



CDC Report

Board Meeting ~ Los Angeles

June 2007

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Below is a report from the California Dialysis Council's Board Meeting held June 15, 2007 in Los Angeles, California.

• **LEGISLATIVE REPORT**

Michael Arnold reported that he has been attending budget committee meetings and hopes that the budget will soon be approved. The biggest issue from his perspective for our organization is the increase in licensure fees. The original plan was to phase the increase in over a three-year period and Michael is concerned that if the amount of funding available is insufficient, the increased fees will just become effective in a lump sum. His office will follow this issue.

The CDC Legislative Status Report (available on the CDC website at: http://caldialysis.org/LSR/LSR_6-20-07.htm was reviewed in detail.

There are four proposals for healthcare reform pending:

- **AB 8** is the Assembly version sponsored by Assemblyman Nunez.
- **SB 48** is the Senate version. Both represent more traditional plans.
- **The Governor's plan** is the third and includes shared responsibility with hospitals paying 4% and physicians paying 2% of income to partially support the plan.
- **SB 840** sponsored by Senator Kuehl is the fourth. Her plan follows the Canadian system with a single payer. This is the plan supported by the California Nurses' Association and the Service Employees International Union.

• **REGULATORY REPORT**

Karen Dyer and Mary Brattich discussed the Proposed Conditions for Coverage relative to dialysis in Skilled

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Nursing Facilities (SNF). The minutes from the last CDC Board meeting indicated that there is no mention of dialysis in SNF and Karen stated that in fact the Proposed Conditions do include language regarding the issue- a copy was distributed to those in attendance (§494.100(c)2.). Mary indicated that in several conversations she has had with Glenda Payne, ESRD clinical lead for Regions 4 & 6 for the Centers for Medicare and Medicaid Services, Glenda has indicated that as a result of community comments, CMS does not intend to cover dialysis in SNF in the first set of new Conditions when they are released. She stated in an e-mail to Mary that it would be at least three years after the Conditions are published before any revisions would be coming so she suggested that CDC move forward with some kind of state legislation on the topic.

Michael Arnold distributed a summary of the language in the Technical Expert Panel from ESRD Network #9- 10 (TEP) with suggested language to begin the process of drafting some kind of legislation for next year on the topic. Since the TEP language will apparently not be included in the new Conditions, Karen suggested that Michael consider the existing federal language regarding dialysis in Long Term Care (LTC) facilities as he prepares legislative language for the state. CMS Region IX will be more likely to support legislation including their own language in conversation with the state DHS folks.

The Board asked Michael to develop two different pieces of legislation. The first would simply cover the process of dialysis in long term care under the umbrella of a licensed outpatient dialysis facility without any reference to payment. This legislation, if enacted, would allow providers to deliver dialysis services in the LTC setting under contract with either the LTC itself or third party payers. The second piece, as requested by Raffi Minasian, would request a special provider category under Medi-Cal that would require the Medi-Cal program to pay higher fees for dialysis in the LTC setting to offset the actual costs of providing this care.

The legislation will be introduced in January 2008. Another issue brought to the attention of the Board is that, particularly in Northern California, there are attorney-patient notices both being placed on the windshield of patient vehicles at dialysis facilities and in some cases being mailed to patient homes. Any provider wishing to see a copy of these materials may contact the CDC office for a copy.

There are three law firms filing class action suits concerning the recent EPO/Aranesp issues. One of these firms is Aaronson and Rash out of Houston, Texas. Tom Paukert suggested that facilities develop a statement for their patients concerning anemia care. Carol DiRaimondo

stated that the Kidney Care Partners document is well written and could be used to this end.

FDA will review the Black Box warning for EPO and Aranesp in September. All of the renal professional associations will have input in the process.

• **KIDNEY CARE PARTNERS REPORT (KCP)**

Marc Chow submitted a written report from KCP which was distributed to those in attendance. The report included an overview of the June 7, 2007 KCP meeting. The most significant issue at this time is the bundling of reimbursement rates. On June 26, the House Ways & Means Committee will meet to discuss the topic. Peter Crooks has been invited to address the committee but will submit a written report based upon Kaiser Permanente's history with the bundling process. The current consensus is that pharmaceuticals but not laboratory tests (other than the Composite Rate tests) should be included in the bundle. This issue is now being fast-tracked in Congress.

• **NETWORK REPORT**

Doug Marsh delivered the Network #18 report.

- CMS has requested follow-up on the Clinical Indicators.
 - o Adequacy: Network #18 has 86% meeting URR target and the national average is 88%.

- o Anemia: CMS goal of hemoglobin >11 at 70% will probably not be changed in the current environment.

- o Vascular Access: catheter <90 days. Network #18 has

- o Vascular Access: catheter <90 days. Network #18 has 8.6% and the national average is 18%.

- o Fistula Rate: CMS goal for 2007 is >50% and will be >53% for the next contract year.

- o Stenosis Monitoring: CMS wants 100% monitoring for patients with A-V graft. Network #18 has 82%.

- o Albumin: Network #18 exceeds the CMS goal.

The areas that Network #18 will have to improve are fistula rate, stenosis monitoring and anemia management.

Facilities that are low performers will be identified and Network staff will work with them to improve outcomes.

- The big push this year by CMS is in the area of forms accuracy and timeliness. CMS is attempting to complete its CROWN web data integration project and the information and timeliness of forms is integral to the process. 90% accuracy and compliance is the combined CMS target and only 120 of the 280 active Network #18 facilities achieved this goal. There will be significant input from the Network for facilities that do not meet the CMS target. Doug reports that there will be zero tolerance for late and/or incomplete forms.

- Network #18 has a higher rate for transplant referral during the first year of dialysis (30%) than the national average of 22% but CMS wants improvement in this area.

- Emergency preparedness continues to be the major

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CMS focus at this time. This is going to be a big issue for licensure and certification surveys. The patients and staff need to know what to do in an emergency- not just that there is a plan on a shelf somewhere. CMS wants follow-up in this area.

- There will be a vascular access symposium in Long Beach on September 8 for physicians, surgeons and others. Peter Crooks stated that this is a great opportunity for vascular surgeons and interventional radiologists.

• **MEDICARE / MED-CAL REPORT**

Cindy LaMunyon reported to the Board.

Medicare ~ ESRD Network Fee issue continues on dialysis claims containing condition codes 70 (Self-administered Epo) or 76 (Backup in- facility dialysis).

Medi-Cal ~ MediCal has not released the implementation date for the system fix that will allow adjudication of Line Item DOS (LIDOS) Medicare crossover claims. Original date was the first of June. Cindy is following up with CA DHS.

• **PROGRAM REPORT**

Mary Brattich stated that the summary of the evaluations from the Annual Meeting will be completed by the next Board Meeting. Next year the Annual Meeting will be held at the Wyndham Hotel. Mary requested that any suggestions for topics for next year's program be sent to her at: mary.brattich@fmc-na.com.

• **OTHER BUSINESS**

Lori Hartwell sent a message to the Board to inform them that the live presentation Mike Arnold and Marc Chow did at the CDC Annual Meeting is now posted on the Renal Support Network (RSN) website as a "[Kidney Talk!](#)" presentation.

Also, Lori took more than twenty patients to the "Day on the Hill" and those patients made 167 visits to legislators (6-11 per person)! There are several patient meetings coming up and Lori encourages people to check out her web site at www.rsnhope.org.

The Board members present express their gratitude to Lori for her work on behalf of renal patients.

• **NEXT OPEN BOARD MEETING**

August 17, 2007 ~ Oakland

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