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Health Facilities Numbered Letter, Volume 13 Number 3
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Testing Process for Electronic Data Submission

Purpose: The purpose of testing the electronic data files is to ensure the file format is compatible with the THCIC System and includes all required data fields.

This information is only for providers that submit data electronically.

Additional information on the testing process may be found at [THCIC 837 Electronic File Processing – Tests and Production Information](#).

Files with a Large Claim Count

If your quarterly submission files contain a large number of claims or are of a significant size, you may find that the upload will not complete. If this is the case, we suggest that you re-create your quarterly file and send your data in monthly files.

Frequency of Error Report (FER)

Many providers DO NOT review their Frequency of Error Report. The FER is the facility’s confirmation and ONLY guarantee that the intended quarterly data were received and processed at System13.

All provider primary contacts, should receive by E-mail attachment the Frequency of Error Report for every electronic data submission, if the data were submitted in an electronic file and accepted.

NOTE: The FER will not be emailed for data entered via WebClaim. Providers will need to generate the FER for data entered via WebClaim.

The FER confirms to the provider that System13 received and processed your data, the quarter and year that was received, and a claim count by month. This confirms that what was uploaded to System13 was what System13 received.

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Claims By Month

	2008	2009	2010
Jan	0	0	0
Feb	0	0	0
Mar	0	0	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	95	0
Nov	0	93	0
Dec	0	103	0

IF the primary contact DID NOT receive the FER, this is an indicator that something may have gone wrong with your data submission.

System13 sends out the FER within TWO DAYS of each electronic data submission received to the provider primary contact. If data were not received, then System13 WOULD NOT generate a FER.

If your facility believes data were submitted to System13 AND the provider primary contact DID NOT get the FER within two days, you should contact **your** Submission Contact/Vendor or the THCIC Helpdesk at System13 at 888-308-4953.

All providers may also generate the FER themselves by logging in to the THCIC_{System} using their **Provider username**, click on the “Reports” tab, select “Frequency of Error”, filter by “Quarter”, select dates for the period you want to check, and click the “Generate” button.

If “zero” claims are indicated on the FER, then data for “dates selected” were not received.

This applies to both inpatient and outpatient data.

Have you checked your facility’s FER today?

Outpatient Reporting of Revenue Codes Not Collected by THCIC

Providers submitting outpatient claims that DO NOT contain at least one of the Required Revenue codes or HCPCS codes collected by THCIC will not be processed or used by THCIC. These providers will not receive the FER on those data submissions or, if the FER is received, the claim count may be less than what was submitted.

*When this occurs, the Submitter is notified in the Pre-Processing report if any claims are excluded and the count of excluded claims.

The outpatient FER will only provide a claim count of data submitted containing a required/collected revenue code or HCPCS code.

Those providers that do not have ANY patient events covered by the Required Revenue codes or HCPCS codes must notify THCIC by completing the “No Data To Report” form for each reporting period.

The form may be located at <http://www.dshs.state.tx.us/THCIC/hospitals/NoDataToReport.doc>.

Outpatient Surgical and Radiological Procedures Required

Chapter 108, Texas Health and Safety Code, requires hospitals and ambulatory surgery centers to report outpatient data on patients having a surgical and/or radiological procedure performed at the facility.

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HCPCS/CPT codes used for billing purposes on patient procedures performed are categorized under a variety of Revenue Codes. THCIC only requires the reporting of outpatient data if a patient's procedure code(s) fall under one or more of the specified "Revenue Codes" posted on the THCIC website.

For example: Code #44388, which is "Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)" is covered under "Revenue Code" 0360, 0361 or 0490. Therefore, this data would be required to be reported to THCIC.

Another example: Code #65855, which is "Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)" is also covered under "Revenue Code" 0360, 0361 or 0490. Facilities should insure that any surgical and/or radiological patient with codes that are covered by the Revenue Codes listed on the THCIC website are reported to THCIC to stay compliant with Chapter 108, Texas Health and Safety Code.

Statement through Date on Outpatient Data

Some outpatient data that have been received for a quarterly submission contain claims whose statement through date is prior to or later than the quarter. An example is that we are receiving outpatient claims with the statement through date of August and September of 2009, but we want outpatient data starting from October 1, 2009.

In our past experience, these claims outside of the specified time period were sent in the provider's extract file because of an error in the provider's extraction software. The software should be selecting claims based on the "statement through date". Instead, some vendors' software may be selecting the claims based on "posting date". This will cause claims from the previous quarter posted in this quarter to be sent with this quarter and claims for this quarter that are posted after this quarter's end to be sent with the next quarter.

*Please check with your vendor to ensure that they are selecting claims for THCIC based on the statement through date. Additionally, if they need to make a correction, please ensure that no claims are lost when switching to the proper selection criteria.

Present On Admission

Rules on Present on Admission (POA) are expected to be posted in the *Texas Register* on April 23rd or April 30th.

THCIC will require POA indicators from Acute Care Hospitals upon adoption of rules beginning with 1st Quarter 2011 data.

The following hospital types are exempted from POA submission requirements, but may submit POA as this provides better information about the severity of illness of the patients, thereby affecting how the facility is reported in quality of care reports:

(1) Critical Access Hospitals (certified by the Secretary of the United States Department of Health and Human Services as a critical access hospital under Title 42 United States Code §1395i-4).

