Avalon Healthcare Solutions
Request for Information

In order to be considered a valid submission, the response to this Request for Information ("RFI") for laboratory services, **must** meet the requirements outlined within the document. Bidders are responsible for checking each item to ensure completeness and accuracy.

- **Delivery Method.** Deliver the requested information and documentation via email to Avalon-providers@avalonhcs.com.

- **Authorized Signatory.** The **CONFIRMATION AND ATTESTATION** page must be signed by an agent that is authorized to contractually bind the organization submitting the information.

- **Confidentiality Agreement.** A completed Mutual Non - Disclosure Agreement must be included when returning the RFI to the Avalon-providers@avalonhcs.com mailbox.

- **Complete Response.** Submit a complete response in conjunction to any and all components of this request. Make no assumptions relative to knowledge of services provided when completing this RFI. Do not refer to attachments as your response to a question.

- **Response to Technical and General Information Questionnaires.** Include brief answers to all questions contained in this RFI. Please note that lengthy responses will not be considered more favorably than those that are brief and to the point.

- **Representation and Warranty.** Submission of your information requires a representation and warranty that the information included in your response is accurate and that you intend that Avalon and its affiliates will rely on that information in determining whether to extend an offer to contract with your organization and in negotiating the terms of any such contract. Your response to this RFI will not be returned and becomes the property of the Health Plan, Avalon and their affiliates.

- **Proprietary Information.** All data/information supplied by Avalon and their affiliates in conjunction with this RFI shall be considered confidential and proprietary information***. Information contained in your response to this RFI will not be shared with your competitors.***

- **Contract Negotiation.** Contract negotiation will begin after Avalon receives and evaluates the information supplied by your organization. If your RFI submission is approved and upon receipt of the executed Mutual Non-Disclosure Agreement, Avalon will provide your organization's designee the template Participating Provider Agreement that provides a description of the Network Management Program for your review. The confidentiality of the agreement and program materials will be strictly enforced.

DISCLOSURE STATEMENTS

- Selected provider(s) will be expected to assist in the development and implementation of a comprehensive communication plan that ensures a transparent and seamless transition of laboratory services from incumbents.

- Avalon and its affiliates reserve the right to award this contract to the provider(s) whose response conforms to the RFI format, are the most advantageous to the Avalon network with consideration given to quality, geographic access, pricing, and other factors. To achieve this, Avalon and its affiliates reserve the right to consider all such factors in order to obtain the most favorable contractual arrangement(s) that is advantageous to our customers as well as Avalon and its affiliates. Therefore, the contract(s) will be awarded to the provider(s) who can demonstrate their ability to meet our qualifications at the most competitive price.

- Avalon and its affiliates reserve the right to reject any and all laboratory offers and to change the method of administering the RFI process at any time before the contractual negotiations are finalized and the contract(s) is operational.

- **This RFI is not a contract and does not in any way bind Avalon and its affiliates to any obligations, or impose liability for any costs or expenses incurred by bidders in responding to the information. At its sole discretion, Avalon and its affiliates reserve the right to extend the period for submission of the submitters information.**

- All information provided by Avalon and its affiliates relating to this RFI shall be considered confidential and proprietary information and must not be disclosed to individuals outside your organization without prior written consent from Avalon and its affiliates. Any materials submitted by your organization that is considered confidential must be clearly marked as such and include all applicable restrictions.

- All documentation and materials submitted by a lab shall become the property of Avalon and its affiliates.

- Final provider selection will be made at the sole discretion of Avalon and its affiliates. Avalon and its affiliates reserve the right to make an award without further discussion of the information received. Therefore, it is important that your information reflect your most favorable terms.

SUBMITTER CONFIRMATION AND ATTESTATION

1. The submitter hereby applies for consideration in response to an RFI for laboratory services from Avalon and its affiliates.

2. The submitter expressly understands that Avalon and its affiliates reserve the right, by their sole discretion, to accept or reject any subsequent information.

3. The submitter understands that Avalon and its affiliates reserve the right to negotiate price considerations with provider(s) presenting the best information.

4. Submitter attests that the person signing this statement is responsible for and authorized to make decisions on behalf of your organization, regarding cost information and pricing.

I, the undersigned am an authorized agent of Provider Entity, have reviewed the above requirements, and accept them. I also certify that the enclosed information complies with all requirements of the RFI. I hereby attest and certify that all statements within the entire RFI and the enclosed information are true, accurate, and complete to the best of my knowledge. I fully understand that any falsification of information or omissions from this Attestation may be grounds for denial of my participation in the Avalon Laboratory Network or cause for summary dismissal from the Avalon Laboratory Network.

I further understand, as an authorized agent of Provider Entity, that the organization and I have the burden of producing adequate information for the proper evaluation of the organization's competence, character, and ethics in resolving doubts about such qualifications.

I understand that the entire RFI and any amendments may become part of any contract resulting from this information.

I warrant that I have the authority to sign this application on behalf of Provider Entity.

