

Texas Department of State Health Services

Outpatient Submitter

Revised December 2021





- Chapter 108 of the Texas Health and Safety Code established and authorizes THCIC to collect and report on Inpatient/inpatient discharge data.
 - <u>http://www.statutes.legis.state.tx.us/Docs/HS/word/HS.</u>
 108.doc
 - <u>http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.I</u>
 <u>08.pdf</u>







- Title 25. Health Services
- Subchapter Collection and Release of Hospital Discharge Data
- Subchapter D Collection and Release of Inpatient Surgical and Radiological Procedures at Hospitals and Ambulatory Surgical Centers
- http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421





Outpatient Upload / Submitter



- Submitting Data Submitter/ Upload 5010
 - Getting a Submitter ID (SUB***)
 - X Data Reporting Schedule
 - X Logging into the System as a submitter
 - Submitting your data
 - Encounter on Demand (EOD)





Getting a Submitter ID

- Before a user can submit Outpatient/ inpatient data via 5010 file format the user must be registered with System 13.
- Facilities must test their data submission with System 13 before data can be submitted.
- The user must register with System I3 at https://thcic.system I3.com/enrollments



THCIC System

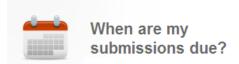




Requesting a Submitter ID

	system 13 Making technology your best friend.
Request Access	
ORGANIZATIONS WHO SUBMIT FOR MULTIPLE PROVIDERS: Enroll as a submitter only once. List ALL providers that you for at the bottom of this page. If you submit for more than hospitals please contact the THCIC Help Desk at 888-308-4	15
Submitter Information	Providers
STREET ADDRESS 1 STREET ADDRESS 2	Enroll as a submitter only once. A user can list up to 15 providers that the user will submit data for. If the user will submit for more than 15 providers, the user will have to contact System 13 directly to complete that request.
СІТУ	Providers that will submit for themselves using an 5010 file upload, must have a submitter ID.
ZIPCODE	The user must contact System 13 before starting to test data.
Primary Contact	If the submitter contact person needs to be updated, please contact System 13 directly.

Data Reporting Schedule



CONTACT US



The complete data reporting schedule is available at

RESOURCES

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

ONLINE SERVICES



Contact THCIC Staff Inpatient and Outpatient Data Reporting Schedule
Facility Reporting Requirements

Home >

Data Reporting Schedule

Texas Health Care Information Collection Home >

Texas Health Care Information Collection Center for Health Statistics

MOST POPULAR

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

In response to Coronavirus (COVID-19) emergency requirements THCIC staff will have <u>limited access to providing responses and data requests</u>.

General Public Information Health Data Researcher Information Statutes and Rules Texas Health Data Center for Health Statistics (CHS) and other DSHS Data

Mailing Address

About THCIC

THCIC

Dept. of State Health Services

Center for Health Statistics. MC 1898

PO Box 149347

Austin, Texas 78714-9347

Location

Moreton Building, M-660

1100 West 49th Street

Austin, TX 78756

Phone: 512-776-7261 Fax: 512-776-7740

Email: thcichelp@dshs.texas.gov

Activity	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Cutoff for initial submission	9-1-21	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23
Cutoff for corrections (Free)	11-1-21	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23
Facilities retrieve certification files	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23
Cutoff for corrections at time of certification (Associated Fees)	1-3-22	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-2-23	10-2-23
Certification/comments due	1-18-22	4-15-22	7-15-22	10-17-22	1-16-23	4-17-23	7-17-23	10-16-23

The reporting schedule is a rule driven schedule, under Chapter 421, Title 25, Part 1 of the Texas Administrative Code, Subchapter D, RULE §421.66. The due dates are either the 1st or the 15th of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.

Last updated October 26, 2021



Initial Submission Due Dates

Data Reporting Schedule

- Texas Health Care Information Collection Center for Health Statistics
- Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

In response to Coronavirus (COVID-19) emergency requirements THCIC staff will have limited access to providing responses and data requests.

