MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

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MESSAGE FROM THE COMMISSION CHAIR
ADAM BERLINER, MD

Several years ago, at a colleague's farewell party, I was speaking with a member of the Maryland State Commission on Kidney Disease. Someone else asked him, "What exactly does the Kidney Commission do?" Having not yet joined the Commission myself, I too was very curious.

Fast forward to the present day, in which I am privileged to be serving my fourth year on the Kidney Commission, and I am happy to share with anyone else who is curious like I was, just what exactly the Kidney Commission does.

The Maryland State Commission on Kidney Disease (Commission) was created in 1971, during the genesis of the Maryland State Kidney Disease Program (KDP). KDP is the Maryland State program devoted to providing important supplementary resources, primarily financial in nature, to Marylanders with end-stage renal disease (ESRD). Financial support from KDP, to patients and health-care providers alike, is an important component of affording the provision of ESRD care in Maryland, whether for chronic dialysis treatment, other ESRD-related medical care, including hospitalizations and kidney transplantation, and prescription drug assistance.

The Kidney Commission is a multidisciplinary team composed of physicians, nurses, social workers, patients, and administrators, empowered by the State to oversee the lawful administration of KDP and to ensure that patient care organizations funded by KDP, primarily dialysis providers and transplant programs, are providing patients with care that meets or exceeds standards set by the Commission.

The Commission's core activities continue to be centered around the following:

- Surveillance and inspection of all KDP-certified dialysis programs serving Marylanders with ESRD, including in-center hemodialysis, home hemodialysis, and peritoneal dialysis, along with all kidney transplant programs within the state
- Revision of the KDP formulary as necessary, to best meet the needs of patients that rely on KDP to help with affording prescription medication
- Protection of patient's rights, including being a forum to field and investigate patient complaints, ensuring due process for involuntary patient discharges,

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COMMISSION MEETINGS

The Commission on Kidney Disease will meet on the following dates in 2021:

April 29, 2021

July 22, 2021

October 28, 2021

The Commission meets at the Department of Health, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 - 4799.

COMMISSIONERS:

Adam Berliner, M.D.
Chairman
Sumeska Thavarajah, M.D.
Vice Chairman

Jerome Chiat
Nadiesda Costa, MD
Tisha Guthrie, LMSW
Donna Hanes, MD
Raymond Harris
Jacqueline Hires, LCSW NSW-C
Sonal Korgaonkar, MD
Susan Leon, RN
Andrene Townsend, RN
Jeremy Yospin, MD

STAFF:

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

Donna Adcock, RN
Healthcare Surveyor

Leslie Schulman, AAG
Commission Counsel

INSIDE THIS ISSUE:

COMMISSION NEWS

CITATION FREE SURVEYS

The Commission is commending a record number of facilities for achieving citation free surveys:

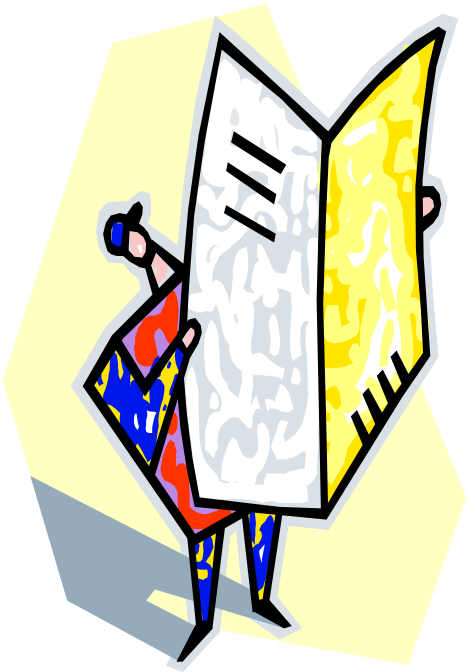
- Davita Dundalk
- Davita Harford Road
- FMC Wheaton
- FMC Middle River
- IDF Calvert
- Davita Queen Anne
- Davita Severn River
- Davita Ridge Road
- FMC Waldorf

It is an achievable goal, and should be the goal of each facility.

COMMISSION WEBSITE

health.maryland.gov/mdckd

Find the latest Commission information: meeting dates, new facility information, complaint forms, regulations, Governor's report and past and current newsletters.



NEWLY CERTIFIED FACILITIES:

- FMC Germantown
- Davita Severn River
- Concerto Renal Services

These facilities have been certified and are in good standing.

MESSAGE FROM THE COMMISSION CHAIR

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- and serving as a voice for patient advocacy at the State government level when matters consequential to ESRD patients are debated in Annapolis

It has been a very difficult year for everyone, filled with fear, stress, and sadly, much loss of life. Due to the pandemic, it has unfortunately been more than a year since the Commission has convened in-person for our quarterly public meetings. Fortunately, our virtual meetings (also open to the public, with impressively good attendance) have allowed us to continue the Commission's important work. The Commission will continue to do everything in its power to support Maryland's ESRD population.

