

Texas Health Care Information Council

206 East 9th Street • Suite 19.140 • Austin Texas 78701 • Phone 512-482-3312 • Fax 512-453-2757 • www.thcic.state.tx.us

January 12, 2001

Hospital Numbered Letter Volume 4 Number 1

Basic Training on Data Submission, Corrections and Certification

Operational

On February 2, 2001, THCIC will host a basic data submission, correction and certification training session in Austin at 333 Guadalupe (Hobby Building), Room 100. The training session will begin at 9 a.m. and is anticipated to finish around 4 p.m.

The session is designed for hospital staff new to THCIC's hospital discharge data collection project and will cover the following topics: data submission requirements specific to THCIC, data acceptance or rejection responses by THCIC (THIN and contractors CCS). certification of data process, and use of THCIC's data correction software. Register with Sandra Martin at 512-482-3312.

Conversion to the UB-92 Version 6.0 and Continued Use of Version 5.0

Operational

HCFA released a transmittal memo (A-00-100) on December 22, 2000 that allows providers to continue to use HCFA UB92 Electronic Format Version 5.0 until March 31, 2001. The Council will permit hospitals to submit data in Version 5.0 to the Council for discharges that occur on or before March 31, 2001. The HCFA transmittal memo can be obtain from the HCFA website: http://www.hcfa.gov/pubforms/transmit/memos/comm_date_dsc.htm

Physician audits

Operational

Beginning with 1st quarter 2000 data, the THCIC system began validating the physician license numbers and names. The certification files for this quarter, to be distributed the first of February, will include a new report that documents the physician identifiers that are not found on the CCS reference files.

A fax regarding these audits, the error report and suggestions for addressing the report will be distributed mid January.

Payor source audit (927 warning code) *Operational/Policy*

Beginning with processing of 3rd quarter 2000 data, an audit (927) was implemented to assist hospitals by checking for possible duplication of payor source data. The audit was implemented as a result of reviewing errors encountered in the first two quarters of data. The audit, while working as developed, was producing more warning messages than desired. Staff felt that the audit was counterproductive and that it should be restructured to better uncover possible duplicates.

Thus THCIC suspended the 927 audit. The effective date of the suspension was 12/11/2000.

THCIC intends to change the logic of the audit to better sift through the possible duplicates. Hospitals will be notified at least

90 days prior to implementation of the revised logic.

County and Public Health Region Codes To Be Released

Communication

Starting with release of the third quarter 1999 hospital discharge data, both county code and Texas public health region will be included in the public use data file (PUDF). The county code will be assigned to each discharge record based on valid 5-digit patient ZIP code. If a ZIP code covers multiple counties, the ZIP code will be assigned to the county with the larger share of the population. The council staff will also provide a crosswalk table for county name on THCIC web site. The eleven public health regions are determined by the Texas Department of Health.

State Code Audit

Operational

The audit to validate the two digit state code was implemented effective with 3rd quarter 1999 data. During certification of the 3rd quarter data, a hospital found that the state code table being used for validation did not contained all codes recognized by the US Postal Service, in particular, the American territories.

Effective December 20, 2000, the table was expanded to include all codes recognized by the USPS, including the codes for the Canadian provinces. For Canadian provinces, the ZIP code should be set to "00000" or "XXXXXX". Any other value will result in an error.

For all other countries, including Mexico, use either "FC" or "XX" in the state code.

PUDF Software License

Communication

This is a reminder to hospitals that they must purchase the PUDF license in order to contract with a vendor for processing the data if they receive a copy of the data in original or processed form from the vendor. Vendors that purchase the PUDF are permitted to create reports for hospitals, however, a hospital cannot legally obtain any part of the PUDF data file through the vendor without purchasing the PUDF license through THCIC and signing a data use agreement.

Correction to Vol3Num17 Newsletter

Operational/Communication

Hospital Timelines

We erroneously reported that comments on the quarterly data could be emailed to Commonwealth. This is incorrect.

Send certification comments to Commonwealth via the mailbox or mail comments on a diskette in ACSII text format to:

> Commonwealth Clinical Systems 1650 State Farm Blvd Charlottesville, VA 22911

1Q00 PUDF Comments

Operational

THCIC would like to remind hospitals that comments for the Public Use Data File should not contain confidential information that could lead to the identity of physicians or patients. In previous quarters several hospitals submitted comments that contained patient specific age and admit and discharge date. Beginning with 1Q00 comments, THCIC will not be responsible for identifying confidential information that has been inadvertently included in the hospital's

comments. Please review your comments before submitting them to Commonwealth.

Technical Advisory Committee (TAC) Vacancies

Communication

THCIC is currently accepting applications for TAC membership. The Health Information Systems TAC (HIS) Consumer Education (CE) TAC have one vacancy each and the Health Maintenance Organization TAC (HMO) and the Quality Methods (QM) TAC have two vacancies each. Of the two vacancies on the Quality Methods TAC, one must be filled by a practicing physician. THCIC is also accepting applications for the Provider Quality (PQ) TAC.

TAC applications may be found on the THCIC web site www.thcic.state.tx.us at http://www.thcic.state.tx.us/application.htm along with instructions on how to submit the application.

TAC Descriptions:

HIS TAC (8 members)

Individuals who have expertise in hospital information systems, health information management, quality management, and security of confidential data for the development of methods for data collection and warehousing, and the development of methods for linking existing and future databases.

HMO TAC (9 members)

Individuals representing consumers and each type of health plan to assist in the development of data collection requirements for health benefit plans and the development of methods, standards, and formats for the public reporting of data pertaining to health maintenance organizations.

QM TAC (9 members)

Individuals that must include at least 5 practicing physicians to assist and advise the Council concerning: (1) the research design and the development of objective scientific data analyses, and (2) the production of meaningful statistical reports that address the public's need for information on health care quality.

CE TAC (7 members)

Individuals that will act as a public relations/marketing/advertising advisor to the

Council and its Technical Advisory Committees.

PO TAC (9 members)

Individuals that must include at least 5 practicing physicians to develop and interpret data elements necessary to determine the quality of inpatient care and develop and format reports and information relating to provider quality.

Questions?

Phone: (888) 308-4953 Fax (804) 979-1047 Email: THClChelp@comclin.net

HIPAA Update

Communication

Final rule on Standards for Privacy published

The final rule for Standards on Privacy of Individually Identifiable Health Information was release on December 28, 2000. This is the second of the "package" of interlocking regulations to improve the efficiency and effectiveness of the health care system. The final rule (all 1500+pages) can be found at http://aspe.hhs.gov/admnsimp/.

Three more rules are expected in the early part of 2001. These rules will address

- 1. a unique employer identifier,
- 2. a unique provider identifier, and
- 3. security of electronic information systems.

In the wings and yet unpublished, are rules establishing

- 1. a unique identifier for health plans,
- 2. transfer of standard data elements between health plans,
- 3. claims attachments, and
- 4. enforcement.

These four rules are targeted for the second half of 2001.

Privacy rule synopsis

The privacy standards affect all providers and their business associates. The focus of the standards are

- protection of patient data by restricting data exchange,
- de-identification of data, and
- requiring patient consent and authorization prior to sharing of data.

The requirements have the potential for a greater effect on hospital's information systems, hospital operations (administrative and service delivery) as well as staff education.

Key provisions of the Privacy final rule include:

- All paper records and oral communications as well as electronic records are covered.
- Patients must receive a clear written notice of their rights, explaining how their medical information will be stored, used and disclosed.
- Patients have the right to obtain, within 60 days of their request, a disclosure history listing entities that obtained information unrelated to treatment, payment or healthcare operations.
- Providers must appoint a "privacy officer" to develop, implement and monitor privacy policies within the organization and to help patients with privacy questions and concerns.
- Employees must receive training on the organization's privacy policies.

- Written consent must be obtained in advance from the patient for routine transfer of information. A single signature would cover the disclosure of information for treatment and billing, but additional signatures would be needed for other uses, such as disclosure of medical information to an employer. [Permission to release medical information cannot be required as a condition of treatment].
- Patients will have the right to inspect, copy and amend information in their record. If such requests are denied, the rule permits patients to file a complaint with the health care provider or the federal government.
- For most disclosures of information, such as billing, providers may send only the minimum information necessary.
- For purposes of treatment, providers have full discretion in determining what information to send to other providers.
- Providers must ensure compliance with these standards by their business associates. Providers can be held responsible if they know of a violation by a business associate and take no steps to correct that situation.
- Providers are expected to write business associate agreements that ensure each party complies with the law.
- The regulation establishes different levels of penalty for non-compliance, ranging from a \$100 per person fine per incident of unintentional disclosure up to a \$250,000 fine and 10 years in jail for selling medical information.

THCIC will be assessing the impact of both the Rule on Standards for Electronic Transactions and Privacy of Individually Identifiable Health Information on its Hospital Discharge Data Collection effort and notify hospitals as timely as possible of any changes required due to the new regulations.

HIPAA implementation planning

An industry consensus organization, SNIP (Strategic National Implementation Process) is leading the effort toward a industry wide implementation plan. SNIP is working under the charter of the Workgroup for Electronic Data Interchange (WEDI).

SNIPs purpose is to develop an industry voluntary solution to practical issues of interpretation and workflow inconsistencies surrounding implementation of HIPAA. SNIP has the support of not only the provider and payor communities but also HCFA.

This organization has progress fast and far in the nine months that it has been in existence. SNIP convenes quarterly progress meetings as a means of sharing information and obtaining feedback. The next conference is scheduled for January 15 - 16 in Chicago.

Information on SNIP and the conference can be found at http://www.wedi.org/SNIP/.

Review Prior Quarter Certification Files

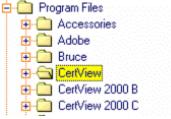
Operational

Question: I want to review data from all of the quarters submitted to THCIC? How do I do that?

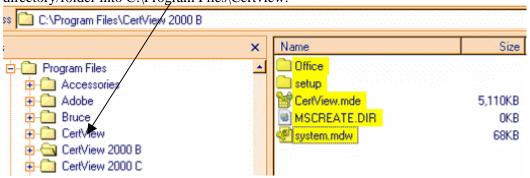
If you desire to look at data 1Q99 or 2Q99 and you have already loaded the new certification software to review and certify 3Q99, you will find that you cannot import the old data files into the new software. The certification software database was updated between 2Q99 data certification release and the release of 3Q99 data for certification. Both software programs are run from the directory C:\Program Files\CertView and you cannot have both ACCESS ".mde" database program files located in the same directory/folder. So in order to view any of the quarters of data you will need to follow the steps below.

The suggested method of creating the option to look at the prior certification files is to locate copies of CertView 2000B, (the old certification program) and CertView 2000C, (the newer certification program). If you do not have sufficient hard drive space you will only be able to install the appropriate software each time you want to change to different quarters of data 1Q99/2Q99 or 3Q99/4Q99. Below are steps to install both versions of Certview

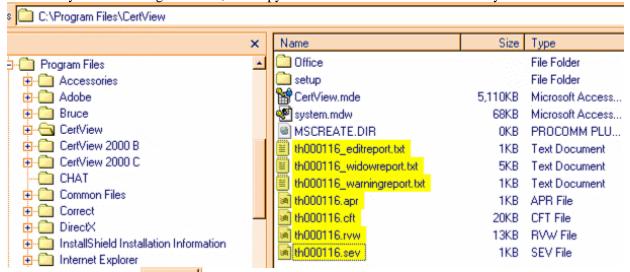
- 1. If you currently have the CertView 2000C version installed, open Windows Explorer/File Manager and rename the CertView directory/folder to CertView 2000C. If you only have CertView 2000B installed, rename the CertView directory/folder to CertView 2000B.
- 2. After renaming C:\Program Files\CertView to either CertView 2000B or CertView 2000C. Begin the install process of CertView 2000B or CertView 2000C, whichever you did not have on your computer.
- 3. After installing rename this newly installed C:\Program Files\CertView directory/folder with the appropriate name, probably CertView 2000B. (Because you want to go back and look at the older data.)
- 4. Now install CertView 2000C once again.
- 5. You should now have three copies of the CertView Software on your computer. If you do not have enough disk space then you need to reinstall the appropriate software each time.



6. Identify which data (1Q99 or 2Q99/ 2000B or 3Q99 or newer/2000C) you would like to view and and **Copy** the corresponding contents of the appropriate software version directory/folder into C:\Program Files\Certview.



7. Once the appropriate software files are located in C:\Program Files\CertView. Retrieve the data files from your data storage location, and copy the data files into the same directory/folder.



- 8. You can press your button in the lower left corner of the computer screen and select "Programs" then select "CertView". This will bring up your CertView software; look at the top of Certification Data Viewer window for the version of the database.
- 9. After you have both software versions loaded on your computer you can repeat steps 6 through 8. Make sure the data software corresponds with the data otherwise the data will not be imported. Do not change the filenames of the data files. If you modify the data file names you will import the data into the wrong positions.
- 10. Look at the file extension or the file types to determine which data goes with which software.1Q99 and 2Q99 data has the filenames that looks like THnnnnn.cft (nnnnn represents your THCIC ID#) or THnnnnnn (this does not show the file extensions), THnnnnnn.rvw, THnnnnnn.apr or THnnnnnn.sev can only be imported into the 2000B version of the CertView software. The filenames for 3Q99 through current day look similar, but are not, THnnnnnn_cft.txt or THnnnnnn_cft, THnnnnnn_rvw.txt or THnnnnnn_rvw, THnnnnnn_apr.txt or THnnnnnn_apr and THnnnnnn_sev.txt or THnnnnnn_sev will only be imported into the 2000C version of the CertView software. If you need to look at the other data, close the Certview program and copy the contents of the other database directory/folder into C:\Program Files\CertView as directed in steps 6 through 8 above.

