Texas Health Care Information Council

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Visit our Web site at http://www.thcic.state.tx.us

June 5, 1998

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 1 Number 2.

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3Process Flow for Data Files Submitted to THCIC

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1 THCIC Information Request

In April, the Texas Health Care Information Council sent out the first of the numbered letter series providing information about which hospitals are required to report discharge data to the Council and requesting information regarding hospital designees for THCIC reporting. As of June 1st, 197 of 589 hospitals have responded. If you have already returned the information, **Thank you!**

If you have not submitted the requested information, please return the enclosed hospital information request form by FAX immediately to (512) 424-6491. The Council needs this information to ensure that your hospital receives information about hospital discharge data submissions required by Texas State statute! Also enclosed is a FAX Back form to enroll in the THCIC training sessions to be held during the week of August 10th.

This letter is being sent via certified mail to those hospitals that have not responded to the previous request for information as a reminder that all hospitals licensed in the State of Texas are required, by state law to report inpatient hospital discharge data to the Texas Health Care Information Council. (See Chapter 25, Texas Administrative Code, Section 1301 for rules concerning data reporting requirements.)

2THCIC procedures for treatment of Confidential Data

Several hospitals have expressed considerable concern about patient confidentiality of the discharge data files submitted to the Council. The Council is making every effort to ensure that all patient data will remain secure and confidential. By law, hospitals are required to provide uniform patient identifiers with all discharge records submitted. The Office of the Secretary of the U.S. Department of Health & Human Services has informed THCIC that federal rules do permit reporting of data for all patient discharges, including substance abuse patient discharges. (see USDHHS letters on the THCIC website - http://www.thcic.state.tx.us/USDHHS)

Hospitals that do not provide the data specified by the Council should be aware that the Texas Health and Safety Code (Chapter 108(14)(b)) provides for civil penalties of "...not less than $1,000 or more than $10,000 for each act of violation." The Council recognizes that considerable effort is required of hospitals to submit data to the THCIC warehouse. It is not the intention of the Council to fine Hospitals that demonstrate reasonable efforts to comply with the reporting requirement. However, those hospitals that have not demonstrated a good faith effort to comply can expect sanctions.

THCIC procedures to maintain security and confidentiality go beyond industry standards. The methods for submitting discharge data to the Council are the same methods hospitals currently use to submit the data to payers (insurance companies). There is no Internet access to the THCIC hospital discharge warehouse. Outside access to the warehouse is limited to submitter hospitals and the Council by password-protected modem only, and passwords are changed monthly.

After the data are received and verified accurate by the THCIC warehouse, patient identifiers will be removed and stored in a separate file from service data. An encrypted uniform patient identifier based on identifying information will be the only link between files.

Established procedures ensure that the uniform patient identifier will be unique and will contain no information that can be used to identify an individual. The Council is working with other state and national sources to develop the best available methodology for uniform identifiers. This methodology will be thoroughly tested to ensure a reliable uniform patient identifier. It is anticipated that it will be at least one year to adequately test the method used to ensure it will produce a valid unique identifier. Until the uniform patient identifier is certified valid by the Council, it will not be used in the Hospital Discharge Database.

The Council will ask the Legislature for statutory authorization to limit access to uniform patient identifiers to a "need to know" basis. This will assure that only individuals or institutions with requests approved by a committee for the protection of human subjects will be able to obtain uniform patient identifiers.

3 Process Flow for Data Files Submitted to THCIC

Hospitals have begun to ask questions about the processes that will be used to ensure the accuracy of the data submitted. The following is a brief outline of a process that will be used.

Data will be submitted to the Texas Health Information Network (Ann Shelton is the THIN Contact) using the Uniform Bill format (UB92, version 4.0/4.1) or ANSI X.12 837)[1].

Hospitals that submit files that do not pass basic format checks will be notified of errors and given 10 working days to resubmit the file.

Files or batches within files that pass initial format edits will be passed through a more extensive set of data edits (audits)[2] failure to pass a data edit will create either a warning or an error message. Claims with no errors or warnings will be merged into the hospital's quarter discharge data file.

Claims containing errors and/or warnings will be separated into an error file and routed to an electronic mailbox along with a file containing the error and/or warning messages. The hospital contact person will be notified via E-mail that an error file is in their electronic mailbox. The contact person will access the electronic mailbox via modem using their unique password and download the error file using a data transfer program. Within 10 working days, using a data correction program provided by THCIC, authorized hospital personnel will correct the errors and return the error file to the THCIC Data Warehouse. Errors must be corrected; it is suggested, but not required, that warnings be corrected.

