

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

I. General Topics (Matthew/Gina)

Changing withdraws to deaths on the 2744 (Chris Lovell)

- 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).
 - LDO feel this issue is monumentally important and a call needs to be set up with the appropriate program staff because the death event will be used as a Quality Indicator and there could be enormous ramifications
 - **Action Item:** CMS to review and set up call with the appropriate staff to discuss discontinue and death events further. This item should remain on the agenda for next month for additional discussion.

Data Sharing

- Data Sharing – What do the LDOs currently use?
 - LDOs requested that CMS share back the CPM data submitted by the LDOs.
 - CMS had agreed but has since identified that the legality of this may be a concern. CMS would like to inquire what types of patient agreements are in place to inform patient the information that you collect and how you share it. How do the LDOs let patients know how their data will be used?
 - According to FMCNA they strictly follows the HIPAA rules. They have their own patient consent form for HIPAA.
 - **Action Item:** If the LDOs would send any of their HIPAA forms to Shannon Wright @ swright@esource.net.
 - CMS is trying to find out the best way to get permission from patients to share data so legally they can release information back to providers and corporate entities. The beneficiary has given permission to the LDO to share the information with CMS but CMS does not have permission to share that information back to the LDO, especially when that patient may have transferred to another provider since the original data was submitted by the LDO.
 - LDOs would like CMS to consider providing back the following information have considered adding an express permission on the 2728.
 - CPM data: LDOs would like to have the information that they submitted back so they can make sure that the information is accurate for future submission. This will be helpful on fields that it is difficult for them to provide: DOFD
 - FMCNA would like to get 2728 forms back in a flat file for patients that they have submitted information on. Particularly the provider number. It would be helpful to FMCNA to be able to get this data since historically they didn't store it electronically and they are getting ready to do that. They would like to be able to backfill their system from the file without having to hand enter this information from each form.
 - a. CMS concern: A way to make sure the patient was at the LDO when the 2728 was completed.
 - Allowable steps:
 - a. If LDOs provide data then CMS can give that data back
 - b. If LDOs provide data then CMS can not provide data back that may have been given by one of their providers because the corporate entity if not the owner
 - c. Then sharing data from previous providers
 - In general, CMS will not be able to share provider level data with the corporate LDO. If the corporate entity got provider level agreements then CMS would be able to return the information. CMS would like to have annual agreement but is considering obtaining permission every 3 years as acceptable. A final rule on this has not been determined.
 - **Action Item:** CMS should provide the LDOs the exact wording of the permission that is needed
 - If LDO collects information on a surgeons outcomes and gives the data to CMS then CMS can't give the data back. Getting practitioner information at this time is to complicated but if it comes from the facility then it is reasonable.
 - In terms of receiving feedback on a patient level basis it needs to be pursued but on a long term basis. CMS is considering adding an express release to the 2728 and will investigate other options.

Additional Comments:

- DaVita is fine with giving CMS the data and not getting this data back because they are doing the same kind of reporting and in general they are tracking the same things as CMS is. They are content with the way it is now and is wondering why we should bother worrying about this. Every time a Network gives a report to a facility the corporate would have to request the report from the facility directly. In cases where the data doesn't appear to be accurate then the corporate level could get involved. They are not sure that it would be beneficial to track all the permissions
- NW14 uses a governing body to review reports by the individual dialysis facility. This would be some kind of regional person. Reviewing this report with the governing body and then if needed turning this information into the corporate level.
- Lynn Pool at Gambro – they would still like to have this type of aggregate information back from CMS and not just related to problem facilities.

General Synopsis:

- LDO permission – in corporate structure
- Network permission – between corporate structure
- No permission – Networks would share data as they currently do it

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

II. Finalization of Lab Collection Project: (Kathy/Shannon)

- Lab Data Collection Timeline Review:

1.	LDO submits test files	Feb 14th – March 18th	LDOs and CSC developments team / project coordinator
2.	LDO's submit data for October, November, December 2004	March 20th	LDOs and CSC project coordinator
3.	Deploy a single custom software application	March 21st 2005	CSC software development team
4.	CSC loads LDO data	March 30th	CSC DBA team

- III. CPM File Specification Finalized (Diane/Kathy/Vickie/Shannon)
 - Revised File Spec Review
 - Revisions distributed with the spec were accepted by the LDOs
 - LDOs requested that CSC provide a revision history of changes from last year to this year.
 - Action Item: Shannon will review the spec changes and provide the updated revision history by 3/17.
 - CMS announced that CSC would not be allowed to provide the backfill information to the LDOs as originally included in the file specification. CSC will provide a file to the LDOs with the sample patient population so LDOs can confirm that the patients in the sample are contained in the final file submitted. This file will contain patient identification information only. There does not appear to be a requirement to update the spec related to this.
 - CPM Timeline Review
 - LDOs voiced concern about being able to meet timeline
 - CMS felt the timeline was adequate since this was a repeat project from last year. LDOs would like to have a finalized spec as soon as possible so they can review changes and begin coding in order to meet the timeline.
 - Input needed from LDOs on CPM file spec prior to May 17th CPM committee conference call
 - LDOs will be sending 100% date

Additional Discussions:

- Missing Elements: The LDOs want to have instructions that clearly state facilities only need to review those fields that are highlighted on the CPM form
- If there are systematic errors identified out in the field then CMS would need to reserve the right to do some kind of validation
- **Action Item:** CMS should create standardized instructions and direct the Networks not to do their own validation. CMS would like to share the instruction information early and this should be a on the agenda for next month

- IV. VPN Access
 - Comments from Alexis Porras (FMCNA) on the VPN proposal raised on the last call: he discussed this with his security folks; FMCNA would not normally run someone else's VPN client, as that opens up their network to the far end. Normally, when setting up connections with trading partners, they set up a point-to-point VPN using a dedicated VPN gateway, which also allows them to control who in FMCNA has permission to connect through the VPN. (The next step is for the LDOs to review the document on the VPN proposal once it is issued).
 - Because of the concerns from the LDOs and additional information being identified by CMS, this will continue to review this as an option, but is not in the immediate plan. If this is going to be pursued they would like to have a volunteer to pilot this communication. If you are willing to consider volunteering for this, contact Kathy Hudson at CMS.
 - CMS will be completing the requirements document for future discussions.

- V. Vascular Access (JR/Gina/Shannon)
 - No Updates this month

- VI. Patient Events (Shannon)
 - LDO Comments being reviewed by Networks

- VII. Core Data Set (Shannon)
 - On scheduled for community review in late summer
 - No additional updates this month

- VIII. Upcoming events:
 - March Forum Conference - March 14-17th, the focus of this conference will be on strategic partnerships. CMS is committed to make sure that the agenda topics are available that will be of interest to both Networks and LDOs. A finalized agenda should be available by Friday.
 - Panel Discussion Questions - There will be 5 CMS representatives from different areas of the organization available and if questions are submitted early they will be able to adequately respond.