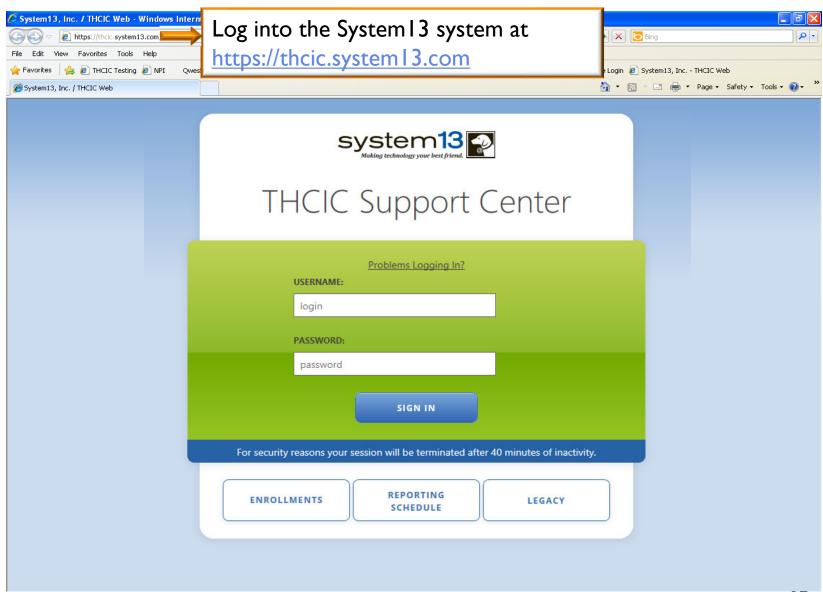
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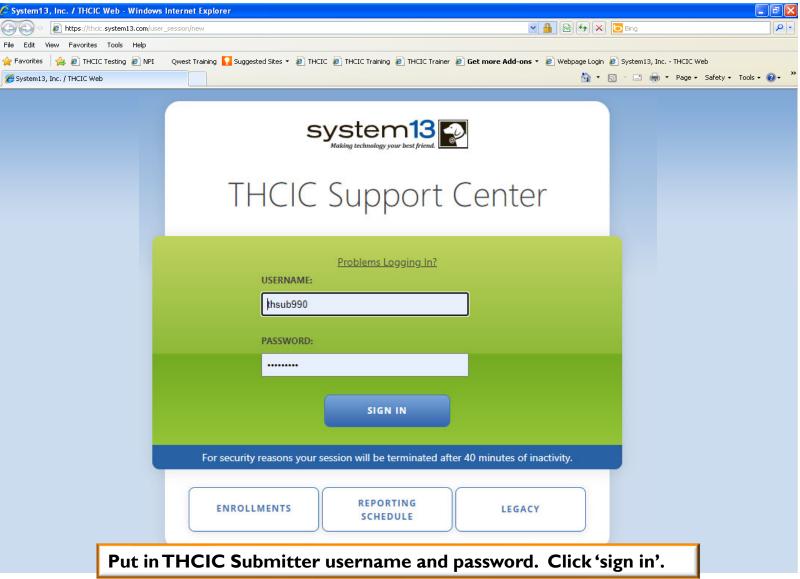


