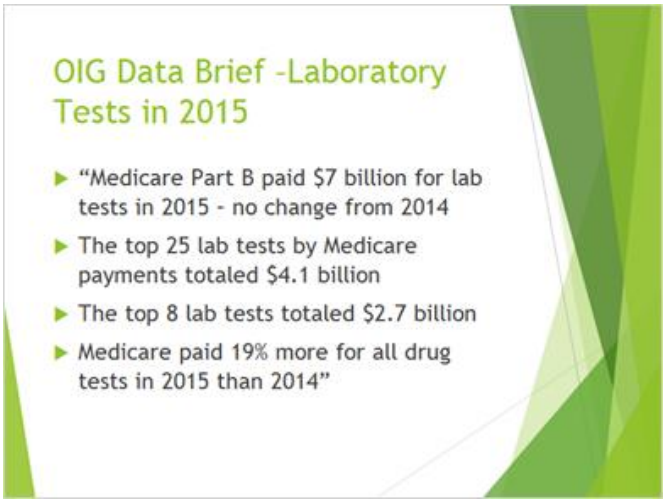


1.4 President Trump



1.5 PAMA

1.6 OIG Data Brief –Laboratory Tests in 2015

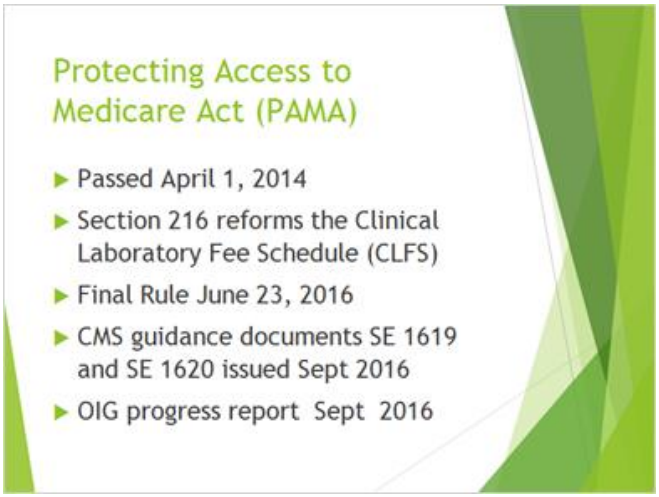


1.7 Top 25 Medicare Lab Tests

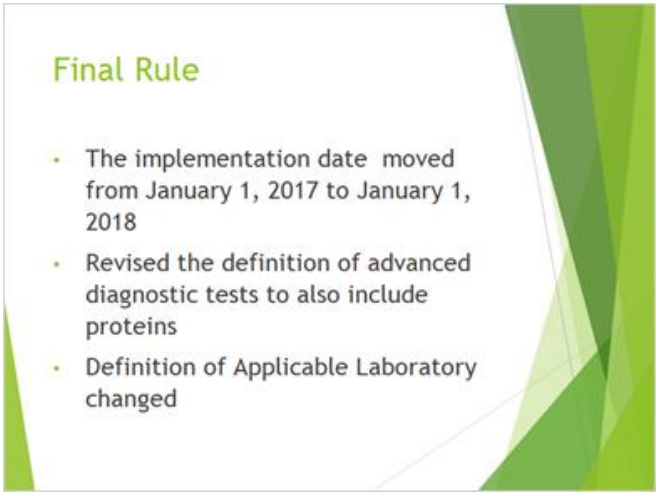
Table 1. Top 25 Lab Tests Based on Medicare Part B Payments in 2015

	Test Description and Procedure Code*	National Limitation Amount	Number of Tests (Millions)	Medicare Payments (Millions)	Changes From 2014 Payments (Millions)
1.	Blood test, thyroid-stimulating hormone (TSH) (84443)	$22.87	21.2	$475	↓ $3
2.	Blood test, comprehensive group of blood chemicals (80053)	$14.37	40.6	$458	↑ $5
3.	Complete blood cell count (red blood cells, white blood cells, platelets) and automated differential white blood cell count (85025)	$10.58	41.5	$428	↓ $3
4.	Blood test, lipids (cholesterol and triglycerides) (80061)	$18.22	27.2	$379	↓ $8
5.	Vitamin D-3 level (82306)	$40.29	8.7	$337	↑ $13
6.	Hemoglobin A1C level (83036)	$13.21	18.6	$241	↑ $5
7.	Opiates (drug) measurement (G6056)	$26.48	8.1	$208	↑ $35
8.	Drug screen, qualitative; multiple drug classes by high-complexity test method (e.g., immunoassay, enzyme assay), per patient encounter (G0431)	$98.96	2.3	$208	↑ $15
9.	Blood test, basic group of blood chemicals (80048)	$11.51	13.8	$134	↓ $3
10.	Blood test, clotting time (85610)	$5.35	21.9	$117	↓ $11
11.	Parathormone (parathyroid hormone) level (83970)	$56.17	2.1	$114	↑ $4
12.	Cyanocobalamin (vitamin B-12) level (82607)	$20.51	5.5	$110	↑ $3
13.	PSA (prostate specific antigen) measurement (84153)	$25.03	4.2	$103	↓ $1
14.	Chemical analysis using chromatography technique (82542)	$24.58	4.3	$97	↓ $24
15.	Thyroxine (thyroid chemical) measurement (84439)	$12.27	6.8	$81	↑ $2
16.	Bacterial colony count, urine (87086)	$10.99	7.4	$80	↑ $1
17.	Benzodiazepines level (G6031)	$25.17	3.2	$77	↑ $10
18.	NEW TO TOP 25 Drug confirmation (G6058)	$18.03	4.3	$75	↑ $63
19.	Natriuretic peptide (heart and blood vessel protein) level (83880)	$46.19	1.5	$68	↓ <$1
20.	Ferritin (blood protein) level (82728)	$18.54	3.5	$64	↑ $1
21.	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) common variants (81226)	$450.46	0.1	$62	↓ $105
22.	Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	$8.81	6.8	$58	↑ <$1
23.	NEW TO TOP 25 Amphetamine or methamphetamine (G6042)	$21.15	2.9	$58	↑ $13
24.	Folic acid level (82746)	$20.01	2.8	$55	↑ $1
25.	Methadone level (G6053)	$22.22	2.5	$53	↑ $1
			Total Medicare Part B Payments:	**$4.14 billion**	

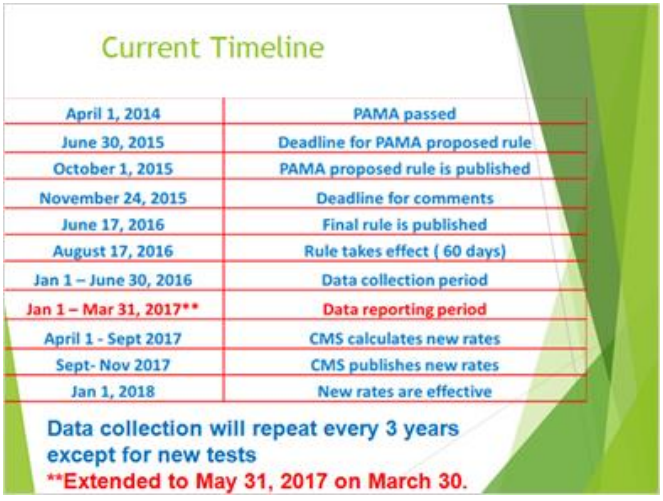
1.8 Protecting Access to Medicare Act (PAMA)



