



October 18, 1999

Questions? Key Contact Methods

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Global Viewpoint

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

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

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

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Fort Duncan Medical Center (Eagle Pass)

Devereux Texas Treatment Network (League City)

IntraCare Medical Center Hospital (Houston)

First Hospitals Reporting 5 Quarters

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

Rehabilitation Hospital of South Texas (Corpus Christi)

Surgicare Specialty Hospital (Corpus Christi)

Columbia Behavioral Center (El Paso)

TOPS Surgical Specialty Hospital (Houston)

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

The Womans Hospital of Texas (Houston)

Community Medical Center (Sherman)

Applications for Exempt Status

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

File Deletion and Replacement

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

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

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

Timeliness

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

Backlogged?

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

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

THIN and Version 5.0

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

Upgrade to the Data Correction Software

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

Modifications in Version 4.0.0 and later:

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

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

1600 Format

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

WRONG!

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

PUDF

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

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

Correction of 1998 Data

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

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

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

Director, Health Information

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

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

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

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

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

Reminder: THCIC I.D. Code

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

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

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

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

Importance of Consistent Use of Street Address

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

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

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