Avalon Laboratory Network Education

June 2016



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Avalon is an independent company that provides benefit management services on behalf of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.

Current State of the Laboratory Industry

- More than 4,000 different lab tests exist and the menu continues to increase in size, complexity and cost.
- More than 9 billion lab tests are performed each year, more than any other health care procedure.
- Lab tests are the basis for at least 70 percent of clinical decisions.
- 30 percent of this volume represents overused or medically unnecessary testing. Not ordering a test when clinically appropriate may reach the same level.
- Nearly 3 in 4 physicians say unnecessary tests represent a serious problem.
- In 15 percent of diagnostic encounters, primary care physicians are uncertain about the appropriate test; they are also uncertain in 8 percent of cases about the interpretation of results.
- 54 percent of medical errors reported by primary care doctors are related to testing.



Avalon Health Care Solutions – Who we are ...

- Avalon is a clinical services and information technology company providing comprehensive diagnostic laboratory management services to health plans.
- Avalon uses the latest evidence-based medicine to support robust laboratory-related medical policies.
- Avalon's program is a compliant and reliable extension of BlueCross BlueShield of South Carolina's medical management program.

... and what we bring

- **Medical Policy** Continuing evaluation of industry developments resulting in creation of new medical policies or revisions to existing policies.
- **Network** Dedicated to ensuring that patients receive high-quality, costeffective laboratory testing.
- Analytics Supported by lab values that enhance member quality of care.
- *Member Focus* Access to high-quality, cost-effective laboratory services.



Avalon Health are Solutions



Avalon Approach

Avalon helps ensure delivery of the right test, at the right time and in the right setting. We focus on promoting the most effective patient treatments, improving clinical outcomes and optimizing cost and affordability.

Avalon's program helps reduce unnecessary testing through preservice and post-service policies and protocols. By combining the best in clinical research with scalable, reliable technology solutions, our clients are able to realize significant medical cost savings through automated enforcement of medical policy.



Laboratory Policy Evolution

Identification	Development	Specific Effort	Peer Review	Progression
 Expert opinion Professional society guidelines Customer data and policies 	 Research issue Define medical necessity criteria Identify relevant procedure and diagnosis codes Determine need for priorauthorization Achieve congruence with client health plan 	 A standard policy template is used Literature supporting MNC is no greater than five years from publication, two years preferred Code overlap within policies is recognized and reconciled as appropriate 	 Facilitate evaluation and discussion by Clinical Advisory Board (CAB) Confirm coverage parameters, affirming explicit medical necessity criteria 	 Formalize policy approval and distribution Facilitate transfer of knowledge regarding policy intent to algorithm team Conduct no less than an annual review to assess the need for revision



Clinical Leadership of Avalon Laboratory Policy

- Lab medical policy development is housed within the Avalon quality improvement structure, with specific responsibility assigned to the Clinical Advisory Board (CAB).
- The CAB incorporates input of nationally-recognized leaders in the laboratory testing field.
- Medical Policy development process ensures laboratory policies are based on up-to-date medical evidence.
- CAB leadership includes preeminent pathologists, medical and clinical molecular geneticists and laboratory medicine from leading academic medical centers.



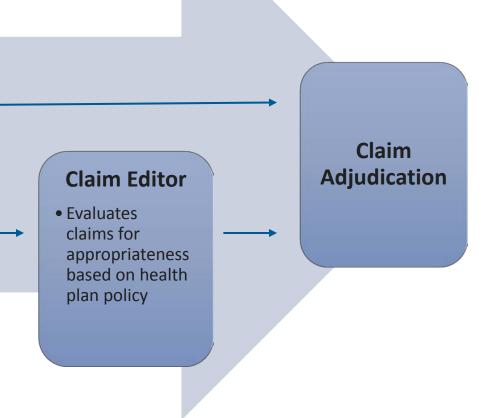
Laboratory Benefit Management

Prior Authorization Required

- 37 policies covering 137 CPT codes require prior authorization
- Member eligibility and verification
- Follows health plan medical policy

