

Missouri Kidney Program

ANNUAL REPORT
2009 EDITION



UNIVERSITY *of* MISSOURI HEALTH SYSTEM

MISSOURI KIDNEY PROGRAM

SCHOOL OF MEDICINE

Fiscal Year 2009 was a difficult year for MoKP, with the loss of its Director, Bob Whitlock on July 20, 2008. He had served 14 years at the helm of MoKP, much to the benefit of the chronic kidney patients and healthcare providers of Missouri. Bob was a true advocate for the kidney community at the individual, committee, state, and national levels. His strengths were his personable warmth, his ability to see the “large picture”, and yes—even his humor. He is greatly missed by all.

This year was also a challenging year for the program due to a rare mid-year appropriation reduction. The Missouri Chronic Kidney Disease (CKD) population continues to be sizeable and state appropriated funds continues to be decreased.

Following is the annual Report of the Missouri Kidney Program for the fiscal year ending June 30, 2009. The report describes how state funds appropriated to assist CKD patients were utilized and summarizes the medical and demographic characteristics of the Missouri Kidney Program dialysis and transplant patients.

If you have questions about the information in this report or about the program in general, please contact the Missouri Kidney Program office.



Venkataraman Ramachandran, MD
Chair, Advisory Council



Leanne Peace, MSW, LCSW, MHA
Director



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HISTORY AND LEGISLATIVE AUTHORITY

In March 1968, the Missouri Legislature appropriated \$100,000 to the University of Missouri - Board of Curators for a state kidney program to assist Missouri's End-Stage Renal Disease (ESRD) population with life-sustaining dialysis. The Missouri Regional Medical Program (MoRMP), a federally funded program administratively attached to the University of Missouri, was chosen by the Missouri Legislature to develop the state renal disease program. The MoRMP agreed to absorb the administrative costs so all state dollars could be targeted for direct patient care.

Five potential sites were visited by members of the MoRMP Regional Advisory Group, and two awards were made to Washington University-St Louis and Kansas City General Hospital-Kansas City. During the fiscal year 1969, 17 Missouri ESRD patients received state and federal assistance for dialysis at these two facilities.

In 1973, the United States Congress passed Public Law No 92-603, extending Medicare coverage to ESRD patients after a three-month waiting period. This made treatment available to nearly everyone and has vastly increased the number of ESRD patients receiving therapy. Also, in 1976 the Regional Medical Programs were phased out, making it necessary to identify another organization to administer the program. The Missouri Kidney Program (MoKP) was established and an advisory council was formed to provide oversight as the MoRMP Regional Advisory Group had done in the past.

Since 1977, the Missouri Kidney Program also has sponsored cost-containment research and demonstration projects aimed at increasing the cost-effectiveness of patient care, and in 1983 a statewide pre-dialysis education program was begun. These unique programs serve as national models for other state kidney programs. In fact, the National Kidney Foundation adopted the educational curriculum and program of the MoKP, and is training affiliates across the United States to use the "People Like Us – Live" program.

Annual legislative appropriations have continued, and the net funding for the fiscal year 2009 was \$3,701,457. The Missouri Kidney Program provided assistance to approximately 2,500 patients through facility agreements with 145 participating facilities. Patients typically have more than one assistance category.

MISSION AND GOALS

Mission

The mission of the Missouri Kidney Program is to help meet the medical, educational and psychosocial needs of eligible Missouri residents who have chronic renal insufficiency or have had a renal transplant.

Goals

In order to accomplish the above mission, the Missouri Kidney Program is committed to the following goals:

- To ensure that no Missourian is denied treatment for Chronic Kidney Disease (CKD) Stage 5 because of financial or social status.
- To ensure that treatment is of high quality and provided at a reasonable cost.
- To encourage home dialysis and transplantation when medically feasible.
- To encourage donations of kidneys for transplantation.
- To encourage and support research, demonstration and prevention efforts designed to reduce the cost of care and/or delay the onset of CKD.

- To maintain, in collaboration with other agencies, a data bank to aid in the planning and evaluation of ESRD services.
- To foster the exchange of medical, technical and administrative information among CKD facilities.
- To encourage and support continuing education experiences for CKD facility staff.
- To encourage and support education experiences for CKD patients.
- To actively cooperate and collaborate with other organizations interested in the prevention and treatment of CKD.

ADVISORY COUNCIL

The Missouri Kidney Program Advisory Council is a multi-disciplinary body appointed by the Dean of the School of Medicine at the University of Missouri - Columbia. Council membership includes individuals with appropriate knowledge and experience representing interested agencies and health care disciplines. Every effort is made to provide diverse disciplinary and geographic representation. In addition, one member each of the Missouri House of Representatives and Senate is appointed to the Council.

The Advisory Council meets at least three times per year and performs the following basic functions:

- Provides general program direction and oversight, including the development of program policies, priorities and initiatives, in collaboration with the Missouri Kidney Program staff. The Dean of the School of Medicine retains final policy-making authority.
- Collaborates with the Missouri Kidney Program staff and Dean's Office to develop the annual legislative funding request.
- Reviews request from CKD facilities for annual patient assistance awards subsequent to site visits and/or subcommittee review.
- Reviews subcommittee funding recommendations and makes final recommendations to the Missouri Kidney Program.
- Reviews and approves cost-containment research funding proposals subsequent to technical review committee evaluation and recommendations.
- Assists the Dean with evaluation of program and administrative effectiveness, including recruitment and evaluation of the Missouri Kidney Program director.
- Assists the Missouri Kidney Program director with legislative advocacy and education efforts.

2009 Executive Committee Members:

Chair- Venkataraman Ramachandran, MD
 Vice Chair- Michael Young, DO
 Immediate Past Chair- Barry Hong, PhD