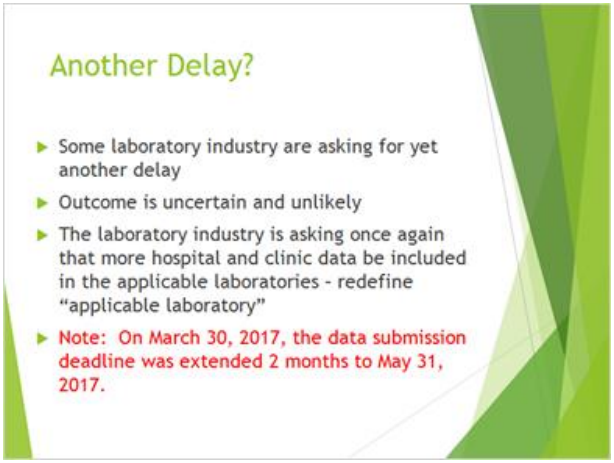
1.9 Final Rule



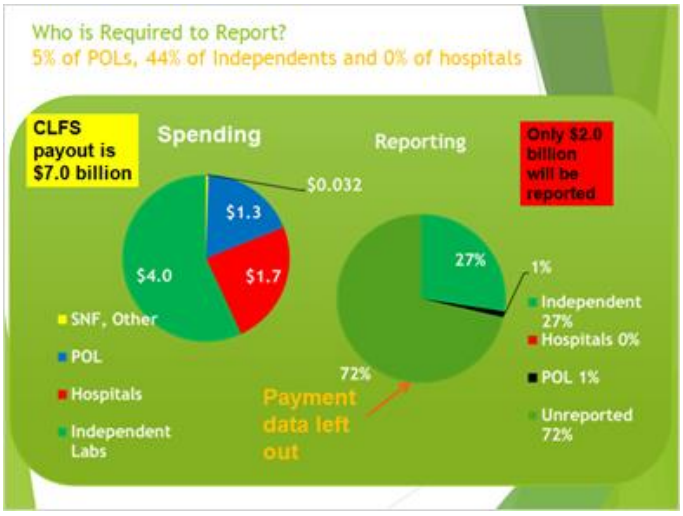
1.10 Current Timeline



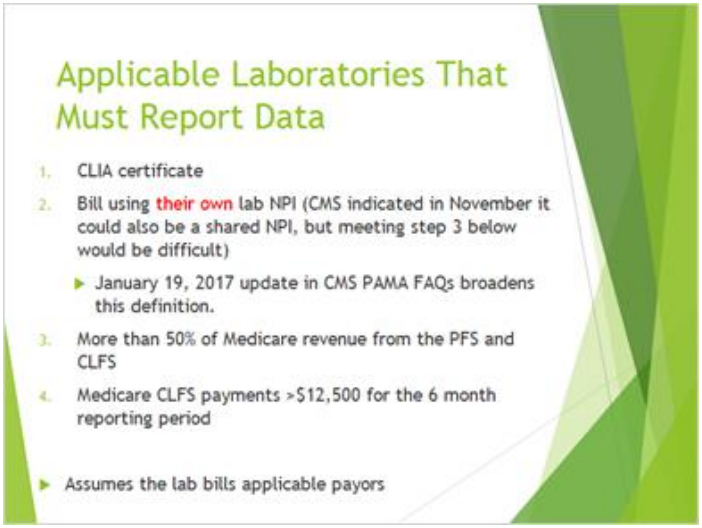
1.11 Another Delay?



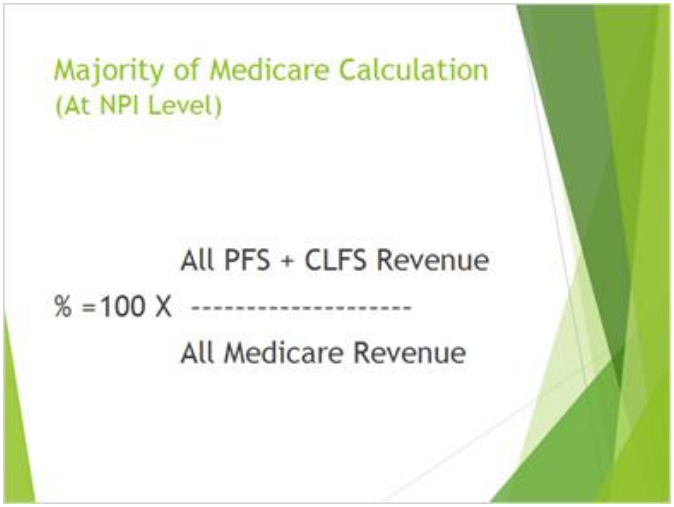
1.12 Who is Required to Report?



1.13 Applicable Laboratories That Must Report Data

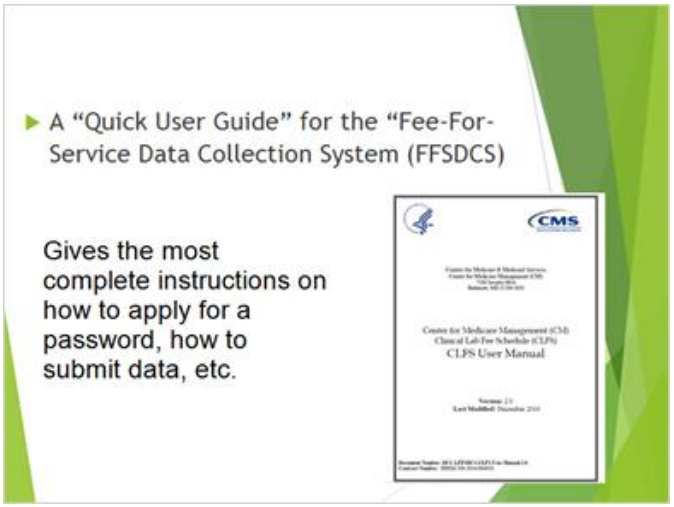


1.14 Majority of Medicare Calculation

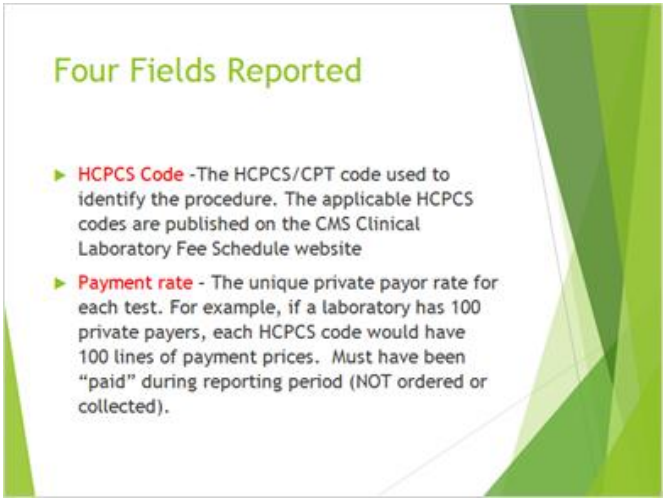


1.15 Applicable Payers

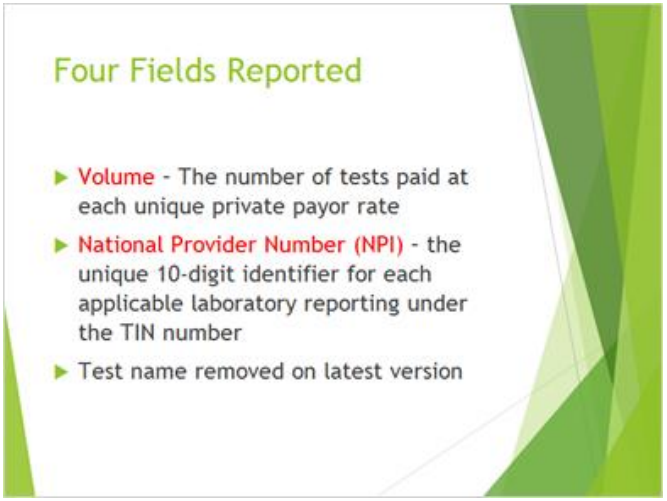
1.16 MLN Matters SE 1620



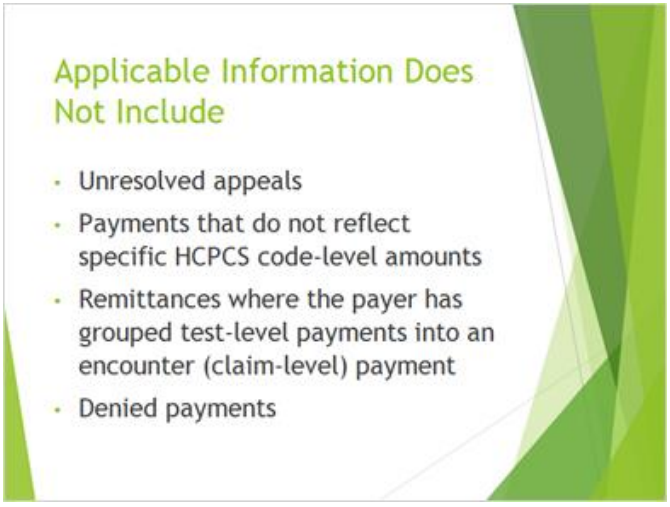
1.17 Four Fields Reported



1.18 Four Fields Reported



1.19 Applicable Information Does Not Include



1.20 Frequency of Reporting

Frequency of Reporting

- For most laboratory tests, every three years
- Annually for advanced diagnostic laboratory tests (ADLTs)

1.21 Certification of Data

Certification of Data

- Certification information is contained in the CLFS User Manual
- Agree to the following
- Example: At HealthPartners the submitter was Senior Administrative Director for Laboratory Services and Certifier was the VP of Primary Care

Warning: Once the CLFS Certifier has certified the data for the current period, data submission is closed and no more data can be entered for that applicable laboratory. Be sure that all applicable information is entered, accurate, and complete before certifying the data.

