

NOTICE

Because State regulations governing the Kidney Disease Program are subject to change, patients are advised that the answers to questions in this brochure represent information available at the time of preparation. Because of possible changes, it is suggested that the Kidney Disease Program be contacted at (410) 767-5000 for verification of specific issues or questions.



MARYLAND
Department of Health

The Kidney Disease Program of Maryland



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Department of Health

THE BROCHURE

This brochure provides answers to commonly asked questions about the Kidney Disease Program of Maryland and reflects State regulations, COMAR 10.20.01, governing the Program at the time of publication. If you require additional information, please contact the Kidney Disease Program at the address and /or telephone number located on the last page of this brochure.

INTRODUCTION

The Kidney Disease Program, under the Maryland Department of Health, was created by the 1971 General Assembly and became law on July 1, 1971. The same law created the Maryland Commission on Kidney Disease. A new bill, signed into law May 1991, split the regulatory powers by which the Kidney Disease Program is governed.

Under the new law, the Maryland Commission on Kidney Disease is responsible for developing reasonable medical standards for hospital and freestanding dialysis facilities as well as transplantation centers located within Maryland. The Commission also defines the medical criteria by which an applicant may seek certification with the Kidney Disease Program.

The Maryland Department of Health is responsible for the development of regulations, which are associated with the fiscal administration of the Kidney Disease Program. Those regulations govern non-medical eligibility criteria and recovery and reimbursement.

The development of this Program expresses the continuing concern of the State of Maryland for its citizens with end-stage renal disease. This stage of renal impairment is almost always irreversible and requires dialysis and/or kidney transplantation in order to maintain life. The State recognizes its responsibility to help reduce the financial hardships that accompany this disease where these expenses are partially or wholly unmet by either Federal or private sources.

WHO IS ELIGIBLE?

To be eligible for certification by the Kidney Disease Program an applicant must:

1. be certified by a physician as having chronic end-stage renal disease; and

However, the patient dialyzes continuously 24 hours per day, 7 days per week without interruption. The CAPD patient usually does four exchanges per day. These exchanges are not time consuming, but do require being done under sterile conditions.

- B. Continuous Cycling Peritoneal Dialysis (CCPD)- A variation of CAPD, CCPD uses the cyclor machine to produce and cycle the dialysis fluid. The CCPD patient usually dialyzes 6 times per week.
- C. Intermittent Peritoneal Dialysis (IPD)- The IPD patient dialyzes using a cyclor machine in three 12 hour sessions per week or four 9 hour sessions per week. IPD is seldom utilized because CAPD and CCPD have proven to be the more efficient methods of peritoneal dialysis.

If you have any questions not answered in this brochure, please contact:

Kidney Disease Program of Maryland
201 West Preston Street, Room SS-3
Baltimore, Maryland 21201
(410) 767- 5000

or visit the Website at:

<https://mmcp.health.maryland.gov/familyplanning/Pages/kidneydisease.aspx>

- 2. be a citizen of the United States who is a permanent resident of Maryland, or an alien lawfully admitted for permanent residence in Maryland. Five-year ban to program benefits for qualified aliens applies. Proof of residency is required, and
- 3. be on home dialysis under the auspices of a certified hospital or certified freestanding dialysis facility or receiving treatment in a certified dialysis facility and /or transplantation center in Maryland; or
- 4. have begun a course of maintenance renal dialysis in an out-of- state facility when the Program has preauthorized the treatment based on the facility's proximity to the applicants primary residence or to assure continuity of care, or both; and
- 5. submit a completed application and all required documentation to the Kidney Disease Program.
- 6. Financial status is not a criterion for eligibility, but may have a bearing on the amount of financial responsibility which may be borne by the individual in the form of an annual Program participation fee.
- 7. Transplant Centers may require ESRD patients to be certified with KDP before being placed on a kidney transplant wait list.

WHEN AND HOW TO APPLY

A patient is eligible to request financial assistance from the Kidney Disease Program when he/she begins chronic maintenance dialysis in a certified hospital or certified freestanding dialysis facility, or receives a renal transplant in a certified transplantation center.

Annual recertification is required in order to maintain continuity of Kidney Disease Program coverage.

