

Kidney Chronicles, a one page monthly patient – centered newsletter developed by the Network of New England, offers important advice and information for dialysis patients related to their healthcare.

Help your patients stay informed by distributing *Kidney Chronicles* to them. You can view monthly issues on the Network website at www.networkofnewengland.org/Newsletters.htm.

Medicare Educational Benefit for CKD Patients

CMS implemented a new Medicare benefit which began January 1, 2010. The Medicare education benefit for chronic kidney disease patients is part of CMS' 2010 Physician Fee Schedule Rule, which sets payment rates for more than 7,000 types of services in physician offices, hospitals, and other settings. The Medicare education benefit provides Stage 4 chronic kidney disease patients with coverage for up to six sessions explaining their treatment options, such as transplantation, home peritoneal dialysis (PD), home hemodialysis (HHD) or clinic-based hemodialysis (HD).

According to the National Kidney Foundation (NKF), in order to qualify for kidney disease education under MIPPA, patients must qualify for Medicare, have a physician referral and be diagnosed with chronic kidney disease Stage 4. The six educational sessions for diagnosed Stage 4 individuals include information about:

- o Management of comorbidities
- o Prevention of uremic complications
- o Education about renal replacement therapy and vascular access options to ensure individual's participation in choice of therapy tailored to meet their specific needs

"The new Medicare benefit is an important step forward in assuring that patients with CKD have the information they need to live active, healthy lives as they make informed treatment decisions and manage the effects of their disease," said Barry M. Straube, M.D., CMS chief medical officer and director of the agency's Office of Clinical Standards & Quality.

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REQUIRED POSTING OF PATIENT'S RIGHTS

According to the Conditions for Coverage V470 (c) *Standard: Posting of Rights*, "The dialysis facility **must** prominently display a copy of the patient's rights in the facility, including the current State agency and ESRD Network mailing addresses and telephone complaint numbers, where it can be easily seen and read by patients."

If your facility does not have this information posted, please call the Network office at 203-387-9332 to obtain a copy of your state specific materials.

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Fistula First - UPDATE

The KDOQI guidelines recommend that 65% of prevalent hemodialysis patients and 50% of incident (new) patients should have a functioning Arteriovenous Fistula (AVF). On average, only 22% of incident patients initiating chronic hemodialysis have an AVF. The chronic kidney disease (CKD) patient with a GFR <30 should be referred to a nephrologist. The nephrologist would then discuss treatment modalities with the patient. If the patient chooses hemodialysis, education regarding vascular access should take place. Ideally a referral to the vascular surgeon for AVF evaluation occurs well in advance of starting hemodialysis, however local statistics reveal a different scenario.

Often End Stage Renal Disease (ESRD) is identified when patients are in the hospital for a clinical event, such as surgery or diminishing cardiac status. Many of these patients have never been seen by a nephrologist up to the time of ESRD diagnosis. According to the New England Form 2728 Medical Evidence Reports, 63% of new ESRD patients have been seen by a nephrologist for 6 months or longer. Then why do so few patients have an AVF in place

when beginning chronic hemodialysis? A number of patients unexpectedly developed ESRD prior to referral for AVF evaluation, several patients refuse to go for a surgical evaluation and many patients are not referred in a timely manner. The Network anticipates that the early patient referral rate for access evaluation will increase now that Medicare pays for 6 CKD education sessions. It would be beneficial for hospitalized CKD patients to have vessel mapping prior to discharge. There are many opportunities for continued improvement in the AVF rates, particularly before the patient develops ESRD. The Network is interested in knowing the practices in your area that have assisted in increasing your incident fistula rates. CKD patients will benefit from the sharing of information.

By the Numbers...

As of June 2010, 59.5% of New England patients undergoing hemodialysis treatments have an AVF.



SAVE THE DATE

October 14, 2010

22nd Annual Network of New England Education Meeting

The meeting will be held at the Sturbridge Host Hotel and Conference Center located on picturesque Cedar Lake in Sturbridge, MA. In addition to the 12,000 square foot exhibit hall for the educational sessions and displaying of posters, this venue has a large ballroom for exhibitors and an area where participants can converse.

There is adequate parking for all attendees, and there are hotels in the area to fit every budget. Registration brochures will be mailed soon, so please plan your time and register early to attend.

CALL FOR POSTERS

Share your success stories! Exhibit a poster at the Annual Meeting. Contact Cynthia Lambert at the Network office to enroll your poster 203-387-9332.

ESRD MEDICAL EVIDENCE FORM

Do you know the most frequently missed field(s) on this form?

18 - "Prior to ESRD therapy"

If response is YES for a, b or c, the TIME FRAME must be completed.

