



Texas Health Care Information Council

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TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 1 Number 5.

1The Data Correction Software release is delayed.

2The Beta Test

3Preparing for error correction

4 The Data Correction Process

5Time frames on the correction process

6Third Quarter Data

7The Certification Process

8Data Corrections Seminar

9Communication, a two way street

1 The Data Correction Software release is delayed.

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

2 The Beta Test

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

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

Distribution of the Software

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

3 Preparing for error correction

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

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

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

We need to know:

- The method in which hospital contacts want to receive notification of the availability of a report on the status of a submission of claims records (a post-processing report).
 - An e-mail message can be sent to the hospital contact (*this is the preferred method*)
 - A fax can be sent to the hospital contact.

- The method in which hospital contacts want to receive the error reports and error files.
 - Hospital contacts can download error claims files from the hospital's electronic mail box at Commonwealth (*this is the preferred method*).
 - A diskette can be mailed to the hospital contact that can be loaded into the Data Correction software or your own database software.
 - Paper copies of reports and error claims files can be printed and mailed to hospital contacts (*this method is not recommended*)

- The method in which hospital contacts plan to make corrections to erroneous error claims and return them to the THCIC data warehouse
 - Claims in error may be corrected using the Data Correction Software and returned by electronic upload to the hospital's electronic mailbox (*this is the preferred method*).
 - Claims in error may be corrected using the Data Correction Software and returned by U.S. mail on diskette.
 - Claims in error may be corrected by a hospital or a designated vendor and resubmitted through THIN using replacement bills (XX7) or adjustment bills (XX6).
 - Claims in error may be corrected on paper and resubmitted through THIN using replacement bills (*this method is not recommended*).

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

4 The Data Correction Process

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

Minimum System Requirements

The system requirements for the Data Correction software are modest.

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

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

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

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

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

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

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

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

7 The Certification Process

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

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

diskette.

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

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

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

8 Data Corrections Seminar

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

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

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

9 Communication, a two way street

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