



Texas Health Care Information Council

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April 4, 2002

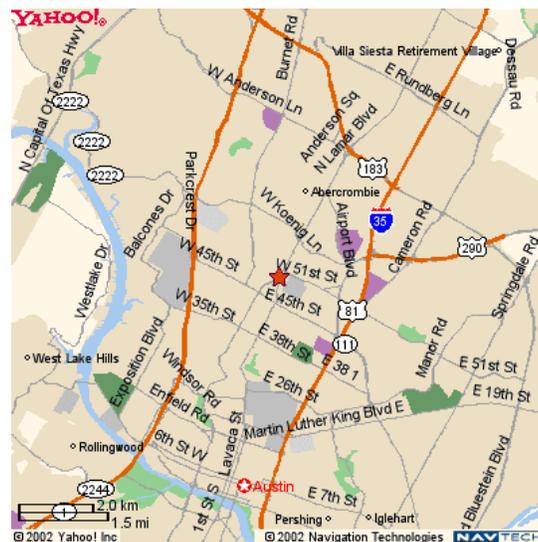
Hospital Numbered Letter Volume 5 Number 4

1Q01 PUDF Available for Purchase

The 1st quarter 2001 Public Use Data File (PUDF), released April 3rd, is available for a **discounted** price if payment is received by May 1, 2002. THCIC is offering the discounted price of \$400 for participating hospitals and \$800 for all other purchasers (plus shipping). The purchaser must submit the PUDF order form, a signed User's Agreement, and payment by Wednesday, May 1, 2002 to receive the discounted rate. Information for purchasing the PUDF is available on the THCIC web site at <http://www.thcic.state.tx.us> or by calling 512-482-3312.

THCIC Hospital Training

The next hospital training session is scheduled for May 14, 2002 in Austin and will cover the submission, correction, and certification of data. Training will begin at 9:00a.m. in the Brown-Heatly building located at 4900 North Lamar in room 1410. Please contact Sandra Martin at 512-482-3312 for a reservation. The training is free!!



Release of Hospital Level Reports

On March 22, 2002 the THCIC Board voted to release hospital level reports on all 25 Healthcare Cost and Utilization Project (HCUP II) quality indicators. Public release of the hospital level reports is set for July 22nd, following a period of review and comment. The 25 HCUP II indicators are as follows:

AMI mortality
 CHF mortality
 GI hemorrhage mortality
 Hip fracture mortality
 Pneumonia mortality
 Stroke mortality
 AAA repair mortality
 CABG mortality
 Craniotomy mortality

Esophageal resection mortality
 Hip replacement mortality
 Pancreatic resection mortality
 Pediatric heart surgery mortality
 Bi-lateral cardiac catheterization rate
 Cesarean section rate
 VBAC rate
 Incidental appendectomy among elderly rate
 Laparoscopic cholecystectomy

AAA repair volume
 CABG volume
 Carotid endarterectomy volume
 Esophageal resection volume
 Pancreatic resection volume
 Pediatric heart surgery volume
 PTCA volume

THCIC will mail instructions to assist hospitals with reviewing and commenting on the provider reports. Instructions will be mailed to both hospital administrators and primary contacts for each facility. Please verify that THCIC has correct information on the Administrator/CEO and primary contact by visiting the THCIC web site at

http://www.thcic.state.tx.us/hospitals/Hospital_Liaison.PDF. Updates to this listing should be faxed to 512-453-2757 on hospital letterhead and signed by the administrator/CEO or complete the form located on the THCIC web site at <http://www.thcic.state.tx.us/hospitals/liaison.pdf>.

THCIC Requests Comments on Reducing Bill Types Accepted in Submissions

In conjunction with beginning to move toward accepting the new 837-claim format that is required by HIPAA, THCIC also is looking for opportunities to improve and simplify the systems and procedures involved in Hospital Discharge Data Collection.

What is THCIC proposing?

THCIC is proposing to simplify the complexity of systems and procedures used by THCIC for collection of the hospital discharge data by reducing the variety of bill types for claims that THCIC will accept in claim submissions.

