



CDC Report

Board Meeting ~ Oakland

May 2007

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• LEGISLATIVE REPORT

Michael Arnold, CDC Legislative Advocate, provided an update on developments in the State Capitol. He reported on the following items:

The Legislature and the Governor appear to be desirous of showing the public that they can accomplish public policy goals through bipartisan cooperation. There is much interest by the Legislature in the possibility to change legislative term limits by adding a term limit revision proposal to the February 08 ballot. The legislature would like to improve its image with the voters in hopes that the voters will support a change in term limits. Thus, there is more bipartisan cooperation in the legislature this year and the passage of the recent prison reform package in addition to an on time budget and other legislature accomplishments could lead to an improved image of the legislature and ultimate passage of a term limit reform proposal which would permit the existing legislators to run for additional terms in their current positions. Term limits currently provide that an individual may serve no more than six years in the Assembly and eight years in the Senate. The new proposal would permit an individual to serve a total of no more than 12 years, but all 12 years could be served in the same house. This would permit the existing leadership in the Assembly and Senate to run for reelection in the June 2008 primary election.

Our Corporate Partners

The CDC Legislative Status Report (available on the CDC website at: http://www.caldialysis.org/LSR/LSR_2-13-07.htm) was reviewed in detail. CDC has adopted legislative positions on 18 bills. Key measures are AB 237



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to increase the fund which is used to pay Medi-Cal providers during a state budget gridlock; AB 8 and SB 48 on health reform; AB 871 calling for a study of hypertension and diabetes; and AB 1689 to revise the Uniform Anatomical Gift Act.

An update on the State Budget was provided. The budget bill this year will be AB 120. Historically, the two houses of the State Legislature take turns on sponsoring the final budget bill. This year it is the Assembly's turn. Thus, the Chair of the Assembly Budget Committee is the author. CDC has been supporting an increase in reimbursement rates for providers of non-emergency medical transportation services to Medi-Cal recipients. CDC has also been closely monitoring proposed increases in licensure and certification fees. CDC staff has had several meetings with the Licensing and Certification Branch at the Department of Health Services to review the proposed fee structure which will be adopted as a part the Governor's budget. We are mindful that sufficient revenues must be provided to allow for timely licensure and certification surveys, but we are endeavoring to have the structure be developed on a fair basis.

• REGULATORY REPORT

Mary Brattich presented research on Dialysis in Nursing homes. It was identified that this is not covered under the current Conditions of Coverage and is not in the plans for the new Conditions of Coverage that are to be out next year. There was discussion around what the CDC should do with this issue of licensure and reimbursement for Dialysis in Nursing Homes. CDC President will consider this matter further and the Board will have additional discussions in the future.

• NRAA REPORT

Cindy LaMunyon reported that the NRAA Annual Spring Meeting and Day-on-the-Hill was held on May15-16 in Washington D.C. Over 45 visits were made to the Hill with a number of legislators committing to cosponsor the 2007 Kidney Care Quality and Education Act.

NRAA convened a "Bundling Summit" in Washington, D.C. ans is the final stages of preparing a white paper on the topic. NRAA believes that small providers will be hurt by the bundled rate unless some changes are programmed in. The purpose of the white paper is for the renal community to have a voice in the rules around bundling since it seems clear that it will happen.

The NRAA Board approved plans to have their 2008 Annual Spring Meeting in conjunction with California Dialysis Council.

• KIDNEY CARE PARTNERS REPORT (KCP)

Marc Chow reported that KCP has been busy addressing the various issues surrounding the topic of ESA's, including a letter from Rep. Pete Stark to his fellow colleagues. National Kidney Foundation has announced that it will be re-evaluating the KDOQI guidelines. The topic of ESA's has now rekindled legislative discussions on "Bundling" or Payment Reform and could potentially be added to the current proposed Physician Reform". On May 15th the Ways and Means Committee mentioned ESRD Payment Reform in their hearings.

• NETWORK REPORT

Allison Kregness delivered the Network #17 report.

- Network #17 is still getting positive feedback on their successful Annual Meeting and would like to do it again in 2008 in conjunction with the CDC.
- The Network has just had another meeting at U.S. Davis in Sacramento and reported that they are number three in the country with a Fistula First rate of 51.8%. The goal for 2009 is 66%.
- On June 5, 2007 the Network will host the first meeting of the Chronic Kidney Disease (CKD) Coalition. The Strategic Partnership for Change is an initiative put forth by CMS to all Networks. The Network's initiative is the "Early Identification of Chronic Kidney Disease (CKD)" which will look at early intervention and access placement.

• MEDICARE / MED-CAL REPORT

Cindy LaMunyon reported to the Board.

Medicare ~ Line Item DOS (LIDOS) Billing - effective April 1, 2007 dates of service. No issues reported with NGS claims; however there are isolated issues being reported across the country with other Fiscal Intermediaries.

National Provider Identifier (NPI) - NPI required as of May 23, 2007, claim submission date. NGS activated the NPI edit on May 14, 2007, resulting in pended claim for NPI related problems. The information entered in the NPPES system during the NPI application process must match the information CMS has on file obtained from the CMS 855. Variances, i.e., punctuation, legal name, address, NPI, etc... will cause a mismatch in the NPI crosswalk resulting in RTP (Return to Provider) claims. Providers should contact NPPES to correct the file before resubmitting the claims to Medicare.

UB04 - The new UB04 is required effective May 23, 2007, claim submission date. Any claims, including adjusted claims, appeals, etc..., regardless of the date of service, have to be submitted on the UB04 claim form.

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Medi-Cal ~ CA DHS is working on a system fix to accept secondary crossover claims in excess of 15 lines per claim page. The fix is targeted for the first of June and will be

announced in a MediCal bulletin. The paper claims have a 15 line limitation per claim page and remarks requirements.

• PROGRAM REPORT

Mary Brattich reported on a successful 2007 Annual Meeting with well over two hundred attendees. Next year's Annual Meeting will be held in conjunction with the National Renal Administrators Association at the Wyndham Palm Springs Hotel from, April 24-26, 2008.

• OTHER BUSINESS

- Marc Chow asked those in attendance if any of their patients had been contacted by attorneys wishing to represent they in claims pursuant to the use of ESA's. No one present had heard of their patients being contacted.
- The Union City Hemodialysis Training School PCT training program now has an Internship Program with DaVita.

• NEXT OPEN BOARD MEETING

June 15, 2007 ~ Los Angeles

For more information and a registration form, please visit our web site at: www.caldialysis.org/next_meeting.htm

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