

**MARYLAND COMMISSION ON KIDNEY DISEASE  
OPEN SESSION MEETING VIA GOOGLE MEET AGENDA  
THURSDAY January 22, 2026  
2PM**

**Google Meet joining info**

**Video call link: <https://meet.google.com/hvo-nzof-enc>**

**Or dial: (US) +1 413-597-8040 PIN: 415 394 069#**

- I. APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF October 23, 2025 (Attachment A)**
- II. CHAIRMAN'S REPORT**
- III. VICE CHAIRMAN'S REPORT**
- IV. EXECUTIVE DIRECTOR'S REPORT**
  - a) Approval of Governor's report 2025 (Attachment B)**
  - b) Approval of Newsletter 2026 (Attachment C)**
- V. OLD BUSINESS**
  - A. Conversation with the Governor's Appointments Office - Eva**
- VI. NEW BUSINESS**
  - A. Request educational topics from the Commissioners - Eva**
  - B. Immediate IVD vs IVD with 30 days notice - Alice**
  - C. One full time nurse manager cover one dialysis facility - Alice**
  - D. Patient Care Technician and patient ratio 1:3 in nursing home facility setting - Alice**
  - E. Inconsistencies in staff practices and the existing policies/procedures - Alice**
  - F. Kidney Disease Program - Carol Manning**
  - G. Network Update- Renee Bova-Collis, MSW, LCSW**

**H. Categories of Complaints**

a. **Written (3)**

- IVD- rescinded
- 2 Staff complaints (resolved)

b. **Verbal (1 )**

- unable to substantiate the investigation due to no written complaints received from the complainants.

**I. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement**

Hospital	Granted	Refused
Georgetown Transplant Institute	1	0
Inova	1	0

**J. Surveys (16 ) Citations**

Citations	Jan 2026	Oct 2025	July 2025	April 2025	Jan 2025
Total Surveys	16	22	20	23	17
Compliance with Federal, State and Local Laws and Regulations	0	0	0	0	1
Infection Control	13	17	19	20	15
Water and Dialysate Quality	0	2	2	2	3
Physical Environment	1	3	7	13	8
Patient Rights	0	0	0	0	0
Patient Assessment	1	1	0	3	5
Patient Plans of Care	0	1	0	1	4
Care at Home	0	0	1	0	0
Quality Assessment and Performance Improvement	0	1	0	0	0
Laboratory/Affiliation Guidelines	0	0	0	0	0
Personnel Qualifications/Staffing	7	11	15	13	12
Responsibilities of the Medical Director	1	0	0	1	1
Medical Records	0	0	2	3	1
Governance	2	0	0	1	2

**K. Surveys Completed (16)**

DaVita Rockville	FKC Fort Washington
DaVita Edgewood	FKC Brightseat
DaVita Greenbelt Home PD Training	FKC Germantown
DaVita Aviation Boulevard	FKC Waldorf
DaVita Largo Town Center	FKC Caroline Street
DaVita Laurel	FKC Waldorf West
DaVita Greenspring	USRC New Carrollton
DaVita Windsor	DaVita Harbor Park

**L. Citation Free Facility**

- None

**M. Facility closure**

- None

**Next Scheduled Meeting – April 23, 2026, at 2pm. The Commission will adjourn.**

The Commission will adjourn into a Closed Administrative Session in accordance with the Open Meetings Act, Md. Code Ann., General Provisions Article, Section 3-103(a)(1)(i)

- Discuss home dialysis classification
- Required response to ESKD surveys and Plans of Correction (POC) reports.

**MARYLAND COMMISSION ON KIDNEY DISEASE  
OPEN SESSION MEETING MINUTES  
THURSDAY OCTOBER 23, 2025**

The Maryland Commission on Kidney Disease held an Open Meeting on Thursday, October 23, 2025, via Google Meet, a virtual platform.

Chairman Thavarajah called the meeting to order at 2:05 P.M.

Commissioners present: Dr. Sonal Korgaonkar, Dr. Donna Hanes, Dr. Arul Vigg, Jacqueline Hires, LCSW NSW-C, Jerome Chiat, and Olawanle Turton, RN  
Commissioners Adam Berliner, Nadiesda Costa, and Tisha Guthrie were absent.

Staff present: Eva Schwartz, Executive Director, and Alice Pun, RN, Health Facilities Nurse Surveyor

Commission Counsel present: Leslie Schulman, AAG.

