TEXAS
Health and Human
Services

Texas Department of State
Health Services

Inpatient Submitter

Revised December 2021

Document #: 25-15009

Background Information

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

THCIC Rules

THE STATE OF TEXAS

- **Title 25. Health Services**
- **Subchapter A** – 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**

OFFICE of the SECRETARY of STATE

Inpatient Upload / Submitter

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

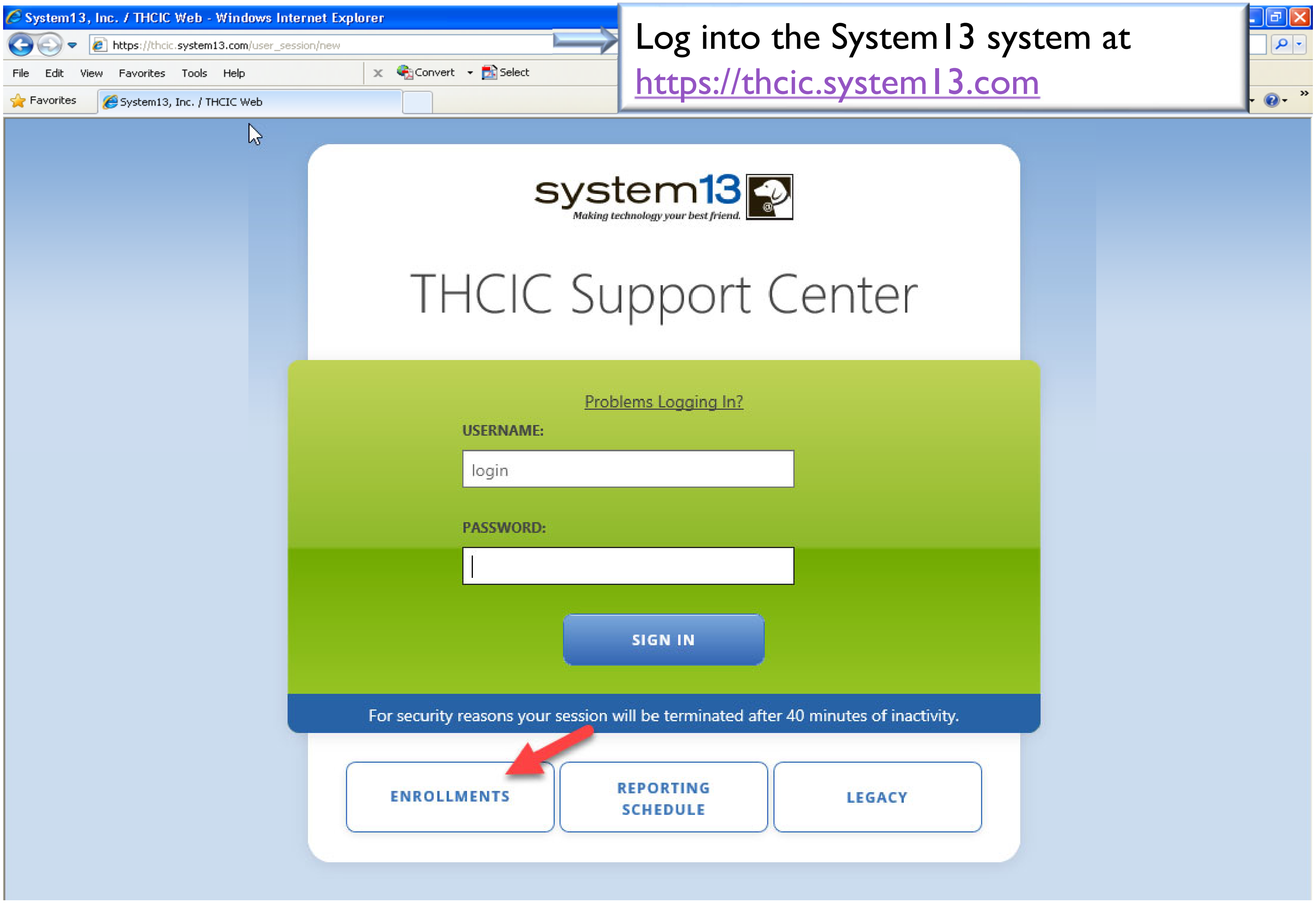
Getting a Submitter ID

- Before a user can submit Outpatient/ inpatient data via 5010 file format the user must be registered with System13.

- Facilities must test their data submission with System13 before data can be submitted.

