

**MARYLAND COMMISSION ON KIDNEY DISEASE  
OPEN SESSION MEETING VIA GOOGLE MEETS  
THURSDAY JANUARY 27, 2022  
2PM**

**AGENDA**

Open Meeting ID: [meet.google.com/imt-mqjm-ztt](https://meet.google.com/imt-mqjm-ztt)

Join by phone  
(US) +1 717-964-0167 PIN: 502 604 159#

**I. RATIFY APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF  
October 28, 2021 (Attachment A)**

**II. RATIFY APPROVAL OF THE MINUTES OF THE CLOSED SESSION OF  
October 28, 2021 (Attachment B)**

**III. CHAIRMAN'S REPORT** – Dr. Adam Berliner

**IV. VICE CHAIRMAN'S REPORT** – Kidney Transplant Allocation (Attachment C)

**V. EXECUTIVE DIRECTOR'S REPORT** - Eva Schwartz

**VI. NEW BUSINESS**

A. **Kidney Disease Program (KDP)** - Carol Manning

B. **Dialysis Community Response Team – COVID-19 Collaboration** (Attachment D)

C. **2021 Governor's Report** (Attachment E)

D. **Network Update** – Renee Bova-Collis, MSW, LCSW

E. **Closed Facility**

- FMC Beltsville – temporarily closed

F. **Citation Free Facilities**

- FMC Franklin Square Home
- Davita Greenbelt Home
- ARA Salisbury
- USRC Prince Frederick
- FMC Cross Keys

G. **Categories of Complaints**

a. **Written**

- Involuntary Discharge (5)
  - Patient behavior/violence (2)
  - Physician discharge (2, both patients transferred)
  - Non-Payment (1) - averted

b. **Verbal**

- Complaint regarding refusal of care for COVID-19 exposed patient

## H. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement

Hospital	Granted	Refused
Georgetown University Hospital		0
Christiana Transplant Center		0

## I. Surveys (20)

## Citations

Citations	January 2022	July/Oct 2021	April 2021	Jan 2021
Compliance with Federal, State and Local Laws and Regulations	0	0	0	0
Infection Control	11	18	11	14
Water and Dialysate Quality	8	8	5	4
Physical Environment	8	8	6	5
Patient Rights	0	0	0	0
Patient Assessment	0	0	0	0
Patient Plans of Care	1	2	1	1
Care at Home	0	0	0	0
Quality Assessment and Performance Improvement	0	0	0	1
Laboratory/Affiliation Guidelines	0	0	0	0
Personnel Qualifications/Staffing	10	11	10	13
Responsibilities of the Medical Director	0	0	0	0
Medical Records	0	2	2	1
Governance	2	4	0	1

## J. Surveys Completed (20)

Davita Takoma Park	USRC New Carrollton
Grace Medical	Davita PG South
Davita Deer Creek	Deer's Head Hospital Dialysis
ARA Salisbury	Davita Calverton
USRC Prince Frederick	Davita Edgewood
Davita Dulaney Towson	FMC Camp Springs
Renalis Homewood	Davita Largo
Concerto	Davita Greenbelt
Davita Downtown	FMC Franklin Square
FMC Cross Keys	Davita Ballenger Creek

Next Scheduled Meeting – April 28, 2022

# MARYLAND COMMISSION ON KIDNEY DISEASE

ATTACHMENT A

## OPEN SESSION MEETING VIA GOOGLE MEET

Website: [health.maryland.gov/mdckd](http://health.maryland.gov/mdckd)

### Meeting Minutes October 28, 2021

The Maryland Commission on Kidney Disease held an Open Meeting on Thursday, October 28, 2021 via Google Meet, a virtual platform.

Dr. Adam Berliner, Chairperson of the Commission, called the meeting to order at 2:05 P.M. Commissioners Dr. Donna Hanes, Dr. Jeremy Yospin, Dr. Sonal Korgaonkar, Dr. Nadiesda Costa, Dr. Sumeska Thavarajah, Susan Leon, RN, Andrene Townsend, RN, Jacqueline Hires, LCSW NSW-C, Raymond Harris, Tisha Guthrie, LMSW, and Jerome Chiat were in attendance.

