



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>

January 11, 1999

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 2 Number 1.

1The Data Correction Software release.

2Data Corrections Seminar

3 General Information

1The Data Correction Software release.

The **Data Correction software** was shipped out the week of December 7, 1998. Many hospitals have received the software programs and have installed them. Data is currently being processed and error reports and files are being generated.

Commonwealth Clinical Systems is calling the contact person of each hospital, which has notified the Council they would be using the Data Correction Software for making corrections to their data. The contact person will be given the LOGIN, and Password for accessing the CCS computer. Also the Hostname, Username and Password to access the electronic mailbox for that particular hospital's error report and data requiring corrections is stored. Do not call the HelpDesk asking for your password, CCS will notify the contact person when the reports and data are ready to be accessed.

2 Data Corrections Seminar

On December 10, 1998 the Council staff presented a fifth Data Correction Seminar. Sixty plus attendees were presented information regarding the data correction process. Many of the participants stated they were beginning to understand how the process worked. There was a suggestion made at the seminar that we are implementing with this letter:

The suggestion was to have instructions for working with the Hyperterminal Program, because many people are unfamiliar with this program. These instructions are included with this numbered letter. See the attached [Hyperterminal Instructions](#).

3 General Information

If you decide to change the method in which you correct your data, you need to notify the Council as soon as possible. This will prevent your hospital's data from being misrepresented in the Public Use Data Reports and File.

The Council has discovered that the Data Correction Process Manual does not adequately describe how to retrieve the hospital's error file from diskettes. See the attached [Diskette Error File Retrieval Instructions](#)

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February 21, 1999

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 2 Number 2.

1Processing of Hospital Discharges is Under Way

2The Data Correction Process

3Change of Contact Information

4Vendor Notification

5HelpDesk Information on Website

6Changes in Data Correction and Certification

7Certification Reports

8Correction to UB-92 File Specification Matrix on our Website

1Processing of Hospital Discharges is Under Way

Deadlines for data corrections have been extended. The Council wants to allow more time for hospitals to preform data corrections the first time around. See item in this numbered letter for the new deadlines.

March 1 is still the deadline for 4th quarter 1998 claims submission.

Discharge claims submitted to THCIC have been processed through the edit process. As of February 5th, files were being returned to hospitals for corrections. Handling of materials may have been somewhat slower for hospitals that are receiving diskettes through the US Mail.

Contacts have been notified according to the method they requested (e-mail or fax). By the time this numbered letter is received, all hospitals should have received notification of the status of 2nd and 3rd quarter 1998 data submissions and *error claims files* if there were claims to be corrected. If you have not received notification about data submitted for the 2nd or 3rd quarter of 1998, please contact THCICHelp.

Normally, hospitals have 30 days from the date of notification that they have claims in error to correct and return claims to the data warehouse. For 2nd and 3rd quarter claims hospitals have until March 21, and until April 15th for 4th quarter claims.

This process is new and we continue to encounter problems with notification of hospitals and distribution of the data.

Please let us know when you encounter problems. We know it is difficult. We think the process we have set up is a good although it obviously has flaws we didn't anticipate. Our goal is to produce quality hospital discharge data sets and we need your assistance to do so.

2The Data Correction Process

Data correction and returning data to the data warehouse.

Corrections can be made using either by the THCIC Data Correction software or by submitting replacement claims. The easiest and fastest way to correct errors detected in the THCIC audit process is to use a modem to download from the data warehouse, make corrections using the Data Correction software, and then upload the corrected claims back to the data warehouse. Error claims files are being mailed on diskette to those hospitals that have requested to use this method to transmit data. Using the US Mail slows the process of getting the data corrected and the possibility of losing diskettes in the mail does exist. If you have a modem (or can buy one), THCIC recommends using electronic data transfer of data.

Corrected claims returned on diskette.

For hospitals that have requested error claims files on diskette, diskettes have been mailed. These diskettes contain a **README.TXT** file that indicates the contents of the diskette. There is no hardcopy documentation with the diskette.

For hospitals transmitting data through the US Mail, corrected claims will exported from the **Data Correction** software to a diskette and mailed to Commonwealth at:

**Commonwealth Clinical Systems
Attn: THCIC HelpDesk
1650 State Farm Blvd.
Charlottesville, VA 22911**

Hospitals not using the Data Correction software.

A processing notification will be sent by e-mail or fax. The Acceptance/Rejection, Frequency of Error, and Pull List reports will be sent as an executable zip file by electronic data transfer (EDT) download or diskette. You will need to copy the executable zipped file to a directory you specify on your micro-computer. Using the Windows Explorer you can unzip the file by double clicking on the filename. From a DOS prompt you can unzip the file by typing the file name and tapping enter. This will produce text (*.txt) files that can be read and printed by any word processing program.

To view the files using your word processing program or the Windows Notepad, go to the file menu and click on open, go to the directory in which you placed files and open the desired file. (You may need to change the *type of file* (or *file types*) at the bottom of the "Open" or "OpenFile" screen to "All Files (*.*)" or Text (*.txt)) You may find that adjusting margins and fonts will improve the readability of the files.