- The user must register with System13 at https://thcic.system13.com/enrollments

THCIC System


System13, Inc. / THCIC Web - Windows Internet Explorer
https://thcic.system13.com/user_session/new
File Edit View Favorites Tools Help
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Select
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System13, Inc. / THCIC Web
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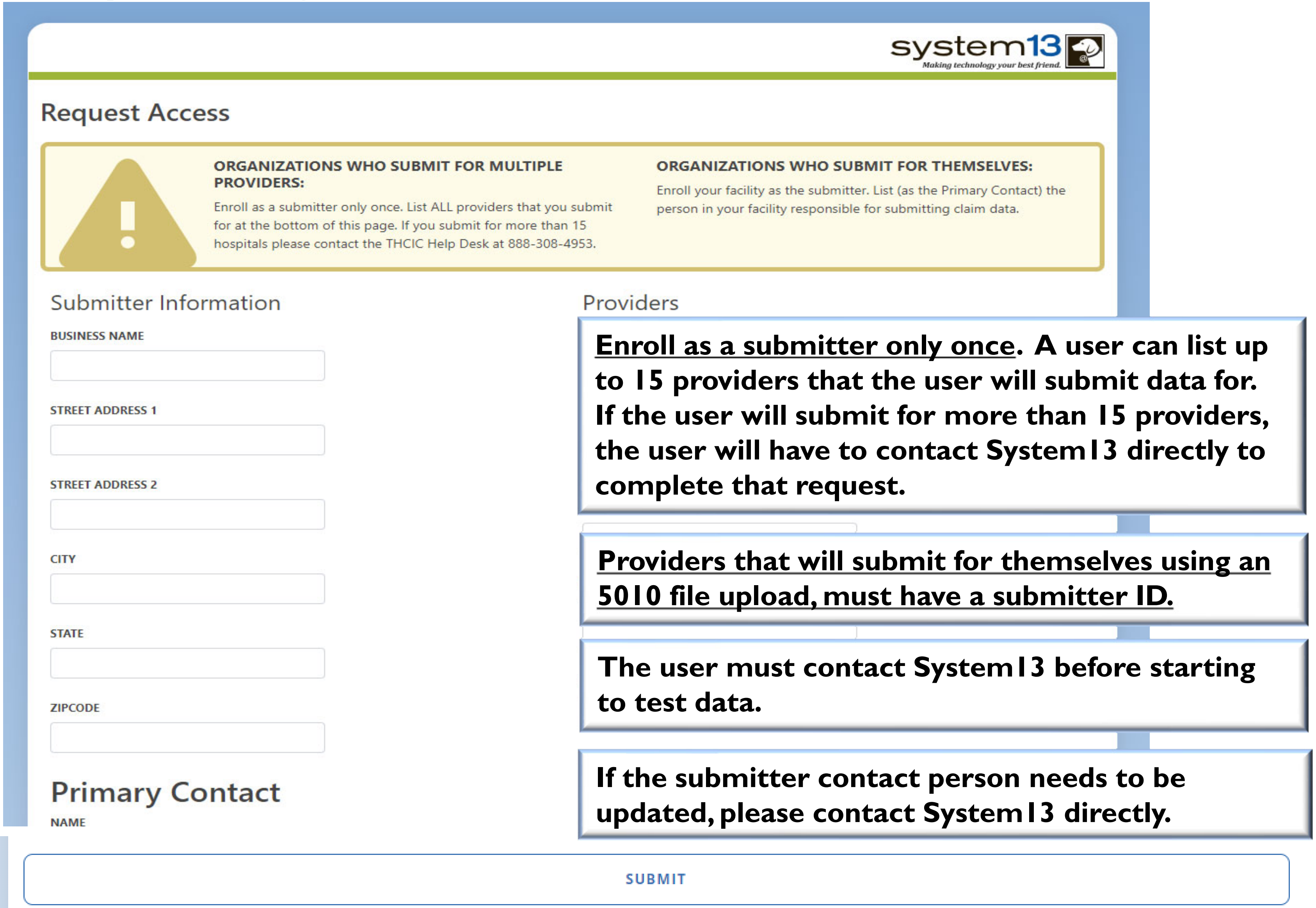
THCIC Support Center
Problems Logging In?
USERNAME:
login
PASSWORD:
SIGN IN
ENROLLMENTS
REPORTING SCHEDULE
LEGACY

For security reasons your session will be terminated after 40 minutes of inactivity.

Log into the System13 system at https://thcic.system13.com

Requesting a Submitter ID



Request Access

ORGANIZATIONS WHO SUBMIT FOR MULTIPLE PROVIDERS:

Enroll as a submitter only once. List ALL providers that you submit for at the bottom of this page. If you submit for more than 15 hospitals please contact the THCIC Help Desk at 888-308-4953.

ORGANIZATIONS WHO SUBMIT FOR THEMSELVES:

Enroll your facility as the submitter. List (as the Primary Contact) the person in your facility responsible for submitting claim data.

Submitter Information

BUSINESS NAME

STREET ADDRESS 1

STREET ADDRESS 2

CITY

STATE

ZIPCODE

Primary Contact

NAME

Providers

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 System13 directly to complete that request.

