

**GOVERNOR'S ANNUAL REPORT  
2013**

**MARYLAND COMMISSION ON KIDNEY DISEASE  
and  
TRANSPLANTATION**

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**Luis Gimenez, M.D., Chairman**

**William Frederick, R.N., Vice-Chairman**

**Eva Schwartz, M.S., M.T. SBB (ASCP), Executive Director**

**Donna Adcock, RN, Health Facilities Surveyor**

**Leslie Schulman, Assistant Attorney General, Commission Counsel**

**MARYLAND COMMISSION ON KIDNEY DISEASE  
REPORT TO THE GOVERNOR**

**January 1, 2013-December 2013**

“The Commission shall adopt physical and medical standards for the operation of dialysis and renal transplant centers...”

“The Commission shall adopt reasonable medical standards for acceptance of patients into the treatment phase of the Program...”

“The Commission shall annually evaluate the entire Kidney Disease Program. An annual report of such evaluation shall be made to the Governor...”

“The Commission shall survey periodically dialysis and transplant facilities...”

“The Commission shall evaluate patient complaints, including cases of verbally and Physically abusive patients...”

“The Commission shall collect an annual certification fee from the facilities in order to meet its mandated responsibilities...”

Annotated Code of Maryland  
Health-General Article, Title 13, Subtitle 3 and Title 16, Subtitle 2

**MEMBERSHIP**

Luis Gimenez, M.D.  
Edward Kraus, M.D.  
Bernard Jaar, M.D.  
Kulwant Modi, M.D.  
Matthew Weir, M.D.  
Paul Light, M.D.  
William Frederick, RN  
Kimberly Sylvester, RN  
Belinda Lindsay, LGSW  
James Stankovic  
William Rayfield II, M.D.

## STAFF

During the calendar year 2013, Eva H. Schwartz, M.S., M.T. (ASCP) SBB held the position of Executive Director of the Commission. Leslie Schulman served as the Assistant Attorney General assigned as Counsel to the Commission, and Donna Adcock, R.N. served as the Commission Surveyor of the dialysis and transplant centers.

## COMMISSION MEETINGS

The Commission met in January, April, July and October, 2013.

## PHYSICAL AND MEDICAL STANDARDS COMMITTEE

The Physical and Medical Standards Committee reviews on-site inspections, and approves facilities requesting certification by the Commission on Kidney Disease for reimbursement purposes by the Kidney Disease Program of Maryland (KDP). The Committee is responsible for research, recommendation and presentation of physical and medical issues affecting the renal community and investigation of patient complaints in an expeditious manner. The recommendations for complaint resolution cases are then voted on by the full Commission and appropriate corrective action is implemented and enforced. **If necessary, a facility will be resurveyed because of non-compliance with their own submitted Plan of Correction (POC).**

During the 2013 calendar year, the following **new** facilities were approved for certification by the Commission for KDP reimbursement purposes:

<u>Facility</u>	<u>Address</u>	<u>Medical Director</u>
Davita – Charles County	4475 Regency Pl., Ste 102 White Plains, MD 20695	Dr. Atul Katyal
Davita – Deer Creek Home	602 S. Atwood Rd, Ste. 105 Bel Air, MD 21014	Dr. Hyung Lim
Davita - PG County South	5542 St. Barnabas Rd. Oxon Hill, MD 20745	Dr. Meer Zonozi
Davita – Glen Burnie Home	6935 Aviation Blvd., Ste. H Glen Burnie, MD 21061	Dr. Tedine Ranich
FMC – Middle River	110 Stemmers Run Rd. Baltimore, MD 21221	Dr. Aiman Shammass
Davita – Rock Creek	5545 Norbeck Rd. Rockville, MD 20853	Dr. Barry Hecht
FMC – Odenton	1105 Annapolis Rd. Odenton, MD 21113	Dr. Edward Dudek

Additional responsibilities of the Commission are to conduct on-site surveys of the dialysis and transplant facilities throughout the State of Maryland. The Commission surveys the dialysis and transplant facilities to meet the regulatory standards as promulgated by the Commission. An annual certification fee collected by the Commission is an additional requirement of the facilities for certification with the Commission and eligibility

for reimbursement from the KDP. Enclosed is the roster of all certified dialysis and transplant facilities and centers in Maryland. This informational roster is available upon request from the Commission, and is posted on the **Commission's website**: [dhmh.maryland.gov/mdckd](http://dhmh.maryland.gov/mdckd).