- I. RATIFY APPROVAL OF THE JULY 24, 2025, PUBLIC SESSION MEETING MINUTES.**  
Commissioner Korgaonkar motioned to ratify approval of the July 24, 2025, Public Session Meeting Minutes. Commissioner Vigg seconded the motion, and the Commission voted unanimously to ratify the approval of the July 24, 2025, Public Session Meeting Minutes.
- II. RATIFY APPROVAL OF THE JULY 24, 2025, CLOSE SESSION MEETING MINUTES.**  
Commissioner Korgaonkar motioned to ratify approval of the July 24, 2025, Close Session Meeting Minutes. Commissioner Turton seconded the motion, and the Commission voted unanimously to ratify the approval of the July 24, 2025, Close Session Meeting Minutes.
- III. CHAIRMAN'S REPORT**  
Dr. Thavarajah presented a Certificate of Distinction to Commissioner Leon awarding her for 10 years of dedicated service to the Commission. Subsequently, the Chairman provided data about the long wait time to receive kidney transplantation and the challenges of getting a live donor. She briefed the Commission the trends of Xenotransplantation and noted that the local chapter of the National Kidney Foundation will be providing a presentation of kidney xenotransplantation on October 29, 2025. She also mentioned that the highlights of the presentation will focus on the latest development on xenotransplantation, including the FDA-approved clinical trials and the genetically modified porcine organs to address the organ shortage crisis. The presentation of this new innovative treatment will be a hope for the patients who are waiting for transplantation.
- IV. VICE CHAIRMAN'S REPORT**  
Commissioner Korgaonkar reported on the impact of the federal government shutdown on various healthcare services that began on October 1, 2025. Essential programs like Medicare, Medicaid, and veteran health services continue, but non-essential functions, such as drug reviews and public health messaging like flu, COVID and RSV update, were

delayed. Critical staff at NIH and animal labs have remained active. Medicare and Medicaid payments have been unaffected, but claims processing and support services have faced delays, especially when open enrollment began. Telehealth services and the Hospital-At-Home programs have been disrupted, potentially increasing inpatient strain. The ACA marketplace has been impacted with premium increases without supporting funds renewal.

Mrs. Schwartz also added that the survey service of OHCQ was impacted because of the government shutdown, and they were only dealing with the urgent issues or complaints currently.

## **V. EXECUTIVE DIRECTOR'S REPORT**

### **a) Request for contribution towards the publications of the Newsletter**

Mrs. Schwartz requested that anyone who would like to contribute information or articles to the Commission's January 2026 Newsletter, please forward it to her. Network 5 agreed to provide some inputs to the Newsletter. Mrs. Schwartz suggested having topics such as IVD related issues.

### **b) Governor's Appointments Office requirements for appointments to the Commission**

Mrs. Schwartz mentioned that, although five Commissioners have completed their eight-year terms, the Commission has not yet received any appointments from the Governor. Commissioners whose terms have expired will continue to serve until their positions are filled.

### **c) FY 2026 Budget Allocation and the Revenue issues**

Mrs. Schwartz reported that the request for the proposed certification fee increase to remove the \$1,500 maximum statutory cap had been rejected twice by the Governor. Therefore, the Commission will be unable to propose regulations to implement an increase in fees unless legislation is enrolled and signed by the Governor. Mrs. Schwartz suggested that private sponsors could always introduce legislation, and Mrs. Tracey Mooney from IDF responded that she will reach out to the dialysis community's lobbyists to sponsor a bill on behalf of the Commission. Mrs. Schwartz reiterated that the Commission will be short of \$73,000 for the calendar year 2026 based on the budget that was received recently. The Commission will continue to accrue more deficit in the calendar year 2027 if there is not an appropriate fee increase implemented.

## **V. OLD BUSINESS**

### **A. Propose Legislation to remove \$1500 fee cap was rejected by the Governor's office**

Mrs. Schwartz reiterated the urgent need to remove \$1500 fees to cover the anticipated budget deficit in the future.

## **VI. NEW BUSINESS**

### **A. Proposed 2026 Commission Meeting Dates**

The Commission confirmed the meeting dates in 2026 will be on January 22, April 23, July 23 and October 29.

### **B. CNA-DT replaced by CDT effective as of 8/4/2025**

Ms. Pun reiterated that the CNA-DT issued by Maryland Board of Nursing (MBON) is replaced by CDT with the effective date of 8/4/2025. The Commission will continue the same process checking the CDT status, and will report to MBON if staff do not have an active status for working an independent assignment in dialysis facilities.

### **C. Mask Wearing - Does it matter?**

Ms. Pun provided an educational topic on the wearing of a mask for both staff and patients. She elaborated on understanding the components of a surgical mask and the importance of the correct way of wearing it when caring for the patients with dialysis catheter.

### **D. Highlights of Plan of Correction**

Ms. Pun explained the format of the survey report that the Commission uses so that facilities are able to submit a Plan of Correction (POC) relevantly. Additionally, Ms. Pun addressed the differences between the columns of "Met" and "Unmet" in the survey report. She also clarified the differences between the focus of V715 (nurse initial assessment) and V500-520 Care plan by the interdisciplinary team).

### **E. Kidney Disease Program**

In Ms. Manning's absence, Dr. Thavarajah read Ms. Manning's Report and Ms. Schwartz commented. KDP claims expenditures from July 1st, 2025 through September 30th, 2025 were \$2,537,745. Once the MD Think system is updated, KDP will be able to report the different service types that these expenditures encompass when the reports are fully developed.

### **F. Network Update**

Ms. Bova-Collis reported that Network 5 was currently helping facilities improve in the areas of infection prevention, vaccinations, decreasing hospitalization and increasing access to patients with regard to home and transplant. She also reported that facilities are cooperative working with those cohorts.

