



Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 20 Number 1
March 17, 2017

Quality Indicators (QI) for 2015

Data will not be published (Hospital)

In 2015, a significant change in coding systems occurred. Federal requirements necessitated the change in coding systems, from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS). The change occurred on October 1, 2015. The change makes 2015 data and subsequent reports using the data inconsistent between the first three quarters and the 4th quarter. The change will make the data difficult to utilize and compare between 2015 data and between Quality Indicator (QI) reports from different years.

An assessment of the data collected for year 2015 and the AHRQ QI methodology updates suggests THCIC cannot provide consistent or accurate results for 2015 data. THCIC will not produce QIs reports for 2015 data per Health and Safety Code, Section 108.010(d), which allows the department to withhold publishing the data or reports in whole or in part, when data or information may be inaccurate or inappropriate.

The THCIC program produces annual QI reports, including Prevention Quality Indicators (PQI), Pediatric Quality Indicators (PDI), Inpatient Quality Indicators (IQI) and Patient Safety Indicators (PSI). These reports are generated under Health and Safety Code 108.010 to provide a perspective on the quality of healthcare in Texas hospitals. The indicator reports use inpatient discharge data collected by the THCIC program.

The federal Agency for Healthcare Research and Quality (AHRQ) developed the QI methodologies. THCIC generates many of the QI reports for use by Texas consumers, legislators, health planners, healthcare purchasers, and healthcare providers to assist them in making informed health care decisions.

AHRQ is still in the process of transitioning the QIs from ICD-9-CM to ICD-10-CM/PCS.

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THCIC will notify facilities through the numbered letters on any updates in responses to new information on the QI reports. To keep apprised of such developments, you can visit THCIC's website at <http://www.dshs.texas.gov/thcic/>. If you have any questions regarding QI reports, please contact the THCIC program at (512)776-7261 or via email at thcichelp@dshs.state.tx.us.

Revenue Procedure Code Qualifier (Hospital/ASC)

Currently the THCIC specifications allow multiple values for the Revenue Procedure Code Qualifier. Most of these value are very rarely used, with the exception of HC (HCPCS). Effective for claims received on or after May 1, 2017, the only allowable revenue procedure code qualifier will be HC. We will modify the technical specifications accordingly and a new version will be available on or before May 1.

Error Message 762 (Hospital/ASC)

ERROR MESSAGE 762 is "The Claim must have either a THCIC required HCPCS code, or the Claim must have a THCIC required revenue code and contain at least one procedure code."

The Services and Procedures Categories and related HCPCS Codes 2017, located on the THCIC web site at [HCPCS Codes](#) , has removed some procedure codes and added new ones. Some of you may find that HCPCS codes that were previously accepted are no longer accepted and are receiving the error 762 message. If a claim contains a code that is no longer on the list of codes that are required to be reported, and the claim contains no other codes required to be reported, then you should not enter that claim into the system.

Did You Know? (All staff involved with THCIC)

- The assigned THCIC Provider Primary Contact may provide up to six (6) staff with their own provider logins to access our system. Instructions are in the [Vol 15 Num 3](#) newsletter.
- A disabled login, due to 3 failed login attempts, will automatically be “reset” by our system after an hour.
- All login passwords MUST be changed every 60 days in our system and must never be shared.
- When communicating with THCIC or System13, always provide the facility’s assigned THCIC ID Number (not the facility name or a login username) for identification.
- The newsletter notifications are distributed by email to the assigned THCIC Primary Contact at each facility, who should then share the newsletter with internal staff.
- Your quarterly certification “comments” are PUBLICLY released as written. Use caution.

Updating Provider Contact Information (CEO or Facility Administrator)

All hospitals and ASCs are required to provide THCIC with a liaison at their facility and must keep the liaison information **up-to-date** at all times.

The main THCIC liaison is referred to as the THCIC Provider Primary Contact or Data Administrator and services as the liaison between THCIC (and System13) and the facility.

When an assigned THCIC Provider Primary Contact no longer works for the facility, the facility CEO/Administrator is responsible for reassigning a liaison and notifying THCIC of the change. By keeping the Provider Primary Contact information up-to-date, this ensures THCIC communications and System13 notifications are received by the facility in a timely manner.

In addition to the THCIC Provider Primary Contact, the Alternate Contact and Certifier of Record information must also be kept up-to-date as well as the CEO/Facility Administrator.

A list of current facility contacts may be viewed at:

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Legislative Corner (Hospital/ASC)

The 85th Texas Legislative session is underway. THCIC works closely with various legislative committees, stakeholders and internal and external agencies in effort to assist in providing information. Below are a few of the bills that may affect THCIC, hospitals, and ASCs under Health and Safety Code, Chapter 108.

HB 3696: Amends Chapter 108 requiring Texas Health Care Information Collection program's (THCIC) to collect six pieces of data (up to 21 data elements) from the medical/statistical portion of the birth certificate record and to link this information with the THCIC public use data files (PUDF). The introduced bill language would require this only one-time. The data would be from first quarter 2010 through second quarter 2017. The bill language could change with subsequent revisions or amendments.

HB 4210: Amends Chapter 108 by adding section 108.003. The new section language states that Chapter 108 reporting requirements does not apply to clinics which specialize in assisted reproduction procedures or in vitro fertilization treatments. Further clarification is being sought on definition of these clinics. The bill language could change with subsequent revisions or amendments.

