



Texas Health Care Information Council

4900 North Lamar, Room 3407 Austin, Texas 78751-2399 (512) 424-6492 (512) 424-6491 (fax)

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

November 2, 1998

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 1 Number 4.

1 THCIC Information Request

2 Data Correction Software

3 Data Correction Software Substance Abuse Ruling

1 THCIC Information Request

We need your help. To identify the ownership of files to THCIC, we need a consistent way to identify hospitals. In the files received by the Council we have found that in some instances the same hospital has submitted files containing "**10**" records that have different information. This includes different EIN and/or Medicare numbers, hospital names, and addresses. In many cases the differences consist of transposition of, missing or additional digits or letters, while in other cases the number, name, or address is very different. We have found the same Medicare or EIN number submitted by hospitals that are not related. We have

learned that some hospital systems have corporate EINs as well as individual hospital EINs.

To assist us in ensuring that we have the same information you have to identify your facility we are sending the hospital name, address, and EIN, Medicare, Medicaid, CHAMPUS, and other provider numbers as we have them. Please verify these numbers and/or provide the information you will submit with your files.

Please return this information no later than **November 9, 1998**. If you do not return this information we will continue to contact you until we get confirmation of your facility's identifying information.

Return by FAX:

(512) 424-6491 or (512) 424-6499

The information you return will be used to identify your hospital(s). To be sure that we associate your claims with your hospital, this information must be submitted in a consistent fashion. If it cannot be hard coded into the 10 record, please keep a copy of the information handy and refer to it as the information is entered. Our logic first uses the Medicare, then the EIN, Medicaid, or CHAMPUS numbers if they are available, then the address to identify a hospital. The name is only used if it is necessary to hand match a file. We find that the Medicare and EIN numbers normally make a good pair to identify a facility. Please include both on the 10 record.

2 Data Correction Software

Commonwealth is working with several hospitals beta testing the Data Correction Software. The beta test will be completed and copies of the software and documentation will be mailed to hospitals on November 16th.

3 Data Correction Software Substance Abuse Ruling

Following the recommendations of legal counsel the Council approved changes in the rules for reporting hospital data for Substance Abuse. The proposed revision of the rule will be published in the *Texas Register* next week. You can find copies of the proposed rules on either THCIC or the Texas Register web-sites.

Current information in our database. Please make corrections in the space provided.

THCIC #	Hospital Name	Address

EIN #	Medicare #	Medicaid #

CHAMPUS #	Blue Cross/Blue Shield/Other #

Hospital Discharge Data Seminar Confirmation

THCIC will be holding another Hospital Discharge Data training. The training will focus on the correction and certification of hospital discharge data and will be held on December 10th, 1998 at the Joe C. Thompson Center (26th & Red River Streets, Austin).

The agenda for the meeting will be sent to the contact person for each reporting hospital, once it is finalized. We anticipate the meeting will take approximately four to five hours.

Please complete the following table by indicating your Hospital name, city, attendee names, and fax numbers.

Please either type or print clearly in black ink.

THCIC #

Hospital Name	City

<i>Attendee Name</i>	Fax Number

Attendee Name	Fax Number

Attendee Name	Fax Number

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Austin, TX 78751-2399

Ph. (512) 424-6492

We have previously requested information to create your organization's operational profile. This profile reflects how your organization will be submitting data to THCIC, correcting data, and returning data to THCIC. If we have the information for your facility, it is listed below in **BOLD**. If the fields are blank, please provide the information and return.

THCIC #	Hospital Name

The method THCIC should use to contact your organization regarding processing of your claims submissions is:

Current Provided Information:	
e-mail Address	

Fax Number	
U. S. Mail	

The method your organization will use for retrieving data for corrections and for certification is:	
Current Provided Information:	
<input type="checkbox"/>	Use your PC to dial up and retrieve the electronic file from the mailbox
<input type="checkbox"/>	Receive a diskette which contains the data that require correction
<input type="checkbox"/>	Receive a paper report of the claims

Your organization's method for resubmitting corrections is:	
Current Provided Information:	
<input type="checkbox"/>	Submitting corrections yourselves using....
<input type="checkbox"/>	Using your PC (and modem) and correction software to send the electronic files,
<input type="checkbox"/>	Using diskettes,
<input type="checkbox"/>	Returning the paper report with changes....
<input type="checkbox"/>	by fax
<input type="checkbox"/>	by mail
<input type="checkbox"/>	Submitting corrections through your corporate office.
<input type="checkbox"/>	Submitting corrections through your vendor.