Commission staff present: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor

Commission Counsel present: Leslie Schulman, AAG

MDH staff present: Carol Manning, Chief KDP

The Commission expressed their appreciation acknowledging the large number of virtual attendees representing the renal healthcare provider community.

#### I. RATIFY APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF April 29, 2021

Commissioner Thavarajah motioned to ratify the approval of the Public Minutes from the January 28, 2021 session. Commissioner Korgaonkar seconded the motion and the Commission voted unanimously to ratify the approval of the Minutes of the April 29, 2021 Public Session.

#### II. CHAIRMAN'S REPORT – Dr. Adam Berliner

Dr. Berliner welcomed everyone to the meeting and thanked them for attending. He provided an update on the NKF/ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases. (See slide presentation attached.) The new equation, CKD-EPI (2021), is a creatine based GFR estimating equation that is spread evenly across race/ethnicities, without disproportionately biasing against any one group. Dr. Berliner noted that the final recommendations for immediate implementation of the CKD-EPI (2021) equation were published last month and can be accessed on the NKF website. Discussion ensued.

#### III. Vice Chairman's Report

Dr. Thavarajah provided a preview of her January 2022 meeting presentation. She reported that she will update the community on changes to the kidney allocation system. She noted that the last change was implemented on 2014. The changes aim to make kidney transplantation more equitable and increase allocations.

#### IV. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz reported on the Commission's policy and process for investigating, evaluating, and resolving complaints, involuntary discharges, and survey deficiencies that come before the Commission. She noted that the administrative closed session would focus on the internal administrative process for assigning Commissioners as lead liaisons to evaluate and investigate cases and recommending resolution to the full Commission.

#### V. NEW BUSINESS

##### A. Kidney Disease Program (KDP)

Ms. Manning presented the KDP budget and statistics.

Ms. Manning reported on two requests received by the KDP from the Maryland Department of Health. The Department requests partnership with the Commission to implement the Diabetes Action Plan activities. Interested Commissioners should contact Carol for more information.

Ms. Manning reported that the KDP is part of the Prevention and Health Promotions Administration (PHPA). The PHPA has partnered with students from the University of Maryland to develop a fact sheet on chronic kidney disease (CKD). The PHPA is requesting that the Commission review the submitted information for accuracy. Dr. Hanes and Dr. Berliner volunteered to review the information.

#### **B. Network Update**

Ms. Bova-Collis shared updates from the Network. She noted that communication with the dialysis facilities indicates continuation of the stress of COVID-19. Ms. Bova-Collis reported that facility staff need extra support and that the Network has been hosting events highlighting resources and providing feedback. She reported staff shortages and burnout are major concerns.

Ms. Bova-Collis provided a report on grievance information and noted that the number of grievances and complaints are at a decade high. She noted that the Network expects to be kept in the loop when facilities experience issues with patients. The Network works with the facilities in order to attempt to avert involuntary discharges. She noted that facilities should include staff in their zero tolerance policies noting that patients aren't always feeling their best in the dialysis facility.

#### **C. Facility Administrator in Training Program**

Mrs. Adcock reported that one of the large dialysis organizations hires administrators without dialysis experience. Some of the hires are without healthcare experience. Years ago, a workgroup consisting of the staff from the OHCQ, Commissioners and stakeholders worked on regulations concerning facility Administrators. At that time, the decision was made to allow a waiver for the requirements for the administrator subject to the entity having an administrator in training program. The organization's curriculum along with supporting materials were initially reviewed and approved by the OHCQ. Any substantive changes to the training program were supposed to be submitted for prior approval.

Ms. Adcock reported that the organization at issue had made changes to its administrator in training program without submitting the documentation to OHCQ for review and approval.

There has been a lot of turnover of administrators in this organization's facilities. Ms. Adcock noted that management turnover inevitably leads to direct patient care staff turnover which adversely affects the patients.

Ms. Adcock suggested that the Commission request that the organization submit its program documentation for review to ensure that the inexperienced administrators are supported for the entire year that they are in training.

Discussion ensued. The Commission will discuss its concern regarding training program documentation with the OHCQ.

#### **D. Facility Closures and Late Openings Due to Lack of Nurse/Staff**

Mrs. Adcock updated the Commission on facility closures and facility late openings due to the lack of having a registered nurse to open the facility(s). She noted that these facilities serve a large number of patients and were planning to open with one nurse. Ms. Adcock recommended that facilities have a backup plan to prevent late openings or closures. She noted that these events ultimately place patient welfare in jeopardy and unduly burden the healthcare system.

