

**GOVERNOR'S ANNUAL REPORT  
2020**

**MARYLAND COMMISSION ON KIDNEY DISEASE  
and  
TRANSPLANTATION**

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**Dr. Donna Hanes, Chairman**

**Dr. Adam Berliner, 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, 2020 – December 31, 2020**

“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**

Donna Hanes, M.D. - Chairman  
Adam Berliner, M.D. - Vice Chairman  
Jeremy Yospin, M.D.  
Susan Leon, R.N.  
Sumeska Thavarajah, M.D.  
Nadiesda Costa, M.D.  
Raymond Harris  
Tisha Guthrie, LMSW  
Sonal Korgaonkar, M.D.  
Andrene Townsend, R.N.  
Jacqueline Hires, LCSW, NSW-C  
Jerome Chiat

## STAFF

During the calendar year 2020, 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, and Donna Adcock, R.N. served as the Commission Surveyor of the dialysis and transplant centers.

## COMMISSION MEETINGS

The Commission met in January 2020 and October 2020. The Commission had scheduled and published on its website additional public meetings in April and July, however, due to the COVID-19 public health pandemic, those meetings were cancelled. Patient complaints, resolution of such, new facility certification and urgent patient safety and welfare matters, were attended to immediately, and accordingly.

## 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 2020 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>
Davita – Caroline County	842 s. 5 <sup>th</sup> Avenue Denton, MD 21629	Dr. Anish Hinduja
Davita – Livingston Village	11700 Livingston Road Ft. Washington, MD 20744	Dr. Eric Antwi-Donkor
Davita – Greenmount Central	423 E. North Avenue Baltimore, MD 21202	Dr. Matthew Weir
Davita – Timonium	1840 York Road, Ste. A Lutherville, MD 21093	Dr. Anita Pasumarthy
FMC – Germantown	19851 Observation Drive, Ste. 150 Germantown, MD 20876	Dr. Gail Seiken
Davita – Severn River	163 Jennifer Road, Ste. A Annapolis, MD 21401	Dr. Arun Jayakumar
Concerto Renal Services	1531 Edgewood Street, Ste. D Halethorpe, MD 21227	Dr. Matthew Weir

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. Due to the pandemic and the MDH Secretary's Executive Order not to continue to perform routine surveys of the facilities, on-site surveys were paused from March until October. 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 reviewed twenty-one (21) complaints between patients and facilities. Additionally, the Commission surveyed thirty-three (33) 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 ([health.maryland.gov/mdckd](http://health.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 2020, the Commission surveyed thirty-three (33) dialysis facilities. 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 Quality Insights 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 is comprised of dedicated and talented volunteers. In addition to their service to the Commission, various Commissioners are members of the following organizations: The Council of Nephrology Social Workers, The Medical Review Board for Network 5 – Quality Insights, The National Kidney Foundation of Maryland and Delaware, The Johns Hopkins Patient and Family Advisory Council, The Baltimore Chapter

of the American Nephrology Nurses Association, Donate Life-Maryland, Dialysis Patient Citizens, Living Legacy Foundation and University of Maryland Patient Navigator Program.

- At the Secretary's request the Commission's Chairman participated in the statewide diabetes initiative meeting.
- The Commission reports on legislative efforts that affect the renal community.
- Commission meetings are forums for Community Education. This year's educational topics included diabetes, COVID-19 information and tools, Advancing Kidney Health Initiative, KidneyX Innovation Accelerator Program, the End Stage Renal Disease Treatment Choices Model and Plant Based Diets in Kidney Disease.
- The Commission provided information and support for the Maryland Renal Administrator's Association.
- 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 utilizes the Involuntary Discharge Packet and the process for handling and conducting investigations of complaints. The Commission works collaboratively with Quality Insights 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 challenges of patients' placement, to accommodate or accomplish their discharge plans.

- 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 of the facility's Governing Body to assure staffing in the facilities meet the needs of the patients. The Commission urges administrators, medical directors and governing bodies to routinely evaluate the staffing ratios to assure that facility staffing meets the needs of their patients so that compromises in health and safety may be avoided.
- The Commission educated the renal community regarding the impact to patients dialyzing in non-certified dialysis facilities. Educational material was prepared and disseminated to the dialysis facilities and discussed at Commission meetings.

### **PATIENT GRIEVANCES**

During the year 2020, the Commission resolved to the satisfaction of the patients and the dialysis facilities twenty-one (21) 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 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, and medications specified on the KDP Reimbursable Drug List and certain ancillary services which are directly attributable to the KDP beneficiaries' ESRD.

### **PROGRAM STATISTICS**

In Fiscal Year, 2020, the Kidney Disease Program provided coverage to approximately 1,765 beneficiaries. KDP net expenditures for FY 2020 totaled \$ 7,240,052. KDP recovered \$324,492 in premiums and \$395,319 in provider refunds. Drug Rebate Recoveries totaled \$477,949 in FY 2020. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

### **FISCAL YEAR 2020 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, 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 faxed to the Program or 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](http://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.

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

The Kidney Disease Program continues to work with our contractors, Santeon, HMS, Conduent and Enovational in addition to data processing analysts and programmers to ensure compliance with State and Federal mandated requirements. 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. 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 Kidney Disease Commission to provide quality service and education to end stage renal disease (ESRD) patients in the State of Maryland and ESRD community.