THCIC System



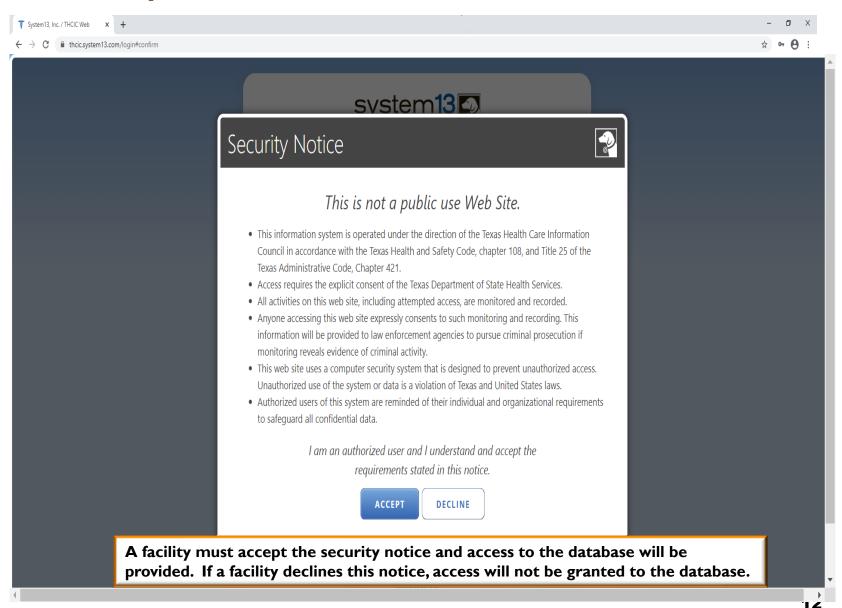


Log In the System as a Submitter





Security Notice



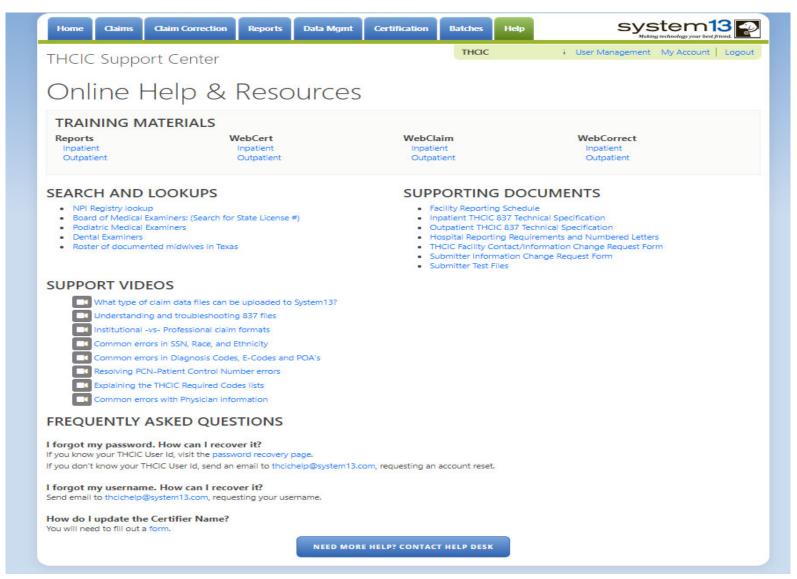


Submitter Home Page





Submitter Home Page – Tab





Other Features - My Account

Home Help	system 13 Making technology your best friend.
Your password will expire on: 06/26/2020 Supproximately 23 days from today)	THCIC Submitter 3 SUB990 My Account Logout
current password	PASSWORDS MUST: • expire and be changed every 60 days
CHANGE PASSWORD	 be at least 8 characters long contain at least 1 alpha, 1 numeric, and 1 special character contain uppercase and lowercase letters
password	begin and end with a letter
password confirmation UPDATE CANCEL	PASSWORDS MUST NOT: be reused for 1 year contain username contain letter or number sequences greater than 2 repeat characters more than twice in a row PASSWORD NOTES:
The user will put in the current password, then a new password and confirm the new password. The password perimeters are listed above when changing your password. Click update to change the password. Log back into the system with the new password.	 Within this application, the following is defined as the set of Special Characters: ! @ # \$ % ^ & * ? _ ~ - Here are some examples of a letter or number sequence greater than 2: 'abc', '123', '4567', 'ghijk' Here are some examples of a letter, number, or sequence that is repeated more than twice: 'aaa' (2-letter repetition), '111' (2-number repetition), 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

Password Process

Passwords Must:

- Expire and be changed every sixty (60) days
- Be at least eight (8) Characters long
- Contain at least one (I) alpha, one (I) numeric and one (I) special character
- Contain uppercase and lowercase letters

Passwords Must Not:

- Be reused for one (I) year.
- Begin or end with non-alpha characters
- Contain username
- Contain letter or number sequences greater than two (2)
- Kepeat characters more than twice in a row

Password Notes:

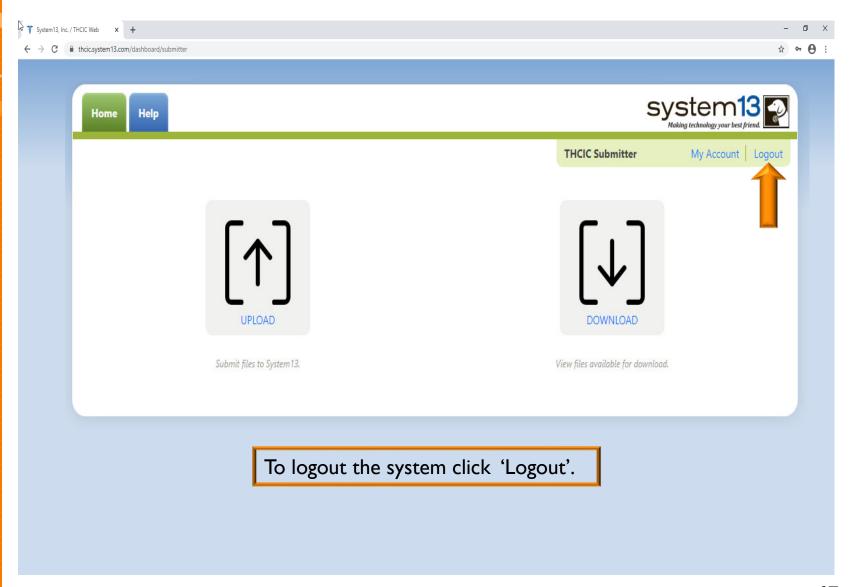
X I. Within this application the following is defined as the set of special characters:

× 2. Here are some examples of a letter or number sequences greater than two (2):

3. Here are some examples of a letter, number, or sequence that is repeated more than twice: 'aaa' (2-letter repetition), '333' (2-number repetition). 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