**Proposed 2022 Commission Meeting Dates**

Dr. Berliner reported that the Commission has approved the following dates for next year's meetings:

- January 27
- April 28
- July 28
- October 27

**E. Newly Certified Facility**

Dr. Berliner reported that FKC Lexington Park certified with the Commission as of 7/1/2021.

**F. Closed Facility**

Dr. Berliner noted that FMC Salisbury reported permanent closure as of 4/17/2021.

**G. Citation Free Facilities**

Dr. Berliner congratulated FMC Merritt Boulevard on their citation free survey.

**H. Categories of Complaints**

Dr. Berliner reported that the Commission received and resolved the following written and verbal complaints since the April 2021 meeting:

**a. Written**

1. Complaint regarding transportation service
2. Staff complaint regarding patient behavior
3. Involuntary Discharges (4)
4. Facility closure for a day due to staffing (no nurse)
5. Complaint regarding care and physical environment at a facility
6. Facility opening late due to staffing (no nurse to open)

**b. Verbal**

1. Patient complaint regarding facility's COVID-19 policy
2. Case worker complaint regarding inability to place a patient in an outpatient facility
3. Complaint regarding facility staffing
4. Patient complaint regarding denial of services
5. Network concern regarding anonymous complaint
6. Patient complaint about a nurse
7. Family member complaint regarding patient care
8. Complaint regarding social distancing, masking in a dialysis facility waiting area

**J. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement**

Dr. Berliner reported that the Commission received and approved the following out of state transplant prior approvals for KDP reimbursement purposes:

<b>Hospital</b>	<b>Granted</b>	<b>Refused</b>
Georgetown University Hospital	5	0
Inova Fairfax Transplant Center	1	0

**K. Surveys (21)****Citations**

Citations	July/October 2021	April 2021	January 2021	April - October 2020
Compliance with Federal, State and Local Laws and Regulations	0	0	0	0
Infection Control	18	11	14	9
Water and Dialysate Quality	8	5	4	5
Physical Environment	8	6	5	2
Patient Rights	0	0	0	0
Patient Assessment	0	0	0	1
Patient Plans of Care	2	1	1	2
Care at Home	0	0	0	0
Quality Assessment and Performance Improvement	0	0	1	0
Laboratory/Affiliation Guidelines	0	0	0	0
Personnel Qualifications/Staffing	11	10	13	7
Responsibilities of the Medical Director	0	0	0	0
Medical Records	2	2	1	2
Governance	4	0	1	1

The categories and total number of citations are reported above and trended for informational purposes. Dr. Berliner summarized the citations and noted that infection control remains the leading area for improvement followed by Water and Dialysate Quality and Personnel Qualifications/Staffing.

**L. Surveys Completed**

The following 21 facilities have been surveyed since the April 2021 meeting:

Davita Bowie	FMC Greater Baltimore
Davita Mercy	Davita Middlebrook
Davita Catonsville North	FMC Pikesville
FMC Caroline	FMC Germantown
Davita Livingston Village	Davita Caroline County
FMC Broadway	Davita LaPlata
Davita LaPlata	Davita Glen Burnie
Davita Rockville	FMC Merritt Blvd.
FMC Ft. Washington	FMC Brightseat
Davita Chestertown	ARA Universal
Davita Greenspring	

**Late Addition** – Commissioner Guthrie voiced concerns regarding adequate staff in the dialysis facilities and asked how the Commission could reach out to nursing programs at area universities to expand interest in nephology nursing to promote more recruitment opportunities.

Discussion ensued. Commissioner Leon reported on ANNA's efforts to promote awareness of nephology nursing and expand interest in the field.

Mrs. Schwartz requested that Commissioner Leon work with her as she reaches out to the Maryland Board of Nursing to promote opportunities in the field of dialysis.

There being no further public business, upon motion made by Commissioner Yospin and seconded by Commissioner Hanes, the Commission unanimously voted to adjourn the Open Meeting Session at 3:22 P.M. Immediately thereafter, Chairman Berliner convened an Administrative Session in accordance with the Open Meetings Act, Md. Code Ann., General Provisions Section 3-103(a)(1)(i) for the purpose of discussing the internal administration of the Commission's process for evaluating and deciding involuntary discharge complaints, Plans of Correction, and survey deficit resolution. The Commission members present at the Public Meeting continued to participate in the Administrative Session.

