Missouri Kidney Program 2011 ANNUAL REPORT



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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.

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.

From 1977 --2009, the Missouri Kidney Program also has sponsored cost-containment research and demonstration projects aimed at increasing the cost-effectiveness of patient care. This important program was temporarily discontinued due to budget reductions. 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.

The annual legislative appropriations for the fiscal year 2011 was \$2,793,890. The Missouri Kidney Program provided assistance to approximately 1,895 patients through facility agreements with 153 participating facilities. Patients typically have more than one assistance category.



MISSION AND GOALS

Mission

The mission of the Missouri Kidney Program (MoKP) is to help to meet the educational needs, and to promote the physical and mental well-being of eligible Missouri residents with Chronic Kidney Disease (CKD).

Goals

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

• To advocate for policies that ensure no Missourian is denied treatment for kidney failure because of inability to pay.

- To provide financial help to eligible Missourians to defray the in-direct medical expenses related to CKD Stage 5.
 - Benefits range from medications, transportation, and insurance premiums assistance depending on available funding.
- To provide and support the CKD education of Missourians:
 - o To promote public awareness and prevention of CKD.
 - o To help select an appropriate treatment for kidney failure and to encourage active participation in their medical care.
 - o To provide continuing education seminars to the professional disciplines working with the CKD population.
- To increase public awareness of the need for organ donation, and to encourage kidney donations for transplantation.
- To collaborate with other organizations on efforts to prevent kidney disease.
- To promote efforts to delay or avoid the onset of kidney failure for those who have CKD which will reduce associated cost of care.
- To foster the exchange of medical, technical and administrative information among programs and professionals who treat people with CKD.

ADVISORY COUNCIL

Deep appreciation goes to our Missouri Kidney Program Advisory Council and Executive Officers. Our Council is a multi-disciplinary body and meets at least three times per year. Council membership include 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.

FY11 Executive Committee Members:

Chair - Michael Young, DO Vice Chair - James Campbell, PhD Immediate Past Chair - Venkataraman Ramachandran, MD

FY 2011 Advisory Council Dates:

Nov. 4, 2010 Mar 3, 2011 June 23, 2011



Back Row: Ted Groshong, James Campbell, Michael Young, Rachel Covington, Pam Beauford

Front Row: Leanne Peace, Karen Turner, Katrina Dinkel, Mimi Korth, Jim Hafner

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 MoKP 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 MoKP 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 program.

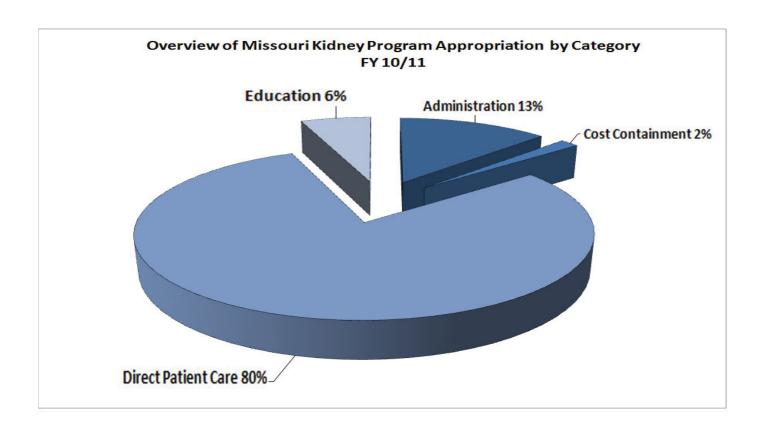
Because the MoKP's main priority is to assist Missourians with CKD, the program's overhead is kept to a minimum. In FY10/11 administrative costs were only 13% of total expenditures, which is below the average administrative expenses of other health and social service providers.

