TEXAS Department of State Health Services
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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 16 Number 1
April 19, 2013

2011 IQI and PDI Quality Report

THCIC will release:

- ***Indicators of Inpatient Care in Texas Hospitals, 2011 (IQI)***
- ***Quality of Children's Care in Texas Hospitals, 2011 (PDI)***

during the early summer 2013. All hospitals that have reported 2011 Inpatient data to THCIC will be given the opportunity to review and/or comment on the report prior to its release.

Each reporting hospital's Provider Primary Contact/Data Administrator will be emailed information on accessing the Quality Report by April 24, 2013. The review and comment period will begin on April 29, 2013 and end on June 28, 2013. Hospitals should review and submit any comments by June 28, 2013 via the online portal.

To ensure your hospital's THCIC Provider Primary Contact/Data Administrator information is up-to-date, please verify at: http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls

For changing/updating contact information, please complete the form below and return it to THCIC. http://www.dshs.state.tx.us/thcic/hospitals/THCIC-Contact-Update-Form.pdf

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New Features in the System

THCIC has added three new features to our System regarding claims and certification of data, which will be available beginning April 24, 2013.

1. Merge, Remove, Replace (MRR)
2. Duplicate Removal (DR)
3. Pre-certification Analysis

The first two features, MRR and DR, may only be run by the **Provider Primary Contact/Data Administrator** of each facility.

The third feature, Pre-certification Analysis, is available to all data or certifier users with a login in addition to the Provider Primary Contact/Data Administrator.

Modify/Replace/Remove, Duplicate Removal, and Data Analysis Report

There have been times when providers wished that they could view their data without duplicate claims and without claims that serve to modify or remove other claims, such as bill type xx8, prior to the certification process. There have also been times when a second submission duplicated some claims from a previous submission, but by deleting the batch by use of the Batch tab, it would remove the entire batch and not just the duplicate claims.

The THCIC system now has a new tab available to only the facility's data administrator (aka Provider Primary Contact). It is called "Data Mgmt". This tab will allow the provider to remove duplicate claims or to replace certain bill types. These removal and replace functions are part of the normal encounter and event building processes that create the certification data. However, providers may now run these processes ahead of time to have a better view of their actual data.

The **Modify/Replace/Remove process (MRR)** will match claims with the same key values except bill type (Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour). It will then compare the bill types to see if any claims may be removed. The MRR process will:

1. Eliminate duplicate claims in the correct order of processing
2. Apply late charges (xx5 bill types)
3. Apply corrections to claims (xx6 bill types – outpatient professional only)
4. Apply the replacement information (xx7 bill types)
5. Remove claims that match a Void/Cancel of a prior claim (xx8 bill types).

The **Duplicate Removal process (DR)** will match claims with the same key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour, and Bill Type). It will retain the most recently submitted claim.

When a provider chooses one of these two functions, they are advised that they may wish to run the Data Analysis Report ahead of time, which makes suggestions concerning the MRR and DR functions. It is also recommended that when choosing to run the MRR and DR processes, other facility users should not be in the system to avoid undesired results if records are locked by users and those same records need to be removed by the MRR or DR process.

After the provider completes all of the prompts, the MRR or DR process is submitted to run in the background. When the process is completed, the data administrator is sent an email describing the number of records that were analyzed and any that fit each category of removal.

If you have multiple bill types other than xx1 or xx0, you should use the MRR function. For example if you have other types such as xx8s, then removing duplicate xx1s and later applying the xx8s during encounter processing will possibly leave no claims. If you have only xx1s or xx0s and need to remove duplicate xx1s and xx0s, then the DR function should be the choice. The Data Analysis Report can help you decide.

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Running the MRR or DR function is not a requirement and is only a recommendation. If a provider chooses not to run the MRR or DR function prior to the scheduled "Cutoff for corrections at time of certification", System13 will run these functions as part of the normal encounter and event building process that create the certification data.

A new report, the **Data Analysis Report**, has been added and occurs in two places. It is on the Reports tab, and it is also automatically generated if a provider chooses to generate their certification data prior to the scheduled date. The report is for the quarter selected and the quarter previous to the selection. The report shows counts per month, types of bills, and other data items, and makes suggestions for continuing, such as removing duplicates, correcting invalid data, etc.

The latest release has one additional item. Providers are now allowed **one free certification re-generation** if the re-generation request occurs prior to the scheduled "Cutoff for corrections at time of certification". This is to help those who mistakenly generate their certification file ahead of schedule, before all of the data had been submitted. Again, this one free re-generation must be requested before each quarter's scheduled "Cutoff for corrections at time of certification".

Reporting Outpatient Data

Revenue Codes, HCPCS Codes, and Procedure Codes

Hospitals and Ambulatory Surgery Centers (ASC) are required to report outpatient data to THCIC on patients that have had surgical or radiological procedure. Our system will reject outpatient claims for patients that did not have a surgical or radiological procedure. The decision to accept or reject a claim is determined by the Revenue, HCPCS, and Procedure Codes the facility provides in the submitted claim(s).