# Closed Session Minutes

ATTACHMENT B

of the

## Maryland Commission on Kidney Disease

October 28, 2021

Upon motion made in public session, Chairman Berliner called for adjournment of the Public Session into closed session to discuss the following items:

1. Discussion on the internal administration of the Commission's responsibilities and process for evaluating, investigating and deciding involuntary discharges, complaints, Plans of Correction, and survey deficit resolution. Authority: General Provisions Article, § 3-103(a)(1)(i)
2. Discussion on the internal administrative process for responding to a Department of Health request to review for accuracy a Departmental Fact Sheet on Chronic Kidney Disease. Authority: General Provisions Article, § 3-103(a)(1)(i)

The Closed Session was called to order at 3:26 p.m. and held under the authority of § 3-103 of the General Provisions Article.

In attendance via Google Meets, in addition to Chairman Berliner, were Commissioners Dr. Sumeska Thavarajah, Dr. Nadiesda Costa, Dr. Donna Hanes, Dr. Sonal Korganonkar, , Dr. Jeremy Yospin, Susan Leon, RN, Jacqueline Hires, LCSW NSW-C, Tisha Guthrie, LMSW, Raymond Harris, Collins, Leon, Rayfield, Andrene Townsend, RN and Jerome Chiat.

In attendance via Google Meets representing Staff was Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor.

Also attending was Leslie Schulman, Commission Counsel.

### Item One

In consultation with Commission Counsel, Eva Schwartz briefed the Commissioners on the role and responsibilities of each Commissioner in evaluating and deciding complaints, survey deficiencies, and Plans of Correction. The discussion also included the internal administration on the process for handling and conducting investigation of involuntary discharges, complaints and survey deficits; and the need of the Commission membership to ratify any final disposition of patient complaints, involuntary patient discharges, and approved or disapproved Plans of Correction.

(Authority: General Provisions Article, § 3-103(1)(1)(i))

### Item Two

The administrative process for responding to a Department of Health request for the Commission to review for accuracy a Fact Sheet on Chronic Kidney Disease being developed by University of Maryland students for the Department was discussed. Authority: General Provisions Article, § 3-103(a)(1)(i)

Upon Motion made, the Closed Session was adjourned at 4:04 p.m.

