
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.

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.

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

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

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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
Wang-Shu Lu, Ph.D.	512-776-6453	Facility reports and data analysis
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/>

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

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 16 Number 2
July 26, 2013

Update: 2011 IQI and PDI Quality Reports (Hospitals)

An error in the production of the reports was discovered involving the expected rates and risk adjusted rates on the IQI and PDI indicators previously reviewed by hospitals; therefore, THCIC has rerun the reports and will be reposting all of them for an additional 60 day review and comment period

The error occurred when calculating in the “Diagnosis Present on Admission” (POA) indicators in the initial review. The POA indicators were not used in the revised calculations and so the results are comparable to the 2010 IQI and PDI reports.

THCIC will send out E-mail notifications to the Provider Primary Contact of each hospital that is represented in the 2011 Quality Report on July 29, 2013 providing information on accessing the revised reports. The review and comment period will begin on August 1, 2013 and end on September 30, 2013.

New THCIC Staff

Susan (Shu) Lou joins CHS as a lead data analyst for THCIC with over 24 years’ experience in medical and health research field.

Prior to joining CHS, Susan was a program specialist for Texas Department of Aging and Disability Services (DADS); the Epidemiologist for asthma in Health Promotion and Chronic Disease Prevention Section of Department of State Health Services (DSHS); a Research Associate in Graduate school of Baylor College of Medicine in Houston.

Previous to this, Susan held various positions back in China as Physician specialized in otolaryngology in Nanjing municipal hospital, Associate Professor for Nanjing College of TCM Medicine, and Manager of Pharmaceutical Development in Shanghai College of TCM Medicine.

Susan (Shu) Lou holds MD in Otolaryngology from Nanjing College of TCM Medicine, with a Master of Science degree in Epidemiology and Statistics from UT Houston.

Susan Lou replaces Dr. Marcia Becker who is now the Health Information Resource Branch Manager for the Center for Health Statistics.

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Upcoming Due Dates

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1q2013 correction period ends

September 2

4q2012 certification due

1q2013 begin certification data review

2q2013 submission of data due

November 1

2q2013 correction period ends

December 2

1q2013 certification due

2q2013 begin certification data review

3q2013 submission of data due

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 16 Number 3
August 27, 2013

Rural Provider Exemption Ends (Hospital/ASC)

During the 2011 82nd First Called Legislative session, Senate Bill 7 repealed Sections 108.002(18), Section 108.0025, and Section 108.009(c), Texas Health and Safety Code, which made provisions for rural providers meeting specific criteria to be exempt from state reporting of Inpatient and Outpatient data collected by the THCIC program. The repeal of these sections becomes effective September 1, 2014.

Beginning with October 1, 2014 patient services, rural providers that have been exempt from state reporting will be required to report data that are collected by the THCIC program, which currently include all Inpatient discharge data and Outpatient surgical and radiological events from hospitals and ASCs.

Information on the Inpatient and Outpatient collection of data may be found on the THCIC website www.dshs.state.tx.us/thcic.

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2011 IQI and PDI Quality Reports (Hospital)

The hospital review and comment period for the 2011 IQI and PDI Quality Reports will end on **September 30, 2013**.

THCIC emailed the review instructions to each hospital Provider Primary Contact on July 29th. If your hospital's THCIC Provider Primary Contact did not receive the emailed review instructions, they should contact Dee Roes by email at Dee.Roes@dshs.state.tx.us referencing the 2011 Quality Report review and provide the hospitals 6-digit THCIC ID number.

CMS ICD-10 Transition (Hospital/ASC)

According to CMS, effective October 1, 2014, HIPAA reporting standards will be:

- ICD-10-CM for diagnostic information for all sites of service
- ICD-10-PCS for inpatient procedures

In keeping with standard billing practices and HIPAA requirements, THCIC will also require the reporting of claims with a service date on or after October 1, 2014 to contain the coding for ICD-10.

Provider billing systems should be able to accommodate both ICD-9 and ICD-10 codes until all claims for services occurring before October 1, 2014 have been submitted, corrected and certified for THCIC requirements.

For THCIC reporting purposes, the 3rd Quarter 2014 (3Q2014) data represents July 1 to September 30, 2014 services. Although the THCIC 3Q2014 data are not due to be reported until December 1, 2014, the 3Q2014 data may only be reported to THCIC in the ICD-9 coding.

The THCIC timeline for 3Q2014 data are:

Data submission - December 1, 2014

Data correction – February 1, 2015

Data certification – June 1, 2015

Providers may wish to consider early submission, correction, and certification of the 3Q2014 THCIC data to minimize the need of maintaining both ICD-9 and ICD-10 coding in the providers billing system.

The transition to ICD-10 does not affect the CPT coding for outpatient procedures.

2014 HCPCS Codes for Outpatient Services (Hospital/ASC)

THCIC will post the 2014 Outpatient Service and Procedure Codes, HCPCS codes, on our website on August 30, 2013.

<http://www.dshs.state.tx.us/thcic/OutpatientFacilities/RequiredOutpatientProcedureCodes.xls>

THCIC will accept the 2014 HCPCS Codes on outpatient data with a service date of January 1, 2014 or later.

Emergency Room Data Collection (Hospital)

During the 2013 83rd Regular Legislative session, Senate Bill 1 Article II, Department of State Health Services Rider 93, provided funding and instructions for the THCIC program to collect and report on all Emergency Room events from Texas hospitals. Prior to the collection of Emergency Room events, THCIC must first draft and implement the rules and guidelines. THCIC will keep Texas hospitals updated on this collection effort and as to when collection will begin. Projected collection could begin in late 2014 early 2015.

Rate Increase for Services at System13 (Hospital/ASC)

Item	Effective 9/1/2013
Charge to providers for data distribution on hard media	\$38.00
Hourly programming charge	\$108.00
Rate for corrections during certification	\$108.00
Rate for recreating certification files	\$420.00
Rate for rush order	\$317.00

Upcoming Due Dates**September 2**

4q2012 certification due

1q2013 begin certification data review

2q2013 submission of data due

September 30

Hospital 2011 IQI and PDI Quality Report review and comment period ends

November 1

2q2013 correction period ends

December 2

1q2013 certification due

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3q2013 submission of data due

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