### **G. FY 2026 Budget Discussion**

Mrs. Schwartz re-emphasized that legislation is required for the approval of increasing fees to avert a budget deficit.

### **H. Reporting requirements by a facility regarding changes in services and stations expansion**

Ms. Pun emphasized that certified facilities are required to notify the Commission when it wants to expand services of any kind, add stations, or intends to close a facility.

**I. Categories of Complaints**

Dr. Thavarajah briefed the Commissioners that there were zero written complaints. There were also two (2) verbal complaints that the Commission was not able to factually substantiate for further investigation due to the lack of a written complaint received from the Complainants. Mrs. Schwartz noted that per regulation (COMAR 10.30.01.05D), the Commission requires written complaints to be submitted for further investigation.

**J. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement**

Hospital	Granted	Refused
George Washington Transplant Institute	1	0

**K. Surveys (22) Citations**

Citations	Oct 2025	July 2025	April 2025	Jan 2025	Oct 2024
Total Surveys	22	20	23	17	15
Compliance with Federal, State and Local Laws and Regulations	0	0	0	1	0
Infection Control	17	19	20	15	13
Water and Dialysate Quality	2	2	2	3	2
Physical Environment	3	7	13	8	10
Patient Rights	0	0	0	0	0
Patient Assessment	1	0	3	5	4
Patient Plans of Care	1	0	1	4	5
Care at Home	0	1	0	0	1
Quality Assessment and Performance Improvement	1	0	0	0	0
Laboratory/Affiliation Guidelines	0	0	0	0	0
Personnel Qualifications/Staffing	11	15	13	12	13
Responsibilities of the Medical Director	0	0	1	1	2
Medical Records	0	2	3	1	1
Governance	0	0	1	2	2

**L. Surveys Completed (22)**

Johns Hopkins Transplant Center  
DaVita District Heights  
DaVita Livingston Village  
DaVita Renal Care of Bowie  
DaVita Hyattsville  
DaVita Towson Home Training  
DaVita Glen Burnie Home  
DaVita Renal Care of Seat Pleasant  
DaVita Calverton  
DaVita Renal Care of Lanham  
DaVita PG County South

UMMC Transplant Center  
FMC Greater Baltimore  
FKC Odenton  
FMC Merritt Boulevard  
FMC Cross Keys  
FMC Camp Springs  
DaVita Middlebrook  
DaVita Takoma Park  
Western MD Regional Dialysis Center  
IDF Garrett Center  
Concerto

**M. Citation Free Facility**

- Johns Hopkins Transplant Center
- UMMC Transplant Center
- Western Maryland Regional Dialysis Center

**N. Facility closure**

- FMC Baltimore

**O. Items that were added to the meeting**

- Mrs. Schwartz asked for topics of interest from the public if they are interested in having a symposium in the coming spring, similar to the one that we had in March 2025. CEUs will be offered, subject to approval.

There being no further public business, upon a motion made by Commissioner Korgaonkar and seconded by Commissioner Vigg, the Commission unanimously voted to adjourn the Open Meeting Session at 3:30 P.M.

**GOVERNOR'S ANNUAL REPORT  
2025**

**MARYLAND COMMISSION ON KIDNEY DISEASE  
and  
TRANSPLANTATION**

**4201 PATTERSON AVENUE, Suite 309  
BALTIMORE, MD 21215  
Phone number 410-764-4799  
Website: <https://health.maryland.gov/mdckd>**

**Sumeska Thavarajah, M.D., Chairman**

**Sonal Korgaonkar, M.D., Vice-Chairman**

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

**Alice Pun, RN, MSN, CDN, Health Facilities Surveyor**

**Leslie Schulman, Assistant Attorney General, Commission Counsel**

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

**January 1, 2025 – December 31, 2025**

“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**

**Sumeska Thavarajah, M.D. – Chairman**  
**Sonal Korgaonkar, M.D. -Vice- Chairman**  
**Adam Berliner, M.D.**  
**Donna Hanes, M.D.**  
**Nadiesda Costa, M.D.**  
**Tisha Guthrie, LMSW**  
**Jacqueline Hires, LCSW, NSW-C**  
**Jerome Chiat**  
**Arul Vigg, M.D.**  
**Susan Leon, R.N., term services ended 10/1/2025**  
**Olawanle Turton, R.N., effective 10/1/2025**  
**Andrene Townsend, R.N., resigned voluntarily 4/24/2025**

## STAFF

During the calendar year 2025, Eva H. Schwartz, M.S., M.T. (ASCP) SBB held the position of Executive Director of the Commission. Leslie Schulman, AAG, served as Counsel to the Commission. Alice Pun, R.N., MSN, CDN served as the Health Facilities Nurse Surveyor of the dialysis and transplant centers. The website manager is Oladunni Akinpelu, Boards and Commission IT specialist.

## COMMISSION MEETINGS

The Commission met virtually in January 2025, April 2025, and July 2025, October 2025 complying with regulatory mandates.

## 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).**

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 centers in Maryland. This informational roster is available upon request from the Commission, and is posted on the Commission's website: [health.maryland.gov/mdckd](http://health.maryland.gov/mdckd).