2009 Advisory Council Dates:

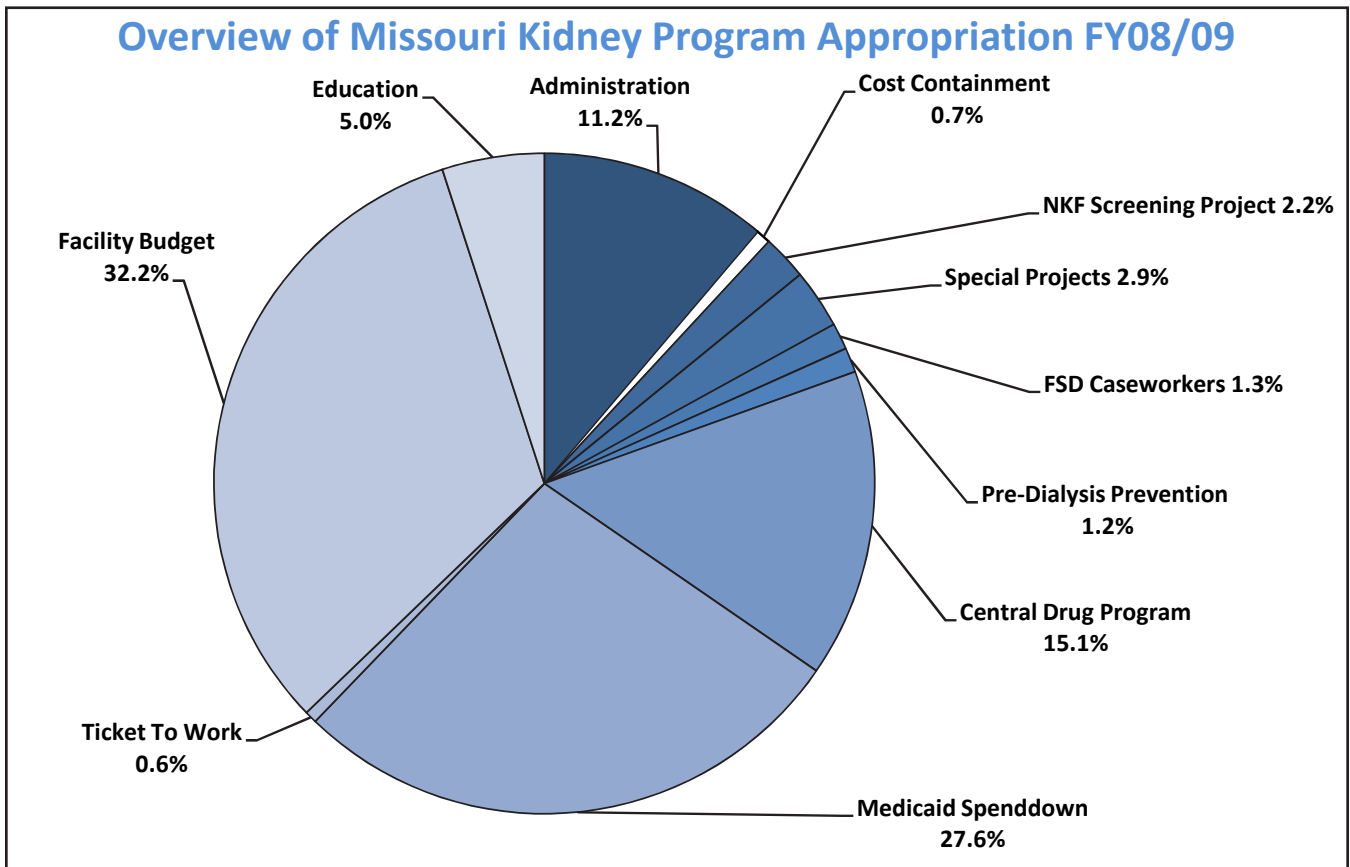
February, 26, 2009
 June 25, 2009
 October 15, 2009

The time, energy, and commitment of these individuals are deeply appreciated.

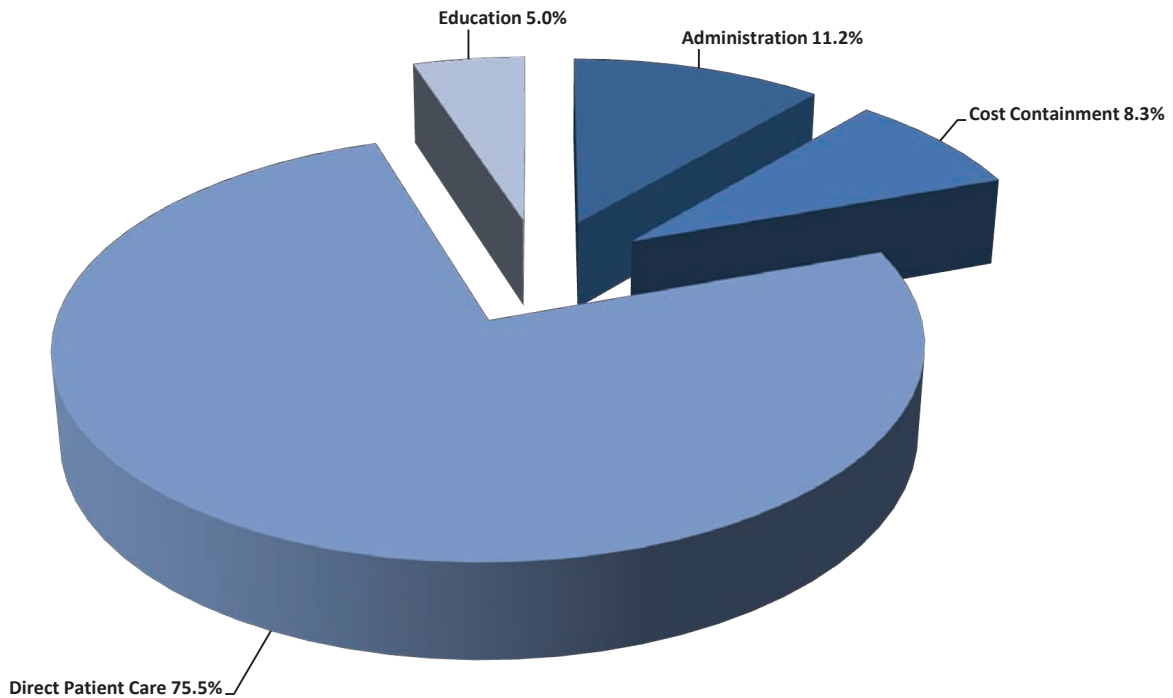
ADMINISTRATION

The Missouri Kidney Program is administered by a director which is traditionally appointed by the Dean of the School of Medicine, in consultation with the Advisory Council. The Director is responsible for hiring and supervising the Missouri Kidney Program staff and for implementing the goals, objectives and policies of the program as authorized by the Missouri Legislature, the Dean and the Advisory Council. In January 1993, the Missouri Kidney Program was administratively relocated to the MU School of Medicine. The support and guidance available from the Dean's office has greatly enhanced and benefited the Missouri Kidney Program.

Because the Missouri Kidney Program's main priority is to assist Missourians with CKD, the programs' overhead is kept to a minimum. In FY08/09 administrative costs were held to 11.2% of total expenditures, which is below the average administrative expenses of other health and social service providers.



Overview of Missouri Kidney Program Appropriation by Category FY08/09



SERVICES AND PROGRAMS

HIGH COSTS OF REPLACEMENT THERAPY

Persons who have lost their kidney function or Chronic Kidney Disease (CKD Stage 5) must have either regular dialysis therapy or a transplant to survive. According to the Center of Medicare Services (CMS), the average cost of dialysis treatment—including drug therapy, transportation, in-patient care, etc exceeds \$50,000 per year. According to United Network of Organ Sharing (UNOS) a kidney transplant surgery and follow-up can cost \$150,000 to \$175,000. In addition, anti-rejection drugs cost \$17,000 a year. Therefore, transplantation remains the less costly treatment option, if the transplant can last over three years.