Corrections using replacement claims (XX7).

If you are *not* using the **Data Correction** software (this includes hospitals that receive hardcopy error reports) corrections must be made by submitting replacement claims (XX7) through THIN (or to the hospital's data processing vendor that submits claims to THIN).

Some hospitals that use vendors for the original claims submission to THCIC are using the **Data Correction** software for correcting claims when errors located and are returned to the hospital.

The **Data Correction** software package was shipped to all hospitals the week of December 7, 1998. If you have not received the software you can contact THCICHelp for a copy. If you have Internet access, the **Data Correction** software is now available on the THCIC website for download. It is on the *Hospital Data* page under *Reporting Guidelines* or you can type in the direct URL (this is case sensitive):

www.thcic.state.tx.us/software/THCIC_DATA_Correction.exe

The manual for the **Data Correction** software is also on the *Hospital Data* page. The direct URL is (this is case sensitive):

www.thcic.state.tx.us/software/DCManual.exe

If you are downloading error claims files you will want the Data Corrections Manual even if you are not using the **Data Correction** software. THCIC staff have also developed directions to assist in using the Windows 95 HyperTerminal for electronic transfer of data. This is available from THCICHelp and is on our Website in Hospital Numbered Letter Volume 2 Number 1.

Hint: When accessing the data warehouse via modem, the first level passwords must be entered as lower case characters. At the second level case is not important.

3Change of Contact Information

It is important to THCIC that we have current information about how to contact you and how your hospital handles data. If you change any of the following: vendor, submitting agent, primary contact person, alternate contact person, the method in which you are notified of claims with errors, method in which you retrieve claims with errors or the method you transmit corrected data to the THCIC, please notify the Council as quickly as possible. Fax or mail changes, signed by the CEO/Administrator or the primary contact person, on hospital letterhead to:

**Texas Health Care Information Council
4900 North Lamar Boulevard, Suite 3407
Austin, TX 78751-2399**

Fax (512)424-6491

4 Vendor Notification

Several vendors who prepare and submit data for Texas hospitals have requested to be notified when hospitals they represent receive data status reports. The Council believes that the relationship is between the hospital and the vendor. We are willing to notify these vendors if it is the desire of the hospital that the vendor be notified when status reports are sent. This notification to the vendor would be the data status report only. Information regarding the number of claims in error or the types of errors will be sent to hospitals only. Hospital that wish to share error information with their vendor may do so at their own discretion.

If your hospital **does not** want your vendor/submitter to be notified of the status of your data, please send a letter (by fax or mail) on hospital letterhead to the Council stating you do not want your vendor notified of the status of your data submissions. The Council will contact all vendors that submit discharge claims representing hospitals to determine which vendors desire this service. Unless it has been specified otherwise, vendors that request this service will be notified of the status of data they submit for hospitals.

We have been told by some hospitals that vendors they work with do not always respond to data requests made by the hospital in a timely fashion. You may want to review the contract you have with the vendor to ensure that they are responsive to your needs. Remember, **your hospital (not the vendor) is responsible for meeting deadlines for submitting, correcting and certifying it's data.**

However, if you are having trouble working with a vendor, THCIC is willing to assist in the limited ways we can. For example, we can, sometimes, let hospitals know whether a vendor has solved the same problem for another hospital. Also, there is bargaining strength in numbers. Texas is an important health information market.

5 HelpDesk Information on Website

The HelpDesk phone number and e-mail address are now posted on the THCIC website at:

www.thcic.state.tx.us/guidelines_hosp.htm

The information can be located by clicking on "Reporting Guidelines and Edits", then click on "Reporting Guidelines for and Edits for Hospitals", then page down to Help Desk Information and find the HelpDesk phone number. Both are on the bottom of each page of all numbered letters.

Please leave name, rank, and serial number (or hospital name, THCIC number and telephone number) when you contact us. Occasionally we receive questions at the HelpDesk and the caller does not tell us which hospital they are calling from. We need to know which hospital we are working with. When you send an e-mail to THCIHelp please put your THCIC number and hospital name in the subject line. For most hospitals the THCIC number is the Texas Department of Health License number with three zeros added to the end (XXX000). We have information about Texas hospitals, including the THCIC number, contacts, notification method, etc. on our website at:

www.thcic.state.tx.us/hospitals/HospList990210.htm

(This file list Hospital Name, Address, THCIC # and Primary Contact), or;

www.thcic.state.tx.us/hospitals/HospList990210.exe

(This executable Excel file includes alternate contact persons and contact notification method, retrieval method and correction submission method)

6 Changes in Data Correction and Certification

The Texas hospital discharge data collection system is finally in motion. This has occurred later than originally planned by THCIC. After reviewing where we are and the demands being placed on hospitals the Council had decided to extend the time-line for data correction and certification of 2nd, 3rd, and 4th quarter 1998 data. This will provide additional time for hospitals to deal with the large volume of 2nd and 3rd quarter claims and become accustomed to the process established by THCIC. This also allows us more time to finish development of the system and get the kinks out. The new time-line anticipates that by the time the data for the 1st quarter of 1999 has been certified we will be on the time-line established in Texas Administrative Code. The first release of THCIC public use data (2nd and 3rd Quarters 1998) has been rescheduled for August 1999. First Quarter data submission deadlines have not been altered. Fourth quarter 1998 data is due March 1, 1999.

