

PROGRAM DESCRIPTION

Department of Higher Education and Workforce Development

HB Section(s): 3.215

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.

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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 relies on referrals from social workers at dialysis and transplant facilities to reach eligible patients, and thus to increase participation. The program does not market directly to patients. Social workers are made aware of the program's existence and assistance constantly through MoKP's listserv, education and training programs,

MoKP Participants Served

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

FY 2020	FY 2021	FY 2022	FY 2023 Projected	FY 2024 Projected		FY 2020	FY 2021	FY 2022
1,356	1,242	1,181	1,193	1,205		188	182	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 ESRD Network 12, MO HealthNet, Missouri Primary Care Association, MO Department of Health and Senior Services Organ Donor Program, and MU Show Me ECHO.

The decline in the number of participants served during FY 21 and 22 reflects the impact of the Covid pandemic. We saw unprecedented turnover in renal social workers in dialysis and transplant facilities throughout the state. The program requires patients who apply for MoKP to be referred by renal social workers. Covid restrictions also meant that social workers were working remotely, were distracted by Covid protocols, and were managing more hospitalizations and deaths. This meant that they were less likely to do the work required to make a referral to MoKP. We also lost participants due to death from Covid complications. We expect to see participant numbers begin to increase this year, as dialysis staffing stabilizes, and Covid hospitalizations and deaths decrease. Alarmingly, kidney damage/disease has emerged as the most common risk factor for serious Covid infection/hospitalization, and more than 30% of patients hospitalized with Covid 19 develop kidney injury and more than 50% of patients in the ICU with kidney injury may require dialysis.

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

Measure: The impact of MoKP services on targeted populations including rural, low income, minority, high-risk, elderly and those with resulting ESRD due to serious COVID 19 infection.

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 survey had a 25% response rate with results including 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 End-Stage Renal Disease (ESRD), besides transplant.

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 a leading cause of death among chronic diseases and the 9th leading cause of death overall for Missourians according to MODHSS Public Health Surveillance System. Similar to national trends, the prevalence of diabetes, untreated or poorly treated hypertension, and obesity are increasing in Missouri. Kidney disease is a disease of disparities, disproportionately affecting more Black and Hispanic Missourians. COVID 19 research shows that Chronic Kidney Disease (CKD) is the most prevalent risk factor for severe COVID 19. Kidney disease accounts for 4 of the 9 risk factors associated with the highest rates of death from COVID 19.

Rural - currently, 17% of the program's participants live in rural counties.

Minority - currently, 55% of the program's participants are African American.

Aging - currently, the majority of our program participants are between the ages of 49-80.

High risk - All participants must have ESRD to qualify.

Low income - All participants must have limited income.

Stretch Target: The Program will continue to offer in-kind support the Kidney Disease ECHO, entering it's 4th year offering a team of experts from around the state to advance the skills and educate on best practices for primary care providers treating CKD. Most participants in this ECHO are from rural primary care practices.

The program is continuing its partnership with the national office of the National Kidney Foundation to effect change in the way primary care diagnoses and treats early-stage CKD. We co-hosted a statewide convening attended by over 130 individual experts from over 70 organizations. The Program and