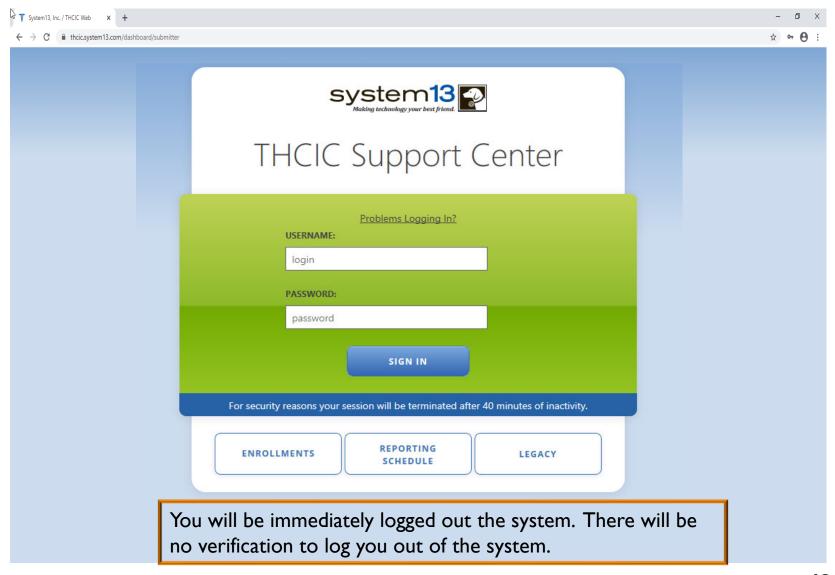


Other Features - Logout



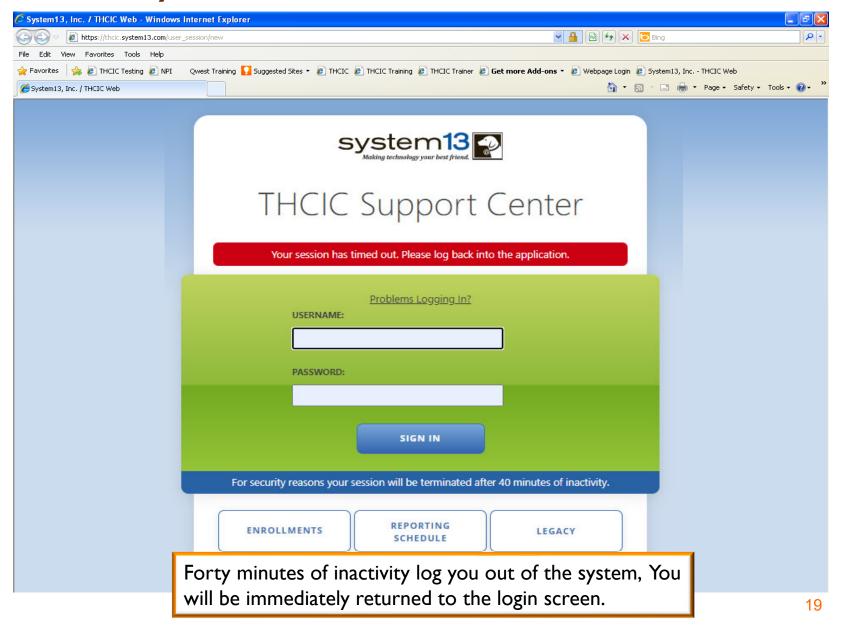


Other Features - Logout





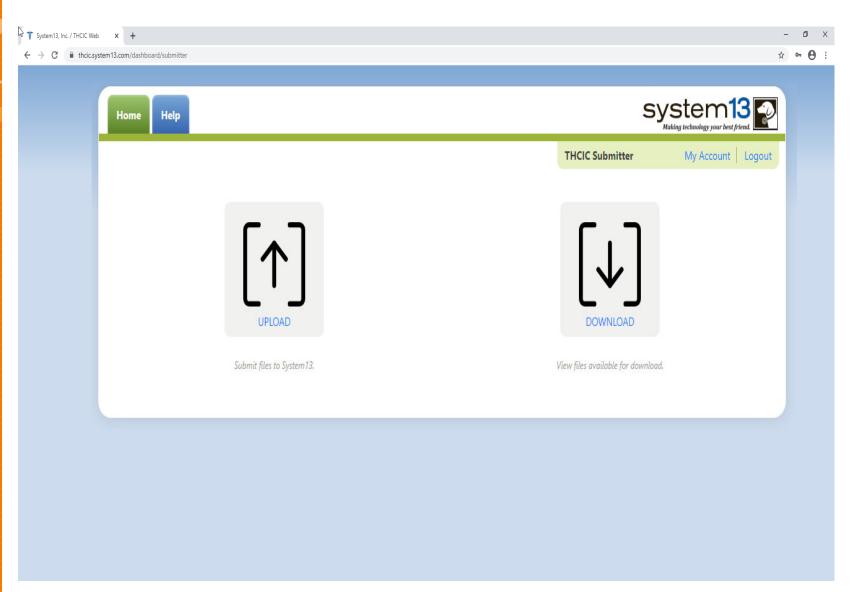
Inactivity







Submitter Home Page



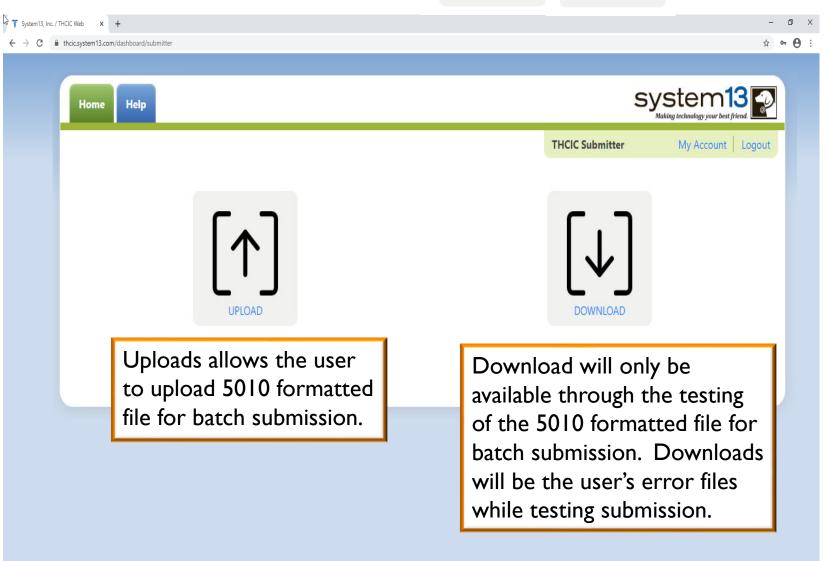