The new 1998 time-line is as follows:

2nd and 3rd Quarter 1998 Data

Data Submission Due (respectively) Oct. 1 and Dec. 1

Data Corrections due to THCIC March 21

Certification File due to Hospitals April 21

Signed Certification form and Comments due to THCIC July 1

Public Use File scheduled for release August 15

4th Quarter 1998 Data

Data Submission due to THCIC March 1

Data Corrections due to THCIC April 15

Certification File due to Hospitals May 15

Signed Certification form and Comments due to THCIC August 1

Public Use File scheduled for release October 1

1st Quarter 1999 - Return to the original schedule.

Data Submission due to THCIC June 1

Data Corrections due to THCIC July 1

Certification File due to Hospitals August 1

Signed Certification form and Comments due to THCIC October 1

Public Use File scheduled for release November 1

7 Certification Reports

Since the Data Corrections Seminars held by THCIC, our staff have had requests for additional information about data certification and how it will be conducted.

Following the completion of the data correction process the data warehouse will process the claims to create an encounter file that will have one record per discharge for each quarter for each hospital. This quarter encounter file will be returned to the hospital. The designated *certifier* will be asked to certify that the file is a complete and accurate representation of the discharges from that facility for the quarter and that physicians and other health care providers have been afforded the *opportunity* to review the file. The certifier will have the opportunity to provide comments about the data that will be distributed with the public use data file that will be released by THCIC.

To assist hospitals with certification, THCIC will provide the hospitals' quarterly data file in a comma delimited flat file and a **Certification Data Browser** (sometimes referred to as certification software), and certification reports. The browser will have limited capabilities that include loading, viewing, and sorting the certification file by field. The browser will, also, print encounters and the certification document. The certifying agent will be able to view individual encounters in a *UB-92 like* format with the **Certification Data Browser**.

The certification file is being provided in a comma delimited ASCII file. This file can be loaded into data base management, statistical and other software packages to allow the certifier to run other analyses to assist in verifying the accuracy and completeness of the data.

A **Statistical Certification Report** will accompany the certification file to assist the certifier in verifying the data. The statistical report will include the 3M APR-DRG severity adjustments for severity and mortality. A contractual agreement with 3M prevents us from including these scores in the certification file at the claim level, but they will be included in the public use data file. A listing of tables to be included in the certification report follows:

Total Discharges		Total	%	Total Charges		Total	%	Discharge Summary
Reported				Reported				
Processed				Processed				
Discharges	Total LOS	Avg. LOS						
Total Discharges								
Total excluding Newborn								
Total Newborn and OB								
Category		Total	%					
Discharges by Total Charges								
More than \$250,000								
\$1,000 to \$249,999								
Less than \$1,000								
Missing								
Invalid								
Std. Source of Payment		Total	%	Non-Std. Source of Payment Codes		Total	%	
A = Self pay				T = State or Local Government Programs				
B = Workers' Compensation				U = Commercial PPO				
C = Medicare				V = Medicare Managed Care				
D = Medicaid				X = Medicaid Managed Care				
E = Other Federal Programs (includes Veterans Admin.)				Y = Commercial HMO				
F = Commercial				Z = Charity				
G = Blue Cross				Missing				
H = Champus				Invalid				
I = Other								
Missing								
Invalid								

ZIP Codes	Total	%	Sex	Total	%
In State			Male		
Out of State			Female		
Missing			Unknown		
Invalid			Missing		
			Invalid		

Admit Type	Total	%	Admit Source	Total	%
Emergency			Physician Referral		
Urgent			Clinic Referral		
Elective			HMO Referral		
Newborn			Transfer from a Hospital		
Unknown			Transfer from a SNF		
Missing			Transfer from another Health Care Facility		
Invalid			Emergency Room		
			Court/Law Enforcement		
			Information Not Available		
			Transfer from Psych, Substance Abuse or Rehab Hospital		
			Transfer from a Critical Access Hospital		

Admit Source as Newborn	Total	%
Normal Delivery		
Premature Delivery		
Sick Baby		
Extramural Birth		
Information Not Available		

LOS Greater than 60 Days (For Acute Care Hospitals)

Severity Index (APR - DRG)	Total	%
Level 0 (minor)		
Level 1 (moderate)		
Level 2 (major)		
Level 3 (catastrophic)		

Length of Stay	Total	%	Age in Years	Total	%
1 day			Less than 1		
2 to 9 days			1 to 14		
10 to 29 days			15 to 44		
30 to 59 days			45 to 64		
60 to 99 days			65 to 74		
Over 100 days			75 plus		
			Invalid		
			Missing		

