



# 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>*

April 22, 1998

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 1 Number 1.

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After over two years of planning, collaboration, and hard work, the administrative rules passed by the Council under Chapter 108 of Texas Health and Safety Code are now in effect. While we have made considerable progress toward developing a statewide hospital discharge data collection system, much work remains to be done. The data compiled by the Council will provide consumers and policy makers with the most complete set of health care utilization data available to the public in Texas. We think this will improve the ability of Texans to make informed health care choices based on reliable data. On behalf of the Council members and staff, I would like to thank you for your support of our data collection efforts.

To help ensure that Texas hospitals have the most up-to-date information about our activities, we are introducing a numbered letter series. Each letter will provide information about the hospital discharge data collection system. Letters will be sent to your designee. In this first letter in addition to updating you on the current status of the Council's rules, we are asking that you provide information concerning the appropriate contact persons at your hospital, new proposed administrative rules, and your microcomputer hardware and software resources.

(1) The Council recognizes that the World Wide Web and electronic communication is an efficient means to communicate with a large number of organizations. To this end we have developed a web site ([www.thcic.state.tx.us](http://www.thcic.state.tx.us)) that contains basic information about the Council, it's rules, and other information relevant to our data collection efforts. The numbered letters will provide some of this information, but you will always be able to find the most comprehensive and up-to-date information on our web site. If you do not currently have access to the Internet and e-mail, I would like to encourage you to provide access to your hospital discharge data collection team.

I encourage you to share our Internet web site address with your staff and to communicate with us concerning any questions or concerns that you might have. In order to facilitate communication between

the Council and your hospital, and to make sure that we are able to send information to the appropriate contact person at your institution in a timely manner, please provide the information requested on the attached page **by May 1, 1998**.

(2) We have had many requests asking for clarification of reporting requirements. The following is a summarization of the rules published in Title 25 of Texas Administrative Code, chapter 1301. Please refer to the rules for details.

a. **Who** must report:

All general or special hospitals licensed or owned by this state are required to report discharge data to the Texas Health Care Information Council (the Council).

There are exceptions for rural hospitals. If you do not currently have a **written** exemption from the Council, you are required to report.

b. **What** must be reported:

Some vendors and hospitals may have been given misinformation about which discharges must be reported in a reporting quarter. Claims for all inpatients discharged during the reporting quarter must be submitted. The Council will accept either consolidated bills or individual bills (initial, interim and discharge) submitted to payers, *not only final bills*. Replacement and adjustment bills may be used to update previously submitted bills.

For all patients for whom the hospital prepares one or more bills for inpatient services, the hospital shall submit a discharge file corresponding to each bill containing the data elements required by 25 TAC §1301.19 of this title **and all other data elements included on the bill whether included because of the requirements of third party payers or because of hospital policy**. See *Texas Health Care Information Council UB-92 Submission Specifications on the THCIC web site*. If you don't have access to the Internet call us and we will mail a copy of the specifications to you.

For all patients for whom the hospital does not prepare a bill for inpatient services (for example, self pay or charity care), the hospital shall submit a discharge file containing the required minimum data set.

c. **When** hospital discharge data are to be reported:

Data are required to be reported quarterly but exemptions to report daily, weekly, or monthly can be obtained by contacting the THCIC Executive Director. Reporting periods are:

- January 1 through March 31, submission deadline June 1.
- April 1 through June 30, submission deadline September 1.
- July 1 through September 30, submission deadline December 1.
- October 1 through December 31, submission deadline March 1.

*Submission deadline is two months after the end reporting quarter<sup>(1)</sup>.*

d. **How** hospital discharge records will be reported:

All hospitals shall file discharge reports by electronic filing unless the hospital receives an exemption letter from the Council. Hospitals may obtain exemptions allowing submission on other

media.

Hospitals may submit discharge reports, or may designate an agent to submit the reports. If a hospital designates an agent, the hospital shall inform the Council of the designation in writing at least 30 days prior to the agent's submission of any discharge report.

(3) To improve the accuracy of data collection the Council has proposed modification to 25 TAC §§1301.11-1301.19. The proposed changes are available on the Council's Web site or in the *Texas Register* (3/20/98, p. 2943). Comments on the proposed rules will be accepted at the address above through the close of business on April 20. If you are unable to access the proposed rules through either of these sources, we can fax a copy to you upon request.

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## THCIC Hospital Information Request

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.

Please fax the completed form to 512/424-6491 no later than May 1, 1998.

