



Genetic Testing Management Program

PROVIDER AND OFFICE STAFF TRAINING

November 2018

Agenda

- Welcome
- AIM overview
- How the program works
- About the Blue Cross Blue Shield of Massachusetts program
- ***ProviderPortal_{SM}*** highlights and demonstration
- Reminders
- Q & A



AIM Overview

AIM delivers clinical programs across all 50 states



Founded: 1989 Chicago, IL
Employees: 1,300



100+

PHYSICIAN
REVIEWERS IN
20+ SPECIALTIES

60+

INDEPENDENT
SUBJECT
MATTER EXPERTS

76%

ONLINE CASE
INITIATION

15s

AVERAGE
SPEED TO
ANSWER

Genetic specialists are available for provider staff through AIM and InformedDNA's partnership



The specialty benefits management partner of choice for plans nationwide



**>50 genetic specialists,
>100 physicians, and
1 proven process**

**Together, we support appropriate,
affordable genetic testing services
across all medical specialties and
subspecialties**



An unparalleled bench of genetics expertise for utilization management, medical policy and network consultancy

Meet the genetic testing team



Rebecca Sutphen
MD
Chief Medical Officer
InformedDNA



Karen Lewis
MS
Clinical Architect of Genetics
Genetic Testing



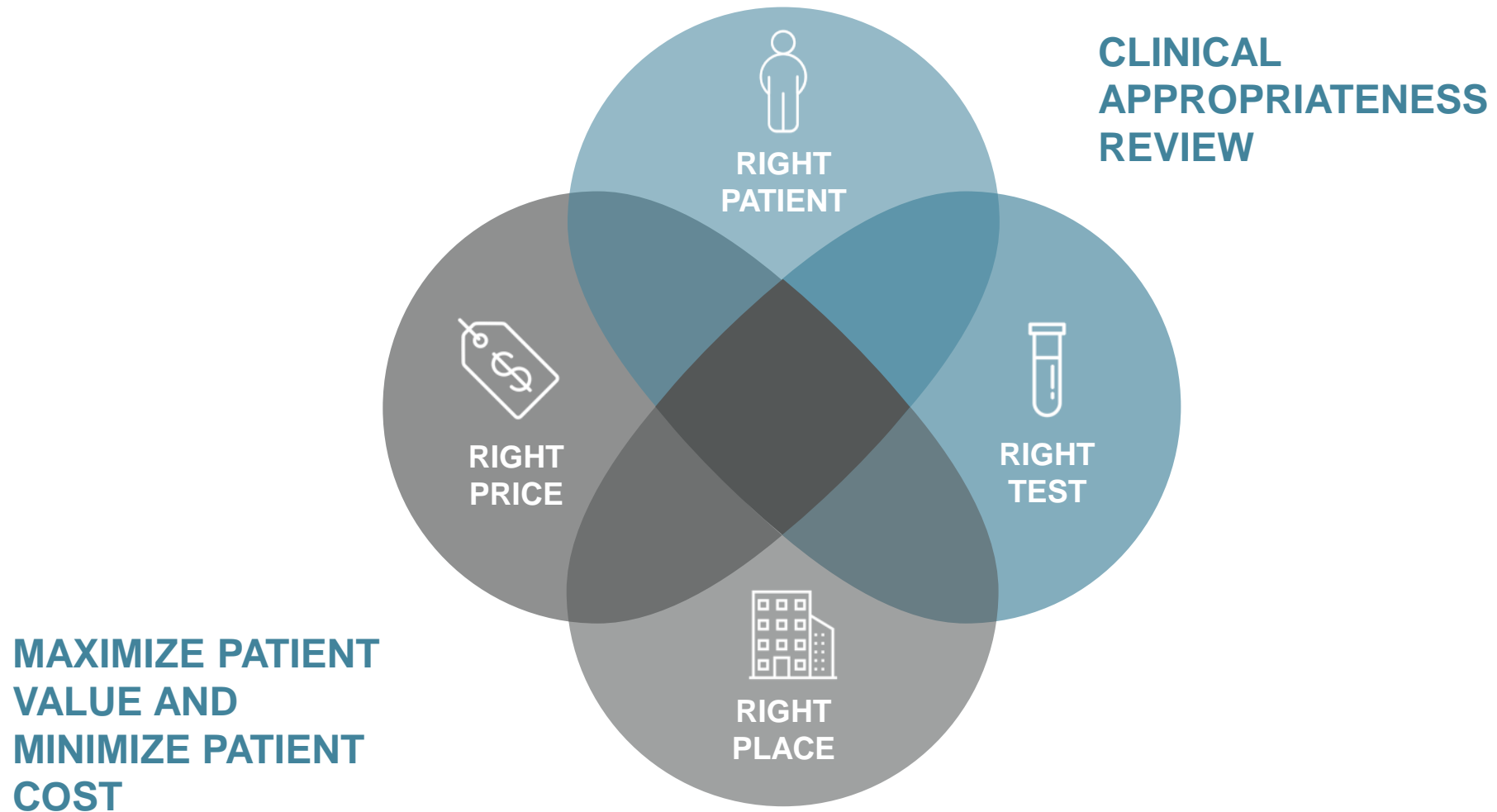
Amber Trivedi
MS
Chief Innovation Officer
InformedDNA



