



Texas Health Care Information Council

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January 2, 2003

Hospital Numbered Letter Volume 6 Number 1

Order the 2002 PUDF at a Discount

THCIC will offer discounts for purchasers who wish to buy all four quarters of the 2002 PUDF data. Purchasers must complete the order form, a signed User's Agreement, and payment for the complete 2002 data by February 15, 2003. THCIC will then mail out each quarter of data to the purchaser as it becomes available. Discounts will not be offered after February 15th or for purchases of individual quarters. The PUDF discounted price for all four quarters of 2002 for participating hospitals is \$1600 (plus shipping) and for all other purchasers is \$3200 (plus shipping).

Upcoming Inpatient Quality Indicator Report

THCIC anticipates the hospital review/comment of the 2001 IQI report in mid-January 2003. Hospitals will receive its unique ID and passwords prior to the release to hospitals by mail. The unique ID and passwords will be mailed to the Primary Contact THCIC has on file around the second week in January.

THCIC 837 Transition

The Council approved a plan recommended by the HIS TAC and staff for THCIC to transition to collecting data using the 837-claim format during the December 6th meeting. The plan calls for THCIC to continue to accept submissions in the UB92 version 6.0 format through the end of processing for the 4th quarter 2003 submissions. Beginning with the claims submitted for the 1st quarter 2004 submission, all claims will need to be in the THCIC 837 claim format. This would include any late claims with service dates in 2003.

In addition, the Council approved the data elements that are to comprise the new THCIC 837 Minimum Data. Recommendations for each of the data elements from the HIS TAC, QM TAC and staff were considered by the HDD Committee during the decision making process.

The changes from the current minimum data set to the THCIC 837 Minimum Data Set includes expanding the number of occurrences for diagnosis and procedure codes and adding new data elements. The additional data elements that will be required are the Patients' Country of Residence, E-codes, Occurrence Span Codes and Associated Dates, Occurrence Codes and Associated Dates, Value Codes and Associated Amounts, and Condition Codes.

There will be some format presentation changes required by the 837-claim format and additional "overhead" qualifier data elements that are used to qualify (or identify the content of) other data elements.

The rules addressing the 837 transition changes will be presented to the HDD Committee and the Council as the February 28th meetings. More information on the specifications and transition schedule for the THCIC 837 will be available in January.

Ethnicity and Race Questionnaire Documents

The Texas Health Care Information Council has created a document that hospital staff can use to obtain the ethnicity and race information required to be collected on hospital inpatients, by Texas State law [Texas Health & Safety Code, §108.009(k), and administrative rules found at 25 TAC §1301.19(c)(1) and (2)]. The rule specifies that the patient should self-report, and that if the patient cannot (for example, comatose, severely injured, or died shortly after admission) or refuses, the hospital staff shall use their best judgment to identify the patient's ethnic and racial background.

Accompanying this document is an instruction sheet that the hospital may provide to its personnel to use as a guide for administering collection of this information. Included are English and Spanish versions of the questions to be presented to the patient. Use of these guidelines is optional. Also, you may translate the document into other languages, as appropriate.

These documents will be placed on the Website shortly and will be in the next release of the Technical Specifications Manual.

If you have questions regarding this document and the requirements, please contact Bruce Burns, DC at (512) 482-3320.

Instructions for State Ethnicity and Race Questionnaire
(For Hospital Use Only)

For Hospitals Staff Use in collecting and reporting Ethnicity and Race

RECOMMENDED PROCEDURE

- I. Present Questionnaire to the patient, parents or the legal guardian of the patient and say, "The State of Texas requires this information".
- II. If the patient, parent or legal guardian of the patient asks "Why?" Tell them that is required by state law and either read or refer them to the top of the page under "Background Information".
- III. If the patient cannot read. A person elected by the patient or hospital personnel should read the questions to the patient and record the responses.
- IV. If the patient refuses or cannot respond to the question (for example, comatose, severely injured, deceased), then hospital personnel should select the most appropriate choice (with available information) in the Ethnicity and Race categories.
 - A. If the ethnicity choice cannot be determined by appearance or last name, mark the patient as "non-Hispanic".
 - B. If the race choice cannot be determined by appearance or last name, mark the patient as "Other".