No Prior Authorization Required

 Routine submission of claim to Avalon for all other laboratory tests not included on prior authorization listing



Avalon's services promote patients access to affordable, high-quality health care



Avalon Healthcare Solutions Implementation

Implementation:

- November 1, 2015: A new group of providers was added to the laboratory network to increase access to specialized testing.
 - All new and currently contracted laboratory providers, including LabCorp and Quest, are listed in the BlueCross directory.
- January 1, 2016: Prior authorization requirements were initiated for a select number of CPT and HCPCS codes, based on the need for clinical information as detailed in current BlueCross laboratory policy.
- May 1, 2016: Phased-in implementation of claim editor; health plan policy administration, including post-service claims edits.
- <u>Remember to use an in-network laboratory to limit your patients' out-</u> <u>of-pocket costs and to preserve the continuity of member benefits.</u>



Prior Authorization



Telephone: Fax:

844-227-5769 888-791-2181

- You may submit prior authorization requests via phone or fax.
- Avalon will promptly review your request for medical necessity and provide you with a timely, written decision.
- It is the responsibility of the referring physician to obtain the authorization; however, the lab may do so if they have the necessary clinical information.



Lab Procedure Authorization Matrix

Lab Precertification

Effective January 1, 2016, BlueCross BlueShield of South Carolina and BlueChoice[®] HealthPlan of South Carolina will require Avalon Healthcare Solutions to precertify certain lab procedures when performed in an office, outpatient or independent lab location. Avalon is an independent company that provides benefit management services on behalf of BlueCross and BlueChoice[®]. Please check this page frequently for new information.

What Physicians Need to Know About Avalon

Beginning January 1, 2016, we will introduce a program that will improve the quality and reduce the cost of laboratory services our members receive. Note that with this new program, certain lab procedures when performed in an office, outpatient or independent lab location will require precertification.

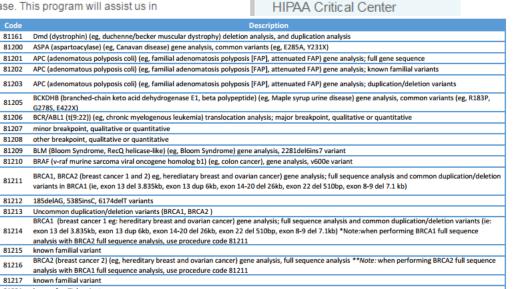
Why Did BlueCross Make This Change?

The cost of health care is rising for everyone and we have an obligation to ensure that our members receive the highest quality of care at the most affordable cost. Laboratory medicine is continuing to become increasingly complex. As technology improves, the cost and utilization of these services increase. This program will assist us in ensuring appropriate testing for our members at the lowest out-of-pocket cost.

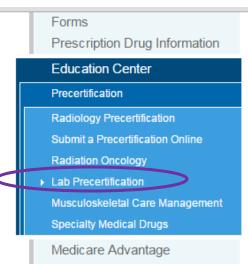
How Does This Program Affect You?

We are dedicated to ensuring your patients receive the highest quality laborator cost. We can only accomplish this if we effectively manage the network of labora accesses the laboratories that have been accredited for participation in the heal

- Sometimes patients may need a specialized test. BlueCross has consider specialty labs and centers of excellence within the network of laboratory excellence are staffed by qualified clinical pathologists and genetic cour inquiries both before and after you perform testing.
- We do not qualify all laboratories. If an out-of-network laboratory service: testing performed by a hospital, your patients' out-of-pocket cost may be cost to your patients, please send BlueCross and BlueChoice members' only.
- Avalon has develope (a Lab Procedure Authorization matrix) n an effort



http://web.southcarolinablues.com/providers/educationcenter/precertification/labprecertification.aspx



Avalon Claim Editor

- Automates claim adjudication based on sound scientific, clinically-based policies for laboratory tests.
- Evaluates laboratory procedures on the claim for appropriateness:
 - Patient medical conditions
 - Patient demographics
 - Frequency between laboratory procedures
 - Threshold of allowable units
 - Experimental and investigational procedures
- Claim editor activation began July 1, 2016 with policies phased-in over 120 days including provider education and pay and educate alerts on your remits.