I am grateful for the support and collaboration of all Commission members past and present. Special recognition is in order for our Executive Director Eva Schwartz MS, MT, SBB(ASCP), Healthcare Surveyor Donna Adcock RN, and Commission Counsel Leslie Schulman AAG, all of whose enduring presence on the Commission has been its backbone for many years.

-Adam Berliner MD

Quality Insights Renal Network 5

COVID-19 Reporting

Beginning March 31, 2021, facilities will be required to report all patient and healthcare providers vaccination statuses weekly in NHSN. The reporting week runs Wednesday through Tuesday and facilities are expected to report the information no later than 2pm every Wednesday for the previous week. Information on how to report the vaccination data can be found here:

Weekly Patient COVID-19 Vaccination

Weekly HCP COVID-19 Vaccination

Patient Experience of Care

With the added stress of COVID-19, patients and staff alike are in need of extra supports. Grievances were at one of the highest points in 2020 and as the effects of the virus continue, breaking points are anticipated to lead to an increase in patients at risk for involuntary discharge. The Network is urging providers to ensure that staff and patients have added supports to help them better cope during these trying times. The Network makes resources available through regular communications which are listed below.

- **REMINDER**:
    - ◊ Patients have a right to file a grievance and facilities have a responsibility to support patients through that process. Information should be clearly posted regarding patient options for filing grievances within the dialysis facility, within the dialysis corporation, with the Network and with the State Department of Health, including the Maryland Kidney Commission.
    - ◊ Facilities should also have a process for patients to file concerns anonymously.
    - ◊ Network grievance posters are available upon request in both English and Spanish. These posters are required to be displayed in all facilities. To order posters, contact Renée Bova-Collis at rbovacollis@qualityinsights.org or call 804-320-0004, extension 2705.
- **RESOURCES:**
    - ◊ QIRN5's electronic newsletter, *Elerts* is distributed twice a month. It is the primary form of communication between the Network and facilities. It includes project updates, CMS news and alerts, mental health resources, patient engagement information, and education opportunities. Sign up for *Elerts* on their website at https://www.qirn5.org/Contact-Us/e-lerts-Sign-Up-Form.aspx.
    - ◊ Weekly, the Network is direct emailing staff with COVID-19 information including CMS and CDC news, updates and mandates, community networking meetings, mental health resources and patient education and support resources. To receive these email communications, please ensure the Network has your correct contact information. Updates can be provided to Heather Cecil at hcecil@qualityinsights.org or 804-320-0004, extension 2712.

TRANSPLANT EDUCATION: An Essential Resource

We have all experienced change in how we live in the past year, and how we receive invaluable health education is no exception.

TRIO (Transplant Recipients International Organization) of Maryland in partnership with The Living Legacy Foundation is committed to providing quality education that is timely, accurate and informative despite our limitations to gather in person. This year, in order to keep our community safe, they continue their commitment to support our transplant community virtually.

On May 8, 2021, TRIO will be hosting "The Virtual Transplant Journey." This will include sessions geared toward the waitlisted patient, post-transplant medications and side effects, dermatology and cancer prevention, as well as mental health and well-being.

Please join us for a morning of support, guidance and education from seasoned medical professionals with expertise in donation and transplantation on what to expect throughout this complex journey. Our goal is to help the patient navigate this process earlier, leverage resources sooner and make the process for the patient and their family much smoother.

While this is a free educational conference, online registration is required.
Please go to https://triomaryland.org/events/2021-5/ for event registration directions.

- Laura Conroy, Johns Hopkins Transplant

KIDNEY DISEASE PROGRAM

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

https://mmcp.health.maryland.gov/familyplanning/Pages/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. The KDP Brochure has also been updated. The brochure may be viewed at https://mmcp.health.maryland.gov/familyplanning/Documents/KDP.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.

ESRD providers of service continue to be granted access to the KDP Provider Portal. Approval of user agreements, necessary to gain access, has improved to a 48 hour or less processing window. User agreements may be submitted online through the updated portal. To gain access to the current KDP Provider Portal, users must log into www.mdeclaims.health.maryland.gov. The KDP portal allows providers to verify claims' status and view detailed payment information, which includes, check numbers, check dates, claim information 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 is successfully transmitting a KDP recipient eligibility file, resource file and a COB Connect document to HMS (Health Management Services) on a monthly basis in an effort to gather third party insurance information to maximize collection efforts and ensure that KDP is accurately a payer of last resort by timely updating of the KDP eligibility file with TPL information. Work has initiated to compose a new TPL RFP in an effort to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP has secured a contract with Dravida Consulting and its subcontractor, Enovational Corp. to implement a new workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Premium Management system, Recovery and Recoupment Module, Online Patient and Provider Portal and additional functionalities.