Advanced Users Option:

If you are more advanced you can create shortcuts to the 2000B.mde and 2000C.mde files and put those shortcuts into "Start Menu", "CertView" pop-up window. You will only need to copy the data into C:\Program Files\CertView.

<u>Please only put the one quarter of data into the C:\Program Files\CertView directory/folder at a time, otherwise you may confuse the software.</u>

<u>It is best to open the CertView program through the "Start Menu". You will probably create a program error if you attempt to open the database file from your Microsoft ACCESS program.</u>

Upcoming Meetings or Training

Communication

- Data Submission, Correction, and Certification training: February 2, 2001
- **HIS TAC meeting**: February 13, 2001
- THCIC Board meeting: February 23, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Upcoming Deadlines

- 4th quarter 1999 certification letters due February 1, 2001
- Hospitals receive (retrieve) 1st quarter 2000 certification February 1, 2001
- Cutoff for submission of 2nd quarter 2000 claims corrections February 28, 2001
- Submission of 4th quarter 2000 due March 1, 2001
- Last day to submit changes during certification of 1st quarter 2000 data March 9, 2001

Questions?

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January 26, 2001

Hospital Numbered Letter Volume 4 Number 2

Physician Audits Go Into Effect With Certification of 1st Quarter 2000 Data

Beginning with certification of 1st quarter 2000 claims, physician license numbers will be validated for accuracy. The validation will include comparing the physician data on the record to the THCIC Practitioner file maintained by Commonwealth.

The physician identifiers will be validated as well against the first three letters of the physician's last name and the first letter of the physician's first name. Those claims that fail the audits will be reported back to the hospital via a new report, the Unidentified Physician ID Summary Report.

THCIC delayed implementing the audits for one year in order to give hospitals ample opportunity to align or develop systems and processes to report physician data accurately. "Accurately" is defined here as matching with the information provided by the State Board of Medical Examiners (state license number) or the Health Care Financing Administration (UPIN).

THCIC is aware that a "lag" time exists between when a physician is licensed or given a UPIN and when THCIC receives the information. Therefore, there may be instances when the physician is not listed in the Practitioner file. The occurrences of these instances are strongly related to the number of physicians that are practicing at the hospital and have recently received a new license number or made a change in the information that is held by the State Board of Medical Examiners.

As with most "first time" things, we expect that some hospitals will have reports that contain more errors than expected and that this first effort to correct the data may not proceed as fast as desired due to the learning curve for the hospital staff.

Attached is a Fact Sheet for the new report.

Questions?

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FACT SHEET

For new THCIC Certification Report

Unidentified Physician ID Summary Report

Report Title: Unidentified Physician ID Summary Report

Report File Name: THNNNNNN_doc_rpt.txt

Report Format: ASCII Text

Effective Date: Beginning with Certification of Claim Data Submitted for 1st quarter 2000

Beginning with certification of 1st quarter 2000 claims, physician license numbers will be validated for accuracy. Those claims that fail the audits will be reported back to the hospital via the Unidentified Physician ID Summary Report.

The audits that will cause claims to appear on the report are as follows:

	Audit Message	r e
The physician qualifying code must contain "SL" or "UP"	Physician Number Qualifying Code must be SL or UP.	922
The identifier for the attending physician cannot be blank or contain zeros.	Attending physician number is required.	914
The attending physician identifier must contain either (1) a temporary license number ("TXT", "OTH", "RES", "TEM"), or (2) must contain a license number in the Practitioner Reference File (Texas license number or UPIN) and the first three letters of the physician's last name must match the first three letters of the physician's last name in the Practitioner Reference File.	Physician identifier not found in reference files for Attending Physician.	915
The operating physician identifier contains a non-blank but does not contain either (1) a temporary license number ("TXT", "OTH", "RES", "TEM"), or (2) (2) a license number in the Practitioner Reference File (Texas license number or UPIN) and the first three letters of the physician's last name must match the first three letters of the physician's last name in the Practitioner Reference File.	Physician identifier not found in reference files for Operating Physician.	916
The other physician #1 identifier contains a non-blank but does not contain either (1) a temporary license number ("TXT", "OTH", "RES", "TEM"), or (2) (2) a license number in the Practitioner Reference File (Texas license number or UPIN) and the first three letters of the physician's last name must match the first three letters of the physician's last name in the Practitioner Reference File.	Physician identifier not found in reference files for Other Physician #1.	918
The other physician #2 identifier contains a non-blank but does not contain either (1) a temporary license number ("TXT", "OTH", "RES", "TEM"), or (2) (2) a license number in the Practitioner Reference File (Texas license number or UPIN) and the first three letters of the physician's last name must match the first three letters of the physician's last name in the Practitioner Reference File.	Physician identifier not found in reference files for Other Physician #2.	919

Report Field Definitions:

Patient Control Number - The hospital assigned number for a particular patient encounter.

Qual Code – The two-character code that identifies which type of license is being used to identify physician information (Values: 'UP' for UPIN or 'SL' for state license).

Physician ID – The license number (state or UPIN) of the practitioner(s) that provided care for the patient.

Physician Name – The name of the practitioner(s) that provided care for the patient.

Position – Contains a descriptor for which practitioner field(s) is in error. This does not identify whether the identifier or the name is in error. Possible values are: Attending, Operating, Doctor #1, and Doctor #2.

Sample Report

Texas Health Care Information Council Unidentified Physician ID Summary Report Date: 12-Jan-2001

THCIC# 999999 A Texas Hospital

PATIENT CONTROL #	QUAL CODE	PHYSICIAN ID	PHYSICIAN N	AME		POSITION
34325000704479472	SL	XXX15	WENT	JOE	Α	OPERATING
34325000704481655	UP	AA398 AA398 AA398	MARSHALL MARSHALL MARSHALL	JOE JOE JOE	0 0 0	ATTENDING OPERATING DOCTOR #1
34325000704483091	SL	GGG7 GGG7	LENNY LENNY	C C	M M	ATTENDING OPERATING

Suggestions for Correcting Error Data

Errors reported in the Unidentified Physician ID Summary Report can be researched and corrected as follows:

- (1) Validate the physician's license number and first three letters of the physician's last name and the first letter of the physician's first name against the hospital's own files.
- (2) Validate the physician's license number and the first three letters of the physician's last name using either
 - **a.** the Bureau of Medical Examiners' website (<u>www.bme.state.tx.us</u>) for state license numbers, or
 - **b.** a UPIN website (<u>www.cpg.mcw.edu/htbin/tx</u> or <u>www.accuchecker.com/UPIN/</u>) for UPINs.

Then, based on the findings, the following options can be taken:

Research Finding	Action	
Either the license number and / or the physician name are not accurate in the hospital's files (relative to the websites).	Correct claim(s) and return corrected claims to Commonwealth.	No <u>Yes</u>
If the hospital would like assistance with correcting their claims.	Email THCICHELP for a work estimate to correct all physician problems and re-generate THCIC Certification Data**	Yes
The license number and the physician last name match those on the websites.	Consider adding a comment at certification similar to: All physician license numbers and names have been validated with the physician and the website(s) as accurate but some remain unidentified in the THCIC Practitioner Reference Files.	No

- ** Steps to follow if you request assistance from Commonwealth:
- 1. Using the above websites, determine the correct name and/or license number.
- 2. Make a list of Physician Corrections using a spreadsheet (Microsoft Excel with text formatted fields [to keep leading zeros from disappearing]). The list should contain the following items
 - a. medical record number (MRN)
 - b. patient control number (PCN)
 - c. current license number
 - d. replacement license number or blank (if you want to remove the license number)
 - e. replacement physician name (if needed)
- 3. Email the THCIC Helpdesk (or call) with the list attached and request physician corrections and re-generation of 1st QTR 2000 Certification Data Set. (There will be a charge to the hospital for this service). You will receive a work estimate that will detail the next steps and associated charges.



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February 9, 2001

Hospital Numbered Letter Volume 4 Number 3

REMINDER ON ERROR CODE 827

Operations

The use of the 30/22 record combination to report payor information has been something of a stumbling block for hospitals. The 22 record is a state specific record used to report, among other things, "non-standard" payment sources (if they exist).

Error code 827 identifies the claims where the number of 22 records and the number of 30 records are not the same. There must be the same number of 22 records as 30 records. At a minimum, one 22 record and one 30 record are required.

There has been confusion in situations where there is no non-standard source of payment. Hospitals have assumed that since there is no value, a 22 record is not being created, and the result is the 827 error code. As hospital systems are being changed to accommodate version 6.0 of the UB92, we are seeing an increase in the number of 827 errors caused by the missing 22 record.

A quick refresher --- The 30 record contains the code that identifies what is known as the common or "standard" sources of payment. The 22 record contains the code for what is called the "non-standard" sources of payment. Even if there is <u>not</u> a "non-standard" source of payment, the 22 record must be submitted and the code will have a value of blank. For instance, if two payors are billed for services for a claim, then there should be two sets of records (30 & 22). Each 30 record will contain different codes to identify the "standard" payor source field (field 04). Each 22 record will contain the same data in fields 1-8. Field 9 of the 22 records will be different for each 22 record. In some situations, the appropriate code for the field may be a blank.

Questions?

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CCS OFFERING A NEW "REMINDER" SERVICE

Policy Operations

Commonwealth is offering hospitals the opportunity to subscribe to a notification "listserv" to enable quick distribution of key information from Commonwealth. This is <u>in addition to</u> the newsletter, email and fax notifications you receive from THCIC. The only requirement for signing up is that you have an email address.

To subscribe simply send an email to <u>Diana@comclin.net</u> and indicate that you would like to be added to the email notification list.

LEGISLATION

Policy

Hospital liaisons should bring the following Texas legislative bills dealing with privacy to the attention of their director of information services and administrator: SB 11 and HB 1221. Copies can be downloaded from the Texas Legislature's Web site at www.capitol.state.tx.us.

These bills overlap in some respect, and are intended to extend privacy protections beyond those offered by HIPAA. They also carry resource implications for your information systems and legal departments, as well as others.

CORRECTION TO NEWSLETTER Vol. 4 Num 2

A cost item in the table in the last newsletter incorrectly stated that there would not be a charge for submitting corrected claims on physician ID problems.

Research Finding	Action	Cost
Either the license number and / or the physician name are not accurate in the hospital's files (relative to the websites).	Correct claim(s) and return corrected claims to Commonwealth.	No <u>Yes</u>
If the hospital would like assistance with correcting their claims.	Email THCICHELP for a work estimate to correct all physician problems and re-generate THCIC Certification Data**	Yes
The license number and the physician last name match those on the websites.	Consider adding a comment at certification similar to: All physician license numbers and names have been validated with the physician and the website(s) as accurate but some remain unidentified in the THCIC Practitioner Reference Files.	No

CERTIFICATION PROCESS

Policy Operations

A paraphrase of Council rules states the following regarding certification in §1301.17(c):

The certification shall represent that a review of hospital records was accomplished, errors and omissions known to the hospital have been corrected, and the data submitted is accurate and complete to the best of their knowledge and belief. The State expects hospitals to review their data for accuracy and completeness prior to returning their certification form.

In addition, the certification shall also represent that the hospital has provided physicians and other health professionals on it's medical staff a reasonable opportunity to review the discharge files for which they were the admitting or treating physician or other health professional for the patient prior to certification. This opportunity for review is required by law. The Council expects that this has been completed when the certification form is signed and returned to the Council's office. Electing to not certify the data does not release the hospital from the above requirements.

The Council realizes that the certification process is laborious and requires much time and resources from the hospital to complete. This requirement stems from the 76th Session, Texas Legislature, which added new definitions to the statutes. The Council modified it's rules to assure that the data has been reviewed and that the data is as accurate and complete as it can reasonably be.

The statute also states "A person who fails to supply available data under Sections 108.009 and 108.010 is liable for a civil penalty of not less than \$1,000 or more than \$10,000 for each act of violation."

We highly recommend the hospital staff in charge of the data certification process review the statutes and rules affecting your hospital. If you or your hospital disagree with a statute or rule, become involved in the decision making process. Changes to statutes must be made at the legislative level, so you would need to contact your legislative Senator or Representative (http://www.capitol.state.tx.us/fyi/fyi.htm). Changes to rules are made at the Council level and much of the discussion of issues occurs at the **Technical** Advisory Committee (TAC) level (http://www.thcic.state.tx.us/Technical Advisory Committees.htm). The schedule for Council **TAC** meetings and posted http://www.thcic.state.tx.us/Calendar.htm.

UPCOMING MEETINGS

- **HIS TAC meeting**: February 13, 2001 (Cancelled)
- **THCIC Board meeting**: February 23, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

UPCOMING DEADLINES

- 4th quarter 1999 certification letters due February 1, 2001
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- Cutoff for submission of 2nd quarter 2000 claims corrections February 28, 2001
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February 28, 2001

Hospital Numbered Letter Volume 4 Number 4

THCIC Technical Advisory Committee (TAC) Applicant Search

Information For All

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

Health Information Systems TAC

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

Health Maintenance Organization TAC

Membership consists of consumers and each type of issuer of health benefit plans.

Quality Methods TAC

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

Consumer Education TAC

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

Peer Review and Provider Quality TAC is currently inactive.

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

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

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

"The Process"

Operations

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

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

Correct – Data returned to hospitals from Commonwealth Clinical Systems (CCS) that are in error using the Corrections Software provided by CCS; or by

Submitting a replacement claim (XX7) or void/cancel claim (XX8) and a corrected original bill to THIN; or by

Using a vendor's correction mechanism; or by

Using the TX-ACE software provided by THIN at no charge to key in replacement claims (XX7).

