The Department has requested submissions from interested parties regarding the use of different categories of dialysis stations designated by the Department. We respectfully submit the following response as part of the discussion about improvements to the dialysis CN rules. We include a proposal for revising the Department’s designation of station categories.

PROPOSAL

Focus on General-Use HD Stations

We believe patients and their providers would be better served if the need methodology focused solely on general-use hemodialysis (“HD”) stations. A general-use HD station would consist of a dialysis chair and a permanent hemodialysis machine that is used for treating HD patients. A general-use HD station would not include an isolation station, a bed station or other special-use stations.

The Department’s current practice is to count special-use stations as included in the CN award but the award typically matches the projected need for general-use stations. As the Department already has heard from several dialysis providers, the practice reduces the number of available general-use stations below the projected station need. Because several Washington planning areas have suffered from a shortage of dialysis capacity, we believe the Department should abandon the current approach, which prevents applicants from fully meeting projected needs for general-use stations.

Omit Special-Use Stations from the Station Count

We believe special-use stations, such as

- isolation stations;
- bed stations;
- stations equipped to serve only LVAD (cardiac assisted) patients; and
- stations equipped to serve only tracheotomy patients

should not be counted in the CN award. The stations are rarely used and the rare use would not expand available dialysis capacity to an extent the Department should have any concerns about. To accomplish this outcome, the Department could define a new term—general-use stations—which excludes isolation stations, bed stations, and stations equipped to serve only LVAD and tracheotomy patients. The need methodology could be revised to refer only to general-use stations.

Omit Training “Stations” from the Station Count

We believe dialysis providers do not use actual dialysis stations for home training; instead the providers use private rooms. Training rooms that either do not use permanent dialysis machines (home HD training) or use no machines at all (peritoneal training) should not be treated as a general-use station and should not be included in the station need projections and awards.
Routinely Approve Special-Use Stations to Enable CMS Reimbursement

Special-use stations will need CMS certification and CMS certification requires CN approval. We suggest the Department should routinely approve special-use stations proposed by a winning applicant so the applicant can obtain Medicare and Medicaid reimbursement when the stations are used. As mentioned, the increase in capacity to serve a very small number of special-use patients should cause no concern for the Department.