



# Texas Health Care Information Council

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## **HHSC Transition Legislative Oversight Committee (TLOC)**

At a meeting of the Health and Human Services Transition Legislative Oversight Committee held Friday, October 3, hospitals were assured by Gregg Phillips, Health and Human Services Deputy Commissioner for Program Services, that the Hospital Discharge Data Collection process will be continued in the reorganization of the Health and Human Services agencies. Hospitals voiced concerns about the continuation of the process in HB 2292 consolidation public hearings held throughout the state. The Committee recognized that hospitals will incur expenses in preparation for the transition to a new data collection format for year 2004 discharges and were given assurances that the program has value for the State and will be continued.

The next TLOC meeting is scheduled for 9:00 a.m. on October 21, 2003 in room 1400 of the Brown-Heatly Building at 4900 North Lamar in Austin. It is expected that the draft transition plan will be posted on the HHSC web site by that date. For additional information, please contact Cindy Niles at (512) 424-6538 or by e-mail at [cindy.niles@hhsc.state.tx.us](mailto:cindy.niles@hhsc.state.tx.us).

## **Reminder – Effective Nov 1<sup>st</sup>, THCIC will no longer distribute corrections and certification data on paper or diskette**

Due to budgetary reductions, THCIC will no longer be able to furnish audit reports (Frequency of Error reports [(FER)], error data, or certification data on paper or diskette. Hospitals will need to download their audit reports/error data and certification files from their mailbox at Commonwealth. The effective date for this change is November 1, 2003.

For those hospitals that may not be able to make the transition by November 1, THCIC has authorized Commonwealth to continue to provide the reports / data on paper or diskette until the hospital is able to make the transition. There will be a charge to the hospital of \$ 30.00 plus shipping per distribution. The charge will be payable directly to Commonwealth Clinical Systems, Inc. **Hospitals must contact Commonwealth at 888-308-4953 prior to November 1<sup>st</sup> to arrange to receive data on diskette in order to prevent disruption in receipt of reports, error data and certification files.**

THCIC will continue to provide certification files on CD to those hospitals that have data volumes that preclude dial-up data transfer. THCIC is working to provide Internet FTP transfer capability that will allow large volume hospitals to download data directly. At that time, THCIC will no longer offer distribution of certification data on CD. THCIC will provide 90 days notification once the Internet FTP option is available.

## **PROGRESS REPORT: Transition To The THCIC 837**

THCIC is in the quality assurance step of the first phase of the transition to the THCIC 837. This first phase or “837 map back” is effective for claims submitted in the THCIC 837 format for services submitted for calendar year 2003. During this time, all claims submitted in the THCIC

837 format will be mapped back into the UB92 for processing. This is necessary in order to retain consistency in data format for the calendar year. Beginning with 2004 discharges the UB92 version 060 electronic format will no longer be acceptable and the THCIC 837 format is expected. The deadline for 1Q2004 data is June 1, 2004.

The technical specifications for the THCIC 837 claim format are available on the THCIC website at [http://www.thcic.state.tx.us/Reporting\\_Requirements.htm#WhattoReport](http://www.thcic.state.tx.us/Reporting_Requirements.htm#WhattoReport). The specifications are targeted to submission of the THCIC 837 claim and contain requirements beyond the HIPAA 837 format. Questions have been raised as to whether the specifications are final. As we have all seen this journey with the HIPAA transactions and their complexities, specifications may change in the future as HIPAA regulations allow for changes.

## **THCIC 837**

### **Submission Test Procedure Change**

For those of you who are working on the system preparation of the 837 claims for submission to THCIC (and payers), you have found that the 837 claim is a complex syntactical structure that is very much dependent upon qualifiers (data elements that identify other data elements). A slip in the claim structure or use of qualifiers can cause, at a minimum, loss or misinterpretation of data elements.

THIN recognizes this issue and has available a tool for testing claim format and syntax. This tool is available via the THIN website and provides immediate feedback.

In order to speed the test process, THCIC asks that all providers (or their vendors) that submit claims to THCIC use this testing tool prior to submission of data to THIN for live test review.

The tool and instructions are available at [www.thinedi.com](http://www.thinedi.com). In order to use the tool, providers must first obtain a test submitter identifier. This can be obtained by contacting the THIN Helpdesk at (972) 766-6900.

Once test scenarios have been successfully reviewed using the tool, you may schedule to submit the data to THIN for test processing and approval.

### **Limit On Number Of Claims For Batch Or Transaction Set**

THIN recently applied a new audit (263) which sends a warning message to the submitter who has submitted a file in which the batch contained more than 5000 claims. THCIC was notified that this went into effect the week of August 18, 2003.

This audit will become an error message and will begin rejecting the file in the near future. The audit will remain with the transition to the THCIC 837 format. The audit will be activated when a Transaction Set (ST segment to SE segment) contains more than 5000 claim records. This will affect hospitals, submitters or vendors for large volume providers. If you have this situation you may submit two "batches" (UB92 - 10 Record to 95 Record) within the file (UB92 - 1 Record to 99 Record) or for the THCIC 837 you may submit two Transaction Sets (837 - ST segment to SE segment) within the Functional Group (837 - GS segment to GE segment).

## **Identification Of Service Facilities/Providers When Multiple Providers Are Submitted In One (1) THCIC 837 Submission File**

[If a vendor or hospital that submits data for more than one facility to THCIC (more than one THCIC ID).] In order to keep from having data mis-identified at THCIC, the submitter should submit only one facility per “Functional Group”. It is very important to get this correct; otherwise, your facility may not get recognized as having submitted data and could be penalized. It is also very important to get the qualifying codes correct or the data may not be identified correctly.

