

**GOVERNOR'S ANNUAL REPORT
2014**

**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, 2014-December 2014

“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, RN
Kimberly Sylvester, RN
Belinda Lindsay, LGSW
James Stankovic
William Rayfield II, M.D.
Henita Schiff

STAFF

During the calendar year 2014, 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, 2014.

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 2014 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 Coral Hills	4797 Marlboro Pike Capitol Heights, MD 20743	Dr. Roopali Gupta
Davita Annapolis	1127 West Street, Ste. 100 Annapolis, MD 21401	Dr. Jonathan Rudick
ARA – Ellicott Kidney Center	3000 North Ridge Road Ellicott City, MD 21043	Dr. Jai Liu

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:** dhmh.maryland.gov/mdckd.

COMMISSION ACCOMPLISHMENTS

- The Commission reviewed thirty-nine (39) complaints between patients and facilities. Additionally, the Commission surveyed eighty-six (86) facilities for compliance with standards of care, and addressed all corrective action plans that emerged from such surveys. 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 (dhmh.maryland.gov/mdckd) for the latest information in the renal field as well as references the Commission's activities and community education accomplishments.**

- In calendar year 2014 the Commission surveyed eighty-six (86) 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.
- Commission representatives participated in the OHCQ's Dialysis at the Bedside meetings. The workgroup was formed to develop regulations to ensure patient safety in bedside dialysis.
- Commission representatives participated in the ESRD Network 5 quarterly teleconferences. The teleconferences provide a forum for Network staff to foster communication with the Commission and OHCQ and to discuss any facility issues.
- The Commission collaborated with MTA representatives to address Mobility ride challenges for the dialysis patients.
- 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. Facilities are encouraged to participate in the meetings and present best practice scenarios. 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.
- During the October 2014 Commission meeting, Julie Houp, CHS, from the Johns Hopkins School of Medicine educated the Commission and meeting guests on the UNOS policy updates which will take effect in December 2014.

- The Commission co-sponsored the American Nephrology Nurse's Meeting in January 2014. This all day conference provided education regarding hemodialysis complications, transplantation, patient centered care, emergency management and vascular access options.
- The Commission introduced language to amend its regulations concerning COMAR 10.30.01 General Regulations and COMAR 10.30.02 Physical and Medical Standards. The proposed amendments would establish standards for kidney dialysis facilities that perform nocturnal hemodialysis, including the qualifications for and responsibilities of the medical director, charge nurse, nurse manager, and social worker. The Commission and stakeholders reviewed the proposed language in the July and October 2014 Commission meetings. At the public meeting held on October 23, 2014, action was taken to have these proposed changes formally promulgated and published in the Maryland Register with an opportunity for public comment.
- 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 provides the Kidney Disease Program (KDP) with expert medical advice.
- The Commission reviews out of state transplant center requests for KDP reimbursement as well as evaluates requests for inclusion in the pharmaceuticals formulary new transplant drugs.

PATIENT GRIEVANCES

During the year 2014, the Commission resolved to the satisfaction of the patients and the dialysis facilities thirty-nine (39) 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 (end stage renal disease). 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, 2014, the Kidney Disease Program provided coverage to approximately 2,071 beneficiaries. KDP net expenditures for FY 2014 totaled \$ 8,986,295. The KDP recovered \$278,879 in premiums and \$665,388 in provider refunds. Drug Rebate Recoveries totaled \$2,574,270 in FY 2014. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

FISCAL YEAR 2014 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) enhanced the Program's website with information and updates relative to the Program. The address of this website is <http://mmcp.dhmd.maryland.gov/familyplanning/SitePages/kidneydisease.aspx>. 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 with regard to the Kidney Disease Program. Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Xerox 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 were granted access to the KDP Portal. The website, to gain access to the KDP portal is www.dhmdheclaims.org. This portal allows providers to verify a 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 aligns KDP with Maryland Medicaid regulations and now provides consistency.

The Kidney Disease Program has developed and implemented the necessary requirements and crosswalk for the federally mandated ICD-10 conversion. The Program has completed all changes and updates to accommodate the new codes on the UB04 and CMS 1500 claim forms assuring that all claims will continue to be processed in a timely manner.

The Kidney Disease Program worked with contractors to develop and implement the Medicaid Enterprise Restructuring Project (MERP). The intent is for all KDP claims functioning processes, financial payment and recovery processes to be incorporated into the Medicaid eCAMS system. This project has been suspended in order to evaluate the feasibility of moving forward.

Customer service in the areas of patient certification, accounts payable and accounts receivable continues to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible, adjudicate claims in a timely manner, provide assistance with program participation fees, 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 Kidney Disease Program is working with many of its colleagues on the completion of the new information management system MMIS III. Since late August 2014, the Maryland MERP initiative suspended all project activities in order to evaluate the feasibility of moving forward. After several attempts to get the project back on track, the Project Management Office along with senior DHMH officials, decided to focus on analyzing what remains to be completed, evaluate any additional scope required and determine if the milestone dates fall in line with the Department's Strategic Plan. In addition, the Program continues to work with our contractor, Santeon, and data processing analysts and programmers to ensure compliance with federally mandated requirements. The implementation of the federally mandated requirement to accept the conversion of ICD-9 to ICD-10 is complete. The federally mandated required implementation date is October 2015. Santeon is upgrading the entire eCMS platform to be compatible with newer Windows version and .Net frameworks. This will improve the security of the system as Microsoft is ending the support for older Windows versions and frameworks. Upgrading the entire eCMS platform will improve the security, reliability and performance of eCMS thus enhancing the efficiency and productivity of the system. 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.