Submitter Home Page Click Upload/Download





Health and Human Services

Texas Department of State Health Services

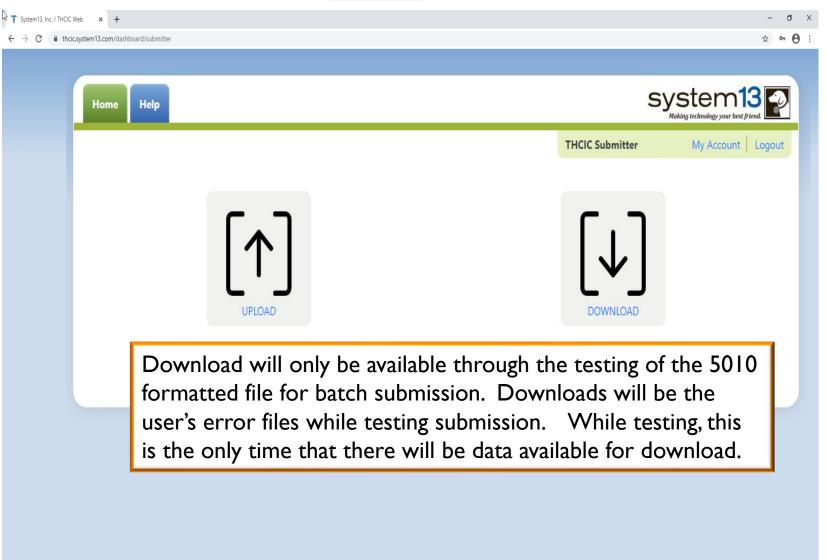






Click Download



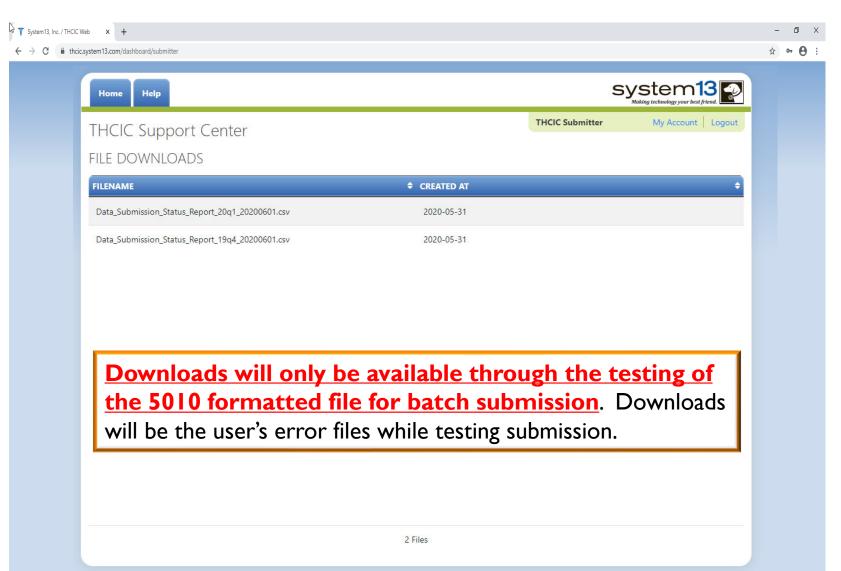






List of Downloads [4]

