Dear Dr. Ray:

UnityPoint Health (UPH) is pleased to provide input in response to LCD 34535 issued by Iowa's Medicare Administrative Contractor (MAC), Wisconsin Physician Services (WPS) in July 2016. UPH is one of the nation's most integrated healthcare systems. Through more than 30,000 employees and our relationships with more than 290 physician clinics, 32 hospitals in metropolitan and rural communities and home care services throughout our 9 regions, UPH provides care throughout Iowa, Illinois and Wisconsin.

In July, WPS issued LCD 34535, which provides policy language regarding the accreditation requirements for sleep disorder clinics. This LCD also contains language that WPS has interpreted to mean that any hospital in which sleep studies are performed must seek and maintain accreditation as a sleep disorder clinic. While hospitals and sleep disorder clinics are defined distinctly under Medicare rules, this should not imply that hospitals should seek separate sleep disorder clinic accreditation to perform sleep studies. The recent WPS interpretation is contrary to our current practice and detrimental to patient-centered care for Iowa Medicare beneficiaries in rural areas or with special needs requiring acute care infrastructure.

For UPH, sleep studies are being performed in some of our hospitals through contracted partnerships with accredited sleep disorder clinics ("clinic partnership model"). Specifically, our hospitals provide a room or designated area, equipped with wiring and a video camera, to an accredited sleep disorder clinic. In turn, the sleep disorder clinic provides its own certified
technicians to perform the sleep study and the results are interpreted by an accredited/certified physician from the sleep disorder clinic. This partnership benefits two distinct categories of Medicare beneficiaries: Rural beneficiaries and beneficiaries with special medical needs. In our Central Iowa region, we have 3 affiliated Critical Access Hospitals (Clarke County Hospital in Osceola, Guthrie County Hospital in Guthrie Center, and Lucas County Health Center in Chariton) that offer sleep studies through a clinic partnership model. This service is provided as a convenience to our rural residents, who may face travel barriers to obtain studies in urban areas. We also have urban acute care hospitals that offer sleep studies using the clinic partnership model to accommodate beneficiaries that require special facility infrastructure. For instance, UnityPoint Health - Methodist West in West Des Moines provides sleep study space for patients that require home ventilators, have significant mobility issues and require lifts (such as cerebral palsy), or are under the age of 5.

Aside from concerns related to patient-centered care and access, the WPS interpretation increases overall healthcare costs by requiring unnecessary accreditation and associated costs. This requires another layer of regulation for hospitals, who are just providing facility infrastructure (and not healthcare specialists). The American Academy of Sleep Medicine (AASM) accreditation costs are $4500 for a 5-year accreditation. Reaccreditation fees are $4500 for AASM members or $7200 for non-members. AASM members also have $1100 annual dues. These costs do not include the time and effort for application preparation, the site visit or accreditation maintenance. It should be noted that the AASM site visit requires participation by the “facility director, medical staff members, a lead technologist and one additional technical staff member” which would make UPH facility accreditation reliant upon contracted/external sleep disorder center technicians.

We urge WPS to reconsider and revise its LCD. In our research, it appears that Novatis Solutions, Inc. (the MAC for Jurisdictions L and H spanning Pennsylvania, New Jersey, Maryland, Delaware, Washington D.C., Colorado, Oklahoma, New Mexico, Texas, Arkansas, Louisiana, Mississippi, Indian Health Service and Veterans Affairs) has issued a similar LCD which specifically exempts hospitals from accreditation standards. A standardized and patient-centric approach to this issue is needed. We are supportive of the Iowa Hospital Association revised proposal submitted to WPS on October 11, 2016. This proposal exempts hospitals from the accreditation requirement, but requires hospitals to document and maintain records with

\[1\] Iowa Hospital Concerns regarding Local Coverage Determination (LCD) 34535 Polysomnography and Other Sleep Studies (NEURO-009) – correspondence from Daniel C. Royer, Iowa Hospital Association to WPS GHA via mailto:policycomments@wpsic.com
regard to the accreditation status of: 1) the affiliated sleep disorder clinic, 2) its technologists performing the studies, and 3) the physicians involved in conducting these studies.

We appreciate the opportunity to provide comments on this Local Coverage Determination. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President and Government Relations Officer, Government & External Affairs at sabra.rosener@unitypoint.org or 515-205-1206.

Sincerely,

Sabra Rosener
VP, Government & External Affairs
UnityPoint Health

Crystal Estabrook
Director of Revenue/Reimbursement
UnityPoint Health – Des Moines