### ***Primary***

Hospital Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### ***Alternate***

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Who will sign the certification document for your hospital:

CEO (or designee) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Does your hospital have the following computer equipment at its disposal for use in data correction. 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 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. This is a correction of submission date given in the version of this letter mailed last week.



# 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>*

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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**1** THCIC Information Request

**2** THCIC procedures for treatment of Confidential Data

**3** Process 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.)

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## **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.

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### 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<sup>(1)</sup>.

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)<sup>(2)</sup> 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 calendar 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.

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## 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 10<sup>th</sup> 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

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**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: \_\_\_\_\_

(mark "NA" if no FAX or e-mail available)

***Alternate Contact***

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

(mark "NA" if no FAX or e-mail available)

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



# 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>*

September 9, 1998

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 1 Number 3.

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## **1**Council News

**2**About the September 1<sup>st</sup> Reporting Deadline

**3** Status Update on Hospital Data Submission

**4** Alcohol and Substance Abuse Patients

**5**THCIC Needs Facility Identification Information

**6**THCIC Training Seminar on Data Corrections

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## **1** Council News

### New THCIC Board Chairman

On August 25, Stephen L. Turner, M.D. was appointed by Governor George Bush to become the Chairman of the Board of the Texas Health Care Information Council. Dr. Turner is the regional medical director for the St. Mary Family Health Care Center in Plainview, Texas. He has been an active member of the THCIC board since

September, 1997.

## A New Look for THCIC

In preparation for for planned consumer education publications, THCIC has adopted a new logo that conveys the excitement we feel about providing information to consumers regarding their health care options that will help them make informed choices. Our first publication is *Your HMO Quality Checkup*, a consumer report for performance measures on Texas commercial HMOs.

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## 2 About the September 1<sup>st</sup> Reporting Deadline

The deadline for submission of second quarter data was September 1st. **However, no penalties will be assessed on any facility that has submitted test data and is awaiting THCIC approval to submit second quarter data.** THCIC needs hospitals to hold their production (or second quarter) data until we send an approval to submit second quarter production data.

*On August 26, THCIC began mailing letters approving hospitals to submit second quarter data. At the time of this mailing, most of the hospitals that have submitted test data have received approval letters. Second quarter data should be submitted as soon as possible following the receipt of the acceptance letter, but no later than October 1<sup>st</sup>.*

Commonwealth Clinical Systems (CCS), THCIC's data warehouse contractor, has been hard at work since the contract signing in mid-May. CCS has put together a very good system in a short time. Thanks to their hard work, the THCIC data warehouse is now ready to process the test data files. These are the files that hospitals have submitted and have passed the THIN edits. CCS has begun to run these files through the data warehouse edits and processes. Since this is the first real-time test of the system, it is likely to take longer than usual to test the awaiting data. We anticipate that all data that passed THIN edits will be approved, but it is possible that the data warehouse processing may find errors that require a correction and re-submission. Even though errors may be found in these data, hospitals will not be asked to correct errors in test data files.

When you receive a letter from THCIC asking your hospital to submit second quarter data, this will indicate that we are ready to set the editing and data cleaning process in motion. When we receive your second quarter data, the file will be processed within 30 days and we will send you a report, either by facsimile or e-mail, indicating the data passed or that there are errors that need to be cleaned.

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## 3 Status Update on Hospital Data Submission

At the June 26<sup>th</sup> THCIC Board meeting, staff reported that 209 hospitals of 443 reporting hospitals had submitted test data. The Board was complementary of the hard work hospitals have exerted to meet the new State reporting requirements. However, there were 234 hospitals from which the Council had no record of having received data. Some of these hospitals had provided information about their facility but had not submitted data and others had

given no response to queries for information. Board members expressed concern about the low level of compliance with the law. While members expressed a willingness to work with institutions that have demonstrated a good faith effort, there was a desire to know why such a large percent of hospitals had not responded to Council requests for information. To this end, there was a decision to send certified letters to the Chief Executive Officers of hospitals that had not reported. These letters indicated that the hospital was out of compliance with State law.

Subsequently, several hospitals contacted the Council stating that their data had been submitted with another hospital's data, some stated that their data are sent from the hospital's billing office, and others stated that their hospital has multiple facilities using the same license number and tax ID number. The Council is working with these facilities to rectify the problem. (See the following article on facility identification.) If your hospital has units licensed as separate facilities and you wish to submit as a single facility, it is necessary that you notify THCIC in writing.