Attending Physician	Total	%
Texas License Number		
UPIN Number		
Other		
Missing		

Invalid

Discharge Status

Principal Diagnoses Total %

Valid
Invalid
Not Recorded

Additional Diagnoses Total %

Average # DX per discharge
Number with no additional DX

Principal Procedures Total %

Valid
Invalid
Not Recorded

Additional Procedures Total %

Average # PX per discharge
Number with no additional PX

Missing Admit Date Total %

Invalid Admit Date Total %

Missing Birth Date Total %

Invalid Birth Date Total %

Service Total %

Medical
Surgical
Obstetric
Psychiatric
Pediatric
Newborn
Unassignable

Top 30 Diagnoses Related Groups by age and Average Charges
Top 30 APR -Diagnoses Related Groups by age and Average Charges
Top 30 Principal Diagnoses (ICD-9) by age and Average Charges
Top 30 Principal Procedures by age and Average Charges
Diagnoses Related Groups by age and Average Charges

8Correction to UB-92 File Specification Matrix on our Website

A correction was made to the UB-92 File Specification Matrix for HCFA UB-92 Version 5.0 that is on our website at:

www.thcic.state.tx.us/hospitals/ub92_v50.htm

THCIC has been informed that some hospitals and vendors have used this matrix chart to make their programming changes for their systems. These changes are significant and involve the Password and Submitter ID and two Filler (local use) fields. If these corrections are not made, your data will not be accepted by THIN or any other clearinghouse. Please make sure any vendors you use are aware of this correction.



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March 10, 1999

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 2 Number 3.

1Corrections Files Mis-addressed

2Revised Deadline for Second and Third Quarter Data Corrections of 1998

3Health Care Provider Access to Certification Files

4Problems with Modem Download Speed

5Certification File and Software on CD-ROM

6Changes to Contact or Certifying Personnel

1Corrections Files Mis-addressed

Last week THCIC was notified by two hospitals that they have received claims correction files that do not belong to them. We believe the problem to be very limited but it is important that any mis-addressed data be located and returned to THCIC immediately. Please verify that all data files received by your facility belong to you.

Please verify that all data files received by your facility belong to you. Review the label on the diskette. All data diskettes are labeled with the THCIC Provider #, the primary contact persons name, hospital name and address. Text documents that are unzipped from the executable file have the THCIC number and the hospital name. Review the hard copy documents. Your THCIC Provider # and the hospital name and address are at the top of the documents.

The error is the result of a mix-up using the THCIC numbers in addressing packages being mailed to hospitals. Steps have been taken to ensure that the mistake will not recur. An additional person has been assigned to verify the THCIC number, the hospital name and the address on the package prior to sending out claims in error. Diskettes and hardcopy data will **now** be sent by traceable means.

THCIC apologizes for this mistake. Getting information out to hospitals as quickly as possible is an important priority, however, the security of hospital data is a more important priority. The data collection system is designed to protect patient records, and we cannot relax our vigilance in any step in the process.

Hospitals can assist in ensuring that THCIC can correctly identify their data by consistently providing the EIN, Medicare number (acute care, if appropriate), facility name and address on the 10 record for all data submitted to THCIC. Electronic download is the fastest and most secure means of obtaining your status reports and data files.

2 Revised Deadline for Second and Third Quarter Data Corrections of 1998

The data corrections process is undergoing birthing pains. Although almost all claims files were processed through the THCIC edits early in February, some of the claims error files were not sent out until last week. **Hospitals will be given six (6) weeks from the time that they receive their claims with errors to make corrections and return the corrected information.** If you have received 2nd Quarter data reports and errors and have not received your 3rd Quarter data reports and errors you will have six weeks from the time you are notified of 3rd Quarter's data.

In the last Hospital Numbered Letter (Volume 2 Number 2), we indicated that corrections are due by March 21, 1999. This is correct if you were notified and received your hospitals claims with errors on or before February 5. If you received data after February 5 you have six (6) weeks to returned your corrected data. We would appreciate your completing corrections as quickly as possible.

Corrections that are submitted after the certification file has been created, will be published in the year end Public Use Data File (PUDF). At this time of development there is no procedure or time allotment in place to make corrections to the Certification file before it is released to the public. We are in the process of making this available.

3 Health Care Provider Access to Certification Files

Texas Health and Safety Code Chapter 108 requires that hospitals provide an opportunity for physicians and other health care providers to review the claims that will become part of the public use data file for patients they treated. THCIC will provide a certification file to hospitals that will contain discharge encounters. Hospitals are

free to choose how they provide access to the certification data to health care providers. The certification browser will allow the user to sort data by the attending and other physician fields. Once files are sorted they can then be printed and separated according to physician. There has been some discussion as to whether summaries for health care providers by DRG or other field would be useful. If you have suggestions or further questions about this topic, please contact us.

4 Problems with Modem Download Speed

THCICHelp has received several calls about problems with slow electronic downloads. It is not uncommon that line quality effects either the connect speed or the number of errors encountered during the downloading of files. This is more common over long distance lines than you would experience locally. If you see that you are connected at a low baud rate, hang up and attempt to connect again. Even though Commonwealth has 56K modems, it will be unusual that you will experience rates higher than 28.8 kbps. The rates vary but you should be able to connect at 20.0 bps or higher. If you are connected and downloading a file and notice that the number of retries is high you may want to interrupt the download, disconnect and try again. A new connection may route your call through better lines.

