

InterMountain Messenger

News from ESRD Network #15

Get Your Disposal Ready!

The CMS Medical Evidence Report (2728 Form) has been revised! CMS will be shipping a supply of 100 new 2728s to each facility by the end of May and, **beginning June 1, 2005, you must start using this new form.** At that time please DISPOSE of any old versions of the 2728.

Some of the changes that you will see on the new form:

- Country of origin is required for people of Hispanic ethnicity.
- Primary causes of renal failure have been revised.
- Questions regarding patient care prior to ESRD therapy have been added.
- Laboratory test values have been revised.
- The number and duration of anticipated hemodialysis treatments per week is required.
- Questions regarding whether a patient has been informed of transplant options have been added.

You will still be expected to complete ALL QUESTIONS and to submit the form within 45 days of the patient's start date.

Be on the lookout for these new 2728s and call us if you have not received them by the end of May.



Immunosuppressive Drug Benefits Not Automatic

Eligibility Rules Need to be Explained to Patients


We wish to again call attention to the fact that there are eligibility criteria to *qualify* a patient for the immunosuppressive drug benefit following a kidney transplant. We are not talking about the *extension* of benefits, but the *eligibility* for the drug benefit, which may not be automatic under Medicare.

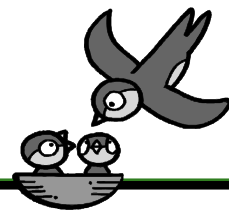
While eligibility rules are not new, they are often misunderstood. One criterion specifies that a patient must *"be enrolled in Medicare Part A at the time of the transplant and ... enrolled in Medicare Part B at the time that the drugs are dispensed."* The only other recourse is to make coverage retroactive within 12 months following the transplant.

This is vital information for transplant and dialysis social workers. Patients need to be told that **having Medicare at the time of a transplant is essential to receiving immunosuppressive drug benefits.**

Reminder: it is not advisable to elect Medicare Part A without Part B (to avoid paying the Part B premiums) since patients can *only* apply for Part B during the Open Enrollment months of January-March. Then coverage is delayed until July and is subject to premium penalties.

This is especially important for patients who have employer group health plans. These patients may believe they can wait a full 30 months to apply for Medicare and still be eligible to receive immunosuppressive drug benefits. This is NOT true. All patients must apply for Medicare within 12 months of a transplant, or they won't be eligible for the Medicare drug benefit—ever!

If you have any questions about this complicated issue, please call the Network at 303-831-8818 and ask for Barb Campbell. 



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Fistula First News

The Network #15 goal for stenosis monitoring of vascular access is 100%. At last glance Network #15 had achieved a rate of 62%, leaving room for improvement. On April 18, 2005 Network #15 sent Facility Administrators a resource folder containing information for stenosis-monitoring of AVFs and AVGs. Please utilize those resources to improve care for your patients. The Fistula First Change Concept that addresses this area is:

Change Concept # 09- Monitoring and maintenance to ensure adequate access function

National Workgroup Recommendations:

- Nephrologists and surgeons conduct postoperative physical evaluation of AVF's in 4 weeks to detect early signs of failure and

refer for diagnostic study and remedial intervention as indicated.

- Facilities adopt standard procedures for monitoring, surveillance, and timely referral for the failing AVF.
- Nephrologists, interventional radiologists, and surgeons adopt standard criteria, and a plan for

each patient, to determine the appropriate extent of intervention on an existing access before evaluating and mapping for an AVF.

Resources included with the Mailing

- VAMP-Vascular access monitoring and surveillance flow chart. (Fistula First Resource.)
- A patient directed "venous pressure" tracking form. For patients to track and monitor their access pressures with the assistance of the dialysis staff.
- Articles addressing access pressure monitoring.

Suggestions for Use

- Distribution to vascular access coordinator or charge nurse to assist in monitoring venous pressures.
- Distribution to patients (by facility staff) post-access surgery.
- Share this flow chart with your surgeons or come up with your own algorithm to meet your individual facility needs.
- Please contact the Network if you did not receive this mailing. We would be happy to provide you with another!

Progress so Far ...

AVF Usage Rates - Prevalent Patients Major Metropolitan Areas, Network #15 December 2004		
Arizona	Colorado	
Phoenix (Maricopa County) 41.2%	Denver/Boulder 51.3%	Denver/Boulder includes Adams, Arapahoe, Boulder, Denver and Jefferson Counties.
Tucson (Pima County) 55.5%	Remainder of CO 45.1%	
Remainder of AZ 46.7%	Wyoming	
Nevada	Northern WY 29.5%	Southern Wyoming includes Albany, Larmie, Sweetwater and Uinta Counties.
Reno (Washoe/Carson Counties) 39.4%	Southern WY 39.8%	
Las Vegas (Clark County) 35.0%	New Mexico	
Utah	Albuquerque 46.5%	Albuquerque includes Bernalillo, Sandoval and Valencia Counties.
Salt Lake (Salt Lake/Weber Counties) 48.3%	Remainder of NM 45.1%	
Remainder of UT 51.4%	* The goal for AVF Usage is 66%	

Hang 'Em UP

In February we mailed out posters highlighting Dialysis Facility Compare (DFC) on the CMS website. Please be sure this poster is hanging in a prominent place and is visible to all patients. CMS requires dialysis facilities to make sure that patients are aware of DFC and understand how to access it.

