



# Texas Health Care Information Council

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*Visit our Web site at <http://www.thcic.state.tx.us>*

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TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

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## **1** Council News

### New THCIC Board Chairman

On August 25, Stephen L. Turner, M.D. was appointed by Governor George Bush to become the Chairman of the Board of the Texas Health Care Information Council. Dr. Turner is the regional medical director for the St. Mary Family Health Care Center in Plainview, Texas. He has been an active member of the THCIC board since

September, 1997.

## A New Look for THCIC

In preparation for for planned consumer education publications, THCIC has adopted a new logo that conveys the excitement we feel about providing information to consumers regarding their health care options that will help them make informed choices. Our first publication is *Your HMO Quality Checkup*, a consumer report for performance measures on Texas commercial HMOs.

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## 2 About the September 1<sup>st</sup> Reporting Deadline

The deadline for submission of second quarter data was September 1st. **However, no penalties will be assessed on any facility that has submitted test data and is awaiting THCIC approval to submit second quarter data.** THCIC needs hospitals to hold their production (or second quarter) data until we send an approval to submit second quarter production data.

*On August 26, THCIC began mailing letters approving hospitals to submit second quarter data. At the time of this mailing, most of the hospitals that have submitted test data have received approval letters. Second quarter data should be submitted as soon as possible following the receipt of the acceptance letter, but no later than October 1<sup>st</sup>.*

Commonwealth Clinical Systems (CCS), THCIC's data warehouse contractor, has been hard at work since the contract signing in mid-May. CCS has put together a very good system in a short time. Thanks to their hard work, the THCIC data warehouse is now ready to process the test data files. These are the files that hospitals have submitted and have passed the THIN edits. CCS has begun to run these files through the data warehouse edits and processes. Since this is the first real-time test of the system, it is likely to take longer than usual to test the awaiting data. We anticipate that all data that passed THIN edits will be approved, but it is possible that the data warehouse processing may find errors that require a correction and re-submission. Even though errors may be found in these data, hospitals will not be asked to correct errors in test data files.

When you receive a letter from THCIC asking your hospital to submit second quarter data, this will indicate that we are ready to set the editing and data cleaning process in motion. When we receive your second quarter data, the file will be processed within 30 days and we will send you a report, either by facsimile or e-mail, indicating the data passed or that there are errors that need to be cleaned.

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## 3 Status Update on Hospital Data Submission

At the June 26<sup>th</sup> THCIC Board meeting, staff reported that 209 hospitals of 443 reporting hospitals had submitted test data. The Board was complementary of the hard work hospitals have exerted to meet the new State reporting requirements. However, there were 234 hospitals from which the Council had no record of having received data. Some of these hospitals had provided information about their facility but had not submitted data and others had

given no response to queries for information. Board members expressed concern about the low level of compliance with the law. While members expressed a willingness to work with institutions that have demonstrated a good faith effort, there was a desire to know why such a large percent of hospitals had not responded to Council requests for information. To this end, there was a decision to send certified letters to the Chief Executive Officers of hospitals that had not reported. These letters indicated that the hospital was out of compliance with State law.

Subsequently, several hospitals contacted the Council stating that their data had been submitted with another hospital's data, some stated that their data are sent from the hospital's billing office, and others stated that their hospital has multiple facilities using the same license number and tax ID number. The Council is working with these facilities to rectify the problem. (See the following article on facility identification.) If your hospital has units licensed as separate facilities and you wish to submit as a single facility, it is necessary that you notify THCIC in writing.

We are pleased to report that substantial progress is being made toward building a statewide hospital discharge database system. As of September 9, 332 of 442 reporting hospitals have successfully submitted data to the THCIC data collection vendor, the Texas Health Information Network (THIN). New submissions are received almost daily.

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## 4 Alcohol and Substance Abuse Patients

The Texas Administrative Code, Title 25, Section 1301.13, requires that all discharges from inpatient stays in licensed Texas hospitals be reported to the Texas Health Care Information Council (THCIC). Legal counsel has advised the Council that federal statutes (42 USCA 290dd-2) and regulations (42 CFR 2.1-2.67) require that patients being treated in alcohol or substance abuse programs that are federally assisted cannot be identified with these data, unless the patients provide written authorization to release confidential information.

For these discharges only, hospitals should withhold confidential identifying data elements. Letters are being sent to the Chief Executive Officers of all hospitals advising them that they should, with the assistance of legal counsel, determine whether the hospital treats patients covered under 42 USCA 290dd-2 and 42 CFR 2.1. For these patients, unless the patients provide written authorization to release confidential information, the hospital is responsible for removing personal identifiers and replacing them with the specified default values. The last page of this Numbered Letter contains a list of the default values THCIC recommends.

