

**GOVERNOR'S ANNUAL REPORT  
2008**

**MARYLAND COMMISSION ON KIDNEY DISEASE  
and  
TRANSPLANTATION**

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**Roland Einhorn, M.D., Chairman  
Kenneth Yim, M.D., Vice-Chairman**

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

**Donna Adcock, RN, Health Facilities Surveyor**

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

**January 1, 2008-December 31, 2008**

“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**

Roland Einhorn, M.D.  
Jose S. Almario, M.D.  
Luis Gimenez, M.D.  
Jeffrey Fink, M.D.  
Dean Taylor, M.D.  
Kenneth Yim, M.D.  
Kulwant Modi, M.D.  
William Frederick, R.N.  
Tracey Mooney, CPA  
Margery Pozefsky  
Anne-Marie Soltis, LCSW  
Kimberly Sylvester, RN

**STAFF**

During the calendar year 2008, 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, Donna Adcock, R.N. served as the Commission Surveyor of the dialysis and transplant centers and Oladuni Akinpelu served as the website manager.

## COMMISSION MEETINGS

The Commission met in January, April, July and October, 2008.

## 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 due to non-compliance with their own submitted Plan of Correction (POC).**

During the 2007 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>
Frederick Renal Care	405 W. 7 <sup>th</sup> Street Frederick, MD 21017	Rohan Rengen, M.D.
Davita Northwest	2245 Rolling Run Drive, Ste. 1 Baltimore, MD 21244	Tamil Kuppisamy, M.D.

Additional responsibilities of the Commission are to conduct on-site surveys of the dialysis and transplant facilities throughout the State of Maryland. The Commission surveyed the dialysis and transplant facilities to meet the regulatory standards as promulgated by the Commission. An annual certification fee collected by the Commission is an additional requirement of the facilities for certification with the Commission and eligibility for reimbursement from the KDP. Enclosed is the roster of all certified dialysis and transplant facilities and centers in Maryland. This informational roster is available upon request from the Commission, and is posted on the **Commission's website: [www.mdckd.org](http://www.mdckd.org)**.

## COMMISSION ACCOMPLISHMENTS

- The Commission reviewed thirty-three (33) complaints between patients and facilities. Additionally, the Commission surveyed eighty-three (83) facilities for compliance with standards of care and addressed all plans of correction that emerged from such surveys. The Office of Health Care Quality is mandated by law to survey 33 % of existing facilities on an annual basis. The Commission surveys certified dialysis facilities and transplant centers at its discretion. Surveys are scheduled based on need related to compliance of the facilities and transplant centers with submitted plans of correction and in response to patient complaints. The Commission reserves the right to

- schedule surveys to administer and manage the program as statutorily mandated and according to budgetary allowances and available funds.

- The Commission maintains an active and up to date website ([www.mdckd.org](http://www.mdckd.org)) for the latest information in the renal field as well as references to the Commission's activities and community education accomplishments.

- In calendar year 2008 the Commission surveyed eighty-three (83) dialysis facilities. Through the Plan of Correction 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.
- The Commission provides an invaluable resource 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 provided guidance to dialysis providers and DHMH regarding Boiled Water Advisories after a water main break in Montgomery County prompted community concerns about water quality.**
- The Commission completed and mailed a newsletter to the renal community. The newsletter is a tool to inform the community about the Commission's activities, and to provide educational information. Each published newsletter is available on the Commission's website.
- The Commission meetings are forums to inform and educate the renal community. Therefore, all Open Session minutes are posted on the Commission's website and are available for review by the renal community, dialysis facilities and staff and the public.
- The Commission addressed ongoing issues surrounding dialysis facilities' discharge practices and continuity of care issues.
- The Commission in collaboration with the Maryland Board of Nursing continues to enforce the licensure requirement that only Certified Nursing Assistants with a Dialysis Technician certification (CNA-DT) are permitted to provide care to dialysis patients.

