



CDC Report

Board Meeting ~ Los Angeles

February 2010

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Below is a brief report from the California Dialysis Council's Board Meeting held February 19, 2010 in Los Angeles, California. For **CURRENT NEWS** regarding the ESRD community, please visit our web site news page at: <http://www.californiadialysis.org/news.html>

• LEGISLATIVE REPORT

Michael Arnold delivered the following legislative report: As we all know, it is a gubernatorial election year and the deadline to file papers is March 12, 2010. It is assumed that Jerry Brown will be the Democratic candidate. On the Republican side Meg Whitman (who has spent \$30 million of her own money) and Steve Poizner, the current State Insurance Commissioner, seem to be leading. The current Governor has declared a fiscal emergency and called an 8th Special Session. Approaches under consideration include a tax on internet sales as well as changing the State tax on gasoline to an excise tax so proceeds can be placed in the General Fund instead of being earmarked for the Transportation Fund. The legislature must respond within 45 days once the Fiscal Emergency is declared. The organization must continue to be vigilant to preserve current Medi-Cal rates. Mike Arnold represents CDC on the Alliance for Patient Care (APC), a statewide consortium of approximately 70 organizations which have come together to protect the Medi-Cal Program. It is expected that Medi-Cal benefits for new immigrants (legal status) and PRUCOL will be cut but emergency Medi-Cal benefits will remain. All new bills must be introduced by today (February 19, 2010) to be considered for the current session. The 1115 Federal Waiver allows the State of California to engage in demonstration projects with the Medicaid population. This allows the State to reduce choice of physicians, hospitals and other providers that otherwise would not be allowed under the Medicaid program. The current Waiver will expire on October 1, 2010. There appear to

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be leanings that the State could move the SPD (Seniors and Persons with Disabilities) population from a fee for service approach into some form of shared risk arrangements. This could reduce choice for dialysis patients. Updates on this issue will be provided as more information becomes available.

The Legislative Status Report is available on the CDC website by [clicking here](#). Accessing in this manner allows you to link directly to the whole bill.

• REGULATORY REPORT

Karen Dyer discussed the issue that three additional clinical outcomes will need to be reported beginning July, 2010 on the billing claim form. URR will be replaced by Kt/V (so adequacy for PD patient can be captured), absence or presence of infection, and type of access. Dr. Arthur Lurvey stated that final instructions have not been published and he will certainly forward the information to the CDC when he receives it.

The FDA: Drug Safety Communication ESAs requiring the drug class to be prescribed and used under REMS (risk evaluation and mitigation strategy) was discussed. All patients must be provided a Medication Guide explaining the risks and benefits of ESAs. This is available on the Amgen website. Once printing is finalized the enforcement letter will be distributed with final provisions. ESAs for oncology use will require that oncologists enroll in ESA APPRISE (Assisting Providers and Cancer Patients with Risk Information for the Safe use of ESAs). The launch date for this program is March 24, 2010. For the crossover population or ESRD patients with cancer, the oncologist will need to order the ESA dose if it will be at an oncology level.

Karen welcomed Teri Spencer who is now an independent consultant working with CMS Central Office. Teri reported that regarding the issue of PCT certification, CMS is aware of the anxiety in the provider community of the approaching April 15, 2010 deadline for National Certification but she is not aware of consideration of extending this deadline. She discussed a major project regarding Life Safety Codes and the attempt to develop clear, concise directions for existing facilities. CMS recognizes the provider concern over this issue and acknowledges the need for clarification as well as recognizing the uniqueness of the dialysis population. Comments were taken into account when the packet was developed. The hope is that this packet will be distributed to the community for further comments in the next couple of months and then the final guidance will be developed and distributed.

• PCT EXAM REPORT

Mike Paget presented the report. He received a call from CDPH, which is concerned that only 378 PCTs have

recertified as of February 11, 2010. They have brought on extra staff in anticipation of processing 5000 applications and have asked CDC to get the word out to send in the applications if they are being held. It appears that there are a number sitting on the clinic managers' desks waiting for documentation for those staff that do not have evidence of completing an approved training program.