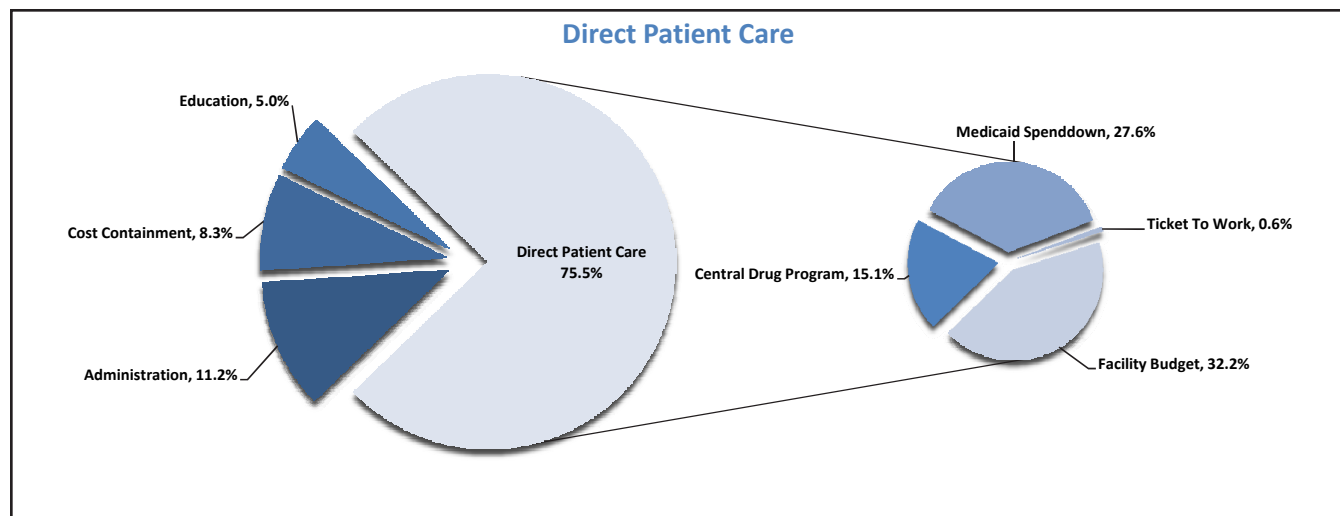
Although most CKD Stage 5 patients qualify for automatic Medicare benefits, there are gaps in coverage. Medicare coverage for dialysis and transplant immunosuppressive medication is through the Part B program, which only covers at 80%. For hemodialysis patients younger than 65, Medicare does not become effective for the first 90 days of dialysis and again pays at the 80% rate. Secondary insurance coverage is essential, whether it is an employee group health plan, a supplemental plan or MO HealthNet.

During the FY08/09, the Missouri Kidney Program's (MoKP) awarded appropriation totaled \$3,701,457. Unfortunately this was a 5% mid-year reduction from the previous year. Out of that appropriation 75.5% was utilized to assist 2,491 eligible CKD stage 5 kidney patients with expenses related to dialysis,

transplantation, and post-transplant follow-up. The average cost per patient provided by MoKP in FY08/09 was \$1,079.

DIRECT PATIENT CARE

The categories of direct patient assistance that MoKP provides to eligible patients are medication assistance through the Centralized Drug Program, MO HealthNet Spenddown, Ticket to Work Health Assurance Program and facility budgeted categories: Transportation Assistance, Insurance Premiums, Nutritional Supplements, Emergency Medications, Transplant/Donor Grant Assistance and Patient and Staff Education.



Medication Assistance through the Centralized Drug Program:

MoKP understands the extreme importance of routine medication intake to promote health in the CKD Stage 5 population. Over 15 % of MoKP’s budget is directed to the Centralized Drug Program (CDP) which supplies needed medications to patients. MoKP offers a state-wide centralized drug program via a contracted pharmacy to provide mail-order services throughout Missouri. Our formulary includes 384 approved “kidney related” medications.

Since 2002 our contracted pharmacy has been Kilgore’s Medical Pharmacy of Columbia, MO. In this past year Kilgore’s billed all payors (Medicare, MO HealthNet, private insurance and any 3rd party insurance companies) for over \$6,230,000 worth of medications. Remarkably, MoKP only expended \$557,898 as MoKP is the payor of last resort. The hard work of our staff (along with social workers around the state) of keeping our patient insured in the appropriate insurance plans demonstrates tremendous cost efficiency for MoKP, and the patients!

During FY08/09, a total of 1,773 patients utilized the CDP program, for a cost of \$289.00 per individual.

MO HealthNet Spenddown:

When a patient’s income exceeds the guideline for continuous MO HealthNet but meets other eligibility conditions such as resource, age and disability status, they can still receive medical assistance for their high healthcare costs by becoming a spenddown case. Spenddown is a portion of the client’s income which could be applied to their medical expenses. Once this amount had been incurred, the client is eligible to receive MO HealthNet coverage for the remaining part of the month. Spenddown can also be paid in advance to provide full monthly coverage.

Since FY02/03 MoKP has recognized the important benefit of purchasing this coverage for the patient as this allows “first day-first dollar” coverage for dialysis charges, medication costs, and transportation services. There is also a tremendous benefit for patients, dialysis facilities, hospitals, physicians, and MoKP. This funding category successfully replaces MoKP’s previously used category of Section 1 billing.

This is the largest assistance category that MoKP provides, making up 27.6% of our budget. In FY08/09, MoKP helped 796 patients by paying in their spenddown amounts for an average of \$1,284/ per patient, totaling \$1,021,807.

Ticket To Work Health Assurance Program:

This state and federal program allows disabled patients to be employed without the risk of losing their health benefits. Working patients are able to purchase MO HealthNet coverage for a small monthly premium, based on their income and resources. In FY08/09 MoKP helped 34 Missourians keep insured for an average annual cost of \$674/per person. The total expenditure was \$22,915. This is MoKP’s smallest expenditure category, making up only .6% of our total budget.

Transportation Assistance:

Access to healthcare can be a key roadblock to quality care. Reliable and safe transportation is essential for dialysis treatments and transplant follow-up appointments. Thus, transportation assistance is an important part of MoKP’s program. Patients can receive mileage reimbursement at .24/mile or funding towards a transport company. In FY08/09, MoKP was able to assist 925 patients with an average expense of \$401 for a total of \$697,452. MoKP is entitled to a 50% federal transportation match of these expenses, which reduces MoKP’s total costs. A monthly cap of \$450 per patient helped to control costs and encourage patients to seek treatment at centers near their homes.

Insurance Premiums:

Keeping Missourians insured is an important mission for MoKP. This year, MoKP helped 649 patients pay an average of \$1,034 for insurance premiums for a total of \$671,344. (Indirectly this assistance saves Missouri taxpayers the burden of increased indigent care, or increased enrollment in MO HealthNet plans.) The most commonly requested premium is the Medicare Part B premium of \$96.40/ month. MoKP also assists with private premiums including Medicare supplemental plans, Medicare Part D plans, employer-group health plans and Cobra plans.

