

**GOVERNOR'S ANNUAL REPORT  
2006**

**MARYLAND COMMISSION ON KIDNEY DISEASE  
and  
TRANSPLANTATION**

**4201 PATTERSON AVENUE  
BALTIMORE, MD 21215  
Phone number 410-764-4799  
Website: [mdckd.org](http://mdckd.org)**

**Dr. Roland Einhorn, M.D., Chairman  
Dr. Kenneth Yim, Vice-Chairman**

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

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

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

**January 1, 2006-December 2006**

“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**

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

**STAFF**

During the calendar year 2006, 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.

## COMMISSION MEETINGS

The Commission met in January, April, July and October, 2006.

## 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 2006 calendar year, the following new facility was approved for certification by the Commission for KDP reimbursement purposes:

<u>Facility</u>	<u>Address</u>	<u>Medical Director</u>
Good Samaritan at Harford Gardens	4700 Harford Rd. Baltimore, MD 21214	Dr. Kaleen Haque

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 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: [mdckd.org](http://mdckd.org).**

## COMMISSION ACCOMPLISHMENTS

- The Commission reviewed twenty-three (23) complaints between patients and facilities. Additionally, the Commission surveyed eighty-two (82) 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 surveys certified dialysis facilities and transplant centers at its discretion. 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.

- In calendar year 2006 the Commission surveyed eighty-two (82) 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 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. Therefore, all Open Session minutes are distributed to the renal community, all dialysis facilities and their staff. This information is also posted on the Commission's website.
- The Commission addressed ongoing issues surrounding dialysis facilities' 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 (Federal Network 5) transplant objectives.
- The Commission, the Johns Hopkins Hospital Transplant Center and the University of Maryland Transplant Center presented on October 3<sup>rd</sup>, "**Promoting the Partnership**", a Symposium on Transplantation and Dialysis Center Relationships. The event was designed to improve communication between the transplant centers and the dialysis facilities, facilitate the transplant referral process, help patients navigate through the system and improve transplant rates in the state. Approximately one-hundred (100) members of the renal community attended with excellent feedback reviews.
- The Commission, along with the Maryland transplant centers is planning another Transplant Symposium to be held in the fall of 2007.
- Effective April 24, 2006, updated Commission regulations regarding monitoring individuals in the outpatient dialysis facility and social worker responsibilities became final.

- The Commission developed and distributed home hemodialysis guidelines in response to the growing number of facilities starting home hemodialysis programs and the renewed interest in the modality. The guidelines will be posted on the Commission website, provided to the Office of Health Care Quality and mailed to any facility that is licensed to train patients for home hemodialysis.
- The Commission is in collaboration with the Board of Nursing and the Board of Physicians to address the issue of physician extenders without previous dialysis experience rounding in lieu of the nephrologists in the outpatient dialysis facilities. The Commission expressed concern regarding this new trend, and is working on developing training and competency criteria to address such. Presently, contracts between a physician and a physician extender are approved by the Board of Nursing and the Board of Physicians, respectively; however, the Commission is seeking an additional level of specific training in the ESRD field for these specifically tasked individuals.
- The Commission worked along with the Kidney Disease Program to educate the renal community regarding HB 697 which requires recipients of KDP who received benefits from Medicare to apply for the Medicare Prescription Drug Program (Medicare Part D) before January 1, 2007.
- The Commission educated the renal community regarding the nursing scope of practice. The issue at hand was that some facilities allowed the Certified Nursing Assistant-Dialysis Technician (CNA-DT) to alter the dialysate bath. According to the Maryland Board of Nursing, RNs may not delegate this duty.
- The Commission educated the renal community about enhancing patient safety by including the use of allergy stickers on patient charts and being prepared for various emergencies in the facilities including cardiac arrests.
- The Commission staff met with the Mid-Atlantic Renal Coalition to discuss the Commission's role in promoting the fistula first initiative, a nationwide objective and goal.
- The Commission is working with the Baltimore City Medical Examiner's Office to prepare a public safety notice regarding post dialysis exsanguinations.
- The Commission in collaboration with the Maryland Board of Nursing 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, at the request of the renal community has been working to create awareness for the need of automatic external defibrillators in each dialysis facility.

- The Commission worked closely with the Maryland Patient Advocacy Group (MPAG), its President, Pearl Lewis and Vice President, Alexis Southworth, L-CSW in educating the renal community regarding Medicare Part D and its impact on the ESRD population.

### **PATIENT GRIEVANCES**

During the year 2006, the Commission resolved to the satisfaction of the patients and the dialysis facilities twenty-three (23) 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 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. 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, 2006, the Kidney Disease Program provided coverage to approximately 2,500 beneficiaries. KDP net expenditures for FY 2006 totaled \$10,048,992. The KDP recovered \$307,669 in premiums and \$2,094,963 from its Drug Rebate Program in FY 2006. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

## **FISCAL YEAR 2006 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. 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 and system developments continue in an effort to provide more efficient and timelier processing of claims.

Customer service in the area of patient certification continues to exceed standards. 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, 2007 to be 2,500. The Program continues to work with Santeon and data processing analysts and programmers to ensure compliance with federally mandated HIPAA requirements. The Program will continue to develop and 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, and speedier reimbursement to providers.

With the passage of House Bill 697, notification has been sent to all KDP patients informing them that effective July 1, 2006, KDP recipients who receive benefits from Medicare must apply for the Medicare Prescription Drug Program within 60 days of the initial notification from the Department of Health and Mental Hygiene unless the recipient has another prescription drug plan that is comparable to Medicare's standard prescription drug coverage (creditable coverage). The program has implemented this requirement and is requiring new recipients to obtain this coverage within the required time frames and is working with the existing recipients to add this coverage.

The Kidney Disease Program is also working to implement the requirements regarding the National Provider Identification number.