Currently, THCIC accepts all claim bill types that are accepted by Medicare, which includes the following:

- xx0 – admission thru discharge (with no charge),
- xx1 - admission thru discharge (with charges),
- xx2 – admission,
- xx3 – interim,
- xx4 – discharge,
- xx5, xx6 – adjustments,
- xx7 – replacement, and
- xx8 – cancel.

THCIC is considering reducing the acceptable bill types to the following:

- xx0 – admission thru discharge (with no charge),
- xx1 - admission thru discharge (with charges), and
- xx8 - cancel.

If adopted, only admission thru discharge claims would be submitted by hospitals for inpatient stays. Any patient stays that currently are submitted on xx2, xx3, xx4 bill types would need to

be consolidated and submitted with an xx0 or xx1 bill type. Claims could continue to be voided (deleted) using the xx8 bill type. Adjustments (xx5, xx6) or replacements (xx7) will be accomplished by resubmitting the original bill (xx0 or xx1) with the corrected information. The resubmission will automatically replace the original claim.

Why is THCIC looking at reducing the bill types?

Statistics from 2000 and 2001 data indicate that out of 3 million claims received in a year, only 3.5% contain a bill type other than xx0, xx1, xx8. These other bill types require THCIC to maintain a system with a level of complexity that is inversely proportional to the numbers of claims being processed.

Reducing the complexity of the system will have the following positive effects:

1. Reduce the learning curve for the hospital personnel that correct claims,
2. Simplify the claims correction process, and
3. Increase the opportunity for changes to THCIC systems and procedures to further reduce time commitment of hospital personnel.

THCIC recognizes that some hospitals, their vendors or their submitting agents will have to change procedures and make modifications to their systems in order to submit claims using only xx0, xx1, and xx8 bill types.

However, given that hospitals and vendors will have to modify systems and procedures to create claim data in the new 837 claim format, it would be appropriate timing for making the necessary adjustments to submit only xx0, xx1 and xx8 claims to THCIC.

THCIC will examine the impact of the change from the cost, ease of use and effectiveness standpoints, both to THCIC and to hospitals.

To ensure that THCIC has a complete understanding of the ease and/or difficulty that this change would have on hospitals, their vendors and their submitting agents, THCIC requests hospitals, their vendors and their submitting agents provide written comments on this proposal. Comments may be sent via letter to Ron Weiss, Comments on Proposed Bill Types, at the above address or via email (ron.weiss@thcic.state.tx.us). Comments must be received by April 15th.

Adopted Rules and Amendments

On March 22, 2002, the Council voted to adopt the new Council Report Rules (Subchapter C) §§1301.41-1301.44 and the amendments to the Hospital Discharge Data Rules (Subchapter A) §§1301.11, 1301.16-1301.18 and 1301.20. These rules will be published in the *Texas Register* on April 12, 2002 (<http://lamb.sos.state.tx.us/texreg/index.html>). Below is a summary of the adopted rules and amendments.

New Council Report Rules

The Council Report Rules provide guidelines regarding the process for creating Council developed provider level reports including:

1. Procedures for the creation of a provider report.
2. Procedures for the release of technical documentation.

3. Masked release of the information in the report to the hospitals
4. Hospitals will have 60 calendar days to review and comment on the report and technical documentation. (The Council is required to attach the comments to the reports with each release).
5. Procedures, forms, and format requirements for hospitals submitting comments.

Amendments to the Hospital Discharge Data Rules

The Council made the following modifications to the Hospital Discharge Data rules:

1. Clarified the definition of “Attending Physician”
2. Added a definition for “Operating or Other Physician”
3. Removed the definition “Treating Physician”
4. Restricted the submission of late or missing claims data to one quarter prior to the current quarter’s data being processed
5. Modified existing language to accommodate changes to the definitions
6. Restricted the release of data elements in the research data file to only data elements requested and approved by the Scientific Review Panel.

Upcoming Meetings or Training

- Hospital Training – 5/14/02 in Austin

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

- 4/15/02 – Last day to submit corrections to the 3q01 certification file
- 5/1/02 – Final encounters for 3q01 certification file available to the hospitals
- 5/1/02 – Last day to submit corrections to the 4q01 submission file
- 6/1/02 – 3q01 Certification letters due
- 6/1/02 – Submission of 1q02 data to THIN by hospitals
- 6/1/02 – Hospitals to retrieve/receive the 4q01 certification file

Questions?

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