

CDC Report

Friday February 18 , 2005

Los Angeles, California

Legislative Report: Michael Arnold presented the following up-date from Sacramento.

The deadline for new bills will be Tuesday, February 22, 2005. There will be approximately 3,000 bills to review and analyze in the upcoming weeks. Michael distributed a preliminary list of bills to watch and reviewed them as follows.

AB117 deals with establishment of a centralized treatment authorization request (TAR) operation or to standardize criteria to be used in the approval of TARs. Michael reminded the Board of how fortunate the renal community is that CDC was able to eliminate the need for the TAR process for dialysis patients.

AB119 is a bill that would require the automatic enrollment of physicians as providers in the Medi-Cal program if they are Medicare enrolled and have a valid license.

AB228 would prohibit a health care service plan and a health insurer from denying coverage for the costs of organ or tissue transplantation services on the basis that the enrollee is infected with HIV, if that person is deemed an acceptable transplant candidate by the person's physicians. Michael Arnold requested direction from the Board regarding this bill and Dr. De Palma suggested that we stay away from it. The Board agreed that the matter should be between the patient, physician(s) and transplant team. A current Legislative Status Report is always available on our web site at: http://www.caldialysis.org/status_report.htm

In other news from Sacramento, Michael stated that the Governor has a four-point program he is attempting to promulgate. The four points are:

1. Reapportionment reform with a mid-decade reapportionment.
2. Education reform with discontinuation of tenure.
3. Reform of the state public employees' retirement system, and
4. Reform of the budget process. Again, he has stated that if the legislature will not work with him in these areas, he will call for a special election in November with initiatives in these areas. Such an election would cost the tax payers of the state of California approximately \$60 million.

Medi-Cal Redesign. Michael handed out a fact sheet regarding the proposed Medi-Cal redesign. He stated that there are two issues of particular interest to CDC. The first of these is the effort to move additional patients into a Medi-Cal managed care program. The hand-out contains helpful information regarding the proposed plan and Michael suggested that members keep it handy for reference as the process moves forward. The second issue of interest is a proposal that Medi-Cal patients at or above the poverty level would be required to pay a premium to remain covered. Michael thinks that the Democrats will prevent this from passing.

Regulatory Report: Karen Dyer stated that the issue of Licensed Clinical Social Workers and the minimum service requirements expected by the state remain an issue for some facilities. She made the motion that CDC ask the state Department of Health Services to clarify their expectations with regard to Licensed Clinical Social Workers and Masters' Social Workers (MSWs) in the dialysis arena. Kathy Laws and Mary Brattich from the San Diego area stated that they have no problems with the San Diego Health Department in this area. Nancy Ann James stated that DaVita in the Los Angeles county area does not have difficulty in this area either. However, Ms. James also stated that her facilities have 75% of their social workers who are licensed and the remaining 25% are MSWs under supervision for licensure. It was the feeling of several people that the issue is really an L.A. county issue and that perhaps someone should work with Eric Stone of the L.A. County Health Department for resolution. Ms. Dyer stated that she believes it to be a more widespread issue, but there was essentially no representation from the Northern part of the state to comment on this. It was decided that Mr. Stone be invited to the CDC Annual Meeting as a guest and perhaps the topic could be pursued in conversation.

CDC will respond to the proposed changes in the Conditions for Coverage as an organization, but individual Board members and facilities are encouraged to respond on their own as well.

NRAA Report: Cindy LaMunyon delivered a report for the NRAA. She stated that NRAA is busy working on the Medicare Modernization Act (MMA) provisions which affect the renal community and will also be responding as an organization to the proposed Conditions for Coverage.

The NRAA is offering four regional workshops on the topic of MMA and its renal community implications. Cindy distributed a flier outlining the dates, locations and agenda for the workshops. A copy of the meeting brochure is available at: http://www.nraa.org/Documents/MMA_Brochure.pdf

Medicare/ Medi-Cal Report: Cindy LaMunyon delivered the Medicare and Medi-Cal report. She stated that there has been a problem with the 837 electronic billing form with regard to the height/weight claim value codes. Cindy told those present that there have been many problems around the country with several Fiscal Intermediaries rejecting all claims as a result of these value code problems. She stated that she has serious concerns regarding what might happen when the case mix adjustment is implemented in May. Cindy is compiling data about this issue and asked that anyone with information provide it for her.

Regarding Medi-Cal, Cindy reported that Dr. Farber is moving forward with the changes in EPO reimbursement. He has decided to change the hard edit down to 37.5 hematocrit from our proposed 39, but this is an increase from the current level of 36. Michael Arnold agreed to work with Cindy and Kelley Wright of Amgen to move the finalization process forward.

Network Report: Doug Marsh was unable to attend the meeting. But has submitted a written report which follows this CDC Report.