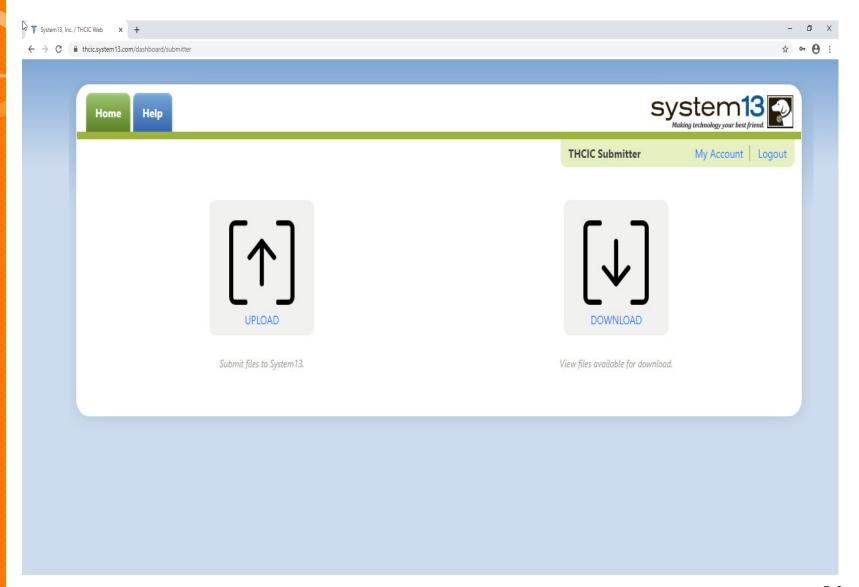






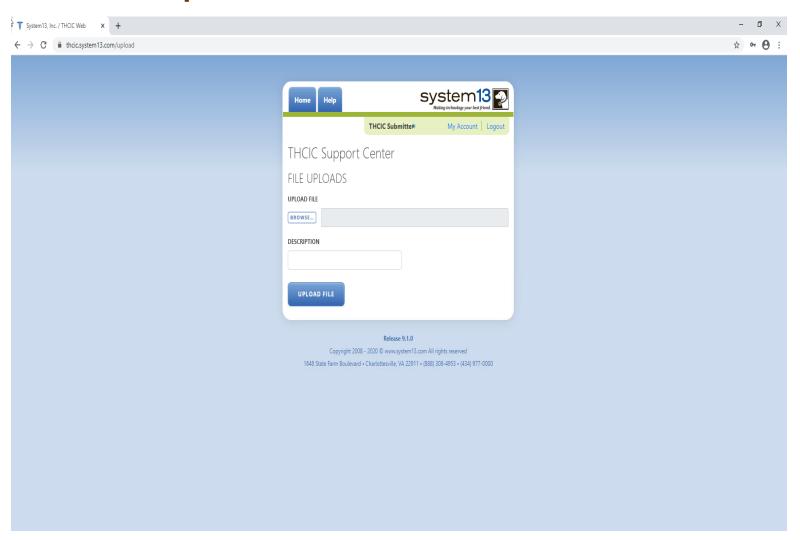


Click Upload [1]



