



DME PROVIDER

Neighborhood Health Plan Sleep Program Information Module



DME Provider Manual

Neighborhood Health Plan Sleep Management Program

Neighborhood Health Plan Sleep Management Program is a prior authorization program administered by Sleep Management Solutions (SMS) and CareCentrix (CCX), designed to improve the overall quality of sleep services. The program requires prior authorization for sleep diagnostic services, positive airway pressure therapy and supplies, in addition to providing the ongoing oversight and Adherence management of patients on sleep therapy. This manual will outline the process for obtaining prior authorization for PAP therapy and supplies, in addition to explaining the requirements for Adherence monitoring and the continued authorization of equipment and supplies.

Obtaining Authorization for PAP Therapy Devices

Authorization Overview

PAP Therapy devices are authorized in monthly rental units, with 6 rental units resulting in ownership of the device.

The initial authorization of a PAP Therapy device includes 3 rental units and the associated supplies to maintain the device for 6 months. Between days 80 and 90, the patient will be evaluated by SMS to assess if compliant use of the PAP Therapy device is being achieved. Adherence for reauthorization consideration is determined through the evaluation of use during days 45 to 83. If a member is compliant, the remaining 3 units are authorized.

The Sleep Management Program criteria allows for a member who is borderline compliant to obtain a one month authorization extension. In this scenario, a new authorization number will be generated authorizing 1 rental unit. Adherence must be reevaluated in 30 days. If compliant at that time, the remaining 2 units will be authorized with a new authorization number.

Additional supplies to include mask, tubing, headgear, and other A Codes will be authorized upon request at 6 month intervals from the previous authorization (Initiation, 180 days, 360 days, 540 days, etc.).

To allow for maximum flexibility in therapy setup dates and adherence evaluations, the initial authorization for 3 units of PAP Therapy is valid for 540 days from the initial approval of the request. The remaining 3 units for compliant patients will be valid for 450 days.

Obtaining the Initial Authorization for a PAP Therapy Device

- 1) A prior authorization is required from SMS to set up a patient on CPAP, APAP or Bi-level therapy. This prior authorization should be initiated by the referring physician but can be initiated by a contracted network provider if all clinical information is available to process the request. An authorization is required from SMS/CCX prior to initiating any sleep service to an NHP member.
- 2) Log onto SMS's website @ www.sleepmanagementsolutions.com and click on the "Sleep Portal Icon" on the upper right side of the home page to access the SMS Sleep Portal. If it is your first time accessing the Portal you will need to register and be approved to access the Sleep Management Portal.



- 3) The following information and documentation will be required in order to receive the prior authorization for PAP services:
 - a. A prescription for PAP therapy to include the ordering Physician's name, address, phone number and fax number.
 - b. The AHI /RDI (if the AHI/RDI is between 5 – 14, supporting documentation must exist to include any of the following: Excessive daytime sleepiness (EDS); Impaired cognition; Insomnia; Mood disorder; Hypertension; Ischemic heart disease; coronary artery disease; or History of a stroke)
- 4) Copy of both the PSG and Titration Report with completed interpretations. Note: A Titration Report will not be required for patients diagnosed with OSA through a Home Sleep Test.
- 5) Once you receive your authorization number you may proceed with the initiation of services per the SMS DME Provider Agreement.



Obtaining Authorization for the PAP Therapy Device for the Remaining Rental Period

- 1) To obtain a continued authorization for the remaining rental period, the patient must be meeting the program's SMS will validate the therapy adherence information on record and provide an authorization recommendation of either **Compliant** (authorization for the remaining 3 units); **Borderline** (authorization for an additional 1 unit); or **Non-Compliant** (denial of continued authorization of equipment).

A complete definition of therapy adherence levels can be found on page 11 of this guide.

Obtaining Authorization for Supplies, Loaner or Replacement PAP Therapy Device

Authorization for Supplies

- 1) The initial authorization of a PAP Therapy device includes 3 rental units and the required supplies to maintain the device for 6 months.
- 2) To obtain authorization after the initial 6 months for supplies (Day 180) you will be required to log onto SMS's Sleep Management Portal at www.sleepmanagementsolutions.com.
You must supply documentation that the patient has been using their PAP Therapy Device for at least 70% of nights for at least 4 hours per night for the past 30 days. SMS will validate the therapy adherence data submitted with the request. All requests must be supported with an uploaded objective therapy adherence report.

