

Patient Ambassador Monthly Meeting
Tuesday May 31, 2011 Re-Cap Notes

Washington DC Update

Jessica Nagro, DPC Communications Manager

Legislative and Regulatory Issues Update:

- Centers for Disease Control (CDC):
 - In 2009, the Centers for Disease Control and Prevention (CDC) established a prevention collaborative among several dialysis facilities. The goal of the collaborative is to encourage providers to work together to prevent bloodstream infections (BSIs) among hemodialysis patients and to spur a broader interest in preventing infections among the dialysis community.
 - To be successful in decreasing the rate of BSIs among hemodialysis patients, the CDC is asking for patient input by conducting focus groups of DPC Patient Ambassadors. Each focus group will include specific questions pertaining to catheter care, hygiene, etc, as well as an opportunity for you to ask questions and give feedback. Let DPC know if you are willing to participate in such a focus group as soon as possible.
- Health Insurance Exchanges:
 - Given the impending start to the new health care reform law, the Affordable Care Act, DPC wanted to ensure that dialysis patients' unique needs are considered in the health insurance exchanges that will begin to take place at the start of 2014.
 - This month, DPC issued a comment letter to the agency responsible for overseeing these exchanges, the Center for Consumer Information and Insurance Oversight (CCIIO). It can be found here: <http://www.dialysispatients.org/advocacy>.
- Finalized – DPC Coordinated Care Policy:
 - Coordinating care means that each health care provider serving a patient shares information with one another in a timely manner about the patient's health, treatments prescribed and care delivered to him or her.
 - Current proposed models that focus on improving the coordination and integration of care to improve quality include Accountable Care Organizations (ACO) and Medical Homes.
 - DPC believes reimbursement should be aligned to provide incentives for all of a CKD patient's health care providers to better coordinate with one another. Our finalized Coordinated Care Policy can be accessed here: <http://www.dialysispatients.org/coordinated-care-policy>.

State of the States

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Balancing State Budgets – How it Impacts Dialysis Patients:

- **Provider Medicaid Reimbursement Rate Cuts**
 - Many states have faced and/or continue to face difficult budget decisions for their budgets for the coming fiscal year, and several states will pass a continuing resolution to settle on a budget after the 2012 fiscal year actually begins.
 - Faced with impacting patient care, many states often look to cut costs by cutting from, or eliminating, their Medicaid reimbursement to health care providers – or dialysis providers specifically – for care provided to patients. This occurs in one or more ways:
 1. “Across-the-board” provider reimbursement rate cuts: an overall percentage cut in reimbursement funding for health care providers at the Medicaid Primary and Secondary levels, as explained below.
 2. “Medicaid Primary” rate cuts: a cut in reimbursement to providers for patients that carry Medicaid as their only insurance.
 3. “Medicaid Secondary,” also known as “Dual Eligible” rate cuts: a cut in reimbursement to providers for patients that carry Medicare as their primary insurance and Medicaid as their secondary insurance. Medicare covers 80% of dialysis patients’ costs, and for those that have Medicaid as their secondary insurance, it covers the remaining 20% of patients’ costs. Oftentimes states seek to eliminate Medicaid reimbursement to providers entirely for this patient population.
 - Many states have seen various forms of these cuts: AZ, CA, CO, IL, IN, NY, NV, OR, SC, and TX, among others still looming.
 - This becomes an access to care issue if dialysis facilities are forced to downsize or close down as a result of cuts. Patients in rural areas especially can be impacted by these looming cuts, as they may have to travel further distances to receive dialysis if facilities close down. Patients may also experience access issues if facilities are forced to cut staff.
- **Cutting or Eliminating Patients’ Optional Benefits**
 - States may look to cut from Medicaid patients’ optional benefits in tight budgetary times. Dialysis, itself, is considered an optional Medicaid service in many states; however, states recognize that it is a life-saving service and do not often threaten patients’ coverage.

- Optional benefits within Medicaid include, but are not limited to: transportation to dialysis, coverage of nutritional supplements for adults, coverage of co-pays for prescription drugs (Medicare Part D), and other benefits among vision, dental, hospice, podiatry, pharmacy, and nutrition.
- Other medically needy, or “Spend Down,” programs have been threatened as well. These are programs for patients with income levels disqualifying them from Medicaid but medical bills that exceed their income.
- Increasing Patient Medicaid Co-Pays/Premiums
 - It is not as common, but some states look to institute Medicaid co-pays and/or increase premiums for patients. This often includes eliminating Medicaid coverage of co-pays for Medicare Part D medications.
- Medicaid Coverage Restrictions
 - Again, not as often, but some states look to restrict the number of patient visits or the number of prescription medications that Medicaid patients are covered for. When these are proposed, they are very bad for dialysis patients as they require many medical visits and often require several prescription medications.
- Cutting From State Kidney Programs
 - Finally, many states have kidney programs that provide financial aid and benefits to dialysis patients that are separate from the states’ Medicaid program. Most of these are publicly funded and risk having their funding slashed in tight budgetary times.

🔗 *What You Can Do*

- Despite all of these threats to kidney care that are potentially proposed during budgetary decisions, they can often be avoided by patient advocacy! In many instances this year, this has been the case.
- So, what can you do to help?
 - Pay attention to DPC’s “Action Alerts!” DPC regularly sends out email Action Alerts that allow you to email your state legislators in favor or opposition of an issue by just the click of a button.
 - Invite state legislators to your dialysis center or request to meet them in their district or Capitol offices. Establishing yourself as a point of contact for them is very important. Don’t be afraid to call them regularly! Work with DPC to do so.
 - Pay attention to your state’s “Kidney Day at the Capitol.” DPC can provide to you up-to-date information on when it will be in 2012.
 - Finally, keep up with the news in your state and check websites for up-to-date information on the kidney care community: renalweb.com, nephnews.com, <http://www.unckidneycenter.org/healthpolicy/kidneypolicystate.html>
 - Check in with DPC about what else you can do to help!