Commonwealth is working on this problem with a couple of hospitals. They may have found a solution using a shareware (free or inexpensive) terminal emulation program that, in preliminary tests, seems to experience fewer transmission errors than the Windows 95 Hyperterminal. If you are experiencing problems with downloading files contact THCICHelp.

Correction:

In the last Hospital Numbered Letter we gave an incorrect number for our fax. The correct fax number for the Council office is (512) 424-6491.

5 Certification File and Software on CD-ROM

Commonwealth has indicated to THCIC that they believe that it will be more efficient use of time and resources to use CD-ROM for distribution of quarter certification files and software. The size of claims files for most hospitals will be large enough to require several diskettes. An entire quarter's of discharge encounters for most hospitals will require a substantial allotment of hard disk space for certification analysis. Using a CD-ROM will eliminate the need for this allotment when the certification software is used for reviewing the encounters. If a hospital chooses to utilize a database management or statistical package to analyze the data, it will be necessary to reserve disk space as required by that product.

If you do not have a CD-ROM drive, it is recommended that you obtain one. It will be possible to send data on diskettes but it is not recommended.

6 Changes to Contact or Certifying Personnel

The Council has received numerous requests to change the hospital's contact personnel or certifying agent (CEO/Administrator or their designee). When a hospital needs to change any of the following personnel: **primary contact person, alternative contact person** or **certifying agent** the previous contact person or the CEO/Administrator should send a written statement notifying THCIC of the changes. The letter should be on hospital letterhead and may be mailed or faxed.

April 26, 1999

1. Security and Confidentiality
2. Extensions
3. Transmitting Data to THIN
4. Corrections with Certification
5. THIN and HCFA's Version 5.0
6. Data Edits and Error Correction
7. Voluntary Use of THCIC Hospital I.D. Code

Questions? Key Contact Methods

Phone: (888) 308-4953

Fax: (804) 979-1047

E-mail: THCIChelp@comclin.net

1 Security and Confidentiality

There should be no doubt in anyone's mind... THCIC staff / board members and THCIC's vendors are all dedicated to protecting patient and physician confidentiality and to maximizing security relating to our data at every step.

As you have probably heard, there were occasions during March in which THCIC's vendor sent certain materials to incorrect destinations. In one case, data was misdirected; in others, it was a matter of reports that did not contain confidential information. The important thing is that the Council acted quickly and appropriately to minimize the possibility of damage, and it changed procedures to protect against similar occurrences in the future. Our appreciation is extended to the individuals within hospitals who acted promptly to report the problems and to safeguard the information in hand.

As of mid-March, all shipments of data and reports from THCIC vendors to hospitals required a signature upon receipt. In addition, diskettes are password protected.

April 26, 1999

PLEASE ... Immediately check the contents of any packages that you receive to verify that the contents are for your hospital only and that you have received all that you expected. If you discover a problem, please contact Dr. Bruce Burns [or (512) 424-6493].

2 Extensions

Neither the Executive Director nor the Council is authorized to grant extensions to the established reporting deadlines. The Council, however, may exercise its discretion in referring your institution's noncompliance to the Office of the Attorney General for the institution of a proceeding for the collection of civil penalties.

If you recognize that your institution will be unable to meet a deadline, please inform the Executive Director in writing. To assist the Council in making an informed decision, please provide answers to the following in writing via fax: (1) reasons for the delay; (2) previous planning and actions taken to prevent the problem from occurring; (3) estimated duration of delay; and, (4) detailed action plan for resolving problem, including a time line that identifies steps to be taken.

Each hospital (except those that are exempted by statute) is responsible for complying with the Council's data reporting requirements (Chapter 108, Texas Health & Safety Code and associated administrative rules, 25 TAC §§1301.11-19), even if it relies on a vendor to assist with the reporting process. Instructions, THCIC's enabling statute, and rules relating to the data reporting process are available for downloading on THCIC's web site.

3 Transmitting Data to THIN

Hospital and vendor staffs are encouraged to verify immediately that all data sent to THIN was actually received. Don't wait until the next time you transmit data. Please don't go off-line before you receive the rEDI Link Blue Acceptance Response.

4 Corrections with Certification

April 26, 1999

In contrast to previous announcements, THCIC is planning to modify its software to allow for corrections in conjunction with the certification process. Any such corrections will then be run through edits similar to those imposed following the original data submission. The Executive Director has determined that agency rules require this step.

Council's staff, the Health Information Systems TAC, and CCS (data warehouse vendor) are delineating the new steps and time lines. Instructions will be provided to each hospital and on the Council's Web site as soon as they are available.

5 THIN and HCFA's Version 5.0

HCFA's electronic file format, version 4.1, will be accepted by THIN only through June 30, 1999. Version 5.0 is now the current version. After June 30, 1999, ALL submissions and corrections to any data **must** use version 5.0.