Authorization for Loaner PAP Therapy Device

In the event of a PAP equipment malfunction of patient owned equipment and the equipment is outside of the manufacturer's warranty period, the following steps are required for authorization of a 30 Day Loaner Unit to assess the equipment's viability:

- 1) Log onto SMS's Sleep Management Portal at www.sleepmanagementsolutions.com
- 2) Select Authorization for Loaner / Replacement PAP Device
- 3) The following information will be required to be entered for a 30 day authorization for a loaner PAP Device:
 - a. Documentation that patient is using equipment for at least 70% of nights for at least 4 hours per night for the past 30 days to include uploading a copy of an objective therapy adherence report
 - b. Description of the malfunction of equipment and reason for assessment and repair
 - c. Description of the equipment being assessed for repair



Authorization for a Replacement PAP Therapy Device

- 1) Log onto SMS's Sleep Management Portal at www.sleepmanagementsolutions.com.
- 2) Select Authorization for Loaner / Replacement PAP Device.
- 3) The following information will be required to be entered for authorization of a replacement PAP device:
 - a. Documentation that the patient is using equipment for at least 70% of nights for at least 4 hours per night for the past 30 days to include uploading a copy of an objective therapy adherence report
 - b. Physician Prescription for Replacement
 - c. Documentation/Report from third party manufacturer that existing unit is inoperable and irreparable
 - d. Documented repair costs are greater than rental period payments
 - e. DME lifespan (not warranty period) has been exceeded
- 4) The initial authorization for a replacement PAP Therapy Device will be for 3 rental units.
- 5) SMS will process the request for continued authorization for the remaining 3 rental units between days 80 and 90 post set-up, as it is with a new PAP set-up.

Adherence Requirements for Continued Authorization

Adherence:

Adherence is defined as a patient using their equipment for 70% of nights for at least 4 hours per night, with improvement of apneic events as captured via efficacy AHI improvement from the baseline AHI. The data utilized for the Adherence determination will be taken from objective Adherence data obtained via Encore Anywhere. The data obtained for the continued authorization of equipment will be the data obtained from the 45th day of set-up through day 83. SMS will initiate the request for an authorization extension for the remaining 3 rental units.

Borderline Adherence:

- 1) If the patient has used their equipment for 55-69% of nights for at least 4 hours, or has used for at least 70% of nights for 3.00 to 3.59 hours a "borderline" authorization extension will be recommended yielding an authorization for 30 days.
- 2) If the patient has utilized their equipment less than the above, and a material change or intervention of equipment has occurred within the last 30 days (ex: pressure change, mask refit, etc...) a "borderline" authorization extension will be recommended yielding an authorization for 30 days.

For both Borderline scenarios SMS will initiate the request for an authorization extension between days 25 and 30 for the borderline authorization to be extended.

Non Adherence:

If Adherence documentation does not exist, or the data does not demonstrate Adherence as stated above, a denial will be issued.

Requirements for PAP Therapy Set-Up and Adherence Monitoring

Required Equipment:

All DME providers participating in the Neighborhood Health Plan Sleep Management Program must provide patients with minimum equipment standards (as communicated by SMS during the contracting process) to include Philips (Respironics) devices equipped **with modem technology for adherence and clinical monitoring purposes**. When utilizing Philips (Respironics) devices, the SystemOne APAP should be used for all patients who have received an HST as the diagnostic modality, and the Bipap Pro or Bipap Auto, as appropriate for Bi-level patients.





Required Set-Up Documentation for the initiation of *iComply* Adherence Monitoring by Sleep Management Solutions (SMS):

After completing the set-up of NHP patients on PAP therapy, you will be required to fax the Provider Set Up Form to SMS in order for the patient to be enrolled in the SMS *iComply* Patient Management Program. The required information will contain the following:

- 1) Patient Demographic Information (both primary and secondary telephone numbers)
- 2) Ordering Physician Information
- 3) Equipment and Supply Details
- 4) Home assessment information, and any other additional notes that may assist the SMS *iComply* Advocate when following up with the patient regarding therapy Adherence
- 5) You are required to **Fax the Provider Set-Up Form to SMS within 48 hours post set-up to: 866-887-4742**

A PDF version of the Set-Up Form can be found on the SMS website @ www.sleepmanagementsolutions.com under "Find a Payer" → "Neighborhood Health Plan" → "Sleep Program Forms"

