

LDO Monthly Meeting
October 12th 2005
2:00-3:30 EST
Toll Free Dial In Number: (877) 468-2136
Participant Code: 803598

I. Roll Call

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

I. General Program Topics (Gina)

- Consolidation of LDOs
- DaVita purchase was official as of 10/05
 - Facility Survey Data Collection
 - Facility Survey information was always collected at the facility level so there should not be a problem with this collection
 - Keep in mind the Voc Rehab Information which is for patients at the facility during the prior whole year. This information is normally collected at the facilities and should not be a problem.
 - Facility Roster information will be going out soon. Facilities will still be able to access their data systems and they will slowly switch out. They will always be able to tell the Networks what is going on with the system
 - Facilities will still have access to their CPM data and additional fields of information needed for future collections
 - DaVita does not anticipate any lost data items for any collection
 - If a Network is missing a 2728 form or other information they will still be able to request that information after the change over
 - Networks have had problems with facilities saying that they are not able to provide the data because they were under their old organizations. LDOs think this is different than independent being bought. The organizations are merging and education will be provided to the facility.
 - LDOs would like to set up a process to be able to send the facilities information and if any of the facilities are getting provider numbers.

We are unable to change their affiliation until the official form is received. The CMS systems have to stay current with what the state has.

- DaVita is not changing numbers but they are changing their doing business name as. The paperwork has been done for these facilities. They asked the state agencies who came back and said that the Medicare numbers would remain the same and in some cases the Medicaid number changed.
- Facility Fistula First Data Collection
 - We want to process the electronic files the way we have always processed them, but if there is a failure due to a provider number or affiliation the Networks will over ride the notification and put the data in manually under the old provider. The Networks will continue to report them under Gambro until all DaVita conversion has been completed.
 - As of the next time the Fistula First data is submitted for Gambro facilities it is going to look the same until the official notification that they are doing business as DaVita
 - DaVita and Gambro should send a list of facilities and providers number of facilities that they now own or facilities that they know they will no longer own
 - Networks will change the affiliation when they receive letters that the affiliation has changed. Networks should send notification to CSC Helpdesk and CSC will notify the LDOs. DaVita and Gambro will continue to send separate files with different Affiliation name.
 - CSC will look into checking the system to see what names have been changed electronically.

II. CPM (Diane/Kathy/Vickie/Shannon)

- CPM Forms distributed to facilities – Deadline 10/12
- Facilities review and complete forms – 10/17 – 11/04
- CPM Collection from facilities affected by Hurricane Katrina or Rita – Networks are not required to collect information on patients/facilities affected by the hurricane
- Maureen Hergot – Concern about the shortened timeline for facilities to populate and submit data. Timeline is similar to those used previously; the time was not shortened for the facilities.
- CPM 2006 collection of 2005 data
 - CPM process is the QMHAG process. CMS plans to move to a paper collection of the CPM data. They plan to move to the 1st phase of the Core Data set and capture the lab data. If we are successfully able to master the lab data collection through the core data collection, the lab elements can be used to populate the CPM forms.
 - The CPM forms will go out on paper. The decision to use blackout or non-blackout has not been determined. We are waiting on facility feedback on that information. At this time, ISG is not thinking that the blackout is reliable and would not like to pursue blackout
 - Demographics and Lab data should be pre-populated if possible per ISG
 - LDOs would like to hear a real commitment to getting the prescription information. We are not reducing much burden unless we can capture this information. The information being provided is good enough for billing and research. ISG is not willing to commit to collecting this information at this time.
 - CMS is not trying to take a step backwards but to look at the data collection in a more logical way. Using the recommendations from the LDOs and collect the data in groups. In order to move forward with the Core Data Set then we

have to be able to eliminate something else and right now the CPM project takes quite a bit of our time.

- What is the timeline for this collection? We don't have a timeframe for this and we have to validate that the data is accurate. If we don't have a timeline and we are going to try this with a Network and validate it, then the LDOs feel this is a step backward. This is not the IT side of CMS but the QMHAG side that makes the requirements for valid data; we need to find a way to satisfy the QMHAG side of CMS. DCI feels that we need to continue to accept all the CPM data and do special studies on small areas of concern.
- FMCNA reminded the group that the people that are really affected by this is the nurses removed from responsible for providing care to patients and the patients not receiving the case care because the nurses are completing forms.
- We are looking at how to move forward with collecting data on all patients and electronic reporting is mandated that we have a solution. By choosing to collect chunks of data, overtime we will complete the entire Core Data Set.
- Will the Core Data Set project change and take into consideration additional standards that are being developed. The CDS can easily take these in, but the CPM sample does not change that easily. Need to ensure that the Core Data set is comprehensive.

III. Lab Collection Project: (Kathy/Shannon)

- 2006 Lab Data Collection
 - We are trying to ensure all the CPM lab values are added to the file this year for LDOs only
 - We may be making some changes to the file spec this year, final decisions have not been made.
 - Will need to submit files monthly, one file for patient, facility and labs. This will help with matching patients to SIMS. We will also be adding additional validation rules to the data
 - Questions remain, do you want to submit the first valid value of the month or all the lab values and select the first valid value of the month – LDOs have always been in favor of submitting everything and allowing CMS to determine the first valid value of the month. CMS is still considering their direction on this.
- LDO workgroup for file spec revisions
 - Gina will head up a group to collect the information from the LDOs and Independents
 - LDOs can e-mail to Shannon volunteers who want to participate on the lab project
 - Norma from FMCNA volunteered
- CSC will only be working on the Lab Data Collection project. The lab elements collected will be standardized.
 - CSC will not complete the lab data reports. Each Network will be allowed to create their own reports. Gina would like to see lab data added to the reporting tool, ISG is not able to commit to that at this time

IV. Fistula First (Gina/Shannon)

- Network and LDO Fistula First Validation User Guide has been posted to the eSOURCE website at www.esource.net.

V. Core Data Set (Shannon)

- Core Data Set will be evolving into the Lab Data Collection phase 1 and introducing additional elements as needed.
- There will need to be a group of people put together to review the implementation regarding how to collect some of those elements electronically

VI. Additional Topics:

- DCP training – The Networks should be contacting DCI about distributing the DCP information. Please have the Networks contact Pam, she is having a meeting in 3 weeks to talk about how best this could be implemented