



Texas Health Care Information Council

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Visit our Web site at <http://www.thcic.state.tx.us>

April 22, 1998

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 1 Number 1.

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

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

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

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

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

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

a. **Who** must report:

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

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

b. **What** must be reported:

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

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

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

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

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

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

Submission deadline is two months after the end reporting quarter⁽¹⁾.

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

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

media.

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

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

THCIC Hospital Information Request

In order to facilitate the implementation and operation of the Council's data reporting programs, it is necessary for each reporting hospital to provide the name and contact information for its designated liaison. Please complete the information below.

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

Primary

Hospital Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Telephone Number: () _____ FAX Number: () _____

E-mail address: _____

Alternate

Contact Name: _____ Title: _____

Mailing Address: _____

Telephone Number: () _____ FAX Number: () _____

E-mail address: _____

Who will sign the certification document for your hospital:

CEO (or designee) Name: _____ Title: _____

Does your hospital have the following computer equipment at its disposal for use in data correction. If yes, please complete the following questions:

A microcomputer with a 486 processor *Yes* ___ *No* ___ or Pentium processor *Yes* ___ *No* ___

If yes, does the microcomputer run a Windows operating system

No ___ *Windows 3.1* ___ *Windows 95* ___ *Windows NT* ___

Does the microcomputer have an internal or external modem?

If yes what is the modem speed *9600 bps* ___ *14.4 kbps* ___

28.8 kbps ___ *33.6 kbps* ___ *56 kbps* ___

Is there a terminal emulation package (such as Procomm or Kermit) available on the machine?

Yes ___ *No* ___

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1. This is a correction of submission date given in the version of this letter mailed last week.