1.22 Rate Setting Process

Rate Setting Process

- CMS will calculate the weighted median price for each code (midpoint of the data set)
- Rate will be national without geographical variation
- Will be in effect for 3 years with no inflation update or productivity decrease - except ADLTs annually
- Will still be subject to sequestration
- If no data is received for a given HCPCS, CMS will use cross walking or gap filling to price the test (example: most G codes)

1.23 Payment Reduction Limits

Payment Reduction Limits

- PAMA requires a savings but each HCPCS code is limited to 10% reduction each year for 3 years and 15% the next 3 until the rate gets down to the median
- This is a potential decrease of 27% the first 3 years and 55% over 6 years

1.24 Payment Reduction Cont.

Payment Reduction Cont.

- Each MAC may currently have a different price on a HCPCS
- CMS will use the NLA to do the calculation of 10% or 15% decrease and not the MAC levels

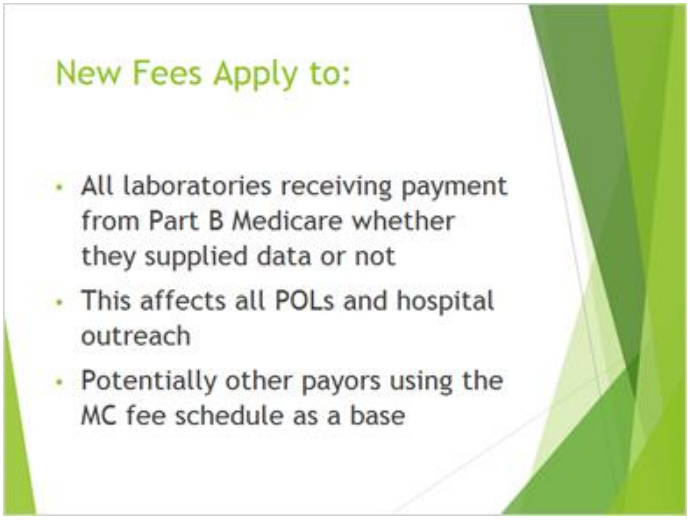
1.25 CMS Reduction Estimates

CMS Reduction Estimates

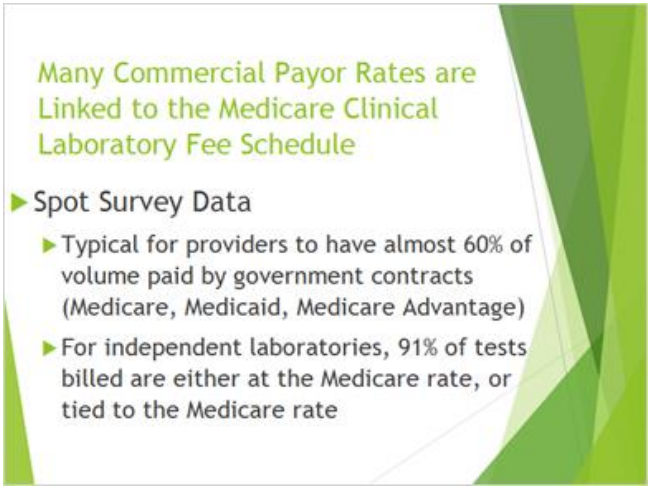
- An estimated $390 - $540 million reduction in FY2018 payments.
- Private payor rates estimated 20% lower than Medicare overall
- 5 year Medicare fee payments scored at almost $4 billion by CBO (OIG now says $5.4 billion)

1.26 Laboratory Impact

1.27 New Fees Apply to:

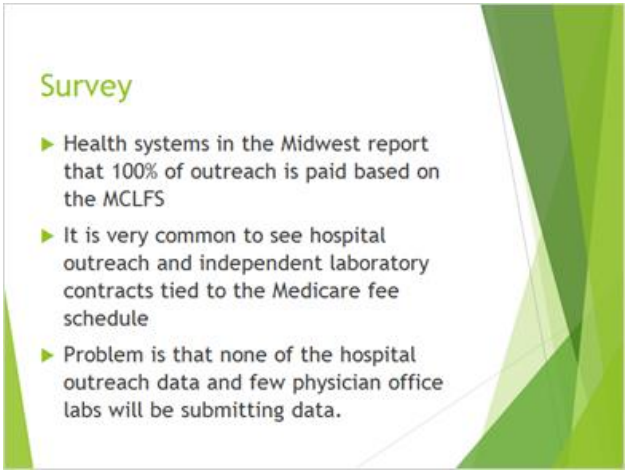


1.28 Many Commercial Payor Rates are

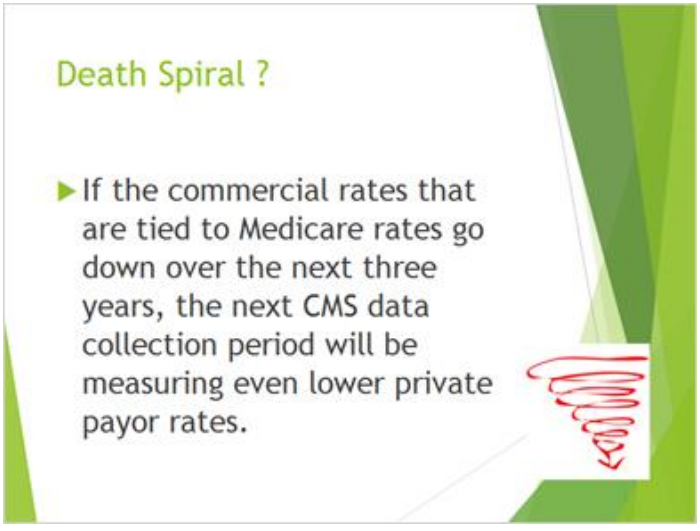


1.29 Survey Continued

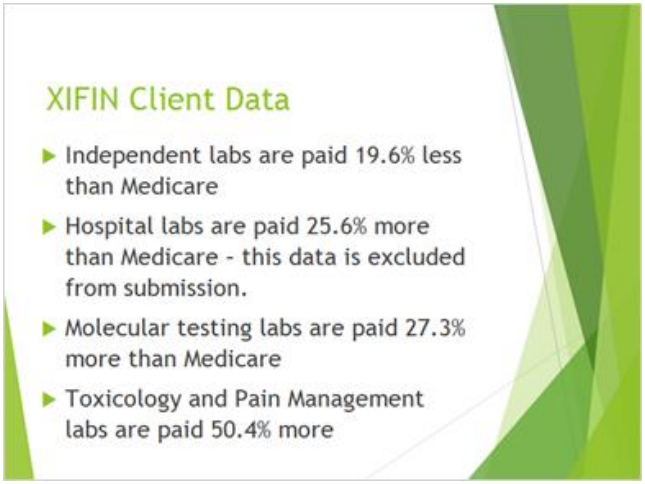
1.30 Survey



1.31 Death Spiral ?

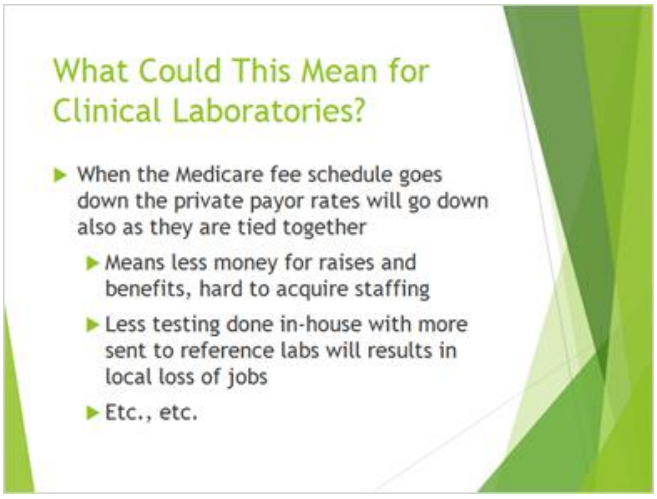


1.32 XIFIN Client Data

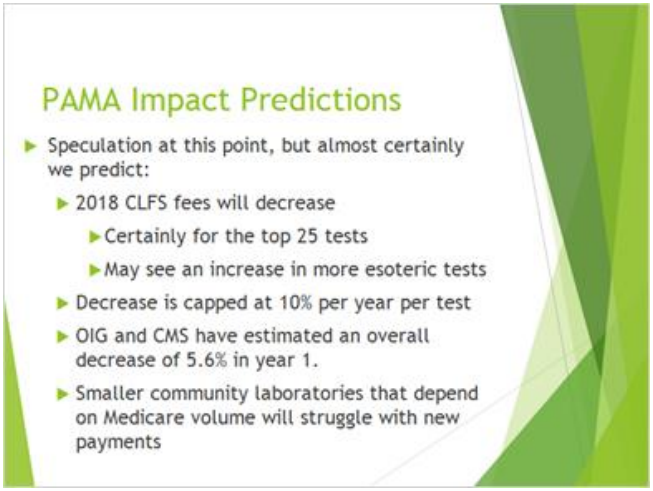


1.33 XIFIN Analysis

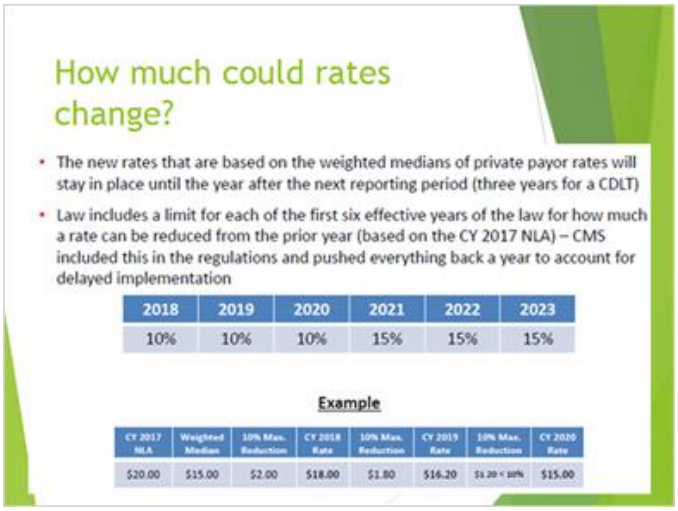
1.34 What Could This Mean for Clinical Laboratories?



