

PROGRAM DESCRIPTION

Department of Higher Education and Workforce Development

HB Section(s): 3.280

Program Name: Missouri Kidney Program

Program is found in the following core budget(s): University of Missouri - Missouri Kidney Program

1a. What strategic priority does this program address?

Affordability, Access, and Success

1b. What does this program do?

The Missouri Kidney Program (MoKP) is a state funded program, administered by the University of Missouri School of Medicine, providing financial assistance with transportation to and from dialysis, medication assistance, and insurance premium assistance to eligible Missourians who have kidney failure and are on dialysis, or have received a kidney transplant. The program supports education and research, partners with dialysis centers and transplant centers statewide, and has longstanding expertise in health insurance coverage for kidney disease, including MO HealthNet (Medicaid) and Medicare. All participants must meet residency, citizenship, financial eligibility, and medical conditions requirements.

2a. Provide an activity measure(s) for the program.

Measure: The program will continue to serve as many eligible Missourians as funding allows, contract with all willing licensed dialysis and transplant facilities, and maintain expertise in Medicare and insurance for kidney disease. The program's only avenue for reaching eligible patients, and thus for increasing participation, is through referrals from social workers at dialysis and transplant facilities. The program cannot market directly to patients. Social workers are made aware of the program's existence and assistance constantly through listserv, educational programs, and direct contact from the MoKP staff.

MoKP Participants Served

FY 2018	FY 2019	FY 2020	FY 2021 Projected	FY 2022 Projected
1,488	1,440	1,356	1,370	1,384

**Number of Dialysis and Transplant Centers
contracted with MoKP**

FY 2018	FY 2019	FY 2020
186	190	188

Stretch Targets:

- Maximize appropriation by utilizing federal/other programs to increase the number of participants served by 1%.
- Work with dialysis and transplant facilities that serve Missouri residents to continue informing renal social workers of both federal/state changes that could affect their patients and also to inform them of resources available to their patient population.
- Collect and analyze more granular data when available with the help of expert partners, to better target our assistance to serve those most in need. Expert partners with whom MoKP will continue to work with are National Kidney Foundation, Missouri Hospital Association, QSource Regional Kidney Network, MO HealthNet, Missouri Primary Care Association, MO Department of Health Organ Donor Program, and MU Show Me ECHO.

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2b. Provide a measure(s) of the program's quality.

Measure: Improve program quality using feedback from well-designed, well-executed surveys of external stakeholders.

The Program has a continuous improvement approach utilizing surveys of program participants, regular communications with contracted dialysis and transplant facilities, and external partners in the kidney disease space.

The results of the survey included the following:

- The program enables patients to be more compliant with their medications. Dialysis and transplant patients have very complicated medication regimens.
- Patients on MoKP are more likely to get to their dialysis appointments regularly and maintain their weekly schedule for dialysis. Dialysis is the only treatment for ESRD, besides transplant.
- Patients who work identified MoKP assistance as one of the supports allowing them to continue working.

Stretch targets:

- Increase partnerships with national and regional kidney organizations in order to elevate the program's quality, reach and expertise.
- Improve program design and procedures based on feedback from participants and facilities.

2c. Provide a measure(s) of the program's impact.

Measure: The impact of MoKP services on targeted populations –populations we serve include: rural, low income, minority, high-risk, and elderly Missourians.

Kidney disease is the 6th leading cause of death among chronic diseases, and the 9th leading cause of death overall for Missourians according to the MODHSS Public Health Information System. Similar to national trends, the prevalence of diabetes, untreated hypertension and obesity is increasing in Missouri. These are all co-morbid conditions that can also result in chronic kidney disease.

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2c. Provide a measure(s) of the program's impact (continued)

- Rural - currently, 17% of the program’s participants live in rural counties.
- Minority - currently, 53% of the program’s participants are African American.
- Aging - currently, the majority of our program participants are between the ages of 49-69.
- High risk - All participants must have ESRD to qualify.
- Low income - All participants must have limited income.

Stretch Target: The Program intends to use data and external expertise to enable focus of some resources on education and intervention in early stages of chronic kidney disease. While the primary focus is on end-stage renal disease, increasing national attention, research money and time, is seen to be shifting to early stage chronic kidney disease. Chronic Kidney Disease (CKD) stage 1 costs approximately \$33,000/year for a patient age 50 and over. CKD stage 5 costs \$120,000/year. The Program will continue to be a major driver of the success of the only-in-the-nation Kidney ECHO, beginning its second year.

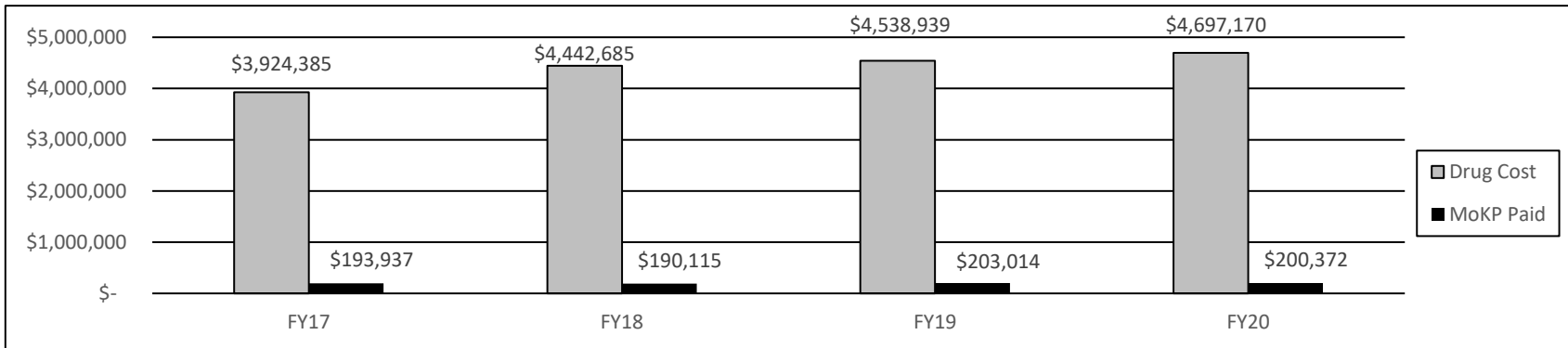
2d. Provide a measure(s) of the program's efficiency.