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

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

Reminder

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

HIPAA Notice

Policy

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

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

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

EMAIL -----

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

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

- (a) be a "modification" -- and not "maintenance" -- that is "necessary to permit compliance with the standard or implementation specification," and
- (b) be received by the Designated Standards Maintenance Organizations (DSMO) Change Request System (www.hipaa-dsmo.org) no later than 2 March 2001.

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

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

3Q99 PUDF to be released early March

Communication

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

Media Coverage of THCIC's First Release of Hospital Data

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

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

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

Hospital Comments on 1st Quarter 2000 Data

Operations

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

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

- Data is administrative data, collected for billing purposes, not clinical data.
- Data is submitted in a standard government format, the UB-92 (or HCFA 1450). State specifications require the submission of additional data elements. These data elements include race, ethnicity and non-standard source of payment. Because these data elements are not sent to payers and may not be part of the hospital's standard data collection process, there may be an increase in the error rate for these elements. Data users should not conclude that billing data sent to payers is inaccurate.
- Hospitals are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information is generally not provided by the patient, rather, it is collected subjectively and may not be accurate.
- Hospitals are required to submit data approximately 60 days after the close of a calendar quarter (hospital data submission vendor deadlines may be sooner). Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. Therefore, data for each quarter may not be complete. This can also affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.
- Hospitals record as many as twenty-five diagnosis codes and twenty-five procedure codes for each patient for billing purposes. Data submitted to THCIC is limited to nine diagnosis codes and six procedure codes. Therefore, the data submitted may not fully represent all diagnoses treated by the hospital or all procedures performed. A consequence may be that sicker patients with more than nine diagnoses or undergoing more than six procedures are not accurately reflected. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- THCIC assigns the Risk of Mortality and Severity of Illness scores using the APR-DRG methodology designed by 3M Corporation. These scores may be affected by the limited number of diagnosis and procedure codes collected by THCIC and may be understated.
- Length of Stay is limited to three characters in length and therefore cannot exceed 999 days. A few patients are discharged from some hospitals after stays of more than 999 days and the length of stay for these patients, presented as 999 days, is not correct.

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

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

- The Source of Admission data element is suppressed if the Type of Admission field indicates the patient is newborn. The condition of the newborn can be determined from the diagnosis codes. Source of admission for newborns is suppressed indefinitely.
- Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

See proposed HDD Rules in the Texas Register

April 28, 2001

Questions?

Phone: (888) 308-4953 Fax (804) 979-1047 Email: THClChelp@comclin.net



Texas Health Care Information Council

206 East 9th Street • Suite 19.140 • Austin Texas 78701 • Phone 512-482-3312 • Fax 512-453-2757 • www.thcic.state.tx.us

March 15, 2001

Hospital Numbered Letter Volume 4 Number 5

Data Correction Policy

Policy

There have been questions regarding the instruction given by the Helpdesk concerning whether errors must be corrected, especially as they relate to the expectation for correcting the physician data for 1st Quarter 2000 certification.

THCIC has not set a quality or accuracy "threshold" for data. However, THCIC recognizes that hospitals need more specific instruction covering the need to correct errors. The Executive Director has asked the Council's Executive Committee address this issue at its next meeting. Until that time, the expectation for correction of errored data is to do the best that can be done with available resources.

Certifying with Comments

Operations

A few of the hospitals that are "certifying with comments" are either forgetting to send their comments to Commonwealth or are having a technical problem.

If your hospital has been notified that your comments were not received or accepted at Commonwealth, please make sure that your comments are being sent electronically to Commonwealth using the CertView software. Comments should be submitted no later than the applicable certification deadline and will not be accepted by e-mail or fax. It is each hospital's responsibility to

insure CCS receives certification comments in the correct format.

Hospitals needing assistance with creating comments for certification should call the THCIC Helpdesk at 888-308-4953.

New Release of CertView Coming Soon

Information

A new version of the certification software, CertView 2001a, will be released concurrently with distribution of your 2nd Quarter 2000 certification files (around April 1st). This new version contains changes that will improve the use of the software. You can recognize the new software by its **green** background.

The changes that will appear in this new version are as follows:

- 1. The option to sort the Encounter and the Medpar/Revenue views in ascending and descending order by patient name has been added to the display toolbar.
- 2. The order of the records in the Encounter and the Medpar/Revenue views have been matched to ensure that the relative record positions of the two files correspond (i.e., the first record of the Encounter view matches the associated record in the Medpar/Revenue view).
- 3. The certification change request form and the certification letter have been changed to print the quarter

- being documented (i.e., 2nd Quarter 2000) directly under the page titles.
- 4. An error in the physician reporting has been corrected.
- 5. The first "header" line in the electronic comments page now includes the name of the hospital.

Proposed Rule Changes for THCIC *Policy*

The Council has proposed amendments to the hospital discharge data rules. Text of the proposed rules can be obtained from the Council's website http://www.thcic.state.tx.us/Rules.htm and from the **Texas** Register at http://lamb.sos.state.tx.us/texreg/index.html. Comments to rules must be submitted on or before April 16, 2001. There will be a public forum to receive verbal comments on April 3 beginning at 9:00 am in Austin at 206 E 9th Street, floor 20, classroom B.

Major Changes to the rules.

The following changes are required by legislative mandate.

- Establish Research Data File criteria for release of additional data elements (HB1513, 76th Session)
- Establish membership and guidelines for the Scientific Review Panel (HB1513, 76th Session)
- 3) Establish the characters to be used in the of Uniform Physician Identifier (HB1513, 76th Session)

The following changes are improvements to the existing processes

- 4) Adopt state specific data set (THCIC Staff, HIS TAC and Hospitals)
 - a) Removes requirement to submit as the hospital would submit to a payer.
 - b) Requires the hospital to submit separate discharge files for mother and each newborn for newborn deliveries.

- c) Standardize formats and version changes with HCFA requirements.
- d) Requires state specific data elements submission for Primary and Secondary payer source information (Secondary payer source is situational, required if more than one payer receives a bill).
- e) Requires use of state licensing board data (license numbers and names) for identifying health professionals.

The following changes provide clarifications for existing processes

- 5) Establish criteria and deadlines for submission of late discharge files.
- 6) Set expectation for hospitals to correct or comment on errors.
- 7) Certification process
 - a) Establish specific dates for submitting corrections prior to certification;
 - b) Establishes expectations of the hospital's internal processes for certification, including:
 - i) Procedures are in place to validate data:
 - ii) Identified errors have been corrected or commented about; and.
 - iii) Health professionals have been provided an opportunity to review and comment on their patients' data;
 - c) Establishes due dates for submission of certification form and penalties for failure to submit;
 - d) Synchronizes due dates for certification form and comments;
 - e) Specifies significance of the signed certification form;
 - f) Requires hospital to sign and return certification form;
 - g) Establishes expectation that, in hospital's best judgment, the data accurately represents the hospitals administrative status;

- h) Requires that hospitals electing not to certify their data must submit a written justification to any unresolved issues;
- i) Explains that "uncertified" data may appear in the public use data file.
- 8) Establishes Multi site facility reporting requirements.
- 9) Terminology/definitions (HIS TAC)
 - a) Treating Physician
- "Admitting" changed to "Attending"

Use of "Accept as Is" and "Return to Provider"

A Guide to Suggested Use of Data Corrections Software Operations

The Data Corrections Software is provided by THCIC to hospitals as a tool for hospitals to receive, identify, correct and return claims that have been found to contain possible errors during processing by the Health Care Data Collection System (System).

The tool is used in two places in the Data Collection effort. first during data submission to correct errors found in claims and when first submitted. later in certification as a final correction mechanism for those claims submitted during certification. Claims returned for correction either can be corrected and returned to Commonwealth for reprocessing or can be removed (or deleted) from processing.

There are three options available in the software that can be used by the hospital for each claim returned for correction. They are as follows:

- 1. Change the claim record as needed and set the "return indicator" for the claim to "Return to Provider if additional errors are found";
- 2. Make some or no changes to the claim records and set the "return indicator" to "Accept as is, no further corrections are required",

- which also means that no corrections can be made until data certification; and
- 3. Delete the claim from processing by setting the "return indicator" to "Delete this claim from all processor records".

Option 1 is used when the hospital has corrected a claim and wants to return the claim to be reprocessed. This claim will be reprocessed through the System and any additional errors found during reprocessing will be returned to the hospital for another round of corrections.

Option 2 should be used only when the hospital has determined that the data is as good as the hospital wants the data to be, even though the HCDCS issues error/warning code. The indicator tells the system to ignore any errors in the claim and accept the claim. Even if the system identifies other while new errors reprocessing the claim, which might alert the hospital to a potential failure in their system, those errors will not be returned to the hospital for an additional opportunity for Thus it is important that the correction. hospital has corrected all "correctable" errors before using the "Accept as is" flag.

Option 3 is straightforward in its use. This option removes a claim from the system. This option is used when a claim should not have been submitted or when the hospital would rather re-submit a corrected claim using a UB-92 transaction that is sent to THIN.

RECOMMENDATION:

THCIC recommends that Option 1 be used each time the hospital makes changes to a claim in question and submits the claim for reprocessing. If a new error surfaces during the reprocessing, the hospital will receive the new error for review and correction.

Only when the hospital has corrected all correctable errors and the hospital can accept any remaining errors, should the hospital use Option 2.

The following decision chart provides a guide for deciding when to use the three options.

Condition	Action
Claims found to contain errors are returned for the first time.	Correct the claim and flag the claim to "Return to Provider if additional errors are found" and resubmit the claim to Commonwealth Or Flag the claim "Delete this claim from all processor records" if the claim is to be removed (and later replaced) and return the claim to Commonwealth.
Claims previously corrected are returned after new correctable errors are found.	Correct the claim and flag the claim to "Return to Provider if additional errors are found" and resubmit the claim to Commonwealth
Claims previously corrected are returned and the claim accurately reflects data available to the hospital.	Make no additional changes but flag the claim to "Accept as is, no further corrections are required" and resubmit the claim to Commonwealth.

Physician Data Miscues

Operations

With the release of the 1st quarter 2000 data, the physician data submitted on the claims will be used to create uniform identifiers for reported physicians. The certification files and reports that you received in February contain a report that identifies physicians

who do not show to be in THCIC's master file (Practitioner Index File) of practitioners.

The THCIC system identifies the practitioners by the physician's state license number or UPIN, and the first 3 characters of the last name and the 1st character of the first name. When this match fails, data from the failing record is printed on the report.

THCIC staff have reviewed the larger reports and have found that the hospitals computer systems appear to be the main culprit behind the rejections. The main reasons for rejection are as follows:

- 1. The computer system is not "parsing" the name correctly. Examples that resulted in mismatches include
 - using MD as the first name and middle initial --- for example: Smith M D
 - including a comma as part of the last name --- for example: Smith, John D.
- 2. The computer system is not placing the last, first, middle initial in the correct positions in the record. Examples include:
 - placing the first name one position to the right (or left) of the designated position resulting in the 1st letter of the first name either being a space (or the 2nd letter of the first name)
 - placing the last name one position to the right of the designated position resulting in the 1st letter of the last name being a space.

Other reasons that do not appear to be related to the hospital's computer system include the following:

1. The name the hospital has for the physician does not match the name maintained by the licensing agency. For example:

- The hospital uses "Todd Smith" and the licensing board lists "John Todd Smith"
- The hospital uses "Bob Smith" and the licensing board lists "Richard Smith"
- The physician is not in the THCIC Practitioner Index File
- The hospital has a prefix on the license number --- i.e., TXC2345 and THCIC shows the license number to be C2345.

The specific position locations for each of the fields are as follows:

Attending Physician Name

Last name positions 91 - 106 First name positions 107 - 114 Middle initial position 115

Operating or Other Physician Name

Last name positions 116 - 131 First name positions 132 - 139 Middle initial position 140

Other Physician Name 1

Last name positions 141 - 156 First name positions 157 - 164 Middle initial position 165

Other Physician Name 2

Last name positions 166 - 181 First name positions 182 - 189 Middle initial position 190

Public Use Data File Release for 3q99

Communications

The Council's Public Use Data File (PUDF) for 3rd quarter 1999 (3q99), including data from 412 hospitals, is now available. The 1q99 and 2q99 PUDFs were released during December.

Purchasing instructions and other information about the data are available as links from page one of the THCIC web site. If you do not have access to the web, staff will fax it to you upon request. Please contact Sandra Martin at 512-482-3312.

Exemption as "Rural Provider"

Information

The population of most counties increased during the 1990's. However, unofficially, we have learned that more than 50 West Texas and Panhandle counties lost population during the last decade.

If your county lost population according to the 2000 Census and now is home to fewer than 35,000 residents, check Chapter 108, Section .0025, Texas Health & Safety Code to see whether your hospital might qualify for exemption as a "rural provider." Contact Dee Shaw at dee.shaw@thcic.state.tx.us if you have questions.

Reminder

First quarter 2000 certification letters are due no later than April 2, 2001 to THCIC. Letters may be faxed to 512-453-2757.

Upcoming Meetings or Training

- **HIS TAC meeting**: March 16, 2001
- Quality Methods TAC meeting: March 19, 2001
- Executive Committee meeting: March 29, 2001
- Consumer Ed TAC meeting: March 30, 2001
- Public Forum to receive comments on proposed HDD rule changes: April 3, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Upcoming Deadlines

- All claims submitted must now be in version 6.0 March 31, 2001
- Certification letters for 1q00 due April 2, 2001
- Hospitals receive 2q00 certification file April 2, 2001
- Cutoff for submission of 3q00 claims corrections April 28, 2001
- Last day to submit changes for 2q00 certification May 9, 2001

Interested in receiving THCIC training for data submission, correction, and/or certification?