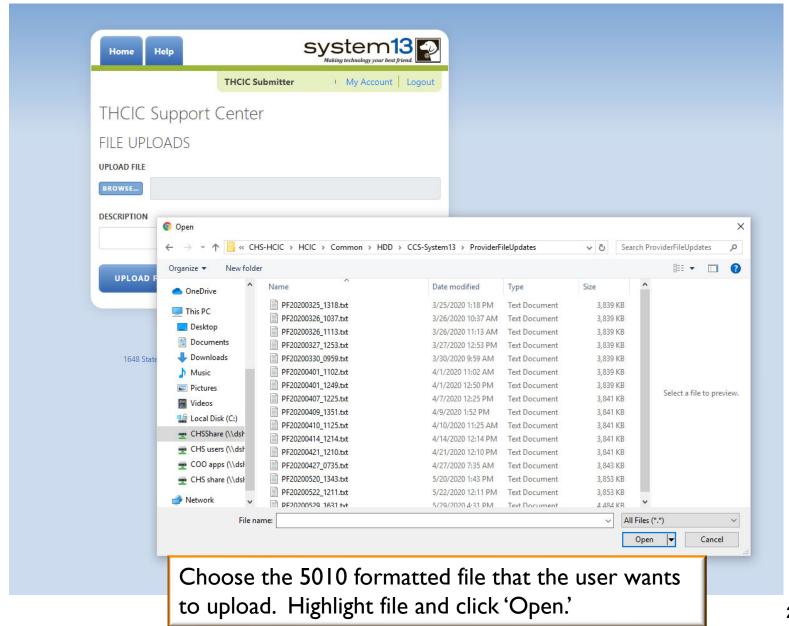


Batch Upload Claims



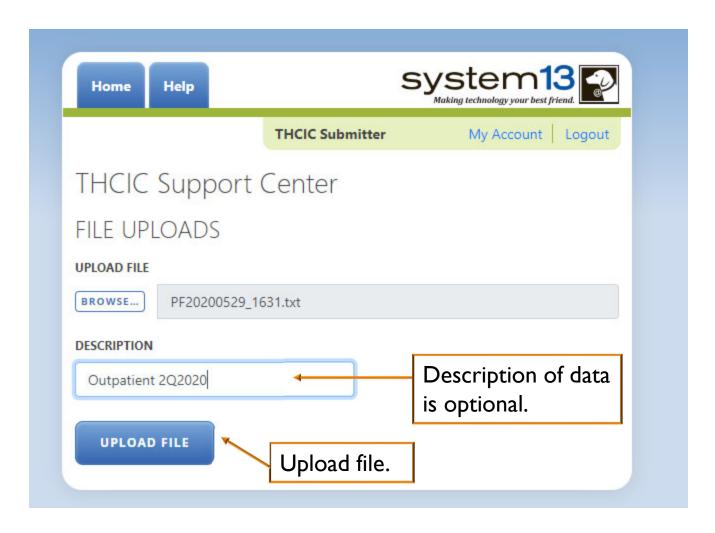


Choose File To Upload



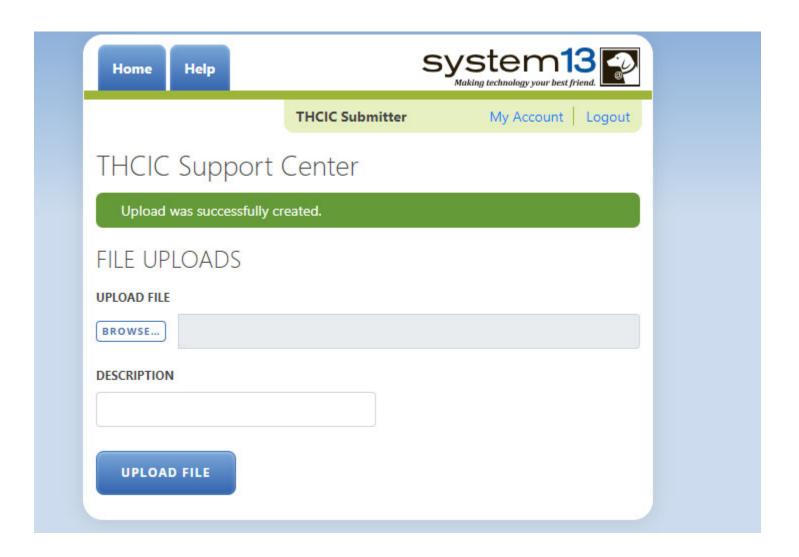


Choose File To Upload

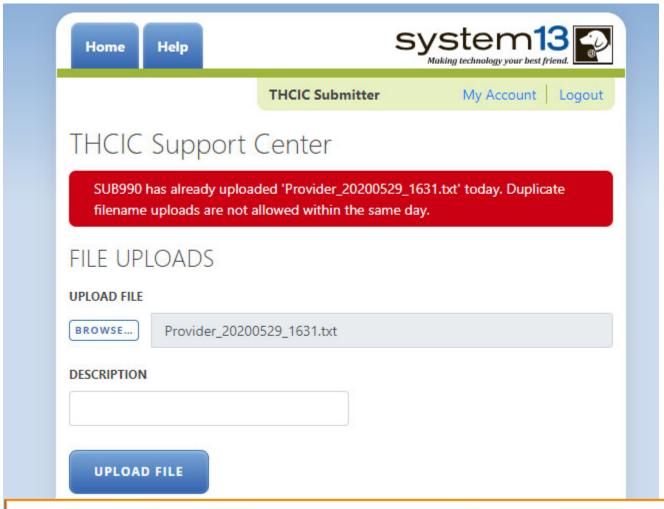




System Upload Receipt



System Upload Receipt about Duplicate File Uploaded in the Same Day



A facility cannot upload a file with the same file name, on the same day. You will get the above message.



