



CDC Report

Board Meeting ~ Oakland

January 2010

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Below is a brief report from the California Dialysis Council's Board Meeting held January 15, 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: We are currently in the second year of a two-year legislative session so all the legislative proposals that died last year have until January 30 to get out of the house of origin or they will die. New legislation is now being introduced, and this legislation has until January 18 to get to the Legislative Council's Office for drafting and until February 22 for introduction. Mike's office is reviewing these bills and will have a full run down for the CDC Board at our March meeting in Oakland.

The Governor pursuant to the constitution presented the state budget on January 8th (January 10th being a Sunday). This is considered to just be a draft budget. In May after all of the revenues have been calculated, the Governor will present his May Revision. It is at this point that all of the committees usually go into action. We and our patients maybe at serious risk of Medi-Cal cuts as the legislature does not have many other places to cut revenues and the public has made it very clear that they are not going to be supportive of tax increases. Therefore, we are going to have to be truly vigilant this year.

MediGap: Mike Arnold followed up on the Board's request to research the pros and cons of introducing state legislation to make MediGap policies available to ESRD patients 64 and younger. He proceeded by giving some background on health and safety codes related to this issue. The insurance industry has always stated that if they are forced to provide coverage to ESRD patients 64 and younger this would increase premiums for all insured potentially making them unaffordable for a number of senior citizens who need MediGap coverage. Recently the state of Florida passed legislation making MediGap policies available to ESRD patients 64 and younger. However, language was included in the bill that would allow the insurance companies to rate these polices separately from

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general policies, presumably at a considerably higher rate. So the bottom line as it relates to Florida is that MediGap policies for ESRD patients are available, but may not be affordable to ESRD patients.

Mike Arnold reviewed language from a bill that we (CDC) proposed in 2002 but finally choose not to introduce. Mike recommended to the Board that, as we are currently in the middle of a two-year legislative session and will undoubtedly need to spend energy on state budget issues, we do further research on the impact on premiums by adding this patient group to the coverage pool. Then, if needed, introduce a bill at the beginning of a two-year legislative session. Dr. Peter Crooks raised the issue of national healthcare reform that if passed would probably have stipulations that pre-existing medical conditions be covered. That being the case, state legislation may not be necessary.

A detailed discussion ensued around the finer points of healthcare reform and the impact on the MediGap issue. Mike suggested that an ad-hoc policy committee be formed to review and study the issues as more information regarding healthcare reform, etc. becomes available. Karen Dyer appointed the physician Board Members to form this committee. A motion was made by Mike Paget that we will not introduce the MediGap bill this year, but we will continue to work on the issues and be ready to respond as the Board deems appropriate at a future date, seconded by Debra Punch, motion approved.

Mike Arnold presented on the effort that DaVita has engaged in in Louisiana. DaVita presented ideas to save the state Medicaid program money in caring for ESRD patients in return for not decreasing Medicaid reimbursement for dialysis care and treatments. The program is the SET program standing for Screening, Education, and Tracking for saving. One of the basic goals of the program is to delay the onset of ESRD. A similar concept may be applied here in California where the California Dialysis Council and its membership will engage in a public/private partnership effort with the California Department of Healthcare Services to go into communities that are at risk for CKD and do some screening, education, etc. While this seems theoretical at this point, Mike believes it bears looking into and that an ad-hoc committee should meet with the DaVita folks to see how the program worked in Louisiana and how it could be applied in California. Misha Palecek from DaVita proposed that he bring someone from DaVita who is familiar with the program to the next Board Meeting so a more informed discussion can take place. This issue was tabled until the next meeting.

The Legislative Status Report is available as always on the CDC website at:

http://www.californiadialysis.org/legislative_status.html

Accessing in this manner allows you to link directly to the whole bill.

• PCT EXAM REPORT

Karen Dyer gave a brief update of the PCT Exam review process and then asked Mike Paget to give an update of the full PCT Exam Program.

Mike Paget gave a detailed breakdown of the exams administered to date

and those scheduled so far. The summary being 270 exams taken and 288 scheduled. At this point the pass rates have been in the 70% range in Northern California and in the 50% range in Southern California. A number of PCTs have taken our exam and others several times and have still not passed. Debra Punch confirmed that the Centers for Medicare and Medicaid Services have no plans to extend the April 15th deadline for PCT to pass the standardized test. A lengthy discussion ensued regarding the numerous issues regarding PCT certification and the potential for there being a major shortage of certified hemodialysis technicians post the April 15th deadline.