Avalon Claim Editor: Edit Types Defined

Claim Editor rules correspond to the criteria as defined in the health plan's policy.

Rule	Definition			
Experimental and Investigational	Procedure is not covered under the member's benefit due to the experimental and investigational exclusion			
Demographics	Limitations based on patient age or gender			
Procedure Units	Within and across claim for a date of service			
Units/Period of Time	Maximum allowable units within a defined period of time			
Time Between Procedures	Minimum time required before a second procedure is medically necessary			
Rendering Provider Limitations	Providers/procedures not permitted in combination			
Diagnosis Constraints and Allowances	Procedure and diagnosis required or prohibited combinations			

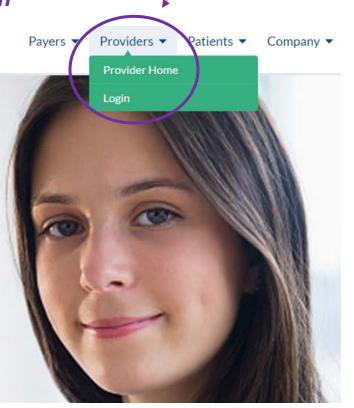


Avalon Claim Editor: Trial Claim Tool

- The Trial Claim Advice Tool allows the user to simulate the Claim Editor processing of specific procedure codes and diagnoses.
 - Results may not be the final adjudication advice due to the application of member benefits and business rules.
- The tool can be accessed by Avalon providers on the Avalon portal and can also be accessed from the BlueCross provider website:
 www.avalonhcs.com



Avalon Enables Optimal Lab Care





Avalon Claim Editor: Trial Claim Advice Tool

My INSURANCE Manager™						
Home	Patient Care	Office Management	Resources	Modify Pronile	Profile Administration	Staff Directory
Welcome,		Welco	Tools Avalon Lab B Management 	enefit : Trial Claim Tool	Lab/Biometric Data Upload Medical Policies	<u>Go to Message Center</u>
				spital Finder 🕼	 My Remit Manager II Reviews State Dental Plan Fee Schedule 	
		At BlueCross F system. For tF choices. One their experier We recognize moderation ar	 FEP Website Forms HIPAA Critical Center 		 > State Health Plan Fee Schedule > C29899 - MRM Test ☑ 	power of information to transform the health care tools that help them weigh the value of their health care
	 C29899 - MRM Test @ Washington Publishing Company Claim Adjustment Reason Codes 				My Health Toolkit®, It lets members give feedback on ave tried to strike a balance between responsible ey expect online. Our goal is to ensure responsible use of	
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patient feedback. We'll continue to monitor this feature's effectiveness and usage to make sure it is appropriate and gives our members the information they want and need to become better informed and more engaged health care consumers.

See if you have feedback from Health Plan members.

If you need help using My Insurance Manager, please call our Provider Relations and Education team at (803) 264-4730. Outside Columbia, call 800-288-2227, extension 44730.

Thank you for using My Insurance Manager!



Helpful Resources:

- BlueCross Provider Education Center website: web.southcarolinablues.com/providers/educationcenter.aspx
- Lab Prior Authorization Matrix: <u>http://web.southcarolinablues.com/UserFiles/scblues/Documents/Providers/Aval</u> <u>onMatrix01112016rev.pdf</u>
- Avalon Participating Laboratories: http://web.southcarolinablues.com/providers/providernews/2016providernews.a spx?article_id=877
- BlueCross News Bulletins
- Avalon Portal
 - Avalon Provider Quick Reference Guide
 - Avalon Provider Manual
 - Prior Authorization Forms
 - Claim Editor Trial Claim Tool



Questions and Answers