Measure: Offer/deliver efficient, cost-effective pharmacy services to MoKP participants through a centralized drug program contract.

MoKP’s single largest assistance program is the Centralized Drug Program which provides pharmacy services, including mail order covered drugs to MoKP participants statewide. The contracted pharmacy is required to be able to bill Medicare Parts B, D, Mo HealthNet (Medicaid), MoRX, and Commercial insurance.

Base Target: 5% or less of the actual drug costs paid by the program.

Stretch Target: Given the rising costs of pharmaceuticals, continue to stay below 5% of the actual drug costs paid by the program for participants enrolled in the Centralized Drug Program.



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2d. Provide a measure(s) of the program's efficiency (continued).

Measure: The number of MoKP participants for whom we maximize coverage under Medicare Savings Programs (QMB and SLMB) and Low-Income Subsidy (LIS).

The Qualified Medicare Beneficiary (QMB) is a Medicare Savings Program that pays for the Medicare Part A (hospital insurance) premium, the Medicare Part B (medical insurance) premium, and the Part B deductible. The program also pays Medicare cost-sharing expenses such as coinsurance and copayments (typically 20% of the approved amount). Part B also covers immunosuppressant medications required following a kidney transplant. The average cost savings for a Hemodialysis patient is \$25,933 when enrolled in the QMB program. By ensuring eligible participants are enrolled in QMB, it shifts the burden off Medicaid and MoKP.

The Specified Low-Income Medicare Beneficiary (SLMB) Program helps pay for Medicare Part B premiums. The average cost savings per person is \$1,735/year.

Low Income Subsidy (LIS) provides full or partial waivers for many out-of-pocket cost-sharing including premiums, deductibles, and co-payments and provides full or partial coverage during the coverage gap ("donut hole") for Medicare Part D plans. ** Immunosuppressant medications are covered under Medicare Part B**

MoKP Participants on QMB/SLMB Programs

	<u>FY 2020</u>
QMB	331
SLMB	230

Stretch target:

By ensuring all eligible participants are enrolled in the above programs, we are able to shift the cost from MO HealthNet and MoKP back to these federal programs. We will continue to maintain at least 3 staff certified CLAIM trained in order to maximize the number of Missourians enrolled in the Medicare Savings Programs. We will continue to coordinate with our on-site MO DSS eligibility specialist on all MO HealthNet cases. We will review every MoKP participant for the Medicare Savings Programs (QMB/SLMB) and the Low-Income Subsidy (LIS). We will ensure all participants with Medicare are enrolled in a stand-alone Medicare Part D plan with a \$0.00 premium and low- co-pays that are eligible for these programs to maximize our funds to help serve more Missouri residents with ESRD.

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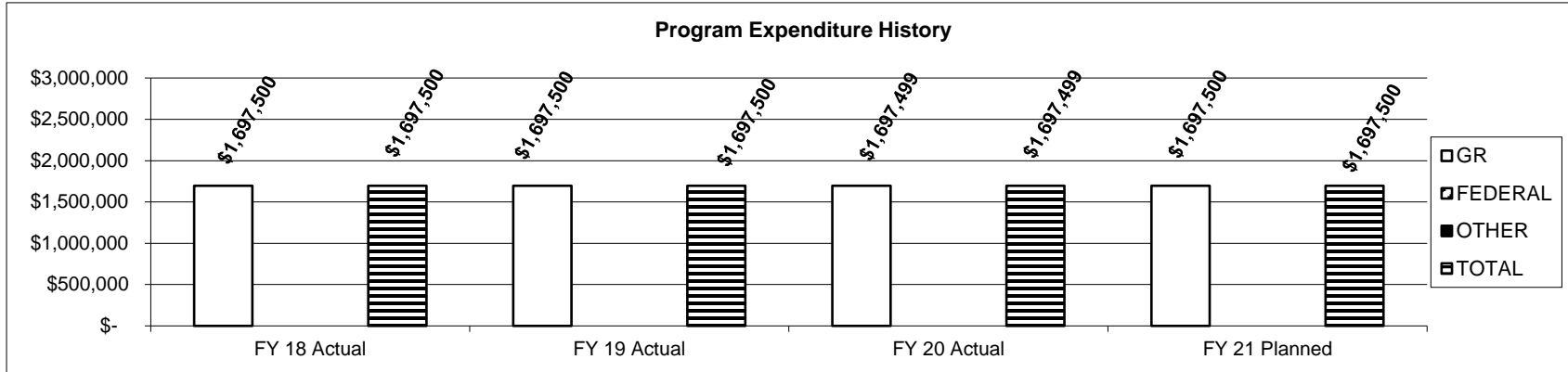
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Net of 3% Governor's withholding

4. What are the sources of the "Other " funds?

None

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 172.875, RSMo

6. Are there federal matching requirements? If yes, please explain.

No

7. Is this a federally mandated program? If yes, please explain.

No