All certified hospitals, freestanding dialysis facilities, and transplantation centers in Maryland have the Kidney Disease Program Application for Certification forms. Renal social workers or other designated facility personnel may assist the patient in the completion and submission of a completed application and all required documentation to the Kidney Disease Program.

A completed signed, and dated application and all required documentation, i.e., Federal Income Tax returns, health insurance information, etc. must be received by the Kidney Disease Program in order for the Program to process the application. Incomplete applications will be returned to the applicant, possibly resulting in delays in certification.

Complete applications and all required documentation should be submitted to the following address:

Kidney Disease Program of Maryland
201 West Preston Street, Room SS-3
Baltimore, Maryland 21201

What types of financial assistance and coverage are available?

The Kidney Disease Program is a payer of last resort. This means the Program may provide financial assistance to certified Maryland end-stage renal disease patients according to the following criteria only after all other Federal, State and private medical insurance coverage has been pursued.

Coverage for care and treatment received in any Maryland hospital, certified freestanding dialysis facility, or certified transplantation center when such care and treatment is required as a direct result of the patient's end-stage renal disease. Coverage of routine chronic maintenance dialysis in a hospital setting is restricted to those Maryland hospitals, which have been certified by the Maryland Commission on Kidney Disease.

Coverage for the first three months of a patient's end-stage renal disease care and treatment beginning with the first chronic maintenance dialysis prior to Medicare eligibility.

Payment of Medicare deductible and co-insurance.

Coverage of approved physician services at the approved rates.

Coverage of prescription drugs on the Kidney Disease Program Reimbursable Drug List when prescribed by a physician in the treatment of end-stage renal disease. (Patients with prescription

How can a decision made by the Maryland Commission on Kidney Disease be appealed?

A written request for review of a decision made by the Maryland Commission on Kidney Disease should be sent to:

The Executive Director
Maryland Commission on Kidney Disease
4201 Patterson Avenue
Baltimore, Maryland 21215

EXPLANATION OF DIALYSIS MODALITIES

1. Hemodialysis— dialysis via a surgically created access, usually in the arm, 2-3 times per week for a total of 9-12 hours per week.

- A. In-center Hemodialysis— Hemodialysis procedure carried out in a hospital dialysis unit or a free standing dialysis unit by professional medical staff.
- B. Self-care Hemodialysis— Hemodialysis performed in a hospital dialysis unit or a freestanding dialysis unit with the patient himself doing much, if not all, of the dialysis procedure under the supervision of professional medical staff.
- C. Home Hemodialysis— Hemodialysis procedure done in the patient's home by the patient and a dialysis partner, usually the patient's spouse, parent, or adult child. Home hemodialysis is done under the auspices of a home training unit. There is no professional medical staff present in the patient's home, but a doctor and home dialysis nurse are on call should the patient require assistance.

2. Peritoneal Dialysis— dialysis via a surgically implanted catheter placed in the abdomen, Peritoneal dialysis requires a minimum of 36 hours of dialysis per week. All forms of peritoneal dialysis may be done in-center or in the home.

- A. Continuous Ambulatory Peritoneal Dialysis (CAPD)- CAPD involves no cyclor machine.

a change in address;

a change in State residence, citizenship, or alien status; or the patient regarding renal function (does not include individuals who have regained kidney function because of renal transplantation).

3. Transfer to an out-of-state dialysis facility without preauthorization from the Kidney Disease Program;
4. No longer meets the medical requirements for certification;
5. No longer meets the residence, citizenship, or alien status regulatory requirements
6. Fails to pay the annual Program participation fee (if such a fee has been assessed);
7. Fails to apply for and maintain enrollment in Medicare Part A, Part B, and Part D if eligible;
8. Fails to apply for and maintain enrollment in the Medical Assistance Program if required by the Program;
9. Fails to pay the Program any monies received from any source for payment of end-stage renal disease treatment costs previously reimbursed by the Kidney Disease Program;
10. Is incarcerated by a Federal, State, or local penal or correctional system; or
11. Has died

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coverage through Medicare Part D, private health insurance or Maryland Medical Assistance must present their Medicare Part D, insurance prescription, or medical assistance card along with their Kidney Disease Program card whenever they have a prescription filled. The Kidney Disease Program will pay the co-pay for prescriptions filled with the previously mentioned cards.)

Post renal transplant coverage of certain immunosuppressant drugs is consistent with Medicare policy.