DFC is located at www.medicare.gov/dialysis/home.asp and lists dialysis facility characteristics (i.e., address and phone number, availability of late shifts, number of hemodialysis stations, etc.) in addition to quality measures such as adequacy of hemodialysis.

We also want to remind facilities to look at the Dialysis Facility Compare website periodically to ensure that the facility info presented on it is correct and up-to-date. If not, please contact Network #15 so that we can pass on the correct information to CMS.




New Prescription Assistance Program

A coalition of biopharmaceutical research companies, doctors, other health care providers, patient advocacy organizations (including the National Kidney Foundation), and community groups have come together to form the Partnership for Prescription Assistance (PPA). The PPA is the largest private-sector program to help qualifying patients without prescription coverage get the medicines they need.

Patients should make a list of all medications they take and call 1-888-4PPA-NOW (1-888-477-2669). A trained specialist will ask a series of short questions to determine eligibility and to identify the right patient assistance program for that person.

Patients can also visit the Partnership's user-friendly website, www.pparx.org, which will guide them through the application process.

Though each program has its own eligibility criteria, the PPA encourages anyone without prescription coverage and without means for affording their medicines to call. In addition to handling queries in English and Spanish, the call center will be able to process more than 150 other languages. 



CPM Alert

We will be collecting data for the 2005 Clinical Performance Measures (CPM) in the middle of June this year. If you would like to review the 2004 CPM, preliminary results are now available for viewing on our website at: www.esrdnet15.org/QI.htm#CPM.

Data Notes



The other day, Network staff noticed a few changes in our environment: Green things started showing up on bushes, lawns, and month-old sour cream; colors have blossomed on trees and tulips. We've also become aware of **new** items in forms and reports.

* *Revised 2728 Form!*

CMS has revised the 2728 (Medical Evidence Report). Facilities should receive a supply of 100 **new** forms by the end of May. On June 1, 2005, all facilities **MUST** start using the **new** 2728 form. Again, on June 1st you will start using the **new** 2728; it makes no difference when the event occurred. Note: Forms are being sent by CMS, not Network 15, but you should contact the Network if you don't receive a supply!

* *New PAR ... on the way*

Can we use the word "improved?" Yes! It's safe to say that the revised Patient Activity Report (PAR) is better organized and asks for more specific information. This will help us tremendously. **New** PARs go into effect in June. Prior to that date you will receive more instructive comments.

In the meantime, here are three PAR reminders:

1. The event "Interruption in Service" means that the patient is getting long-term dialysis (greater than 30 days) at an acute care setting or rehabilitation facility. It's important that you tell us about this event and understand that the patient is not removed from your roster, but his/her physical absence is noted.
2. You must report all death events that occur within a given month—regardless of whether or not the patient discontinued dialysis prior to his/her passing.
3. The event "**New** ESRD patient" means that the patient is not only **new** to your facility, but is also **new** to regular, chronic dialysis. This is different from a "Transfer-in" event, which indicates that the patient has previously received regular dialysis from another chronic facility.

* *And, Finally*

New to the job? Need a **new** point of view? Our number's not **new**: 303-831-8818. We invite you to ask for help/direction whenever you have questions about event reporting. It's never a nuisance!

Tiebreaker Report Made Simple

The bulk of patient data at Network #15 is entered from handwritten forms (often sent via fax), and deciphering these is sometimes akin to the art of reading tea leaves. Not surprisingly, this means that there are times when we might believe a patient's name to be "Bilbo Bappers" when that patient's legal name is really "Bilbo Baggins." If that patient has Medicare, chances are that CMS will correctly show that patient's name as "Bilbo Baggins" and so they will notify us that the name in our system does not match theirs.

When this occurs a Tiebreaker Report is generated and sent to a facility to determine whether the info is correct at CMS or whether it is correct here at the Network. Most often, the CMS information is correct and so when a facility verifies this on the tiebreaker report we change our Network data to match and the problem ends.

However, there are those few rare instances when CMS actually has incorrect data. In those cases we MUST see a copy of the documentation that can prove the

CMS value is incorrect, or we CANNOT change the data. Social Security Cards, Medicare Cards, and Birth Certificates are examples of documentation that are acceptable. A Driver's License can NOT be used to verify a name; it is ONLY acceptable when used to verify the date of birth.

It is also important to be aware that if we send out a Tiebreaker Report and it is not returned to us, we will ALWAYS change the patient data to match CMS since we have no documentation to dispute this.

So, please remember that if you disagree with the CMS value on a Tiebreaker Report you MUST send a response, and you MUST include a copy of documentation in order for us to make any changes.



"Don't Call Me Shirley!" - Keeping the Network in the Loop

As the year has turned over, we have placed many calls to your facilities for information, and it has become clear that a lot of our listings for your personnel are out-of-date. As we have no direct method of knowing when your staff has changed, we rely on you to convey this information to us. It might be overwhelming to report every change, so we are most interested in these six "key" positions: Medical Director, Head Nurse/Clinical Manager, Social Worker, Dietician, Data Contact, and Facility Administrator.

Please select a person in your facility who will assume responsibility for seeing that changes in these positions are reported promptly to the Network. We appreciate your support in our effort to address you by your proper names!



Network #15

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ESRD Network #15

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