We are pleased to report that substantial progress is being made toward building a statewide hospital discharge database system. As of September 9, 332 of 442 reporting hospitals have successfully submitted data to the THCIC data collection vendor, the Texas Health Information Network (THIN). New submissions are received almost daily.

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## 4 Alcohol and Substance Abuse Patients

The Texas Administrative Code, Title 25, Section 1301.13, requires that all discharges from inpatient stays in licensed Texas hospitals be reported to the Texas Health Care Information Council (THCIC). Legal counsel has advised the Council that federal statutes (42 USCA 290dd-2) and regulations (42 CFR 2.1-2.67) require that patients being treated in alcohol or substance abuse programs that are federally assisted cannot be identified with these data, unless the patients provide written authorization to release confidential information.

For these discharges only, hospitals should withhold confidential identifying data elements. Letters are being sent to the Chief Executive Officers of all hospitals advising them that they should, with the assistance of legal counsel, determine whether the hospital treats patients covered under 42 USCA 290dd-2 and 42 CFR 2.1. For these patients, unless the patients provide written authorization to release confidential information, the hospital is responsible for removing personal identifiers and replacing them with the specified default values. The last page of this Numbered Letter contains a list of the default values THCIC recommends.

The hospital patient control number is normally considered to be a personal identifier. *However, in order to provide a means to correct records that do not pass THCIC audits, we are requesting that the patient control number be submitted with each record in the hospital discharge data.* This item is meaningful only within the hospital for the specific visit. As with all personal identifiers, this information will not be available on public use data files.

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## 5 THCIC Needs Facility Identification Information

The rules for submission of hospital discharge data indicate that each facility that holds a valid Texas hospital license will provide a separate submission each quarter, or more frequently if determined by the hospital. When

data are submitted, a separate batch is required to identify each facility. **Record 10** identifies facilities. Current rules require that hospitals submit data using the billing location and tax identification number (EIN) to identify specific facilities, also on **Record 10**.

Hospitals that have multiple license numbers for a facility may request permission to submit all discharges as a single facility. Hospitals that provide services at multiple sites under one license may also submit data as one hospital. However, if sites have different tax identification numbers (EIN) and/or Medicare provider numbers, sites should be reported in separate batches. Generally speaking, for reporting purposes, it is desirable to specify information by specific geographic locations when possible. If your institution needs to submit as a single facility, your CEO must notify the Council of the intention to submit data from multiple facilities as a single unit.

All agents who are submitting for multiple facilities must include a separate record 10 for each facility. In the past, agents have submitted multiple hospital files without creating separate batches for each facility. This resulted in hospitals being notified that no data had been received by THCIC because we had no record to identify the separate hospitals.

The Council proposed amendments (25 TAC §§1301.12, 1301.17-1301.19) to the hospital discharge data rules on February 27, 1998. Section 1301.19 (c)(6-8) proposed identifying the facility by the actual physical (geographic) address. These rules were adopted June 26, 1998, without receiving any public comment, and will become effective 90 days following notification of hospitals (October 31, 1998). Since this will be after the fourth reporting quarter has started, the Council requires that the facility name, facility address and city (discharge location) be reported with the data submitted for the period beginning January 1, 1999.

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## 6 THCIC Training Seminar on Data Corrections

THCIC staff were on the road during the week of August 10<sup>th</sup> making presentations in Houston, Dallas, Lubbock, and San Antonio. The seminars covered:

- THCIC background, history and policies
- The hospital data collection system goals
- Organizational system for collection of inpatient discharge data
- Procedures and deadlines
- Implementation plan
- Operational schedule
- Customer support
- Claims submission
- general processing
- making corrections
- providing comments
- certification

Janice Bonazelli, one of the 3M representatives who presented on the 3M all persons related - diagnostic related groups (APR-DRG), has made arrangements to give continuing education credits to those who attended. The certificates should be in the mail soon.

For those who were unable to attend or would like to review the material, please note that another training seminar will be scheduled for a date during the fall. The date and location have yet to be determined.

THCIC will mail copies of materials presented at the seminars on request. Contact the THCIC office by e-mail ([Helpdesk@comclin.net](mailto:Helpdesk@comclin.net)), FAX (512/424-6491), or phone (512/424-6492) if you would like a copy of these materials.

**In the Next Numbered Letter:**

- A description of the process for certifying quarterly discharge files and submitting comments regarding the completeness and accuracy of the files.