Sent: Mon 12/14/2009 12:01 PM

E-Mail Receipt to Submitter

From: th98oper@comlin.com

To: tiffany.overton@dshs.state.tx.us

Cc:

Subject: FW: SUB000 Receipt: 1-Accepted, 0-Rejected

DATA WAREHOUSE RECEIPT NOTICE:

THIS RECEIPT LOOKS BEST WHEN VIEWED USING A COURIER FONT

Submitter: SUB000 - THCIC Submitter

Contact: Tiffany Overton

Email: tiffany.overton@dshs.state.tx.us

Phone: 512-458-7111 Fax: 512-458-7740

Submission File Name: o_th000002.
Receipt Processed: 12/14/09 13:00:
System13 Name: SUB000 T o 837

File Information

Claim Format

T=test, P=prod P **
Claim Count 214

You must be approved for 'Production S'Production Status Request' form.

Thank you for your data submission.

System13, Inc

www.THCIChelp.com

THCIC Data Warehouse, Support 888 308-4953 Help Desk 14-DEC-2009 13:00:02.92

The submitter contact will get an E-mail receipt notice indicating the data file has been received within 30 minutes of the uploaded file. The E-mail will indicate if the file was "accepted" or "rejected". The E-mail receipt notice will also indicate if the data file will be processed as "test" or "production" data and the claims count total contained in the file.

If the file was "accepted", the submitter contact will get a second E-mail within an hour, which will indicate if the file "passed" or "failed". If the E-mail indicates the file "passed" and the file was processed as "production" data, the provider contact will receive an E-mail confirmation the same day.

Uploaded data files that are "rejected" or "failed" must be fixed and uploaded again by the submitter contact.



E-Mail Receipt to Provider

Extra line breaks in this message were removed.

From: System13 Flex Notifier [noreply@system13.com]

To: Overton, Tiffany

Cc:

Subject: THCIC/Web Frequency of Errors Report

Attachments: 🔼 FER.pdf (16 KB)

Claims have been added to your account. Please review the attached PDF document.

Thanks!

-- THCIC/Web Support Team

Frequency Of Errors Report
Report Date: 24-May-2011
THCIC ID: 000005 THCIC Trainer

Batch Information

Field	Value
Claims Period	01/01/2010 thru 12/31/2012
Service Period	02/01/2010 thru 08/30/2010
Claims Received	363
Claims Rejected	0
Claims Processed	363
Claims In Error w/o Race + Ethnicity Errors	58
Claims In Error	58
Fields In Error	148
Accuracy Rate w/o Race + Ethnicity Errors	84.02%
Accuracy Rate	84.02%

The <u>provider</u> contact will get an E-mail confirmation indicating data submitted the same day that the files has been added to their account, if the file was "accepted" and "passed" as production data.

The E-mail will include a frequency of error report (FER) to verify number of claims received by our system, accuracy rate, error summary and various other claims information.



Encounter on Demand

After the *Cutoff for initial submission the Data Administrator (aka Provider Primary Contact) and Certifier will now receive an email a few days after the "Cutoff for Initial Submission. This email will be sent approximately sixty days after the end of each quarter. The email will have four reports attached to it:

- X Summary Report use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity
- Claim Count for First Physician Report Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.
- Claim Count for Second Physician Report Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information
- K Error Type List Report use this to determine if you have made all possible corrections to your data. if needed.

The email will suggest that if the Certifier determines that the data is complete and accurate after reviewing the reports, then they should consider choosing the Encounter or Event on Demand (EOD) option on their certification tab for that quarter. If you do not choose to start the EOD option, the certification process will start after the cutoff for corrections as it does now.

*Cutoff for initial submission is the date when the submission data is due in the system.





Outpatient Submitter Upload

Questions/ Comments



Questions, comments or need clarification please e-mail

thcichelp@dshs.texas.gov

The e-mail should include the facility's THCIC ID.



THCIC Contact

Maddress:

Texas Health Care Information Collection
Dept of State Health Services – Center for Health
Statistics
I 100 W 49th St, Ste M-660
Austin, TX 78756

Phone: 512- 776-7261

Fax: 512- 776-7740

E-mail: THCIChelp@dshs.texas.gov

Web site: http://www.dshs.texas.gov/THCIC



THCIC Contact

or EIN/NPI number.

- Contact Tiffany Overton email at
 - Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- Contact Dee Roes email at

 <u>Dee.Roes@dshs.texas.gov</u> if submitter
 test/production files reject due to a submission address

For general questions or to request information about THCIC please e-mail to thcichelp@dshs.texas.gov.





Address:

System I 3, Inc I 648 State Farm Blvd. Charlottesville, VA 229 I I

Phone: I-888-308-4953

🏂 Fax: 434-979-1047

E-mail: THCIChelp@system I 3.com

Web site: https://thcic.system13.com

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