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TEXAS Department of State Health Services
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Notification on Submissions – Data Contents

Payer Identification

There appears to be some misunderstanding as to the required contents of the Payer Identification data element in the NM1 Payer Name segment. This data element should contain the identifier of the payer. This is the identifier (plan ID) that the payer asked the hospital to use. This should not be the identification number of the patient or the responsible party as this could breach patient confidentiality. In the cases where the source of payment is Self Pay, Charity or Indigent, the values of "SELF", "CHARITY", and "INDIGENT" should be used. In the case of claims for which the payer is unknown, the value "UNKNOWN" should be used.

Payer Name

For claims where the source of payment is Self Pay, Charity, Indigent, or Unknown, the following terms should be used, respectively, in the Payer Name field. For Self Pay, use "SELF"; for Charity, use "CHARITY"; for Indigent, use "INDIGENT"; and for Unknown, use "UNKNOWN".

Practitioner License Number

Some claims contain practitioner license numbers that have a "TX" or "TXB" prefix. These prefixes were particular to the Medicaid program, but are not used in the THCIC data collection. Practitioner license numbers should not contain these prefixes as they may cause audit exceptions.

Payer Source Coding Guide Now Available

Review of 2004 data submissions has shown that there are different opinions as to assignment of the Payer Source Codes for the primary and secondary payers. This is understandable given that payers can sometimes be placed in more than one category. To assist with the code assignment, THCIC has developed a coding guide. This guide, while not mandatory, assists hospitals by providing a question test approach to the code assignment. A set of tests, in order of descending frequency, provides for code selection that results in consistent coding of payer sources. In most cases, the correct payer source can be identified within the first four tests.

In addition, THCIC has also developed definitions for the payer codes that are consistent with the coding guide. The Payer Source Code Guide and Definitions are included at the end of this Numbered Letter.

Important Phone Numbers

Commonwealth Clinical Systems (CCS)

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

CCS web site – www.thcichelp.com (Please note that this is a new Web site for the THCIC help desk.)

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
Dee Roes	extension 3374	Hospital compliance, data sales
Tiffany Overton	extension 2352	Hospital training (submission, correction, and certification)
Ron Weiss	extension 6453	

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.

- 3/10/06 – Hospital training in Austin
- 4/15/06 - Cutoff for 3q05 certification corrections
- 5/1/06 – Cutoff for 4q05 corrections

Payer Source Coding Guide

IF	Then Use	Code
Medicaid (including HMO, PPO, EPO, POS) or CHIP/SCHIP		MC
Medicare Health Maintenance Organization (HMO)		16
Medicare Part B or Medicare Outpatient		MB
Medicare Part A or Medicare (including PPO, EPO, POS, Indemnity)		MA
Preferred Provider Organization (PPO)		12
Health Maintenance Organization (HMO)		HM
Local or State Program (including county or hospital district indigent/charity)		OF
Self/Private Pay		09
Unknown		ZZ
Hospital charity		ZZ
CHAMPUS		CH
Veterans Administration Plan		VA
Exclusive Provider Organization (EPO)		14
Point of Service (POS)		13
Automobile Medical or No-Fault Insurance		AM
Liability		LI
Liability Medical		LM
Disability		DS
Title V or Children with Special Health Care Needs (CSHCN) Services Program		TV
Veterans Administration Plan		VA
If none of the above, will be Indemnity		15

CATEGORY DESCRIPTIONS

09 Self pay
Payment responsibility is borne by the patient or another individual and not by a federal, state, local or private organization.

If payment is made by the patient or an individual, use "SELF PAY" in Payer Organization Name field and use ""SELF" in Payer Identification field.

10 Central certification
Definition is unknown. Category is not used.

11 Other non-federal program
Payment is made by a state or local program and most likely funded by tax dollars. This could include claims for which application to a program has been made but eligibility has not been determined.

12 Preferred Provider Organization (PPO)
PPO is a type of managed care insurance. PPO plans combine some elements of the HMO plan with elements of the indemnity plan. Like HMOs, the PPO plans have contracts with a specific list of medical providers. The enrollees may go outside of the network, but will incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.

13 Point of Service (POS)
POS is a type of managed care and the category is new with the THCIC 837. A POS is an HMO/PPO hybrid; sometimes referred to as an "open-ended" HMO when offered by an HMO. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans.

14 Exclusive Provider Organization (EPO)
EPO is a type of managed care and the category is new with the THCIC 837. An EPO is a more restrictive type of preferred provider organization plan under which beneficiaries must use providers from a specific network of physicians and hospitals to receive coverage. In most cases, there is no coverage for care received from a non-network provider except in an emergency situation.

15 Indemnity Insurance
This is the traditional insurance coverage most individuals have. Also known as traditional or fee-for-service plans, indemnity plans, whether group or individual. An indemnity plan reimburses the patient and/or provider as expenses are incurred. Indemnity plans usually do not require beneficiaries to choose from a provider network for covered care. Unless specified otherwise as PPO, HMO, EPO, an individual or group plan is an indemnity plan.