6 Data Edits and Error Correction

Attempting to meet many specific needs during the development phase of this project has been technically difficult. CCS and THCIC staff, as well as the Health Information Systems TAC, is evaluating options to develop short-and long-term solutions. Details will be forthcoming soon in a Numbered Letter.

7 Voluntary Use of THCIC Hospital I.D. Code

Your hospital's unique THCIC 3-space alphanumeric I.D. code (1 alpha & 2 numeric) is printed at the end of this numbered letter. It will also be posted on the THCIC web site [Reporting Hospital List](#).

THCIC requests that you use this code on a voluntary basis by inserting it in Record 10, Field 20, Positions 190-192. By doing so, you will facilitate data flow and further reduce the risk of erroneous assignment of hospital data for institutions that might share EINs, street addresses, Medicaid numbers, or whatever. If your institution is already using Field 20, please contact Dr. Bruce Burns at or 512 / 424-6493 as soon as possible.

April 26, 1999

It is not clear that the Council will amend its rules to make this a requirement. However, staff will soon be in touch with the State Uniform Billing Committee in an attempt to have this field designated for the Council's ID code. Use of this code will contribute to the overall security of the data reporting process.

THCIC Code: [Reporting Hospital List](#)

Hospital Name:



Texas Health Care
Information Council

Hospital Numbered Letter
Volume 2, Number 5

October 18, 1999

Questions? Key Contact Methods

Phone: (888) 308-4953

Fax: (804) 979-1047

E-mail: THCIChelp@comclin.net

Global Viewpoint

Of 571 hospitals in Texas (including military and other federal institutions), 451 are identified as submitters to THCIC. Of the 451, two are not required to report, but are doing so voluntarily.

34 facilities have been granted permission to bundle data rather than report individually. Because of this, THCIC is currently anticipating hospital data from 417 "sources." Of the 417 hospitals, 370 had submitted data for 2Q98, 344 for 3Q98, 348 for 4Q98, 330 for 1Q99, and 224 for 2Q99. THCIC has received 5 quarters' data from 187 of the 417 "submitters." Only 5 hospitals currently have credit for submitting data for each of the possible 7 quarters (1Q98 - 3Q99). They are:

Baptist St. Anthony's Health System -Baptist Campus (Amarillo)

Baptist St. Anthony's Health System - St. Anthony's Campus (Amarillo)

Fort Duncan Medical Center (Eagle Pass)

Devereux Texas Treatment Network (League City)

IntraCare Medical Center Hospital (Houston)

First Hospitals Reporting 5 Quarters

Of the hospitals that have submitted at least some data for the first 5 reporting quarters, the following 4 facilities had a zero error rate for each quarter:

Rehabilitation Hospital of South Texas (Corpus Christi)

Surgicare Specialty Hospital (Corpus Christi)

Columbia Behavioral Center (El Paso)

TOPS Surgical Specialty Hospital (Houston)

Closely behind with correct rates of at least 99.9% for each quarter were:

The Womans Hospital of Texas (Houston)

Community Medical Center (Sherman)

Applications for Exempt Status

If your hospital was exempt from reporting to THCIC last year, remember that you must reapply in order to continue its exempt status. Council staff recently sent forms to last year's exempt institutions. Also, remember that an institution can lose its exemption if its management or ownership status changes during the year. Call Dee Shaw at (512) 424-6490 if you are uncertain about your hospital's status.

File Deletion and Replacement

Some hospitals have requested that the data warehouse mass-delete and replace files to make corrections rather than using the XX7 or XX8 with original bill type submissions. The data warehouse now provides a mechanism through which such changes can be made automatically rather than manually.

Use of Hardcopy for Data Submission and Retrieval of Data with Errors

Beginning with 1Q00 data, all hospitals must submit data or retrieve/ resubmit error files to THIN via either diskette, magnetic tape, or EDI. ***Paper copy will no longer be accepted and will be returned by THCIC for either function.*** Hospitals that do not have the in-house capability to submit via electronic or magnetic means should begin immediately to investigate making arrangements with a vendor or consultant. Contact Dee Shaw if you have questions about use of the TX-ACE software that is free and can be used for these purposes. Remember data for 1Q00 must be reported to the Council by no later than May 31, 2000.

Timeliness

Due to the evolutionary nature associated with development of the hospital data reporting system, the Council has relaxed deadline requirements in many instances. But don't become complacent. Deadlines will be enforced once the system is fully operational.

Backlogged?

Many hospitals have made it clear that they will face substantial difficulties when the Council is ready to begin certification of data if they must stockpile and review too many quarters' data. Therefore, the Council has decided that only data beginning with 1Q99 must be certified. The current plan calls for a

test of 1Q99 data at 12-15 pilot sites during January-February, 2000, followed by distribution of 1Q99 data to all other hospitals during March, 2000, distribution of 2Q99 data during May, and publication of the initial Public Use Data File (PUDF) during September.

THIN and Version 5.0

THIN now accepts only version 5.0 of the UB-92 electronic file format (effective July 1, 1999).