### **COMMISSION ACCOMPLISHMENTS**

- The Commission reviewed twenty-eight (28) complaints between patients and facilities. Additionally, the Commission surveyed ninety (90) facilities for compliance with standards of care, and addressed all corrective action plans that emerged from such surveys. Surveys are scheduled based on need related to compliance of the facilities and transplant centers with submitted corrective plans and in response to patient complaints.
- The Commission reserves the right to schedule surveys to administer and manage the program as statutorily mandated and according to budgetary allowances and available funds.

<ul style="list-style-type: none"><li>• <b>The Commission maintains an active and up to date website (<a href="http://dhmh.maryland.gov/mdckd">dhmh.maryland.gov/mdckd</a>) for the latest information in the renal field as well as references the Commission's activities and community education accomplishments.</b></li></ul>
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- In calendar year 2013 the Commission surveyed ninety (90) dialysis facilities. Through the Corrective Action Plan process, all Federal and State regulations were enforced by the Commission, thus the Commission has met its mandate. By enforcing compliance with State, Federal and Commission regulations, the quality of care rendered to the ESRD population in the state of Maryland was enhanced and its citizenry protected.
- The Commission continues to work with the Office of Healthcare Quality (OHCQ) to foster communication between the two offices. Presently, a wonderful cooperation between the Commission and OHCQ enables both entities timely responses to complaints, and therefore patients' welfare and safety is addressed through immediate intervention.
- The Commission provides invaluable resources to the Renal Community and the State. The Commissioners offer a wealth of information and experience regarding the care of End Stage Renal Disease patients.
- After collaboration with the OHCQ while amending their ESRD regulations; the Commission educated the renal community regarding the regulatory changes.
- The Commission completed and mailed a newsletter to the renal community. The newsletter is a tool to inform the community about the Commission's activities, and to provide educational information. Each published Newsletter is available on the Commission's website.
- The Commission meetings are forums to inform and educate the renal community. Facilities are encouraged to participate in the meetings and present best practice scenarios. All Open Session minutes are posted on the Commission's website and available for review by the renal community, all dialysis facilities and their staff.

- The Commission addressed ongoing issues surrounding dialysis facilities' discharge practices and continuity of care issues. The Commission is working collaboratively with the Mid-Atlantic Renal Coalition to review facility discharge requests.
- Representatives from the Mid-Atlantic Renal Coalition (MARC) participated in the Commission's quarterly meetings. The representatives informed the renal community about the Network's activities and initiatives.
- The Commission in collaboration with the Maryland Board of Nursing (MBON) continues to enforce the licensure requirement that only Certified Nursing Assistants with a DT (dialysis technician) specification are permitted to provide care for dialysis patients.
- The Commission surveyor participated with the OHCQ and dialysis facility representatives to provide input to the Maryland Board of Nursing regarding updates to the CNA-DT training curriculum and test.
- The Commission provides the Kidney Disease Program with expert medical advice. The Commissioners reviewed and advised the KDP regarding the existing approved ICD 9 codes for KDP reimbursement to prepare for the conversion to the new ICD 10 codes.
- The Commission continues to work collaboratively with the Department and representatives from Johns Hopkins Armstrong Institute to expand a study to educate the community regarding Healthcare Acquired Bloodstream Infections.
- The Commission continues to work with the Office of Health Care Quality representatives to educate the community regarding the Medical Orders for Life Sustaining Treatments.
- The Commission reviews out of state transplant center requests for KDP reimbursement as well as evaluates requests for inclusion in the pharmaceuticals formulary new transplant drugs.

## **PATIENT GRIEVANCES**

During the year 2013, the Commission resolved to the satisfaction of the patients and the dialysis facilities twenty-eight (28) complaints. The Commission and staff have availed themselves to the renal community to expeditiously resolve problems arising between patients and facilities. Additionally, the Commission has mandated improvement in the quality of care provided at the facilities cited for deficiencies and violations during the End Stage Renal Disease (ESRD) Survey. These goals were accomplished to the satisfaction of the Commission, thus protecting the safety and welfare of this fragile patient population.

## **COMMUNITY EDUCATION**

The Commission has fulfilled its community education responsibilities by presenting the Infection Control Practices in the Dialysis Facilities Symposium, surveying and educating facilities according to the promulgated regulations by the Commission on Kidney Disease, COMAR 10.30.01. The Community Education Subcommittee of the Commission, public member volunteers, and patient advocates have addressed numerous groups in the renal community regarding sources for reimbursement for renal care, prevention of renal disease, transplantation criteria, and methods for reimbursement for life saving medications.

