

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Home Oxygen Electronic Clinical Templates
Wednesday, October 26, 2016
Conference Call Only

Moderator: Jill Darling
October 25, 2016
3:00 p.m. ET

Operator:

Good afternoon. My name is (Scott) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Special Open Door Forum, Home Oxygen Therapy Clinical Data Elements.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star on your telephone keypad – star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Scott). Good morning and good afternoon everyone. Thanks for joining us today for the Special Open Door Forum. My name is Jill Darling in the CMS Office of Communications.

Before we get right into the presentation, I just have one very quick announcement. This Special Open Door Forum is not intended for the press and the remarks are not considered on the record.

If you are a member of the press, you may listen in, but please refrain from asking any questions during the Q&A portion of today's call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov.

So now I'll hand the call over to Kevin Young, who is the senior technical advisor for the provider compliance group in the Center for Program Integrity here at CMS.

Kevin Young: Good afternoon folks. Thank you for joining the call. The reason we're here is we had a posting for a few months back in July of two home oxygen therapy templates that we had up for comment and folks have been submitting remarks, comments, recommendations through our mailbox, which is listed on the website and we have assimilated those comments along with a contractor that we hired of this year.

So the contractor is Customer Value Partners or the acronym CVP. They're in Fairfax, Virginia. You can view the legitimacy of their contract with us at www.cvpcorp.com and they're to help us or they're tasked with providing services to help facilitate health care providers when submitting medical documentation for their claims and their – the mechanism for doing that at this point is to help develop formats that could be submitted by the provider community in support of their claims for services. In this particular situation, it would be for home oxygen therapy claims themselves.

All right. If I can refer everyone to the material that's going to be discussed today, please go to the cms.gov if you're not there already, cms.gov website and click in the electronic clinical templates and from there just follow the link to home oxygen templates. What you'll see once on that web page are versions one and two, excuse, versions one and two.

Version one was the original pre-templates that we had posted back in June and that was for the home oxygen therapy order, the face-to-face encounter and the oxygen lab results. Those are the three that folks commented on and hence we have as you can see on your web page a version two, which was drafted 10/20/2016 so that's how you can tell the difference.

And they include our remarks and recommendations or suggestions based on your comments and you'll see it for if you click on Download Section of the web page, you'll see version two for oxygen – home oxygen therapy order,

the oxygen therapy progress note or I should say the face-to-face and again the – lastly, it's the home oxygen therapy laboratory test results. All right and also in the Download Section, you'll see a copy of the presentation being followed today.

So as I mentioned to help us go through these comments, we hired a contractor, CVP or Customer Value Partners. Participating on this call for technical support from that company, the medical director, Dr. (Mark Pilley) and the CEO of the EnableCare, Robert Dieterle and I'm going to turn over the call to Robert Dieterle to help give a preview of what we saw and most important first I guess is to have you – have help you – have him explain what you're looking at as far as the data elements that you're looking – that you're seeing in your downloads and then – and what the long-term use of those data elements would mean. Bob?

Robert Dieterle: All right. Kevin, thank you very much. Let me take a moment and go through what you're seeing on the downloads now.

You're seeing lists of data elements that have been suggested as appropriate for incorporation in EHR technologies that would be used when a patient is being interviewed by a provider and recording the encounter, so you'll see three sets of data elements, one for lab results, one for the order and one for the face-to-face encounter.

In each case, they're broken into two broad sets, one in black, which are the ones that are most appropriate to record during the encounter to show the patient's condition for coverage for the particular service in this case home oxygen therapy and a set of elements in blue, which would be considered appropriate for documentation where an extended set of documentation is necessary to describe a patient's condition.

So what I'd like to do now is go through specifically the responses that we had to the first open door forum and the response that CMS has chosen to or the approach CMS chose to take in responding to those suggestions.

So broadly, we had a set of comments that covered virtually every aspect of

the initial set of clinical elements. The first was pointing out the fact that these really are templates, which is how they were named. These are really data element list, which we have agreed with and we have made the change so we'll start calling them clinical data elements going forward.