Upgrade to the Data Correction Software

The latest data correction software (Version 4.0.3) is currently available to download from the Council's Web site at www.thcic.state.tx.us/guidelines_hosp.htm New upgrades are listed below:

Modifications in Version 4.0.0 and later:

1. View reports in "ready to print format" directly from menu option
2. Fixed bug causing "SAVE" error when editing the 90 Record remarks field
3. Improved file handling controls to enhance tech support
4. Better export file naming convention
5. Added "include in upload" button and function key options to main screen
6. Added view, edit, add, and delete capability for correction of Type 61 records
7. Added "assessment_date" fields to Type 60 record
8. Fixed bug that prevented updating display of error messages when changing records
9. Cross-referenced lookups and field-to-field dependencies
10. Added menu option to delete all claims where Bill_Type = "xx8"
11. Modified search functions to only find records matching the current view mode
12. Changed SQL input statement box to Courier 8 point bold for syntax readability

13. Modified SQL execute button to strip CR & LF to facilitate e-mailed SQL statements
14. Added code to correct the record counters after executing an SQL statement
15. Improved interface and response time for selection of “claim processing options”
16. Restricted zip menu option: Only files larger than 1/2 meg can be zipped
17. Fixed display of erroneous information on tabs containing no data

1600 Format

Some hospitals have misinterpreted THCIC’s reporting requirements and incorrectly assumed that the data elements included in the HCIA 1600 format meet the Council’s reporting requirements.

WRONG!

If your hospital or vendor has made this assumption, the institution is in violation of the Council’s data reporting requirements. If you have not been contacted by THCIC already concerning this deficiency, please contact Dee Shaw ASAP (512/424-6490 or dshaw@thcic.state.tx.us).

PUDF

Data elements to be included in the public use data file (PUDF) were specified in a proposed administrative rule that was formally laid-out on September 17 and published in the October 9, 1999 edition of the *Texas Register*. Note that this list of data elements is subset of the larger list of data elements that hospitals must report. The proposed rule can also be viewed on the THCIC Web site at www.thcic.state.tx.us

The proposed rule is subject to modification. Despite talk about possibly changing the Council’s reporting requirements in the future, the existing rule defining which data elements must be reported prevails.

Correction of 1998 Data

Due to delays and requests from many hospitals, the Council has agreed that 1998 data from Q2, Q3 and Q4 will not be returned to hospitals for certification. This data will be used only for the Council’s in-house research. Public reports based on these data files will be aggregated in such a way that the identity of hospitals cannot be determined.

Even so, we have not yet definitively determined whether the 1998 data can be shielded from a request under the Open Records Act. At this time, we have to operate under the assumption that an interested party might request the data, even though it has not been certified and that they might be able to obtain the hospital level data. Therefore, it is in your hospital’s best interest to correct the data to a reasonable level.

Note that **no corrections** of any **1998** discharge data will be accepted after December 1, 1999.

Director, Health Information

Zhongmin Li (Ph.D.) began working for the Council during July as our new Director of Health Information. Before coming to THCIC, Dr. Li worked extensively with health care data for almost 10 years, largely with the workers’ compensation system. He can be reached at zli@thcic.state.tx.us

Emphasis on Correct Spelling of Provider Names and Entry of License Numbers

Please instruct your data entry staff to be very careful when they enter the hospital names, hospital addresses, THCIC Provider Codes, EIN, Medicare provider number, physician names, (correct format of name)

state license numbers or UPIN numbers. Also, it is essential that hospitals provide either “SL” or “UP” in Record 80, Field 04, Positions 25-26. Failure to do so will result in an error designation.

The acceptable format for reporting physician name is: Last Name, First Name, Middle Initial, Suffix (for example: Doe, Joe Z., III)

Reminder: THCIC I.D. Code

A unique 3-space alphanumeric I.D. code has been assigned to each hospital. As a matter of policy, THCIC requests that you insert this code in Record 10, Field 20, positions 190-192.

Creation of this additional hospital identifier was necessitated because some hospitals are inconsistent in the formatting of their names and addresses (for example, “St.”/“Saint” or “Ave.”/“Ave”/“Avenue”), and/or share addresses, employer identification numbers, and other common identifiers, thus leading to confusion in some cases.

By using a hospital-specific code, the possibility of erroneous assignment of hospital data will be further minimized. If your institution is already using this field for

other purposes, please contact Dr. Bruce Burns at bburns@thcic.state.tx.us or (512) 424-6493 as soon as possible.

