

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday April 24, 2008
4201 Patterson Avenue, Room 108-109

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, April 24, 2008 at 4201 Patterson Avenue in room 108-109. The Chairman, Dr. Roland Einhorn called the meeting to order at 2:10 PM. Commission members present were: Drs. Jeffrey Fink, Dean Taylor, Ken Yim, Kulwant Modi and Luis Gimenez and William Frederick, RN, Kim Sylvester, RN and Anne Marie Soltis, LCSW. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor. Commission counsel present: Leslie Schulman, AAG.

DHMH staff present: Carol Manning, Chief KDP, Cheryl Camillo and Dee Spanos Medicaid Operations, Barbara Fagan, Pat Okin, RN, and Maria Krasnansky, RN, Office of Health Care Quality.

Guests present were:

Stuart Lessner, Union Memorial	Joan Rogers, IDF
Janice Weber, DCA	Karen Lambrech, Amgen
Brenda Redilla, Amgen	Evita Thompson, Liberty Dialysis
Brenda Falcone, NKF	Mary Keller, DCA
Brian Nelson, DCA	Chris Simon, IDF
Tracey Mooney, IDF	Genny Murray, Davita
Micki Misiazck, Genzyme	Tara Matthews, Davita
Stephanie Barkley, Davita	Maria Mursin, SSAKC
TriDonna Brandford, Davita	Pam Earll, Davita

I. APPROVAL OF JANUARY 31, 2008 MINUTES

The minutes were approved as submitted.

II. CHAIRMAN'S REPORT

Dr. Einhorn welcomed everyone to the meeting and welcomed new Commissioners Dr. Kulwant Modi and Kim Sylvester, RN.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz acknowledged and thanked Tracey Mooney, former Commissioner, of 9 plus years for her dedication and support of the Commission, working diligently with the KDP and the Legislature to protect the renal community. Mrs. Schwartz noted that Ms. Mooney is a leader of the taskforce working with the Department to streamline and improve the process for reimbursement.

Mrs. Schwartz introduced Cheryl Camillo, Executive Director of Eligibility Services who was scheduled to discuss KDP and Medicaid reimbursements issues.

Mrs. Schwartz reported that the Commission is charged with maintaining standards of care within the facilities. She noted that the increased number of citations and deficiencies identified during surveys indicate that there may be some patient safety issues and that staffing is a concern. She stated that some facilities do not follow their submitted Plans of Correction (POC). She noted that when repeated non-compliance with POCs is identified, the Commission has requested meetings with facility management including the medical director. Mrs. Schwartz noted that these small, confidential, informal and educational meetings appear to help facilities achieve better compliance. She reported that any group may request to meet informally with Commission staff.

IV. OLD BUSINESS

A. Collaborative Task Force – NKF

Brenda Falcone, Director of Community and Patient Services, at the Maryland Chapter of the National Kidney Foundation announced that an evaluative meeting was held on March 26th. Twenty-two people met to discuss how to address the lack of awareness of kidney disease, what can be done to increase awareness and how primary care physician practice may impact timely referrals to nephrologists. She noted that the group is working on formulating action points to address the primary care physicians and to increase awareness of kidney disease and early warning signs.

Dr. Taylor indicated that he is concerned that the primary care physicians were not involved in this meeting. Ms. Falcone noted that the March meeting was a brainstorming meeting and the group will involve primary care organizations when appropriate.

B. KDP Reimbursement Issues – Cheryl Camillo, Executive Director of Eligibility Services

Ms. Camillo reported that she is new to the Department of Eligibility Services, being employed in September 2007. She noted that she met with Eva and Tracey in February to discuss reimbursement concerns. She stated that as a result of those meetings and other conversations, the Department has secured 6 new PINS (full time equivalents for positions) effective July 1, 2008, with a supervisor for patient certification in place by next month, one new staff member who started 2 weeks ago, and the hiring process proceeding for the other PINS and additional administrative assistance from her office being utilized as well.

She noted that the certification applications are being processed in 51 days and that they are working on claims issues and the backlog.

Ms. Mooney noted that the providers are working together to address these payment issues. She noted that there is a 3 year backlog in provider payment. She requested a waiver of the statute of limitations and cash advances for providers.

Ms. Camillo noted that the Secretary is willing to talk about the cash advances. The Department will need to meet with provider groups to identify claim amounts.

Ms. Schwartz noted that providers are concerned about the statute of limitations for submitting claims and that duplicate claims are being submitted by providers who are concerned about timely billing. This resubmission of claims is causing more backlog.

Ms. Camillo noted that she would like to first address the issues with the Medicare crossover claims before changing the statute of limitations regarding billing.

Discussion ensued regarding claims issues. Further discussions between the provider groups and the Department were planned.

