

CDC Report

Thursday April 7, 2005

Palm Springs, California

The following is a report from as short Board Meeting held prior to the Annual Meeting in Palm Spring

Legislative Report: Michael Arnold submitted the following report.

Michael distributed his Legislative Status Report and suggested that the Board read through it on their own with the exception of three bills for which he wished direction. The three were as follows:

AB 464 This bill would specify that a health care provider who honors an “allow natural death” order would not be subject to criminal prosecution or civil liability. The Board suggested a “watch” position.

AB 654 This bill would enable an individual who is terminal and under specified terms to make a request for medication for the purpose of ending his/her life. The Board suggested a “watch” position.

AB 1676 This bill would require the Department of Motor Vehicles to include information on Advance Directives at each Department field office and on its web site. The Board suggested a “support” position on this bill and several members suggested that this information might be of help for Organ Procurement Organizations.

Budget. Budget subcommittee hearings are underway and Medi-Cal redesign is of most importance to our community at this time. Michael and his staff have indicated to the Committee that the premium payment proposal for Medi-Cal recipients on dialysis would be prohibitive for them and it should be dropped from the redesign plan. He feels that it will probably be dropped by the Legislature. Cindy LaMunyon asked if the California law that provides continued reimbursement to Medi-Cal providers in the event of a budget stalemate is still in place. Michael stated that he believes it is although the total number of available dollars is limited.

AB232 is a proposed bill that would appropriate money from the General Fund to the California Community Colleges for the purpose of increasing registered nursing programs. John De Palma moved that CDC support the bills, it was seconded and moved.

SB 375 is a proposed bill that would, in part, provide the ability for ESRD patients to purchase Medi-gap insurance. The language of the bill would require insurers that sell Medi-gap policies to allow all Medicare- eligible persons access to the policies. There are currently 21 states that have such regulations in place. The last time this opportunity came up in California, CDC argued that ESRD patients should be included but the insurers stated that including ESRD patients would increase the premiums for all involved by 50-70%. We are currently attempting to get our patients covered under this new bill. Michael asked for a subcommittee to assist him and Cindy LaMunyon, and Tom and Sheryl Paukert agreed to help. After January 1, 2006, no new Medi-gap policy that covers prescription drugs may be sold (due to drug coverage under the Medicare Modernization Act (MMA)). Those patients who have a policy in effect on January 1, 2006 that is being extended, and who do not purchase Medicare part D coverage (MMA drug coverage), may continue those pre-existing policies. Michael stated that the next hearing on SB 375 will be on April 27th and he would like to have a patient attend the hearing.

The following are new issues that Michael discussed.

Patients who are uninsured and end up in the hospital often come to a dialysis facility without any insurance until they are covered at a later date by Medi-Cal. Michael suggests that CDC explore the idea that next year we present legislation that would expedite Medi-Cal determination while the patient is still in the hospital so that they have emergency coverage when they arrive at the dialysis facility. The Board supported this idea.

MMA prohibits price negotiation on drugs. Medi-Cal has historically done a good job of negotiating pricing that has resulted in a better level of availability of drugs for these patients. Michael is concerned that, with the prohibition of price negotiation, Medi-Cal patients may have poorer availability of drugs under MMA. Brian Wong, MD suggested that Michael work with other medical communities such as oncology and HIV/AIDS in support for our position.

NRAA Report: NRAA Spring meeting will be held on May 4th in Washington, DC in conjunction with NKF 2005 Spring Clinical Meetings. There will be a “Day-on-the-Hill” on May 5th where attendees will have an opportunity to visit with their legislators to promote the new “Kidney Care Quality and Improvement Act of 2005”. The Annual Meeting will be held September 28th through October 1st in Chicago.

Medicare Report: Cindy LaMunyon reported that CMS has stated there will be no delay in the implementation of the case mix adjustment for ESRD. The community is nervous as a result of the implementation errors by many fiscal intermediaries in January when the height and weight fields were entered by providers. UGS paid EPO at the rate of \$10 per 1000 units in January instead of the appropriate \$9.76. They are in the process of collecting back the overpayment, but have stated that they will not make a “mass adjustment.”

In October, 2004, A4913 became effective as the code for I.V. reimbursement. However, UGS has been denying payment for A4913 as a result of the fact that they have no rate in their computer system.

Carol DiRaimondo stated that she had heard from Yvette Costa with Amgen that Aranesp payment was being denied by NHIC for medical offices. Carol stated that her office has not had this experience.

Medi-Cal Report: Cindy LaMunyon reported that she will be communicating with Dr. Farber as there are errors in differentiation between CRF with Procrit and ESRD with Epogen. Apparently the new policy regarding Epogen reimbursement is not carrying over to CRF. A Question and Answer document has been drafted regarding the new Medi-Cal Epogen policy and it will be submitted to Dr. Farber for approval (it will be sent to the Board for approval first). If Dr. Farber approves the document, it can be used by both the ESRD provider community for clarification and for training for EDS staff.

Membership Report: Mike Paget reported that CDC is awaiting the renewal of LDO memberships. To date, 48 individual facilities have renewed, 10 corporate members, 5 individuals and 15 physicians have renewed. Dr. De Palma suggested that CDC send letters out to physicians to encourage membership. However, since this is costly, and historically unproductive, it will be considered as a future agenda item for the Board.

Annual Conference: Peter Crooks reported that pre-registration for this year’s meeting is higher than last with the usual walk ins. We should give us a great attendance. We have 30 booths this year which is our highest ever vendor participation.

Other Business:

Sue Vogel stated that it has been a pleasure serving as the CDC President and will turn that gavel over to Dr. Crooks for the next two years.

The Board appoints the officers for the next year. They are:

President:	Peter Crooks, M.D. (Already elected)
President-Elect:	Cindy LaMunyon
Treasurer:	Carol DiRaimondo, M.D.
Secretary:	Karen Dyer

Next Open Board Meeting

May 20, 2005 Los Angeles

For more information and a registration form, please visit our web site at:

http://www.caldialysis.org/next_meeting.htm