Please send an e-mail to Terry Salazar at Terry.Salazar@thcic.state.tx.us

Questions?

Phone: (888) 308-4953 Fax (804) 979-1047 Email: THClChelp@comclin.net



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March 29, 2001

Hospital Numbered Letter Volume 4 Number 6

Identification of Hospital Data

Operations

Once hospitals submit data to THCIC, the hospital's identity is determined from information submitted in the "10 Record". The best method for identification is the "THCIC Code", which is a unique alphanumeric (one (1) alpha, two (2) numeric) character issued to each licensed hospital, multi-location hospital, and state hospital. The "THCIC Code" is inserted in Record 10. Field 20. Positions 190-192.

When the "THCIC Code" is not inserted into the 10 Record, THCIC primarily identifies the hospital data by the Tax ID (EIN) number, inserted in Record 10, Field 4, Positions 8-17, the Medicare number, inserted in Record 10, Field 6, Positions 22-34, **AND** the hospital's physical address, inserted in Record 10, Field 13, Positions 122-146.

Even though a hospital may submit data to THCIC using the "THCIC Code", it is also required that the correct hospital physical address be submitted. Hospitals not submitting all four fields ("THCIC Code", Tax ID, Medicare, Physical Address) run the risk of not being identified or being identified incorrectly.

If your facility has changed Tax ID numbers or Medicare numbers, notification should be made immediately to Dee Shaw or Terry Salazar at THCIC.

If you do not know your hospital's THCIC Code, please contact Dee Shaw or Terry

Salazar at 512-482-3312 or the THCIC Helpdesk at 888-308-4953.

THCIC Helpdesk (CCS)

Information

There are several ways to contact the THCIC Helpdesk when you need assistance. Hospitals may call the Helpdesk at 888-308-4953, fax them at 804-979-1047, or send an e-mail to THCICHelp@comclin.net. According to the staff at the Helpdesk, e-mail is the best way of contacting them.

Remember, when faxing or e-mailing the Helpdesk, the first line of text MUST be the hospital's THCIC ID # preceded by "THCIC ID:". If this header is not used (THCIC ID: ######) your message may be returned and possibly not answered depending on the confidentiality of the question asked.

Dial-in Password

Information

The THCIC Helpdesk receives many phone calls requesting the "Router" dial-in password for dialing into the hospital's mailbox. This information can be received by using the automated phone message at CCS. Call the Helpdesk phone number at 888-308-4953; press "1" to access automated options; press "1" for dial-in information, and press "1" again for the dial-in password.

March 27, 2001 Vol 4 Num 6

THCIC Practitioner Reference File

Information/Operations

Data that THCIC uses to maintain its Practitioner Reference File is compiled from the Texas state licensing boards by Wishlist, a private company located in Austin. While THCIC does augment some of its data from the federal UPIN files, all state license information comes from Wishlist. Wishlist is available for purchase by the public.

THCIC has received requests for contact information for this company. While THCIC does obtain its data from this company, furnishing of the contact information is not intended as an endorsement nor as a recommendation.

Wishlist can be contacted as follows:

Wishlist 1016 La Posada Drive Austin, Texas 78752

Phone: 512 452-8121 Fax: 512 452-1238

CertView Software v.2001a

Operations

A new version of the certification software, CertView 2001a, will be released concurrently with distribution of your 2nd Quarter 2000 certification files this week. This new version contains changes that will improve the use of the software. You can recognize the new software program by its **green** background.

The CertView software is available for download from the THCIC web site in two

formats for hospitals that have access to the Internet. A self-installing file is available at http://www.thcic.state.tx.us/certification/certview2001a.exe. A zipped file is available at http://www.thcic.state.tx.us/certification/certview2001a.zip. Hospitals that do not have access to the Internet may request a copy of the software (CD only) by sending a fax to Terry Salazar at 512-453-2757.

Charges for Making Changes During Certification

Information

The charges for correcting hospital data *during certification* will change effective with the distribution of certification data for 2nd quarter 2000 data. Attached is the pricing guide THCIC has negotiated with Commonwealth and options available to hospitals. While we intend the guide to be self-explanatory, please do not hesitate to contact us at 512-482-3312 if you have questions.

The new pricing structure includes an increase in the base charge. However, an "internal process charge" has been eliminated which means that most hospitals will incur an increase of only \$4.00 per correction work order.

Commonwealth will continue the current practice of quoting a cost for the work via a "work order". Commonwealth must receive approval from THCIC on the work order in order to begin work. As before, this charge will be billed by and is payable directly to Commonwealth.

March 27, 2001 Vol 4 Num 6

Charge Structure for Corrections at Certification

Effective with release of 2nd quarter 2000 certification data to hospitals, the following charge structure for accomplishing corrections at certification for hospitals will be in effect¹.

The charge structure is represented in a linear fashion. The following matrix identifies each component in the structure and the associated charge or formula used to develop the charge.

Component	Description	Charge
Recreate certification files	A base charge will be billed for each "recreation of certification files and reports" ² .	\$ 275.00
Assistance with corrections (optional)	If the hospital chooses not to submit corrections through THIN using standard transactions, the hospital may request assistance from Commonwealth in making corrections. The request may be in writing or verbal. The hospital will receive a written detailed price quote (work order). The hospital must approve the work order before work can commence.	
Distribution media	The charge for the distribution of the certification files depends on the media. Charges for distribution are as follows: In Electronic Mailbox – no charge On Diskette - \$ 8.25 On CD - \$ 42.00 NOTE: The media to be used is maintained by THCIC and can be changed by contacting THCIC.	Free \$ 8.25 \$ 42.00
Shipping	For hospitals that receive their data on CD or diskette, the shipping charge of the carrier is passed directly to the hospital. Pass-thrushipping charge of the carrier is passed directly to the shipping carrier is passed directly to the sh	
Rush order (Optional)	Certification files will be recreated and distributed based on the THCIC schedule. If hospitals want to obtain the certification files sooner than scheduled, they may request a "rush" be placed on processing and the data will be processed and mailed such that the hospital receives the new files within one to three days of acceptance of the rush order.	\$ 200.00

¹ Any corrections done for 1st Quarter 2000 and prior will be at the current pricing structure.

² "Recreation of certification files and reports" is defined as: all activities required for receiving corrections submitted through THIN in standard UB transaction format, processing through the Edits subsystem, recreating certification files and reports, and distributing the files into the hospital's mailbox.

³ Hrs – Number of person hours required to perform the tasks comprising this request.

March 27, 2001 Vol 4 Num 6

Reminder

First quarter 2000 certification letters are due no later than April 2, 2001 to THCIC. Letters may be faxed to 512-453-2757.

Upcoming Meetings or Training

- Executive Committee meeting: March 29, 2001
- Consumer Education TAC meeting: March 30, 2001
- Public Forum to receive comments on proposed HDD rule changes: April 3, 2001
- HIS TAC meeting: May 17, 2001
- HIS TAC meeting: May 24, 2001
- **THCIC Hospital Training**: June 5, 2001 in Austin
- QM TAC meeting: June 18, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- All claims submitted with discharges after April 2, 2001 must be in version 6.0
- Certification letters for 1q00 due April 2, 2001
- Hospitals receive 2q00 certification file April 2, 2001
- Cutoff for submission of 3q00 claims corrections April 28, 2001
- Last day to submit changes for 2q00 certification May 9, 2001

THCIC Training for Data Submission, Correction, and Certification

June 5, 2001 9:00a – 4:00p

Travis Building, Room 1-104 1701 N. Congress Austin

Please contact Sandra Martin at 512-482-3312 to register.

Questions?

Phone: (888) 308-4953 Fax (804) 979-1047 Email: THClChelp@comclin.net



Texas Health Care Information Council

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April 12, 2001

Hospital Numbered Letter Volume 4 Number 7

Installing a New Version of CertView *Information/Operations*

These instructions assume that you have the previous version of CertView installed on your computer. [If you do not, you should download it and install CertView from the THCIC website via the Internet].

- 1. Go to: www.comclin.net/diana.
- 2. Click the link that says: Certification software for 2000.
- 3. Select "save to disk". [Be sure to remember where you're saving the file. The file is about 10mb in size].
- 4. After the file download is completed, do the following before installation:
 - a. Open up Windows Explorer.
 - b. Click the plus sign next to the words "Program files". [This will drop down a list of folders].
 - c. Click once on the word CertView. [In the right pane, you will see a file called certview.mde].
 - d. Place your mouse (pointer) in the right pane, bringing up a drop down menu.
 - e. Locate the word "delete" on the drop down menu and LEFT click on it. [This will delete the file].
- 5. Install the new CertView software by double clicking the downloaded file.

Restriction on Use of the Public Use Data File (PUDF)

Information

THCIC would like to remind purchasers of the PUDF that purchasers have the responsibility as follows: "The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by THCIC".

If your hospital is part of a system or corporation that has purchased the PUDF, your hospital must also have a license issued by THCIC in order to access the data. Unlicensed sharing of data is in violation of Chapter 108, Health and Safety Code, and is punishable by a civil penalty of up to \$10,000 under section 108.014.

Please call 512-482-3312 if you are unsure whether your hospital holds a license to use the data.

THCIC Reports

Information

We expect to make the fourth quarter of hospital discharge data available for purchase during June. Overall, the 1999 discharge files will include almost 2.5 million encounters covering patients in 400+hospitals. But what will become of it?

Last December, we explained to media reporters the research-based reasons to not develop hospital-based comparison reports until at least four full quarters of data are available. Well, the reporters responded in a responsible manner and waited... but don't be the least bit surprised if hospital-to-hospital comparisons show-up in your local papers soon after the data for 4Q99 is released.

April 12, 2001 Vol 4 Num 7

Hospitals should begin NOW (if not already) to study their data in comparison to that of other hospitals (locally and statewide) so that the local news doesn't "blindside" them. Whatever the topic, if your hospital is #1 on a list, you can usually "wing it" when asked for a response or comment... but if you're not #1, what will your response be when your hospital is compared to the #1 hospital?

Data for 1st, 2nd, and 3rd quarter 1999 is now available for purchase. NOW is the time to familiarize yourself with the data and to begin development of preliminary reports. To learn more about the data or to order it, visit THCIC's Web site at www.thcic.state.tx.us or call 512/482-3312.

HIPAA Update

Administrative

A news article, "AHA NEWS NOW Special Report", dated 4/12 reports that President Bush has decided against delaying or substantially changing the HIPAA privacy regulations. This means that the privacy regulations will become effective on the 14th of this month and have an implementation date of April 14, 2003. All health care providers and payors are affected by these regulations. We will share additional information as it becomes available to us.

A copy of this article may be found at www.hhs.gov/news/press/2001pres/2001041 2.html .

Upcoming Meetings or Training

- **HMO TAC meeting**: May 8, 2001
- **HIS TAC meeting**: May 17, 2001
- **HIS TAC meeting**: May 24, 2001
- **THCIC Hospital Training**: June 5, 2001 in Austin
- CE TAC meeting: June 6, 2001QM TAC meeting: June 18, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- All claims submitted with discharges after April 2, 2001 must be in version 6.0
- Last day to submit written comments on the proposed HDD Rules April, 16, 2001
- Cutoff for submission of 3q00 claims corrections April 28, 2001
- Last day to submit changes for 2q00 certification May 9, 2001



Texas Health Care Information Council

206 East 9th Street • Suite 19.140 • Austin Texas 78701 • Phone 512-482-3312 • Fax 512-453-2757 • www.thcic.state.tx.us

April 27, 2001

Hospital Numbered Letter Volume 4 Number 8

Instruction On Creating and Sending Certification Comments

Information/Operations

- 1. Open up your **CERTVIEW SOFTWARE**
- 2. Press the button: Certify Encounter Data
- 3. Select the preferred certification method.
- 4. Type your comments in the white box (this little box holds 27 pages of text).
- 5. Press the 'Create Comments File' button to create your ASCII formatted upload file. The default location is C:\Program Files\Certview\XXXXXXX.txt. (THIS WILL BE YOUR OWN THCIC 6 DIGIT NUMBER).

The comments file can be uploaded to your THCIC electronic mailbox in the exact same way that error claims are uploaded (modem number 804-297-0367). Any popular terminal emulation package can be used. Microsoft Hyper-terminal is a terminal package that is freely included with all versions of MS-Windows. This can also be copied and mailed on a diskette. Do Not Send The Comments Written On Paper And Do Not Fax Them As We Cannot Retype Your Comments For You.

Mail to:

Commonwealth Clinical Systems Attn: THCIC Helpdesk 1650 State Farm Blvd. Charlottesville, Virginia 22911

If you need assistance with getting connected, logging in, or uploading, contact the THCIC Help Desk at 888-308-4953.

3rd Quarter 2000 PUDF To Include Charge Data

Information

Certification files for 3rd quarter 2000 data will be available to hospitals June 1. Charge data, suppressed for the first six quarters, will be released beginning with this quarter. Hospitals can review the revenue data using the CertView software.

Update of Technical Specifications Manual and Edits

Information/Operations

Requirements.doc

A few discrepancies in the Technical Specifications Manual that is on the THCIC web site have been reported and corrected. The revised version (Release 3) is now available on the web site: http://www.thcic.state.tx.us/hospitals/Tech_

Modified documents are dated and contain a release version. Changes made to each new version are described on the "Updates to Manual" page.