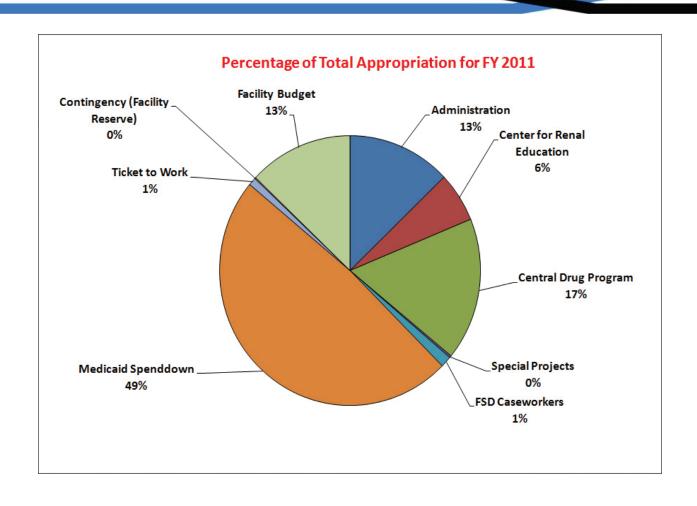
DIRECTORS

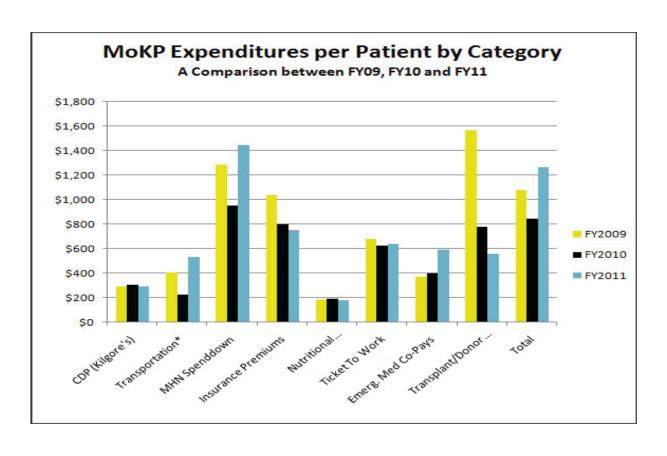
Arthur Rikli: 1968--1983
Dean Kappel: 1983--1986
Karl Kruse: 1986--1994
Robert Whitlock: 1994--2009
Leanne Peace: 2009 to present

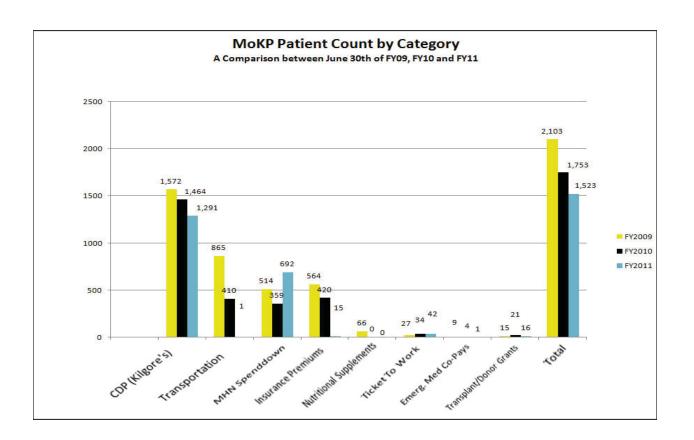
FISCAL REPORT

Throughout FY10/11, MoKP, patients and facility social workers were still adjusting to the 28% budget and program reductions that occurred in Oct. 2009. Some facilities were having a difficult time living within their budget, however many facilities were reluctant to rely on MoKP funding, and underestimated their spending. Consequently, MoKP elected to spend funds towards programs managed from our office, specifically the Medicaid spenddown program. This was beneficial to patients as it allowed for first day-first dollar coverage of dialysis charges, doctors, hospital, and transportation charges.









SERVICES AND PROGRAMS

<u>Increasing Costs of Kidney Replacement Therapy</u>

Persons who have lost their kidney function and have Chronic Kidney Disease (CKD Stage 5) must have either regular dialysis therapy or a transplant to survive. As stated above, the mission of the MoKP is to assist Missouri residents suffering the tragedy of total kidney failure to meet their medical, psychosocial and educational needs. Chronic Kidney Disease disproportionately strikes minority and low-income individuals and families. Missourians are experiencing kidney failure at a higher rate than the national average. This may be attributed to a number of factors including the general aging of the population, and the tendency of CKD to be slanted toward the last trimester of life. The highest rate of increase is in the population over 60 years old, with a disproportionate tendency toward non-Caucasians and persons with diabetes, obesity or hypertension. It is unlikely this trend will change in the foreseeable future and the number of Missourians experiencing CKD will increase. The expense of treatment is staggering. According to the United States Renal Data System 2009 Annual Report, the average cost of dialysis treatment—including drug therapy, transportation, in-patient care, etc exceeds \$50,000 (PD) (peritoneal dialysis) to \$70,000 (In-Center Hemodialysis) per year. USRDS also reports that kidney transplant surgery and follow-up can cost \$110,000 to \$160,000. In addition, anti-rejection drugs cost \$17,000 a year. Transplantation continues to be the less costly treatment option, if the transplant can last over three years.