### Default Alcohol and Substance Codes

Data Element	Record and Field	Action and Default Value
Patient Control Number	20-03	Retain. Unique to institution and episode of care. Will be used by hospital to review and certify data. This data element is not included in the public use data file.
Patient Last Name	20-04	Remove. Replace with "Doe"
Patient First Name	20-05	Remove. Replace with "Jane" if female, or "John" if male, can include a sequential number, e.g., John1, John2, John3.
Patient Middle Initial	20-06	Remove. Leave blank (space filled).
Patient Date of Birth	20-08	Retain. Cannot be used to identify patient when other identifiers are removed. DOB will not be provided in the public use data file and it will be transformed to age (in years).
Patient Address	20-12	Remove. Replace with hospital street address.
Patient City	20-14	Retain.
Patient State	20-15	Retain.
Patient Zip Code	20-16	Retain.
Medical Record Number	20-25	Remove. Replace with 99999.
Patient SSN 22-05	Remove.	Replace with default value of 999999999.

Records submitted for substance abuse patients containing personal identifiers should include the specified default

values in the identifier fields. The hospital patient control number is normally considered to be a personal identifier. *However, in order to provide a means to correct records that do not pass THCIC audits, we are requesting that the patient control number be submitted with each record in the hospital discharge data.*





# 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.

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## 1 THCIC Information Request

## 2 Data Correction Software

## 3 Data Correction Software Substance Abuse Ruling

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### 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.

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## 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 16<sup>th</sup>.

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## 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.

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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 #

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## 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 10<sup>th</sup>, 1998 at the Joe C. Thompson Center (26<sup>th</sup> & 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.**

<b>THCIC #</b>
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Hospital Name	City

<i>Attendee Name</i>	Fax Number

Attendee Name	Fax Number

Attendee Name	Fax Number

Texas Health Care Information Council

4900 N. Lamar Blvd., Suite 3407

Austin, TX 78751-2399

Ph. (512) 424-6492

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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

<b>The method THCIC should use to contact your organization regarding processing of your claims submissions is:</b>	
Current Provided Information:	
e-mail Address	

Fax Number	
U. S. Mail	

<b>The method your organization will use for retrieving data for corrections and for certification is:</b>	
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

<b>Your organization's method for resubmitting corrections is:</b>	
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.



# 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 16, 1998

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 1 Number 5.

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**1**The Data Correction Software release is delayed.

**2**The Beta Test

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## 1 The Data Correction Software release is delayed.

Due to unforeseen programming complications at Commonwealth Clinical Systems, the **Data Correction software** is not ready to be shipped out on schedule. The software is complete but has not been tested in the field (beta tested). We understand that everyone is anxious to deal with claims submitted for the second quarter and the timing is important. However, based on information received from hospital contacts, we think that it would be unwise to distribute the software without field testing it. Several hospitals have volunteered to test the Data Correction process and software. The beta test is scheduled to begin November 16<sup>th</sup>. We apologize for this delay.

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## 2 The Beta Test

In the interest of getting the software to hospital contacts as soon as possible, the beta test has been shortened to one week. A longer beta test would, undoubtedly, uncover more problems and result in a better product. We hope that we can optimize finding and resolving problems with the software and/or the procedures for dealing with error files and getting the software and documentation to hospitals in the shortest reasonable amount of time.

If your hospital is not a beta test site and you have access to the Internet and you would like to examine the beta version of the software, a copy can be made available. *Please note:* Non-beta test sites will be provided with a small dummy claim file only. This file was created to test the capabilities of the software; the errors are neither typical nor realistic for a typical claim. If you would like to request an examination copy of the software, please contact us through the THCIC helpdesk.

## Distribution of the Software

The software will be mailed to all hospitals regardless of the method hospital contacts have chosen for data correction. This will afford everyone the opportunity to evaluate whether this method could work for correcting their hospital's error claims files. It will take about a week following the completion of the beta test to make corrections to the software, and to prepare 450 copies of the diskettes and documentation for mailing. With no further complications, you should anticipate getting the software no later than December 7. The package will contain the manual for the Data Correction software and 4 diskettes. THCIC is investigating the possibility of using CD-ROM to distribute the software.

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## 3 Preparing for error correction

We will not be able to process your hospital's claims files and notify you of the status of the file without several crucial pieces of information. To identify your hospital's claim files (**10 records**), we must have your tax identification number (EIN) and acute-care provider Medicare number. We would like to also have your Medicaid, CHAMPUS, and Blue Cross numbers. We are requesting that all hospitals include the EIN and acute-care provider Medicare number, hospital name and address in a consistent manner on all batches submitted to THCIC.

