GOVERNOR'S ANNUAL REPORT 2018

MARYLAND COMMISSION ON KIDNEY DISEASE and TRANSPLANTATION

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Dr. Jeremy Yospin, Chairman

Dr. Paul Segal, Vice-Chairman

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

Donna Adcock, RN, Health Facilities Surveyor

Leslie Schulman, Assistant Attorney General, Commission Counsel

MARYLAND COMMISSION ON KIDNEY DISEASE REPORT TO THE GOVERNOR

January 1, 2018 - December 2018

"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

Jeremy Yospin, M.D. - Chairman Paul Segal, D.O. - Vice Chairman William Rayfield II, M.D. Henita Schiff Denise Collins, LCSW-C Joan Wise, R.N. Susan Leon, R.N. Donna Hanes, M.D. Sumeska Thavarajah, M.D. Nadiesda Costa, M.D. Adam Berliner, M.D.

STAFF

During the calendar year 2018, 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 Lie Commission, and Donna Adcock, R.N. served as the Commission Surveyor of the dialysis and transplant centers. The website manager was Oladunni Akinpelu.

COMMISSION MEETINGS

The Commission met in January, April, July and October, 2018.

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 its own submitted Plan of Correction (POC).

During the 2018 calendar year, the following <u>new</u> facilities were approved for certification by the Commission for KDP reimbursement purposes:

Facility	Address	Medical Director
avita – Good Samaritan	5601 Loch Raven Blvd. Baltimore, MD 21239	Dr. Luis Gimenez
Davita – Union Memorial	201 E. University Pkwy. Baltimore, MD 21218	Dr. Akshay Amin
Davita – Ridge Road	530 E. Ridgeville Blvd. Mount Airy, MD 21771	Dr. Anita Nahar
Davita - Laurel Lakes	14500 Laurel Pl. Laurel, MD 20707	Dr. Quan Wang
ARA – Salisbury	601 E. Main Street Salisbury, MD 21804	Dr. Eric Ofori
Davita – Gaithersburg	202 Perry Pkwy. Gaithersburg, MD 20877	Dr. Sorana Hila

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 ommission 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:** dhmh.maryland.gov/mdckd.

COMMISSION ACCOMPLISHMENTS

- The Commission reviewed twenty-two (22) complaints between patients and facilities. Additionally, the Commission surveyed ninety-eight (98) facilities for compliance with standards of care, and addressed all corrective action plans that emerged from such surveys. Surveys are scheduled based on need related to compliance of the facilities and transplant centers with submitted corrective plans and in response to patient complaints.
- The Commission reserves the right to schedule surveys to administer and manage the program as statutorily mandated and according to budgetary allowances and available funds.
- The Commission maintains an active and up to date website (dhmh.maryland.gov/mdckd) for the latest information in the renal field as well as references the Commission's activities and community education accomplishments.
- In calendar year 2018 the Commission surveyed ninety-eight (98) dialysis facilities and transplant centers. Through the Corrective Action Plan process, all Federal and State regulations were enforced by the Commission, thus the Commission has met its mandate. By enforcing compliance with State, Federal and Commission regulations, the quality of care rendered to the ESRD population in the state of Maryland was enhanced and its citizenry protected.
- The Commission continues to work with the Office of Healthcare Quality (OHCQ) to foster communication between the two offices. Presently, a wonderful cooperation between the Commission and OHCQ enables both entities timely responses to complaints, and therefore patients' welfare and safety is addressed through immediate intervention.
- Commission representatives participated in the Mid-Atlantic Renal Coalition quarterly teleconferences. The teleconferences provide a forum for Network staff to foster communication with the Commission and OHCQ, to discuss any facility issues and provide updates on Network projects.
- The Commission provides invaluable resources to the Renal Community and the State. The Commissioners offer a wealth of information and experience regarding the care of End Stage Renal Disease patients.
- The Commission completed and distributed a newsletter to the renal community. The
 newsletter is a tool to inform the community about the Commission's activities, and to
 provide educational information. Each published Newsletter is available on the
 Commission's website.
- The Commission meetings are forums to inform and educate the renal community. Facilities
 are encouraged to participate in the meetings and present best practice scenarios. All Open
 Session minutes are posted on the Commission's website and available for review by the
 renal community, all dialysis facilities and their staff.

