



Texas Health Care Information Council

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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 at <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.

- 1) Establish Research Data File criteria for release of additional data elements (HB1513, 76th Session)
- 2) 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 when first submitted, and 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 an 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 new errors while 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 correction. Thus it is important that the 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 <i>"Return to Provider if additional errors are found"</i> and resubmit the claim to Commonwealth Or Flag the claim <i>"Delete this claim from all processor records"</i> 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 <i>"Return to Provider if additional errors are found"</i> 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 <i>"Accept as is, no further corrections are required"</i> 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

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