16 Health Maintenance Organization – Medicare Risk
Medicare risk is a contractual relationship between CMS and HMO managed care plans where the plan provides specific health care benefits to beneficiaries in exchange for a prepaid fixed monthly amount from CMS. These benefits replace traditional Medicare benefits. Programs

included in the Medicare managed care risk programs fall under the Medicare + Choice contract. These are called Coordinated Care Plans.

AM Automobile Medical
This category is new with the THCIC 837. Automobile medical or no-fault insurance coverage (including a self-insured plan) that pays for all or part of the medical expenses for injuries sustained in the use of, or occupancy of, an automobile.

BL Blue Cross
This category refers to a specific insurance company. Blue Cross provides many different plan options (PPO, HMO).

THCIC recommends that this category not be used.

CH CHAMPUS
CHAMPUS is a health benefits program offered through the Military Health Services System of the Department of Defense of inactive military, their spouses, dependents and beneficiaries. CHAMPUS provides authorized in-patient and out-patient care from civilian sources, on a cost-sharing basis. Retired military are eligible, as well as dependents of active-duty, retired and deceased military. Also known as TRICARE.

CHAMPUS: *Civilian Health and Medical Program of the Uniformed Services*

CI Commercial Insurance
This category is misinterpreted as being any insurance that can be purchased on the open market (commercially). However, there are other categories that provide more specific categorization.

THCIC recommends that this category not be used.

DS Disability
Disability insurance pays benefits in the event that the policy holder becomes incapable of working. This does not include workers compensation insurance.

Types of disability insurance include:
- Short-term disability: a disability not lasting longer than six months.
- Partial disability: Any condition, resulting from illness or injury, that keeps an insured from performing one or more occupation related activities.
- Total disability: A disability that prevents an insured from performing duties essential to his/her regular job.
- Permanent disability: An inability to work at any job.

HM Health Maintenance Organization (HMO)
An HMO is an organized system that arranges or provides a set of health care services to members in return for a prepaid or periodic charge paid by or on the behalf of the enrollees.

Membership in an HMO requires plan members to obtain their health services from doctors and hospitals affiliated with the HMO. Members usually select a primary care physician who manages all of the health care and serves as a gatekeeper for specialty care.

LI Liability
Insurance which pays and renders service on behalf of an insured for loss arising out of his/her responsibility to others imposed by law or assumed by contract.

Types of liability insurance include homeowner's insurance, umbrella liability insurance for individuals and companies.

LM Liability Medical
Insurance which pays only for medical services on behalf of an insured for loss arising out of the insured's responsibility to others imposed by law or assumed by contract.

MA Medicare Part A
Federal insurance program for people aged 65 and older, people with disabilities, or people with End-Stage Renal Disease (ESRD). Medicare Part A covers in-hospital services.

MB Medicare Part B
Federal insurance program for people aged 65 and older, people with disabilities, or people with End-Stage Renal Disease (ESRD). Medicare Part B covers physician and other outpatient services.

MC Medicaid
Medicaid is a jointly funded, federal – state, health insurance program for low-income and needy people. Medicaid is run by the state and covers children, the aged, blind, and/or disabled and other people who are eligible to receive federally assisted income maintenance payments. The state provides Medicaid eligibility to people eligible for Supplemental Security Income (SSI) benefits. This includes the CHIP/SCHIP programs.

TV Title V
The Children with Special Health Care Needs (CSHCN) Services Program, funded through the Title V Block grant, provides services to children with extraordinary medical needs, disabilities, and chronic health conditions. The CSHCN Services Program's health care benefits include payments for medical care, family support services, and related services not covered by Medicaid, CHIP, private insurance, or other third party payors.

OF Other Federal Program
Programs, other than Medicare, Medicaid, CHAMPUS and Veteran's Administration, that pay for health services through tax-funded programs. Such programs include Indian Health Service, Federal incarceration, US Marshall's Office, and Crime Victims.

VA Veterans Administration Plan
The Veterans Health Administration (VHA) provides a broad spectrum of medical, surgical, and rehabilitative care to its customers. Services are provided primarily in VHA facilities.

WC Workers Compensation Health Plan
Workers Compensation insurance covers the cost of medical care and rehabilitation for workers injured on the job. It also compensates them for lost wages and provides death benefits for their dependents if the workers are killed in work-related accidents, including terrorist attacks.

ZZ Charity or Unknown
This category is new with the THCIC 837. This category is used to report services that will not be paid for or reimbursed by a local, county, or state program or by private insurance. It is also used to report claims for which the payer source is unknown at the time that the claim is reported to THCIC.

If no payment is expected, enter "CHARITY" in Payer Organization Name and in Payer Identification fields.

If the payer is unknown at the time the claim is reported to THCIC, enter "UNKNOWN" in Payer Organization Name and in Payer Identification fields.

If an application has been made to Medicaid or another state or local program, "*Program name* Application" may be used in Payer Organization Name field.