(2) Inpatient Rehabilitation Hospitals (a majority of the patients are inpatients being rehabilitated).

(3) Inpatient Psychiatric Hospitals (a majority of the patients are inpatients being treated for psychiatric diseases or associated conditions).

(4) Cancer Hospitals (a majority of the patients are inpatients being treated for cancer or associated cancerous conditions).

(5) Children's or Pediatric Hospitals (a majority of the patients are under the age of 18 and admitted as inpatients).

(6) Long Term Care Hospitals (a majority of the patients are inpatients being treated for chronic conditions or associated diseases that require extended stays in a hospital).

Source of Admission Codes for Newborns (Hospital Inpatient Only)

In the inpatient discharge Public Use Data File (PUDF), Source of Admission has been suppressed if the Type of Admission is '4' (newborn). Beginning with data released for 1st quarter 2009, these values will no longer be suppressed.

The valid codes for Source of Admission, if Type of Admission is '4' (newborn), are:

- 5 Born inside this hospital
- 6 Born outside this hospital

No other Source of Admission codes where Type of Admission is '4' (newborn) are valid.

Race and Ethnicity

Race and Ethnicity are two separate required data fields which must be reported to THCIC on each patient. The guidelines are:

Ethnicity (Only two choices)

- 1 = Hispanic/Latino
- 2 = Non-Hispanic/Latino

Race (Only five choices)

- 1 = American Indian/Eskimo/Aleut
- 2 = Asian or Pacific Islander
- 3 = Black
- 4 = White
- 5 = Other - *Includes all other responses not listed under Race. Patients who consider themselves as multiracial or mixed should choose this category.*

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The **Appendices document**, located on the THCIC website, contains a **Race and Ethnicity questionnaire** (English and Spanish versions) for facility use if you choose to use it. This is available at:

<http://www.dshs.state.tx.us/THCIC/hospitals/TechReq&Spec-InpatientandOutpatientAppendices.pdf>

There is a general information page (pg. 10) and a facility instruction page (pg. 11). Pages 12 and 13 are the English and Spanish versions of the questionnaires, which you may use as is.

You may also create your own form, or ask the patient directly for the information. If you are unable to retrieve this information from the patient or from someone speaking for the patient, facility staff would be required to make an educated guess to the ethnicity and race of the patient.

Physician NPI Error

Many physicians may have more than one physician NPI (National Provider Identification) number. If a physician owns a business or works for an organization (for example, a physicians specialty group); the physician may have both “organizational” NPI and “individual” NPI.

System13 runs audits to verify a match on the “individual” NPI and the physician’s name. If you are submitting the physician’s “organizational” NPI, it will result in an error and should be corrected.

THCIC will accept a physician’s State License Number or a physician’s INDIVIDUAL NPI number.

Physician individual NPI’s may be verified at [NPI Registry Search](#).

Modification to WebCert “Certifier Name”

WebCert has been modified to not allow changing of the “Certifier” name on the screen. If a “Certifier” name is incorrect, the Provider will need to update this information with THCIC using the form at <http://www.dshs.state.tx.us/THCIC/hospitals/FacilityInformationRequest.pdf>. Once received by THCIC, this information will update the “Certifier” name in WebCert in 7 to 10 days.

Facility Training

Texas Health Care Information Collection (THCIC) is offering training on the new THCIC_{System} for inpatient and outpatient facilities. Training will be provided online. The requirements to receive the training on-line include a telephone and a computer with high speed Internet access. Space is limited to the first 30 respondents for online training. We are only offering online training at this time.

Trainings Offered

- WebClaim** – Component for manually entering data
- WebCorrect** – Component for correcting data
- Upload/ Download** - Upload 837 batch files
- WebCert (Certification)** – Certifying your facility information.

Training sessions are being scheduled and are posted at <http://www.dshs.state.tx.us/thcic/hospitals/Training.shtm>.

If you would like to attend the training sessions, please e-mail Tiffany Overton at thcichelp@dshs.state.tx.us and include your preferred training Date and Time in the “Subject” section plus the following information:

To...	thcichelp@dshs.state.tx.us
Cc...	
Subject:	Training Request for Training Date and Time
THCIC ID _____ Hospital/Organization _____ City _____ Registrant Name _____ Title _____ Phone Number _____ E-mail Address _____	

Important Phone Numbers

Virginia:
 System13 web site – <https://thcic.system13.com>
 Helpdesk – 888-308-4953

Austin:
 THCIC web site – www.dshs.state.tx.us/thcic
 DSHS-Center for Health Statistics-THCIC – 512-458-7261

THCIC Staff – 512-458-7111

Bruce Burns, D.C.	extension 6431	Rules and policy issues, 837 format issues
Miren Carranza	extension 3287	Project Manager
Sylvia Cook	extension 6438	Facility reports, data use
Sheila Molina	extension 6546	PUDF requests
Wang-Shu Lu	extension 6453	Facility reports and analysis
Dee Roes	extension 3374	Facility compliance, research files request
Tiffany Overton	extension 2352	Facility training (submission, correction, and certification)

THCIC fax – 512-458-7740