

April 26, 1999

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### **Questions? Key Contact Methods**

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## **1 Security and Confidentiality**

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

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

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

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

## 2 Extensions

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

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

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

## 3 Transmitting Data to THIN

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

## 4 Corrections with Certification

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

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

## 5 THIN and HCFA's Version 5.0

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

## 6 Data Edits and Error Correction

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

## 7 Voluntary Use of THCIC Hospital I.D. Code

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

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

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

THCIC Code: *Reporting Hospital List*

Hospital Name: