

A couple of practical issues were raised in terms of lab data collection;

- (1) Was told that in most cases for hospital reimbursement of in and out patient clinical lab services many insurers will simply reimburse a lump sum or amount for lab and not break out by line item the specific paid amount for each test. That will make the reporting process very difficult for those labs. I know that the hospitals were not represented at the initial stakeholder meeting and they might be able to shed some additional light on the process.
- (2) Also informed that many labs used outside billing companies to bill all payers, including Medi-Cal. Many of them are not able to break out specific payment amounts for each individual tests. With the multitude of payers, contracts, specific fee schedules etc. many smaller billing companies are not able to break out the specific paid amount for an individual test. There may be co-pays, deductibles etc that could impact the paid amount. I can probably get more specific if this is not clear.
- (3) You should request that data submitted would be for global charges not just the professional or technical component for the test. This is an issue only in the hospital setting where Medi-Cal may pay the reimbursement in two components the professional component, a small % of each test, to the pathologist as their means of compensation in the hospital for their services. This is current Medi-Cal policy and is billed that way in many, but not all, Medi-Cal contracted hospitals, depending on the specific hospital contract and what is or is not in the per diem payment. These would be Medi-Cal payments so may not be as relevant since you are asking labs to report all other payment data.

Let me know if you have any questions or if I need to submit a different way- I know the input process is closed but this is important.

Regards

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