There are three different places (Loops) that provider information can be submitted in the THCIC837 and ANSI 837 formats:

- 1) **Loop 2000B - PRV01** Data Segment: Identifies which provider render the services to patient:
  - a. “BI” - Billing Provider in Loop 2010AA
  - b. “PT” – Pay-To Provider in Loop 2010AB
  - c. “Blank” – Service Provider in Loop 2310E
- 2) **Loop 2010AA for the Billing Provider**,
  - a. NM101 – “85” Billing Provider Entity Code
  - b. NM102 – “2” Non-Person entity
  - c. NM103 – Name of Organization,
  - d. NM108 – “24” EIN Identification Code Qualifier
  - e. NM109 – Employer’s Identification Number (EIN),
  - f. N301 – Street Address of the Billing Provider
  - g. REF01 = “1J” – Facility ID Number (Reference Identification Qualifier)
  - h. REF02 – THCIC ID (Six Digit Number)
- 3) **Loop 2010AB for the Pay-To Provide, and**
  - a. NM101 – “87” Pay-to Provider Entity Code
  - b. NM102 – “2” Non-Person entity
  - c. NM103 – Name of Organization,
  - d. NM108 – “24” EIN Identification Code Qualifier
  - e. NM109 – Employer’s Identification Number (EIN),
  - f. N301 – Street Address of the Billing Provider
  - g. REF01 = “1J” – Facility ID Number (Reference Identification Qualifier)
  - h. REF02 – THCIC ID (Six Digit Number)
- 4) **Loop 2310E for the Service Provider.**
  - a. NM101 – “FA” Service Provider Entity Code
  - b. NM102 – “2” Non-Person entity
  - c. NM103 – Name of Organization,
  - d. NM108 – “24” EIN Identification Code Qualifier
  - e. NM109 – Employer’s Identification Number (EIN),
  - f. N301 – Street Address of the Billing Provider
  - g. REF01 = “1J” – Facility ID Number (Reference Identification Qualifier)
  - h. REF02 – THCIC ID (Six Digit Number)

## **Notice Of Ungroupable Encounters By The APR-DRG Grouper**

A situation has been uncovered that will affect claims that have a Patient Status code of “62” (*Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital. (Effective retroactive to 1/1/02.)*), “71” (*Discharged/transferred/referred to another institution for*

outpatient services as specified by the discharge plan of care (To be discontinued on 4/1/03)) or “72” (Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (To be discontinued on 4/1/03)), and a CMS “MDC 15” (Newborns and Other Neonates with Conditions Originating in the Perinatal Period) or “MDC 20” (Alcohol/Drug Induced Organic Mental Disorders) or “MDC 22” (Burns). 3M Corporation has informed the Council that these particular encounters will not be grouped in the APR-DRG grouper version 15 because the patient status codes were not available when code for version 15 was being developed. The codes are grouped in APR-DRG version 20 which the Council will be going to some time in the future.

The DRG report that comes with certification data will identify these encounters. The report will list the encounter and will have a “05” (*Invalid Discharge Disposition*) as the reason the encounter was not grouped.

The Council suggests that if you do incur one of these ungroupable encounters, you should address this in the comments (optional). The Council will put the following message in the Data User’s Manual’s for all of the following Public Use Data Files and Research Files created until the Council implements version 20 of the 3M APR-DRG grouper:

Records with MDC codes of **15** (Newborns and Other Neonates with Conditions Originating in the Perinatal Period) or **20** (Alcohol/Drug Induced Organic Mental Disorders) or **22** (Burns) and one of the following Patient Status codes **62** (*Discharged/transferred to an inpatient rehabilitation facility*), **71** (*Discharged/transferred/referred to another institution for outpatient services*) or **72** (*Discharged/transferred/referred to this institution for outpatient services*) will contain an APR-DRG of **956** (Ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG grouper was developed and a valid code is required for APR-DRG assignment. APR-DRG grouper Version 20 does include these codes and will create grouper assignments along with Risk of Mortality and Severity of Illness scores.

### **Cost of the PUDF Increases**

Effective September 1, 2003, the cost of the Public Use Data File has increased. Texas hospitals that submit data to THCIC may purchase any quarterly data for \$750 each or purchase a year (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarter data of any one year) of data for \$2500. Participating hospitals wishing to pre-purchase the 2003 PUDF may do so for a discounted cost of \$2250 if paid for by November 1, 2003.

For all other purchasers of the PUDF, any quarterly data may be purchased for \$1500. Yearly data will cost \$5000. THCIC has discounted the cost of the 2003 PUDF to \$4500 if purchased by November 1, 2003.

The PUDF user agreement and order form may be found at <http://www.thcic.state.tx.us/Publications.htm#PUDF>.

### **3q02 PUDF Release**

The Public Use Data File for third quarter 2002 has been released and has been sent to those who have already purchased it. The file may be purchased for \$750 by participating hospitals and for \$1500 by all other users. The file includes records for inpatients discharged during July, August, and September of 2002. The PUDF user agreement and order form may be found at

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<http://www.thcic.state.tx.us/Publications.htm#PUDF>. Purchasers who have not received their copy of the 3q02 PUDF should contact Laura Farmer at (512) 482-3314.

### **Reminders and Deadlines**

The complete hospital discharge data schedule may be downloaded from <http://www.thcic.state.tx.us/hospitals/schedule/schedule.htm>.

- 10/15/03 - Last day to submit changes during certification of Qtr 1 '03 data
- 11/1/03 – Last day to submit corrections for 2q03 data
- 12/1/03 – Last day to submit 3q03 data