The corrected error file will be again passed through the THCIC edits. If no errors are found, the file will be merged into the hospital's quarter discharge data file.

The end of data submission for a quarter is 60 days following the last day of the calender quarter (see THCIC web site or Numbered Letter Volume 1 Number 1 for dates). Following the reporting deadlines, data processed during the quarter will be returned to each individual hospital for review and certification.

The legislation requires that hospitals certify that data in the quarterly file is in fact the data that was submitted. Copies of quarterly files will be placed in each hospital's electronic mailbox for downloading, and contact persons will be notified. Statistical reports and a software package will be provided by THCIC to assist hospitals in certification of the data. Quarterly statistical reports will provide information regarding the age, sex, and race/ethnicity distribution of patients. Information about the leading discharge diagnoses and Diagnostic Related Groups by length of stay and charges will be included. The software package will allow hospitals to review patient discharge data or patient encounters for comparison to hospital records. It will also provide a mechanism to enable hospitals to categorize data by individual physicians for reviewing patient records, if this is desired. Data cannot be changed at the certification stage; however, the software will allow hospitals to enter comments regarding the data. These comments will be produced in a publication that will accompany the quarter's public use data file.

All hospital quarter discharge data files will be combined to create the quarterly Texas Hospital Discharge Public Use Data File. This file will contain no individual identifiers. Summary reports will be produced to provide a

basic statistical description of the data.

THCIC Fax Back Form

Return FAX to (512) 424-6491

Mark Your Calenders for Hospital Discharge Data Training Classes

The Council has targeted the week of August 10th for a series of one-day long training seminars about the correction and certification of hospital discharge data. Each seminar will include four sessions:

(1) overview of the Council, data collection process, and operational schedule

(2) management perspective on regulations and requirements

(3) electronic corrections and certification - "How To"

(4) paper corrections and certification - "How To"

Session 1 will be 9:00-11:30 a.m. and 4:00-5:00 p.m. All participants are encouraged to attend. Sessions 2, 3, and 4 will be held concurrently, 1:00-4:00 p.m. Session 2 is intended for management and supervisory attendees. Sessions 3 and 4 are intended for individuals who will be performing the data corrections, developing and recording the comments, and making the data available for certification by the hospital.

Seminars will be held in the Lubbock, Dallas, Houston, and San Antonio areas. Specific dates and sites have not been selected. You will be notified as soon as these arrangements have been made.

To help us plan, please return the following information:

Hospital

Name_____City_____

Attendees:

(1) Name _____ Title _____

FAX _____ E-mail _____

Desired seminar location (circle one) Lubbock Dallas Houston San Antonio

Preferred Sessions: 1 2 3 4

(2) Name _____ Title _____

FAX _____ E-mail _____

Desired seminar location (circle one) Lubbock Dallas Houston San Antonio

Preferred Sessions: 1 2 3 4

(3) Name _____ Title _____

FAX _____ E-mail _____

Desired seminar location (circle one) Lubbock Dallas Houston San Antonio

Preferred Sessions: 1 2 3 4

THCIC **FAX Back** Hospital Information Request
Return FAX to (512) 424-6491

In order to facilitate the implementation and operation of the Council's data reporting programs, it is necessary for each reporting hospital to provide the name and contact information for its designated liaison. Please complete the information below.

Primary Contact

Hospital Name: _____

Contact Name: _____Title: _____

Mailing Address: _____

_____

Telephone Number: ( ) _____ FAX Number: ( ) _____

E-mail address: _____

Alternate Contact

Contact Name: _____Title: _____

Mailing Address: _____

_____

Telephone Number: ( ) _____ FAX Number: ( ) _____

E-mail address: _____

Does your hospital have the following computer equipment at it's disposal for use in data correction? *Yes_____ No_____*
If yes, please complete the following questions:

A microcomputer with a 486 processor *Yes ___ No ___* or Pentium processor *Yes ___ No ___*

If yes, does the microcomputer run a Windows operating system?

No ___ Windows 3.1 ___ Windows 95 ___ Windows NT ___

Does the microcomputer have a an internal or external modem?

If yes, what is the modem speed? *9600 bps ___ 14.4 kbps ___*

28.8 kbps ___ 33.6 kbps ___ 56 kbps ___

Is there a terminal emulation package (such as Procomm or Kermit) available on the machine?

Yes ___ No ___

1. See the rules regarding submission of data using other formats and other media.

2. A list of edits are available on the THCIC web site