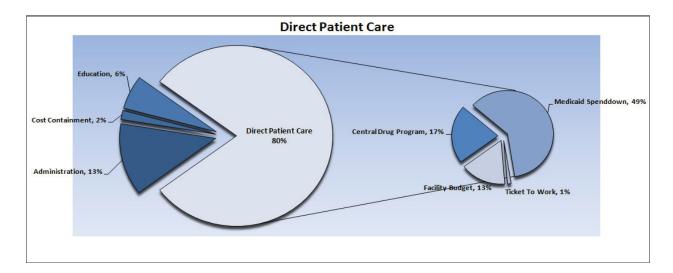
Although most CKD Stage 5 patients qualify for automatic Medicare benefits, there are gaps in coverage. Medicare coverage for dialysis and transplant immunosuppressive medication is through the Part B program, which only covers at 80%. For hemodialysis patients younger than 65,

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 (MHN).

During the FY10/11, the Missouri Kidney Program's (MoKP) awarded appropriation totaled \$2,793,890, an unexpected \$80,000 increase from FY09/10. Out of that appropriation 80% was utilized to assist 1,895 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 FY10/11 was \$1,264. With 443 fewer patients eligible for MoKP, after the previous year's 28% budget and program reduction, the total amount awarded per patient increased \$419 over the year.

DIRECT PATIENT CARE ASSISTANCE

At the beginning of FY10/11 MoKP provided the following direct patient assistance categories for eligible patients: medication assistance, insurance premium reimbursement, transportation, and transplant or living donor assistance. During mid-year, MoKP was able to re-open the nutritional supplement assistance and the staff and patient education program.



Medication Assistance through the Centralized Drug Program

MoKP understands the extreme importance of consistent medication intake to promote health in the CKD Stage 5 population. Seventeen percent 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 382 approved "kidney related" medications, and 6 types of insulin syringes. There were no new medications added to our formulary in FY10/11.

January 1, 2011 was the beginning of Medicare's bundling payment program for dialysis facilities. The majority of Missouri clinics chose to enter into this payment method immediately, so select medications were bundled into the dialysis bill, and no longer provided by MoKP. By 2014, it is proposed that CMS's kidney bundling payment program may include all-renal related medications. MoKP, along with the dialysis community, is closely monitoring the progress of this ruling.

PATIENT PRAISE

" I am so thankful for all you have done for me. If not for MoKp and Kilgore Pharmacy, I don't know where I would be now. I can't thank you enough. Kilgore's Pharmacy is 'A 1'! The pharmacist and techs are all kind and knowledgeable in their field."



Kilgore's Medical Pharmacy

Kilgore's Medical Pharmacy of Columbia, MO has been our contracted pharmacy since 2002. Kilgore's submits bills to all insurance payors (Medicare, MO HealthNet, private insurance and any 3rd party insurance companies) for \$6,454,757 worth of medications. As MoKP is the payor of last resort, our expense in FY10/11 was only \$445,852. During FY10/11, a total of 1,559 patients utilized the CDP program, for a cost of \$286 per individual. There were no reductions to this vital category, as it is historically the backbone of our assistance programs, viewed by patients as the most essential and serves the most Missouri kidney patients.

Insurance Premiums

Keeping chronically ill Missourians with CKD Stage 5 insured is an important mission for MoKP. However, for a second year in a row, MoKP had to continue with decreased support to this program, by encouraging social workers to pay only half of private or Medicare premium costs. In FY10/11, MoKP helped 497 patients pay an average of \$748 for insurance premiums for a total of \$371,791.

MO HealthNet Spenddown

The term "spenddown" can be explained when a patient's income exceeds the guidelines for continuous MO HealthNet (MHN) but meets other eligibility conditions such as resource, age, and disability status. Patients can still receive medical assistance for the high healthcare costs by monthly "spending down" or incurring medical costs to qualify for MHN coverage. In common terms, MoKP considers these patients to be the "near poor" population.

MoKP's paying in of patients MHN spenddown is very essential to patient access to medical care and transportation. MoKP purchasing this coverage for the patient allows "first day-first dollar" coverage for dialysis charges, medication costs, and transportation services. Indirectly dialysis units, physicians, and hospitals also benefit for MoKP's assistance of MHN spenddown coverage.

Paying in for MHN coverage made up 49% of MoKP's budget. In FY10/11, MoKP helped 942 patients by paying in their spenddown amounts for an average of \$1,443 per patient, totaling \$1,359,070.