18d - "What access was used on first outpatient dialysis"

If catheter is checked off, then a YES or NO needs to be completed for maturing AVF or Graft.

DATA DIALOGUE

CROWNWeb Phase III Coming January 2011!

Phase III will officially "kick-off" in January 2011, and will include at least 360 independent and corporate dialysis facilities in the United States. Phase III will introduce Multi-Factor Authentication, an additional level of authentication required by federal security to verify a user. Go to <http://www.projectcrownweb.org/> or www.networkofnewengland.org for further information.

Patient "Self-Reporting" of Ethnicity & Race on 2728 form

Please remember to ask patients their race and ethnicity before completing the 2728 Medicare Entitlement Form. Ethnicity and race shall be "self-reported" by the patient. "Self-reported" is defined as the patient's verbal or written confirmation of ethnicity and race. In the event that a patient or patient's family member is unable to self-report their ethnicity and/or race, ESRD providers should complete this information on behalf of the patient, and acknowledge the absence of the patient's self-reported ethnicity and race in the remarks area (field 53) by noting that "fields 8-10 were reported by (name of person completing the form)".

Explore the CROWN Help Desk Self-Service Customer Portal Today!

The CROWN Help Desk uses a tool, called Siebel, to track and provide solutions to your issue. The URL for the CROWN Help Desk Portal changed from <https://mrxcw-eservice.gcrm.com/crown/> to <https://www.crownhelpdesk.com>

Did a patient come to your facility from out of state?

Please remember to report the address change for patients that transfer in to your facility from another state to the Network. You can use our "PATIENT ADDRESS CORRECTION FORM" to report the address change. This form can be down loaded from our web site at www.networkofnewengland.org/pathist.pdf

Do you disable CROWNWeb user accounts when a staff member leaves?

When a facility staff member who was given access to CROWNWeb / QIMS leaves the facility, please make sure to submit QIMs registration form by checking "disable user account" on the form. Failure to submit this form allows the staff member to access patient information in CROWNWeb via the internet, resulting in a security breach.

CMS Published Final Rule for Prospective Payment System

The Centers for Medicare & Medicaid Services (CMS) issued a final rule on July 26 that will change how Medicare pays for dialysis services for ESRD Medicare beneficiaries. CMS also proposed new rules that would establish a new quality incentive program (QIP) to promote high quality services in dialysis facilities by linking a facility's payments to performance standards. The QIP is the first pay for performance program in the

Medicare fee-for-service payment system.

Both the new prospective payment system and the proposed QIP were required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). The law requires the ESRD Prospective Payment System (PPS) to pay dialysis facilities a single bundled rate for renal dialysis services and home dialysis, while the proposed QIP

promotes quality of service furnished by these facilities by creating payment incentives for them to take steps to improve patient outcomes.¹

The new PPS for dialysis out patient facilities becomes effective January 1, 2011. This statutory requirement implements a case-mix adjusted bundled payment system. Please note the final rule is **923 pages!** The link is http://www.ofr.gov/OFRUpload/OFRData/2010-18466_PL.pdf

¹ Cynthia Marcotte Stamer, ©2010 Solutions Law Press.



Exercise, Live Well & Feel Better

DVD NOW AVAILABLE!

In October of 2007, the Renal Network of the Upper Midwest, Inc. (Network 11 – serving MI, MN, ND, SD and WI) began working on a project focused on fitness for people with kidney disease. As part of this

project, Network 11 invited people with kidney disease to assess their experiences with exercise. Network 11 received over 1300 responses. Most responders felt that exercise was very important and about

60% said they exercised regularly. Those who did not exercise regularly said that it was because they were tired and not motivated. Patients who did exercise regularly noticed improved energy and strength.

Exercise, Live Well & Feel Better was produced by Network 11 in 2009. This 15 minute DVD features testimonials from patients on various modalities, who have improved the quality of their lives through exercise.

Network 11 ordered copies of this DVD for dissemination in the New England area. To request copies of the DVD, please fax the provider order form found in the first paragraph of the Patient & Community section of the Network website.

WHAT IS THE NETWORK?

Brochure

The Patient Advisory Committee has revised the *What is the Network?* brochure. This brochure informs patients of the role of the Network, its mission and the services the Network offers to patients. This brochure also refers to the complaint and grievance process.

According to the Conditions for Coverage V466, patients must be informed of external grievance mechanisms and processes, including how to contact the ESRD Network and the State survey agency. Also, facility staff must inform patients on how to contact the appropriate external entity (the ESRD Network and the State survey agency) to file a grievance.

Print out this very colorful, informative brochure for your patients today! Go to www.networkofnewengland.org/pat&com.htm and it is the first document under patient resources.