# Kidney Transplant Allocation

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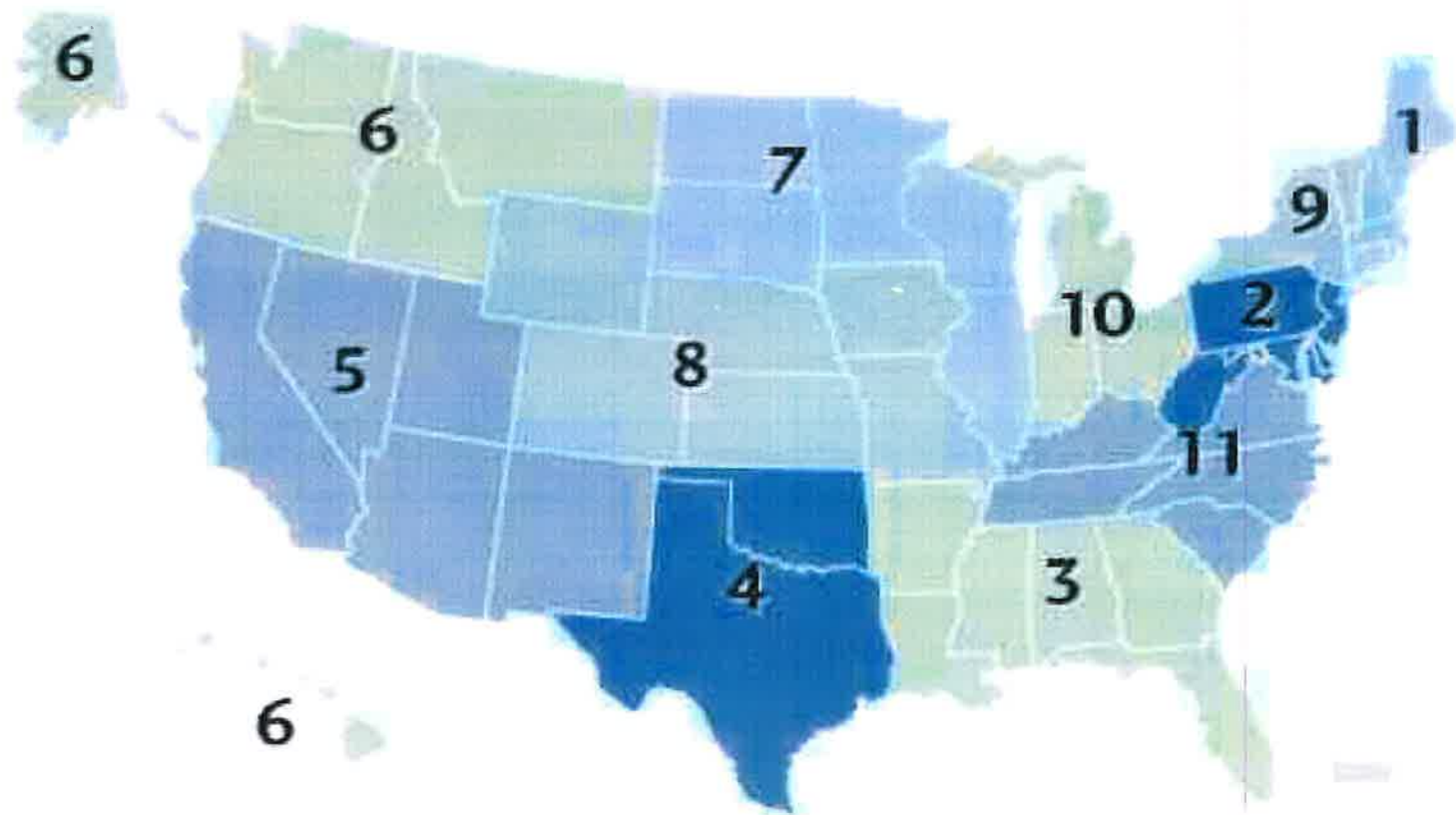


# UNOS Began in 1984...

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**The National Organ Transplant Act (NOTA) called for an Organ Procurement & Transplantation Network; created and run by a private, non-profit organization under federal contract.**

- **Provides the regulatory framework for the structure and operation of the OPTN**
  - **Monitors ALL organs and tissues and composite tissues used**
  - **What we know today as “UNOS”**
- 




# UNOS National Stats (11/8/2021)

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- **National Wait List Total: 106,639+**
  - **National Wait List Kidney: 90,227**
  - **National Wait List Liver: 11,702**
  - **National Wait List Pancreas: 851**
  - **National Wait List Kidney/Pancreas: 1,788**
  - **National Wait List Heart: 3,512**
  - **National Wait List Lung: 991**
  - **National Wait List Heart/Lung: 37**
  - **National Wait List Intestine: 209**
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## UNOS Region 2 (11/08/2021)

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- **Region 2 Total Wait List: 14,976+**
  - **Region 2 Wait List Kidney: 12,441+**
  - **Region 2 Wait List Liver: 1,621**
  - **Region 2 Wait List Pancreas: 107**
  - **Region 2 W/L Kidney/Pancreas: 268**
  - **Region 2 Wait List Heart: 324**
  - **Region 2 Wait List Lung: 147**
  - **Region 2 W/L Heart/Lung: 4**
  - **Region 2 Wait List Intestine: 5**
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# National Wait List Stats


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- **Approx. 112,000+ people are waiting on ALL deceased donor organs lists**
- **Every day approx. 110+ people are added to the waiting list**
- **Approx. 20+ people die waiting for an organ transplant daily**

*Reference: 2018/2019 unos.org*

# Kidney Allocation System (KAS)


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- **The first change since UNOS was founded in 2014**
  - **Developed in response to higher than necessary rates of discharge, variability in access to transplant, and difficulty in matching**
  - **Goal of increasing access**
  - **Development of scoring profiles to matching longevity of donor with recipient**
  - **Attempts to help those who are highly sensitized and harder to match**
  - **Attempts to help pediatric patients**
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# Kidney Allocation Date (12/4/14)

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## **Main Listing changes:**

