



CDC Report

Board Meeting ~ Oakland

August 2008

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Below is a report from the California Dialysis Council's Board Meeting held August 15, 2008 in Oakland, California.

• LEGISLATIVE REPORT

Michael Arnold delivered the legislative report.

Mike reiterated that he previously advised that we had been successful in convincing the Budget Conference Committee to restore virtually all of the 10% cut in Medi-Cal reimbursement rates. He advised that we are pretty much in the same position now one and a half months later, due the posturing by both parties in the legislature. Mike is projecting that a deal maybe made with a short term increase in some kind of sales tax or a one or two-year imposition of a new bracket for the rich on the income tax or some other short term tax increase in return for some concessions that would appease the Republicans like some form of comprehensive budget reform. Both houses indicated this Thursday, August 14th that there will potentially be a budget vote on Sunday evening. Mike believes that it's very unlikely that any form of budget will come to fruition from that session. Mike continued to speculate on some other possible scenarios to resolve the budget impasse. As far as the 10% cut in Medi-Cal reimbursement rates are concerned, Mike believes that we have currently done everything possible to try and eliminate these cuts by working with the tri-caucus', key legislators and supporting the legal challenges. Having said that, he still believes that the providers can never do too much in educating the legislators by inviting them to their clinics and have them talk to the patients and staff.

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Sheryle Paukert raised the issue of Medi-Cal share of

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cost specifically as it relates to the term "earned income" and the fact that currently disability income is being counted as earned income. Mike recalled that we had introduced a law in the past that was vetoed and any new attempt to introduce laws would possibly run into that same problem as the share of cost system is driven by Medicare laws, which my work okay in other states, but not in California. If we become out of compliance with these laws, it could put our Federal participation at risk. However, while it is too late in introduce legislation this year, Mike will work with Sheryle to see if they cannot come up with a proposal to bring back to the Board.

- **Legislative Status Report.** The legislative Status Report was distributed to those in attendance (see below for details on downloading your copy). Anyone with an interest in specific pieces of legislation can go to the CDC website at: www.caldialysis.org/status_report.htm to view the current Legislative Status Report. A click on the bill number will bring up a copy of the bill.

• REGULATORY REPORT

Karen Dyer started the discussion by way of a review of the recently published DRAFT of the CMS Conditions for Coverage Interpretive Guidelines. The KCP comments letter was reviewed and by consensus the Board agreed with those comments. However, Karen Dyer discussed with the Board other issues not addressed in the KCP comments. Firstly, the interpretation of the Centers for Disease Control & Prevention's 2001 guidelines for isolation stations and secondly the requirements for Patients Care Technician Certification. After a lengthy discussion Jan Anderson and Misha Palecek agreed to work with Mike Paget to prepare a letter of response to CMS. [Click here](#) to go to the News Page of our web site for a copy of the letter.

Based on the response from CMS to our comments, will determine what actions maybe necessary for Patient Care Technician Certification in California.

Initial Survey Justification Letter: Mike Arnold reviewed past communications and the letter (part of these minutes) CDC recently sent to Kathleen Billingsley, RN of the California Department of Public Health (CDPH). The letter contained new information that Mike Paget has received during a telephone conference call between Kidney Care Council (KCC) and Mr. Robert Hamilton of CMS in which Mr. Hamilton stated that "it was not CMS' intent to make these Justification Letters a mandatory practice, but could understand that some state agencies may find such a justification letter useful in prioritizing initial surveys of dialysis facilities in Tier 3". The letter

goes on to request a reconsideration of the requirement for these Justification Letters.

• **FEDERAL ISSUES ~ UPDATE**

Mike Paget presented the following report:

The Medicare Improvements for Patients and Providers Act (MIPPA) - PL110-275: Mike gave a detailed overview of the various ESRD provisions in the law and indicated that a printed version of the summary would be made available. [Click here](#) to go to the News Page of our web site for a copy of the summary. Mike pointed out that the actual implementation of the law is the responsibility of the Secretary of Health, but more realistically will be the task of CMS.