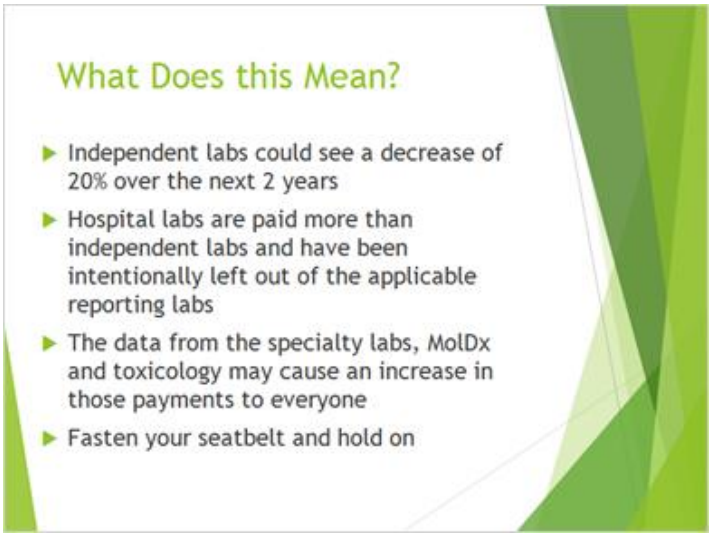
1.35 PAMA Impact Predictions



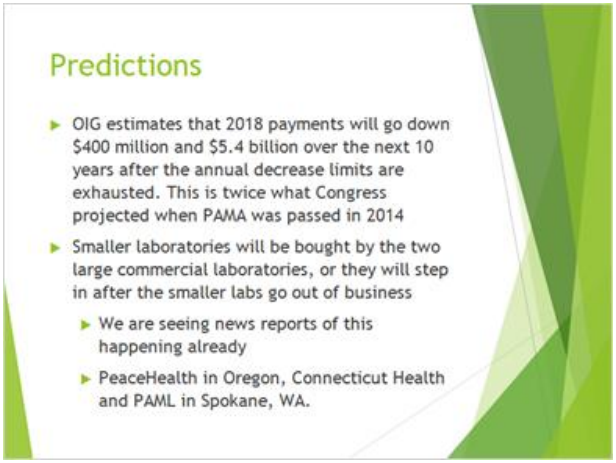
1.36 How much could rates change?



1.37 What Does this Mean?



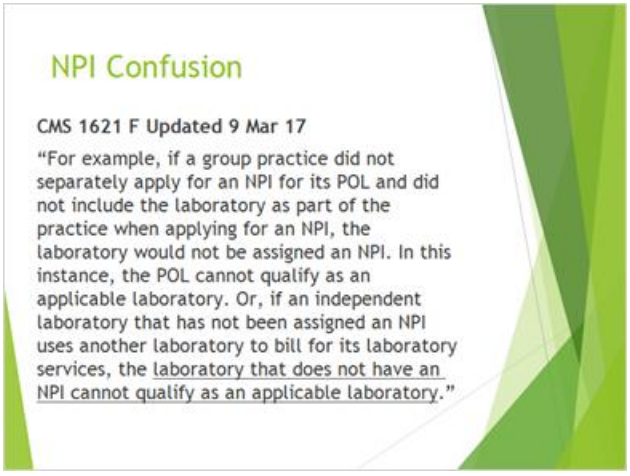
1.38 Predictions



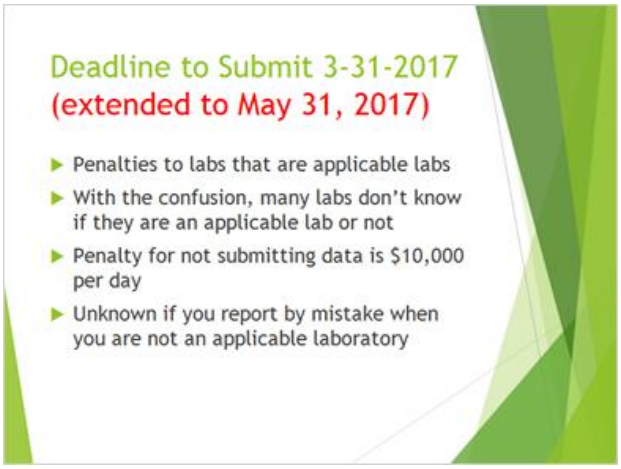
1.39 Implementation Issues

1.40 CMS Applicable Laboratory Confusion -NPI

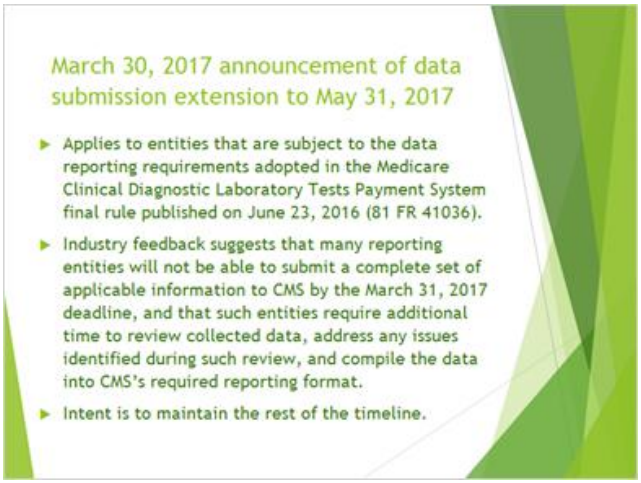
1.41 NPI Confusion



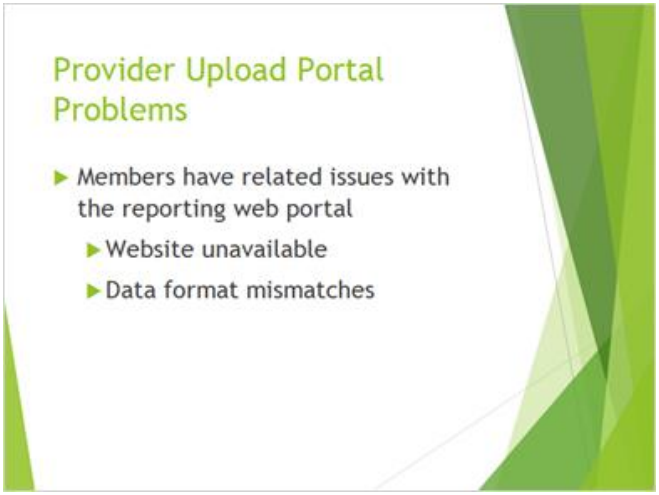
1.42 Deadline to Submit 3-31-2017



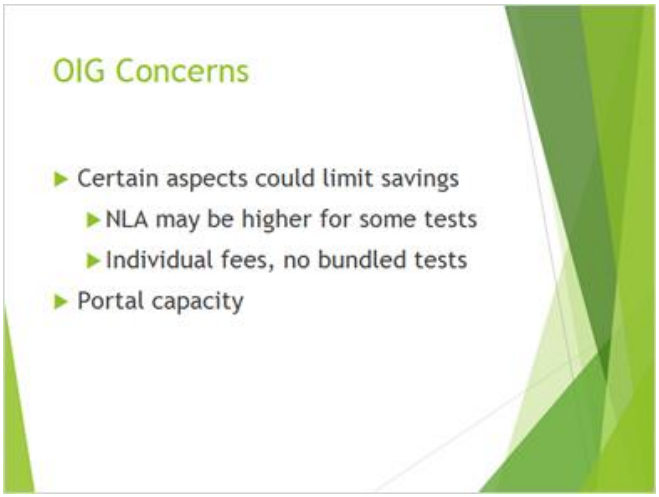
1.43 March 30, 2017 announcement of data submission extension to May 31, 2017



