



Texas Health Care Information Council

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August 28, 2001

Hospital Numbered Letter Volume 4 Number 13

UPCOMING AUDIT CHANGES

- 1) The Audits for Practitioner Name and Practitioner Identifier are being modified to reduce the severity of name mismatches to a warning level. This change will be effective with October 1, 2001 services.
- 2) The audits will change as follows:
 - a) The primary match field for practitioner data will be the “Physicians” and “Other health professionals” identifier (state license number or Unique Physician Identification Number (UPIN)). These fields will be checked against the THCIC Practitioner Reference File. If the identifier is not found in the file, an error message will be issued.
 - b) The severity level of the validation of the practitioner’s name will be lowered to a warning. If the submitted identifier is on the reference file, then the name associated with that identifier will be checked for a match on the first 3 characters of the last name and the first character of the first name. If there is no match, a warning code will be assigned and the data returned for validation. If the data is not changed, it will appear, again, on the mis-identified physician report during the certification phase.
- 3) The matching logic that THCIC uses for identifying the owner of a batch submission (using the “10 “ record) is

being enhanced. THCIC will include a validation against the address line in the address field in the “10” record. This secondary validation will serve as a guard against digit transpositions in the THCIC 3-digit codes. If these do not match to the address in the Council’s Provider reference file, then the batch will be referred to staff at THCIC for manual identification.

AMENDMENTS ADOPTED TO HOSPITAL DISCHARGE DATA RULES

The Council adopted amendments to the hospital discharge data rules at the June 29, 2001 Board meeting. The amendments are located in the July 20, 2001 edition of the *Texas Register* and on the Council’s website.

A summary of the rule changes follows:

- 1) **Establishes that the characters to be used for the Uniform Physician Identifier in the public use data file will be alphanumeric.** §108.011(c).
- 2) **Establishes specific data elements required for submission.** §1301.19(e)
 - a) The language to submit as you would submit to a payer is removed.
 - b) “Other physician #1” and “Other physician #2” data elements are removed from the required data set. [These data elements were removed from the Public Use Data File last year].

3) Extends the time hospitals have to submit corrections prior to certification and the time to certify the data.

- a) The deadline for submitting corrections prior to the certification process is extended. The new dates are August 1 (for 1st quarter data), November 1 (for 2nd quarter data), February 1 (for 3rd quarter data), and May 1 (for 4th quarter data).
§1301.16(c)(3)
- b) The duration for return of the certification file by THCIC to the hospital is extended from “Within 120 days” to “Within 5 months”.
§1301.17(a)
- c) The deadline for submitting corrections during the certification process is extended one month.
§1301.17(b)
- d) The deadline for hospitals to return their certification form and comments is extended one month.
§1301.17(d).

4) Procedural and specific HCFA UB92 language is removed and is being placed in a procedures manual.

5) Establishes the criteria governing the release of data for the Research Data File and the duties of the Scientific Review Panel. *§1301.18(l) and §1301.20*

Required State Data Set

Two data elements were inadvertently omitted from the newly defined state data set. These elements are the Medicare number and the Medicaid number. These data elements will be reinstated with the

next rules amendments. Please continue to submit these two elements.

CCS Address Change

Commonwealth Clinical Systems (THCIC branch) has a new mailing address.

Commonwealth Clinical Systems
Attn: THCIC
1648 State Farm Blvd.
Charlottesville, VA 22911

CCS also has a new area code, “434”, which replaces “804”. Both area codes will operate until January 15, 2002, at which time only the “434” area code will work.

Change in Charges for Corrections During Certification

Effective September 1, 2001, the charges for Commonwealth to assist hospitals with making changes during certification will be revised. The new schedule is in accordance with the contract between THCIC and Commonwealth and is found on page 3. Changes to the schedule are as follows:

- 1) the hourly rate for assistance will increase to \$75.25,
- 2) the charge for distribution on diskette and CD will decrease to \$6.00 and \$30.00, respectively, and
- 3) the rush order fee will increase to \$210.00.

All procedures associated with securing Commonwealth’s assistance with changes will remain the same.

Pricing Structure
for
Corrections at Certification
Effective
September 1, 2001

Effective September 1, 2001, the following charge structure for accomplishing corrections at certification for hospitals will be in effect.

The charge structure is represented in a linear fashion. The following matrix identifies each component in the structure and the associated charge or formula used to develop the charge.

