

Dedicated Sleep LLC

A Sleep Management Company

Successful

Patient Care-Health Plan Reimbursement

**10th International Conference on Managing
Fatigue**



DEDICATED SLEEP™
SLEEP WELL LIVE WELL

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Dedicated Sleep 2016

Current Problems

Transportation/Employers/Employees/Patients:

- ▶ Drivers are screened based on variable information
- ▶ Drivers are provided a tight timeline to accomplish short card requirements
- ▶ Health Plan Billing/Claims Services: Coverage? Are they New hires?
- ▶ High Out of Network or NO Out of Network Benefits
- ▶ “Sleep Programs” marketed within employer/transportation space : often are missing key steps related to coverage requirements,
- ▶ Process was not in health plan system, creating costly repeat services when employment is changed
- ▶ Compliance Data reporting is variable, who is looking at the raw data?



Patient Flow: Screening/HST

- ▶ Initial Patient Screening Must meet Medical Necessity: as defined by CMS/Health Plan Acceptance Policy
- ▶ Must include BOTH: Objective and Subjective Symptoms
 - ▶ BMI above 28.0
 - ▶ Neck Size above 17.0 males, 16.0 females
 - ▶ Mallampati Score 3 or 4
 - ▶ Co-Morbidities
 - ▶ Epworth above 10.0
- ▶ Inclusion and Exclusion criteria must be present: for both HST and PSG
- ▶ Sleep Testing must be ordered by state licensed provider
- ▶ Sleep Testing must be ordered by a board certified sleep specialist-BC
- ▶ Home Sleep Testing just have a face to face with patient-UHC, BC, UMR
- ▶ Cannot be ordered by DOT Examiner, unless that ME is also the patients treating and following physician

Patient Flow: Must Match Health Plan Rules

- ▶ Timeline: Needs to be a STAT process: in order to meet the Short-Card Timeline
- ▶ Health Plan Process: Preauthorization for HST, PSG
- ▶ Must have Medical Necessity Documented:
- ▶ Has to be based on a valid test:
 - ▶ 5 hours long
 - ▶ raw data reviewed, (not a manual download),
 - ▶ interpreted by sleep specialist,
 - ▶ include a direct effort channel: BC
- ▶ Diagnosis of Sleep Apnea is required. Must have an apnea level of 5-15.0 with co-morbidity, and/or Epworth of 10 or higher
- ▶ Above 20.0-still needs to meet all of the above requirements

Patient Flow: Must Match Health Plan Rules

- ▶ Prescription for Pap: Must be written by treating and following physician-not a physician/provider who has never seen the patient, who is “following” the patient?
- ▶ Preauthorization is Required: AIM managing preauth for BC and UHC all states. 24 hours to 7 days.
- ▶ Must be provided by a state licensed RT, 2/3 of states across the country, not by employer staff, including compliance, which is a medical record, and required for rental or purchase of pap claims. OR meet specialty sleep center facility requirements
- ▶ Oral Appliance Setup:
 - ▶ Must be applied by state licensed Dentist, all states, preauthorization is required, must include oral exam, valid sleep test, valid prescription, takes 7-10 days for preauth.
 - ▶ Rescue appliance can be same day, but they do not meet MRD custom requirements
 - ▶ Need STAT appliance, milled and back to patient within 7 days. Rental of Pap

Patient Flow: Must Match Health Plan Rules

Allowed In-Network Health Plan Rates for Sleep Services: not \$3000.00!!!

Blue Cross: \$257 HST, \$748.00 pap, \$201 HH, \$160.00 m/h/t=\$1366.00

Cigna: \$211.00 HST, 649.00 pap, \$178 HH, \$140.00 m/h/t=\$1178.00

United Health Care: \$227.00 HST, \$691.00 pap, \$139 HH, \$132.00 m/h/t=\$1189.00

Aetna: \$220.00 HST, \$774.00 pap, \$162.00 HH, \$146.00 m/h/t=\$1302.00

Atri White Paper: \$1200.00 Driver OOP, higher than max fees currently? No Benefits being applied? Based on fees HIGHER than usual and customary....? PSG's?

** Oral appliance same pricing range: 1290.00 BC, for example. **

** PSG allowed fees running 661.00-990.00**

Keep Costs Down

1. Use IN-Network Service Providers, *coverage al states
2. Screen/Over Screen with Medical Necessity Criteria, to allow access to Benefits
3. Use of HST for initial sleep tests, not PSG (exception complex patients)
4. Following the health plan rules, allows patients to go forward, not repeat steps, every time they change employers
5. Require sleep service vendors to follow usual and customary pricing, not inflated pricing, “ already paid”?
6. Don't repeat HST if on apap annually... use paps with AHI data
7. Move patients forward..., every step counts
8. Reference Provider Relations for Health Plans to Obtain usual and customary pricing, and manage to that expectation.
9. Teach Drivers their Rights regarding Health Plan Coverage