Nutritional Supplement Assistance:

MoKP recognizes the daily dietary hardships that CKD Stage 5 patients must endure, and the importance that dietary stability lends to overall health. This year a Nutrition Task Force updated our procedure for providing nutritional supplements to medically compromised MoKP patients. This new process allowed Dietitians to submit a grant describing medical need, and which nutritional product was to be prescribed. Grants are provided on a 3 month, and 6 months basis, with an exception process for longer coverage if needed. In FY08/09, MoKP assisted 312 patients with an average annual cost of \$181 per patient. The total expended on nutritional supplements in FY08/09 was \$56,558.

Emergency Medications:

MoKP recognizes that patients will occasionally need medications on an emergent basis. In these situations, patients can not wait the 2-3 days for a mail-order delivery. Consequently, MoKP allocates approximately \$5,000 -\$7,000 per year for medication reimbursements through the facility budgets. In addition, sometimes an insurance plan requires a patient to obtain their medications directly from their specialty pharmacy, and Kilgores can not be used. This is an increasing trend for transplant patients. On

these occasions, MoKP will cover medication co-pays through the facility budget. In FY08/09 MoKP assisted 19 patients for an average cost of \$367, and a total cost of \$6,973.

Transplant/Donor Grant Assistance:

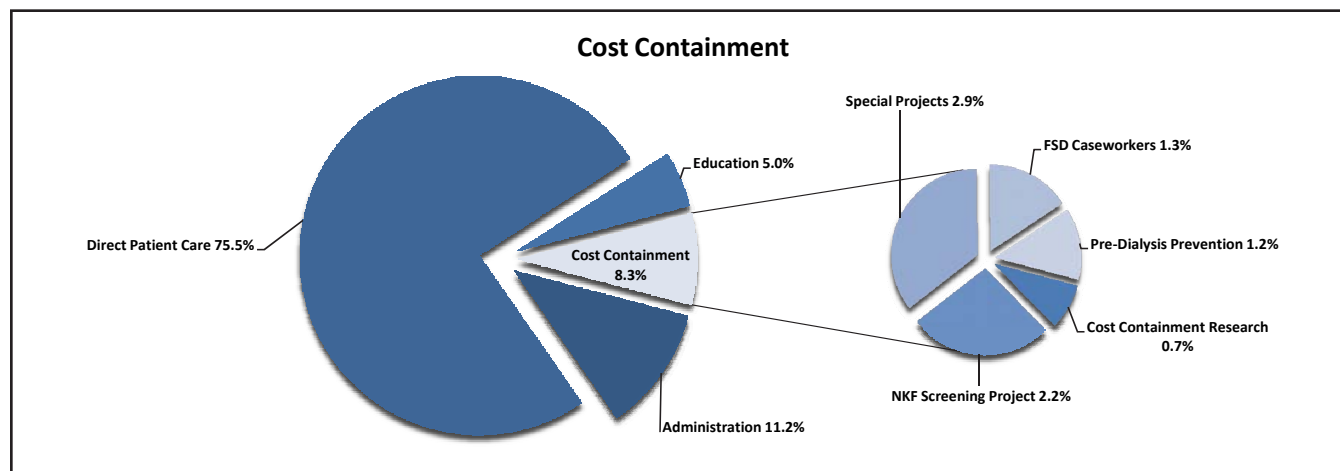
There are uncovered living expenses that can burden transplant recipients and/or donors during the transplant recovery period. MoKP offers a grant up to \$2,000 to either the recipient or donor who expresses financial hardships which could deter, delay, or restrict the surgery outcome. Grants are submitted by Transplant Social Workers and are provided after the surgery is completed. In FY08/09, MoKP awarded grants to 8 kidney donors and 7 recipients totaling 15 grants for an average gift of \$1,563. Total expenditure was \$23,450.

Patient and Staff Education:

Education is a key component to understanding and adapting to CKD. MoKP promotes informed and knowledgeable patients, families, and staff. This education resource varies by the needs and creativity of each facility. Common patient education requests for funding include classes, contest prizes, educational brochures/videos, cookbooks, etc. Staff can also access education funding, which can be directed towards appropriate membership dues, journal subscriptions, and conference expenses. MoKP spent \$63,619 in FY08/09 in this budget category.

COST CONTAINMENT

MoKP is always seeking strategic avenues to reduce the care of costs to CKD patients, and Missouri taxpayers. Some of these avenues have been internal collaborations between agencies and staffing, or external focuses, such as research projects and preventive screening projects. Cost containment efforts make up 8.3% of our overall MoKP expenses.



Research:

One aspect of the MoKP mission is to promote research on CKD. Consequently over the past years important research projects that identify interventions to delay CKD have been funded. Unfortunately, in FY08/09 the research funds were temporarily suspended due to budget reductions. We are eager to reestablish this important mission when funding allows.

Two research projects were completed in FY08/09:

“The Effects of HMG-CoA Reductase Inhibitors on the Progression of Inflammation Associated with Diabetic Nephropathy in Insulin Resistant Obese Rats”. Adam Whaley-Connell, D.O., University of Missouri-Columbia: This investigation centered on the role of HMB-CoA reductase inhibitors (statins)

in reduction of oxidative stress and inflammation as it relates to diabetic glomerulosclerosis. It addressed the impact of statins on the relationship between insulin resistance and hyperinsulinemia, oxidative stress, and functional and structural changes of the glomerular filtration barrier. Filtration barrier integrity was evaluated in an animal model of insulin resistance, the ZO rat. Results demonstrated enhanced renal tissue oxidative stress as a causative factor in albuminuria and filtration barrier injury. In the ZO rat, obesity, insulin resistance and the compensatory hyperinsulinemia develop at an early age consistent with the pre-diabetic state as seen in those with the cardiometabolic syndrome. The metabolic abnormalities at 6 weeks parallel proteinuria and early glomerular injury from human studies. The results suggest a role for hyperinsulinemia and oxidative stress in the pathogenesis of podocyte/filtration barrier injury and albuminuria.

“Altering the Progression of Secondary Hyperparathyroidism by Correcting Vitamin D Deficiency with Ergocalciferol” Kevin J. Martin, M.B., Ziyad Al Aly, M.D., Esther Gonzales, M.D., Saint Louis University Medical Center: This study evaluated a regime on vitamin D repletion which involves the oral administration of native vitamin D₂, ergocalciferol, over a five day period. The effects of this therapy on parameters of bone and mineral metabolism in patients with stage 3 and 4 CKD was examined, along with safety and duration of regime effect. The goal of controlling secondary hyperparathyroidism in the early stages of CKD, would minimize costs associated with the therapy and complication of this disorder. Furthermore, slowing the progression of secondary hyperparathyroidism would lend to cost reductions associated with medical complications and expensive therapeutic modalities. Final report is pending.