Provider Set-Up Form for PAP Therapy SMS iComply Patient Management Program					
Date of Set-Up: _____		Set-Up Performed @ <input type="checkbox"/> Home		Patient set at: <input type="checkbox"/> Facility Sleep Test <input type="checkbox"/> Home Sleep Test <input type="checkbox"/> AHI = _____	
Patient Name: _____		Physician Name: _____		Patient Email: _____	
Address: _____		Physician Phone: _____		Emergency Contact & Phone: _____	
Home Phone: _____		Daytime Phone: _____		Patient Email: _____	
Equipment and/or Supplies Provided					
PAP Device		Make & Model		Serial Number	
<input type="checkbox"/> ED601 CPAP/Auto PAP <input type="checkbox"/> ED470 BiLevel <input type="checkbox"/> ED471 BiLevel w/ Ramp or Auto SV					
Humidification		Make & Model		Serial Number	
<input type="checkbox"/> ED562 Humidifier <input type="checkbox"/> ED561 Cool					
Mask		Type		Size	
<input type="checkbox"/> A7004 Nasal <input type="checkbox"/> A7000 Full		<input type="checkbox"/> A7035 Headgear <input type="checkbox"/> A7037 Tubin p <input type="checkbox"/> A7039 Chinstrap		<input type="checkbox"/> Other Equipment and/or Supplies <small>(Please provide detail description)</small>	
<input type="checkbox"/> A7039 Non Disp Filter <input type="checkbox"/> A7038 Disp. Filter					
Compliance Measurement		Modem Serial Number		Modem Encom ID Number	
<input type="checkbox"/> Card <input type="checkbox"/> Wireless		<small>(Primary Modem)</small>		<small>(Primary Modem)</small>	
<input type="checkbox"/> Wireless ID Number <small>(Primary Wireless)</small>					
Home Safety		Living Space		Support	
<input type="checkbox"/> Smoke Alarm <input type="checkbox"/> Grounded Outlet <input type="checkbox"/> Safe Place available for equipment		<input type="checkbox"/> Clean, level <input type="checkbox"/> Clean, cluttered <input type="checkbox"/> Dryness, cluttered		<input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with family <input type="checkbox"/> Support nearby and/or support community avail. <input type="checkbox"/> OS/SPCC available	
<input type="checkbox"/> None required <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Deaf or hard of hearing <input type="checkbox"/> Other		<input type="checkbox"/> Walks without <input type="checkbox"/> Walks w/ assist <input type="checkbox"/> Needs wheelchair <input type="checkbox"/> Bed chair <input type="checkbox"/> Bed rails		<input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Always confused <input type="checkbox"/> Other	
<small>The following tasks performed during this visit: <input type="checkbox"/> Assessment checked for proper settings, function & safe operation <input type="checkbox"/> Education and Demonstration <input type="checkbox"/> Return demonstration by patient <input type="checkbox"/> Written instructions provided <input type="checkbox"/> Patient Patient Information reviewed (Company Information, Rights & Responsibilities, Notice of Privacy Practices, Financial Responsibility, Manufacturer Agreement, Equipment Warranty Info, MCR, Supplier Statements, an appropriate Equipment & Therapy Instructions) <input type="checkbox"/> Emergency Procedures explained & phone number provided <input type="checkbox"/> Compliance measurements explained <input type="checkbox"/> Follow-Up Schedule Reviewed</small>					
Additional Comments for SMS iComply Team:					
Patient Signature: _____		Signature: _____		Date: _____	
Company Name: _____					

SMS iComply Patient Management Program

- 1) Once SMS receives the Provider Set-Up Form, the patient will be entered into the SMS *iComply* Patient Management Program. **The form must be received within 48 hours post PAP set-up. Failure to meet this standard will place the Provider in jeopardy of contract termination.**
- 2) The patient will be contacted by an SMS *iComply* Advocate at days 2, 7, 30, 60, 90 and 180 to review Adherence and provide the on-going support required to maintain Adherence. The *iComply* Advocate will




- identify themselves as SMS working on behalf of Neighborhood Health Plan in conjunction with their DME provider to support the patient with obtaining optimal therapy usage.
- 3) The SMS *iComply* Advocates will require access to your patient’s Adherence information (usage and clinical efficacy) through Encore Anywhere (Philips/Respironics) . This information will be used to assist your patients with therapy Adherence and to provide appropriate feedback to your organization as well as to the ordering physician.
 - 4) In the event that your patient is experiencing any issues identified during the *iComply* Program’s routine call schedule that cannot be resolved telephonically by the SMS *iComply* Advocate, an **Intervention Plan of Care** will be created and forwarded to you so that you may address via a face-to-face intervention within 48 hours.