C. Dialysis Facility Architectural Drawing Review by Howard Jones from the Department of General Services

Dr. Einhorn announced that Mr. Jones is willing to review architectural drawings for new dialysis facilities. Mrs. Schwarz noted that having someone from the Department review plans may pre-empt post-construction denial of stations due to space issues.

V. NEW BUSINESS

A. Kidney Disease Program

Ms. Manning presented the KDP budget. She noted that services will be paid regardless of the budget. She reported that the KDP has not received their funding for the new fiscal year budget. She stated that the Department has recognized a need for an increase in the budget allocation.

B. Commission Newsletter

Dr. Einhorn reported that everyone should have received a copy of the Commission newsletter. He noted that the Chairman's Report emphasized the Medical Director's role in the facilities. He stated that the Medical Director should be assuring that all standards are being met including quality assurance, reuse and water treatment. He recognized that there are some new and inexperienced Medical Directors who are very busy. He stated that the Commission is evaluating the involvement and level of responsibility the Medical Directors exhibit with facilities' operations.

Dr. Taylor stated that he is having difficulty understanding the disparity in the level of care provided in facilities from the same entity. He suggested that facilities that are successfully complying with State and Federal Regulations should share with their sister facilities their best practices.

C. Updated MARC Goals & Recommendations

Mrs. Adcock reported that the Network has revised their Goals and Recommendations regarding anemia management for adult patients. She noted that the new goal for hemoglobin greater or equal to 11.0 is 80%

and that no more than 15% of Network patients should have hemoglobin of greater than or equal to 13. These changes were implemented in light of the black box warnings regarding use of ESAs.

D. Proposed Amendments to COMAR 10.05.04

Mrs. Schwartz announced that the Office of Healthcare Quality (OHCQ) is revising their dialysis regulations. She noted that a workgroup with representation from various entities worked on the finished product. The new regulations define the administrator’s role and education requirements, water treatment updates, staffing and quality assurance. The Commission proposes to endorse those amendments.

The OHCQ’s proposed regulations have not been published. Ms. Schulman noted that once they are published, there will be a 45 day public comment period.

Ms. Mooney voiced concerns that there was no fiscal impact indicated on small businesses because of these proposed regulations.

Ms. Schulman stated that she would request that the OHCQ review the economic impact.

E. Complaints

Mrs. Schwartz noted the following types of complaints have been received by the Commission since the last meeting:

- Written
 - Complaint regarding facility staffing
- Verbal
 - Patient complaint regarding staff at a dialysis facility
 - Complaint regarding health insurance transportation policy change
 - Detention center complaint against a dialysis facility
 - Complaint regarding staffing at a dialysis facility which caused a employee to be denied timely care after a needle stick

A. Commission Approval/Disapproval for KDP Transplant Reimbursement

No requests for out of state approval for transplants were received since last meeting.

Hospital	Granted	Refused
Washington Hospital Center	0	0
Georgetown University Hospital	0	0
Inova Fairfax Transplant Center	0	0

1. Surveys (20)

The Commissioners reviewed the results of the surveys and the deficiencies noted:

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	1
Governing Body and Management	9
Medical Supervision	1
Long Term Program and Care Plan	12
Patient Rights/Responsibilities	0
Medical Records	8
Physical Environment	13
Transmissible Diseases	1
Reuse	4
Affiliation Agreements	1
Director of Dialysis Center	0
Staff of a Renal Dialysis Facility	10
Minimal Service Requirements	4
Transplant Centers/ Affiliation Agreement	2
Abusive and Dangerous Patients	0

Mrs. Adcock noted that Long Term Program and Care Plans and Physical Environment issues remain problematic.

H. Surveys Completed (20)

The following facilities have been surveyed since the last meeting:

Good Samaritan Cromwell
Davita Greenspring
Bon Secours Dialysis
Davita Catonsville
Davita Largo
FMC Wheaton
Davita Howard Street
Davita Silver Spring
Davita Glen Burnie
Davita 25th Street

Davita Germantown
Davita N. Rolling Road
Davita Mercy
St. Thomas More Dialysis
Davita Downtown
FMC Greater Baltimore
Davita Seton Drive
Davita Dulaney Towson
RAI Silver Hill
Holy Cross Dialysis

I. Percent of Surveyed Facilities Meeting MARC's Anemia, Adequacy and Fistula First Goals for Hemodialysis Patients

These results are representative of the surveys completed last quarter. The first quarter of this year reflects the change in anemia goals by the Network.

GO		Q1	Q2	Q3	Q4
AL		(2008)			(2007)
ANEMIA	Hgb \geq 11 (80%)	40%			24%
ADEQUACY	Kt/v \geq 1.2 (90%)	60%			71%
FISTULAS	40%	83%			71%
FISTULAS	50%	50%			53%

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-508", on a motion made by Dr. Roland Einhorn, the Commission unanimously voted to close its meeting on April 24, 2008 at 3:15 p.m., for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.