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Sentara® Health Plans

1. What is the benefit for Sentara Health Plans to contract with Avalon?

Avalon's Laboratory Benefit Management promotes appropriate testing, which helps to drive quality and cost-effective medical care.

2. What support tools does Avalon use in the LBM program?

Avalon's routine testing management program automates the enforcement of laboratory policies when fixed criteria can be applied consistently across the population and a medical necessity review is not required. Avalon's Automated Policy Enforcement Application (APEA) supports the routine testing management program.

POLICY ADMINISTRATION

3. Are these policies Avalon's or Sentara Health Plans'?

The lab policies Avalon helps to enforce are Sentara Health Plans policies. Avalon developed and proposed many of these policies, leveraging their independent Clinical Advisory Board of recognized experts in laboratory science.

4. Where do I find the most up-to-date information related to Sentara Health Plans' medical policies?

A full listing of all medical coverage policies will be available at: **avalonhcs.com/policies-sentarahealthplans**/

5. What is the process to create a new lab policy?

The process to develop new and revise existing scientific lab policy is composed of four basic steps: identify need, assemble information, vet content, and secure client approval.

Sources used to identify the need for a new or revision to an existing policy are various, including health plan utilization data, position statements from professional medical societies, and publications from entities recognized as leaders in evidence-based healthcare research, such as the National Comprehensive Cancer Network (NCCN).

Once the benefit to creating or revising a policy is confirmed, appropriate literature sources are queried to derive relevant content for placement into Avalon's defined format for policy construction. This structure provides for documentation of what clinical condition/lab test is being addressed by the policy (Definition), why the test is important to consider given the clinical condition (Background), what recommendations from credible sources currently exist to advise on the appropriateness of testing (Guidelines), and when testing is/is not considered appropriate, in the form of medical necessity criteria (Indications/Limitations of Coverage).

Once the policy is created, it is presented to the Avalon Clinical Advisory Board. Once approved from the scientific, evidence-based standpoint, the policy is further presented to the client health plan for consideration.

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6. How are plan providers notified about changes to the policies?

Changes to Sentara Health Plans policies are communicated to Sentara Health Plans providers through usual channels – they are published on the Sentara Health Plans website. If there are significant changes, Sentara Health Plans may decide to communicate more proactively. Avalon is available to support provider communication efforts.

ROUTINE TESTING MANAGEMENT QUESTIONS

7. What is the automated policy enforcement application (APEA)?

APEA is an algorithmic software engine that reviews key claim and demographic data elements to determine adherence to policy. Avalon's APEA technology combines the best in clinical research with scalable, reliable technology to enhance the enforcement of lab policies.

8. When is this program effective?

APEA will be configured to process Sentara Health Plans laboratory claims beginning with dates of service on or after October 1, 2021.

9. How will members be impacted?

Policy enforcement through APEA should be transparent to members. APEA edits are applied post-service, so members are not denied access to care.

10. How will providers be impacted?

All policies supported by APEA will be noticed to providers at least 60 days prior to enforcement of the guidelines. New/updated medical policies for lab services will be published on September 1, 2021.

11. What types of policy rules will APEA administer?

APEA performs several types of edits:

- mutually exclusive procedures
- prerequisite procedures (add-ons)
- unit limits on a single date of service (within and across claims)
- unit limits over a period (e.g., 15 units permitted per 3 months)
- frequency between procedures (e.g., minimum of 14 days between tests)
- appropriateness of the clinical situations (i.e., analysis of all diagnosis codes on the claim)
- demographic edits (limitations on age appropriateness of testing)

12. Is there a tool available to understand how APEA may impact a claim?

Avalon has developed a Trial Claim Advice Tool, which allows you to input the procedure codes and diagnoses to determine how APEA will review the claim via link located on the Sentara Health Plans provider portal.

13. Does Avalon review all diagnoses on a claim?

Yes, APEA reviews all diagnoses on a claim.

14. How is a provider supposed to know if a patient received a test from another provider within a frequency limitation (e.g., HbA1C)?

The best approach would be to ask the patient.

15. Describe your process for reviewing claim appeals. Does APEA include handling claim appeals from members and/or providers?

Sentara Health Plans manages provider appeals/reconsideration requests from all providers **not** contracted with Avalon. Sentara Health Plans will engage Avalon if/as needed. Avalon also files payment reconsiderations to Sentara Health Plans on behalf of Avalon providers as needed.

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16. What volume of calls can Sentara Health Plans expect because of this new policy enforcement?

Avalon's experience with other clients indicates that APEA drives a very small volume of provider and member calls: less than 1% of claims generate a call.

17. How will appeals be managed?

Appeals and reconsideration requests remain the responsibility of Sentara Health Plans; the process will not change.

18. What volume of changes in claims do we anticipate?

Avalon APEA software only post-service claims and no increase in claim volume is expected.

19. What products are included?

All commercial and government products are included.

20. What places of service are included?
APEA enforcement will apply to the following outpatient places of service:

POS	APEA
POS 11 (Physician Office)	IN
POS 19 (Off-campus Outpatient Hospital)	IN
POS 22 (On-campus Outpatient Hospital) **Note:** *Outpatient Hospital Laboratory Services billed on institutional claims with Bill Types 130 through 149 are considered to be POS 22.*	IN
POS 81 (Independent Laboratory)	IN
Outpatient Hospital Laboratory Services Performed in the Emergency Room or Observational Setting	OUT