## COMMISSION ACCOMPLISHMENTS

- The Commission investigated and resolved complaints between patients and facilities. The Commission surveyed seventy-nine (79) facilities for compliance with standards of care, and addressed all corrective action plans that emerged from such surveys. Additionally, 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 ([health.maryland.gov/mdckd](http://health.maryland.gov/mdckd)) for the latest information in the chronic kidney disease field and transplantation, as well as references the Commission's activities in the community through educational sources and accomplishments.**

- In the calendar year 2025, the Commission surveyed seventy-nine (79) dialysis facilities including the requirement for compliance through the Plan of Correction (POC); 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 End Stage Kidney Disease (ESKD) 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 entities. The collaborative relationship between the Commission and OHCQ enables both entities timely responses to complaints relating directly to patients and facility events, and therefore patients' welfare and safety is addressed through immediate intervention.
- Commission representatives participated in the Quality Insights meetings presented by the Mid-Atlantic Federal Network 5 (Network) quarterly teleconferences. The teleconferences provide a forum for Network staff to foster communication with the Commission and the OHCQ, to discuss any facility issues and provide updates on Network projects. The Network is involved in an educational process concerning Involuntary Patient Discharges (IVD) from dialysis facilities.
- The Commission provides invaluable resources to the renal community and the Maryland Department of Health (MDH), by providing patients information concerning Chronic Kidney Disease (CKD), End Stage Kidney Disease (ESKD) and transplant management. Such educational information is posted on the Commission and MDH website, respectively. The Commissioners offer a wealth of information, experience, and expertise, regarding the care and treatment of End Stage Kidney Disease patients. **The Commission membership is comprised of extremely dedication and talented volunteers.**
- The Commission reports as applicable, on legislative efforts that affect the renal community.
- **Commission meetings are forums for community education. Commissioners present educational topics at each Commission meeting. This year's educational topics included: education on Hepatitis B and C viral transmission and the rational behind infection control practices in the dialysis setting, evaluation of impact of ESKD treatment choice model (known as ETC model) on transplant waitlist additions, progress on xenotransplantation, education on understanding of the surgical mask components and the correct way of wearing of the mask by dialysis staff and patient during care of the dialysis catheter, discussion of educational opportunities and resources available to help manage patients with mental illness, discussions about the challenges of patient returning to dialysis facilities after prolonged hospitalizations, information on challenges for providing dialysis treatment and transplant options for undocumented patients, impact to care due to dialysis staffing shortages, and recommended best practices.**
- The Commission meetings offer an opportunity to educate the Renal Community, professionals, patients, and the public at large. Facilities are encouraged to participate in the meetings and present best practice scenarios. All Open Sessions are accessible via videoconference or telephonically, and the meetings' minutes are posted on the Commission's website for public consumption.
- Commission issued correspondence to the Medical Directors concerning compliance with the infection control practices in dialysis facilities as observed by the nurse surveyor.

- The Commission addressed ongoing issues surrounding dialysis facilities' discharge practices and continuity of care issues. The Commission utilized the Involuntary Discharge Packet and the process for handling and conducting investigations of complaints. The Commission works collaboratively with the Network to review Involuntary Patient Discharges, concerning these actions initiated by facility discharges.
- The Commission in collaboration with Maryland Board of Nursing continues to enforce the licensure requirements addressing the new certification of Certified Dialysis Technician (CDT) with effective date of August 4, 2025.
- In 2025, the Commission revised the regulations of C.O.M.A.R - Title 10 Subtitle 30, §13-301 to §13-316 and §16-204 which were posted on the MDCKD website.
- **The Commission continues to provide the KDP with expert medical advice, as well as the professional review and update of the KDP Pharmaceutical Formulary.**
- The Commission reviews out of State transplant center requests for KDP reimbursement as well as evaluates requests for inclusion of new medications in the KDP Pharmaceutical Formulary.
- Commission meetings provide a forum for Renal Community education regarding KDP policies and requirements.
- The Commission continues to work with local hospitals to assist with the placement of difficult patients in community dialysis facilities.
- The Commission communicates with the medical and management leadership of facilities that are cited with concerning deficiencies. The discussions serve as an educational tool and encourage enforcement of compliance with the Commission's COMAR.
- The Commission remains vigilant regarding nursing and staffing ratios in dialysis facilities. Facility representatives are educated on current staffing requirements; including the requirement of the facility's Governing Body in assuring that staffing in the facilities meet the needs of the patients. **The Commission urges facility Administrators, Medical Directors, and Governing Bodies to routinely evaluate the monitoring staffing ratios as well as the adequacy of RN staffing per shift, commensurate with the number of actively run treatment stations, in order that compromises in patients' health and safety may be avoided.**
- The Commission continues to use a new electronic payment system for Commission certification and certification renewals.
- The Commission utilizes the Govdelivery system to disseminate useful information to expand the networking opportunities to the dialysis facilities.
- The Commission updates the renal community regarding the National Kidney Foundation serving Maryland and Delaware's professional and patient education events and patient outreach activities.