- **A potential recipient is given an estimated post transplant survival score (EPTS) of 1 to 100**
  - **A donor is given a kidney donor profile index (KDPI) of 1 to 100**
  - **The UNOS database generates organ lists by blood type, grouping similar EPTS scores (e.g. young people) with similar KDPI scores (e.g. young donors).**
  - **Other contributing factors to list placement...**
- 

# NEW Kidney Allocation

If the candidate's CPRA score is:	Then the candidate receives this many points:
98	24.40
99	50.09
100	202.10

- **Hi cPRA (Ab levels 98-100%), PEDS -and- multiple organs-higher priority**
- **Pediatric candidates: get 4 years of wait time**
- **Recipient/previous living donor: 4 years of wait time**
- **High KDPI: regional offers can go across the nation; can impact CIT and graft function**
- **50% of recipients on kidney list: 50+**
- **Recipients with 5+ years dialysis time: more kidneys!!**
- **More kidney transplants to African-Americans**



# New KAS: EPTS calculation

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## **Estimated Post Transplant Survival Score:**

- Age / DOB
- Dialysis of any kind: HD or PD
- Diabetes: Y / N
- # of previous solid organ transplants

**Scores <20% linked to low KDPI organ offers.**

**This is auto-linked by UNOS computer for more fair allocation.**



# KDPI-Kidney Donor Profile Index

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- Age
- Height AND Weight
- Ethnicity
- Type of death: brain death vs cardiac death
- Stroke as cause of death
- History of high BP
- History of diabetes
- Exposure to HCV
- Serum Creatinine

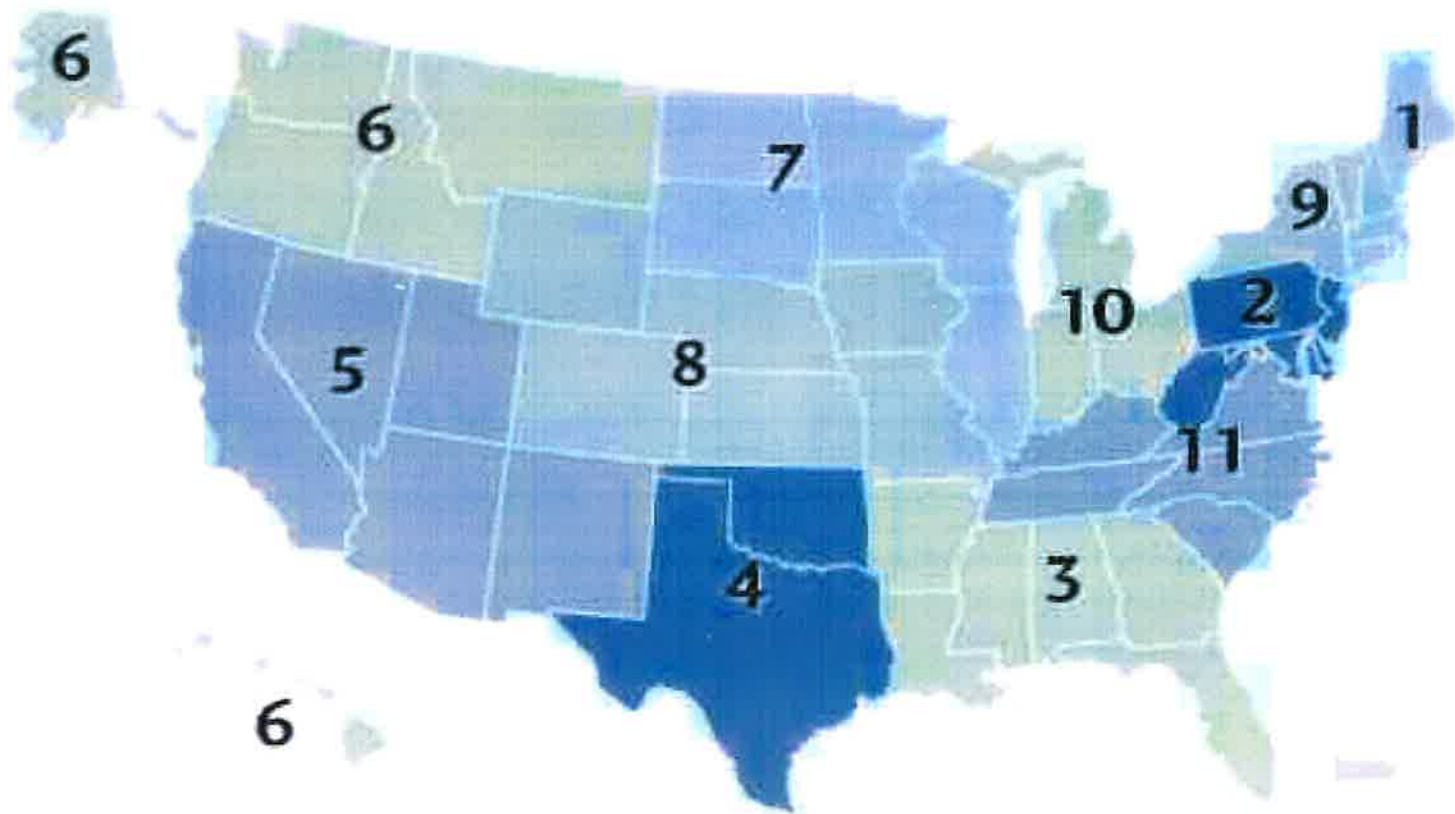
**Kidney Biopsy: is NOT on this list- GOLD STANDARD OF KIDNEY TISSUE EVALUATION**