Signature/Title	Date
Provider Name	Provider Specialty
Tax ID	NPI

TABLE OF CONTENTS

I. OVERVIEW

Avalon Healthcare Solutions is a national laboratory benefits management company that combines notable expertise in the specialty benefits management space with an approach to lab that emphasizes evidence-based medicine, focus and scale to create better outcomes for patients and significant value to our health plan partner. Avalon is issuing this Request for Information ("RFI") for the purpose of soliciting information for its Laboratory Management Program which began providing services on November 1, 2015. Your response will assist Avalon in the evaluation and selection of regional or national laboratory providers to provide a central point of contact and responsibility for the coordination and provision of Laboratory Services for our Health Plan Clients. Customers may include many persons covered under benefit plans which access our networks of participating health care providers, including but not limited to Commercial fully-insured, self-funded, Medicare and Medicaid products.

We are seeking relationships with vendors who are willing to financially align themselves with Avalon and its affiliates and assist in: implementing a regional (or national) comprehensive, multi-year solution to Laboratory Management, provide a competitive edge in the marketplace for our product lines, and achieve laboratory service savings across all lines of business. The specific services requested are described in greater detail below, but will include and are not limited to provision of lab testing, consulting, laboratory network management, utilization management, claims management, leakage utilization, reporting, and meeting certain critical performance standards. It is our expectation that the information provided by your organization in the response to this RFI will enable us to fully understand your capabilities. The selected vendor(s) must maintain adequate point of service coverage in the awarded and designated regional (or national) service area and must assume all responsibility for the network relationships between itself and subcontracted or affiliated laboratories.

Avalon wishes to communicate five important themes to submitters:

1. Collaboration – We require a strong collaborative relationship with leading clinical laboratory organizations that will help us manage the utilization and cost of lab testing for our customers. We expect selected submitter(s) will be able to manage emerging and future laboratory technologies in a high quality, cost-effective manner for customers of Avalon and its affiliates. Additionally, we expect selected vendors to achieve and maintain 100% adoption of Electronic Data Interchange ("EDI") for claims submission and Electronic Funds Transfer ("EFT") for accepting fee for service claims payment.

2. Pricing – We require the best economic structure under a model that employs primarily fee-for-service products. The favored submitters will bear some risk for lab utilization and network management, driving to a cost structure that achieves savings over the previous lab experience. Submitters must propose economic structures that do not disadvantage our self-insured customers versus our fully-insured customers.

3. Network Management – We seek vendors who will help shape the long-term composition of the laboratory services network. Most favored laboratories will participate in a program of Active Redirection to promote in-network utilization and appropriate utilization of lab services.

4. Best Patient Access – The favored submitters will have, or will develop a robust network of labs and patient service centers that is competitive within the health plan markets. The favored submitters will expand their network of patient service centers as necessary after the contract is effective in order to continue to service our customers.

5. Medical and Performance Management – We seek vendors who will participate in protocols and reimbursement policies for laboratory services as well as a physician practice benchmarking program. Avalon and its affiliates retain discretion for final decisions on implementing such protocols, policies, and programs.

The guidelines and specifications in this RFI are intended to provide submitters with sufficient information to completely and accurately answer the questions and to describe how their services will best suit the needs of Avalon and its affiliates.

This RFI is not an offer. Nothing in this document commits Avalon or any of their affiliates to enter into a contract or, in the event a contract is subsequently negotiated, to include any particular terms in that contract.

A legally enforceable business relationship with regard to the subject matter of this RFI will be created only in the event, and at such time, as a written contract is entered into and executed by your organization and Avalon or its affiliates.

II. INFORMATION SYSTEMS

2.0 Does your organization utilize any EMR and Practice Management systems? If so, please specify who and describe your utilization capabilities.

2.1 Do you use a Laboratory Information System vendor? If commercial software, name vendor. If proprietary, what is the primary programming package?

2.2 Accounts receivable system or vendor. If so, please specify who and describe your utilization capabilities.

2.3 Can you accommodate industry standard and Avalon required connectivity solutions and data exchanges (e.g. B2B, HL7, HIPAA compliant 270, 271, 276, 277, 278, 837, and 835 transactions)? List all formats currently being exchanged with payers.

2.4 Does your organization have capability for accepting payments via electronic funds transfer ("EFT")? Y/N
Does your organization currently accept payments from any other payer through EFT?

2.5 Can your organization submit claims via electronic data interchange ("EDI")? Y/N
Does your organization currently submit claims via EDI for any other payer?

If Yes;

a. Do you or any third party edit claim submission data in order to submit claims to any clearinghouse or payer? If so, please describe the process.

b. Provide the name of clearinghouse(s) and contact information or other EDI intermediaries used for submission and the average total number of transactions per day.

c. Provide the name and contact information of any third-party software vendors utilized to facilitate claims submission to any payer.

III. COMPLIANCE/LEGAL/LICENSE

3.0 Have you had any previous or pending lawsuits related to the delivery of lab services in the last 10 years?

☐ Yes ☐ No

If yes, please explain.

3.1 Has your organization been named in any malpractice actions in the last 5 years?

☐ Yes ☐ No

If yes, please explain.

