

**GOVERNOR'S ANNUAL REPORT
2005**

MARYLAND COMMISSION ON KIDNEY DISEASE

**4201 PATTERSON AVENUE
BALTIMORE, MD 21215**

**Jeffrey Fink, M.D., Chairman
Tracey Mooney, C.P.A., Vice-Chairperson
Jose Almario, M.D., Vice-Chairman**

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

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

January 1, 2005-December 2005

“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...”

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

Report on the Work of the Commission

MEMBERSHIP

Jose S. Almario, M.D.
Marianne Andrews, R.N.
Roland Einhorn, M.D.
Joseph Eustace, M.D.
Jeffrey Fink, M.D.
Isaac Joe, Jr., Esquire
Tracey Mooney, CPA
Margery Pozefsky
Dean Taylor, M.D.
Kenneth Yim, M.D.
Anne-Marie Gregory, LCSW

STAFF

During the calendar year 2005, Eva H. Schwartz, M.S., M.T., (ASCP) SBB held the position of Executive Director of the Commission. Joel Tornari and Leslie Schulman served as the Assistant Attorneys General assigned as Counsel to the Commission and Donna Adcock, R.N. served as the Commission Surveyor of the dialysis and transplant centers.

MEETINGS

The Commission met in January, April, July and October, 2005.

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 2005 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 Germantown	20111 Century Blvd. Germantown, MD 20874	Dr. Raymond Bass
Renal Care Partners of Prince Frederick	205 Steeple Chase Drive Prince Frederick, MD 20678	Dr. Anson Joseph
Renal Care of Seat Pleasant	6274 Central Ave. Seat Pleasant, MD 20743	Dr. Sanil Nath
Davita Cambridge	300 Byrn Street Cambridge, MD 21613	Dr. Syed Ali
Good Samaritan Hospital @ Lorien Frankford	5009 Frankford Ave. Baltimore, MD 21206	Dr. Kaleem Haque
DCA West Baltimore	22 S. Athol Ave. Baltimore, MD 21229	Dr. Robert Fuld

Additional responsibilities of the Commission are to conduct on-site surveys of the dialysis and transplant facilities throughout the State of Maryland. The Commission surveyed the dialysis and transplant facilities to meet the regulatory standards. An annual certification fee collected by the Commission is an additional requirement for the facilities for eligibility for reimbursement from the Kidney Disease Program. Enclosed is the roster for all certified dialysis and transplant facilities and centers in Maryland. This informational roster is available upon request from the Commission.

COMMISSION ACCOMPLISHMENTS

- The Commission reviewed nineteen (19) complaints between patients and facilities. Additionally, the Commission surveyed seventy-nine (79) facilities for compliance with standards of care, and addressed all corrective action plans that emerged from such surveys. The Office of Health Care Quality is mandated by law to survey 33 % of existing facilities on an annual basis. The Commission's policy is to survey and certify the remaining 60% - 70% of the facilities, ensuring that 100% of the dialysis and transplant facilities in the State are surveyed on an annual basis. In calendar year 2005 the Commission surveyed 79 dialysis facilities. Through the corrective action plan process all Federal and State regulations were enforced by the Commission. Through this process, the Commission has met its mandate, to enforce compliance with State, Federal and Commission regulations, thus enhancing the quality of care rendered to the ESRD population in the state of Maryland.
- 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 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.
- Upon request by the Renal Social Workers in Maryland, the Commission is working with this group to address their responsibilities and changing roles in the dialysis facilities. Subsequently, a subcommittee was formed, protocols were developed, facilities were surveyed and Social Work Guidelines were developed and distributed to the social workers in the Renal Community. The Commission has promulgated these guidelines into regulations.
- The Commission meetings are forums to inform and educate the renal community. Therefore, all Open Session minutes are distributed to the renal community and all dialysis facilities and their staff.
- The Commission addressed ongoing issues surrounding dialysis facility discharge practices and continuity of care issues.
- The Commission through the survey process is working with facilities to ensure their compliance with the Mid-Atlantic Renal Coalition's transplant objectives.
- Transplant subcommittee was formed to determine elements for the surveyor to investigate during transplant surveys, work on issues between the transplant centers and dialysis facilities and to determine grievance channels for patients with transplant issues.