## PATIENT GRIEVANCES

During the calendar year of 2025, the Commission resolved five (5) written complaints addressing primarily immediate involuntary patient discharge involving abusive and threatening behaviors. Additionally, the Commission received eight (8) verbal complaints which upon review were not able to be substantiated. The Commission and staff have availed themselves to the renal community to expeditiously resolve problems arising between patients and facilities. Subsequently, the Commission has mandated improvement in the quality of care provided at the facilities cited for deficiencies and violations during the ESKD Commission Surveys. These goals were accomplished to the satisfaction of the Commission, thus protecting the safety and welfare of this vulnerable 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 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.

**The Commission strives to be a partner and resource to the dialysis and transplant community to provide the best care for dialysis patients. Beyond identifying deficiencies on survey, the Commission aims to provide a pathway for long term changes. Reviewing frequently cited areas on surveys, the Commission held a Renal Educational Meeting (known as the Renal Summit) at the Johns Hopkins Bayview Medical Center on 3/9/2025 in collaboration with the Baltimore Chapter of the American Nurses Association (ANNA). Attendees were awarded 7.5 CEUs for the session. The Renal Summit was an education seminar open to renal community members interested in learning the most updated standards and best practices for dialysis management. The following topics were reviewed.**

- **Hepatitis B in the Dialysis Unit**
- **Ensuring Excellence: The Dialysis Facility Survey Process**
- **Patient Engagement**
- **Involuntary Discharge Strategies**
- **Water Treatment Fundamentals**
- **Fluid Fundamentals with Demonstration**
- **Understanding Motivational Interviewing**
- **Why Home: Home Panel Discussion**

**Attendees provided positive feedback regarding the content and need for such events.**

## 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 ESKD (end stage kidney disease). This stage of renal disease is 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 in-patient and/or outpatient hospital care,

physician and laboratory fees, medications specified on the KDP Reimbursable Drug List and certain ancillary services which are directly attributable to the beneficiaries' ESKD.

### **PROGRAM STATISTICS**

In Fiscal Year, 2025, the Kidney Disease Program provided coverage to approximately 1,061 beneficiaries. KDP net expenditures for FY 2025 totaled \$ 3,887,269. KDP recovered \$ 257,669 in premiums and \$ 244,817 in provider refunds. Drug Rebate Recoveries totaled \$ 340,938 in FY 2025. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

### **FISCAL YEAR 2025 ACCOMPLISHMENTS**

The Kidney Disease Program (KDP) enhanced the Program's website with information and updates related to the Program. The address of this website is: <https://health.maryland.gov/pha/Pages/maryland-kidney-disease-program.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. The KDP Brochure has also been updated. The brochure may be viewed at <https://health.maryland.gov/pha/Documents/KDPBrochure%2010312018.pdf> Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Conduent 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.

ESKD providers of service continue to be granted access to the KDP Portal. User agreements must be submitted online through the updated portal. Approval of user agreements has improved to a 48 hour or less processing window. To gain access to the current KDP Provider Portal, users must utilize their username and password to log into <https://mdkdp.my.site.com/provider/s/> . The KDP portal allows providers to verify 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 ESKD patients certified with the Kidney Disease Program of MD. Any problems related to the provider portal should be addressed to [crmsd@mdthink.maryland.gov](mailto:crmsd@mdthink.maryland.gov)

The Kidney Disease Program is successfully transmitting a KDP recipient eligibility file, resource file and COB Connect document to HMS (Health Management Services) monthly to gather patients' third-party insurance information to maximize collection efforts and ensure that KDP is the payer of last resort. KDP is working with HMS under a new contract, to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP has transitioned to working with MDThink to implement a new workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Recovery and Recoupment capabilities, Premium Management system,

Online Provider and Patient Portals and additional functionalities. The Salesforce operational system is scheduled to go live July 1, 2025, FY 2026.

KDP, along with MD Medicaid, BCCDT and MADAP, has a contract with Conduent for a pharmacy point-of-sale electronic claims management system (POSECMS). The latest contract went into effect October 31, 2022. This enhanced system provides updates and adds compliance to the existing pharmacy point-of-sale claims processing system.

KDP, along with BCCDT and CMS, extended the Santeon contract, the current KDP electronic claims processing (eCMS) vendor, to June 30, 2025, to continue the KDP claims functioning processes, financial payments and recoveries, in addition to reporting requirements.

Customer service in the areas of patient certification, accounts payable and accounts receivable continue to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible, adjudicating claims in a timely manner, assist with explaining the calculation and billing of program participation fees, and providing guidance to members of the renal community to assist them in receiving the most accurate information possible. Training occurs with Free Standing Dialysis Unit (FSDU) social workers and Senior Health Insurance Program (SHIP) personnel to educate the ESKD personnel and community in the KDP patient certification process, advise those personnel of KDP, Medicare and Medicaid regulations, and address frequent problems and concerns occurring with those processes.