In determining if the data/claim should be reported to THCIC, THCIC has provided a listing of required Revenue Codes and HCPCS Codes for surgical and radiological outpatient services that are required to be reported. The lists are located on the THCIC website at: http://www.dshs.state.tx.us/THCIC/OutpatientFacilities/RevenueCodes.shtm and http://www.dshs.state.tx.us/thcic/OutpatientFacilities/RequiredOutpatientProcedureCodes.xls.

When an outpatient claim is submitted to THCIC in the modified ANSI 837 **Institutional format**, it must include at least one THCIC required Revenue Code or HCPCS Code **AND** a Procedure Code that is associated with one of the Revenue Codes in the claim.

When submitting an outpatient claim to THCIC in the modified ANSI 837 **Professional format** (which is the format for reporting Medicare/Medicaid claims for ASCs), it must include at least one THCIC required HCPCS Code.

Our system audits every outpatient claim prior to processing it into our system. Outpatient claims that do not contain a Revenue Code or HCPCS Code or do not contain at least one required Revenue or HCPCS Code from the listing, will be rejected and will not be processed into our system.

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Outpatient claims containing at least one required Revenue Code or HCPCS Code that does not contain an associated Procedure Code will be processed into our system; however, it will be marked as an erred claim for correction.

Upcoming Due Dates

May 1
4q2012 correction period ends

June 3
3q2012 completion of certification
4q2012 certification data review begins
1q2013 submission of data

August 1
1q2013 correction period ends

September 2
4q2012 completion of certification
1q2013 certification data review begins
2q2013 submission of data

A schedule of ALL due dates may be found at
http://www.dshs.state.tx.us/THCIC/datareportingschedule.shtm.

Training Webinars

THCIC Webinar training is provided on Submission, Correction and Certification methods.

THCIC provides Webinar trainings, at no cost, on the data reporting processes required of all Texas hospital and ambulatory surgery centers. Postings for webinar dates see:
http://www.dshs.state.tx.us/thcic/hospitals/Training.shtm

Signing up for training is limitless and refresher training is encouraged.
For attending Webinar training(s) or questions, please e-mail Tiffany Overton at
thcichelp@dshs.state.tx.us. .
Enter your preferred training Date and Time in the "Subject" line; and the following in the message area:

- THCIC ID Number
- Facility Name
- Participant(s) Name and Title
- E-mail Address
- Phone Number

For help or general questions on Submission, Correction, and Certification please contact:
Tiffany Overton: (512) 776-2352 or thcichelp@dshs.state.tx.us

How to Reach Us

Virginia/System13
System13 web site – https://thcic.system13.com

Helpdesk

Monday-Friday, 8:00a – 5:00p (Central Time)
Phone: 888-308-4953 or (434) 977-0000
Email: thcichelp@system13.com

Austin/THCIC
THCIC web site – www.dshs.state.tx.us/thcic
DSHS-Center for Health Statistics THCIC: (512) 776-7261
THCIC fax: (512) 776-7740

Public Use Data File (PUDF) information: (512) 776-7261

THCIC Staff

Bruce Burns, D.C.	512-776-6431	Rules and policy issues, 837 format issues
Willi Elam-Sneed	512-776-7261	PUDF orders
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Dee Roes	512-776-3374	Facility compliance, research files request
Tiffany Overton	512-776-2352	Facility training (submission, correction, and certification)

Past Newsletters

http://www.dshs.state.tx.us/thcic/Inpatient-and-Outpatient-Numbered-Letters/

About the Texas Health Care Information Collection Program

On September 1, 2003 the legacy state agencies; Texas Health Care Information Council (THCIC), the Texas Department of Health (TDH), the Texas Commission on Alcohol and Drug Abuse (TCADA), and the Mental Health branch of the Texas Department of Mental Health and Mental Retardation were merged to form the Texas Department of State Health Services (DSHS) in response to the passage of HB 2292 (78th Texas Legislature). All functions of THCIC continue in the Center for Health Statistics within DSHS.

THCIC was created by **Chapter 108** of the Health and Safety Code by the 74th Texas Legislature in 1995.

http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm

Rules

Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.

http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421

Applied Research

http://www.dshs.state.tx.us/thcic/GeneralInfo/AppliedResearch.shtm

Quality of Care Reports

Indicators of Inpatient Care in Texas Hospitals, 2010
http://www.dshs.state.tx.us/thcic/publications/hospitals/IQIReport/Indicators-of-Inpatient-Care-in-Texas-Hospitals-2010/

Quality of Children's Care in Texas Hospitals, 2010
http://www.dshs.state.tx.us/thcic/publications/hospitals/PDIReport/Quality-of-Children-s-Care-in-Texas-Hospitals-2010/

Statistical Reports

http://www.dshs.state.tx.us/thcic/publications/hospitals/Statisticalreports.shtm

Visit Us Online

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