- The Commission addressed ongoing issues surrounding dialysis facilities' discharge
 practices and continuity of care issues. The Commission reviewed the current Involuntary
 Discharge Packet and the process for handling and conducting investigations of complaints.
 The Commission is working collaboratively with the Mid-Atlantic Renal Coalition to review
 facility discharge requests.
- The Commission in collaboration with the Maryland Board of Nursing (MBON) continues to enforce the licensure requirement that only Certified Nursing Assistants with a DT (dialysis technician) specification are permitted to provide care for dialysis patients.
- The Commission continues to provide the Kidney Disease Program (KDP) with expert medical advice including ongoing review of the ICD-10 codes.
- 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 encourages enforcement of compliance with the Commission's COMAR.
- The Commission remains vigilant regarding nursing ratios in dialysis facilities. Facility representatives are educated on current staffing requirements; including the requirement to assure staffing in the facilities meet the needs of the patients.
- The Commission educated the renal community regarding the impact to patients dialyzing in noncertified dialysis facilities. Educational material was prepared and disseminated to the dialysis facilities and discussed at Commission meetings.
- The Commission educated the Renal Community regarding the Maryland Department of Health's guidance on Opioid prescribing.
- The Commission introduced Legislation to amend Commission Statute. The amendments would facilitate the selection of volunteer commission members.

PATIENT GRIEVANCES

Ouring the year 2018, the Commission resolved to the satisfaction of the patients and the dialysis facilities wenty-two (22) complaints. The Commission and staff have availed themselves to the renal community to expeditiously resolve problems arising between patients and facilities. Additionally, the Commission has mandated improvement in the quality of care provided at the facilities cited for deficiencies and violations during the End Stage Renal Disease (ESRD) Survey. These goals were accomplished to the satisfaction of the Commission, thus protecting the safety and welfare of this 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.

STATUS OF THE KIDNEY DISEASE PROGRAM

The purpose of the Kidney Disease Program (KDP) is to provide financial assistance to certified beneficiaries for the treatment of ESRD (end stage renal disease). This stage of renal impairment is almost always reversible and requires dialysis or kidney transplantation to maintain life. As a payer of last resort, the Program may provide financial assistance only after all other medical and federal insurance coverage has been pursued. Covered services include chronic maintenance, in-center and home dialysis, renal transplantation, approved inpatient and/or outpatient hospital care, physician and laboratory fees, and medications specified on the KDP Reimbursable Drug List and certain ancillary services which are directly attributable to the beneficiaries' ESRD.

PROGRAM STATISTICS

In Fiscal Year, 2018, the Kidney Disease Program provided coverage to approximately 1680 beneficiaries. KDP net expenditures for FY 2018 totaled \$ 9,461,977. The KDP recovered \$265,149 in premiums and \$1,127,227 in provider refunds. Drug Rebate Recoveries totaled \$1,775,131 in FY 2018. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

FISCAL YEAR 2018 ACCOMPLISHMENTS

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

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, email 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 e 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 Portal. Approval of the required User Agreements, necessary to grant access, has improved to a 48 hour or less processing window. The website, to gain access to the KDP portal is www.dhmheclaims.org. This 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 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 truly a payer of last resort. 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.

Santeon upgraded the entire eCMS platform to be compatible with newer Windows version and .Net frameworks. This upgrade has improved the security of the system. Upgrading the entire eCMS platform improved the security, reliability and performance of eCMS thus enhancing the efficiency and productivity of the system.

KDP, along with BCCDT and MADAP, has obtained a sole source contract with Santeon, the current KDP claims processing 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. KDP was also invited to speak at the ANNA (Annual Nephrology Nurses Association) conference in November 2018 and graciously accepted. Nephrology nurses and members of the ESRD community from across the State of MD were in attendance.

PROJECTIONS FOR THE KIDNEY DISEASE PROGRAM

The Kidney Disease Program continues to work with our contractor, Santeon, and data processing analysts and programmers to ensure compliance with federally mandated requirements. Santeon is upgrading the KDP Portal which will allow the portal to be a more user friendly information access system for providers of service, in .dition to automating the KDP user agreement process. The portal upgrade is scheduled to be completed in FY 2019. KDP will continue to work with its colleagues in defining the best possible route to obtaining a new Maryland Medicaid Information System (MMIS III). Future plans are for the KDP electronic claims processing system to be incorporated into the new MMIS III. 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.