In most cases we can identify hospital's claims files, but we do not have sufficient information to notify contacts of the status of their claims submission. Despite several requests for this information, at present only 40% of hospitals have provided this information. Numbered letter Volume 1 Number 4 included the current information THCIC has for these items (if any) and asks for corrections. **If you have not returned this request, please do so now.**

To let hospital contacts know the status of their submission of hospitals claims files, we must know your preference for handling error reports and corrections. Without it we do not know how to provide you with information about your hospitals submission of claims.

**We need to know:**

- The method in which hospital contacts want to receive notification of the availability of a report on the status of a submission of claims records (a post-processing report).
  - An e-mail message can be sent to the hospital contact (*this is the preferred method*)
  - A fax can be sent to the hospital contact.
  
- The method in which hospital contacts want to receive the error reports and error files.
  - Hospital contacts can download error claims files from the hospital's electronic mail box at Commonwealth (*this is the preferred method*).
  - A diskette can be mailed to the hospital contact that can be loaded into the Data Correction software or your own database software.
  - Paper copies of reports and error claims files can be printed and mailed to hospital contacts (*this method is not recommended*)
  
- The method in which hospital contacts plan to make corrections to erroneous error claims and return them to the THCIC data warehouse
  - Claims in error may be corrected using the Data Correction Software and returned by electronic upload to the hospital's electronic mailbox (*this is the preferred method*).
  - Claims in error may be corrected using the Data Correction Software and returned by U.S. mail on diskette.
  - Claims in error may be corrected by a hospital or a designated vendor and resubmitted through THIN using replacement bills (XX7) or adjustment bills (XX6).
  - Claims in error may be corrected on paper and resubmitted through THIN using replacement bills (*this method is not recommended*).

We have made several requests for information regarding how to identify your hospital and the methods you plan to use to retrieve and correct claims that don't pass THCIC audits. This information is critical. Without it, Commonwealth cannot process your files. The EIN, Medicare and other provider numbers on the **10 records** are the primary keys used to associate a batch of claims with your hospital. We have found that **10 records** submitted by some hospitals are not consistent. We have found **10 records** from the same hospital with two different EIN's, Medicare numbers, and/or different spelling or formulation of the hospital name and address.



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## 4 The Data Correction Process

We have received some calls and e-mail requests for additional information about the Data Correction process. In the interest of providing as much information as possible, we will review the Data correction process. The Data Correction software will be shipped to all hospitals regardless of the Data Correction method you have told THCIC you will use. If you plan to use another method to do Data correction, it is not necessary to install the software.

### Minimum System Requirements

The system requirements for the Data Correction software are modest.

- You must have at least a 486/33 (*a Pentium is recommended*) computer running Windows 95, 98, or NT.
- The software will work on a machine that has 8 megabytes of memory (*32 MB is recommended*).
- The amount of disk space required will depend on the number of claims with errors; however, you should have at a minimum 20 megabytes of free space available on your hard drive (*30 to 40 MB is recommended*). The larger the number of claims your hospital submits, the more free space you are likely to need to have available.
- The **Data Correction Software** uses 5 MB
- Error claims use **1 MB** of disk space for **250 claims**
- Corrected Claims files use **1 MB** of disk space for **350 claims**
- Report files use **10KB to 200 KB** per report, depending on the hospital

For hospitals that will use the **Data Correction Software**, the Data correction process will include the following steps:

1. **Installing the software** – The software will be shipped on 4 diskettes. The first diskette will be inserted in the A: drive, Disk #1 will contain the setup program to initiate the Installation Wizard (if the software is distributed on CD-ROM the installation may change slightly).
2. **Getting a username and password** -Once the software is installed you will need a password to access your error files on the Commonwealth system. Once you have the software installed, contact the THCIC helpdesk via e-mail or telephone. For security reasons, Commonwealth will then contact your hospital's designated contact person with a username and password to access the electronic mailbox system containing your error files.
3. **Downloading the error file** -Following the directions in the **Data Correction Software: Users Manual**, you can use the Windows hyper terminal or another terminal emulation program to dial-in to the Commonwealth computer to downloading the file that has claims that did not pass audits (error file). Commonwealth systems use the Kermit data transfer protocol for sending and receiving text and data files.
4. **Loading the error file** - The download will contain report files and data files in a zipped (compressed) format. Tools for unzipping files will be provided with the **Data Correction Software**
5. **Making corrections** – The **Data Correction Software** will present the claims in a UB92 format using a display with tabs (similar to those used in Window utility programs). Each tab corresponds to a different component of a UB92 electronic claim (as identified by UB92 record types). Tabs will display a red "Err" icon to indicate that some information under the tab requires correction. Fields under the tab colored red indicate that they do not pass the THCIC audits. A window at the bottom of the screen will displays the error message for that field. The user may indicate that the hospital chooses not to "correct" the error if the information is found to be accurate or