Ticket to Work Health Assurance

MoKP encourages patients to be employed as much as possible, and in FY10/11 MoKP was able to help 42 disabled Missourians have insurance coverage by paying for their Ticket to Work Health Assurance Program (TWHA) premium. TWHA is a state and federal program that allows disabled patient to be employed without the risk of losing their health benefits. These working patients are able to purchase MHN coverage for a small monthly premium. In FY10/11 MoKP's total expenditure for TWHA was \$26,753, for an average annual cost of \$637 per person. This amounted to only 1% of MoKP's budget.

Transportation Assistance

Transportation assistance remains an important part of MoKP's program, however for a second year in a row; MoKP limited their coverage to those patients not eligible for Missouri's Non-Emergent Medical Transportation system managed by Medical Transportation Management, Inc. In FY10/11, MoKP was able to assist 321 patients with an average expense of \$527 for a total of \$169,297.

Transplant/Donor Grant Assistance

MoKP continues to support transplantation through its education classes and also through this grant program. Kidney transplant patients and living donors can on occasion incur unexpected or uncovered expenses from the surgery and recovery process. MoKP offers a grant to either the recipient or donor who expresses financial hardship related to the transplant surgery or recovery. Grants remained reduced to approximately \$500 per grant. In FY10/11 MoKP awarded grants to 6 kidney donors and 10 recipients totaling 16 grants for an average gift of \$533. Total expenditure was \$8,850.

Nutritional Supplement

MoKP was pleased to bring back the nutritional supplements program mid-year, as patients and dietitians expressed extreme need and interest. Due to dialysis patients' restrictive dietary and fluid limitations, nutritional supplements improve health and well-being.

A streamlined application process was implemented, and we were able to assist 74 patients with \$173 of nutritional supplements.

Patient and Staff Education

MoKP was also pleased to re-instate our Patient and Staff Education assistance program mid-year. Each facility was provided with a flat rate of \$350 to be used to promote education for patients or professional staff projects. Common expenses for patient education were purchasing brochures/videos, contest prizes, or staff education expenses, such as professional membership, journals, or conferences. MoKP spent \$23,297 in FY10/11 in this category.

COST CONTAINMENT

Family Support Division Eligibility Specialist dedicated to MoKP

MoKP continues to collaborate with the Missouri Family Support Division who access federal matching funds to share salary costs for a MHN Eligibility Specialist. In FY10/11 we continue to employ 1.5 workers dedicated to our CKD patient caseload. They provide prompt, accurate, and customer friendly enrollment into MHN programs and spenddown coverage. The cost for this important service was \$37,984, just 1% of our budget.

Special Projects - Medicare Part D

This category includes diverse strategies within MoKP that focuses on saving resources, both internally within MoKP and externally with other agencies. These funds supported video presentations for both patient and professional education. Video education is a new format of providing education to the kidney community for MoKP. In addition, MoKP was able to provide partial support on a University of Missouri School of Nursing research project focusing on improving patient adherence within the dialysis setting, using Motivational Interviewing techniques for the staff. The total cost in this area was \$6,659.

CENTER FOR CHRONIC KIDNEY DISEASE EDUCATION

The Center for Chronic Kidney Disease Education, which has served as a national model for state kidney programs' education programming, is an integral and important component of the preventing and delaying progression of CKD in Missouri.

PATIENT PRAISE

"Excellent information for me and my family"

'All doctors should send their patients and families to these classes".

"After coming to this class, I'm more optimistic about my future".



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 already 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 free classes provide unbiased information to both patients and family members; they also serve as informal support groups.

In FY10/11, a total of 14 PEP offerings were held throughout the state. Approximately 240 patients, plus their guests received 6 hours of educational information on kidney function, dietary, financial issues, and treatment options. The historical trend of the class evaluation data indicating that 100% of the patients that attended would recommend the PEP to someone else with kidney disease continued.

In June 2011, Amy Waterman, PhD of Washington University School of Medicine reported to the Advisory Council the preliminary data of our collaborative HRSA grant, "Educating Missouri Patients about Pre-emptive Living Donor Transplantation: A Randomized Control Trial". The goal of the research study was to determine if community education programs would lead to increase willingness on kidney patients to pursue transplantation and pre-emptive transplantation. Emphasis was placed on providing this education program to minority and rural populations. This 3 year grant funded 14 additional PEP classes throughout Missouri, and employed 3 additional part-time educators. Rural attendance jumped 30%, and minority attendance rose 35%. Preliminary analysis revealed MoKP's PEP classes reach many patients before full kidney failure, which is a key time to provide education. However some patients may be trying to prevent further kidney decline, and are not in the mindset to make treatment decisions yet. The final data analysis and publication of the findings will be released soon.