The Council intends to provide complete and accurate documentation for all aspects of the hospital discharge data process. This includes, but is not limited to file specifications and edits for errors. In the event that you find discrepancies or if certain information is not available, please notify the Help Desk.

A new audit/edit list will come out in the near future. A few edits that were not on the list and generally are not readily apparent April 27, 2001 Vol 4 Num 8

will be up	dated. Th	ese	are ed	its on	date
fields com	responding	to	EDIT	340	from
THIN.					
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E-Mail Problems

Information

THCIC has been experiencing incoming E-mail delivery problems. If you have sent an E-mail to any staff at THCIC and not received a response (if the message warrants a response) or a "message undeliverable" response, please call us at 512-482-3312.

Upcoming Meetings or Training

• **HMO TAC meeting**: May 8, 2001

• Appointments Committee meeting: May 9, 2001

HIS TAC meeting: May 17, 2001HIS TAC meeting: May 24, 2001

• THCIC Hospital Training: June 5, 2001 in Austin

CE TAC meeting: June 6, 2001
QM TAC meeting: June 18, 2001
Council meeting: June 29, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- All claims submitted with discharges after April 2, 2001 must be in version 6.0
- Cutoff for submission of 3q00 claims corrections April 28, 2001
- Last day to submit changes for 2q00 certification May 9, 2001



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May 17, 2001

Hospital Numbered Letter Volume 4 Number 9

Possible Delay of HIPAA Implementation *Information*

Senate Bill 836 (S.836) was introduced in Congress on May 7, 2001. The bill proposes to delay the implementation dates for several, but not all, HIPAA rules. Keep your eyes open, but don't count your chickens before they hatch.

The actual bill can be downloaded from: http://thomas.loc.gov/cgi-bin/query/z?c107:S.836.IS:

New Release of CertView

Information/Operational

A problem with the new version of CertView, 2001a, for viewing the 2nd quarter 2000 certification files, has been detected with the physician reports "C08 and C10", which was mixing information between "attending" and "operating" physicians. Commonwealth has made the adjustments and a corrected version, 2001a(1), may be downloaded from the THCIC web site at: http://www.thcic.state.tx.us/Reporting_Requirements.htm#DataCorrectionCertification

Facilities not having Internet access should contact Terry Salazar at Terry.Salazar@thcic.state.tx.us or 512-482-3322 to receive a copy by mail.

Creative Comments

Information/Operational

If the document produced by the CertView software that includes a "header" section that identifying the hospital is changed by a submitter, it causes the comments to be rejected at Commonwealth. Commonwealth made adjustments to address this problem in the CertView v.2001a; however, some hospitals continue to create comments for 2q00 using an older CertView version. Please use version 2001a or 2001a(1) for creating 2q00 comments.

Another area of concern is the Certification Letter. Some hospitals are submitting the letter certifying the incorrect quarter and year. This can be avoided if the correct version of CertView is used with the correct certification file.

Please insure that the person(s) responsible for creating certification comments and letters is made aware of these issues.

THCIC Training for Hospital Data Submission, Correction, and Certification

June 5, 2001 9:00a – 4:00p Cost: No Charge

Please contact Sandra Martin at 512-482-3312 to register.

Travis Building, Room 1-104 1701 N. Congress Austin May 17, 2001 Vol 4 Num 9

Upcoming Meetings or Training

• HIS TAC meeting: May 24, 2001

• **THCIC Hospital Training**: June 5, 2001 in Austin

CE TAC meeting: June 6, 2001QM TAC meeting: June 18, 2001

• Council meeting (tentative): June 29, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- All claims submitted with discharges after April 2, 2001 must be in version 6.0
- CCS to return regenerated certification file to facilities that made changes: May 25, 2001
- 1q01 submission of claims due: June 1, 2001
- Distribution of 3q00 certification file: June 1, 2001
- 2q00 Certification letters due to THCIC and comments to CCS: June 8, 2001
- Last day to submit 4q00 corrections: June 29, 2001
- Last day to submit changes to the 3q00 certification file: July 10, 2001

Questions?

Phone: (888) 308-4953 Fax (804) 979-1047 Email: THClChelp@comclin.net



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June 15, 2001

Hospital Numbered Letter Volume 4 Number 10

Houston-Galveston Area Hospitals

Information

If your hospital is located in one of the areas that was affected by flooding and your ability to fulfill reporting requirements will be impacted, please notify THCIC in writing regarding the nature of your problem.

Right Data, Right Hospital *Information/Operational*

Every hospital has been issued a "THCIC code", a 3 digit alphanumeric code that uniquely identifies your facility (from the other 650 facilities). Hospitals have been asked to insert the Code into Record 10 Field 20 of the electronic UB92. THCIC uses this Code to ensure that claim data from the hospital returns to the hospital in the certification files. If your submissions do not contain this Code, please ask your vendor or IS staff to begin using the Code.

Closing and Reopening Operational/Information

One area of concern relates to when a hospital "closes" and "reopens" under a new ownership and Tax ID number. When this happens (and THCIC has been notified), THCIC issues to the primary contact or hospital administrator of the "new" hospital a new THCIC ID number (6 digit identifier that includes the hospital license number) and a new THCIC Code. Hospitals should make sure that their submission includes the newly issued THCIC Code in the Record 10,

Field 20, position 190 – 192 when submitting the data of the "new" hospital. Failure to use the new THCIC Code will result in the data being identified as belonging to the "closed" facility, requiring the new hospital to resubmit the data correctly and have the incorrect data deleted at a cost to the hospital.

Great Comments Kudos

Congratulations to the hospitals that have "certified with comments". THCIC's review of the recent hospital comments shows that hospitals are being very conscientious about maintaining an acceptable level of patient and physician confidentiality. Keep up the good work and thank you!

Certification Confirmation *Information*

THCIC recommends that each hospital confirm receipt of its Certification Letter to ensure that the fax was received by THCIC, thus avoiding possible penalties for late submission of the letter. Hospitals should **THCIC** contact by e-mail (dee.shaw@thcic.state.tx.us or terry.salazar@thcic.state.tx.us) or phone (512-482-3318 or 512-482-3322) about three working days after the letter has been sent.

June 15, 2001 Vol 4 Num 10

Missing Certification Letters for 2nd Quarter 2000

Information

Notices were sent on June 12th to those hospitals that had not submitted certification letters for 2nd quarter 2000. If you did not receive a notice, you may assume the certification letter was received.

Your Next Certification File May Arrive on Diskette

Information

If your facility has been receiving your certification files on CD and your facility has fewer than 500 beds, your next set of certification files will be sent on diskette. This change will be effective beginning with

the 4^{th} quarter 2000 certification files (due out in August).

No Favoritism, No Endorsements *Information*

THCIC uses various software packages to generate different types of reports. Some software has been purchased "off-the-shelf" and is available to any user for the purchase price. Other report generators are proprietary to consultants or other service providers and might have been provided to the Council as a public service.

Users of THCIC's hospital discharge data should be aware that staff uses software that is most appropriate to generating particular report content or graphical presentations, and that THCIC does not show favoritism to or endorse any specific software, vendors, or vendors' services/products.

Upcoming Meetings or Training

QM TAC meeting: June 18, 2001HMO TAC meeting: June 21, 2001

HDD meeting: June 29, 2001Council meeting: June 29, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- All claims submitted with discharges after April 2, 2001 must be in version 6.0
- Last day to submit 4q00 corrections: June 29, 2001
- Last day to submit changes to the 3q00 certification file: July 10, 2001

Questions?

Phone: (888) 308-4953 Fax (804) 979-1047 Email: THCIChelp@comclin.net 206 East 9th Street • Suite 19.140 • Austin Texas 78701 • Phone 512-482-3312 • Fax 512-453-2757 • www.thcic.state.tx.us

July 9, 2001

Hospital Numbered Letter Volume 4 Number 11

4th quarter 1999 Data Available

Information

THCIC released the 4th quarter 1999 Public Use Data File (PUDF) today completing one year of data made available to the public. Hospitals should anticipate phone calls from their local media.

To order the THCIC PUDF, logon to the THCIC web site at www.thcic.state.tx.us.



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July 13, 2001

Hospital Numbered Letter Volume 4 Number 12

1999 Data Available

Information

THCIC proudly released the 4th quarter 1999 Public Use Data File (PUDF) on July 9, 2001 achieving the first full year of Texas hospitalization data now available to the public. Orders have been mailed out to prepurchasers. To order the THCIC PUDF, logon to the THCIC web site at www.thcic.state.tx.us and scroll to the bottom of the homepage. Download forms and procedure instructions.

- The 1999 Texas Hospital Referral Region reports will be released by the Council in mid-August. Individual hospital performance is not reported in this first set of reports. The reports will be posted on the THCIC web site.
- By mid-November 2001, THCIC anticipates releasing all four quarters of the 2000 PUDF. THCIC strongly advises that analyses be conducted on the full year of data (to avoid seasonal variations), so plan on purchasing all 4 quarters of data. Reporting hospitals benefit from a significant reduction in the price of the data.

Loss of Exemption Information/Operation/Administration

Recently, several hospitals that were previously exempt from reporting inpatient discharge data have been sent notices for *loss of exemption*. This was due to the recent outcome of the 2000 US Census Bureau report. Loss of exemption notices

was faxed to eleven (11) hospitals between July 10^{th} and 12^{th} .

According to Chapter 108 of the Texas Health and Safety Code, a "rural" provider is not required to provide inpatient discharge data to THCIC. The criteria to meet "rural provider" status is:

- A provider located in a county that has a population estimated by the US Census Bureau to be not more than 35,000; or
- A provider located in a county that has a population estimated by the US Census Bureau to be more than 35,000, but that does not have more than 100 licensed beds and is not located in an area that is delineated as an urbanized area (this is defined by the US Census Bureau as an area populated of more than 2,500); and
- A provider is not a state-owned hospital or a hospital that is managed or directly or indirectly owned by an individual, association, partnership, corporation or other legal entity that owns or manages one or more other hospitals.

New Release of CertView

Information/Operation

There will be a new release (August 1, 2001) of the Certview software (Build 2001b) to use for certifying your 4th quarter 2000 data. You will be able to download the file from the THCIC website on August 1st. You can identify this release in that the screen color will be red.

This release is a "maintenance" release in that the reference files are being updated. The files that are being updated are the files July 13, 2001 Vol 4 Num 12

that contain the ICD9 reference data and your provider data.

Use Certview to Create Your Comments

Information/Operation

Commonwealth continues to receive comments files that cannot be identified by the computer system. This is usually caused when a word processing software is used to change or create the comments. There is "header" information at the top of your comments that must stay exactly as it is. Often this information is accidentally unidentifiable resulting changed in comments. Please use the Certview software to create your comments. This way we can ensure that the comments are identifiable.

Data Corrections Software *Information*

The zip file that you download from your mailbox contains error claims and reports resulting from the audits that were run on your data. This file is imported into the Data Corrections Software in order for you to locate and correct errors. The Data Correction Software utilizes a Microsoft Access database called Claims.mdb for Although it may look like a storage. shortcut, please do not try to manipulate the Claims.mdb file directly using MS-Access. processing The edit system at Commonwealth expects the Data Corrections Software to place certain data elements in specific locations. Manipulation of the data can corrupt the file, which will cause some or all of your corrections to reject and not be accepted into the system.

COMPASS 21 Physician Identifiers Not Accepted Information/Operation

The Medicaid office at the Texas Department of Health has issued new identifiers to all Texas physicians for billing purposes. This identifier is sometimes being referred to as a "license" number for Medicaid billing purposes. This identifier is for Medicaid billing only. THCIC has no plans to accept this identifier. THCIC accepts the physician's license number that was assigned by the relevant State licensing board or the physician's UPIN (assigned by Medicare).

Change in Data Collection *Information*

Effective with processing of in-patient services delivered in 2001, THCIC will no longer audit or collect the four data elements that contain the identifiers and names for the "Other-1" and "Other-2" practitioners.

These four data elements will be collected for all services delivered during calendar year 2000. That means the 4th quarter 2000 certification file that you will receive in a few weeks is the last quarter for which you have to submit and certify these four data elements. Beginning with 1st quarter of 2001, THCIC will cease editing those data elements and will not return them in the certification files.

You do not need to change your systems. THCIC will ignore any data that is placed in those four fields.

Houston-Galveston Area Hospitals Information

If your hospital is located in an area that was affected by flooding and your ability to fulfill reporting requirements will be

July 13, 2001 Vol 4 Num 12

impacted, <u>please notify THCIC by fax (512-453-2757)</u> or e-mail (dee.shaw@thcic.state.tx.us) regarding the

<u>nature of your problem</u>. Please include the THCIC ID # of the requesting hospital(s).

Error and Certification Files *Information/Operations*

All CD-ROMs and diskettes mailed to hospitals from Commonwealth Clinical Systems (CCS) are labeled with the hospital's name. The CD-ROM/diskettes usually contain hospital specific error files or certification files that are encrypted with a password. If your facility receives a CD-

ROM or diskette belonging to another facility, please contact the THCIC HelpDesk at 888-308-4953 for instruction immediately.

CCS Address Change

Information

Commonwealth Clinical Systems (THCIC branch) has a new mailing address.

Commonwealth Clinical Systems Attn: THCIC 1648 State Farm Blvd. Charlottesville, VA 22911

Upcoming Meetings or Training

- **HIS TAC meeting**: August 9, 2001 @ 10:00 a.m.
- **QM TAC meeting**: August 20, 2001 @ 9:30 a.m.