3.2 Has the organization or its principals ever been adjudged bankrupt?

☐ Yes ☐ No

If yes, please explain.

3.3 Have any of the principals in your firm or any of your employees (former or current), ever been indicted or convicted of mishandling/misappropriating client funds?

☐ Yes ☐ No

If yes, please give details.

3.4 Has your organization ever been sanctioned, expelled or suspended from receiving payment under the Medicare or Medicaid programs?

☐ Yes ☐ No

If yes, please give details.

3.5 Does your organization employ an in-office or 1099 phlebotomist or rent office space inside a physician office for phlebotomy services?

☐ Yes ☐ No

If Yes;

a. Does the phlebotomy or office space rentals inside of a physician office or other location, meet the applicable federal, state, and local law(s), regulations, and compliance standards with respect to establishing fair market value for the provision of phlebotomy services, which shall include but not be limited to the federal Anti-kickback statute, civil

monetary penalties statute, and other laws that prohibit the transfer of inappropriate remuneration by and among referral sources?

☐ Yes ☐ No

b. Does the in-office or 1099 phlebotomist only collect or process laboratory specimens that are directly related to and submitted for testing to the undersigned laboratory?

☐ Yes ☐ No

c. Does the in-office phlebotomist perform office functions that are not associated with laboratory testing? These functions may include, but are not limited to, taking vital signs or other nursing functions, conducting testing for the physician's office laboratory, or performing clerical services.

☐ Yes ☐ No

d. Is there a contract in place with the physician office, or other location, that prohibits the phlebotomist from performing services unrelated to specimen collection?

☐ Yes ☐ No

If Yes, can you provide a copy of such contracts upon request?

☐ Yes ☐ No

If Yes to 3.5 (c) and No to 3.5 (d), is there a contract or contract provision for which the laboratory receives fair market value for the phlebotomy services that extends the phlebotomist's duties outside those outlined above?

☐ Yes ☐ No

e. To ensure compliance, do you closely monitor and document the activities of in-office and 1099 phlebotomists that are placed inside a physician office or other location?

☐ Yes ☐ No

If yes, can you provide documentation of the monitoring and of any corrective actions taken due to of non-compliance?

If no, please explain.

3.6 Does your organization utilize 3rd party vendor relationships in which PHI may be exposed to these vendors?
☐ Yes ☐ No

If yes, please submit under separate cover a full list of all 3rd party vendors that are exposed to PHI, which includes the information below

1. Name of 3rd party vendor/subcontractor that has access
2. Service(s) that 3rd party performs on behalf of your organization
3. Your organization's and 3rd party Business Associate Agreement or other type of HIPPA complaint agreement on file that covers the service(s)/access to PHI
4. Acknowledgement of your organization's responsibility to control and manage the PHI that may be handled by the 3rd party vendor.

IV. INSURANCE COVERAGE

Avalon requires successful submitters to carry the insurance policies that follow. Please confirm that your organization will be able to comply.

4.0 General Liability including contractual liability$1,000,000 per occurrence $3,000,000 annual aggregate

4.1 Medical Malpractice / Errors & Omissions liability at least $5,000,000 per claim/$5,000,000 annual aggregate

4.2 Fidelity Bond / Employee Dishonesty$1,000,000 per claim

4.3 Notice of Cancellation - Vendor shall give ten (10) days prior written notice to Avalon in the event of any termination, cancellation or material change in insurance.

4.4 Have claims been made against any of these policies in the past two years?
□ Yes □ No

If yes, please give details:

V. ACCREDITATION REQUIREMENTS

Please provide the required accreditation information listed below**:**

1. As of the date of execution of this Provider Attestation by Provider Entity's authorized representative, Provider Entity has submitted the following information to Avalon:

   (i) current copy(ies) of all federal, state, and/or local business licenses, certifications and/or registrations specifically required to operate each of its Laboratory Locations;

   (ii) current copy(ies) of all applicable CLIA certificates Full (Level 3), or CLIA Waivers (separate laboratory facilities require separate CLIA certification even if operated under same management);

   (iii) Medicaid ID# _____and copy(ies) of any Medicaid certification (if applicable);

   (vi) Medicare ID#_____, date of initial Medicare certification_____and date of last survey_____;

   (iv) current copy(ies) of all applicable Accreditation certificates by College of American Pathologists (CAP) or COLA and a copy of the most recent survey results;

   (v) if not accredited by an accrediting agency (CAP or COLA), a copy of the most recent CMS site survey is required; (**Note that CAP or COLA accreditation are required**)

   (vii) if any deficiencies have been identified during the last full CMS/accreditation survey, copy(ies) of any and all corrective action plans and/or evidence of any deficiencies that have been corrected; and

   (viii) copy(ies) of Commercial & General Insurance face sheet with a minimum of $1,000,000 per occurrence and $3,000,000 in aggregate.

FOR AVALON USE ONLY		
VERIFY COMPLY CHECK DATE:	**APPROVED Y/N**	**AVALON EMPLOYEE**
CMS PRECLUSION CHECK DATE:	**APPROVED Y/N**	**AVALON EMPLOYEE**