SB 2104: The requires THCIC staff to conduct a study under Chapter 108 on the feasibility of using the statewide system of health care data collection to create a public database of charges

billed by health care providers. Further clarification is being sought on definition of charges. The bill language could change with subsequent revisions or amendments.

Upcoming Due Dates (All staff involved with THCIC)

May 1, 2017

4q2016 free data correction ends

June 1, 2017

3q2016 certification of data due

4q2016 begin certification data review

1q2017 reporting of data due

August 1, 2017

1q2017 free data correction ends

September 1, 2017

4q2016 certification of data due

1q2017 begin certification data review

2q2017 reporting of data due

A schedule of **all** due dates may be found at

<http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

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

How to Reach Us

System13, Inc. (in Virginia)

Web site – <https://thcic.system13.com>

Helpdesk

Monday-Friday, 8:00a – 5:00p (Central Time)

March 17, 2017

Vol 20 Num 1

Phone: 888-308-4953 or (434) 977-0000

Email: thcichelp@system13.com

THCIC (in Austin)

Web site – www.dshs.texas.gov/thcic

Main phone: (512) 776-7261

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

THCIC Staff

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Hongyun Dong, Lead Data Analyst

Tony Garcia, Research Analyst

George Icossipentarhos, Information Systems

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Tiffany Overton, Training

Dee Roes, Data Compliance

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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://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

Quality of Care Reports

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 20 Number 2
June 22, 2017

THCIC Rule Amendments

THCIC rule amendments are anticipated to be posted in the Texas Register on June 30, 2017. <http://www.sos.state.tx.us/texreg/index.shtml>. The implementation of these rules will begin with the implementation of the new contract. We currently anticipate the contract to start at the earliest October 1, 2017 and the latest by January 1, 2018. We will post further notices in the number letters.

The amendments were necessary to implement the following Legislative bills: Senate Bill (SB) 219 (84th Texas Legislature Regular Session), House Bill (HB) 2641 (84th Texas Legislature, Regular Session) and the Sunset Advisory Commission recommendations.

SB 219 amended Health and Safety Code, Chapter 108 and requires that fees for the recoupment and support of the program be established in rules.

HB 2641 amended Government Code, §531.0162 and requires that any data collection efforts that are implemented after September 1, 2015, to use the American National Standards Institute (ANSI) approved formats. DSHS anticipates posting the Request for Proposal (RFP) for the Health Care Data Collection System contract out this summer and the changes to meet HB 2641 requirements are included with that RFP and subsequent contract.

The 2014-2015 Sunset Advisory Commission published recommendation 7.1 Modification 3 for the Texas Health Care Information Collection program (THCIC) to reduce the time for facilities to certify the data submitted to the department from ninety days to thirty days and consolidate and clarify the rules. The forty-five (45) day certification timeline is being adopted in response to comments.

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History

There are some additional changes: Update outdated technology terms for data storage and transfer; Consolidate language repeated in a several sections regarding similar processes for data requests and release of public use data and research data files, which requires Institutional Review Board approval.

If you have, questions please email them to us at THCICHelp@dshs.texas.gov.

2017 Hospital Nurse Staffing Study (All hospitals)

Calling all Chief Nursing Officers/Directors of Nursing!

The Texas Center for Nursing Workforce Studies' 2017 Hospital Nurse Staffing Study will be open through July 21st.

The purpose of this survey is to assess nurse staffing issues among employers of nurses throughout the state and to gather data that helps nursing advocates and lawmakers make informed decisions regarding the nursing shortage in Texas.

Your participation is necessary to ensure valid, reliable, and representative data are available to support recommendations and policy aimed at strengthening the nursing workforce in Texas.

Beginning this year, these biennial surveys will only be collected in odd numbered years.

Don't miss your opportunity to make your voice heard!

Questions? Please contact Cate Campbell at 512-776-2365.

<http://www.dshs.texas.gov/chs/cnws/2017-hnss/>

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Health Facilities Numbered Letter, Volume 20 Number 3
August 31, 2017

THCIC Data Issues Regarding Hurricane Harvey

THCIC will NOT be enforcing any penalties for non-submission of data for second quarter 2017 (2Q2017) (due date of September 1, 2017) for those hospitals or ambulatory surgery centers that reside in counties proclaimed by Governor Abbott as “State of Disaster” for Hurricane Harvey. All healthcare facilities outside of the designated disaster counties will be expected to report their 2Q2017 data on time, unless an exemption is sought and granted as noted below.

THCIC staff will monitor the progress on restoration of the healthcare facilities in the designated disaster counties that are required to submit data under Chapter 108 of the Health and Safety Code.

THCIC does not anticipate extending or modifying the deadlines, due to overlapping data process deadlines for other quarters of data.

Healthcare facilities in those designated counties may submit their 2Q2017 data if they have the capability or are submitting the data through another organization or corporate office not effected by the hurricane and associated weather conditions. Healthcare facilities in designated counties may submit their 2Q2017 data before the following quarter (3Q2017) due date of December 1, 2017, without penalty.

Healthcare facilities that are not in the designated disaster counties and were effected by Hurricane Harvey and are unable to submit the required data for 2Q2017 should notify THCIC staff by email (THCICHELP@dshs.texas.gov). If email is not available, please call (512) 776-7261 and request to speak with THCIC staff. Requests for exemptions or delayed submissions will be addressed on a case-by-case basis. If your facility is making a request to delay, please provide documentation of the reasons your facility data cannot submit the required data under the current schedule.

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