### **PROJECTIONS FOR THE KIDNEY DISEASE PROGRAM**

The Kidney Disease Program continues to work with our contractors, Santeon, HMS, Conduent and MDThink, in addition to data processing analysts and programmers, to ensure compliance with State and Federal mandated requirements. KDP will move from Santeon to the Salesforce platform on July 1, 2025, FY 2026. The Kidney Disease Program will strive to deliver the best services possible to ensure that each KDP recipient continues to receive quality medical care and efficient customer service from KDP staff. KDP will continue to work with its colleagues in defining the best possible route to obtaining and developing a new KDP electronic claims processing system and completing the development of the Patient Enrollment, Case Management and Premium Management systems. In addition, the Kidney Disease Program will continue to work with the Commission on Kidney Disease to provide quality service and education to end stage kidney disease (ESKD) patients in the State of Maryland and ESKD community.

## Newsletter 2026

### Commissioners:

Sumeska Thavarajah, MD  
*Chairman*

Sonal Korgaonkar, MD  
*Vice-Chairman*

Adam Berliner, MD  
Nadiesda Costa, MD  
Donna Hanes, MD  
Owanle Turton, RN  
Jacqueline Hires, LCSW NSW-C  
Tisha Guthrie, LMSW  
Jerome Chiat

### Staff:

Eva H. Schwartz, MS, MT, SBB (ASCP)  
*Executive Director*

Alice Pun, MSN, RN, CDN  
*Health Facilities Nurse Surveyor*

Leslie Schulman, AAG  
*Commission Counsel*

### Commission Meetings:

The Commission on Kidney will meet virtually via google meet on the following dates in 2026:

January 22

April 23

July 23

October 29

2025 Open Meetings Agendas and Minutes accessible are accessible on the MDCKD website at [mdckd.org](http://mdckd.org)

### Citation Free Surveys (2025):

DaVita Washington County  
FMC Robinwood  
FMC Hagerstown  
FMC Middle River  
FKC Southern Maryland  
Johns Hopkins Transplant Center  
UMMC Transplant Center  
Western Maryland Regional Dialysis Center

### Citation Free Surveys (2024)

DaVita Deer Creek

Deer's Head Hospital Center  
IDF Chestnut Square  
DaVita Washington County

**New Facility Certifications:**  
DaVita Towson Home Center (2024)

**Facility Closure:**  
FMC Baltimore Dialysis Center (2025)

### **Past Commissioner's Corner, Susan Leon, RN**

As a past Commissioner on the Maryland Kidney Commission, I want to say thank you for the opportunity to serve our nephrology and transplant community. I felt it was a privilege to work with a group of professionals and consumers where the primary focus is to protect the health of a vulnerable population.

As a nurse in a privately owned dialysis unit, it was important and valuable to me to be aware of upcoming regulations. Being on the Commission made sure I was current on legislation affecting standards of care.

I enjoyed interacting with professionals from across the state that I would not have come in contact with otherwise.

I am also affiliated with the local chapter of the American Nephrology Nurse Association, and we have collaborated with the Kidney Commission several times to provide pertinent educational programs for facility staff, from clinical to RD's and SW's.

One of the responsibilities is to review clinic surveys and Plans of Correction to help make sure the facilities are headed in the right direction to correct deficiencies - all to protect the patients and staff.

Being a nurse on the Commission allows you to proudly share your knowledge and dedication to our profession. It is a limited engagement and might take a couple hours of your time each month. Time well spent as you make an impact on the care of our patients in Maryland. And, it looks good on your resume!

### **Commission Event**

#### Renal Educational Summit (Summit) 2025

The Commission held a Renal Educational Summit (Summit) at Bayview Medical Center on 03/09/2025 in collaboration with the Baltimore

Chapter of the American Nurses Association (ANNA). Attendees awarded 7.5 CEUs for the Summit. The Summit was an educational seminar provided to the staff in the renal community who were interested in learning the most updated trends and information and best practices in renal nursing. The following topics were addressed with a phenomenally positive review:

- Hepatitis B in the Dialysis Unit
- Ensuring Excellence: The Dialysis Facility Survey Process
- Patient Engagement
- Involuntary Discharge Strategies
- Water Treatment Fundamentals
- Fluid Fundamentals with Demonstration
- Understanding Motivational Interviewing
- Why Home: Home Panel Discussion

The Commission received 100% positive feedback from this Renal Summit such as having the great speakers, the interesting topics and having the opportunity to learn so much from this Summit.

The Commission was so thankful that we got the excellent guest speakers from our Commission's Chairperson, Dr. Sumeska Thavarajah, Commissioner Jacqueline Hires, Amanda Lauzau, LCSW-C, Elyse Aracich, RD and Gary Smith, Biomedical Operation Manager from DaVita, Renee Bova-Collis from Network 5, Towanda Maker, Nurse Manager and Jamie McNeill, Renal Operations Manager from Grace Medical Center and Dewayne McNeill, the Home Hemodialysis patient, together with their wonderful presentations, and their precious time joining in for this Summit. We also received Susan Leon, RN and Donna Richmond, RN from the Baltimore Chapter of the ANNA with their tremendous support to make this event so successful and thriveful.