# Impact of the 2014 changes


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- Increased deceased donor transplants by 9.1%
  - Slight increase in the number of recipients over the age of 50
  - Increased number of transplants to those that were very sensitized, had been on dialysis for a period of time
  - Overall graft survival- slightly lower
  - Did not change the discard rate significantly
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# 2021 Changes to Allocation (3/15/21)

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- **Goal of increased access**
  - **Previous allocations- based on region or area. The regions are not evenly distributed or serving equal amounts of individuals.**
  - **Now offers are first being made to centers within 250 miles of the donor center instead of just within the region. Only if cannot be utilized- offered then in the 250-500mile radius.**
  - **Less time on ice/better outcomes**
  - **New guidelines for how organs re-allocated when the person on the list is not able to get transplant**
  - **Better definition of those running out of dialysis access.**
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# Impact of changes (unos report Oct 2021)

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- Increase in number of transplants prechanges vs post changes by 22% (4926→6025)
  - Increase in average number of transplants per week by 19% (331→395)
  - Increased for all age groups, blood types, cPRA, and diagnosis
  - Projected to increase equity in access to kidney transplant
  - Keep in mind there were significant drops in transplant numbers during the beginning of pandemic
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ATTACHMENT D



### **Dialysis Community Response Needs Team (DCRN)**

Several leading providers in the kidney care community, including DaVita, Fresenius Kidney Care, U.S. Renal Care, American Renal Associates, and Satellite Healthcare are collaborating to provide adequate capacity for the temporary treatment of outpatient hemodialysis patients who are, or who are suspected to be, COVID-19 positive (isolation patients). Across their combined network, these providers aim to act as a safety net for any provider that cannot provide enough isolation treatments in its own clinics (DCRN or Team). The goal is to treat as many patients as possible in the outpatient setting, thus reducing the burden on hospitals and other emergency providers.

*Due to of the fluid nature of the availability of stations, staff and PPE, all placements must continue to be initiated through the Central Admissions processes of each respective provider. Providers will coordinate among each other to ensure placement of isolation patients as quickly as possible.*

#### **Process to place an isolation patient:**

1. New isolation patients with no existing home clinic should be referred to the dialysis clinic or provider of their choice, using the Central Admissions Numbers below.
2. All existing dialysis patients should be referred back to their “home” dialysis clinic for treatment, using the Central Admissions Numbers below. This is vital to ensure continuity of care for prevalent patients, including those who have been diagnosed as COVID-19 positive. All providers participating in this collaboration are committed to providing adequate isolation treatment capacity for their existing patients as their first priority and preference. If the patient’s home dialysis clinic cannot provide an adequate isolation setting, the home clinic provider will work with other providers in the Network to coordinate an “under arrangement” placement through DCRN. Providers who are already part of the Team will coordinate this process among one another. Other providers will need to become part of the Team to participate.

#### **To join the Team:**

A provider seeking to become part of the Team must sign the Team agreement. In addition, the provider must commit to providing isolation treatments to its own existing patients as long as possible and to accept other providers’ patients in emergency situations and subject to the terms of the Team agreement.