The second one was that we had respondents indicate that there are additional elements that they thought should be part of each of the lists to help providers record the appropriate set of clinical information during the encounter.

The third item was that they wanted a suggested list of appropriate values for each of these data elements. Now in most cases, the list of data elements is open ended. You could have any number of diagnoses. On the other hand, there are for example for home oxygen therapy a set of standard diagnoses that one would expect to see so what you'll see and we'll talk about this as we go through the responses.

We have tried to include appropriate but we call them value sets for each one of the clinical data elements. We have also then asked to respond with appropriate formats. In other words, are these supposed to be textual or numeric or a selection from the value set.

We had a desire to have the elements indicated either as suggested that they should be documented for the encounter or whether they're optional and you put them on patient condition, we discussed that and then we had a request for common naming across the various templates so that when we saw the same element on more than one element list that it had the same designation and we did that. We started naming the individual elements.

So let me just go to this slide. So we have provided a second version of these what we originally called templates and then I'll call it suggested clinical data elements. We have added a value set to each one of the items.

Now in some cases, it may be a textual item in which case there is no discrete value set. In most cases, the value set includes another, which means they are open ended and additional description is appropriate.

We suggested the format for each one. It should be numeric. It should be a selection, et cetera. We have indicated which elements are appropriate for documentation under all conditions and those that would be considered optional or ancillary and within the specific patient's presentation.

And then finally as we said, we have included unique designations for each one of the elements. Specific to each one of these element lists, we had some additional changes and again this is documented in the slides for this session.

So on the home oxygen therapy lab results, we updated the way you have recorded sleep oximetry. The way it was originally in the last set of data elements was incomplete. We responded to a comment regarding that and have updated it. So now it reads the lowest value achieved over an aggregate of five minutes.

We also added a place to record when appropriate and adequate on the home oxygen therapy (forwarder). We added to the list of values for frequency of use continuous and we added to the list of values for oxygen and delivery (inaudible), those were both suggestions we have received.

And finally on the face-to-face encounter, we move vital signs appropriately to the physical exam section. We added support for pertinent respiratory-related diagnosis and we added support for respiratory-related previous treatment and description of its effectiveness or lack of effectiveness.

So those are the changes we made for this set of clinical data elements. I think at this point, I hand it back over to you Kevin. Is that correct or (Doc)?

Kevin Young: Dr. (Pilley), would you like to say or share any comments regarding the assessment of the ...

(Mark Filley): All right. This is (Mark Pilley), Medical Director for this task, (DCC). The important elements that we really wanted to make sure were captured were those elements that are going to be expected and needed initially such as patient and provider demographics and also those elements that we felt were most appropriate to be available to the clinicians in describing the patient's

clinical condition and the parameters for which home oxygen therapy will be indicated.

We are not trying to be exhaustive and overbearing, but just wanted to provide the essential clinical information and value sets that will be important for a clinician to query by, to remind them with and to be available for documentation in support of home oxygen therapy.

Kevin Young: Great. Thank you and I think now we're more interested in seeing what your comments or hearing what your comments are. Again, you may refer to the website and the presentations package. There is a mailbox where you can send in with any comments later on during or after the call and it's home oxygen template at cms.gov. That mailbox is checked regularly.

Any comments to what we have done so far regarding version two?

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, press the pound key. Please limit your questions to one question, one follow-up to allow other participants time for questions. If you require any further follow-up, you may press star one again to rejoin the queue.

Again if you would like to ask a question, press star then one on your telephone keypad.

There are no questions in the queue at this time. I will turn the call back over to the presenters.

Kevin Young: We will still keep the mailbox open for maybe a month or so. Again, allowing people to react to the models that you've seen. Based on that, our contractor and CMS will work together to produce a version three based on the comments coming in and of course post that on the same website and go from there.

Well, thank you, folks. Thank you for joining.

Jill Darling: Thanks everyone for joining today's Special Open Door Forum and have a great day.

Operator: This concludes today's conference call. You may now disconnect.

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