

**GOVERNOR'S ANNUAL REPORT
2011**

**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, 2011-December 2011

“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, R.N.
Margery Pozefsky
Kimberly Sylvester, RN
Belinda Lindsay, LGSW
Sarah DeCerbo
James Stankovic
William Rayfield II, M.D.

STAFF

During the calendar year 2011, 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, 2011.

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 2011 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>
ARA – Universal	3804 Bladensburg Rd. Cottage City, MD 20722	Dr. Jay Ocuin
FMC N. Salisbury	1314 Belmont Ave, Ste. 304 Salisbury, MD 21804	Dr. Michael Basuel
Davita Washington County	1136 Opal Court Hagerstown, MD	Dr. William Johnson

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 forty (40) 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 2011 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.
- In 2010, the Commission's workgroup revised the Commission regulations. The new regulations incorporated 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 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 presented a symposium titled Infection Control and Prevention in the Dialysis Facility on October 4, 2011. Over 200 representatives from the renal community attended the symposium, which provided learning and training experience with the goal of improving infection control practices in the dialysis facilities. The symposium was a collaborative effort between the Commission, Office of Health Care Quality and the Renal Community. Presentations from the symposium are posted to the Commission website.
- 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.
- Commission representatives served on a sub-committee with the MBON to review and revise the CNA-DT curriculum, exam and practice regulations.
- The Commission participated in workgroups to address dialysis facility specific disaster plans. Commission representatives attended meetings with the Office of Preparedness Management, the Office of Health Care Quality and the Baltimore City Health Department to collaborate with these agencies regarding the dialysis patient and dialysis facility's needs during a disaster.
- The Commission is working with DHMH and the Maryland Department of the Environment (MDE) to address water quality issues in the dialysis facilities and timely dissemination of information by MDE to the facilities about changes in the water quality.
- The professional members of the Commission may provide expert testimony as well as advice during investigations initiated by the Office of Healthcare Quality or other entities.

- The Commission reviewed requests from entities to add prescription medications to the Kidney Disease Program Formulary.
- The Commission worked collaboratively with the Department and representatives from Johns Hopkins Armstrong Institute to secure funds to expand a study to educate the community regarding Health Care Acquired Bloodstream Infections.
- The Commission worked with the Office of Health Care Quality representatives to educate the community regarding the Medical Orders for Life Sustaining Treatments.

PATIENT GRIEVANCES

During the year 2011, the Commission resolved to the satisfaction of the patients and the dialysis facilities forty (40) 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.

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, 2011, the Kidney Disease Program provided coverage to approximately 2,418 beneficiaries. KDP net expenditures for FY 2011 totaled \$ 8,715,046. The KDP recovered \$304,662 in premiums and \$3,759,448 from its Drug Rebate Program and provider refunds in FY 2011. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

FISCAL YEAR 2011 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) developed a website with information and updates relative to the Program. The address of this website is <http://www.dhmh.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. The website to gain access to the KDP portal is www.dhmhclaims.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 D.0 industry standard requirements for all pharmacy point-of-sale transactions in December 2011.

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 2012 to be 2,450. 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 is working with Santeon to develop and implement the necessary requirements for the federally mandated HIPAA 5010 requirement. 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.