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Hospital Numbered Letter Volume 10 Number 1

January 9, 2007

Hospital Data Collection Workgroup Meeting

A meeting of the Hospital Data Collection Workgroup has been scheduled for January 17 at 10:00. The meeting will focus on the Present on Admission (POA) indicators that are expected to be required for secondary diagnoses for Medicare claims starting October 1, 2007. The legislative initiative for revisions to Chapter 108 of the Health and Safety Code that are to be forwarded to the legislature by the Department of State Health Services will also be reviewed. If either of these topics is of interest please plan to have a representative attend the meeting. Please contact staff for information on the meeting.

Present On Admission (POA)

CMS has adopted the final rule relating to the collection of Present on Admission (POA) indicators published in the *Federal Register* on August 18, 2006 and available at <http://www.cms.hhs.gov/QuarterlyProviderUpdates/Downloads/CMS1488F.pdf>. Comments received on the rule can be found at <http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/cms1488f.pdf>. Additional information is available from CMS in the August 1, 2006 press release at <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1923>. CMS must implement the POA indicator reporting by October 1, 2007.

The POA indicators can identify potentially preventable conditions. The *Federal Register* states, on page-48052, "Section 5001(c) of Pub. L. 109-171 requires the Secretary to identify, by October 1, 2007, at least two conditions that are (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. For discharges occurring on or after October 1, 2008, hospitals would not receive additional payment for cases in which one of the selected conditions was not present on admission. That is, the case would be paid as though the secondary diagnosis was not present. Section 5001(c) provides that we can revise the list of conditions from time to time, as long as it contains at least two conditions. Section 5001(c) also requires hospitals to submit the secondary diagnoses that are present at admission when reporting payment information for discharges on or after October 1, 2007. In the FY 2007 IPPS proposed rule (71 FR 24100), we sought input about which conditions and which evidence-based guidelines should be selected."

The National Uniform Billing Committee passed and published in the UB-04 Manual the following POA indicator codes:

<u>Codes</u>	<u>Definitions</u>
Y	Yes
N	No
U	No information in the Record
W	Clinically Undetermined
(Unreported/Not Used)	Exempt from POA reporting

CMS has been in contact with American National Standards Institutes, Accredited Standards Committee X12N, (ANSI ASC X12N) Standards Data Organization and the POA codes should be placed in the K3 segment as a fixed length segment (Details to be specified soon). The codes will continue being reported in the K3 segment until the next Congressional Amendment to HIPAA to changing the version of the ANSI 837 Institutional Guide to 5010 (Expected, not confirmed until it is published in the Federal Register). The 5010 version requires the POA to be located in Loop 2300 HIxx-9 data elements (xx = 01 to 12 and repeated for the following 13th through 24th secondary diagnosis codes).

Additional Information regarding POA

Thomas Valuck, MD of CMS presented information at the National Association of Health Data Organizations relating to this topic and a link is provided to his presentation.

<http://www.nahdo.org/documents/21stmeeting/TuesdayAMPlenary-ThomasValuck.pdf>

CMS Press Release

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1834>

NATIONAL PROVIDER IDENTIFIER REQUIREMENTS

HIPAA/CMS is requires that providers begin submitting their National Provider Identifier (NPI) (hospitals and physicians and health practitioners). Effective May 23, 2007.

<http://www.cms.hhs.gov/nationalprovidentstand/Downloads/NPIfinalrule.pdf>

Small health plans are not required to comply with the NPI until May 23, 2008, therefore it would be advisable to continue submitting both the new NPI and the old identifiers for at least one year or until CMS recommends not submitting the old identifiers.

Hospitals - Loops 2010AA, 2010AB, and 2310E (Billing Provider, Pay-to Provider and Service Provider, respectively)

NM108 - XX

NM109 – 10-digit number assigned by National Plan and Provider Enumeration System (NPPES)

THCIC still requires that the THCIC ID be submitted in the REF02 segment with a “1J” in the REF01 in the same loops as stated above.

Physician/ Health Practitioner – Loops 2310A and 2310B (Attending and Operating, respectively)

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NM108 - XX

NM109 - 10-digit number assigned by National Plan and Provider Enumeration System (NPPES)

THCIC still requires that the State License # or UPIN be submitted in the REF02 segment with corresponding qualifying code in the REF01 (0B – State License # or 1G – UPIN).

Hospital Discharge Data Training Session

The next training session for submission, correction, and certification of THCIC data is scheduled for *Friday, January 26, 2007, from 8:45 AM – 12:30 PM.*

The session will be held in Austin at the Department of State Health Services, 1100 W. 49th Street, Room K-100. If you plan to attend please contact Tiffany Overton at Tiffany.Overton@dshs.state.tx.us, 512-458-7111 x 2352, and provide the following information about yourself and your facility.

THCIC ID _____
 Hospital/Organization _____
 City _____
 Registrant Name _____
 Title _____
 Phone Number _____
 E-mail Address _____

You can attend one or all of the training sessions. The PowerPoint presentations will be on the THCIC website

<http://www.dshs.state.tx.us/thcic/hospitals/HospitalReportingRequirements.shtm>. Please print these presentations and bring them with you to the session. The tentative schedule follows:

- 8:45 Upload and Download of Data Using the Secured Server
- 10:15 KeyClaim Software and Data Submission
- 10:45 Data Correction, DCS Software
- 11:30 Data Certification, CertView Software

THCIC Welcomes New Staff

Wang-Shu Lu joined the THCIC staff on January 8, 2007. Dr. Lu has a Ph.D. in statistics and will focus on the analysis of the THCIC data.

Important Phone Numbers

Commonwealth Clinical Systems (CCS)

THCIC Helpdesk – 888-308-4953 or THCICHelp@comclin.net

CCS web site – www.thcichelp.com

HyperTerminal Phone Number – 434-297-0367 (For Data Submission, Corrections and Uploading Certification Comments)

Secured Web Page – <https://sys1.comclin.com/thcic/>

THCIC web site – www.dshs.state.tx.us/thcic

DSHS-Center for Health Statistics – 512-458-7261

THCIC Staff – 512-458-7111

Bruce Burns	extension 6431	Rules and policy issues, 837 format issues
Sylvia Cook	extension 6438	Hospital reports, data use
Wang-Shu Lu	extension 6453	Hospital reports and analysis
Dee Roes	extension 3374	Hospital compliance, data sales, research requests
Tiffany Overton	extension 2352	Hospital training (submission, correction, and certification)

THCIC fax – 512-458-7740

Reminders and Deadlines

The hospital discharge data **schedule** may be downloaded from <http://www.dshs.state.tx.us/THCIC/hospitals/schedule.shtm>.

- ❖ 1/15/2007 - Cutoff for corrections of 2q06 certification
- ❖ 1/26/2007 – Hospital Training in Austin
- ❖ 2/1/2007 – Cutoff for corrections of 3q06 data submission
- ❖ 3/1/2007 – 2q06 Certification Letter due to THCIC
- ❖ 3/1/2007 – Hospitals to retrieve 3q06 Certification File
- ❖ 3/1/2007 – 4q06 Data submission due to THCIC