Hospital Numbered Letter
Volume 3, Number 8
June 30, 2000

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1. New Location for THCIC Offices
Operational and Policy
THCIC will be moving to a new location on Friday, July 7th. Our new address and main phone number effective July 7th will be:

Two Commodore Plaza
206 East 9th Street, Suite 1900
Austin, TX 78701
(512) 482-3312

Our new fax number will be announced in the near future. You may experience some difficulty reaching staff on July 6th, 7th, and 10th. We appreciate your patience with this inconvenience.

2. Hospitals Must Submit Certification Comments Electronically
Operational/Policy
In order to achieve our legislative mandate, THCIC requires that those hospitals choosing to submit comments on their data upon certification submit them electronically. There is a place to capture comments built into the CertView software. Simply use that place as the vehicle for the creation and submission of comments through *HyperTerminal* to Commonwealth in the same way you submit corrections (either through the mailbox system, or via diskette). If you are using a diskette, please label the outside with

your hospital's name and THCIC-assigned number.

3. THCIC Withdraws Proposed Rules
Operational and Policy
On Friday, June 23rd, the Texas Health Care Information Council voted to withdraw recently proposed rules governing the agency's collection of hospital discharge data. New amendments will be proposed at the September 22nd meeting of the Council. The Council appreciates the time and thought that went into the comments received and will integrate many of those suggestions into the next round of proposed rules. Meanwhile, existing rules apply.

4. Fee for Correcting Errors at Time of Certification
Policy
Some hospitals have assumed that they can rely on the submission of error corrections at the time of data certification as their primary means of correcting data. Others have discovered new errors during the certification process that require correction. In either case, the Council's data warehouse vendor (Commonwealth Clinical Systems) must reprocess the data in order to incorporate the changes into an updated encounter file. Rebuilding the encounter file results in a cost that must be paid by the hospital.

Some hospital representatives have requested that the Council absorb this cost. Regrettably, due to resource limitations, the cost of rebuilding encounter files must be passed along to hospitals that use the service. Council staff was able to negotiate a reduced cost on behalf of the hospitals so that the cost to hospitals for the encounter rebuild alone in most cases is only $200. Other services, (such as mass file deletion) will trigger additional costs.

Note to hospitals planning to use the certification process as their primary opportunity to correct data … **the Council never intended for any hospitals to rely on the "error correction at time of certification" process to be used in lieu of the normal corrections process**. The certification process was not even part of the original data collection program! The Council anticipated that hospitals would submit data that would require few corrections, and that the hospital would be checking their data prior to submitting to the Council. Last but not least, failure to correct certain errors during the normal corrections period could result in the hospital's total number of encounters being underreported in the Public Use Data File.

5. Certification Deadline is approaching!
Operational
July 31st is the deadline for submission of certification letters pertaining to 1Q99 data. All faxes must be received by THCIC by close of day on Monday, July 31, 2000 in order to avoid penalties.

6. Here Comes HIPAA
Policy/Operational
The Administrative Simplification (AS) provisions of the national Health Insurance Portability and Accountability Act of 1996 (HIPAA) are intended to reduce the costs and administrative burdens of health care by making possible the standardized, electronic
transmission of many administrative and financial transactions that are currently
carried out manually on paper (or via regulator or payer specific electronic formats).

As of 9:00 p.m. on June 28, the final ANSI ASC X12N HIPAA implementation guides should be available on the Internet at this address – www.wpc-edi.com/hipaa. They are dated "May 2000" and replace all previous 004010 HIPAA draft documents. To be placed on an e-mail list to receive notices of publications automatically, visit the following Web site — www.wpc-edi.com/notify. For additional information on HIPAA, be sure to check the U.S. Department of Health & Human Services' primary HIPAA Web site at http://aspe.os.dhhs.gov/admnsimp/. This is the wave of the near-future folks!

7. Commonwealth is closed July 3-4th
Operations
Please be apprised that Commonwealth will be closed Monday July 3rd and Tuesday July 4th. While you may leave messages at the HELP Desk on these dates, you will not get response calls as quickly that week.

8. New Edits to be turned on for 4Q2000 data
Operational (Requires Programming Changes)

Audit logic is posted on the Council web site at www.thcic.state.tx.us/Hospitals/accptsop.htm.

As you may recall, one of the more significant findings of the pilot project conducted last spring had to do with discrepancies in the payor source data. Because of this problem, the Council decided to SUPPRESS payor source data from the hospital discharge data released by the Council until edits are in place to correct the problem, AND to educate the hospitals on the importance of having the same number of "22 records" as "30 records" (See Hospital Numbered Letter, Volume 3 Number 2).

