

**LDO Monthly Meeting**  
**April 13<sup>th</sup> 2005**  
**2:00-3:30 EST**  
**Toll Free Dial In Number: (866) 222-0917**  
**PARTICIPANT CODE: 941999**

**I. Roll Call**

Name of Organization		Attendee Name	Name of Organization		Attendee Name		Network
<b>DaVita</b>	X	Janet Holland	<b>CSC</b>		Andy Hanks	X	1
		Bob Lehn		X	Ida Sarsitis	X	2
	X	Patrick Fletcher			Robin Kaiser	X	3
		Jason Aronovitz		X	Shannon Wright		4
<b>DCI</b>		Chris Lovell			Crystal Henderson	X	5
	X	Pam Haverman	<b>CMS</b>		Kathy Sagel	X	6
<b>FMCNA</b>		Maureen Herget		X	Diane Frankenfield		7
		Norma Ofsthun			Matthew Leipold		8
	X	Nancy Lew			Terry Conner		9/10
	X	Alexis Porras			Pam Frederick		11
	X	Dr. Lazarus		X	Victoria Schlining	X	12
<b>Gambro</b>	X	Jose' Nabut		X	Gina Clemons		13
		Kay Hall			Jackie Harley	X	14
		Lynn Pool			Jefferson Rowland	X	15
		Allyson Todd			Connie Cole		16
<b>RCG</b>	X	Diane Thierauf		X	Kathy Hudson	X	17
		Barb O'Beirne			Craig Hales		18
		David Maloney		X	Condit Martak		
		Jim Tarwater		X	Glenda Payne		
	X	Bill McDaniel					

**I. General Topics (Matthew/Gina)**

**CPM - Lab Element Shading**

CMS has been working to determine the best way to have the hard copy forms to go back to the facilities to lesson confusion. The recommendation of CMS is to have CSC shade the fields that are submitted by the LDO so that the data that is accepted does not display. The only thing that would show are lab value dates and Vascular Access Type so that the facility would be able to answer underlying questions associated with the primary question.

An important piece here is for the Networks to understand that CMS has developed a criteria point for submitting lab values. When the LDOs submit the data and the facilities see this and disagree by misinterpretation of the definition then this causes unnecessary confusion. For Networks, if a facility writes over the data submitted by the LDO, the written in data should be ignored

FMCNA would like to have information communicated so they can also discuss this with their facilities. They recommend that the instructions come from the Networks and LDO corporate representatives. CMS is working on a draft of instructions for the Networks to send to facilities. CMS will supply the draft for review by Networks and LDOs for the next monthly conference call. A sample of the form with blackened fields should also be included for review

**Action Item:** Keep this topic on the agenda for next month. Distribute draft letter and sample form with agenda for review and discussion

## **CPM – Validation**

Additional analysis of the reliability of CPM data has been completed by QUALIS Health and is currently being reviewed by CMS. This will be an ongoing validation process for future submission of data so that the data is considered reliable and people can begin to trust the electronic data submitted. Each of the LDOs will get a field-by-field reliability analysis from Diane over the next week. Each field is either a Continuous Variable or Categorical Variable. This were either pass, fail, or undetermined.

If information is highlighted, it failed analysis. CMS will request the information from the facility this year along with collecting it electronically. If the information passed, this information will be allowed for submission and will be blacked out on the form requiring no further review from the facility.

CMS would like to schedule a call with the LDOs to review each of the analysis specific to their LDO next week. LDOs can e-mail Diane Frankenfield with their availability. Diane's schedule is open on Wed 4/20 and Thursday 4/21.

## **Sharing of Facility Information - Coding Scheme**

In response to the LDO request for CMS to exchange information on the facility level, CMS is considering a coding scheme for facilities. By assigning a code to a facility, reports can be prepared with the associated code. Reports can then be sent to the LDO and the LDO can "break the code" if their facility has provided them with this information.

LDO responses:

The LDOs feel this sounds like a cumbersome idea, exp: LDO will need to keep up with 1100 codes. They would rather have a permission signed if that permission will last longer than one year.

CMS Response:

The facility will have a code that is their code for CMS reports. CMS will then send all the LDO affiliated facilities reports to the corporate entity. The LDO would then get the code from the facility and be able to see this information. The coded approach will always be good and will need to be stored. The code will not change. CMS investigating when a facility moves from one provider to another if the code can change and then all data mapped to the new code. Networks will be producing reports and those with ranking etc. would have the codes listed and a LDO can look for their codes at the end. Exp Report: Ranking report top to bottom for CMS, FF or other project. This report would go to a facility so they can see all other facilities in the region, state, and nation. This would allow them to see everybody's rank, but the facility would only know their own code and not be able to see what is above or below.