The Commission is planning to host a Renal Educational Summit in 2026. Please stay tuned for our upcoming event!

submitted by Alice Pun, RN

### **Message from Network 5**

#### **Staying Healthy This Respiratory Season: Why Vaccines Matter for ESRD Patients**

Vaccinations play a critical role in protecting individuals with End-Stage Renal Disease (ESRD), particularly during respiratory season when viruses such as influenza, RSV, COVID-19, and pneumococcal infections circulate widely. Because ESRD affects immune function and requires patients to receive frequent in-center care, this population faces significantly higher risks of infection, severe illness, hospitalization, and mortality.

Immunizations are one of the most effective tools available to safeguard their health and reduce preventable complications.

Patients with ESRD experience compromised immune responses due to uremia, chronic inflammation, and the effects of dialysis treatment. This makes them more susceptible not only to contracting respiratory illnesses, but also to experiencing more serious symptoms and slower recovery times. Even routine viral infections can escalate rapidly, leading to pneumonia, hospitalization, or other dangerous complications. Vaccines help stimulate an immune response strong enough to provide meaningful protection, even when the immune system is weakened.

Frequent healthcare exposure is another reason vaccination is essential. Because dialysis care occurs in shared spaces, patients cannot isolate and face higher exposure to respiratory viruses. Unlike the general population—who can limit contact or isolate more easily during peak respiratory season—dialysis patients cannot postpone treatment. Facilities benefit from higher vaccination coverage because it reduces facility-wide outbreaks, protecting not only the vaccinated individual but also other vulnerable patients.

Respiratory illnesses also pose serious secondary risks for people with ESRD. Conditions such as influenza or RSV can exacerbate cardiovascular issues, worsen fluid balance, and contribute to acute complications that may require intensive treatment. Pneumococcal disease is particularly concerning, as it can lead to severe pneumonia or bloodstream infections. Vaccination reduces the severity of illness and prevents complications that could threaten long-term health and stability.

From a public health perspective, vaccination is a key strategy to maintain continuity of care. Respiratory season often brings higher rates of healthcare utilization and staffing shortages. When ESRD patients are vaccinated, they are less likely to require emergency care or hospitalization, and more able to maintain their regular dialysis schedule. This supports better clinical outcomes and reduces strain on healthcare systems already challenged by seasonal surges.

It is also important to recognize that vaccination helps protect families, caregivers, and the broader community. ESRD patients often rely on support networks, and any disruption in health can place additional burden on loved ones. By staying up to date on recommended vaccines—including influenza, COVID-19, RSV (when eligible), and pneumococcal immunizations—patients take an active step in safeguarding themselves and those around them.

Ultimately, vaccination is a simple yet powerful intervention. For individuals with ESRD, it provides essential protection during a season when their vulnerability is heightened. By prioritizing immunization, dialysis facilities, care teams, and patients work together to

prevent illness, reduce complications, and promote safer, healthier outcomes throughout respiratory season. Visit the Network’s website for resources to support vaccination this season <https://www.qualityinsights.org/qirn5>

**IVD Process, Criteria**

Involuntary patient discharge (IVD) should be considered only as a last resort. The Network should be notified before an involuntary discharge is initiated. This will ensure procedure is followed appropriately. The only acceptable reasons for IVD are

- Non-payment
- Facility ceases to operate
- Documented medical needs the facility cannot meet
- Ongoing disruptive, abusive behavior creating impairment of patient care or facility operations

Except for immediate severe threat, the facility must have demonstrated due diligence in assisting the patient as described in the table below.

IVD Reason	Facility Responsibility	Notice Requirements	IVD Packet Due
<b>Non-payment</b>	Documented efforts to assist patients with obtaining available coverage	Alert Network of at-risk status  30-day notice to patient	2 weeks before patient’s expected last treatment
<b>Facility Ceases to Operate</b>	Ensure all patients are transferred to area units of their preference  Inform the Network of any placement difficulties	Corporate leadership should be involved; permanent closures require formal federal and state notifications  30-day notice to patients	NA
<b>Medical Need</b>	Documented need that cannot be met by facility  Assist patients to obtain appropriate arrangements that can meet needs	As soon as need(s) is identified, communicate with patient/care partner and Network	Determined by Network

<b>Ongoing Abusive/disruptive Behavior</b>	<p>Documented reassessment and care plan meeting with patient to address behavior</p> <p>Documented 1<sup>st</sup> person accounts of incidents and actions of facility</p> <p>Consult with Network regarding options for managing behavior</p> <p>Efforts (beyond a list of units) must be made to place patient</p>	<p>Alert Network of at-risk status</p> <p>30-day notice to patient</p>	<p>2 weeks before patient's expected last treatment</p>
<b>Immediate Severe Threat</b>	<p>Call police immediately</p> <p>Do not initiate treatment on an agitated patient</p> <p>Involve corporate leadership</p> <p>Consider whether patient can be issued warning vs IVD</p>	<p>Alert Network immediately</p> <p>Notify patient immediately</p>	<p>Within 48 hours</p>

Please utilize the Network as a resource when trying to manage patient behaviors. We have decades of experience and knowledge and offer an objective perspective to help guide your efforts.