KDP, along with MD Medicaid, BCCDT and MADAP, has also secured a new contract with Conduent for a Pharmacy point-of-sale electronic claims management system (POSECMS). This system will provide system updates and added compliance to the already existing point-of-sale claims processing system.

KDP, along with BCCDT and CMS, contracts with Santeon, the current KDP electronic claims processing (eCMS) vendor, to continue the KDP claims functioning processes, financial payments and recoveries, in addition to reporting requirements. This 5 year contract covers the period of FY 2016 to FY 2021.

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. Training sessions have been held with Free Standing Dialysis Unit (FSDU) social workers and Senior Health Insurance Program (SHIP) personnel in an effort to educate the ESRD 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.

- Carol Manning

American Association of Kidney Patients
aakp.org
American Society of Transplant Surgeons
AMERICAN SOCIETY OF TRANSPLANTATION

STATEMENT ON COMPREHENSIVE LIVING ORGAN DONOR PROTECTIONS

March is National Kidney Month and April is National Donate Life Month. As leading, independent, national organizations representing patients, organ donors and their families, transplant surgeons, and transplant health professionals, the American Association of Kidney Patients (AAKP), the American Society of Transplant Surgeons (ASTS), the American Society of Transplantation (AST) restate our commitment to increased altruistic living organ donation through greater legal protections for a person who becomes a living organ donor. It is unacceptable that Americans with kidney failure are forced to wait on a transplant list, or die awaiting a transplant, when Congress could enact comprehensive policy solutions to remove roadblocks to living organ donation, increase available organs and save more lives.

Kidney disease and kidney failure are a threat to every American. They disproportionately impact minorities and communities of color – who already bear the burden of disparate care, health inequities and lower organ transplant rates. Increased living organ donation will save thousands of lives, and livelihoods, every year. Yet, significant roadblocks remain. Patients, potential organ donors, transplant professionals, social workers and community advocates cite practical realities and fears about job loss, insurance status including the ability to retain current or obtain future insurance, and family financial security as significant barriers to more living organ donation. **AST, ASTS and AAKP believe no person should be discriminated against for their noble decision to become a living organ donor – meaning no donor should face disparate treatment or hidden penalties for their selfless act through a threat to their job security or career, or their life, health and disability insurance or related future insurability.**

Today, we stand united to applaud Congressman Jerrold Nadler (D-NY), Congresswoman Jaime Herrera Beutler (R-WA), Senator Kirsten Gillibrand (D-NY) and Senator Tom Cotton (R-AR) for their effort to enshrine FMLA protections for all living organ donors and to increase altruistic organ donation. For National Kidney Month, these four elected leaders have re-introduced the "Living Donor Protection Act" of 2019 (H.R. 1255 & S. 377) which will protect currently insured potential living organ donors from discrimination and help patients with kidney failure. We are pleased that they have taken this important initial legislative step. We look forward to improving and strengthening the language to reflect the more comprehensive patient/donor centered solutions we have historically supported. Congress must make certain this legislation bars insurance discrimination that in any way inhibits living donation and more fully protects the patient-doctor relationship necessary to assess the risks and benefits of transplantation. The bill must prevent life, disability, and long-term care insurance companies from denying or limiting coverage and from charging higher premiums for uninsured or insured living organ donors because that person is a living donor.

Congressman Nadler, Congresswoman Herrera Beutler, Senator Gillibrand and Senator Cotton, along with AAKP, AST and ASTS know barriers to increased transplantation can be removed through bipartisan actions that elevate and protect the interests of patients and living organ donors. In 2018, through a legal opinion, the United States Department of Labor found that the Family Medical Leave Act (FMLA) extended job protections for many Americans interested in becoming living organ donors. Last year, a bipartisan majority in Congress passed the "Comprehensive Immunosuppressive Drug Coverage" legislation which became law in December 2020. AAKP, AST and ASTS worked diligently to build grassroots and medical expert support for both of these actions which, together, protect jobs and extend lifesaving immunosuppressive drug coverage beyond a restrictive 36-month limit and provide new coverages for those who lose their insurance existing drug coverage. These actions will save hundreds of lives and prevent kidney patients from losing their organs and returning to high-cost dialysis coverage.

Congress can and should do more for living organ donation, building upon past successes to remove barriers and by removing remaining disincentives by improving, strengthening and then advancing "The Living Donor Protection Act in 2021" (H.R. 1255 & S. 377) in the 117th Congress. We hope Congress continues to listen closely to selfless Americans willing to give the gift of life and patients and families waiting anxiously for organ transplants.

For further information, contact AAKP's Diana Clynes, dclynes@aakp.org; ASTS's Peggy Tighe, Peggy.Tighe@PowersLaw.com; or AST's Bill Applegate, Bill.Applegate@bclplaw.com.

March 5, 2021