Coverage of approved equipment, supplies, and services required by certified patients dialyzing independently at home under the auspices of a certified hospital or certified freestanding dialysis facility.

The Kidney Disease Program may preauthorize coverage of certain special services or expenses when such services/ expenses are required as direct result of the patient's end-stage renal disease. Preauthorization for coverage must be requested in writing by the patient's nephrologist detailing the specific need for the services/expenses being requested and the correlation to the patient's end-stage renal disease.

Questions concerning specific services should be directed to the Kidney Disease Program.

Does a patient have to pay to be certified by the Kidney Disease Program?

Based upon financial information provided by a patient at the time of certification/recertification, the Kidney Disease Program may assess an annual Program participation fee. If a fee has been assessed, the patient will be billed. The invoice will reflect the total annual Program participation fee. The patient will have the option of paying the entire amount due or making equal quarterly payments by specified payment dates. Failure to pay an assessed program participation fee in a timely manner will result in termination from the program. Specific instructions accompany the program participation fee invoice and must be followed to avoid payment penalties.

Insurance payments which a patient receives for services paid by the Kidney Disease Program on the patient's behalf must be endorsed and forwarded to the Program.

What if a patient does not want to pay the assessed annual program participation fee?

If a patient is assessed a program participation fee and does not want to pay the fee, the patient may withdraw from KDP. An area is provided at the bottom of the invoice for the patient to check the box, sign, date, and return the entire form to the Kidney Disease Program within 30 days of the billing date. Failure to return the signed invoice and/or use the KDP card to receive benefits may result in the patient being held responsible for the participation fee.

How may a patient withdraw from the Kidney Disease Program?

If a patient chooses to withdraw from the Kidney Disease Program at any time during his/her certification period, the patient must notify the Program in writing of his/her decision to withdraw. The Program may not refund any participation fee paid when the recipient's Program enrollment is terminated unless the termination occurs before the start of the quarter for which the Program participation fee was paid and the KDP card is not used to receive benefits.

What if a patient seeks dialysis/transplantation outside of Maryland?

If, for geographical reasons or documented continuity of care, a certified end-stage renal disease patient residing in Maryland seeks outpatient dialysis outside the State of Maryland, the Kidney Disease Program may preauthorize the out-of-state coverage. Any individual seeking financial assistance for services rendered outside the State of Maryland must have his/her nephrologist write a letter to the Kidney Disease Program requesting approval for financial assistance outside the state. The letter should detail the specific reasons which support the request and document that the out-of-state provider agrees to the rates paid by the Kidney Disease Program.

In addition, the nephrologist must indicate whether the applicant has been counseled in alternative methods of treatment such as home hemodialysis, home intermittent peritoneal dialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), Continuous Cycling Peritoneal Dialysis (CCPD), or

renal transplantation or give reasons why such counseling was not provided.

It is the policy of the Maryland Commission on Kidney Disease that inpatient treatment outside of Maryland hospitals will not be paid. Exception to this policy can only be granted for inpatient renal transplantation care and only with written preauthorization by the Maryland Commission on Kidney Disease. Reimbursement for out-of-state transplantation services is limited to the actual transplant and does not include follow-up care. Out-of-state outpatient labs and bloodwork can be reimbursed by KDP.

What about vacations and travel?

Dialysis does not preclude the possibilities of travel or vacations for end-stage renal disease patients. Written requests for Kidney Disease Program coverage of out-of-state dialysis during travel or vacations must be received by the Program at least two (2) weeks prior to the travel date. After the Program receives written notification of your intent to travel out-of-state, it will forward information to the transient dialysis facility informing the facility of the Kidney Disease Program's reimbursement policies in accordance with Maryland rates. Patients should be aware that out-of-state dialysis facilities are not obligated to accept the Kidney Disease Program's offer of reimbursement and may instead require up front payment by the patient. In such cases, the Kidney Disease Program cannot reimburse the patient for those charges.

When may patient enrollment be terminated?

The Kidney Disease Program shall terminate a patient's enrollment in the Program before expiration of the current certification period if the patient:

1. Voluntarily disenrolls;
2. Fails to provide the Program with notification within 30 working days of:

a payment received from any source that is related to treatment of the patient's end-stage renal disease;