OTHER ACTIVITIES

Legislative Efforts

MoKP hosted a Kidney Awareness Day at the Missouri Capitol on March 8, 2010. We provided free blood pressure checks and provided education to Legislators, staff, and capitol visitors on the effects of high blood pressure to Chronic Kidney Disease.



MoKP participates on the Governor's Organ Donation Advisory Committee. This group hosted an Organ Awareness day at the Missouri Capitol on April 6, 2011. We provided donor and transplant education, plus lobbied on behalf of HB 151. This bill allows Missourians to donate to the Missouri Donor Registry via MO state income tax forms. It passed in May, and signed by the Governor into law in August. Funds raised through donations allows for more state-wide community awareness events, and registry enrollment opportunities.



FUTURE CHALLANGES

Econonmic Instability

The future of Missouri state appropriations allocated directly to MoKP is certainly the biggest concern for this program. In mid-May 2011, MoKP received a huge and unexpected 48% budget cut from the Missouri state legislators for the next fiscal year, starting July 1, 2011. In the remaining 6 weeks, an Advisory Council fiscal sub-committee gathered to decide MoKP's future mission and goals. Unfortunately the new vision required drastic program reductions, along with employee lay-offs totally 5 FTEs. The committee's decision was to focus funding on the Centralized Drug Program, as that program assists the most patients throughout the state. In addition, those patients whose public or private insurance plans cover their medications will be considered for premium reimbursement coverage. The Transplant/Donor Grant assistance program remained but was reduced.

The budget cut had a great impact on our Center of CKD Education program. Sadly, the CKD Education office in St. Louis was closed, and 2 employees were laid off. MoKP will continue to offer 10 Patient Education Program Classes throughout the state, however this coordination will be internalized within the Columbia office, and consultants will be conducting the classes. The assistance programs that were terminated included the transportation assistance, nutritional supplements, Medicare premiums, and Patient/Staff Education. We realize the hardship these program reductions will have on our patients, and we are attempting to capture the impact of these cuts through patient complaints and our website's database.

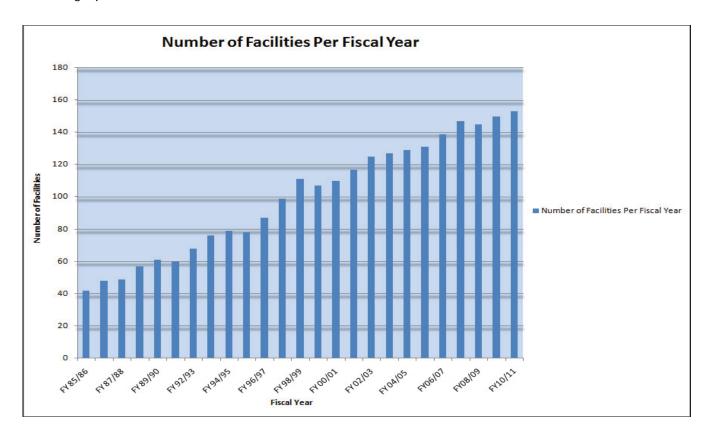
The future viability of MoKP will require other funding opportunities beyond state appropriations, such as grants and development. The economic security of MoKP mirrors the instability throughout Missouri with unemployment, house foreclosures, and poverty at a record high. Our patients, as all chronically ill patients, will feel these economic burdens immensely. MoKP continues to strive to be a conscientious steward of the state resources while maximizing assistance to our patients and minimizing our internal expenses.

Medicare bundling of ESRD Payments

The new Medicare bundling rates for the majority of Missouri dialysis units began in January 2011. Its full impact on patients, facilities, and the industry is still being determined. The inclusion of most kidney medications into the facility payment structure is under consideration for 2014 and is a strong probability. If this occurs, then perhaps MoKP's commitment to providing medications will be directed solely towards the transplant patients.

Affordable Healthcare Act

Although the nation's new healthcare reform is now law, it's viability continues to be hotly debated and contested. Meanwhile the Act's national insurance opportunities for citizens are slowly being unveiled. The first improvement has been eliminating pre-existing medical illness restrictions on future insurance coverage. Last fall, it was announced that dependent children can now remain on parents' insurance coverage until age 26. States are creating high-risk insurance plans for patients. All of these improvements in accessing insurance coverage will benefit the chronically ill, specifically our kidney patients. Currently states are creating insurance exchange plans that will be available to citizens.



