Texas Health Care Information Council

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THCIC Technical Advisory Committee (TAC) Applicant Search

Information For All

The Texas Health Care Information Council is always accepting applications for its Technical Advisory Committees. The Council has four (4) active TACs.

Health Information Systems TAC
Membership consists of providers, consumers, and individuals who have expertise in hospital information systems, health information management, quality management, and security of confidential data.

Health Maintenance Organization TAC
Membership consists of consumers and each type of issuer of health benefit plans.

Quality Methods TAC
Membership consists of licensed physicians and individuals with expertise in the development and implementation of the methodology and the interpretation of provider quality reports.

Consumer Education TAC
Membership consists of providers and consumers who have expertise relating to education about the development and dissemination of provider reports and data.

Peer Review and Provider Quality TAC is currently inactive.

The Council's Appointments Committee meets regularly to fill vacancies on selected TACs and welcomes all applications in order to enhance diversity in all areas. Applicants should be aware that compensation or reimbursement by THCIC of any expenses incurred while serving on any TAC is not permitted. However, teleconferencing at THCIC's expense for appointed TAC members is permitted. This can offset the cost incurred by TAC members traveling to meetings and attract applicants from smaller HMOs, hospitals, and businesses for a greater diversity on the TACs.

TAC applications will be considered for up to one (1) year after the form is signed. Applicants wishing to continue being considered for appointment should submit a new application annually.

TAC applications may be downloaded from the THCIC web site at http://www.thcic.state.tx.us/application.htm or can be faxed to you by calling the main THCIC phone number at 512-482-3312.

"The Process"

Operations

THCIC is aware of the openings of new hospitals throughout Texas and the "turn-over" of THCIC hospital primary contacts. THCIC would like to take this opportunity to remind **ALL** of "The Process".

Submit – To Texas Health Information Network (THIN) billing claims with a minimum data set as would be submitted to payors in a format approved by THCIC.

Correct – Data returned to hospitals from Commonwealth Clinical Systems (CCS) that are in error using the Corrections Software provided by CCS; or by
Submitting a replacement claim (XX7) or void/cancel claim (XX8) and a corrected original bill to THIN; or by
Using a vendor's correction mechanism; or by
Using the TX-ACE software provided by THIN at no charge to key in replacement claims (XX7).

Certify – The submitted/corrected data before release in the Public Use Data File (PUDF).

If you have questions concerning any of "The Process", please contact the THCIC Helpdesk at 888-308-4953 for assistance or visit the THCIC web site at www.thcic.state.tx.us.

Reminder

First quarter 2000 certification files were distributed to hospital contacts by certified mail or placed in the hospitals CCS electronic mailbox on February 1, 2001. If you have not received the 1q00 certification file, contact the Helpdesk at 888-308-4953.

HIPAA Notice

Policy

You may have received an email (reprinted below) from us regarding requesting changes to the HIPAA Electronic Transactions rule. For those of you that are not familiar with the new HIPAA rules, a synopsis of the email is as follows:

The United States Department of Health and Human Services (DHHS) is responsible for developing the rules and implementation timeframes for the HIPAA rule for Electronic Transactions is considering making changes to the rule. Requested changes must be submitted by March 2, 2001.

If your organization wants to request a change, this is the time to do it. The email details the “what”, “when” and “where” for a request.

EMAIL -----
In response to comments from the National Committee on Vital and Health Statistics (NCVHS) and the Insurance Subcommittee of Accredited Standards Committee X12, the Department of Health and Human Services (DHHS) may consider adopting a "modification" to the final HIPAA Electronic Transactions rule by 16 October 2001 {45 CFR 160.104 (b)}.

In support of this activity, certain requested changes to the X12N Implementation Guides will be considered. To be considered, change requests must:

(a) be a "modification" -- and not "maintenance" -- that is "necessary to permit compliance with the standard or implementation specification,"

and

(b) be received by the Designated Standards Maintenance Organizations (DSMO) Change Request System (www.hipaa-dsmo.org) no later than 2 March 2001.

To eliminate volume which may occur from duplicative requests, potential submitters are strongly urged to search the Change Request System database for previously existing similar requests. Requests which are duplicates should be avoided. Additionally, requests that do not meet criteria (a) are requested to be submitted at a later date. The unpaid “industry volunteers” who will be reviewing received requests only have a constrained amount of time, and excess volume may cause necessary change requests to be deferred should available review time be exceeded.