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- 7/10/01 Last day to submit changes to 3q00 certification file
- 8/1/01 3q00 Certification letters and comments due
- 8/1/01 Hospitals to received 4q00 certification file
- 9/1/01 Last day to submit 2q01 claims
- 9/7/01 Last day to submit changes to 4q00 certification file
- 10/1/01 4q00 Certification letters and comments due

Questions?

Phone: (888) 308-4953 Fax (804) 979-1047 Email: THCIChelp@comclin.net



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August 28, 2001

Hospital Numbered Letter Volume 4 Number 13

UPCOMING AUDIT CHANGES

- 1) The Audits for Practitioner Name and Practitioner Identifier are being modified to reduce the severity of name mismatches to a warning level. This change will be effective with October 1, 2001 services.
- 2) The audits will change as follows:
 - a) The primary match field for practitioner data will be the "Physicians" and "Other health professionals" identifier (state license number or Unique Physician Identification Number (UPIN)). These fields will be checked against the THCIC Practitioner Reference File. If the identifier is not found in the file, an error message will be issued.
 - b) The severity level of the validation of the practitioner's name will be lowered to a warning. If the submitted identifier is on the reference file, then the name associated with that identifier will be checked for a match on the first 3 characters of the last name and the first character of the first name. If there is no match, a warning code will be assigned and the data returned for validation. If the data is not changed, it will appear, again, on the mis-identified physician report during the certification phase.
- 3) The matching logic that THCIC uses for identifying the owner of a batch submission (using the "10" record) is

being enhanced. THCIC will include a validation against the address line in the address field in the "10" record. This secondary validation will serve as a guard against digit transpositions in the THCIC 3-digit codes. If these do not match to the address in the Council's Provider reference file, then the batch will be referred to staff at THCIC for manual identification.

AMENDMENTS ADOPTED TO HOSPITAL DISCHARGE DATA RULES

The Council adopted amendments to the hospital discharge data rules at the June 29, 2001 Board meeting. The amendments are located in the July 20, 2001 edition of the *Texas Register* and on the Council's website.

A summary of the rule changes follows:

- 1) Establishes that the characters to be used for the Uniform Physician Identifier in the public use data file will be alphanumeric. §108.011(c).
- 2) Establishes specific data elements required for submission. §1301.19(e)
 - a) The language to submit as you would submit to a payer is removed.
 - b) "Other physician #1" and "Other physician #2" data elements are removed from the required data set. [These data elements were removed from the Public Use Data File last year].

- 3) Extends the time hospitals have to submit corrections prior to certification and the time to certify the data.
 - a) The deadline for submitting corrections prior to the certification process is extended. The new dates are August 1 (for 1st quarter data), November 1 (for 2nd quarter data), February 1 (for 3rd quarter data), and May 1 (for 4th quarter data). §1301.16(c)(3)
 - b) The duration for return of the certification file by THCIC to the hospital is extended from "Within 120 days" to "Within 5 months". *§1301.17(a)*
 - c) The deadline for submitting corrections during the certification process is extended one month. *§1301.17(b)*
 - d) The deadline for hospitals to return their certification form and comments is extended one month. *§1301.17(d)*.
- 4) Procedural and specific HCFA UB92 language is removed and is being placed in a procedures manual.
- 5) Establishes the criteria governing the release of data for the Research Data File and the duties of the Scientific Review Panel. §1301.18(l) and §1301.20

Required State Data Set

Two data elements were inadvertently omitted from the newly defined state data set. These elements are the Medicare number and the Medicaid number. These data elements will be reinstated with the

next rules amendments. <u>Please continue</u> to submit these two elements.

CCS Address Change

Commonwealth Clinical Systems (THCIC branch) has a new mailing address.

Commonwealth Clinical Systems Attn: THCIC 1648 State Farm Blvd. Charlottesville, VA 22911

CCS also has a new area code, "434", which replaces "804". Both area codes will operate until January 15, 2002, at which time only the "434" area code will work.

Change in Charges for Corrections During Certification

Effective September 1, 2001, the charges for Commonwealth to assist hospitals with making changes during certification will be revised. The new schedule is in accordance with the contract between THCIC and Commonwealth and is found on page 3. Changes to the schedule are as follows:

- 1) the hourly rate for assistance will increase to \$75.25,
- 2) the charge for distribution on diskette and CD will decrease to \$6.00 and \$30.00, respectively, and
- 3) the rush order fee will increase to \$210.00.

All procedures associated with securing Commonwealth's assistance with changes will remain the same.

Pricing Structure for Corrections at Certification Effective September 1, 2001

Effective September 1, 2001, the following charge structure for accomplishing corrections at certification for hospitals will be in effect.

The charge structure is represented in a linear fashion. The following matrix identifies each component in the structure and the associated charge or formula used to develop the charge.

Component	Description	Charge
Recreate certification files	A base charge will be billed for each "recreation of certification files and reports" 1.	\$ 275.00
Assistance with corrections (optional)	If the hospital chooses not to submit corrections through THIN using standard transactions, the hospital may request assistance from Commonwealth in making corrections. The request may be in writing or verbal. The hospital will receive a written detailed price quote (work order). The hospital must approve the work order before work can commence.	Formula: \$ 75.25 * Hrs ²
Distribution media	The charge for the distribution of the certification files depends on the media. Charges for distribution are as follows: In Electronic Mailbox – no charge, On Diskette - \$ 6.00 On CD - \$ 30.00 NOTE: The media to be used is maintained by THCIC and can be changed by contacting THCIC.	Free \$ 6.00 \$ 30.00
Shipping	For hospitals that receive their data on CD or diskette, the shipping charge of the carrier is passed directly to the hospital.	Pass-thru at shipping carrier's cost schedule
Rush order (Optional)	Certification files will be recreated and distributed based on the THCIC schedule. If hospitals want to obtain the certification files sooner than scheduled, they may request a "rush" be placed on processing and the data will be processed and mailed such that the hospital receives the new files within one to three days of acceptance of the rush order.	\$ 210.00

¹ "Recreation of certification files and reports" is defined as: all activities required for receiving corrections submitted through THIN in standard UB transaction format, processing through the Edits subsystem, recreating certification files and reports, and distributing the files into the hospital's mailbox.

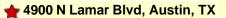
² Hrs – Number of person hours required to perform the tasks comprising this request.

THCIC Hospital Training

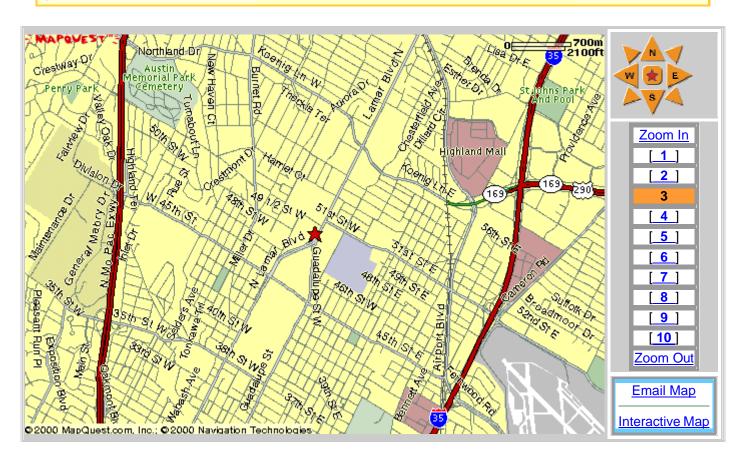
The next hospital training session will be held on September 24th in Austin. Training is from 9:00 a.m. through 4:00 p.m. at the Brown-Heatly Building, 4900 North Lamar, Room 1420.

Special guest, Diana McClenny from the CCS/THCIC Helpdesk, will be in attendance as a co-trainer.

To sign up for the September 24th hospital training, please contact Sandra Martin at 512-482-3312.



Save This Address



THCIC Press Release

FOR IMMEDIATE RELEASE: August 23, 2001

CONTACT: Jim Loyd, Executive Director

Priscilla Boston, Consumer Education Coordinator

(Phone 512-482-3312)

Texas Health Care Information Council Releases Regional Reports on Hospital Discharges

AUSTIN – The Texas Health Care Information Council (THCIC) has released a set of reports comparing the utilization of nine hospital inpatient procedures across the state. These reports give information about specific procedures for which there is interest from health care planners and providers regarding utilization rates. Based on data from more than 400 Texas hospitals, the reports compare the frequency of nine medical procedures in 1999 in geographic regions across the state. Reports include utilization rates on cesarean section, vaginal birth after cesarean section (for subsequent births), heart surgery, back surgery, hysterectomy, prostate surgery and gall bladder surgery. The reports break new ground as the agency's first presentation of a full year's worth of Texas hospitalization data.

Figures are reported by hospital referral regions, which are recognized areas of the state wherein consumers typically seek health care services. The Council intends this set of reports as a starting point for comparison as THCIC moves toward reporting the performance of individual hospitals on nationally recognized quality measures. "It is hoped these reports will stimulate discussion among health care planners and providers that will lead to closer examination of how services are delivered in the state. Hospitals will want to see how their rates compare to the average for their region or to other regions throughout the state. This will eventually lead to better health care for consumers," says Lewis E. Foxhall, M.D. and Chair of THCIC.

The reports show, for example, the 1999 Texas average for cesarean sections is higher than the latest average of the 22 states that contribute to the Agency for Healthcare Quality and Research's (AHRQ) national benchmark, and that there is considerable variation in rates from region to region in Texas. "These reports raise important questions about medical care services in Texas," states Jim Loyd, Executive Director of THCIC. "For instance, the c-section rate

ranged from a low of 19% in one region to a high of 32% in another. What are the reasons for this variation, and what, if any, are the implications? Health care planners and providers will want to dig deeper to understand what's driving these differences."

According to AHRQ, a federal agency, geographic differences may be due to case mix (patient demographics and occurrence of illness), access to care, or local variation in the practice of medicine. Medical practice patterns are influenced by how familiar providers are with particular methods of treatment, uncertainty about the effects of procedures in some patients and personal experience. "These reports provide medical care researchers and hospitals with current, objective data as a baseline for their ongoing research about the causes of these differences," Loyd said.

THCIC gathers data from more than 400 Texas hospitals using patient discharge billing forms, known as UB-92s, a commonly used administrative form for submitting claims information to third-party payers. While the state's database contains data about individual hospitalizations, state law mandates that THCIC protect individual patient and physician confidentiality. The reports are available on THCIC's Web site at www.thcic.state.tx.us.

Created by the Texas Legislature in 1995 as an independent state agency, THCIC is one of 13 health-related agencies working under the umbrella of the Texas Health and Human Services Commission. The agency was created to facilitate the promotion and accessibility of cost-effective, good quality health care.

Texas Health Care Information Council 209 E. 9th Street, Suite 19.140 Austin, Texas 78701

News Release

Saturday, August 25, 2001

Location May Affect Treatment By CHARLOTTE HUFF, Fort Worth Star-Telegram Staff Writer

A state agency's regional analysis shows variations in heart bypass, Caesarean section and other medical procedures statewide. A state agency has found that some Texans are more likely to undergo hysterectomies, heart bypasses and other surgeries depending on where they live, disparities that medical experts say raise intriguing questions about the factors that lead to treatment decisions.

The regional report, released this week by the Texas Health Care Information Council and posted online at www.thcic.state.tx.us, is based on 1999 data collected from more than 400 hospitals. It provides the first snapshot of statewide treatment patterns but offers no explanation for the differences.

Women in the Fort Worth region, which includes Tarrant and surrounding counties as well as parts of Dallas County, are more likely to undergo a hysterectomy than women in other urban centers in Texas, the data show. The rate of deliveries by Caesarean section, on the other hand, falls below the state average.

In addition, residents in the Fort Worth region are among the most likely statewide to have back surgery, but they undergo heart bypass surgery less frequently than the Texas average.

Physicians and researchers said it is difficult to draw conclusions from the data, pointing out that research has yet to identify the ideal rates for bypass and some of the other procedures studied. But they said the data has potential.

"It provides a lot of information to help find out why there are disparities and what are the differences between regions, which we may not have been able to find out before this data came out," said Dr. Umed Ajani, an assistant professor at the University of North Texas Health Science Center's School of Public Health in Fort Worth.

The high hysterectomy rate in the Fort Worth region, for example, is worth investigating, Ajani said. But "I would not necessarily call it bad, because we don't know the reason."

Legislators created the council in 1995 to collect and publish mortality rates and other health indicators statewide. The council plans to release hospital-specific information that patients, large employers and others can use to help make health care decisions.

Residents in some sections of North and West Texas are two to three times more likely to get back surgery than those in several South Texas regions, the regional report shows. Residents in the Lubbock and McAllen regions are three times more likely to get a heart bypass than those living in the Houston or Victoria areas.

The possible explanations are countless, said Dr. Michael Mack, a Dallas-based cardiovascular surgeon. Houston-area cardiologists, for example, may be more aggressive about using angioplasty, a less-invasive procedure to remove heart blockages.

Or "it could be such things as people eat more biscuits and gravy and go to McDonald's more in Lubbock than in Houston," he said.

The reports are based on the rates of nine medical procedures. Frequency of procedures is among the health-care performance measures developed by the federal Agency for Healthcare Research and Quality.

"These are procedures for which questions have been raised about the appropriateness of their use," said Anne Elixhauser, a senior research scientist at the Maryland-based federal agency.

She cited the rate of appendix removal during abdominal surgery. Research has shown that removing the appendix during another abdominal surgery carries risks such as infection that could outweigh the benefits. "Usually an incidental appendectomy is just done to prevent appendicitis in the future," she said. "That might make sense in younger people. It's generally recommended in the medical literature that older people do not receive an incidental appendectomy."