- The Commission introduced legislation to change the composition of the Commission membership to include a renal social worker. HB 1416 was signed into law by Governor Ehrlich in May of 2005. A renal social worker was appointed to the Commission in October of 2005. worker to its membership.
- The Commission amended regulations that include setting standards for monitoring individuals in a freestanding dialysis facility and minimal standards for renal social work responsibilities.
- The Commission in collaboration with the Maryland Board of Nursing has enforced the licensure requirement to have only certified nursing assistants as patient care dialysis technicians.
- At the request of the renal community the Commission voted to add Fosrenol and Prosource to the KDP medication formulary.
- In the wake of this years many hurricanes the Commission emphasized the importance of dialysis facilities and transplant centers to have effective disaster plans in place.
- The Commission, at the request of the renal community, has been working to create awareness of the automatic external defibrillators and recommend each facility have one on-site.
- The Commission worked very closely with the Department of Health and Mental Hygiene (DHMH) to make reasonable recommendations regarding mandated cuts to the Kidney Disease Program (KDP). The Commission was successful working with the Program to meet the budget requirements with minimal impact on renal patients in the State.
- The Commission worked closely with the Maryland Patient Advocacy Group (MPAG), its President, Pearl Lewis and Vice President, Alexis Southworth. This group was instrumental in educating the Renal Community regarding Medicare D and its impact on the ESRD population.

PATIENT GRIEVANCES

During the year 2005, the Commission resolved to the satisfaction of the patient and the dialysis facility nineteen complaints. The Commission and staff have availed themselves to the renal community to help resolve in an expeditious manner problems 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 surveying and educating all the 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. Additionally, the Commission working collaboratively with the MPAG, has lobbied the Maryland Legislature and the U.S. Congress for upgrades of health care benefits for ESRD beneficiaries.

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, legend and OTC 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 2005, the Kidney Disease Program provided coverage to 2,550 beneficiaries for whom it processed approximately 214,268 hardcopy invoices and on-line claims totaling \$10,814,461. The KDP recovered \$294,837 in premiums and \$990,229 from its Drug Rebate Program in FY 2005. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

FISCAL YEAR 2005 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) has been successful in implementing the electronic claims management system (eCMS) which electronically processes claims of all service types, with the exception of pharmacy. Pharmacy claims continue to be processed utilizing the First Health (FH) point of sale (POS) system. These systems allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers. Enhancements include an anticipated decrease in the batch processing of paper claims, electronic checking of claims status and speedier processing of electronic claims.

Customer service in the area of patient certification continues to exceed standards. Additional personnel have been reassigned and trained in all aspects of patient certification. KDP personnel strive to assist KDP recipients, in processing certification 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 to be 2585 for Fiscal Year 2006. The Program continues to work with AT&T, Santeon and data processing analysts and programmers to ensure compliance with federally mandated HIPAA requirements. The Program will continue to provide enhancements to the electronic claims management system. These enhancements include the ability to electronically check claims' status, access to FMIS history of paid claims, an anticipated decrease in the batch processing of paper claims and speedier reimbursement to providers.

Notification has been sent to all KDP patients informing them that effective January 1, 2006; Medicare is offering prescription drug coverage to individuals who are eligible for Medicare. Individuals, who currently receive Medicare and KDP, may voluntarily choose to purchase Medicare Prescription Drug coverage. The Department strongly encourages KDP recipients to enroll by selecting a Prescription Drug Plan, because coverage under KDP is limited to drugs needed to treat patients with End Stage Renal Disease. If a KDP patient is diagnosed with another type of illness, KDP may not provide drug coverage for the illness. The Maryland Kidney Disease Program will pay the co-pay and deductibles, as well as pay for drugs covered by the KDP formulary when there is no coverage under Medicare. The Maryland Kidney Disease Program has been determined to be creditable coverage; therefore, if a KDP recipient, who is also an eligible Medicare beneficiary, enrolls in Part D after the initial enrollment period, that beneficiary will not have to pay a penalty to Medicare.