Explore the Network website (<https://www.qualityinsights.org/qirn5/dialysis-providers>) for

- Resources for conflict management

- Federal Register: ESRD Medicare Conditions for Coverage: 494.180 Condition: Governance (f) Standard: Involuntary Discharge and Transfer Policies and Procedures
- IVD Process and Packet

### **Non-adherence**

Non-adherence is NOT an acceptable reason for discharge. And facilities cannot refuse to readmit a patient for non-adherence. There is no magical 30-day rule employed by the Network or the state. Medical Directors are specifically identified in the Conditions for Coverage as responsible for ensuring patients are not discharged inappropriately.

There are many reasons patients shorten or skip treatments including access to resources, boredom, health literacy, depression and mental health. It is important to identify with the patient the root cause(s) to know best how to assist. Life Planning is an excellent strategy to better understand the patient's values, priorities and preferences. Screening the patient for depression and anxiety is important as these disorders cause high risk for non-adherence.

Non-adherence in home dialysis is unique. The attending nephrologist makes determination of whether a patient is appropriate or not for independent self-care. When the determination is made to remove the patient from home dialysis, this is considered a modality change and the home dialysis program's back up ICH facility must accommodate the patient. Due diligence should still be made to identify and address root causes of non-adherence.

Utilize the Network as a resource to brainstorm ways to make an impact in adherence for your patients. Explore the Network's Community Asset Profile (<https://www.qualityinsights.org/qirn5/health-equity/cap-library>) to identify resources such as transportation and mental health services available in your patient(s) county.

Check out the Network's new Adherence Toolkit:

<https://www.qualityinsights.org/-patient-engagement-interventions-1-75bd03c7-9d53-4b92-8429-05246dce2b3e>

### **Message from Kidney Disease Program**

#### **KDP FISCAL YEAR 2025 ACCOMPLISHMENTS**

The Kidney Disease Program (KDP) enhanced the Program's website with information and updates related to the Program. The address of this website is:

<https://health.maryland.gov/pha/Pages/maryland-kidney-disease-program.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. The KDP Brochure has also been updated. The brochure may be viewed at <https://health.maryland.gov/pha/Documents/KDPBrochure%2010312018.pdf> Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Conduent 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.

ESKD providers of service continue to be granted access to the KDP Portal. User agreements must be submitted online through the updated portal. Approval of user agreements has improved to a 48 hour or less processing window. To gain access to the current KDP Provider Portal, users must utilize their username and password to log into <https://mdkdp.my.site.com/provider/s/> . The KDP portal allows providers to verify 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 ESKD patients certified with the Kidney Disease Program of MD. Any problems related to the provider portal should be addressed to [crmsd@mdthink.maryland.gov](mailto:crmsd@mdthink.maryland.gov)

The Kidney Disease Program is successfully transmitting a KDP recipient eligibility file, resource file and COB Connect document to HMS (Health Management Services) monthly to gather patients' third-party insurance information to maximize collection efforts and ensure that KDP is the payer of last resort. KDP is working with HMS under a new contract, to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP has transitioned to working with MDThink to implement a new workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Recovery and Recoupment capabilities, Premium Management system, Online Provider and Patient Portals and additional functionalities. The Salesforce operational system is scheduled to go live July 1, 2025, FY 2026.

KDP, along with MD Medicaid, BCCDT and MADAP, has a contract with Conduent for a pharmacy point-of-sale electronic claims management system (POSECMS). The latest contract went into effect October 31, 2022. This enhanced system provides updates and adds compliance to the existing pharmacy point-of-sale claims processing system.

KDP, along with BCCDT and CMS, extended the Santeon contract, the current KDP electronic claims processing (eCMS) vendor, to June 30, 2025, to continue the KDP claims functioning processes, financial payments and recoveries, in addition to reporting requirements.

Customer service in the areas of patient certification, accounts payable and accounts receivable continue to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible, adjudicating claims in a timely manner, assist with explaining the calculation and billing of program participation fees, and providing guidance to members of the renal community to assist them in receiving the most accurate information possible. Training occurs with Free Standing Dialysis Unit (FSDU) social workers and Senior Health Insurance Program (SHIP) personnel to educate the ESKD personnel and community in the KDP patient certification process, advise those personnel of KDP, Medicare and Medicaid regulations, and address frequent problems and concerns occurring with those processes.

### **PROJECTIONS FOR THE KIDNEY DISEASE PROGRAM**

The Kidney Disease Program continues to work with our contractors, Santeon, HMS, Conduent and MDThink, in addition to data processing analysts and programmers, to ensure compliance with State and Federal mandated requirements. KDP will move from Santeon to the Salesforce platform on July 1, 2025, FY 2026. The Kidney Disease Program will strive to deliver the best services possible to ensure that each KDP recipient continues to receive quality medical care and efficient customer service from KDP staff. KDP will continue to work with its colleagues in defining the best possible route to obtaining and developing a new KDP electronic claims processing system and completing the development of the Patient Enrollment, Case Management and Premium Management systems. In addition, the Kidney Disease Program will continue to work with the Commission on Kidney Disease to provide quality service and education to end stage kidney disease (ESKD) patients in the State of Maryland and ESKD community.