Nationally, 2.48 of every 100 abdominal surgery patients ages 65 and older also have their appendix removed. The rate in the Fort Worth region is more than 11/2 times the state average of 2. Only East Texas ranks higher.

The report points out the dangers of appendix removal in older patients but otherwise provides few clues for consumers on whether a low or high rate may be significant.

"We have tried to avoid the value-laden statements," said Jim Loyd, executive director of the council. "In some quarters a higher or lower rate is desirable, but that's not universal."

Charlotte Huff, (817) 390-7689 chuff@star-telegram.com

Upcoming Meetings or Training

- **Appointments Committee meeting** September 18, 2001
- **HDD Committee meeting** September 21, 2001
- THCIC Board meeting September 21, 2001
- THCIC Hospital Training September 24, 2001

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- 09/01/01 Last day to submit claims for Qtr 2 '01
- 09/07/01 Last day to submit changes during certification of Quarter 4 '00 data
- 09/13/01 Last day to submit corrections for Qtr 1 '01
- 09/14/01 Processing of Quarter 4 '00 certification corrections completed and results returned to hospitals
- 09/20/01 Last day to return any corrections to errors received on 09/07 (using corrections software)
- 10/01/01 4th Quarter '00 certification letters due
- 10/15/01 Hospitals retrieve (receive) Qtr 1 '01 certification file

Questions?

Phone: (888) 308-4953 Fax (434) 979-1047 Email: THClChelp@comclin.net



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October 12, 2001

Hospital Numbered Letter Volume 4 Number 14

1q01 Certification File

The 1q01 certification file will be released to hospitals on October 15, 2001. If you do not receive your file, contact the HelpDesk at 888-308-4953. Certification letters are due to THCIC by January 4, 2002.

CertView Software v.2001c

A new version of the certification software (CertView 2001c) will be released concurrently with distribution of your 1st Quarter 2001 certification files. This new version removed report C12 – match on Other Physician (1), and C13 – Match on Other Physician (2). You can recognize the new software program by its **black** background.

The new CertView will be placed on the THCIC website for downloading. Please contact the Commonwealth HelpDesk at (888) 308-4953 if you have difficulty downloading the software. Hospitals that do not have access to the Internet may request a copy of the software by calling Terry Salazar at 512-482-3322.

Certification File Reports

The certification file contains five reports that present the results of the encounter build process that **cannot** be viewed using the CertView software. The reports are as follow:

1) Encounter Edit Report

(thxxxxxx_editreport.txt) – Identifies any claims for which the system was unable to build an encounter. These claims should be worked to determine if corrections are required. If claims are not corrected, the hospital's encounter count may not include all encounters for the quarter.

2) Encounter Warning Summary Report

(thxxxxx_warningreport.txt) — Identifies possible problems with encounters in the form of warnings. Encounters are built for these claims even though they have warning messages. This report should be reviewed to ensure that the data is accurate or that any necessary comments are provided.

3) Incomplete Encounters and Deleted Claims Report

(thxxxxxx_widowreport.txt) – Identifies claims that duplicate existing claims, claims that were deleted by submission of a void/cancel claims (xx8), interim admission claims (xx2) for which there are no discharge claims (xx4), or interim discharge claims (xx4) for which no interim admission claims (xx2) were received.

4) **DRG Error Report**

(thxxxxxx_drg_rpt.txt) – Identifies claims that could not be grouped during the

assignment of HCFA DRGs and APR DRGs.

5) Unidentified Physician ID Summary Report

(thxxxxxx_doc_rpt.txt) – Identifies practitioners that could not be identified by name or number. If the identifier is not found for a practitioner in the reference file, an error message will be issued. Beginning with discharges as of October 1, 2001 a warning code will be issued if there is no match on the practitioner name.

The file names that contain the six "x"s (see example above) would contain the six digit THCIC ID number for your hospital. You must go into your Windows Explorer to view and/or print these reports. If you need assistance please call the HelpDesk at 888-308-4953.

New Version of the Corrections Software

A new version of the Corrections Software, 6.1.0, has been released. Hospitals that receive the error file on diskette will receive a copy when the error file is received. For all other hospitals, the software has been downloaded into your electronic mailbox. If you need assitance please call the HelpDesk at 888-308-4953.

2000 PUDF Release

The 2000 Public Use Data File (PUDF) is scheduled for release in November 2001. For hospitals that provided data during a given quarter, the cost of the statewide PUDF will be \$500 per quarter (that is, \$2000 for a full calendar year). All other purchasers will be charged \$1000 per quarter (\$4000 per full calendar year) for the

statewide file. [See "PUDF by Region" below.]

Prior to receiving any data, all purchasers must sign a Data User Agreement that stipulates, among other things, that the purchaser: (1) will make sure that all users of the data review the *User Manual* prior to accessing the data; (2) will not duplicate the data for transfer to outside parties; and, (3) understands that use of the data in any way that leads to the identification of a patient or physician can lead to both civil and criminal penalties.

Payment by check must be received before any data can be delivered. A signed Data User Agreement and completed shipping instructions MUST be included at the time of payment. The agreement and shipping instructions can be downloaded from the THCIC Web site (www.thcic.state.tx.us) or by calling Sandra Martin at 512/482-3312 and asking her to fax a copy of the same.

Begin Your Purchasing Process Now

In order to prepare for a more efficient distribution of copies of the PUDF, THCIC is offering a discount for purchasers who send their order form, a signed User's Agreement, and payment by Thursday, November 15th. If payment is not received according to the Council's instructions by the close of business on November 15th, purchasers will not be entitled to these discounts. [See "Price Chart for PUDF" below.]

PUDF By Region

In order to make the 2000 PUDF available to a wider range of the public, THCIC was granted authority to break down the quarterly PUDF by regions for purchase at a fraction of the original price. THCIC has

divided the PUDF into 5 regions by county boundaries. The regions are priced at \$200 per region per quarter for hospitals that provided data during the corresponding quarter and \$400 per region per quarter for all other purchasers. Expedited shipping costs are payable separately.

Payment by check must be received before any data can be delivered. A signed Data User Agreement and completed shipping instructions MUST be included at the time of payment. The agreement and shipping instructions can be downloaded from the THCIC Web site (www.thcic.state.tx.us) or by calling Sandra Martin at 512/482-3312 and asking her to fax a copy of the same.

PUDF Discharge Status Codes

Additional patient discharge status codes are recognized in the 2000 Public Use Data File.

Beginning with the calendar year 2000 PUDF, the following patient discharge status codes will be included as recognized codes:

- 40 Expired at home (hospice claims only)
- 41 Expired in medical facility (hospice claims only)
- 42 Expired, place unknown
- 61 Discharged to Medicare approved swing bed.

These codes will be included in the User Manual for the 2000 PUDF. Invalid codes will continue to be replaced by ** in the PUDF.

Upcoming Meetings or Training

- Consumer Education TAC meeting 10/15/01
- Quality Methods TAC and Consumer Education TAC (joint) meeting 10/22/01

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- 10/15/01 Hospitals retrieve (receive) 1q01 certification file
- 11/13/01 Last day to submit changes to 1q01 certification file
- 11/26/01 Last day to submit corrections to 2q01 submissions
- 12/1/01 Last day to submit 3q01 data
- 1/4/02 1q01 certification letters due to THCIC

Questions?

Phone: (888) 308-4953 Fax (434) 979-1047 Email: THCIChelp@comclin.net

PUDF Price Chart

Data File	Participating Hospitals	All Others
	\$2000/yr	\$4000/yr
	\$500/qtr	\$1000/qtr
2000 PUDF Statewide Data	-	_
	Pay before November 15,	Pay before November 15,
	2001 for 20% discount	2001 for 20% discount
	(\$1600)	(\$3200)
2000 PUDF Regional Data	\$200/qtr/region	\$400/qtr/region
	\$800/yr/region	\$1600/yr/region
Overnight Shipping	\$15	\$15
Certified Mail	No charge	No charge

Region 1	Deaf Smith	Kent	Reagan
Andrews	Dickens	Kimble	Reeves
Armstrong	Donley	King	Roberts
Bailey	Eastland	Knox	Runnels
Borden	Ector	Lamb	Schleicher
Brewster	El Paso	Lipscomb	Scurry
Briscoe	Fisher	Loving	Shackelford
Brown	Floyd	Lubbock	Sherman
Callahan	Gaines	Lynn	Stephens
Carson	Garza	Martin	Sterling
Castro	Glasscock	Mason	Stonewall
Childress	Gray	McCulloch	Sutton
Cochran	Hale	Menard	Swisher
Coke	Hall	Midland	Taylor
Coleman	Hansford	Mitchell	Terrell
Collingsworth	Hartley	Moore	Terry
Comanche	Haskell	Motley	Throckmorton
Concho	Hemphill	Nolan	Tom Green
Cottle	Hockley	Ochiltree	Upton
Crane	Howard	Oldham	Ward
Crockett	Hudspeth	Parmer	Wheeler
Crosby	Hutchinson	Pecos	Winkler
Culberson	Irion	Potter	Yoakum
Dallam	Jeff Davis	Presidio	
Dawson	Jones	Randall	
	+++++++++++++++++++++++++++++++++++++++		
Region 2	Ellis	Johnson	Smith
Anderson	Erath	Kaufman	Somervell
Archer	Fannin	Lamar	Tarrant
Baylor	Foard	Marion	Titus
Bowie	Franklin	Montague	Upshur
Camp	Grayson	Morris	Van Zandt
Cass	Gregg	Navarro	Wichita
Cherokee	Hardeman	Palo Pinto	Wilbarger
Clay	Harrison	Panola	Wise
Collin	Henderson	Parker	Wood
Cooke	Hood	Rains	Young
Dallas	Hopkins	Red River	
Delta	Hunt Jack	Rockwall	
Denton		Rusk	
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Region 3	Bosque Brazos	Coryell	Freestone Grimes
Bastrop Bell	Burleson	Falls	Hamilton
Blanco	Burnet	Fayette	Hays
Dianeo		•	Tiays
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Hill	Travis	Hardin	Sabine
Lampasas	Washington	Harris	San Augustine
Lee	Williamson	Houston	San Jacinto
Leon		Jasper	Shelby
Limestone	Region 4	Jefferson	Trinity
Llano	Angelina	Liberty	Tyler
Madison	Austin	Matagorda	Walker
McLennan	Brazoria	Montgomery	Waller
Milam	Chambers	Nacogdoches	Wharton
Mills	Colorado	Newton	
Robertson	Fort Bend	Orange	
San Saba	Galveston	Polk	
+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++
Region 5	Duval	Kendall	Real
Aransas	Edwards	Kenedy	Refugio
Atascosa	Frio	Kerr	San Patricio
Bandera	Gillespie	Kinney	Starr
Bee	Goliad	Kleberg	Uvalde
Bexar	Gonzales	La Salle	Val Verde
Brooks	Guadalupe	Lavaca	Victoria
Calhoun	Hidalgo	Live Oak	Webb
Cameron	Jackson	Maverick	Willacy
Comal	Jim Hogg	McMullen	Wilson
Dewitt	Jim Wells	Medina	Zapata
Dimmit	Karnes	Nueces	Zavala
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November 1, 2001

Hospital Numbered Letter Volume 4 Number 15

1st Quarter 2001 Certification File

The 1st quarter 2001 certification file was released to hospitals on October 15, 2001. If you did not receive your file, contact the HelpDesk at 888-308-4953. Certification letters are due to THCIC by January 4, 2002.

Hospital Liaison Information

THCIC is requesting that hospitals verify their primary contact. A list of contacts is posted on the THCIC web at http://www.thcic.state.tx.us/hospitals/Hospital Liaison.PDF. It is current as of October 15, 2001. If your hospital needs to update contact information, please use the form located at

<u>http://www.thcic.state.tx.us/hospitals/liaison_pdf</u>.

2000 PUDF Release

The 2000 Public Use Data File (PUDF) is scheduled for release in November 2001. For hospitals that provided data during a given quarter, the cost of the statewide PUDF will be \$500 per quarter (that is, \$2000 for a full calendar year). All other purchasers will be charged \$1000 per quarter (\$4000 per full calendar year) for the statewide file. [See "PUDF by Region" below.]

Prior to receiving any data, all purchasers must sign a Data User Agreement that stipulates, among other things, that the purchaser: (1) will make sure that all users of the data review the *User Manual* prior to accessing the data; (2) will not duplicate the data for transfer to outside parties; and, (3) understands that use of the data in any way that leads to the identification of a patient or physician can lead to both civil and criminal penalties.

Payment by check must be received before any data can be delivered. A signed Data User Agreement and completed shipping instructions MUST be included at the time of payment. The agreement and shipping instructions can be downloaded from the THCIC Web site (www.thcic.state.tx.us) or by calling Sandra Martin at 512/482-3312 and asking her to fax a copy of the same.

\$ave Now

In order to provide for more efficient distribution of copies of the PUDF, THCIC is offering a discount for purchasers who send their order form, a signed User's Agreement, and payment by Thursday, **November 15th**. All three items must be received by the close of business on **November 15th** to take advantage of the discounted charge. [See "Price Chart for PUDF" below.]

PUDF By Region Now Available

In order to make the 2000 PUDF available to a wider range of the public, THCIC has segmented the quarterly PUDF by geographic regions for purchase at a price less than the statewide PUDF. THCIC has

November 1, 2001 Vol 4 Num 15

divided the PUDF into 5 regions by county boundaries. The regions are priced at \$200 per region per quarter for hospitals that provided data during the corresponding quarter and \$400 per region per quarter for all other purchasers. Expedited shipping costs are payable separately.