MISSOURI KIDNEY PROGRAM APPROPRIATIONS HISTORY

Fiscal Year	Net Appropriation	Percent Change from Past Year
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%
FY09/10*	\$2,710,870	-26.76%
FY10/11	\$2,793,890	3.06%

^{* =} Mid-Year Cuts

Fiscal Year 2010/2011 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 Facilties

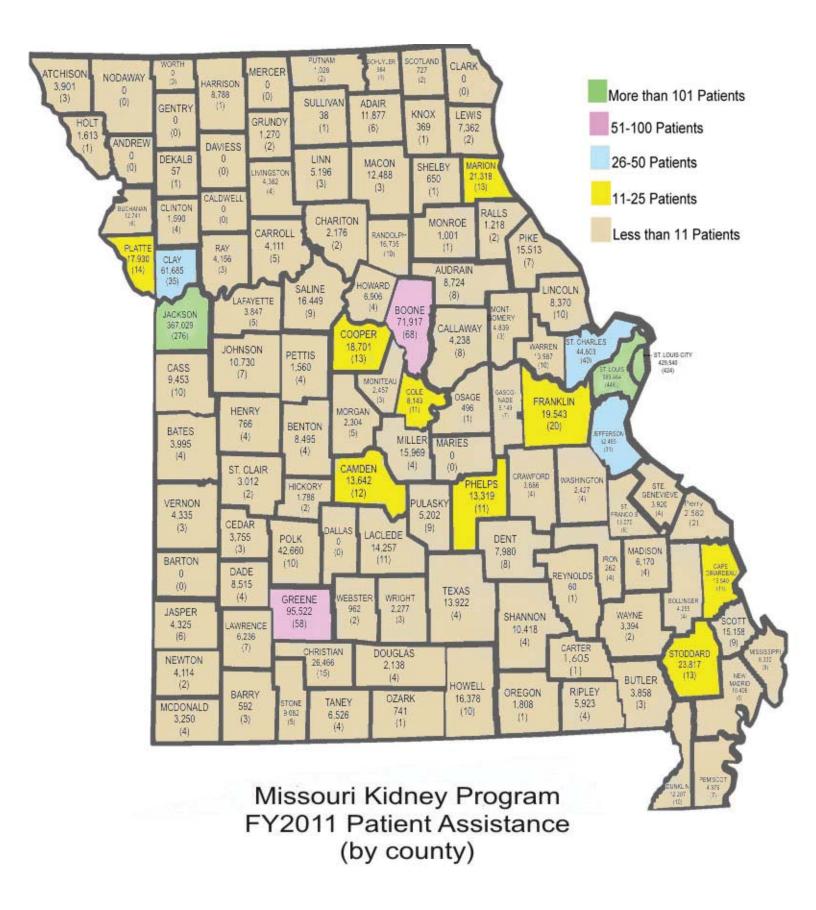
BJH Dialysis	\$34,280
Branson Dialysis	\$1,300
Child'sMrcy-Dialysis	\$0
Chromalloy	\$14,610
DaVita - Bentonville	\$0
DaVita - St. John	\$604
DaVita - Waterbury	\$333
DaVita - Wentzville	\$0
DaVita-Adams County	\$650
DaVita-Bluff City	\$0
DaVita-Columbia	\$952
DaVita-Crestwood	\$3,579
DaVita-Crystal City	\$2,919
DaVita-Dexter	\$0
DaVita-Eureka	\$400
DaVita-Hampton Ave	\$8,733
DaVita-Hannibal	\$369
DaVita-Hope Again	\$0
DaVita-Independence	\$552
DaVita-Jaycee Region	\$5,220
DaVita-Lake STL Home	\$207
DaVita-Lamplighter	\$961
DaVita-Maple Valley	\$247
DaVita-N StL County	\$690
DaVita-Shenandoah	\$574
DaVita-South County	\$178
DaVita-Springdale	\$0
DaVita-Stl Dialysis	\$12,104
DCI -Clinton	\$879
DCI-Belton	\$300