Julie Hedrick Degner
MS
Solution Management Director
Genetic Testing

Why implement a prior authorization program?

Addressing the medical and business practice complexities of genetic testing



How the program works

Which genetic tests already require prior authorization?

Today, Blue Cross Blue Shield of Massachusetts requires prior authorization for genetic testing for risk of hereditary breast and ovarian cancer (BRCA testing) for:

- HMO/POS members who have a Massachusetts-based PCP

Prior authorization requests are entered into McKesson's Clear Coverage™ or sent directly to Blue Cross.

As of January 1, 2019, BRCA testing authorization—like the other genetic tests included in the program—must be sent to AIM for prior authorization. Requests for BRCA will no longer be accepted via Provider Central using Clear Coverage.

Services that require prior authorization

Tests in these categories

- Reproductive carrier screening
- Prenatal testing
- Rare disease testing
- Whole exome and genome sequencing*
- Hereditary cancer testing*
- Tumor markers
- Hereditary cardiac testing*
- Neurogenetic and neuromuscular testing
- Pharmacogenomics and thrombophilia testing
- Susceptibility testing for common diseases

Prior authorization **will not be required** for HLA or other genetic testing related to identification of organ donors for transplants.

Blue Cross Blue Shield of Massachusetts will continue to manage existing prior authorization requirements for PGD/PGS (as listed in Preimplantation Genetic Testing Medical Policy 088).

* Genetic counseling may be recommended prior to testing.



Which Blue Cross Blue Shield of Massachusetts members need authorization **through AIM?**



Members in these plans:

Commercial HMO/POS members who have a Massachusetts PCP (including New England Health Plan members)

Commercial PPO/EPO plan members



These members are excluded from the genetic testing program:

Federal Employee Program

Indemnity

Medex

Medicare Advantage

Please follow your usual process for these members. For Federal Employee Program members, please continue to contact our Clinical Intake department for prior approval requirements.

If you are unable to find a member in the **ProviderPortal**, please contact AIM Specialty Health. AIM will contact Blue Cross Blue Shield of Massachusetts to confirm eligibility, and if prior authorization is required, AIM can assist you with adding the member manually to the AIM system.

Information that may be helpful in submitting a request

Demographic information

- Member's first and last name, and date of birth
- Ordering provider's first and last name
- Test being requested and laboratory

Clinical information

- Pedigree or summary of three-generation maternal and paternal family history
- Maternal and paternal ethnic background/race
- Summary of patient's clinical diagnosis
- Clinical summary from genetic counseling appointment



Request prior authorization before the genetic test is performed



**Ordering
provider initiates
request**

Why does the ordering provider initiate the request?