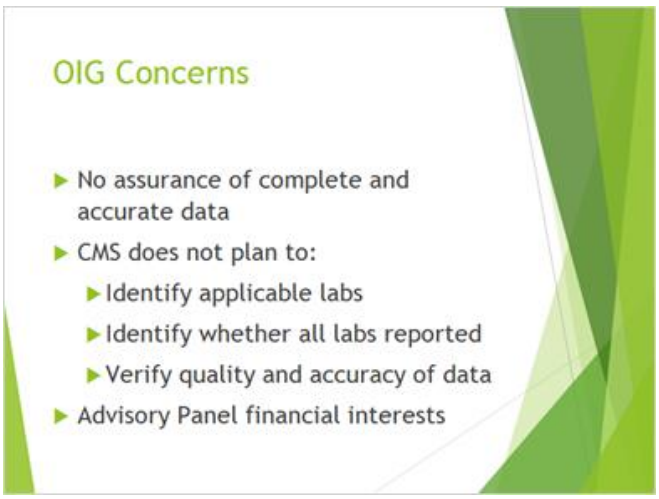
1.44 Provider Upload Portal Problems



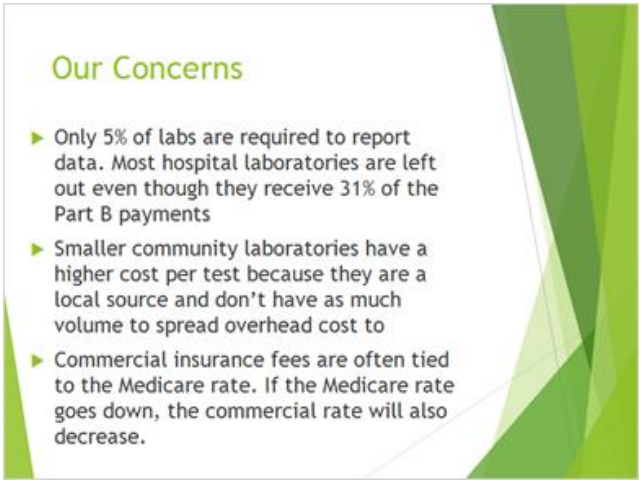
1.45 OIG Concerns



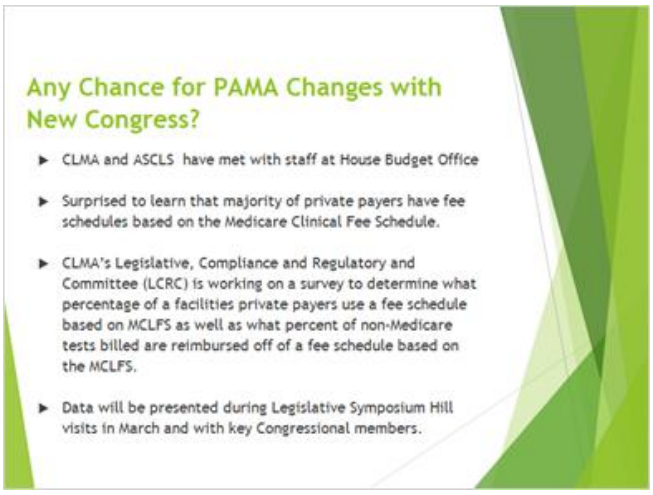
1.46 OIG Concerns



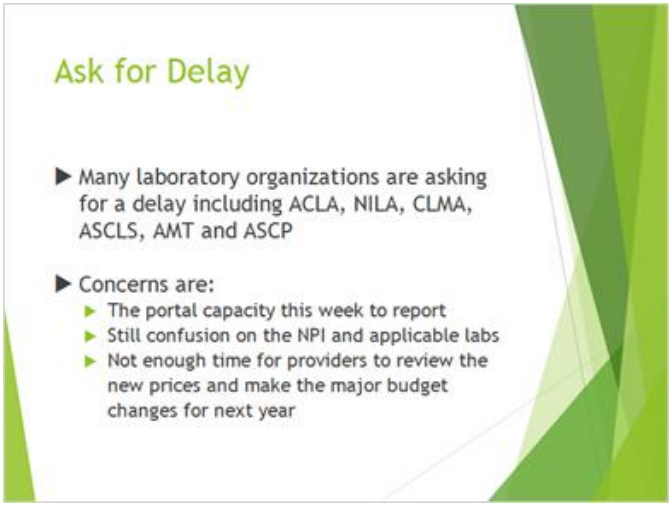
1.47 Our Concerns



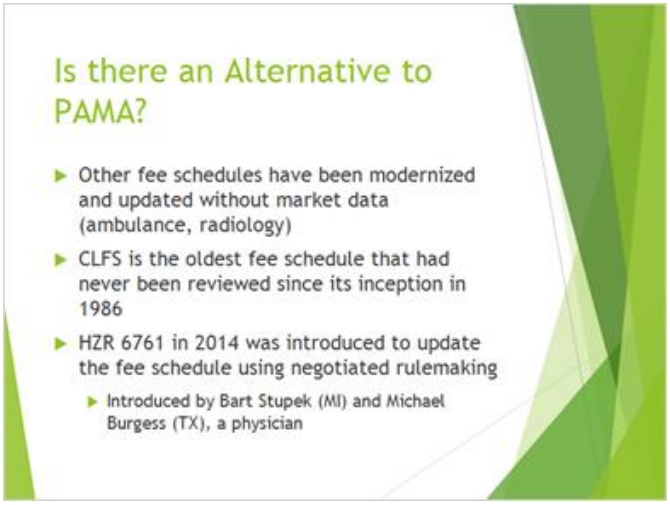
1.48 Any Chance for PAMA Changes with



1.49 Ask for Delay

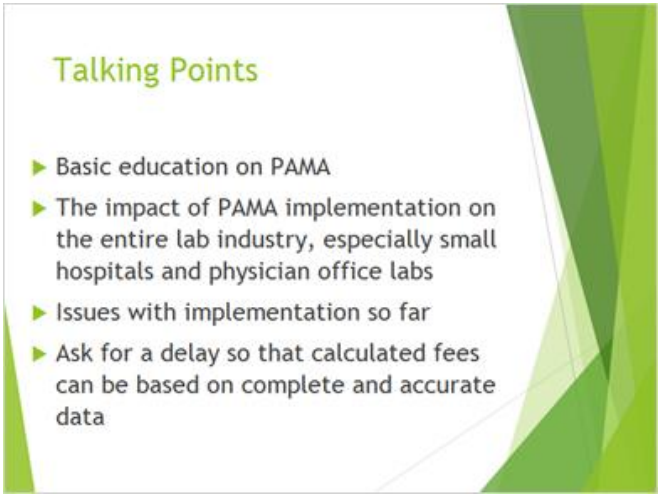


1.50 Is there an Alternative to PAMA?



1.51 How do reimbursement cuts impact you at home?

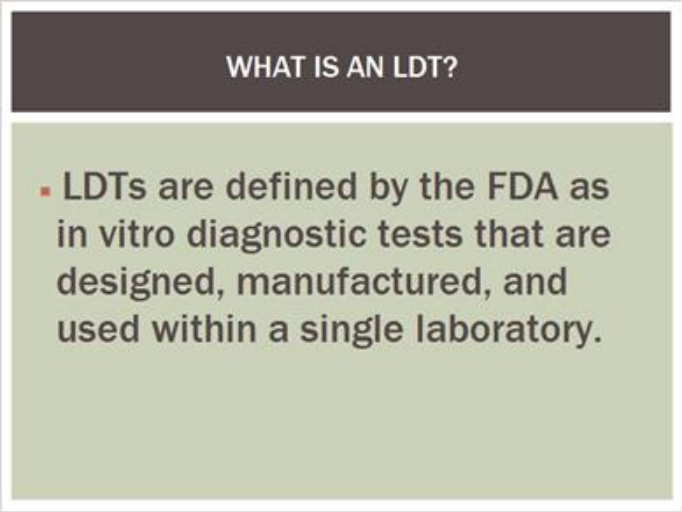
1.52 Talking Points



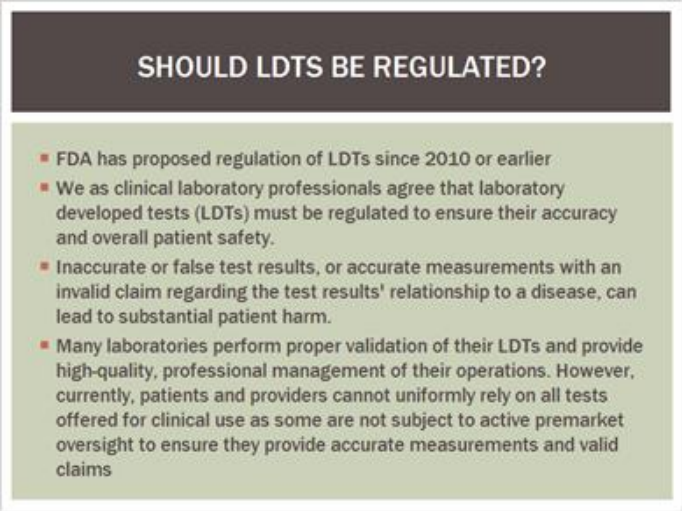
1.53 Questions ?