Importance of Consistent Use of Street Address

Please check your submissions to make sure that the address used is the hospital’s physical address and that it is presented in an identical manner on EVERY batch of claims that you submit. THCIC expects to see the following information in the 10 Record. A list (Excel File) is provided on the Web site at:

www.thcic.state.tx.us/Hospitals/Hospitals_Name_and_Address.xls

Field	Positions	THCIC Expected Sequence
4	8-17	EIN 0621669572
6	22-34	Medicare 450662
12	97-121	Valley Regional Med Ctr
13	122-146	1 Ted Hunt Boulevard
14	147-160	Brownsville
15	161-162	TX
16	163-171	ZIP 785217899
20	190-192	ID CODE C74



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 12, 1999

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 2 Number 6

- 1** Certification Process Orientation and Training Classes
 - 2** Pilot Project Is In Progress
 - 3** General Findings From Pilot Study
 - 4** Replacement Of Key Field Information
 - 5** Physician Edits Turned Back On
 - 6** Physician Name Format For HCFA UB-92 Electronic File Version 05.0
 - 7** Other New Edits In Effect For Discharges Dated After March 31, 2000
 - 8** HCFA Updates To UB-92 Electronic Version 06.0
 - 9** Data Submission/Corrections And Certification Orientations Registration
-

- 1** Certification Process Orientation and Training Classes

THCIC will be presenting orientation sessions on the data certification process and on the submission and data correction processes. Hospital representatives are encouraged to sign-up for the data certification orientation. The application form is included in this numbered letter (see last page). Registration form must be completed and return to Dee Shaw by fax (512-424-6491) by February 24. Manuals will be provided at the orientation. TABLE GOES HERE

2 Certification Pilot Project is in progress

The Texas Health Care Information Council appreciates the participation of the following hospitals in the certification pilot test program: Austin State Hospital - Austin Baylor/Richardson Medical Center - Richardson Baylor University Medical Center - Dallas BHC Millwood Hospital - Arlington Healthcare Rehabilitation Center of Austin - Austin Henderson Memorial Hospital - Henderson Nix Health Care System - San Antonio Parkland Memorial Hospital - Dallas Presbyterian Hospital of Kaufman - Kaufman San Marcos Treatment Center - San Marcos University Hospital - San Antonio

3 Corrections at Time of Certification

We all hope that all errors will be corrected prior to the time when hospitals are asked to certify a given quarter's data. However, we feel certain that a few systematic errors will surely be discovered late in the game.

Submission of systematic error corrections will be allowed at the time of certification. In fact, systematic error corrections will be accepted until the scheduled deadline for the next quarter's certification. (For example, systematic error corrections for Q1 will be accepted until the scheduled deadline for the certification of Q2 data.)

Publication dates of systematic corrections submitted in conjunction with data certification will be determined on a case-by-case basis. Systematic corrections will be included within a current quarter's published data file when possible. However, if systematic corrections at the time of certification are extensive enough to delay publication of the quarter's data files, the hospital's data will be deleted from the public and research files for that quarter. In such cases, a comment describing the circumstances will be appended to the data files and the hospital's corrected data will be published as a supplementary file when the next public use data file (PUDF) is created.

4 2000 Census

Non-reporting hospitals are reminded that they might be required to begin reporting data according to Chapter 108, Texas Health & Safety Code, if the 2000 census defines their county's population as being in excess of 35,000.

Reminder: Hospitals must renew their exemptions on an annual basis. Questions should be directed to Dee Shaw at 512/424-6490.

5 1600 Format

Reminder: The HCIA 1600 format does not currently include all data elements that are required by Council rule. Currently these data elements are not edited in the THCIC audit process, but these data elements are required to be submitted under Section 1301.12 (b)(4) "For all patients for which the hospital

prepares one or more bills for inpatient services, the hospital shall submit a discharge file corresponding to each bill containing the required data elements required by §1301.19 of this title (relating to Discharge Reports - Records, Data Fields and Codes) and all other data elements included on the bill whether included because of the requirements of third party payers or because of hospital policy. For all patients for which the hospital does not prepare a bill for inpatient services, the hospital shall submit a discharge file containing the required minimum data set."

The Council is currently reviewing the Hospital discharge data rules in response to comment received and in regards to clarifying the language. These rules are scheduled for discussion at the Hospital Discharge Data Committee meeting on December 2nd and 3rd. The Council meetings are open to public and public comment is encouraged at these meetings.

If there is any doubt as to whether your hospital is relying on this format for purposes of reporting to THCIC, call your vendor ASAP.

6 THCIC Technical Advisory Committees

Several of the Council's technical advisory committees (TACs) have vacancies. Vacancies exist or are soon anticipated on the Health Information Systems, Health Maintenance Organizations, Quality Methods, and Consumer Education TACs. If you know of someone who would like to participate on a TAC, please encourage them to download the application form from the THCIC web site and fax (512/424-6491) or mail it to Dee Shaw. The next Appointments Committee will meet on December 2nd to consider all applications.

7 Hospital Primary Contact Update

THCIC communicates essentially with hospitals' primary contacts, who are appointed by the respective hospital administrators. Names of designated contact individuals can be found on the Internet at www.thcic.state.tx.us/Hospitals/Hospitals_Name_and_Address.xls. When a primary contact leaves or is reassigned, a new primary contact should be appointed. Notification to THCIC (signed by the administrator or the previous contact person) should be made on hospital letterhead by mail or fax. **If this Numbered Letter is addressed to a person that is no longer at your facility or that is no longer the primary contact, please contact Dee Shaw at 512-424-6490 or dshaw@thcic.state.tx.us.**