Mike reviewed the work of other Kidney Care Partners (KCP) workgroups:

Clinical Performance Measures (CPM): This workgroup continues to work with CMS to ensure that any measures developed are appropriate for ESRD and have been validated by the National Quality Forum (NQF). These CPMs will be the foundation for the quality provisions of MIPPA.

Physician Fee Schedule Workgroup: This group worked on developing comments to the Proposed Rule for Revisions to Payment Policies under the Physician Fee Schedule published in the Federal Register on July 7, 2008. As a result of the workgroup's efforts KCP sent a nine-page letter of response to Kerry Weems, Acting Administrator of CMS. The highlights are bulleted below.

- CMS Must Recognize the Plain Reading of the Statute Supports only an Increase in the Drug Add-on Adjustment. In addition, CMS Should Not Rely Upon Average Sales Price (ASP) for Calculating the Drug Add-on Adjustment.
- CMS Should Promote Quality Care in the ESRD Program through the New Quality Incentive Program Authorized in the Medicare Improvements for Patients and Providers Act (MIPPA), rather than a Hospital- Acquired Conditions (HAC) Payment Policy.
- CMS Should Provide the Community with the Opportunity to Comment on the New CPMs, Consistent with the Agency's Quality Measure Development Overview Process.
- Before CMS Eliminates the Geographic Wage Index Floor, It Must Ensure that Doing So Will Not Result in Patient Access Problems
- CMS Should Apply 2007 E&M Code RVU Increases to Inpatient Dialysis Services that Use Those E&M Services as Building Blocks, To Maintain Relativity in the E&M Code Family.

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CrownWeb Workgroup: This group has followed CMS' roll-out of CrownWeb for the last few years, but now it's getting to the final implementation stage, with a projected date of February 2, 2009. One concern that has come to light is that CMS is only allowing the three largest LDOs DaVita, DCI and FMC to submit data in batch format. All other providers must submit data to CMS on a patient by patient basis over secure Internet connection. While not knowing that actual final data set to be submitted, it has been projected that the online time would be between 20 and 30 minutes per patient. KCP is working with CMS to see what can be done about this situation.

• GRASSROOTS COMMITTEE REPORT

Sean Graham reported that a number of facilities continue to host visits to their facilities for legislators. He thanked those for doing that and reiterated that this is one of the best ways to get our message out to the legislature. The committee is developing a matrix of those facilities visited which should be available at the next Board Meeting.

Jan Anderson reported that she had learnt from Marc Chow that the National Kidney Foundation (NKF) has been holding breakfast meetings in Sacramento with tri-caucus legislators. The goal is to introduce legislation to establish a statewide task force on CKD. Marc hopes to have a representative from NKF join us at the next Board Meeting. Jan continued to update the Board on one of the provisions of MIPPA that calls for a multi-year CKD pilot project to be held in three (3) states. Jan believes this is an opportunity for CDC to advise CMS that California would be an idea state for the pilot project. CDC should start now to position California for this project.

Jan introduced Rene Durazzo of The Kidney Trust. Rene gave those in attendance background on The Kidney Trust's work on free work place screening for CKD. More information can be found on their web site at: www.kidneytrust.org.

• NETWORK 17 REPORT

Allison Kregness delivered the following report: There will be CrownWeb training sessions for the trainers coming up shortly.

The 2008 Network 17 Annual Meeting will follow the CDC's October Board Meeting at the Grosvenor Hotel by San Francisco Airport on October 17, 2008. Topics will include Disaster/Emergency Preparedness, Quality Assessment, Conditions for Coverage, Conflict Resolution, etc. CEU's will be provided. More detailed

information will be forthcoming.

The Network recognizes the potential problem with patient care technician certification under the new conditions for coverage and would welcome the opportunity to work with CDC on this issue.

- **PROGRAM REPORT**

SAVE THE DATE: April 16 - 18, 2009

- **NEXT BOARD MEETING**

September 19, 2008 ~ 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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