The hospital patient control number is normally considered to be a personal identifier. *However, in order to provide a means to correct records that do not pass THCIC audits, we are requesting that the patient control number be submitted with each record in the hospital discharge data.* This item is meaningful only within the hospital for the specific visit. As with all personal identifiers, this information will not be available on public use data files.

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## 5 THCIC Needs Facility Identification Information

The rules for submission of hospital discharge data indicate that each facility that holds a valid Texas hospital license will provide a separate submission each quarter, or more frequently if determined by the hospital. When

data are submitted, a separate batch is required to identify each facility. **Record 10** identifies facilities. Current rules require that hospitals submit data using the billing location and tax identification number (EIN) to identify specific facilities, also on **Record 10**.

Hospitals that have multiple license numbers for a facility may request permission to submit all discharges as a single facility. Hospitals that provide services at multiple sites under one license may also submit data as one hospital. However, if sites have different tax identification numbers (EIN) and/or Medicare provider numbers, sites should be reported in separate batches. Generally speaking, for reporting purposes, it is desirable to specify information by specific geographic locations when possible. If your institution needs to submit as a single facility, your CEO must notify the Council of the intention to submit data from multiple facilities as a single unit.

All agents who are submitting for multiple facilities must include a separate record 10 for each facility. In the past, agents have submitted multiple hospital files without creating separate batches for each facility. This resulted in hospitals being notified that no data had been received by THCIC because we had no record to identify the separate hospitals.

The Council proposed amendments (25 TAC §§1301.12, 1301.17-1301.19) to the hospital discharge data rules on February 27, 1998. Section 1301.19 (c)(6-8) proposed identifying the facility by the actual physical (geographic) address. These rules were adopted June 26, 1998, without receiving any public comment, and will become effective 90 days following notification of hospitals (October 31, 1998). Since this will be after the fourth reporting quarter has started, the Council requires that the facility name, facility address and city (discharge location) be reported with the data submitted for the period beginning January 1, 1999.

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## 6 THCIC Training Seminar on Data Corrections

THCIC staff were on the road during the week of August 10<sup>th</sup> making presentations in Houston, Dallas, Lubbock, and San Antonio. The seminars covered:

- THCIC background, history and policies
- The hospital data collection system goals
- Organizational system for collection of inpatient discharge data
- Procedures and deadlines
- Implementation plan
- Operational schedule
- Customer support
- Claims submission
- general processing
- making corrections
- providing comments
- certification

Janice Bonazelli, one of the 3M representatives who presented on the 3M all persons related - diagnostic related groups (APR-DRG), has made arrangements to give continuing education credits to those who attended. The certificates should be in the mail soon.

For those who were unable to attend or would like to review the material, please note that another training seminar will be scheduled for a date during the fall. The date and location have yet to be determined.

THCIC will mail copies of materials presented at the seminars on request. Contact the THCIC office by e-mail ([Helpdesk@comclin.net](mailto:Helpdesk@comclin.net)), FAX (512/424-6491), or phone (512/424-6492) if you would like a copy of these materials.

**In the Next Numbered Letter:**

- A description of the process for certifying quarterly discharge files and submitting comments regarding the completeness and accuracy of the files.

### Default Alcohol and Substance Codes

Data Element	Record and Field	Action and Default Value
Patient Control Number	20-03	Retain. Unique to institution and episode of care. Will be used by hospital to review and certify data. This data element is not included in the public use data file.
Patient Last Name	20-04	Remove. Replace with "Doe"
Patient First Name	20-05	Remove. Replace with "Jane" if female, or "John" if male, can include a sequential number, e.g., John1, John2, John3.
Patient Middle Initial	20-06	Remove. Leave blank (space filled).
Patient Date of Birth	20-08	Retain. Cannot be used to identify patient when other identifiers are removed. DOB will not be provided in the public use data file and it will be transformed to age (in years).
Patient Address	20-12	Remove. Replace with hospital street address.
Patient City	20-14	Retain.
Patient State	20-15	Retain.
Patient Zip Code	20-16	Retain.
Medical Record Number	20-25	Remove. Replace with 99999.
Patient SSN 22-05	Remove.	Replace with default value of 999999999.

Records submitted for substance abuse patients containing personal identifiers should include the specified default

values in the identifier fields. The hospital patient control number is normally considered to be a personal identifier. *However, in order to provide a means to correct records that do not pass THCIC audits, we are requesting that the patient control number be submitted with each record in the hospital discharge data.*