DCI-Boonville	\$3,987
DCI-Columbia	\$26,350
DCI-Jeff City W	\$2,534
DCI-Jeff Cty E	\$767
DCI-KC	\$2,004
DCI-Kirksville	\$5,743
DCI-Lee's Smt	\$508
DCI-Louisiana	\$2,573
DCI-Mexico	\$2,820
DCI-Moberly	\$3,217
DCI-Osage Beach	\$10,528
DCI-Rockhill	\$7,70
DCI-Sedalia	\$1,007
DCI-Warrensburg	\$340
DCI-West Pins	\$0
DVA-At Home St Louis	\$2,083
DVA-Cameron	\$150
DVA-Chillicothe	\$1,792
DVA-Dyersburg	\$0
DVA-Florsnt	\$5,030
DVA-Hazelwood	\$4,232
DVA-Hosp Hill	\$2,487
DVA-Lake St Louis	\$8,188
DVA-Liberty	\$976
DVA-Northland	\$6,36
DVA-Platte Woods	\$2,610
DVA-Rolla	\$3,399
DVA-Shrwsby	\$3,37
DVA-St Charles	\$964
DVA-St Louis	\$19,87
DVA-St. Joseph	\$730
DVA-St. Peters	\$0
DVA-StL West	\$7,784
DVA-Wshngtn Square	\$1,73
FMC - Brentwood	\$3,996
FMC- DesPeres	\$90
FMC-Blue Spngs	\$0
FMC-Blythevill	\$0
FMC-Bolivar	\$2,723
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FMC-Bridgeton	\$2,033
FMC-Cape Girardeau	\$1,534
FMC-Centerpoint	\$319
FMC-Creve Coeur	\$0
FMC-Florissant	\$1,449
FMC-Independnc	\$1,833
FMC-Jefferson County	\$2,463
FMC-Joplin E.	\$1,300
FMC-Joplin W.	\$550
FMC-KC	\$4,624
FMC-Kennett	\$3,080
FMC-Leawood	\$151
FMC-Lebanon	\$2,572
FMC-Lee's Smt	\$2,823
FMC-Letholt	\$287
FMC-Lincoln County	\$1,280
FMC-Maplewood	\$3,726
FMC-Metro North	\$28,629
FMC-Miami	\$0
FMC-Midtown	\$12,572
FMC-Mountain Grove	\$1,644
FMC-Nixa	\$1,341
FMC-O'Fallon	\$209
FMC-Penn VIIy	\$5,438
FMC-Perry County	\$3,343
FMC-Pittsburgh	\$0
FMC-Poplar Bluff	\$4,553
FMC-Raytown	\$1,846
FMC-Southeast	\$1,515
FMC-Springfield	\$6,994
FMC-St. Louis	\$10,465
FMC-St.Charles	\$6,337
FMC-StL (Chouteau)	\$7,948
FMC-Sullivan	\$338
FMC-Tesson Ferry	\$0
FMC-Union	\$0
FMC-University City	\$1,612
FMC-Wentzville	\$350
Freeman Dialysis	\$1,500
Gateway STL Dialysis	\$0
Metro Dialy-Normdy	\$3,671

Metro STL-Florissant	\$3,944
Mtn Home	\$0
Northwest Arkansas	\$0
NRA-Farmington	\$0
NRA-Forest Park	\$782
NRA-Fredericktown	\$257
NRA-Frontenac	\$1,288
NRA-South Towne	\$2,191
NRA-Wshgton County	\$0
NRI-Butler (DSI)	\$2,048
NRI-Harrison(DSI)	\$350
NRI-Kansas City(DSI)	\$7,480
NRI-Lee'sSummit(DSI)	\$11,350
NRI-Marshall (DSI)	\$1,021
NRI-Osceola(DSI)	\$0
NRI-Westport (DSI)	\$2,560
ODS-Monett	\$0
ODS-Primrose	\$7,458
ODS-South	\$9,718
Premier - Ferguson	\$1,557
Premier-West County	\$0
QCDC North County	\$7,691
QCDC St. Louis	\$8,802
RAI-Rainbow	\$3,231
RSA-CC	\$4,971
RSA-Ellisville	\$2,123
RSA-Fenton	\$1,079
Salem Memorial	\$1,440
Samaritan	\$0
Southeastern Renal	\$0
StL Childrens Dialy	\$350
Stl Regional	\$4,959
Subtotal - Dialysis Facilities	\$ <i>456,289</i>

