

**GOVERNOR'S ANNUAL REPORT
2010**

**MARYLAND COMMISSION ON KIDNEY DISEASE
and
TRANSPLANTATION**

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Donna Adcock, RN, Health Facilities Surveyor

Leslie Schulman, Assistant Attorney General, Commission Counsel

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

January 1, 2010-December 2010

“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.
Jeffrey Fink, M.D. through September, 2010
Kenneth Yim, M.D. through October 2010
Kulwant Modi, M.D.
Matthew Weir, M.D.
Edward Kraus, M.D.
William Frederick, R.N.
Margery Pozefsky
Kimberly Sylvester, RN
Belinda Lindsay, LGSW
Sarah DeCerbo
James Stankovic
Paul Light, M.D., effective October 2010
Bernard Jaar, M.D., effective November 2010

STAFF

During the calendar year 2010, 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 November, 2010.

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 2010 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>
Advanced Dialysis – Easton	610 Dutchman’s Lane Easton, MD 21601	Dr. Adam Weinstein
Renal Advantage – Clinton	7201 Old Alexandria Ferry Rd. Clinton, MD 20735	Dr. Buari Osman
Davita – Calverton	4780 Corridor Place, Ste. C Beltsville, MD 20705	Dr. Atul Suri

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: www.mdckd.org.**

COMMISSION ACCOMPLISHMENTS

- The Commission reviewed thirty- five (35) complaints between patients and facilities. Additionally, the Commission surveyed eighty-four (84) 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 endeavors to survey the remainder of the certified dialysis facilities and transplant centers. 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 2010 the Commission surveyed eighty-four (84) 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.
- 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 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.
- 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 worked diligently with CMS and the MBON to address the new Federal requirement for national certification for the Certified Nursing Assistant-Dialysis Technician.
- The Commission worked collaboratively with the Office of Health Care Quality and representatives from the renal community to revise the OHCQ's regulations. The Commission's workgroup has reviewed and revised their regulations to conform to the new Office of Health Care Quality and the FEDERAL ESRD Regulations addressing Conditions for Coverage in dialysis centers.
- The Commission's workgroup revised the current Commission regulations and submitted them to the Department for approval. The new regulations incorporate the OHCQ's revisions and the new Federal ESRD regulations. The workgroup developed explanatory regulations for the Transplant Centers. The Commission's amended final regulations became effective April 5, 2010, and are available on the website.
- The Commission continued 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, as preventive healthcare.
- The Commission worked collaboratively with the renal community including the Maryland Renal Administrator's Association and DHMH to address KDP reimbursement issues. The Commission commends Secretary of DHMH, John Colmers, for his understanding, input and help with diffusing and resolving according to Budget, the providers' reimbursement issues.
- The Commission continues to provide information and guidance to the renal community regarding the new ESRD Conditions for Coverage. These new regulations were effective October 14, 2008 and represent many changes for the dialysis facilities.
- The Commission worked proactively with the facilities to address infection control issues in the dialysis facilities including Hepatitis B, Hepatitis C, MRSA, VRE and H1N1.

- The Commission formed a workgroup to address dialysis facility specific disaster plans. Representatives met with the Office of Preparedness Management and the Maryland Emergency Management Agency to educate these agencies about the dialysis patient and dialysis facility's needs during a disaster. The Commission is currently working on a database to submit for inclusion of the dialysis facilities to the Facility Resource Emergency Database System (FREDS) system.
- The Commission developed a tool to improve communication between the transplant centers and the dialysis facilities. This tool was distributed to the transplant centers and dialysis facilities and will assist the facilities with compliance with the ESRD Conditions for Coverage and more importantly provide valuable information to both entities. The tool is posted on the Commission's website.
- The Commission provided a forum for the Delmarva Foundation to introduce their *Every Diabetic Counts* program. Mr. Pianta from the foundation educated the community regarding this computer-assisted education program available to underserved hemodialysis patients with diabetes.
- The Commission provided a forum for the renal community to discuss and become educated about the CMS proposed bundling payment project.
- Educated the community the referral process for dialysis patients who are Veterans.
- The Commission in collaboration with the University of Maryland School of Pharmacy research team is developing a grant worthy protocol addressing drug literacy for ESRD providers as an educational tool.
- The professional members of the Commission provide expert testimony as well as advice during investigations initiated by the Office of Healthcare Quality or other entities.

PATIENT GRIEVANCES

During the year 2010, the Commission resolved to the satisfaction of the patients and the dialysis facilities thirty-five (35) 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.

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, 2010, the Kidney Disease Program provided coverage to approximately 2,571 beneficiaries. KDP net expenditures for FY 2010 totaled \$10,910,353. The KDP recovered \$342,742 in premiums and \$2,100,972 from its Drug Rebate Program in FY 2010. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

FISCAL YEAR 2010 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) has developed a website with information and updates relative to the Program. The address of this website is <http://www.dhmd.state.md.us/healthcare/medhealthins.htm>. 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 regards to the Kidney Disease Program. Enhancements and system developments to the KDP electronic claims management system (eCMS) and the ACS 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 now have access to the KDP Portal. 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.

The Kidney Disease Program has made modifications to the KDP Eligibility File in an effort to provide Medicare with more accurate information thus allowing for a more successful transfer of electronic ESRD claims from Medicare to KDP and expedited payments to providers.

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 KDP Provider file has been updated to include this information.

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 2011 to be 2,575. The Program continues to work with our vendor, 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 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. Updating of the Kidney Disease Program COMAR regulations is scheduled to occur in FY 2011. Revisions to these regulations will align KDP with Maryland Medicaid regulations and provide consistency. 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.