Prevention and Screening Projects:

Missouri Kidney Program and National Kidney Foundation (NKF) of Western Missouri have enjoyed a long relationship and collaboration of reaching the public with healthy living education and kidney screening events. These community events identify high risk Missourians in addition to directing them to appropriate preventive care. MoKP has supported these efforts with funding of \$75,000 each year.

In FY07/08 MoKP was pleased to increase our collaboration with NKF in an underserved area of the state, the Southwest Missouri area. This enhanced MoKP’s goal of bringing quality healthy living and kidney awareness education throughout Missouri. The overall mission is to delay CKD progression through educational efforts, via early detection and identifying high risk patients through screenings. MoKP has been fortunate to support this mission with funding of \$40,000 each year.

Family Service Caseworkers dedicated to MoKP:

Since 2003 MoKP has collaborated with the MO Family Support Division to share salary costs for a MO HealthNet eligible specialist. In 2006 MoKP added another worker. These eligibility specialists are dedicated to our CKD patient caseload. They provide prompt, accurate and customer friendly enrollment into MO HealthNet programs and spenddown coverage. Patients, facilities, and MoKP all benefit from this cost and time efficiency service provided by our caseworkers.

Special Projects—Part D:

This category includes diverse strategies within MoKP that focuses on saving resources, both internally within MoKP and externally with other agencies. Examples include MoKP employees, such as a computer specialist; and a dedicated coordinator to manage the Centralized Drug Program, including Part D enrollments. This has been a tremendous cost benefit for MoKP, as linking our patients to the most efficient and effective plan, along with state resources such as MoRX and federal resources such as Low Income Subsidy (LIS) dramatically reduces MoKP’s overall medication costs.

Other items in this category include the sponsorship and collaboration with other relevant organizations.

Example includes contributions to kidney camps, the transplant games, or sponsoring Lincoln University's Minority Health and Aging conference.

CENTER FOR CHRONIC KIDNEY DISEASE EDUCATION

The Center for Chronic Kidney Disease Education, which serves as a national model for state kidney programs, is an integral and important component of the mix of patient and professional services offered by the Missouri Kidney Program.

Patient Education Program:

The Patient Education Program (PEP) began in 1983 (FY83/84) as a cost-containment grant, with the hypothesis that if a patient was educated about dialysis treatment options prior to the need for dialysis, the individual would be more likely to select a less costly form of treatment, i.e. home dialysis or transplantation. While the program encourages patient participation prior to beginning dialysis, those who already have begun treatment also are encouraged to attend. In addition, patients who are on one form of treatment but who are interested in learning more about another can attend classes to learn more about their options. Not only do the program's classes provide unbiased information to both patients and family members; they also serve as informal support groups.

It was a year of significance for the PEP as it not only celebrated its 25th Anniversary, but also expanded its service area across the state with funding from a Health Resources and Services Administration (HRSA) grant. The primary objective of the grant, "Educating Missouri Patients about Preemptive Living Donor Transplantation: A Randomized Controlled Trial", in partnership with a Washington University School of Medicine research team led by Amy Waterman, PhD, is to explore whether improved community transplant education for renal patients not yet on dialysis could increase patients' willingness to pursue preemptive living donor transplants (PLDT) and PLDT rates. Secondary objectives of the study are: (2) to increase rural and minority patients' access to transplant education, and (3) to describe racial, social, economic, and other influences affecting patients' PLDT willingness. In efforts to meet the project objectives, the PEP expanded its educational efforts into southwestern and central western Missouri, in addition to the established programs in the metropolitan regions of Kansas City and St. Louis and surrounding areas.

In FY08/09, a total of 18 PEP offerings were held throughout the state. The data indicates that of the 456 Chronic Kidney Disease (CKD) patients and their guests that attended the PEP, 51% of the patients were male, 81% were white, 76% were either retired or otherwise unemployed and 92% had not yet initiated dialysis at the time of their class attendance. Most significantly, the class evaluation data showed that 100% of the patients that attended would recommend the PEP to someone else with kidney disease.

Professional Education:

The professional education component of the Center for Chronic Kidney Disease Education is designed to provide accredited continuing education programs for Missouri CKD facility staff while avoiding the expense of long-distance travel. During FY08/09, the planning committees comprised of interdisciplinary professionals, partnered with the National Kidney Foundation of Kansas and Western Missouri to provide this highly attended program.

OTHER ACTIVITIES

Chronic Kidney Disease Task Force Recommendations Continues:

In 2008, the Missouri Legislature mandated the creation of a Chronic Kidney Disease Task Force. It was charged with defining the status of CKD in Missouri, identifying the components of the tasks for

screening, diagnosis, and early treatments, and to recommend medical best practices and necessary public policy changes. Completion of the Task Force occurred in Fall 2008, with the publication released in Jan. 2009. For a copy of this Missouri Chronic Kidney Disease report, go to: <http://som.missouri.edu/mokp/docs/CKDtaskforceRpt.pdf>

MoKP is committed to keep the hard work of the Task Force alive by disseminating the information to the appropriate agencies. A coalition of kidney partners (Heartland Network 12, National Kidney Foundation, Primaris, Missouri Dept. of Health and Senior Services, etc.) continues to strategize on targeting the prevention of CKD.

Specifically MoKP is committed to pursue the policy recommendations outlined by the committee by educating the Missouri Legislators. These include:

1. Universally use and recognize the estimated glomerular filtration rate (eGFR)
2. Conduct basic CKD screening that includes blood pressure monitoring to assure detection of CKD in Stages 1-3, earlier stages, versus Stages 4 and 5
3. Provide CKD education to primary care providers
4. Engage public and private insurers and payers
5. Increase funding for CKD education
6. Increase collaboration among interested parties

MoKP sponsored a Missouri Kidney Awareness Day at the Missouri capitol in Jefferson City on March 5, 2009. Over 40 participants came to Jeff City to visit with their Senators and Representatives, while explaining the needed public policy changes outlined in this report. Every Legislator was contacted, and a CKD summary report was provided. In addition, kidney education exhibits were located in the rotunda. Future plans are to hold yearly Kidney Awareness Days at the Capitol.

Updating Internal Processes:

Throughout 2009 there has been a major effort to review, revise and ultimately improve the internal policies and procedures within MoKP. The first project to be completed was the Advisory Board Manual. Currently the Missouri Kidney Program Facility Guideline Manual is under committee review and revision. There is also a physician's Formulary Committee updating the approved medications provided by MoKP. The next goal will be to update the MoKP website.