The Commission in collaboration with the Baltimore Chapter of the American Nephrology Nurses Association (ANNA) are planning a seminar for the renal community.

## **STATUS OF THE KIDNEY DISEASE PROGRAM**

The purpose of the Kidney Disease Program (KDP) is to provide financial assistance to certified beneficiaries for the treatment of ESRD. This stage of renal impairment is almost always irreversible and requires dialysis or kidney transplantation to maintain life. As a payer of last resort, the Program may provide financial assistance only after all other medical and federal insurance coverage has been pursued. Covered services include chronic maintenance, in-center and home dialysis, renal transplantation, approved inpatient and/or outpatient hospital care, physician and laboratory fees, and medications specified on the KDP Reimbursable Drug List and certain ancillary services which are directly attributable to the beneficiaries' ESRD.

### **PROGRAM STATISTICS**

In Fiscal Year, 2013, the Kidney Disease Program provided coverage to approximately 2,280 beneficiaries. KDP net expenditures for FY 2013 totaled \$ 7,684,190. The KDP recovered \$282,633 in premiums and \$799,822 in provider refunds. Drug Rebate Recoveries totaled \$2,748,511 in FY 2013. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

### **FISCAL YEAR 2013 ACCOMPLISHMENTS**

The Kidney Disease Program (KDP) developed a website with information and updates relative to the Program. The address of this website is <http://mmcp.dhmh.maryland.gov/familyplanning/SitePages/kidneydisease.aspx>. This website includes helpful information, such as: KDP Notices of updates/changes, Information Resources, Web Links, Phone Numbers, E-Mail Address for Questions about KDP, Billing Instructions, KDP COMAR Regulations and the KDP Drug Formulary. This website will undergo continuing development in an effort to provide the renal community with the most up to date information available in regard to the Kidney Disease Program. Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Xerox pharmacy point-of-sale system (POS) continue in an effort to provide more efficient and timelier processing of claims. These systems continue to allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers.

In addition, ESRD providers of service have access to the KDP Portal. The website, to gain access to the KDP portal is [www.dhmheclaims.org](http://www.dhmheclaims.org). This portal allows providers to check on claims' status and view detailed payment information, which includes, check numbers, check dates and voucher numbers. This information assists providers in maintaining an accurate and up to date accounts receivable system and minimizes duplicate billing. In addition, providers of service may access up to date eligibility information for all ESRD patients certified with the Kidney Disease Program of MD.

The Kidney Disease Program COMAR 10.20.01 regulations have been revised. Revision to these regulations has aligned KDP with Maryland Medicaid regulations and now provides consistency.

The Kidney Disease Program has developed and implemented the necessary requirements for the federally mandated HIPAA 5010 requirement.

The Kidney Disease Program is working with contractors to develop and implement the Medicaid Enterprise Restructuring Project (MERP). All KDP claims functioning processes and financial payment and recovery processes will be incorporated into the Medicaid eCAMS system.

The Kidney Disease Program worked with and continues to notify all ESRD recipients certified with the Program to apply for Medicare Part D prescription coverage, as required by House Bill 697.

Customer service in the area of patient certification continues to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible and provide education to members of the renal community to assist them in receiving the most accurate information possible.

### **PROJECTIONS FOR THE KIDNEY DISEASE PROGRAM**

The Program expects the average number of beneficiaries for Fiscal Year 2013 to be 2,340. The Kidney Disease Program is working with contractors to develop and implement the Medicaid Enterprise Restructuring Project (MERP). All KDP claims functioning processes and financial payment and recovery processes will be incorporated into the Medicaid eCAMS system. The anticipated implementation date is January 2015.

The Program continues to work with our contractor, Santeon, and data processing analysts and programmers to ensure compliance with federally mandated requirements. The Kidney Disease Program will develop and implement the federally mandated updates to the CMS-1500 claim form to accommodate the federally mandated ICD-9 to ICD-10 conversions. The implementation of the federally mandated requirement to accept ICD-10 is scheduled for January 2014. The federally mandated required implementation date is October 2014. The Program will continue to develop and provide enhancements to the electronic claims management system and KDP provider portal in an effort to improve processing time and customer service. These enhancements include the ability for providers to verify patient eligibility, electronically check claims' status, ability to access payment vouchers online, access the FMIS history of paid claims, and speedier reimbursement to providers. In addition, the Kidney Disease Program will continue to work with the Commission on Kidney Disease to provide quality service to the end stage renal disease (ESRD) patients in the State of Maryland and the ESRD community.