Mike Paget raised one last PCT issue; that of a provider who had received the following email from the California Department of Public Health CHT Certification Unit: *For a newly trained CHT, they may submit their application, but before they actually receive their certificate they must meet all 3 requirements. After they complete the training program, **they can no longer work as a CHT** until they receive their certificate. If they do send in their application, their certificate will be put on "Inactive" until they meet all 3 requirements and then we will release their certificate. The 18 month program was done away with when the new regulations came out.*

Mike Paget researched this email and referenced back the California Statute ~ 1247.7 of the California Business & Professions Code which states: *1247.7. An employee in training shall be classified as a hemodialysis technician trainee and shall be under the immediate supervision of a licensed physician and surgeon or licensed registered nurse whenever involved in the treatment of a patient, as described in Section 1247.3.* This document is contained in the resources section of the CDC web site at: http://www.californiadialysis.org/Docs/Resource/PCT/Cal_B&P_Code_1247-1247.9.pdf

As California has its own PCT certification program, facilities must also adhere to these regulations. To work in California as a patient care technician you must be certified by the state. The new state regulations (SB112 signed into law on October 11, 2009) require passage of a standardized test (as well as proof of training and a high school diploma or equivalent). The federal CfC give an 18-month time frame for completion of this test. This is not the case in California for the reasons just stated. However, both the CDC and the manager of the CDPH CHT Certification Unit believe that these PCTs can work as a Hemodialysis Technician Trainee under appropriate supervision as defined in 1247.7 of the statute.

CDC will pursue this clarification from CDPH.

• PATIENT ORGANIZATIONS REPORT

Mike Paget reported for Lori Hartwell. The patient groups presented their comments along with many others on the Proposed Rule for the new PPS for ESRD.

Lori Hartwell is currently personally busy preparing with her staff for the 11th Annual Renal Teen Prom to be held this Sunday at Notre Dame High School in Sherman Oaks. This year the surprise guest will be Jack Black. See: http://rsnhope.info/programs/renal_teen_prom2.php

• FEDERAL ISSUES REPORT

Mike Paget reported for Marc Chow that there were 1168 comments submitted to CMS on the Proposed Rule on the PPS for ESRD. To view these comments use the following link: <http://spread.sheets.google.com/pub?key=tV1UxhmJkTTj64zTzxVRZYQ&gid=5> A number of organizations requested that CMS issue an "Interim Proposed Rule" due to the complexity of the issues and the lack of supporting data from CMS. So maybe we will be commenting one more time.

Email: mail@californiadialysis.org

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The next Proposed Rule (assuming no interim final rule) will be on the quality components of MIPPA. The KCP Quality Committee is busy collecting data and has retained the services of a consulting firm, Abt Associates, to collect data from two measures, anemia management & dialysis adequacy, as proposed in the ESRD Quality Incentive Program (QIP).

MedPAC met yesterday, Thursday, January 14th and made a recommendation to increase the ESRD market basket rate less an adjustment for productivity which results in a net increase of 0.7% in the base composite rate.

The national healthcare reform debate will continue in Congress as both the House and Senate bills are conferenced together. The administration is hoping that the President will be able to announce the final outcome during his State of the Union address at the end of January. As far as ESRD is concerned, the House bill contains a provision for the extension of immunosuppressive drugs for transplant patients to be paid for by the inclusion of oral medications in the ESRD bundled payment. The Senate bill calls for a study (no later than one year after implementation) of the impact of the inclusion of oral medications in the ESRD bundled payment.

• COMMUNICATIONS REPORT

Mike Paget reported that there have been significant updates to the PCT section of the web site including a new registration form structure that forces appropriate data entry. This functionality will be added to all of the other web forms.

• ESRD NETWORK REPORT

Darlene Rodgers reported on behalf of ESRD Network 17.

Fistula First prevalent AVF rate for Network 17 is at 59.7% the third highest in the country and 1 full percentage point over their contracted target. The national number was 54.2%. The top Network in the country is Network 16 followed by Network 15; Network 18 is fourth.

Phase two of CROWNWeb continues, but there is no firm time for how long this phase will continue nor is there a deadline for the full rollout. In spite of this, providers should still keep all of their forms and registrations up to date.

Network 17 is recruiting for the Medical Review Board, Patient Advisory Committee (PAC) and for a couple of volunteers for the combined Network 15/17 Board of Directors. Anyone interested should contact the Network.

Network 17's Annual Meeting will be on September 19th at the Crown Plaza in Burlingame, details to follow.

• MEDICARE REPORT

Carol DiRaimondo reported that there were no ESRD issues or concerns from the recent Carrier Advisory Committee (CAC) meeting.

• MEDI-CAL REPORT

Dr. Paukert reported that some local Medi-Cal plans in Northern California are requiring Treatment Authorization Requests (TARs) for dialysis patients. This doesn't appear to be in conflict with state law as individual plans apparently can require TARs. This is especially a problem for dialysis clinic in Sonoma County. TARs are also being required for certain medications.

- **PROGRAM REPORT**

Dr. Peter Crooks reviewed the Annual Educational Conference program content with those in attendance and stated that the actual program brochure will be available in a few weeks. As a reminder, this year's conference is at the Hotel Zoso from April 22 to April 24, 2010.

- **NEXT BOARD MEETING**

February 19, 2010 ~ Los Angeles

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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