MoKP and CLAIM:

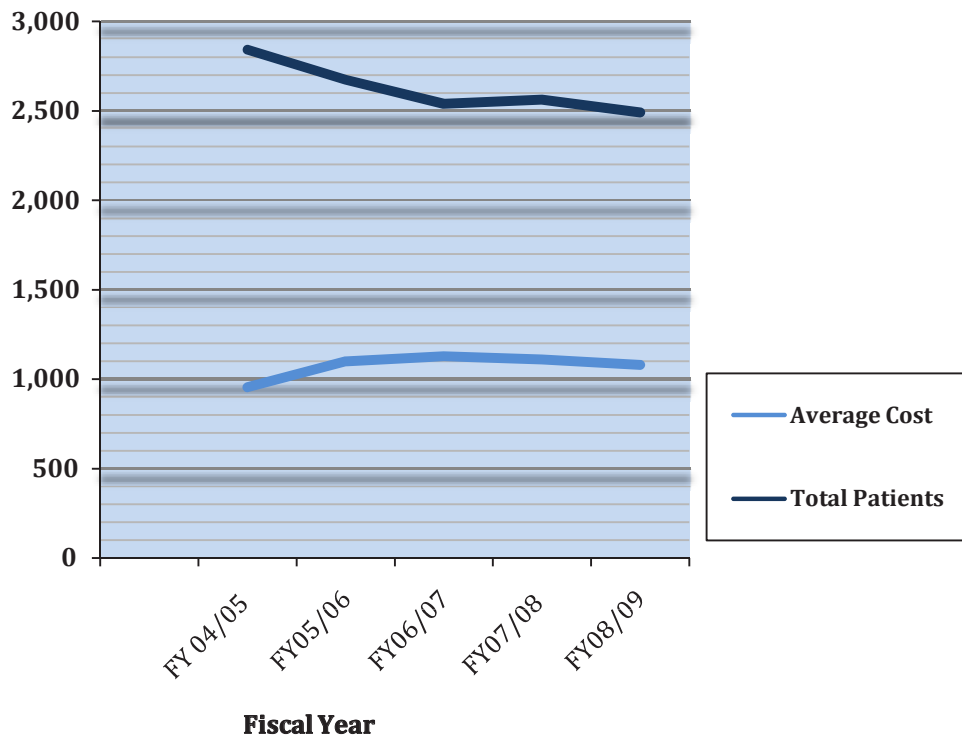
MoKP continues to collaborate with Community Leaders Assisting the Insured of Missouri (CLAIM), as there is a direct service benefit to our patients and social workers across the state. Currently there are two MoKP employees who are CLAIM trained to assist patients as they encounter insurance questions or errors. These workers also keep abreast of the ever-changing Medicare rules that could impact our patients. These workers also are trained to assist enrollments into appropriate Part D plans.

FISCAL REPORT

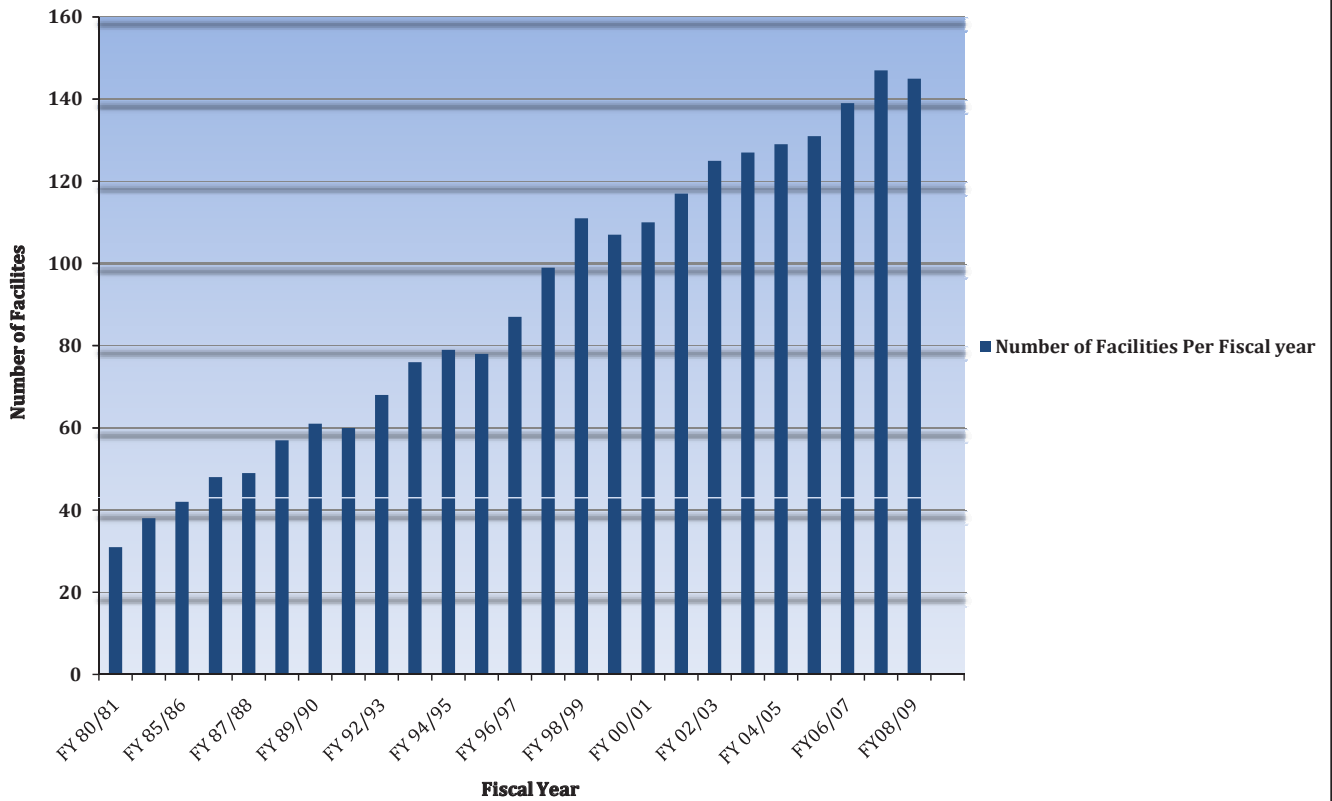
Unfortunately, MoKP's state appropriation has not seen growth since FY03/04 (see page 18.) Consequently, this has led to a decline in the number of patients that are able to be served. This disparity is occurring while the overall CKD population continues to grow. MoKP has strived to not have the loss of appropriations affect the patient and their needed services, so the areas that have absorbed the reductions are Administration, and Cost Containment Categories.

Remarkably MoKP has been able to provide a stable average expenditure per patient, or unit cost during this time. It is questionable how long this can continue.

Average Cost Per Patient Per Fiscal Year



Number of Facilities Per Fiscal Year



Fiscal Year 2008/2009 Expenditures:

Following is a detailed report of actual expenditures by dialysis/transplant facility and budget category, as well as a map indicating expenditures by county.

