



Annual Report on the Collection of Emergency Room Data

**As Required By
SB 1, the General Appropriations Act
of the 83rd Legislature, DSHS Rider 93**



**Department of State Health Services
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Executive Summary

This report is required by Senate Bill (SB) 1, General Appropriations Act of the 83rd Texas Legislature (Article II, Health and Human Services, Department of State Health Services, Rider 93). Rider 93 funds and directs the Department of State Health Services (DSHS) to collect emergency room (ER) data to measure and report on potentially preventable ER visits, including those visits for mental health and substance abuse services. As a result, new rules were adopted, and published in the Texas Register on September 19, 2014. DSHS amended its current contract with the data collection vendor, System 13, Inc., on November 5, 2014, to include the additional data to be submitted by healthcare providers. Thus, DSHS will begin collecting emergency room data beginning January 1, 2015, and will release the first quarter data, December 2015. The first complete year of ER data will be available in 2017, after data collection for 2015 is complete at the end of 2016, and validation of the data is performed in early 2017.

Introduction

Rider 93 charges DSHS with collecting ER data as set forth in Chapter 108, Texas Health and Safety Code. Chapter 108 is the statute that governs the Texas Health Care Information Collection (THCIC), which receives, manages, and distributes hospital diagnosis, procedure, and charge data. DSHS is directed to use this data to measure and report potentially preventable ER visits, including those associated with mental health and substance abuse. The rider requires DSHS to submit a report based on the data to the Office of the Governor, Legislative Budget Board (LBB), and the public health oversight committees in both years of the biennium. The first report is due December 31, 2014. The rider provided funding for the data collection in Strategy A.1.2, Health Registries, Information, and Vital Records.

Adoption of administrative rules was necessary to implement Rider 93's ER data reporting requirement. The rules inform providers on what kind of data, by revenue code, must be submitted; communicate formats and timelines for reporting; and establish the degree to which the information contained in the reports is public.

Rules

Submission of data by facilities to THCIC is governed by rules adopted pursuant to Chapter 108. Section 7.07 of SB 7 of the 82nd Legislature, First Called Session, abolished the exemption from data submission for facilities in rural settings, effective September 1, 2014. The rules for Rider 93 and for SB 7 were combined into a single rules package, which:

- Clarify that "Hospital Emergency Department Claims" (actual claim files) submitted to DSHS are not available to the public and shall not be released by DSHS;
- Establish a list of ER service revenue codes that must be submitted to DSHS;
- Align the data format, deadlines, and reporting process requirements with the collection and release of outpatient surgical and radiological procedures at hospitals and Ambulatory Surgical Centers; and

- Remove rural provider exemptions.

The adopted rules will provide the public with standardized data, reports, and information regarding the type of emergency department services, volume, average charges, and complexity of patient services provided by the hospitals. The data may assist policymakers and consumers in making informed decisions on health care issues regarding the types of services and the quality of care being provided by hospital emergency departments. The rules were adopted and published in the September 19, 2014, issue of the *Texas Register* (39 TexReg 7582).

Implementation Plan

In order to allow for an efficient implementation of ER claims data collection, the DSHS timeline considered federal changes being required of facilities. Providers were required to update their systems from the 9th version of the International Classification of Diseases (ICD) system to the 10th version by October 1, 2014. Providers use the ICD system to uniformly code all diagnoses, symptoms, and procedures that occur in their facilities or under their care. By implementing the ER claims data requirement after ICD-10's implementation, DSHS sought to give providers time to complete federal changes before requiring them to consider the additional changes associated with complying with the ER use reporting requirements. Federal requirements have since been delayed until at least October 1, 2015.

Health and Safety Code, Section 108.009(b), requires that changes to health care facility-reported data elements be put into effect no sooner than the 90th day after rules adoption, in order to allow for the development of efficient systems for the collection and submission of the data. In order to comply with the 90-day window, DSHS will begin implementation for services rendered on and after January 1, 2015. This 90-day window is also needed to allow the vendor, System13, Inc., to make changes to its systems.

After data collection begins, it takes approximately a year for enough data to be collected and processed to be sufficiently reportable. Data processing takes approximately eight to nine months to complete after a reporting period ends. Data processing includes data correction, validation, and follow-up with facilities as appropriate. Additionally, DSHS will work with stakeholders to identify the most appropriate report format for this data. For these reasons, the 2015 annual report will include one complete quarter of ER data. The annual report to the Legislature in 2016 will also include partial data. The first annual report with a complete year of data included will be in December 2017, after data collection is finished at the end of 2016, and validation of data is performed in early 2017.

Conclusion

The adopted rules for the collection and release of the hospital ER data were published in the September 19, 2014, edition of the *Texas Register* (39 TexReg 7582). DSHS intends to begin collecting ER data from hospitals with services that occur on or after January 1, 2015, and anticipates release of the first complete quarter of ER data in December 2015.