They have all of the necessary clinical information needed for the medical necessity review.

Requesting authorization before the test is completed helps avoid rejected claims for the laboratory performing the test. This is critical in making sure they'll get paid for the service.

Looking for a retroactive authorization?
In rare instances, you may need an authorization retroactively. Such requests must be made up to 2 business days from the date of service.*

* Date of service is the estimated date that the laboratory is likely to begin the testing process.

Program start date

ProviderPortal and the Contact center will be available beginning on December 1, 2018 for prior authorization requests with dates of service rendered on and after January 1, 2019.



ProviderPortal and Contact center open



Program goes live

Blue Cross Blue Shield of Massachusetts Program Elements

Clinical review steps

1 Case intake

Member and ordering provider demographics

Test requested and laboratories available

Genetic counseling information, if recommended

Clinical case information

2 Case review

Clinical appropriateness reviewed based on plan medical policies and AIM clinical guidelines

3 Education and intervention

Facilitate genetic counseling when recommended

May request a peer-to-peer discussion with a physician specializing in that subspecialty or ask to speak to a board certified genetic counselor

4 Case closure

Messaging of final review outcome to provider

Letter generated

5 Additional review options

Provider appeals managed by AIM within 180 days of the determination

Member appeals managed by BCBS of Massachusetts

Review criteria



AIM will use its own clinical criteria to make a medical necessity determination.



Our existing medical policies for genetic testing will be replaced by AIM's clinical criteria.



There are two exceptions:



Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies: 790



Preimplantation Genetic Testing: 088

How to access the criteria

- [Bluecrossma.com/medicalpolicies](https://bluecrossma.com/medicalpolicies)
- [Aimspecialtyhealth.com/ClinicalGuidelines.html](https://aimspecialtyhealth.com/ClinicalGuidelines.html)

How long is an order number valid?

THE ANSWER:

Order numbers are valid from the sample collection date
+ 60 days.

Requests that meet clinical criteria
are assigned an order number

If the sample collection date is unknown, the system
will use the current date + 60 days

Case closure rules



Case turn around times

AIM closes most cases within 24 hours

CASE

Non-urgent commercial cases

Urgent commercial requests

In most cases, a determination will be made within 2 business days of receiving all the necessary clinical information

A determination is made within 72 hours of the receipt of the request

Additional Appeal Options

Provider appeals managed by AIM within 180 days of the determination

Member appeals managed by Blue Cross Blue Shield of Massachusetts

Submitting an authorization request

Requesting prior authorization

The provider ordering the test submits the request to AIM



Online

Available 24 hours/day, 7 days/week. Maintenance is performed on Sundays from 1-7 p.m. EST

Need help?

ProviderPortal and ***OptiNet*** Support is available by calling 1-800-252-2021



By phone

Dedicated toll-free number: 1-866-745-1783

Contact center hours: Monday – Friday 8 a.m. – 6 p.m. ET*

We respond to voice mail messages received after business hours on the next business day

* AIM call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.

How to access AIM's ProviderPortal to enter authorization requests

Through the Blue Cross Blue Shield of Massachusetts website

- Log in to your Blue Cross Blue Shield of Massachusetts Provider Central account at Bluecrossma.com/provider.
- Click **eTools>AIM Specialty Health**
- Press **Go Now**

Access directly through AIM's *ProviderPortal* (registration required)*

- Register at Providerportal.com
- AIM shall display the health plan as BCBS MA within the AIM *ProviderPortal*

****Note: If you already use AIM's ProviderPortal for high-tech radiology or sleep service authorizations, you do not need to re-register.***

If you use ProviderPortal for another health plan, you only need to link your profile to Blue Cross Blue Shield of Massachusetts