To join the Team, contact [Robert.Truelove@fmc-na.com](mailto:Robert.Truelove@fmc-na.com) or [Kapil.Vashistha@davita.com](mailto:Kapil.Vashistha@davita.com). The DCRN team will provide details on the Network agreement, placement process and other operational details.

*Of note: The DCRN was convened by the dialysis community exclusively to respond to the issues raised by COVID-19. The DCRN is entirely separate from and independent of the ESRD Network and any governmental agency.*

**Central Admission Numbers:**

DaVita: 1-866-475-7757

Fresenius Kidney Care: 1-866-434-2597

Satellite Healthcare: 1-888-267-5888

U.S. Renal Care: 1-800-550-9664

**If a discharge or transfer does not go through this process, it will disrupt caregivers from screening and treating patients and could result in delay in the ultimate placement of the patient. In all events, requests will be directed to Central Admissions teams.**



**GOVERNOR'S ANNUAL REPORT  
2021**

**MARYLAND COMMISSION ON KIDNEY DISEASE  
and  
TRANSPLANTATION**

**4201 PATTERSON AVENUE  
BALTIMORE, MD 21215  
Phone number 410-764-4799  
Website: <https://health.maryland.gov/mdckd>**

**Dr. Adam Berliner, Chairman**

**Dr. Sumeska Thavarajah, 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, 2021 – December 31, 2021**

“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**

Adam Berliner, M.D. – Chairman  
Sumeska Thavarajah, M.D -Vice Chairman  
Jeremy Yospin, M.D.  
Donna Hanes, M.D.  
Susan Leon, R.N.  
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 2021, 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. The website manager was Oladunni Akinpelu.

**COMMISSION MEETINGS**

The Commission met in January 2021, April 2021 and October 2021 via Google Meet.

**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 2021 calendar year, the following **new** facility was approved for certification by the Commission for KDP reimbursement purposes:

<b><u>Facility</u></b>	<b><u>Address</u></b>	<b><u>Medical Director</u></b>
FMC – Lexington Park	44930 Worth Avenue California, MD 20619	Dr. Mohammed Khalid

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 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 investigated and resolved complaints between patients and facilities. Additionally, the Commission surveyed sixty-two (62) 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 2021, the Commission surveyed sixty-two (62) 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 End Stage Kidney Disease (ESKD) 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. The collaborative relationship 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 is comprised of dedicated and talented volunteers.
- The Commission reports on legislative efforts that affect the renal community.
- 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.
- Commission meetings are forums for Community Education. Commissioners present educational topics at each Commission meeting.
- 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 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.
- 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 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.

### **PATIENT GRIEVANCES**

During the year 2021, the Commission resolved to the satisfaction of the patients and the dialysis facilities more than 20 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 beneficiaries' ESRD.

## **PROGRAM STATISTICS**

In Fiscal Year, 2021, the Kidney Disease Program provided coverage to approximately 1786 beneficiaries. KDP net expenditures for FY 2021 totaled \$9,994,821. KDP recovered \$292,663 in premiums and \$349,641 in provider refunds. Drug Rebate Recoveries totaled \$618,242 in FY 2021. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

## **FISCAL YEAR 2021 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 Portal. User agreements must be submitted online through the updated portal. Approval of user agreements has improved to a 48 hour or less processing window. To gain access to the current KDP Provider Portal, users must utilize their user name and password to 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 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 patients' third-party insurance information to maximize collection efforts, update the KDP eligibility file with accurate TPL information and ensure that KDP is the payer of last resort. KDP is working with HMS under a new contract, in an effort to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP continues to work with Enovational Corporation to implement a new workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Recovery and Recoupment Module, Premium Management system, Online Patient Portal and additional functionalities.

KDP, along with MD Medicaid, BCCDT and MADAP, has secured a new contract with Conduent for a pharmacy point-of-sale electronic claims management system (POSECMS). This system will provide system updates and add compliance to the already existing pharmacy 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 contract has been extended through FY 2023.

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, assist with explaining the calculation and billing of program participation fees, and provide guidance 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 staff. 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 Commission on Kidney Disease to provide quality service and education to end stage renal disease (ESRD) patients in the State of Maryland and ESRD community.