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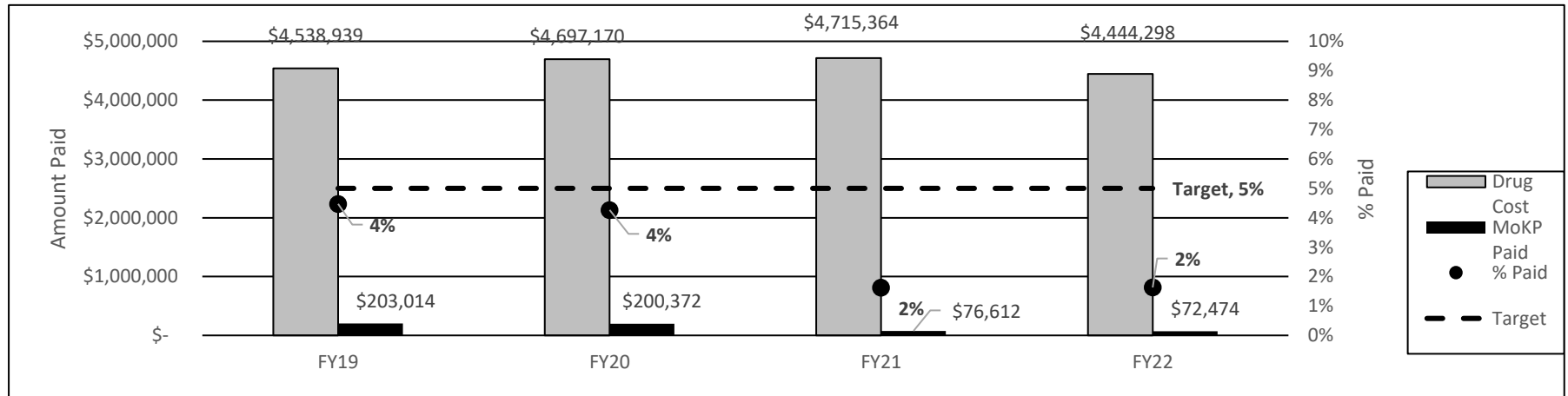
2d. Provide a measure(s) of the program's efficiency.

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 bill Medicare Parts B, D, Mo HealthNet (Medicaid), MoRX, and Commercial insurance as available for each program participant before billing MoKP.

Base Target: 5% or less of the actual drug costs paid by the program. Cost paid by the program was below the base target set as presented in chart below.

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 \$21,088 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 \$2,041/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 for Medicare Part D plans. ** Immunosuppressant medications are covered under

MoKP Participants on QMB/SLMB Programs

FY 2022

QMB	331
SLMB	212

Stretch target:

We will continue to coordinate with our program dedicated MODSS eligibility specialist on all MO HealthNet cases.

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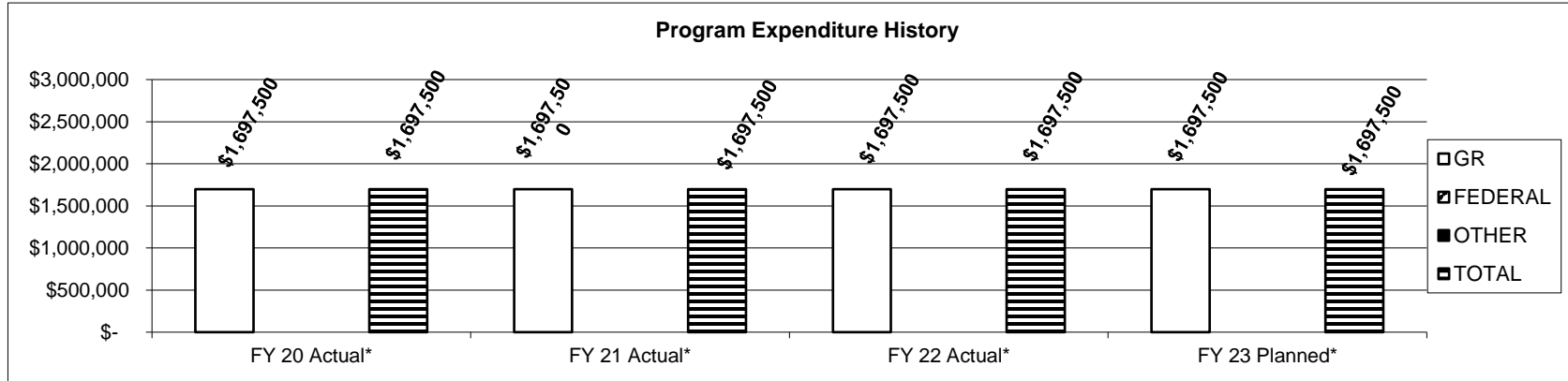
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



* 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.)

Administered by the University School of Medicine pursuant to sections 172.010-172.750, RSMO

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

No

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

No