Payment by check must be received before any data can be delivered. A signed Data User Agreement and completed shipping instructions MUST be included at the time of payment. The agreement and shipping instructions can be downloaded from the

THCIC Web site (<u>www.thcic.state.tx.us</u>) or by calling Sandra Martin at 512/482-3312 and asking her to fax a copy of the same.

THCIC Technical Advisory Committees

Attached at the end of this newsletter is an announcement seeking Technical Advisory Committee members. Please post this announcement for viewing to all hospital staff and the public.

Upcoming Meetings or Training

- Consumer Education TAC meeting 11/13/01
- HDD Committee meeting 11/16/01
- Quality Methods TAC and Consumer Education TAC (joint) meeting 11/27/01
- THCIC Committee Board meetings 12/07/01

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- 11/13/01 Last day to submit changes to 1st quarter 2001 certification file
- 11/26/01 Last day to submit corrections to 2nd quarter 2001 submissions
- 12/1/01 Last day to submit 3rd quarter 2001 data
- $1/4/02 1^{st}$ quarter 2001 certification letters due to THCIC

Questions?

Phone: (888) 308-4953 Fax (434) 979-1047 Email: THClChelp@comclin.net November 1, 2001 Vol 4 Num 15

PUDF Price Chart

Participating Hospitals	All Others
\$2000/yr	\$4000/yr
\$500/qtr	\$1000/qtr
	_
Pay before November 15,	Pay before November 15,
2001 for 20% discount	2001 for 20% discount
(\$400/qtr) (\$1600/yr)	(\$800/qtr) (\$3200/yr)
\$200/qtr/region	\$400/qtr/region
\$800/yr/region	\$1600/yr/region
\$15 per shipment	\$15 per shipment
No charge	No charge
	\$2000/yr \$500/qtr Pay before November 15, 2001 for 20% discount (\$400/qtr) (\$1600/yr) \$200/qtr/region \$800/yr/region \$15 per shipment

Region 1	Deaf Smith	Kent	Reagan
Andrews	Dickens	Kimble	Reeves
Armstrong	Donley	King	Roberts
Bailey	Eastland	Knox	Runnels
Borden	Ector	Lamb	Schleicher
Brewster	El Paso	Lipscomb	Scurry
Briscoe	Fisher	Loving	Shackelford
Brown	Floyd	Lubbock	Sherman
Callahan	Gaines	Lynn	Stephens
Carson	Garza	Martin	Sterling
Castro	Glasscock	Mason	Stonewall
Childress	Gray	McCulloch	Sutton
Cochran	Hale	Menard	Swisher
Coke	Hall	Midland	Taylor
Coleman	Hansford	Mitchell	Terrell
Collingsworth	Hartley	Moore	Terry
Comanche	Haskell	Motley	Throckmorton
Concho	Hemphill	Nolan	Tom Green
Cottle	Hockley	Ochiltree	Upton
Crane	Howard	Oldham	Ward
Crockett	Hudspeth	Parmer	Wheeler
Crosby	Hutchinson	Pecos	Winkler
Culberson	Irion	Potter	Yoakum
Dallam	Jeff Davis	Presidio	TOAKUIII
Dawson	Jones	Randall	
			+++++++++++++++++++++++++++++++++++++++
Region 2	Ellis	Johnson	Smith
Anderson	Erith	Kaufman	Siniui Somervell
Anderson			Somerven
Auchon		Lomon	Tomont
Archer	Fannin	Lamar	Tarrant
Baylor	Fannin Foard	Marion	Titus
Baylor Bowie	Fannin Foard Franklin	Marion Montague	Titus Upshur
Baylor Bowie Camp	Fannin Foard Franklin Grayson	Marion Montague Morris	Titus Upshur Van Zandt
Baylor Bowie Camp Cass	Fannin Foard Franklin Grayson Gregg	Marion Montague Morris Navarro	Titus Upshur Van Zandt Wichita
Baylor Bowie Camp Cass Cherokee	Fannin Foard Franklin Grayson Gregg Hardeman	Marion Montague Morris Navarro Palo Pinto	Titus Upshur Van Zandt Wichita Wilbarger
Baylor Bowie Camp Cass Cherokee Clay	Fannin Foard Franklin Grayson Gregg Hardeman Harrison	Marion Montague Morris Navarro Palo Pinto Panola	Titus Upshur Van Zandt Wichita Wilbarger Wise
Baylor Bowie Camp Cass Cherokee Clay Collin	Fannin Foard Franklin Grayson Gregg Hardeman Harrison Henderson	Marion Montague Morris Navarro Palo Pinto Panola Parker	Titus Upshur Van Zandt Wichita Wilbarger Wise Wood
Baylor Bowie Camp Cass Cherokee Clay Collin Cooke	Fannin Foard Franklin Grayson Gregg Hardeman Harrison	Marion Montague Morris Navarro Palo Pinto Panola Parker Rains	Titus Upshur Van Zandt Wichita Wilbarger Wise
Baylor Bowie Camp Cass Cherokee Clay Collin Cooke Dallas	Fannin Foard Franklin Grayson Gregg Hardeman Harrison Henderson Hood Hopkins	Marion Montague Morris Navarro Palo Pinto Panola Parker	Titus Upshur Van Zandt Wichita Wilbarger Wise Wood
Baylor Bowie Camp Cass Cherokee Clay Collin Cooke	Fannin Foard Franklin Grayson Gregg Hardeman Harrison Henderson	Marion Montague Morris Navarro Palo Pinto Panola Parker Rains	Titus Upshur Van Zandt Wichita Wilbarger Wise Wood
Baylor Bowie Camp Cass Cherokee Clay Collin Cooke Dallas	Fannin Foard Franklin Grayson Gregg Hardeman Harrison Henderson Hood Hopkins	Marion Montague Morris Navarro Palo Pinto Panola Parker Rains Red River	Titus Upshur Van Zandt Wichita Wilbarger Wise Wood
Baylor Bowie Camp Cass Cherokee Clay Collin Cooke Dallas Delta Denton	Fannin Foard Franklin Grayson Gregg Hardeman Harrison Henderson Hood Hopkins Hunt Jack	Marion Montague Morris Navarro Palo Pinto Panola Parker Rains Red River Rockwall Rusk	Titus Upshur Van Zandt Wichita Wilbarger Wise Wood
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Baylor Bowie Camp Cass Cherokee Clay Collin Cooke Dallas Delta Denton +++++++++++++++++++++++++++++++++++	Fannin Foard Franklin Grayson Gregg Hardeman Harrison Henderson Hood Hopkins Hunt Jack	Marion Montague Morris Navarro Palo Pinto Panola Parker Rains Red River Rockwall Rusk ++++++++++++++++++++++++++++++++++++	Titus Upshur Van Zandt Wichita Wilbarger Wise Wood Young +++++++++++++++++++++++++++++++++++
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Region 4	Hardin	Nacogdoches	Trinity
Angelina	Harris	Newton	Tyler
Austin	Houston	Orange	Walker
Brazoria	Jasper	Polk	Waller
Chambers	Jefferson	Sabine	Wharton
Colorado	Liberty	San Augustine	
Fort Bend	Matagorda	San Jacinto	
Galveston	Montgomery	Shelby	
+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++
Region 5	Duval	Kendall	Real
Aransas	Edwards	Kenedy	Refugio
Atascosa	Frio	Kerr	San Patricio
Bandera	Gillespie	Kinney	Starr
Bee	Goliad	Kleberg	Uvalde
Bexar	Gonzales	La Salle	Val Verde
Brooks	Guadalupe	Lavaca	Victoria
Calhoun	Hidalgo	Live Oak	Webb
Cameron	Jackson	Maverick	Willacy
Comal	Jim Hogg	McMullen	Wilson
Dewitt	Jim Wells	Medina	Zapata
Dimmit	Karnes	Nueces	Zavala



Interested in volunteering on a health related technical advisory committee?

The Texas Health Care Information Council (THCIC) was created by the Texas Legislature in 1995. Our charge is to help Texans make informed choices about health care providers. Currently, we collect performance data from Texas HMOs and from Texas hospitals and turn this data into reports for consumers to use in making "apples-to-apples" comparisons of these health care providers in the Texas marketplace.

THCIC seeks advice from technical advisory committees (TACs) who represent stakeholders to THCIC's mission. All TACs require representation from Texas consumers in addition to representation from members with specific expertise.

- Quality Methods TAC provides advice on the development and implementation of the methodology for Provider Reports, which are created by THCIC for public use. Licensed physicians practicing in Texas are required on this TAC.
- **Provider Quality TAC** provides advice on the development and interpretation of data elements necessary to the determination of quality inpatient care and the development and format of reports relating to provider quality. Licensed physicians practicing in Texas are required on this TAC.
- Consumer Education TAC provides advice relating to public education concerning the development and dissemination of agency reports. Texas consumers are required
- **Health Maintenance Organization TAC** provides advice relating to the collection of health plan data specified by Health Plan Employer Data Information Set (HEDIS) as operated by the National Committee for Quality Assurance (NCQA). HMO reports are then created by THCIC for public use.
- Health Information Systems TAC provides advice relating to hospital information systems, health information management, quality management, and security of confidential data.

For more information on volunteering to serve on one of the advisory committees, refer to the THCIC web site at www.thcic.state.tx.us or contact Dee Shaw at 512-482-3312.



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New CertView Software

A new release of CERTVIEW will be available on December 27, 2001. This release is an optional download. You need to download this release if you can answer **yes** to one or more of the following questions:

- 1. This is your first certification.
- 2. You noticed that a few descriptions for ICD9 codes or HCFA DRG codes are not printing on your reports.
- 3. Hospital/Certifier information printed on last quarter's certification letter was incorrect.

If answered <u>yes</u> to one of the above, then you need to download this version of CERTVIEW. If you answered <u>no</u>, then downloading this version is optional.

This version, 2001d,

- a) corrects a problem where the descriptions for 3 HCFA DRG codes and a small number of ICD9 codes did not import correctly into CERTVIEW, and
- b) contains current hospital information.

The screen color will not change. The only way to identify that you have this version is by looking at the version number.

If you have any questions or need assistance with the download, please contact the Help Desk at 888-308-4953.

2nd Quarter 2001 Certification File

The 2nd quarter 2001 certification file will be released to hospitals on December 27, 2001. If you do not receive your file, contact the HelpDesk at 888-308-4953. Certification letters are due to THCIC by March 4, 2002.

New Area Code for CCS

Beginning January 16th the 804 area code for dialing Commonwealth mailboxes (downloading of encounter and error data) will be disabled. The new area code will be 434. You will need to change your HyperTerminal settings to reflect this change. Here's how to do it:

Start your HyperTerminal connection.

You should see a connect window with the phone number. If the area code is already 434 then you're good to go and can stop here. If not, click the Modify button. In the Area code field change 804 to 434 and click OK. You should now be set and the change will be saved for subsequent sessions.

We have had reports from some hospitals not being able to connect using the 434 area code. Most likely this is a problem on the hospital side of the connection. Some phone systems use an area code database which will allow only the area codes listed therein to be dialed. If you can't connect using 434

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please contact your communications department and ask them to enable the 434 area code.

Hospital Rules to be Posted on the Texas Register

Amendments to the Hospital Discharge Data rules and the new rules regarding Council reports are to be published in the December 28th edition of the *Texas Register* (http://lamb.sos.state.tx.us/texreg/index.html) and available on THCIC's web site. Comments on the proposed rules will be accepted through the close of business on January 28, 2002.

The major points to the Hospital Discharge Data amendments are the new definitions for "Attending Physician" and "Operating or other physician". The definitions provide guidance or clarification to the hospitals regarding which physician or other health practitioner should be listed in the respective fields on the UB92 electronic format.

A second point is that only late or missing claims from one quarter prior will be accepted into the data processing system. Claims from hospitals that have a "Statement covers period through date"

from two or more quarters prior to the current reporting quarter, will not be allowed into the system.

The Council is also proposing rules regarding public information reports created solely by the Council or generated in cooperation with another agency or organization. The proposed rules also include the guidelines and timelines on when the methodology, technical documentation, the masked provider reports for review will be released, and the time allowed for commenting.

2000 PUDF Available for Purchase

The 2000 Public Use Data File (PUDF) is now available for purchase. It includes over 2.5 million records on hospital discharges in 2000 collected from over 400 hospitals, which include patient geographic data, age group, sex, race and ethnicity, diagnoses and procedures, and sources of payment. Detailed charges data were released beginning with the third quarter 2000. For information on purchasing the PUDF, information is available on the THCIC web site at http://www.thcic.state.tx.us or by calling 512-482-3312.

Upcoming Meetings or Training

• Quality Methods TAC and Consumer Education TAC (joint) meeting – 1/22/02

Agendas for all Technical Advisory Committee, Committee, and Council meetings are posted on the THCIC web site and the Texas Register seven days prior to the meeting date.

Reminders and Deadlines

- 12/24/01 12/26/01 and 1/1/02 THCIC offices closed
- 12/25/01 Happy Holidays from THCIC
- 12/27/01 Hospital to receive (retrieve) 2nd quarter 2001 certification file
- $1/4/02 1^{st}$ quarter 2001 certification letters due to THCIC
- 1/18/02 Last day to submit changes to the 2nd quarter 2001 certification file
- 2/6/02 Last day to submit changes to the 3rd quarter 2001 data

Questions?

Phone: (888) 308-4953 Fax (434) 979-1047

 ${\bf Email: \ THCIChelp@comclin.net}$