The next page of this numbered letter provides detailed information on the specific edits put in place to deal with this problem. These edits will be activated beginning with 4Q2000 data, and **it is strongly recommended that hospitals begin working to effect operational changes that prevent further errors in their payer data**.

A. Hospitals are required to submit a corresponding "22 record" with each "30 record" beginning with discharges dated on or after October 1, 2000. Hospitals must submit the following information for the secondary and tertiary "22 records" with the following fields:

Record "22"						
Description	**Field**	**Pos. Start**	**Pos. End**	**Acceptable Responses for each sequence #**		
				01 (Primary Payer)	**02 (Secondary Payer)**	**03 (Tertiary Payer)**
Record Type	01	01	02	22	22	22
Sequence Number	02	03	04	01	02	03
Patient Control Number	03	05	24	*Enter the patient's unique ID number for all 3 payers, **on each "22 Record"** for this patient.*		
State Code	04	25	26	**TX**	**TX**	**TX**
Social Security Number Use first nine Positions (27-35) no hyphens	05	27	35	*Enter the SSN of the patient or default response of 999999999 (for patients covered by 42 USC 290dd-2 and 42 CFR Part 2.1) **on each "22 Record"** for this patient.*		
Response for No Social Security Number	06	56	56	*Enter the same code **on each "22 Record"** for this patient.* **F** - Foreign National **N** - Newborn **O** - Other **R**- Unable to respond *Use the default response of "O" for each "22" record on patients covered by 42 USC 290dd-2 and 42 CFR Part 2.1*		
Patient Race	07	86	86	*Enter the same code **on each "22 Record"** for this patient.* **1** American Indian/Eskimo/Aleut **2** Asian or Pacific Islander **3** Black **4** White **5** Other		
Patient Ethnicity	08	98	98	*Enter the same code **on each "22 Record"** for this patient.* **1** Hispanic Origin **2** Not of Hispanic Origin		
Source of Payment Code, Non-Standard Codes Codes must correspond with the standard source of payment codes as provided in the "30 Record", field "04".	09	111	111	**T** State or Local Government Programs **U** Commercial PPO **V** Medicare Managed Care **X** Medicaid Managed Care **Y** Commercial HMO **Z** Charity	Use code that corresponds to **secondary** payer source, "record 30", sequence '02', Field "04"	Use code that corresponds to **tertiary** payer source, "record 30", sequence '03', Field "04"
Form Locator 56	10	124	137	Blank	Blank	Blank
Form Locator 56	11	138	151	Blank	Blank	Blank
Form Locator 56	12	152	165	Blank	Blank	Blank
Form Locator 56	13	166	179	Blank	Blank	Blank
Form Locator 78	14	180	181	Blank	Blank	Blank
Form Locator 78	15	182	184	Blank	Blank	Blank
Filler (Local Use)	16	185	192	Blank	Blank	Blank

B. Valid State Codes will be audited for in "Record 20", field "15" starting with fourth quarter 2000 data beginning October 1, 2000.

C. The Council will audit for possible duplication of Standard Source of Payment codes. When matching codes are found in "Record 30", Field "04" in sequence number "01", "02" or "03", a warning message will be generated. Warning messages indicate a potential error may have occurred.

D. Audits will be applied to identify revenue codes that are out of ascending sequence order for the "50, 60, and 61 Records".

E. Audits will be applied to identify unequal amounts between the Total Accommodations Charges in "Record 90", field "13" and sum of Accommodations Record(s) Charges from "Record 50", Fields "07", "11.7", "12.7" and "13.7".

F. Audits will be applied to identify unequal amounts between the Total Non-Covered Accommodations Charges in "Record 90", field "14" and sum of Accommodations Record(s) Non-Covered Charges from "Record 50", fields "08", "11.8", "12.8" and "13.8".

G. Audits will be applied to identify unequal amounts between the Total Ancillary Charges in "Record 90", field "15" and sum of Ancillary Record(s) Charges from "Record 60", fields "09", "13.9" and "14.9".

H. Audits will be applied to identify unequal amounts between the Total Non-Covered Ancillary Charges in "Record 90", field "16" and sum of ancillary record(s) non-covered charges from "Record 60", fields "10", "13.10" and "14.10".

I. The Council will also audit for sequence numbers in field "02" in "Records 22, 30, 31, 34, 40, 41, 50, 60, 61, 70 and 80".

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<tr><td>Questions?
Phone: (888) 308-4953 Fax (804) 979-1047 Email: THCIChelp@comclin.net
Web site: www.thcic.state.tx.us</td></tr>
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