There are over 1000 PCTs in the CDC Exam data base. 952 exams have been administered and 523 have passed. The current CDC exam pass rate is approximately 54%. Across the country with the three national testing companies, it is believed that the pass rate is approximately 60%.

Lori Hartwell has asked providers to be sensitive to the patient population if any staff will be terminated due to testing results. Communication is key when changes in staffing occur.

• PATIENT ORGANIZATIONS REPORT

Lori Hartwell delivered the following report: World Kidney Day is on March 11th and most kidney patient organizations are taking this opportunity to get the message out about kidney health. You can visit www.WorldKidneyDay.com for a list of all the activities. In honor of World Kidney Day, Renal Support Network (RSN) plans to have a national "tweet day" on Twitter to bring awareness to kidney disease and other illnesses and will utilize the release of Lori Hartwell's "Chronically Happy" book on a 6 CD audio package. For more information about the "tweet up" visit www.ChronicallyHappy.com.

Dialysis Patient Citizens and RSN have worked on the Medigap legislation that has been introduced in Arizona and South Carolina.

The Lifetime Immunosuppressant bill for kidney transplant patients was introduced by the House and the Senate was interested and understands the seriousness of this issue but it was not included in any Senate bill. As healthcare reform progresses and with continued persistence from the community there is a good chance this legislation will become law.

There are several CMS initiatives that patients are paying close attention to, such as the Technical Expert Panel on Anemia, Fluid Management, Infection, Vascular Access, Bone and Mineral, Dialysis Adequacy. There is also a MEDCAC meeting to be held in Baltimore on March 24th to review the current Anemia CKD Directives.

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• FEDERAL ISSUES REPORT

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Marc Chow presented the report. Healthcare Reform has

not passed. It is not necessarily dead but it appears that a jobs bill could take priority.

Health reform may move through a reconciliation process which is a bit controversial, but has been done in the past. Two health related programs came from a reconciliation process including S-Chip and Medicare plus choice which is now known as Medicare Advantage.

The issue of oral medications in the proposed ESRD PPS is still in limbo. The Senate version of health reform included language for a two year GAO study to be conducted to better understand the impact of oral meds in the bundle.

We may know more about both health reform and other relevant issues after the upcoming KCP Board meeting in early March

Finally, we are still pending the final release of the ESRD PPS which may come out as early as March or sometime in April or May.

• **ESRD NETWORK REPORT**

Harriet Edwards introduced Shean Strong, the new Network 18 Quality Director. He reported that the key Network project topics are mortality rate, HGB < 10, and the immunization project. Network 18 received an award for Most Improved in the Vascular Access category.

• **MEDICARE REPORT**

Dr. Arthur Lurvey reported that there is no longer a consult charge for physicians.

CMS is tightening up the process for signatures. They must be legible, digitized or electronic (time and date), and authenticated through a code word or offices must have a sign up sheet that has physician signatures and can be compared to the "scrawl". An attestation statement by the physician is acceptable as well.

Two codes for Renal Education have been established. (6 hours lifetime)

Revalidation in PECOS is underway. Everyone's identification is being moved into the CMS site due to identity theft. If you have not billed Medicare within a year you will be kicked out of the system. You can view your information in PECOS by using your NPI with a password.

• **PROGRAM REPORT**

Dates for the Annual Educational Conference are April 22-24, 2010 at the Palm Springs Hotel Zoso. A copy of the Conference Brochure is available on the CDC web site by [clicking here](#). Registration is also available on

line. Hard copy versions of the brochure have been mailed to all California facilities and CDC members.

- **OTHER BUSINESS**

All future Board Meeting materials will be emailed to registered participants the Wednesday before the meeting. Only the agenda will be provided on site. Options exist to print and bring paper copies or bring a personal computer and review the documents during the meeting. This will cut down on the copies, many of which are just left on the table after the meeting.

- **NEXT BOARD MEETING**

March 16, 2010 ~ Sacramento

For more information, on-line registration and hard copy registration forms, please visit our web site at:

www.californiadialysis.org/next_board_meeting.html

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