Example of SMS Plan of Care created to send to DME provider for an intervention to be performed

Plan of Care for Patient #13617 (11982)

Contact Information

Patient:		Test Patient Phone 1: (508) 555-1111 Home Phone 2: (508) 444-7333 cell Phone 3:
		Address: 123 Walnut Street Worcester, MA 22222
		Payer: Neighborhood Health Plan
Date of Birth:		1962-01-01
Physician:		John Smith (508) 555-5555

[Print Report](#)

Intervention Details

Status:	<input checked="" type="checkbox"/> Active
Follow-up Date:	May 1, 2012
Intervention Type:	ICOMPLY COMMUNICATION
Detail:	1/10/11: Contacted patient for routine 7 day iComply follow-up call. Patient is using CPAP every night for about 2
Service Location:	ABC Home Care



- 5) Once the Intervention/Plan of Care is completed you are then required to **Fax the completed Patient Intervention / Plan of Care Form to SMS at 866-887-4742 within 24 hours of completion.**



Patient Intervention/Plan of Care Tracking Form

Patient complete this form and fax back to Sleep Management Solutions at (866) 887-4742. This completed form will act as your invoice in addition to clinical documentation for the patient's file.

Patient Name: TEST PATIENT DOB: 1962-01-01
 Address: 123 Walnut Street Worcester, MA 22222
 Patient Contact Number(s): (508) 555-1111 (508) 444-7333
 Interv. Sent To: ABC Homecare Date Sent: 1/1/11 Sent By: Anne Garcia, SMS

Intervention Completed By: Ed Smith Date Completed: 0/0/00

Mask Fitting: A7030 Full Face: Type: _____ Size: Small Ultra Mirage Medium
 A7034 Nasal: Type: _____ Size: _____

Other Supplies Provided: A7035 Headgear A7037 Tubing A7036 Chinstrap
 A7038 Filters (Unit Make & Model)

Please document Quantity Provided.

Pressure Check: CPAP @ _____ cmH₂O Bilevel @ _____ / _____ cmH₂O Other: _____

Pressure Change: Change Pressure From: _____ to _____

Re-Education Other: _____

Notes from SMS: 1/10/11: Contacted patient for routine 7 day iComply follow-up call. Patient is using CPAP every night for about 2 hours. Having much difficulty with Comfort Gel nasal mask. The size medium. Causing bruising on bridge of nose. Re-education provided to include proper fitting of mask and headgear. Patient states getting air leak if he does not adjust tightly. Possible mask refit may be beneficial. AG

Notes from Provider:
Patient refit with medium ultra Mirage full face mask. No leaks after fit and patient much more comfortable.

The Intervention / Plan of Care Form will be sent to you by SMS for completion



Adherence Download Schedule

- 1) SMS will obtain objective Adherence reports from Encore Anywhere, and the objective report will be forwarded to the ordering physician and the DME provider of record. This objective Adherence will be obtained at Days 23, 53, and 83.
- 2) Data obtained during the Day 23 download will include Adherence information from the date of set up through Day 23. Data obtained for the Day 53 download will include data from the date of the first download (Day 23) through Day 53 from the set up date.
- 3) The data obtained during the Day 83 download will be the data utilized to determine the decision for the on-going authorization of the equipment. This will include data from the 45th day of set up through day 83.
- 4) Each Adherence report will contain a summary of the nights used and the hours used for those nights. Reports will also include detailed data to show the nights used during the reported period and the efficacy data (AHI, HI, AI, Leak, etc....)

Patient Name	
Therapy Data Summary - All Data	
Compliance Summary	
Date Range	10/16/2010 - 11/15/2010 (31 days)
Days with Device Usage	25 days
Days without Device Usage	6 days
Percent Days with Device Usage	80.6%
Cumulative Usage	6 days 5 hrs. 16 mins. 34 secs.
Maximum Usage (1 Day)	8 hrs. 42 mins. 21 secs.
Average Usage (All Days)	4 hrs. 48 mins. 55 secs.
Average Usage (Days Used)	5 hrs. 58 mins. 15 secs.
Minimum Usage (1 Day)	7 mins. 31 secs.
Percent of Days with Usage >= 4 Hours	74.2%
Percent of Days with Usage < 4 Hours	25.8%
Total Blower Time	6 days 5 hrs. 16 mins. 34 secs.
Sleep Therapy Statistics (Philips Respirationics)	
Average Time in Large Leak Per Day	0 secs.
Average AHI	2.3
CPAP Pressure	7.0 cmH2O
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