Karen Dyer stated that recently there have been inquiries sent to dialysis providers from Lumetra, the Medicare-contracted Quality Improvement Organization (QIO) for California. The QIO has no relationship with the ESRD community and these inquiries have been sent in error. Any facility receiving them should dispose of them.

Kidney Care Partners (KCP) Sue Vogel reported that the ESRD Modernization bill is being resubmitted. The general provisions include a 2.5% increase in reimbursement in 2006 and then a 1% increase annually until 2015 when a full market basket reevaluation and increase would be made. Another provision would include some kind of requirement for the certification of all patient care technicians in the United States. This would be a non-issue for California since we already have mandatory certification.

CDC Program Committee: Mary Brattich reported that the program is on its second to last draft at this time. The programs should be mailed out shortly. There will be a closed Board Meeting at the Annual Meeting on Thursday, April 7, 2005 at noon.

Other Business:

1. CDC has received a letter from a UCSF transplant case manager asking to bring together a group that would include Network 17, CMS, CDC and larger Skilled Nursing Facilities in the greater San Francisco area. The topic of the meeting would be appropriate care for those patients who cannot be dialyzed in an outpatient setting due to the acuity of their condition and what possibilities exist for dialysis outside of acute care. The Board voted to participate if this group convenes.
2. Lori Hartwell reported that the Renal Support Network (RSN) will be sending 25 patient representatives to Washington D.C. to meet with legislators regarding the needs of ESRD patients. Additionally, RSN has three patient education meetings scheduled.

The next Board meeting will be closed and will be held at the Wyndham Hotel in Palm Springs on Thursday, April 7 at 12:00 noon.

Next Open Board Meeting
May 20, 2005 Los Angeles

For more information and a registration form, please visit our web site at:

http://www.caldialysis.org/next_meeting.htm

Southern California Renal Disease Council, Inc.

ESRD Network 18

CALIFORNIA DIALYSIS COUNCIL BOARD OF DIRECTORS MEETING

Friday, February 18, 2005

I. FISTULA FIRST PROJECT

As of December 2003, the Network 18 Fistula rate has reached 41.4% and all Networks are on track to reach their CMS performance goal. The current national fistula rate is 37.2% (up from 33.2% at baseline in December 2002 and 34.2% in December 2003) and the overall project goal of 40% fistulas should be reached by the June 2006 target date.

Fistula First's initial success has led the CMS Quality Council to develop a Vascular Access Breakthrough Initiative that will bring its full agency resources as well as those of renal community partners to bear. The formal kickoff is expected in mid-March during the CMS/Forum of ESRD Networks Annual Meeting. CMS is considering an ambitious goal of a 66% AV Fistula rate by 2009 for the Breakthrough Initiative.

The surgical video series is nearing completion and should be available in early March. It consists of a CD and 4 DVDs and will be available through the ESRD Networks. There will be no charge for the video set. The Networks will have to carefully manage the resource as there is limited availability and surgeons/surgical practices are the primary targeted audience.

2. IMMUNIZATION ISSUES

CDC Survey of Dialysis Associated Diseases - In the face of budget pressures, revised priorities, and few significant findings in recent years, the CDC has not collected data via this Survey for 2003 and 2004. Providers are encouraged to track Hepatitis B vaccination as part of their ongoing Infection Control Program as DHS may still incorporate it into their facility surveys.

The Networks are expected to play a significant role in a developing CMS Breakthrough Initiative on Influenza and Pneumococcal vaccination.

3. ONLINE ORGAN DONATION REGISTRATION CAMPAIGN

The 4 Organ Procurement Organizations in California have been awarded a state contract to develop an online organ donation registration system. The transplant centers, ESRD Networks and other renal community partners are participating. The kickoff is set for the April 4th and Network 18 has approached the Los Angeles area OPO and CDC about a tabletop display and registration station at the CDC Annual Meeting.

5. PRELIMINARY 2004 NETWORK 18 PREVALENCE AND INCIDENCE DATA

The annual facility survey is still in process and facilities are urged to respond by the February 28th deadline. All requested information -- vocational rehabilitation data, facility staffing information, and patient census/events information -- must be received, reviewed and recorded before the facility survey is considered complete.

Preliminary data indicates a net increase of approximately 900 prevalent patients (3.7%) in 2004, the first decline in the growth rate since 1995 when the CMS-2728 review process was initiated. The number of incident patients is level with 2003.

The net increase of 900 patients reflects roughly 1,000 additional hemodialysis patients and 100 fewer peritoneal dialysis patients. The number of home hemodialysis patients increased from 23 to 38.

The number of kidney transplants performed by centers in Network 18 remained flat at approximately 1,100.

In 2004, there were 6 newly certified dialysis facilities and 4 facility closures. 3 facilities have Medicare certification pending. Additional data regarding facility expansions is still being compiled.