

**GOVERNOR'S ANNUAL REPORT
2007**

**MARYLAND COMMISSION ON KIDNEY DISEASE
and
TRANSPLANTATION**

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**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, 2007-December 2007

“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.
William Frederick, R.N.
Isaac Joe, Jr., Esquire
Tracey Mooney, CPA
Margery Pozefsky
Anne-Marie Soltis, LCSW

STAFF

During the calendar year 2007, 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, 2007.

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 2007 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>
Davita – Aberdeen	780 W. BelAir Ave. Aberdeen, MD 21001	Dr. Kaleem Haque
IDF – Garrett Center	888 Memorial Drive Oakland, MD 21550	Dr. Joseph Kariyil
Davita – Seton Drive	4800 Seton Drive Baltimore, MD 21215	Dr. Tami Kuppusamy

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: www.mdckd.org.**

COMMISSION ACCOMPLISHMENTS

- The Commission reviewed thirty-one (31) complaints between patients and facilities. Additionally, the Commission surveyed eighty (80) 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.

- The Commission maintains an active and up to date website (www.mdckd.org) for the latest information in the renal field as well as references the Commission's activities and community education accomplishments.
- In calendar year 2007 the Commission surveyed eighty (80) 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. *Exhibit A*
- 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, along with the Maryland transplant centers and community representatives met during the year to continue dialog between the transplant centers and dialysis facilities to foster communication. This transplant committee published the "*Transplant Liaison Resource Manual: Resources for Transplant Education, Evaluation, Referral, Patient Status Changes and Submission of Laboratory Samples*" This manual contains vital information for the outpatient dialysis facility staff regarding renal transplant. A manual was mailed to each facility in December 2007 to serve as a reference for dialysis staff.
- 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.
- The Commission is working collaboratively with the Maryland Board of Nursing and stake-holders from the dialysis community to address issues regarding staffing in the acute dialysis settings.
- The Commission is working collaboratively with the Office of Health Care Quality and stake-holders from the dialysis community to review and revise the Freestanding Kidney Dialysis Centers licensing regulations.
- In July 2007 the Commission along with the Maryland Board of Nursing presented *Clarification and Enforcement of the Nurse Practice Act and Support for the Registered Nurse in the Dialysis Setting* at the Sheppard Pratt Conference Center. This conference provided information for nurses and administrators in the out-patient dialysis setting regarding the nursing practice in the dialysis facilities.
- The Commission worked collaboratively with the Maryland Board of Nursing (MBON) and the Office of Health Care Quality to develop the *Frequently Asked Questions: End Stage Renal Disease (ESRD) Setting* document. This document was distributed to each certified dialysis facility and is available on the Commissions website (www.mdckd.org) and on the MBON's website.
- The Commission responded to the renal community's concern regarding an article in the *Baltimore Sun* entitled "*Dialysis deaths prompt warning*", by developing a Prevention and Information Guide and distributing it to the dialysis community to use as an educational tool for patients and staff. **Exhibit B**
- The Commission has began discussions with the Maryland chapter of the National Kidney Foundation to develop a collaborative task force for early identification of individuals with chronic kidney disease.

PATIENT GRIEVANCES

During the year 2007, the Commission resolved to the satisfaction of the patients and the dialysis facilities thirty-one (31) 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, 2007, the Kidney Disease Program provided coverage to approximately 2325 beneficiaries. KDP net expenditures for FY 2007 totaled \$10,503,399. The KDP recovered \$335,219 in premiums and \$1,255,177 from its Drug Rebate Program in FY 2007. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

FISCAL YEAR 2007 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) has been diligently working on trying to accomplish successful implementation of the electronic claims management system (eCMS) which electronically processes claims of all service types. The Kidney Disease Program has developed and transitioned its point of sale (POS) system for the payment of pharmacy claims to ACS. 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.

The Kidney Disease Program has developed and implemented the necessary changes needed to utilize the National Provider Identification (NPI) number on all electronic and paper claim forms.

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 generally meet 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, 2008 to be 2350. The Program continues to work with Santeon and data processing analysts and programmers to ensure compliance with federally mandated requirements. The Program will continue to develop and provide enhancements to the electronic claims management system, in an effort to improve processing time and customer service. These enhancements include the ability for providers to electronically check claims' status, access to FMIS history of paid claims, and speedier reimbursement to providers. Updating of the Kidney Disease Program COMAR regulations is scheduled to occur in FY2008. 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.