Transplant Facilities	
BJH Transplant	\$36,822
St.L Univ-Transplant	\$22,011
UMCHC-Transplant	\$19,222
St.Luke's-KC-T	\$14,420
StL Childrens Transp	\$350
Research-Transplant	\$22,337
Child'sMrcy-Transplt	\$0
St. Anthony's	\$8,866
KU-Transplant	\$11,199
Subtotal - Transplant Facilities	\$ <i>135,228</i>
Subtotal - Dialysis and Transplant	
Facilities	\$ <i>591,516</i>
Medicaid Transportation and Other	
Adjustments	\$ <i>-233,966</i>
Subtotal Facilities	\$357,550
Administration	\$358,883
Cost Containment Projects	
Special Projects	\$6,659
FSD Caseworkers	\$37,984
Subtotal Cost Containment	\$44,643
Education	\$167,496
Direct Patient Care	
Central Drug Program**	\$479,495
Medicaid Spenddown	\$1,359,070
Ticket to Work	\$26,753
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Subtotal Direct Patient Care	\$ <i>1,865,318</i>
Total Expenditures	\$2,793,890
**Net expenditures after reimbursement from third-party payers (Medicare, MO HealthNet, Private Insurance)	



Dollars (Patients) Expenditures by County (CKD Patients per County)

ADVISORY COUNCIL FY 10/11

Ahmed Awad, MD

Pam Beauford, RN

DCI Lee's Summit

Nephrologist

Administrator

University of Missouri, Kansas City

Jim Hafner, MSW Social Worker

Davita - Northland Kansas City, Missouri

Venkataraman Ramachandran, MD

Transplant Surgeon

University of Missouri, Columbia

Columbia, Missouri

James Campbell, PhD

Kansas City, Missouri

Family and Community Medicine

University of Missouri, Columbia

David Sommerfeld, MD

Nephrologist

Springfield, Missouri

Katrina Dinkel, MA

Heartland Kidney Network 12

Kansas City, Missouri

Karen Turner, MSW, LCSW

DaVita

St. Louis, Missouri

Rachel Covington

Division President

National Kidney Foundation of

St. Louis, Missouri

Tara Walker,RN Operations Manager

Fresenius Medical Services

Festus, Missouri

Cari Fears

Patient Advocate

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Ted Groshong, MD Pediatric Neprologist

University of MO - Columbia

Columbia, Missouri

Janice Gentile

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Nephrologist

Jefferson City, Missouri

Chris Kelly, JD

Missouri Representative

MO House of Representatives

JoAnn Zynda, RN, BA. CNN

Nurse Administrator

DaVita

St. Joseph, Missouri

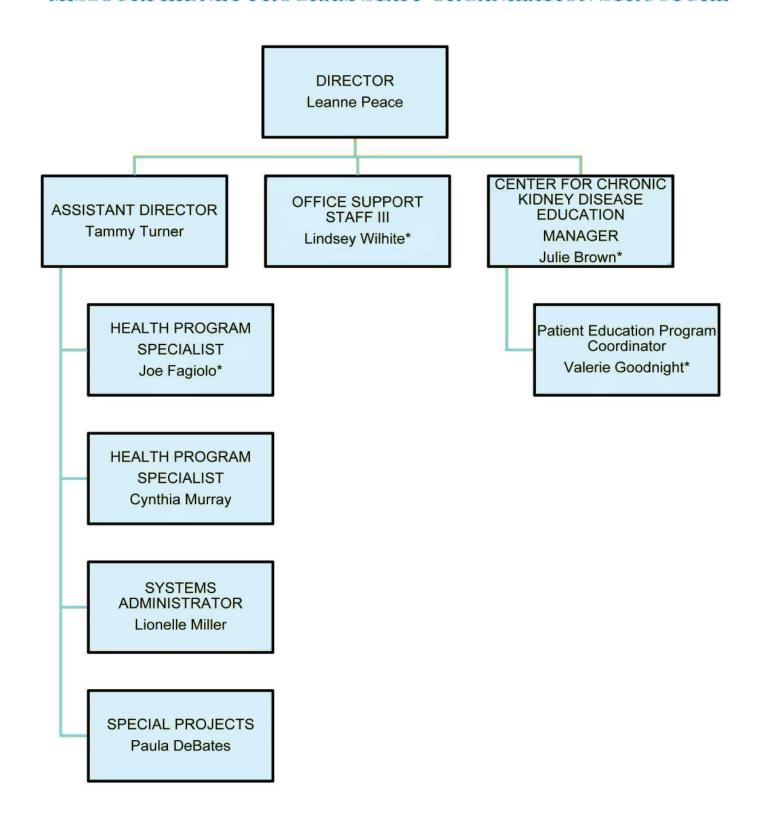
Mimi Korth RD

Renal Dietitian

Fresenius Medical Care

St. Charles, Missouri

MISSOURI KIDNEY PROGRAM STAFF ORGANIZATION STRUCTURE



^{*}These positions were cut on 6/30/2011 due to budget reductions.



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