2.1 Laboratory Developed Tests (LDTs)

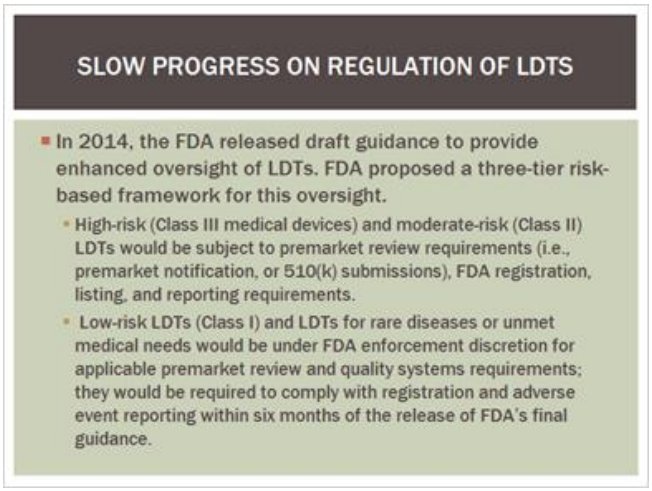
2.2 What is an LDT?



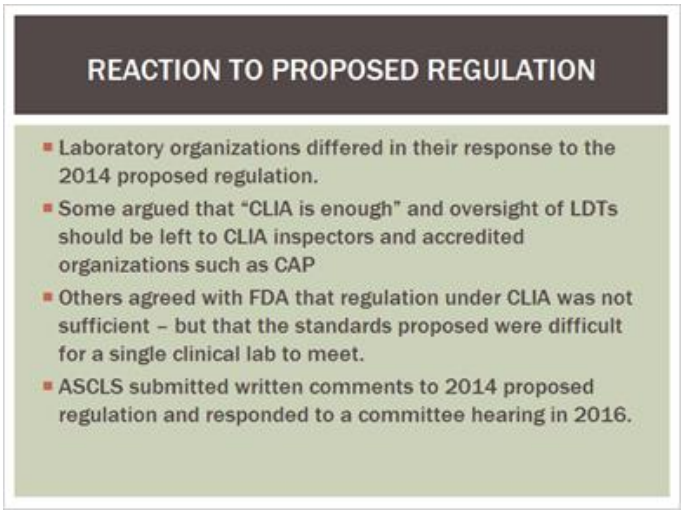
2.3 Should LDTs be regulated?



2.4 Slow progress on regulation of LDTs

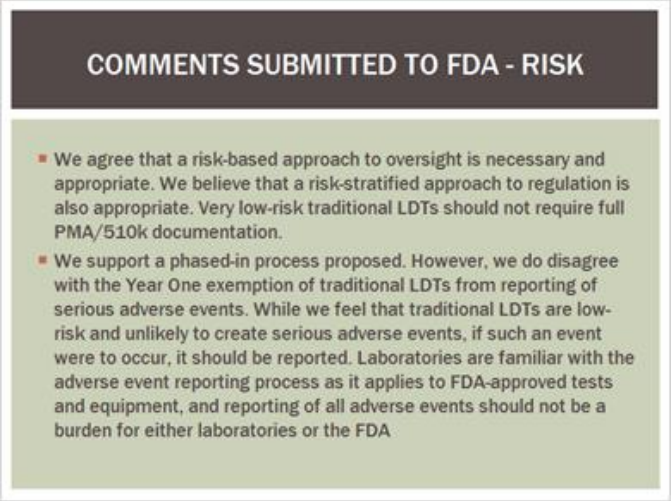


2.5 Reaction to proposed regulation

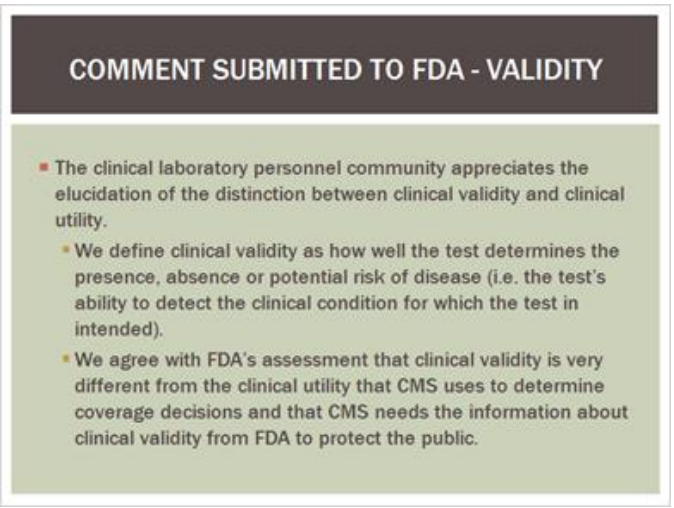


2.6 Next step from FDA

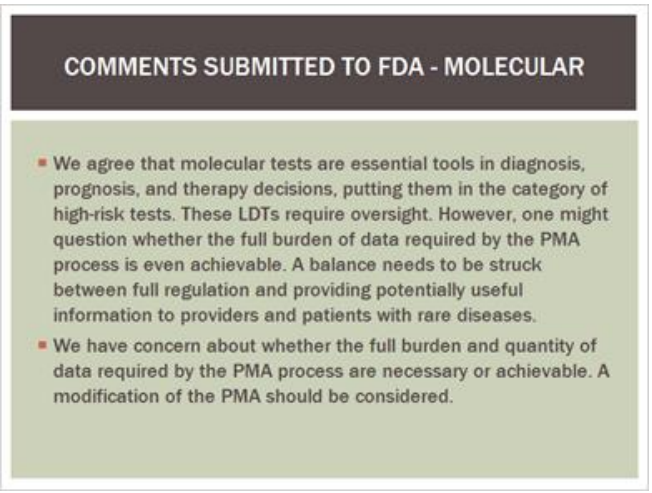
2.7 Comments to FDA - risk



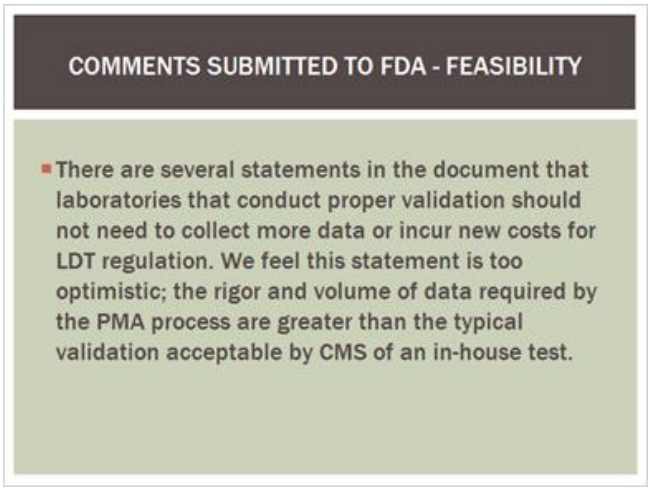
2.8 Comment to FDA - validity



2.9 Comments to FDA - molecular

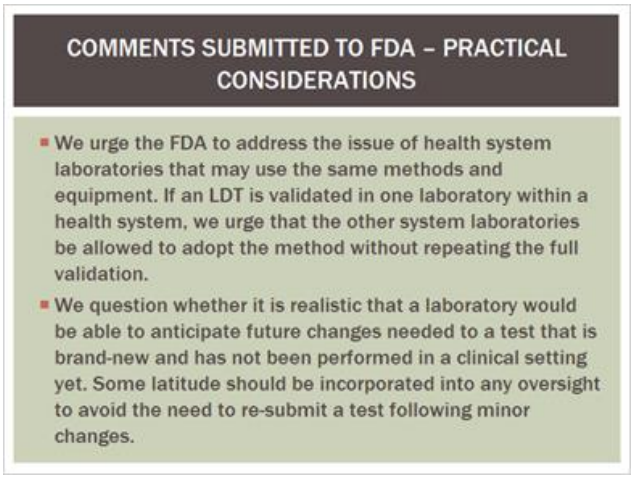


2.10 Comments to FDA - feasibility



2.11 Comment to FDA - inspections

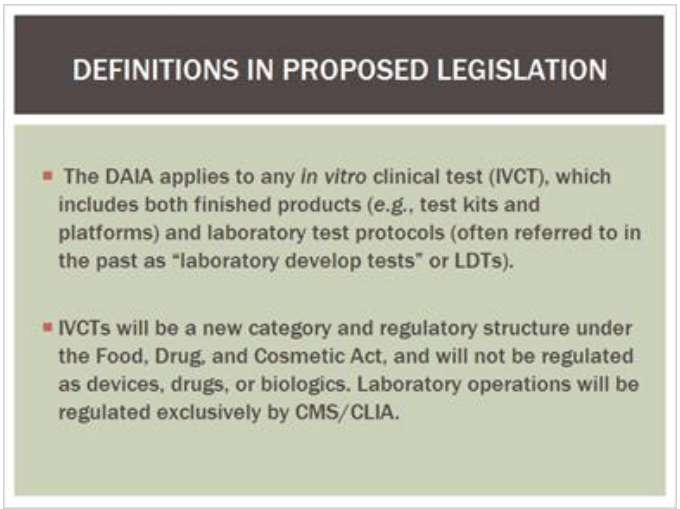
2.12 Comments to FDA – practical considerations