cannot be updated. When a field is changed, the field color changes to blue.

Many audits are included in the **Data Correction Software**: however, due to the complexity of audits and dependence on the presence of other claims, it is possible that when the claims are returned to Commonwealth and run through the THCIC audits again further errors may be uncovered

- 6. Returning the corrected claims** – Once all possible corrections are made to a claims error file, the software has an option that allows the user to "Export Corrected Claims to upload file". The upload process is similar to the download described above.
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## 5 Time frames on the correction process

- THIN has 10 days from the receipt of claims to accept or reject the submission for processing.
  - Claims or data returned by THIN must be corrected and resubmitted within 10 days of notification.
  - THCIC (through Commonwealth) has 30 days from the date of acceptance to process the data through the audits and to notify the hospital if errors are found.
  - Hospitals have 30 days from the date of notification to correct and resubmit the claims.
  - THCIC must make the patient encounters available to hospitals for review and certification within 120 days of the end of the reporting quarter.
  - Hospitals must file a written certification validating the accuracy of the data within 180 days (six months) after the end of the reporting quarter.
  - THCIC must produce a public use data file within seven months after the end of the reporting quarter.
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## 6 Third Quarter Data

The deadline for submitting third quarter data is December 1, 1998. Even though THCIC may not have completed processing second quarter data, please submit your third quarter data according to the schedule. We believe that we will be able to process both second and third quarter data concurrently.

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## 7 The Certification Process

To certify the accuracy of your hospital's quarter claims file, a certification form supplied by the Texas Health Care Information Council will need to be signed by the hospital's certification agent (the Chief Executive Officer or his designee) and returned by fax and mail to the Council.

Hospitals may transmit a comment to the Council to be distributed with the public use data file regarding the accuracy of the quarter's claims. This should be submitted via US mail on the hospital's letterhead and as an ASCII text file on

diskette.

To assist with the certification process, THCIC will provide a series of statistical reports that will characterize the quarter's claims. This will include tables for the age, sex, and race of discharges, the leading All Patients Related - Diagnosis Related Groups (APR-DRG), and procedures by age and sex and other tables to assist in certifying the claims files. Tables will be case-mix and severity adjusted using the 3M APR-DRG severity adjustment software. Our agreement with 3M permits use to put the APR-DRG scores on the public use data files but not on the certification files.

Hospitals will receive a file containing all claims (including corrections to the claims) submitted to THCIC during the processing quarter. This file will be in comma delimited format that can be loaded into the **Data Certification Software** supplied by THCIC or into your database software.

The **Data Certification Software** will, on the surface, look very similar to the **Data Correction Software** in that it will allow the user to view the claim in a UB92 format. This package, however, cannot be used to make corrections, it is designed for viewing data only. The **Data Certification Software** will provide an option that will allow users to print copies of claims sorted by physician so that they can be distributed, if the hospital chooses to do so.

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## 8 Data Corrections Seminar

Don't forget that THCIC is holding a **Data Corrections Seminar** in Austin December 10 at the Joe C. Thompson Convention Center. If you plan to attend please let us know.

The seminar will cover the same information that was presented in the presentations THCIC made around the State the week of August 10. Also the certification software will be discussed in more detail.

The PowerPoint presentation used in August is available on the THCIC website at [www.thcic.state.tx.us/projects.htm](http://www.thcic.state.tx.us/projects.htm) or you can request a hardcopy of the slides through the THCIC helpdesk.

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## 9 Communication, a two way street

Please feel free to contact us if you have questions, don't understand what we mean or have suggestions. It is our desire that this information to be of maximum benefit to those interested in using it. Hospitals are likely to be one of the biggest users of the data. Your suggestions can help to improve the collection and quality of the data. Ultimately that will benefit hospitals, and improve the quality and cost of health care for all Texans.