LDO Response:

Per FMCNA – any start is a good start and as long as this could be scraped if it becomes a problem. LDOs wanted this information to be able to see how the facility ranks within the CMS system. They would not need to see the rank via LDO. This is not needed by the LDOs. LDOs would not want to have a LDO identifier on the report.

CMS Response:

CMS does not currently see a CMS business need to enter this information on the report. Gina will check on this but assumes at this point that this information can be left off.

**Action Item:** CMS will follow up and continue discussion next month

### Changing withdraws to deaths on the 2744

- If a patient discontinues and expires within 30 days the Network ask the facilities to change discontinue or withdraw to a death. Concern is that these data elements should be captured in 2 fields, discontinue and death.
  - Current CMS event rules require this for process for 2744 reconciliation. Further, if a patient dies within 30 days of discontinue the facility has to complete a death form (2746).
  - Discussion is that discontinue should be a second category of death and this topic is not an IT issue. The entire ESRD community should discuss this.
  - **Action Item:** CMS will set up a call outside of this conference call to discuss this issue further. On DFC mortality rate is considered and because of the weight this topic has given some additional conversations need to occur.

### Patient Address Collection:

- Networks are required to collect patient address information from the facilities. Historically they have requested this information for the dialysis facilities. Networks would like to know if they can get patient address information in a file format from the LDOs.
  - LDOs would like to send this information monthly and the patient address can be a part of this submission.
    - DCI recommendation would be to submit this information as part of event information.
    - **Action Item:** This topic should remain on the agenda for further discussion next month
  - How efficiently can we collect patient address information and discuss what direction we want to go with this. Do the LDOs feel that they have correct patient address information?
    - The LDOs address may not be up to date but it is the same information that the facility would provide. If the facility has an updated address is this information passed on to the LDO, per the LDO if the Network called a facility then the facility would look this information up in their system. The LDO can submit the data but will not confirm that this is the most up to date information. The LDO data is as good as what would be provided by the facility and the LDOs can provide it easier.
    - How reliable would LDOs consider this information?
      - a. Per Gambro, facilities are suppose to update on a regular basis
      - b. If this were collected at the facility level, it would be a tremendous update.
      - c. Why is this information needed? For the CAPHS program, for additional patient educational materials.
      - d. Final synopsis: LDOs can provide patient information; they don't think this is a good thing to be sending. They believe their data is relatively accurate.
    - LDOs requested that this electronic collection be tied to something that is submitted monthly like the patient event information.
      - a. LDOs would rather send the data electronically rather than go to the facilities to get this information.
  - **Action Item:** CMS will need to investigate this further, and identify the business need

- II. **Lab Collection Project: (Kathy/Shannon)**
  - Lab Data Collection Utility Released on 3/21
  - LDO lab data provided to Networks on 4/4
  - Networks are now starting to collect data from the independent facilities.
  - LDOs would like to know what kind of reports would be coming out and a sample of what the reports would look like.
  - **Action Item:** CMS will request Networks to standardize the reports where possible and identify how these can be shared with the corporate contacts
  
- III. **CPM File Specification Finalized (Diane/Kathy/Vickie/Shannon)**
  - Revised File Spec Review
    - CPM file spec updated with revision history distributed on 3/29
  - CPM Validation – If LDOs would like to participate in Beta Testing the CPM validation utility contact Shannon Wright.
    - RCG and FMCNA have volunteered to be Beta Testers
  - Test Files: If LDOs plan to submit 100% of data, CSC would like to have them submit a complete test file. If LDOs plan to only submit the 5% sample, then a 5% sample test file is adequate.
  - Input needed from LDOs on CPM file spec prior to May 17th CPM committee conference call
  
- IV. **VPN Access – No Updates this month**
  
- V. **Fistula First (JR/Gina/Shannon)**
  - Dashboard posted to eSOURCE website on 3/15 containing February Data
  
- VI. **Patient Events (Shannon)**
  - Network response sent back to the LDO that submitted comments
  - Implementation of new version scheduled to be in tandem with the SIMS/VISION release
  
- VII. **Core Data Set (Shannon)**
  - On schedule for community review in late summer
  
- VIII. **Additional Topics:**
  - FMCNA requested to have established expectations for responses to questions during development activities. If they are required to wait extended amounts of time it will delay the development process.
  - Agreement was to have a 3-day turn around time. If LDO does not have an answer in 3 days they should resend the question and cc the CMS project coordinator
  - **Action Item:** Kathy Hudson will put together an organizational chart for each project with contact for CMS