2.13 Comment to FDA

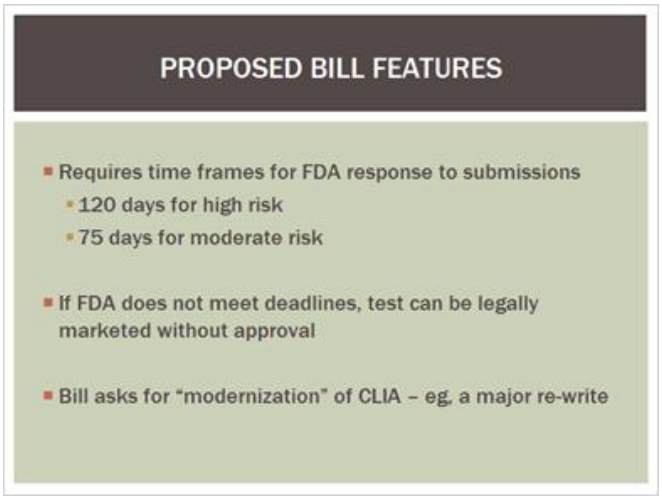
2.14 New developments since Leg Day

2.15 Definitions in proposed legislation

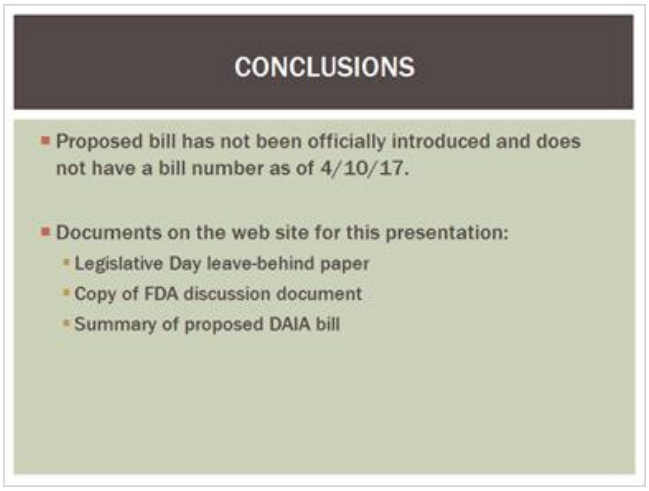


2.16 Proposal seems to combine regulation of LDTs and vendor developed tests

2.17 Proposed bill features



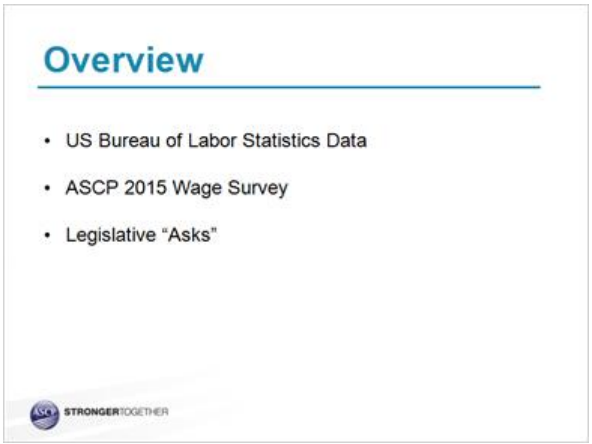
2.18 Conclusions



3.1 Clinical Laboratory Workforce Crisis

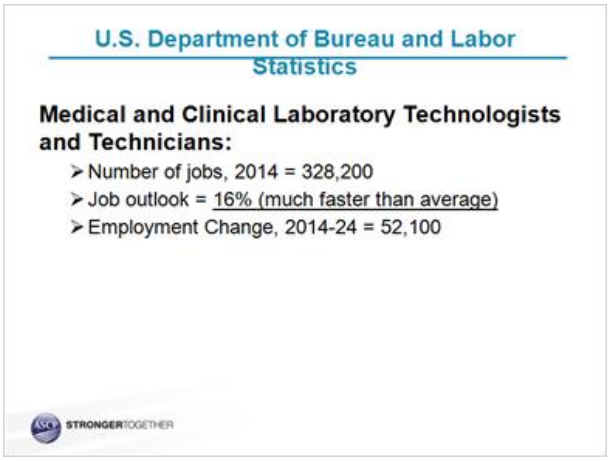
3.2 ASCP's 2015 Wage Survey of Medical Laboratories in the United States

3.3 Overview

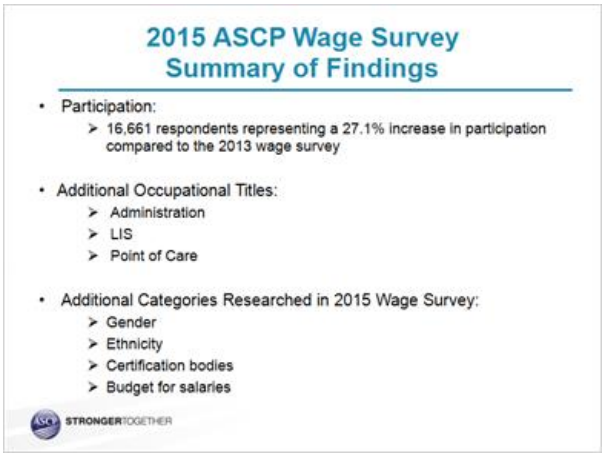


3.4 U.S. Bureau of Labor Statistics

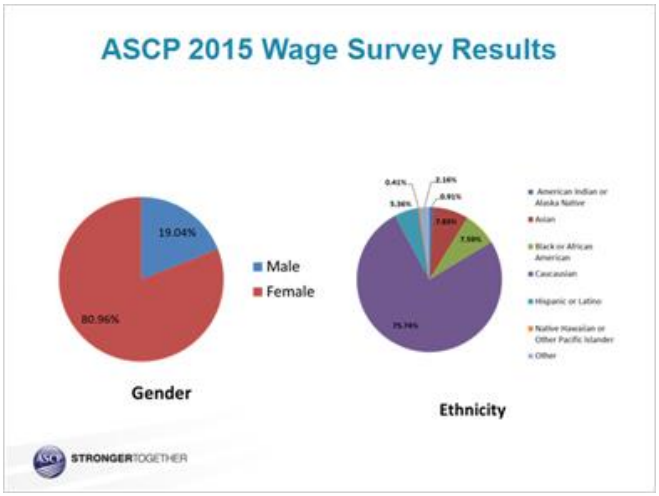
3.5 U.S. Department of Bureau and Labor Statistics