Note: Hispanics should be marked "White" for their race unless there is evidence they are of a different race (Black, Asian or Pacific Islander, or American Indian/Eskimo/Aleut). For example, many persons from the Caribbean Islands such as the Dominican Republic are of a "Hispanic" ethnicity and "Black" race.

State Required Ethnicity and Race Questions

BACKGROUND INFORMATION

Texas law requires the Texas Health Care Information Council to collect information on the race/ethnic backgrounds of hospital patients. Hospitals are required to ask patients to identify their own race and ethnic backgrounds.

The data obtained through this process will be used to assist researchers in determining whether or not all citizens of Texas are receiving access to adequate health care.

If patients fail to identify their own race and ethnic backgrounds, hospital staff will use its best judgment in making the identification.

QUESTIONS

Question #1: Ethnic Background

(mark the box that the patient believes most accurately identifies his/her ethnic background)

Is the patient . . . ?

- (1) Hispanic/Latino (21352)
- (2) Not Hispanic/Latino (21865)

Question #2: Race

(mark the box that the patient believes most accurately identifies his/her race)

Is the patient . . . ?

- (1) American Indian/Eskimo/Aleut (10025)
- (2) Asian or Pacific Islander (20289)
- (3) Black (20545)
- (4) White (21063)
- (5) Other *Includes all other responses not listed above. Patients who consider themselves as multiracial or mixed should choose this category.* (21311)

Preguntas que el estado requiere relacionadas a pertenencia étnica y raza

Información sobre antecedentes

La ley en Texas exige al *Texas Health Care Information Council* que reúna información sobre raza y antecedentes étnicos de los pacientes de hospital. A los hospitales se les requiere preguntar a los pacientes que identifiquen su propia raza y antecedentes étnicos.

Los datos obtenidos a través de este proceso serán utilizados para asistir a los investigadores a determinar si todos los ciudadanos de Texas están recibiendo acceso a la atención médica adecuada o no.

Si acaso los pacientes no identifican su propia raza y antecedentes étnicos, el personal del hospital utilizará su mejor juicio al hacer la identificación.

Preguntas

Pregunta #1: Antecedentes étnicos

(Marque el cuadro que el paciente crea identifica con más exactitud sus antecedentes étnicos)

¿Es el paciente . . . ?

- (1) Hispano, latino (21352)
- (2) Ni hispano, ni latino (21865)

Pregunta #2: Raza

(Marque el cuadro que el paciente crea identifica con más exactitud su raza)

¿Es el paciente . . . ?

- (1) Indio americano, esquimal, proveniente de las Islas Aleutianas (10025)
- (2) Asiático o isleño del Pacífico (20289)
- (3) Negro (20525)
- (4) Blanco (21063)
- (5) Otro *Incluye todas las otras respuestas que no se enumeran arriba. Los pacientes que se consideren ellos mismos descendientes de varias razas o de razas mixtas deben escoger esta categoría.*(21311)

Helpful Numbers

Questions/Problems	Contact Person	Phone Number
Compliance Issues	Dee Shaw	(512) 482-3318
Council Media Plans	Priscilla Boston	(512) 482-3316
Data submission	Ann Shelton	(972) 766-6311
Data corrections/certification	Help Desk	(888) 308-4953
Hospitalization Reports	Sylvia Cook	(512) 482-3323
Statistical Methods	Zhongmin Li	(512) 482-3324
Policies/Rules	Bruce Burns	(512) 482-3320
Training/Changing Liaisons	Terry Salazar	(512) 482-3322

JCAHO Website

The Business Associate Agreement is now available on the JCAHO website. You can access this document from the home page for each accreditation program area of the website, under "What's New."

Here's a sample link into the Hospital Accreditation Program.

<http://www.jcaho.org/accredited+organizations/hospitals/index.htm>

Any questions related to this agreement contact, Anthony J. Tirone, Director, Federal Relations at atirone@jcaho.org, or tele: (202) 783-6685.

Reminders and Deadlines

The complete hospital discharge data schedule may be downloaded from <http://www.thcic.state.tx.us/hospitals/schedule/schedule.htm>

- 1/2003 – Release of IQI 2001 Report for hospital review/comment
- 1/15/03 – Last day to submit corrections to 2q02 certification file
- 2/1/03 – Last day to submit 3q02 claims corrections (without a fee)