Dialysis Facilities	TOTAL
BJH Dialysis	\$55,759
Blessing-Hanbl	\$9,337
Blessing-Pittsfd	\$0
Blessing-Quincy	\$5,099
Branson Dialysis	\$12,328
CardinalGln-Dialysis	\$0
Child'sMrcy-Dialysis	\$0
Chromalloy	\$23,999
DaVita-Bluff City	\$1,835
DaVita-Columbia	\$6,358
DaVita-Crestwood	\$3,340
DaVita-Crystal City	\$8,989
DaVita-Eureka	\$43
DaVita-Hampton Ave	\$5,515
DaVita-Hope Again	\$0
DaVita-Independence	\$581
DaVita-Lamplighter	\$20,856
DaVita-Maryville	\$0
DaVita-N StL County	\$265
DaVita-Shenandoah	\$8,842
DaVita-South County	\$865
DaVita-Stl Dialysis	\$41,741
DCI -Clinton	\$5,743
DCI-Belton	\$5,552
DCI-Boonville	\$10,773
DCI-Columbia	\$33,715
DCI-Jeff City W	\$5,182
DCI-Jeff Cty E	\$5,046
DCI-KC	\$15,895
DCI-Kirksville	\$18,198
DCI-Lee's Smt	\$2,197
DCI-Louisiana	\$960
DCI-Mexico	\$2,949
DCI-Moberly	\$8,188
DCI-Osage Beach	\$15,804
DCI-Rockhill	\$19,095
DCI-Sedalia	\$17,590
DCI-Warrensburg	\$2,604
DCI-West Plns	\$5,938
DVA-At Home St Louis	\$3,117
DVA-Cameron	\$964
DVA-Chillicothe	\$0
DVA-Dyersburg	\$0

DVA-Florsnt	\$19,234
DVA-Hazelwood	\$8,850
DVA-Hosp Hill	\$9,522
DVA-Lake St Louis	\$15,626
DVA-Liberty	\$3,086
DVA-Nodaway	\$0
DVA-Northland	\$10,103
DVA-Platte Woods	\$4,836
DVA-Rolla	\$20,278
DVA-Shrwsby	\$3,303
DVA-St Charles	\$1,832
DVA-St Louis	\$23,435
DVA-St. Joseph	\$3,212
DVA-St. Peters	\$5,420
DVA-StL West	\$20,040
DVA-Wshngtn Square	\$6,620
FMC - Forest Park	\$8,729
FMC- DesPeres	\$0
FMC-Blue Spngs	\$12,153
FMC-Blythevill	\$792
FMC-Bolivar	\$3,613
FMC-Branson	\$771
FMC-Bridgeton	\$5,009
FMC-Cape Girardeau	\$9,887
FMC-Centerpoint	\$495
FMC-Creve Coeur	\$160
FMC-Independnc	\$11,946
FMC-Jefferson County	\$20,936
FMC-Joplin E.	\$9,267
FMC-Joplin W.	\$2,857
FMC-KC	\$21,295
FMC-Kennett	\$11,341
FMC-Leawood	\$636
FMC-Lebanon	\$13,458
FMC-Lee's Smt	\$3,164
FMC-Letholt	\$289
FMC-Lincoln County	\$471
FMC-Maplewood	\$19,054
FMC-Metro North	\$54,568
FMC-Miami	\$0
FMC-Midtown	\$30,861
FMC-Mount Grove	\$10,674
FMC-Nixa	\$3,976
FMC-O'Fallon	\$952
FMC-Penn Vllly	\$10,712
FMC-Perry County	\$4,491
FMC-Pittsburgh	\$0
FMC-Poplar Bluff	\$25,819
FMC-Prince Hall	\$7,942
FMC-Raytown	\$4,558
FMC-Southeast	\$7,949
FMC-Springfield	\$35,360

FMC-St. Louis	\$42,707
FMC-St.Charles	\$3,844
FMC-StL (Chouteau)	\$8,983
FMC-Tesson Ferry	\$0
FMC-Union	\$306
FMC-University City	\$3,288
FMC-Wentzville	\$3,170
Freeman Dialysis	\$6,542
Johnson County Dially	\$0
KU-Dialysis	\$3,440
Metro Dially-Normdy	\$21,991
Metro STL-Florissant	\$10,736
MO Delta	\$12,454
Mtn Home	\$0
Northwest Arkansas	\$0
NRA-Farmington	\$43,862
NRA-Forest Park	\$11,164
NRA-Fredericktown	\$8,665
NRA-Frontenac	\$1,220
NRA-South Towne	\$3,925
NRA-Wshgton County	\$5,718
NRI-Butler (DSI)	\$5,440
NRI-Harrison(DSI)	\$4,838
NRI-Kansas City(DSI)	\$52,452
NRI-Lee'sSummit(DSI)	\$31,860
NRI-Marshall (DSI)	\$3,330
NRI-Osceola(DSI)	\$0
NRI-Westport (DSI)	\$1,150
ODS-Monett	\$1,446
ODS-North	\$1,670
ODS-Primrose	\$7,789
ODS-South	\$12,801
Premier - Ferguson	\$575
Premier-West County	\$0
QC-DC Bridgeton	\$20,345
QC-DC Florissant	\$25,024
Research Dialysis	\$3,323
RSA-CC	\$17,998
RSA-Ellisville	\$3,823
RSA-Fenton	\$5,767
Salem Memorial	\$0
Samaritan	\$279
Southeastern Renal	\$0
StL Childrens Dially	\$0
Stl Regional	\$3,457
Wyandotte County	\$0
Subtotal - Dialysis Facilities	\$1,290,228
Transplant Facilities	
BJH Transplant	\$85,681
CardinalGln-Transplt	\$0
Child'sMrcy-Transplt	\$1,500

KU-Transplant	\$6,293
Research-Transplant	\$41,730
St.L Univ-Transplant	\$40,409
St.Luke's-KC-T	\$8,814
StL Childrens Transp	\$251
UMCHC-Transplant	\$56,130
Subtotal - Transplant Facilities	\$240,806
Subtotal - Dialysis and Transplant Facilities	\$1,531,035
Medicaid Transportation and Other Adjustments	-\$337,914
Subtotal Facilities	\$1,193,121
Administration	\$416,139
Cost Containment Projects	
Cost Containment Research	\$27,578
NKF Screening Project	\$81,636
Special Projects	\$107,019
FSD Caseworkers	\$49,808
Pre-Dialysis Prevention	\$39,993
Subtotal Cost Containment	\$306,034
Education	\$183,543
Direct Patient Care	
Central Drug Program	\$557,898
Medicaid Spenddown	\$1,021,807
Ticket To Work	\$22,915
Subtotal Direct Patient Care	\$1,602,620
Total Expenditures	\$3,701,457

*Net expenditures after reimbursement from third-party payers (Medicare, MO HealthNet, private insurance)