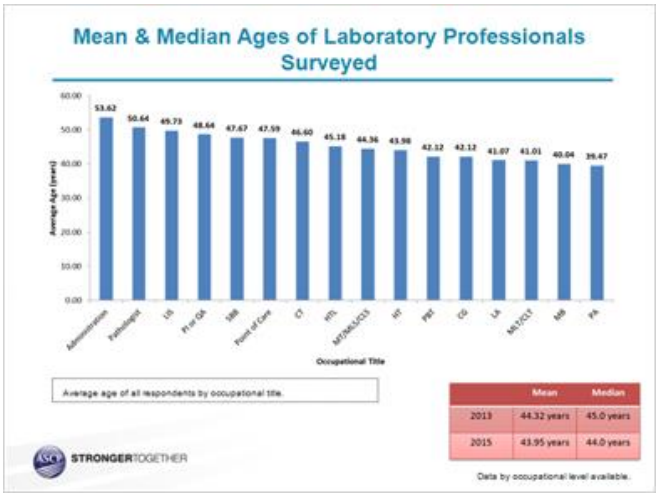
3.6 2015 ASCP Wage Survey



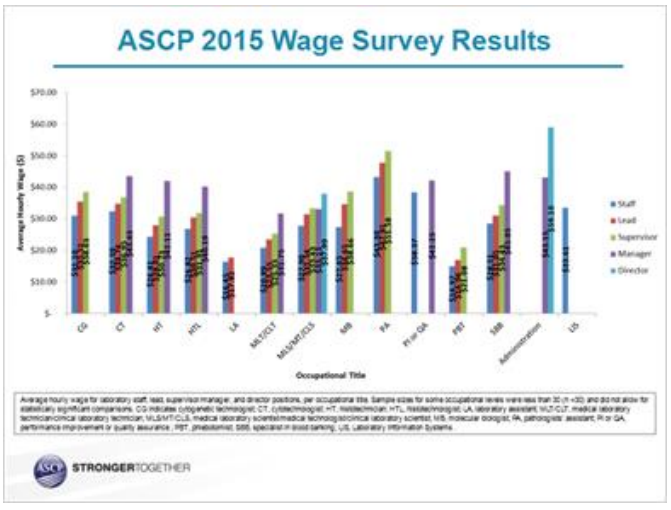
3.7 ASCP 2015 Wage Survey Results



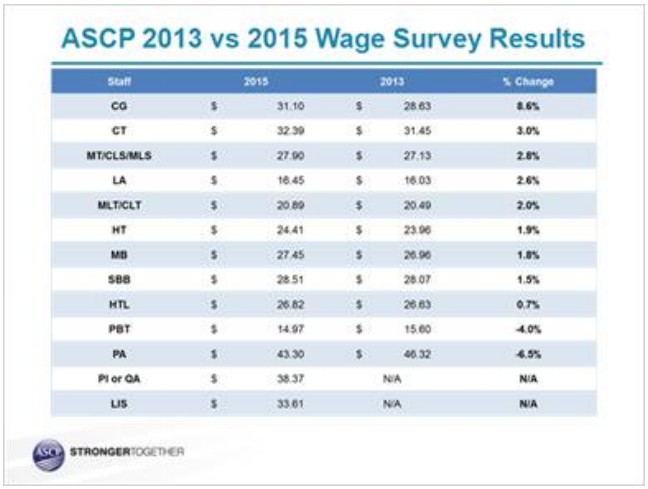
3.8 Mean & Median Ages of Laboratory Professionals Surveyed



3.9 ASCP 2015 Wage Survey Results



3.10 ASCP 2013 vs 2015 Wage Survey Results



ASCP 2013 vs 2015 Wage Survey Results

Staff	2015	2013	% Change
CG	$ 31.10	$ 28.63	8.6%
CT	$ 32.39	$ 31.45	3.0%
MT/CLS/MLS	$ 27.90	$ 27.13	2.8%
LA	$ 16.45	$ 16.03	2.6%
MLT/CLT	$ 20.89	$ 20.49	2.0%
HT	$ 24.41	$ 23.96	1.9%
MB	$ 27.45	$ 26.96	1.8%
SBB	$ 28.51	$ 28.07	1.5%
HTL	$ 26.82	$ 26.63	0.7%
PBT	$ 14.97	$ 15.60	-4.0%
PA	$ 43.30	$ 46.32	-6.5%
PI or QA	$ 38.37	N/A	N/A
LIS	$ 33.61	N/A	N/A

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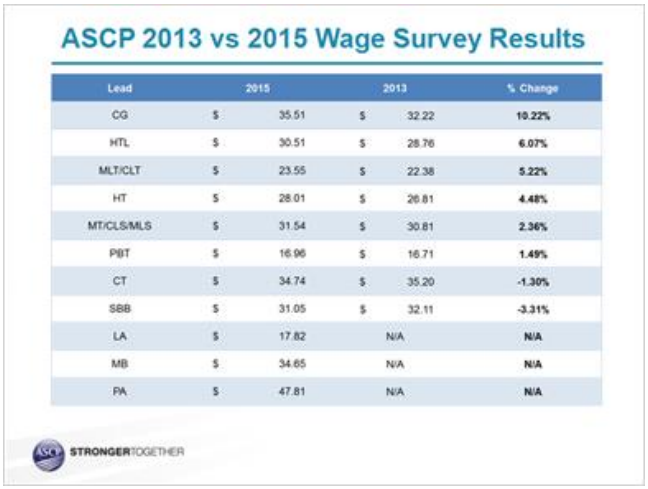
3.11 ASCP 2013 vs 2015 Wage Survey Results



ASCP 2013 vs 2015 Wage Survey Results

Lead	2015	2013	% Change
CG	$ 35.51	$ 32.22	10.22%
HTL	$ 30.51	$ 28.76	6.07%
MLT/CLT	$ 23.55	$ 22.38	5.22%
HT	$ 28.01	$ 26.81	4.48%
MT/CLS/MLS	$ 31.54	$ 30.81	2.36%
PBT	$ 16.96	$ 16.71	1.49%
CT	$ 34.74	$ 35.20	-1.30%
SBB	$ 31.05	$ 32.11	-3.31%
LA	$ 17.82	N/A	N/A
MB	$ 34.65	N/A	N/A
PA	$ 47.81	N/A	N/A

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3.12 ASCP 2013 vs 2015 Wage Survey Results

ASCP 2013 vs 2015 Wage Survey Results

Supervisor	2015	2013	% Change
MLT/CLT	$ 25.33	$ 22.60	12.10%
PA	$ 51.58	$ 48.74	5.83%
MT/CLS/MLS	$ 33.43	$ 32.82	1.87%
SBB	$ 34.43	$ 34.44	-0.04%
CT	$ 36.95	$ 37.09	-0.38%
HTL	$ 31.91	$ 32.41	-1.55%
HT	$ 30.73	$ 31.29	-1.80%
CG	$ 38.63	$ 39.95	-3.32%
MB	$ 38.66	N/A	N/A
PBT	$ 21.08	N/A	N/A

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3.13 Wages Summary

Summary

- Compared to the 2013 ASCP wage survey, salaries are up for all staff-level laboratory professionals except PBT and PA which have a -4.0% and -6.50% change in annual hourly wage, respectively.
- Supervisors' annual hourly wages however, are down except for MLT/CLT, PA and MLS/MT/ /CLS, at 12.10%, 5.83%, and 1.87% respectively.
- The average wage of laboratory professionals based on age shows that salaries continue to increase considerably for every age range except LA and PBT.

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3.14 Wage Comment Analysis

Wage Survey Comment Analysis

Number of Comments Received: 2230

Top-Five Categories

1. **Underpaid/Underappreciated**
2. **Need for increased Wages/Raises**
3. **Suggestions for Future Surveys**
4. **Advocacy**
5. **Benefits**

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3.15 Wage Comment Analysis

Wage Survey Comment Analysis

- **"We are an unknown entity within the medical world, yet no one could do their jobs without us."**
- **"Our professional status is not well recognized by most people in general, and by other medical professionals in particular."**
- **"As laboratory professionals we must stand as one collective unit to passionately demand increased wages, deserved recognition from our colleagues as professional resources, and adequate compensation for improving patient care every hour of every day."**

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3.16 Summary

Summary

- There is a need for recruiting younger laboratory professionals, the youngest group are the PAs with an average age of 39.47.
- Employee development such as training, continuing education and mentoring can prove beneficial in retaining staff.
- **Strategic focus on RECRUITMENT AND RETENTION needed!**

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3.17 Link to Survey:

ASCP STRONGERTOGETHER

Link to Survey:

https://academic.oup.com/ajcp/articlelookup/doi/10.1093/ajcp/aqw220

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3.18 Medical Laboratory

Medical Laboratory Sciences

Medical Laboratory Workforce Shortage

- BLS estimates the need for new medical laboratory professionals to be 12,000 per year
- Decline in the number of medical laboratory academic programs
- Decline in the number of clinical sites

3.19 VA Healthcare Workforce Shortages

Medical Laboratory Sciences

VA Healthcare Workforce Shortages

- VA Office of Inspector General determined the largest critical need healthcare occupations were for Medical Officers, Nurses, Psychologists, Physician Assistants, Physical Therapists, and Medical Technologists (medical laboratory personnel)

*3.20 What Can We Do?

Medical Laboratory Sciences

What Can We Do?

- Ask that Congress authorize and appropriate funding for a program within the Public Service Act to ensure training for citizens seeking to enter the clinical laboratory workforce
- Title VIII of the Public Service Act has an Allied Health Special Projects and Grants Program that has not been funded in several years
- Authorize the Government Accountability Organization (GAO) to study the shortage of clinical laboratory personnel and make recommendations to Congress

*3.21 Contact Information

*Contact Information

*In Minnesota:

*Senator Amy Klobuchar
https://www.klobuchar.senate.gov/public/

*Senator Al Franken
www.franken.senate.gov

*Your Representative depends on where you live
www.gis.leg.mn/iMaps/districts

*3.22 Be The Voice!