Dave Feinberg
Co-Chair, HIPAA Implementation Work Group
Insurance Subcommittee (X12N)
Accredited Standards Committee X12

3Q99 PUDF to be released early March

Communication

The Public Use Data File (PUDF) for third quarter 1999 will be available in early March. The county and Public Health Region in which the patient resides have been added to the PUDF. Both have been assigned according to the patient's ZIP code. A third new data field indicates that a comment has been submitted by the hospital from which the patient was discharged. The file listing the comments made by hospitals is now linked to the list of reporting hospitals in the User Manual. To order, go to the THCIC web site.

Media Coverage of THCIC's First Release of Hospital Data

The Council was very pleased with the coverage it received on Texas' first public release of hospitalization statistics. To date, we are aware of articles appearing in the following newspapers or magazines:

- *Ft. Worth Star Telegram*: articles on 12/19 and 12/20
- *Associated Press State and Local Wire* 12/19
- *Austin American Statesman* 12/20
- *Dallas Morning News* 1/8
- *Lubbock Avalanche Journal* 1/10
- *Modern Healthcare* article 1/8

The data release also received coverage via the *Texas State Radio Network* and *Channel 11* television in Houston. The Council appreciates the valued assistance of its Consumer Education TAC in developing clear consistent messages for the agency's spokespeople. The importance of this data to assessing the health of Texans was well-noted. The Council expects to rely on the skills of this TAC again as it approaches the first release of reports comparing hospital performance.

Hospital Comments on 1st Quarter 2000 Data

Operations

Hospital comments on data for the first three quarters of 1999 average 140 pages per quarter. To help insure that users of the data read the comments and are mindful of them in their use and analysis of the data, THCIC has compiled a list of comments that have been frequently repeated by hospitals about the data. This list will introduce the hospital comments on 1st quarter 2000 data and do not need to be repeated by individual hospitals. Hospitals are asked to limit their comments to issues specific to their data. The addition to the comments file follows:

The following comments about the data for this quarter are made by THCIC. These comments apply to all data released for this quarter.

- Data is administrative data, collected for billing purposes, not clinical data.

- Data is submitted in a standard government format, the UB-92 (or HCFA 1450). State specifications require the submission of additional data elements. These data elements include race, ethnicity and non-standard source of payment. Because these data elements are not sent to payers and may not be part of the hospital's standard data collection process, there may be an increase in the error rate for these elements. Data users should not conclude that billing data sent to payers is inaccurate.

- Hospitals are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information is generally not provided by the patient, rather, it is collected subjectively and may not be accurate.

- Hospitals are required to submit data approximately 60 days after the close of a calendar quarter (hospital data submission vendor deadlines may be sooner). Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. Therefore, data for each quarter may not be complete. This can also affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.

- Hospitals record as many as twenty-five diagnosis codes and twenty-five procedure codes for each patient for billing purposes. Data submitted to THCIC is limited to nine diagnosis codes and six procedure codes. Therefore, the data submitted may not fully represent all diagnoses treated by the hospital or all procedures performed. A consequence may be that sicker patients with more than nine diagnoses or undergoing more than six procedures are not accurately reflected. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.

- THCIC assigns the Risk of Mortality and Severity of Illness scores using the APR-DRG methodology designed by 3M Corporation. These scores may be affected by the limited number of diagnosis and procedure codes collected by THCIC and may be understated.

- Length of Stay is limited to three characters in length and therefore cannot exceed 999 days. A few patients are discharged from some hospitals after stays of more than 999 days and the length of stay for these patients, presented as 999 days, is not correct.

- Several data elements are suppressed and will be released after corrections to data submission processes have been made. These data elements will be released beginning with data for 3rd quarter 2000. They include:

  Standard source of secondary payment
  Non-standard source of secondary payment
  All charges

- The Source of Admission data element is suppressed if the Type of Admission field indicates the patient is newborn. The condition of the newborn can be determined from the diagnosis codes. Source of admission for newborns is suppressed indefinitely.

- Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

See proposed HDD Rules in the Texas Register

April 28, 2001

Questions?
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