Component	Description	Charge
Recreate certification files	A base charge will be billed for each "recreation of certification files and reports" ¹ .	\$ 275.00
Assistance with corrections (optional)	If the hospital chooses not to submit corrections through THIN using standard transactions, the hospital may request assistance from Commonwealth in making corrections. The request may be in writing or verbal. The hospital will receive a written detailed price quote (work order). The hospital must approve the work order before work can commence.	Formula: \$ 75.25 * Hrs ²
Distribution media	The charge for the distribution of the certification files depends on the media. Charges for distribution are as follows: In Electronic Mailbox – no charge, On Diskette - \$ 6.00 On CD - \$ 30.00 NOTE: The media to be used is maintained by THCIC and can be changed by contacting THCIC.	Free \$ 6.00 \$ 30.00
Shipping	For hospitals that receive their data on CD or diskette, the shipping charge of the carrier is passed directly to the hospital.	Pass-thru at shipping carrier's cost schedule
Rush order (Optional)	Certification files will be recreated and distributed based on the THCIC schedule. If hospitals want to obtain the certification files sooner than scheduled, they may request a "rush" be placed on processing and the data will be processed and mailed such that the hospital receives the new files within one to three days of acceptance of the rush order.	\$ 210.00

¹ "Recreation of certification files and reports" is defined as: all activities required for receiving corrections submitted through THIN in standard UB transaction format, processing through the Edits subsystem, recreating certification files and reports, and distributing the files into the hospital's mailbox.

² Hrs – Number of person hours required to perform the tasks comprising this request.