MISSOURI KIDNEY PROGRAM APPROPRIATIONS HISTORY

<u>Fiscal Year</u>	<u>Net Appropriation</u>	<u>Percent Change from Past Year</u>
FY 79/80	\$2,277,559	
FY 80/81	\$2,316,726	1.72%
FY 81/82	\$2,151,566	-7.13%
FY 82/83	\$2,052,051	-4.63%
FY 83/84	\$1,987,781	-3.13%
FY 84/85	\$3,646,902	83.47%
FY 85/86	\$3,899,873	6.94%
FY 86/87	\$3,919,258	0.50%
FY 87/88	\$3,924,151	0.12%
FY 88/89	\$3,926,945	0.07%
FY 89/90	\$3,936,595	0.25%
FY 90/91	\$3,839,661	-2.46%
FY 91/92	\$3,605,322	-6.10%
FY 92/93	\$3,801,264	5.43%
FY 93/94	\$3,692,093	-2.87%
FY 94/95	\$3,802,855	3.00%
FY 95/96	\$3,878,912	2.00%
FY 96/97	\$3,977,690	2.55%
FY 97/98	\$4,057,243	2.00%
FY 98/99	\$4,161,082	2.56%
FY 99/00	\$4,244,304	2.00%
FY 00/01	\$4,329,190	2.00%
FY 01/02*	\$3,621,407	-16.35%
FY 02/03*	\$3,761,018	3.86%
FY 03/04	\$3,896,271	3.60%
FY 04/05	\$3,896,271	0.00%
FY05/06	\$3,896,271	0.00%
FY06/07	\$3,896,271	0.00%
FY07/08	\$3,896,271	0.00%
FY08/09*	\$3,701,457	-5.00%

* = Mid-Year Cuts

MISSOURI KIDNEY PROGRAM BENEFITS BY COUNTY OF RESIDENCE



Missouri Kidney Program
FY2009 Patient Assistance
(by county)

Dollars
(Patients)

FUTURE CHALLENGES

The future is always hard to predict, especially with the recent widespread national challenges. The MoKP staff, in conjunction with the Advisory board, strives to stay attuned to the up-coming bio-eco-social changes that invariably impact the chronically ill kidney patients and their life sustaining medical treatments. The following are some thoughts for the future:

Healthcare Reform:

The nation is in the midst of the hotly debated, highly questioned healthcare and insurance reform movement presented by President Obama. At this time there is no consensus of what, if any, changes will occur. The future of healthcare service and delivery is truly unknown at this time. MoKP recognizes that the CKD population will be deeply affected by any changes to the current Medicare system, or any creation of a new plan. MoKP is prepared to engage in these debates and continue to advocate for the rights of our patients.

Economic Instability:

Since MoKP is totally funded by state governmental appropriations, our program feels the ripple affect of the economic downturn felt in Missouri and throughout the nation. In FY08/09 there was a mid-year reduction of 5%. Looking ahead in FY09/10, MoKP is preparing for an expected 6% reduction. Remarkably these reductions have been absorbed with very minimal effects to our CKD patients' direct assistance programs, however future reductions will have direct impact to our patients.

MoKP recognizes that any economical downturn affects the needy the hardest, thus our patient population. MoKP continues to strive to be a conscientious steward of the state resources while maximizing assistance to our patients and minimizing our internal expenses.

Demographic Trends:

It is estimated that one in nine Missourians are at risk for CKD, which would follow national trends. Each year sees an increase in the CKD Stage 5 population, which is expected to continue. The risk factors for CKD are: age, race/ethnicity, obesity, high cholesterol, diabetes, and hypertension. Most of these risk factors can be impacted with education and determination. MoKP strives to promote public education as the key to increase kidney awareness throughout Missouri.

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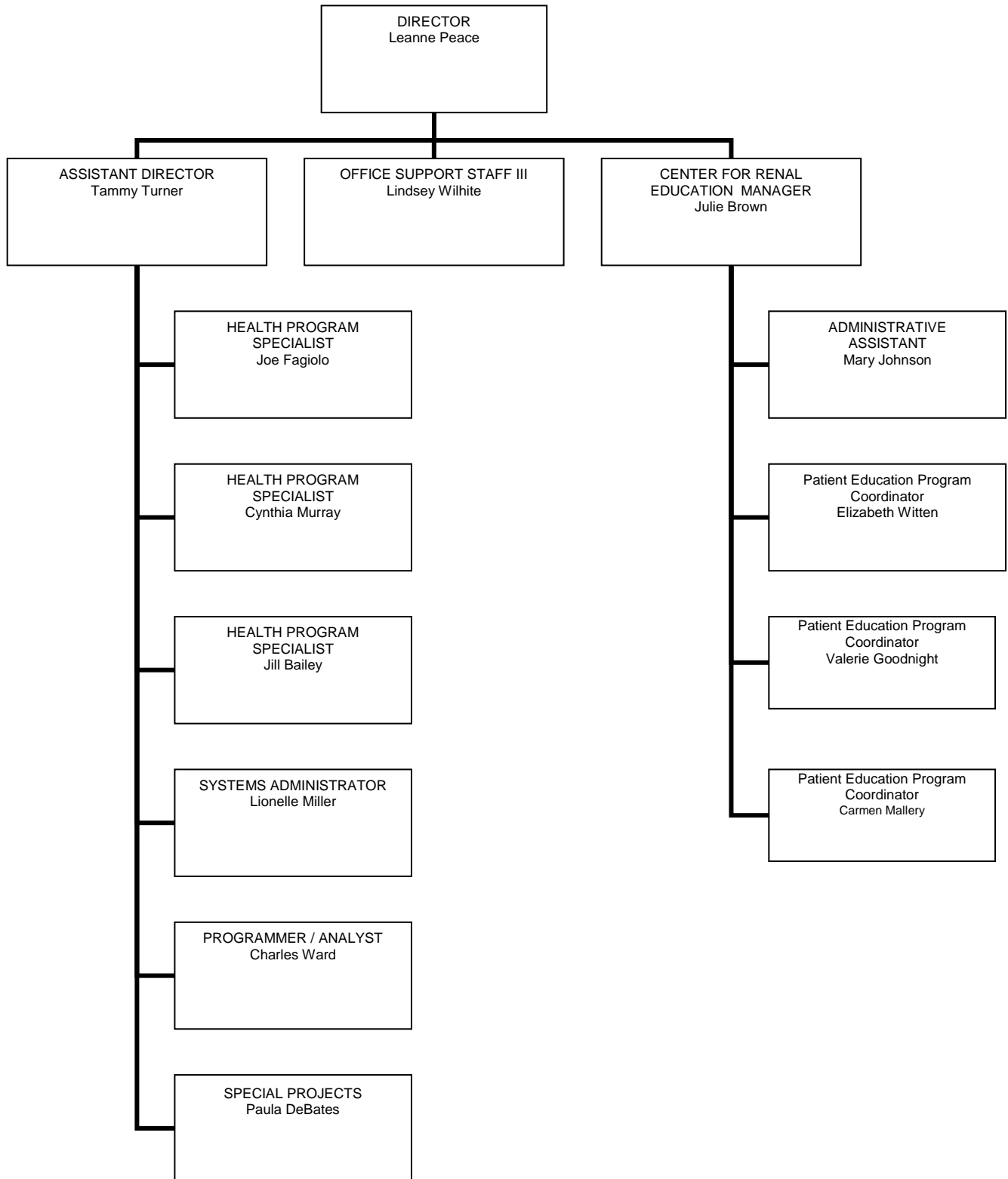
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