- The Commission worked closely with the Maryland Patient Advocacy Group (MPAG), and its President Ms. Pearl Lewis in educating the renal community regarding Medicare Part D and its impact on the ESRD population.
- The Commission worked collaboratively with the Office of Health Care Quality and representatives from the renal community to revise the OHCQ's regulations. **The Commission has formed a workgroup to review and revise their regulations to conform to the new Office of Health Care Quality and the FEDERAL ESRD Regulations addressing Conditions for Coverage in dialysis centers.**
- **The Commission continued discussions with the Maryland Chapter of the National Kidney Foundation to develop a collaborative task force for the early identification of individuals with chronic kidney disease, as preventive healthcare.**
- The Commission worked collaboratively with the renal community including the Maryland Renal Administrator's Association and DHMH Department to address KDP reimbursement issues. **The Commission commends John Colmers, Secretary of DHMH, for his understanding, input and help in working within budgetary limitations to diffuse and resolve the providers' reimbursement issues.**
- The Commission has provided information and guidance to the renal community regarding the new ESRD Conditions for Coverage. These new regulations were effective October 14, 2008 and represent many changes for the dialysis facilities.

### **PATIENT GRIEVANCES**

During the year 2008, the Commission resolved thirty-three (33) complaints to the satisfaction of patients and the dialysis facilities. 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 End Stage Renal Disease (ESRD) Surveys. 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 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 of reimbursement for life saving medications.

## **STATUS OF THE KIDNEY DISEASE PROGRAM**

The purpose of the Kidney Disease Program (KDP) is to provide financial assistance to certified beneficiaries for the treatment of ESRD. This stage of renal impairment is almost always irreversible and requires dialysis or kidney transplantation to maintain life. As a payer of last resort, the Program may provide financial assistance only after all other medical and federal insurance coverage has been pursued. Covered services include chronic maintenance, in-center and home dialysis, renal transplantation, approved inpatient and/or outpatient hospital care, physician and laboratory fees, legend and OTC 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, 2008, the Kidney Disease Program provided coverage to approximately 2,263 beneficiaries. KDP net expenditures for FY 2008 totaled \$10,757,257. The KDP recovered \$354,778 in premiums and \$1,941,537 from its Drug Rebate Program in FY 2008. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

### **FISCAL YEAR 2008 ACCOMPLISHMENTS**

The Kidney Disease Program (KDP) has been successful in developing a website with information and updates relative to the Program. The address of this website is <http://www.dhmb.state.md.us/healthcare/medhealthins.htm> This website includes helpful information, such as: KDP Notices of updates/changes, Information Resources, Web Links, Phone Numbers, E-Mail Address for Questions about KDP and Billing Instructions. This website will undergo continuing development in an effort to provide the renal community with the most up to date information available in regards to the Kidney Disease Program. Enhancements and system developments to the KDP electronic claims management system (eCMS) and the ACS pharmacy point-of-sale system (POS) continue in an effort to provide more efficient and timelier processing of claims. These systems continue to allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers.

The Kidney Disease Program has developed and implemented the necessary changes needed to utilize the National Provider Identification (NPI) number on all electronic and paper claim forms.

The Kidney Disease Program worked with and continues to notify all ESRD recipients certified with the Program to apply for Medicare Part D prescription coverage, as required by House Bill 697.

Customer service in the area of patient certification continues to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible and provide education to members of the renal community to assist them in receiving the most accurate information possible.

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

The Program expects the average number of beneficiaries for Fiscal Year, 2009 to be 2350. The Program continues to work with our vendor, Santeon, and data processing analysts and programmers to ensure compliance with federally mandated requirements. The Program will continue to develop and provide enhancements to the electronic claims management system, in an effort to improve processing time and customer service. These enhancements include the ability for providers to electronically check claims' status, ability to access payment vouchers online, access the FMIS history of paid claims, and speedier reimbursement to providers. Updating of the Kidney Disease Program COMAR regulations is scheduled to occur in FY 2009. 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.