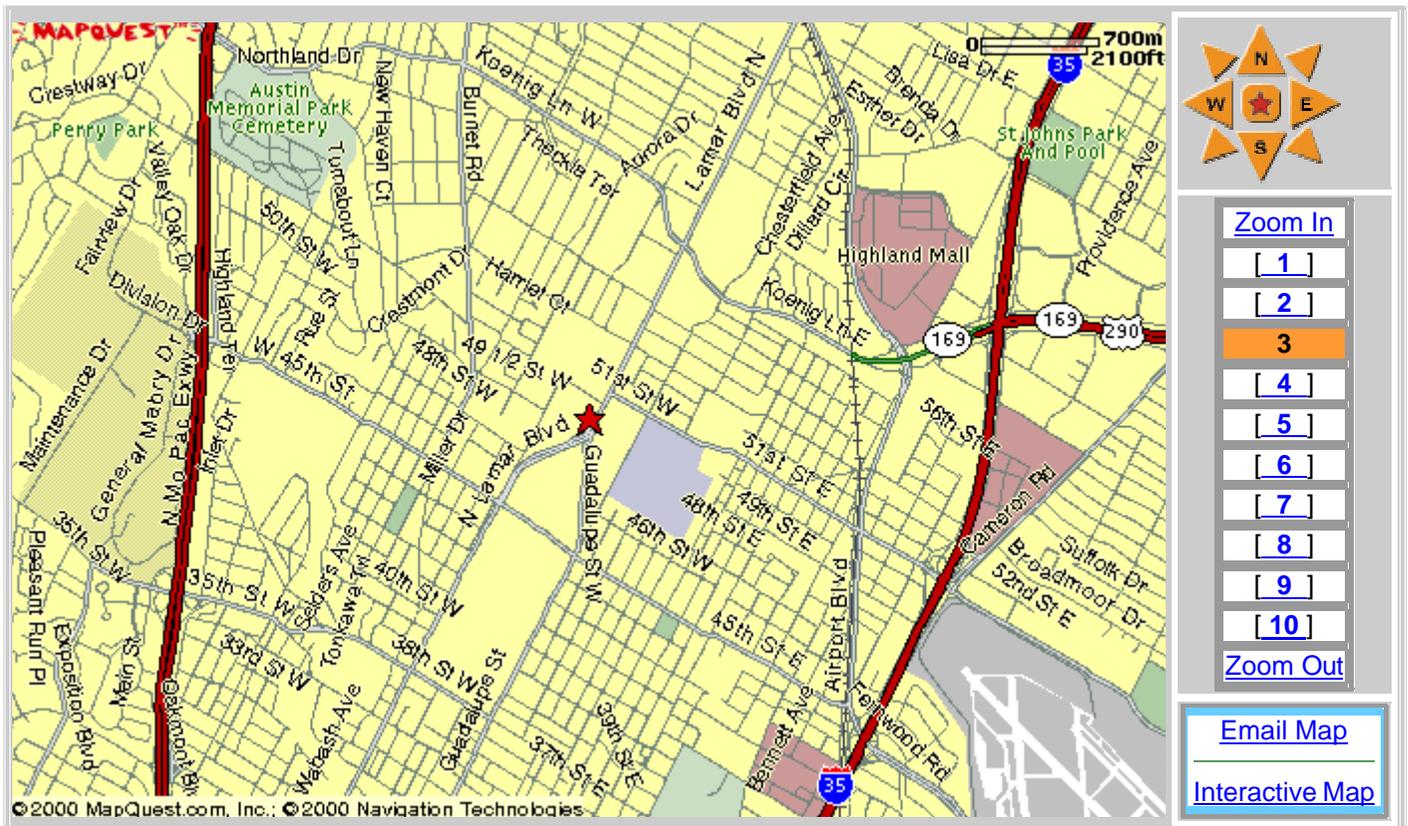
THCIC Hospital Training

The next hospital training session will be held on September 24th in Austin. Training is from 9:00 a.m. through 4:00 p.m. at the Brown-Heatly Building, 4900 North Lamar, Room 1420.

Special guest, Diana McClenny from the CCS/THCIC Helpdesk, will be in attendance as a co-trainer.

To sign up for the September 24th hospital training, please contact Sandra Martin at 512-482-3312.

 **4900 N Lamar Blvd, Austin, TX** [Save This Address](#)



THCIC Press Release

FOR IMMEDIATE RELEASE: August 23, 2001

CONTACT: Jim Loyd, Executive Director
Priscilla Boston, Consumer Education Coordinator
(Phone 512-482-3312)

Texas Health Care Information Council Releases Regional Reports on Hospital Discharges

AUSTIN – The Texas Health Care Information Council (THCIC) has released a set of reports comparing the utilization of nine hospital inpatient procedures across the state. These reports give information about specific procedures for which there is interest from health care planners and providers regarding utilization rates. Based on data from more than 400 Texas hospitals, the reports compare the frequency of nine medical procedures in 1999 in geographic regions across the state. Reports include utilization rates on cesarean section, vaginal birth after cesarean section (for subsequent births), heart surgery, back surgery, hysterectomy, prostate surgery and gall bladder surgery. The reports break new ground as the agency's first presentation of a full year's worth of Texas hospitalization data.

Figures are reported by hospital referral regions, which are recognized areas of the state wherein consumers typically seek health care services. The Council intends this set of reports as a starting point for comparison as THCIC moves toward reporting the performance of individual hospitals on nationally recognized quality measures. "It is hoped these reports will stimulate discussion among health care planners and providers that will lead to closer examination of how services are delivered in the state. Hospitals will want to see how their rates compare to the average for their region or to other regions throughout the state. This will eventually lead to better health care for consumers," says Lewis E. Foxhall, M.D. and Chair of THCIC.

The reports show, for example, the 1999 Texas average for cesarean sections is higher than the latest average of the 22 states that contribute to the Agency for Healthcare Quality and Research's (AHRQ) national benchmark, and that there is considerable variation in rates from region to region in Texas. "These reports raise important questions about medical care services in Texas," states Jim Loyd, Executive Director of THCIC. "For instance, the c-section rate

ranged from a low of 19% in one region to a high of 32% in another. What are the reasons for this variation, and what, if any, are the implications? Health care planners and providers will want to dig deeper to understand what's driving these differences. ”

According to AHRQ, a federal agency, geographic differences may be due to case mix (patient demographics and occurrence of illness), access to care, or local variation in the practice of medicine. Medical practice patterns are influenced by how familiar providers are with particular methods of treatment, uncertainty about the effects of procedures in some patients and personal experience. “These reports provide medical care researchers and hospitals with current, objective data as a baseline for their ongoing research about the causes of these differences,” Loyd said.

THCIC gathers data from more than 400 Texas hospitals using patient discharge billing forms, known as UB-92s, a commonly used administrative form for submitting claims information to third-party payers. While the state's database contains data about individual hospitalizations, state law mandates that THCIC protect individual patient and physician confidentiality. The reports are available on THCIC's Web site at www.thcic.state.tx.us.

Created by the Texas Legislature in 1995 as an independent state agency, THCIC is one of 13 health-related agencies working under the umbrella of the Texas Health and Human Services Commission. The agency was created to facilitate the promotion and accessibility of cost-effective, good quality health care.