AIM's *ProviderPortal* highlights

ProviderPortal modules

**Start your
order request**

**Check order
status**

**View order
history**

**Manage your
physician list**

**Manage your
user profile**

Reference desk

Training/tutorials
AIM Guidelines
Forms

Gathering information on providers / facilities who perform genetic counseling using OptiNet



Genetic counselor information gathered

- Site information
- Name and contact information for practice administrator
- Type of counseling provided (face-to-face, telephone, etc.)
- Hours of operation

- Degree(s)
- Board certification(s), including expiration date(s)
- State license(s)
- Specialties
- Relevant training experience for staff not board certified in genetic counseling

If genetic counseling is recommended for a particular test, a list of genetic counseling providers will be provided based on data collected in OptiNet®.

ProviderPortal Demonstration

Resources & Reminders

Resources

<http://Aimprovider.com/geneticTesting>

Genetic Testing Program

Welcome

We're entering a new era of precision medicine, where treatments can be targeted and disease risks identified for individuals based on their unique genetic makeup. Today, there are more ways to ensure quality care while ensuring you and your patients get the care that's appropriate for your situation. Learn how the program works, and the benefits.

Provider webinar

The Genetic Testing ProviderPortal™ Experience

Learn to enter your genetic testing order request online

OptiNet registration

Some health plans may require genetic counseling for select tests. If you are a provider that provides genetic counseling to patients covered by the genetic testing program, please make sure to register in OptiNet to ensure you are included in this list. While registration only takes a few minutes, please allow up to 24 hours for data processing.

Details required for registration:

Site Information

- Name and contact information for practice manager/facility administrator
- Type of counseling (face to face, telephone or video conferencing)
- Hours of operations

Genetic counseling providers

Please provide the following for each genetic counseling provider in your practice:

- Degree(s)
- Board certification(s), including expiration date(s)
- State License(s), including expiration date(s)
- Specialties
- Physicians who provide genetic counseling services may also register in OptiNet although if they are not board certified by the American Board of Medical Genetics and Genomics (ABMG) or the American Board of Genetic Counseling, Inc., (ABGC), they may be asked to detail their relevant training and experience.

Genetic Testing Order Request Checklist for Hereditary Cancer and Tumor Testing

When entering an order request for hereditary cancer or tumor testing, the following information may be requested.

- Test that is being requested
- Who is ordering the testing
- Clinical summary from genetic counseling appointment
- Maternal and paternal ethnic backgrounds/race
- Pedigree or summary of three-generation maternal and paternal family history including:
 - o Individuals with a diagnosis of cancer, including type and age of onset
- List of previous testing with results
- Summary of patient's clinical diagnosis/presentation including the following details:
 - o **Hereditary Cancer**
 - Diagnosis
 - Surgical status (i.e., pre-op or post-op)
 - Pathology results related to the patient's cancer/tumor and staging
 - Proposed treatment/surgical implications
 - o **Tumor Markers for Hematology/Oncology**
 - Tumor pathology results
 - Proposed chemotherapy or management plan

Comprehensive online provider education

- Clinical guidelines development process
- OptiNet registration for genetic counselors
- How to register on the AIM *ProviderPortal*
- How to enter an order request
- Order request checklists
- FAQs

Reminders

How to Check Eligibility

Please verify member eligibility and requirements through *Online Services* by logging onto *Provider Central*:

Bluecrossma.com/provider

Go to *eTools>Online Services*

Prior authorizations must be done through AIM prior to the test being performed

Submitting Preauthorization via *ProviderPortal*

Submit on a real time basis eliminating the need to call AIM; 24/7/365

Confirm Member

Please confirm that the member selected is the correct member

Laboratory location changes

Preauthorizations are test and location specific, so make sure to contact AIM to create a new preauthorization if the location changes

What if the valid timeframe has expired?

Contact AIM and reference the Preauthorization ID

AIM conducts a Provider Satisfaction Survey annually in December

Please be sure to participate!!!

Questions?