Texas Health Care Information Council
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News Release

Saturday, August 25, 2001

Location May Affect Treatment

By CHARLOTTE HUFF, Fort Worth Star-Telegram Staff Writer

A state agency's regional analysis shows variations in heart bypass, Caesarean section and other medical procedures statewide. A state agency has found that some Texans are more likely to undergo hysterectomies, heart bypasses and other surgeries depending on where they live, disparities that medical experts say raise intriguing questions about the factors that lead to treatment decisions.

The regional report, released this week by the Texas Health Care Information Council and posted online at www.thcic.state.tx.us, is based on 1999 data collected from more than 400 hospitals. It provides the first snapshot of statewide treatment patterns but offers no explanation for the differences.

Women in the Fort Worth region, which includes Tarrant and surrounding counties as well as parts of Dallas County, are more likely to undergo a hysterectomy than women in other urban centers in Texas, the data show. The rate of deliveries by Caesarean section, on the other hand, falls below the state average.

In addition, residents in the Fort Worth region are among the most likely statewide to have back surgery, but they undergo heart bypass surgery less frequently than the Texas average.

Physicians and researchers said it is difficult to draw conclusions from the data, pointing out that research has yet to identify the ideal rates for bypass and some of the other procedures studied. But they said the data has potential.

"It provides a lot of information to help find out why there are disparities and what are the differences between regions, which we may not have been able to find out before this data came out," said Dr. Umed Ajani, an assistant professor at the University of North Texas Health Science Center's School of Public Health in Fort Worth.

The high hysterectomy rate in the Fort Worth region, for example, is worth investigating, Ajani said. But "I would not necessarily call it bad, because we don't know the reason."

Legislators created the council in 1995 to collect and publish mortality rates and other health indicators statewide. The council plans to release hospital-specific information that patients, large employers and others can use to help make health care decisions.

Residents in some sections of North and West Texas are two to three times more likely to get back surgery than those in several South Texas regions, the regional report shows. Residents in the Lubbock and McAllen regions are three times more likely to get a heart bypass than those living in the Houston or Victoria areas.

The possible explanations are countless, said Dr. Michael Mack, a Dallas-based cardiovascular surgeon. Houston-area cardiologists, for example, may be more aggressive about using angioplasty, a less-invasive procedure to remove heart blockages.

Or "it could be such things as people eat more biscuits and gravy and go to McDonald's more in Lubbock than in Houston," he said.

The reports are based on the rates of nine medical procedures. Frequency of procedures is among the health-care performance measures developed by the federal Agency for Healthcare Research and Quality.

"These are procedures for which questions have been raised about the appropriateness of their use," said Anne Elixhauser, a senior research scientist at the Maryland-based federal agency.

She cited the rate of appendix removal during abdominal surgery. Research has shown that removing the appendix during another abdominal surgery carries risks such as infection that could outweigh the benefits. "Usually an incidental appendectomy is just done to prevent appendicitis in the future," she said. "That might make sense in younger people. It's generally recommended in the medical literature that older people do not receive an incidental appendectomy."

Nationally, 2.48 of every 100 abdominal surgery patients ages 65 and older also have their appendix removed. The rate in the Fort Worth region is more than 1 1/2 times the state average of 2. Only East Texas ranks higher.

The report points out the dangers of appendix removal in older patients but otherwise provides few clues for consumers on whether a low or high rate may be significant.

"We have tried to avoid the value-laden statements," said Jim Loyd, executive director of the council. "In some quarters a higher or lower rate is desirable, but that's not universal."

Charlotte Huff, (817) 390-7689 chuff@star-telegram.com

Upcoming Meetings or Training

- **Appointments Committee meeting** – September 18, 2001
- **HDD Committee meeting** – September 21, 2001
- **THCIC Board meeting** – September 21, 2001
- **THCIC Hospital Training** – September 24, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- 09/01/01 - Last day to submit claims for Qtr 2 '01
- 09/07/01 - Last day to submit changes during certification of Quarter 4 '00 data
- 09/13/01 - Last day to submit corrections for Qtr 1 '01
- 09/14/01 - Processing of Quarter 4 '00 certification corrections completed and results returned to hospitals
- 09/20/01 - Last day to return any corrections to errors received on 09/07 (using corrections software)
- 10/01/01 - 4th Quarter '00 certification letters due
- 10/15/01 - Hospitals retrieve (receive) Qtr 1 '01 certification file

Questions?

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Email: THCIChelp@comclin.net