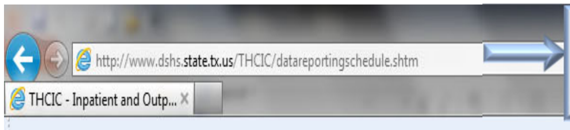
Providers that will submit for themselves using an 5010 file upload, must have a submitter ID.

The user must contact System13 before starting to test data.

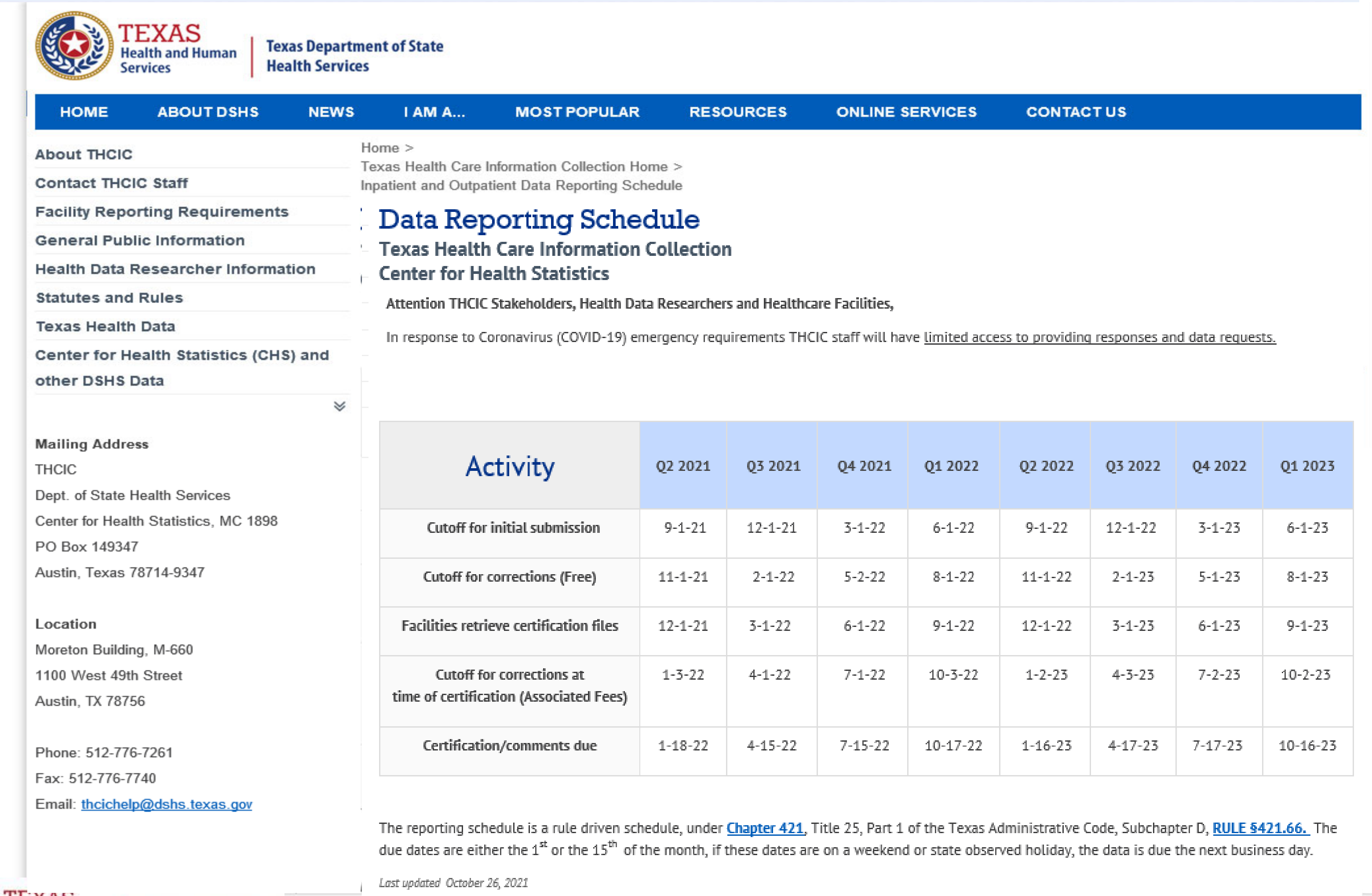
If the submitter contact person needs to be updated, please contact System13 directly.

Data Reporting Schedule

When are my submissions due?


http://www.dshs.state.tx.us/THCIC/datareportingschedule.shtm
THCIC - Inpatient and Outp...

The complete data reporting schedule is available at http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm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RESOURCES
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CONTACT US
About THCIC
Contact THCIC Staff
Facility Reporting Requirements
General Public Information
Health Data Researcher Information
Statutes and Rules
Texas Health Data
Center for Health Statistics (CHS) and other DSHS Data

Mailing Address
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

Home >
Texas Health Care Information Collection Home >
Inpatient and Outpatient Data Reporting Schedule

Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

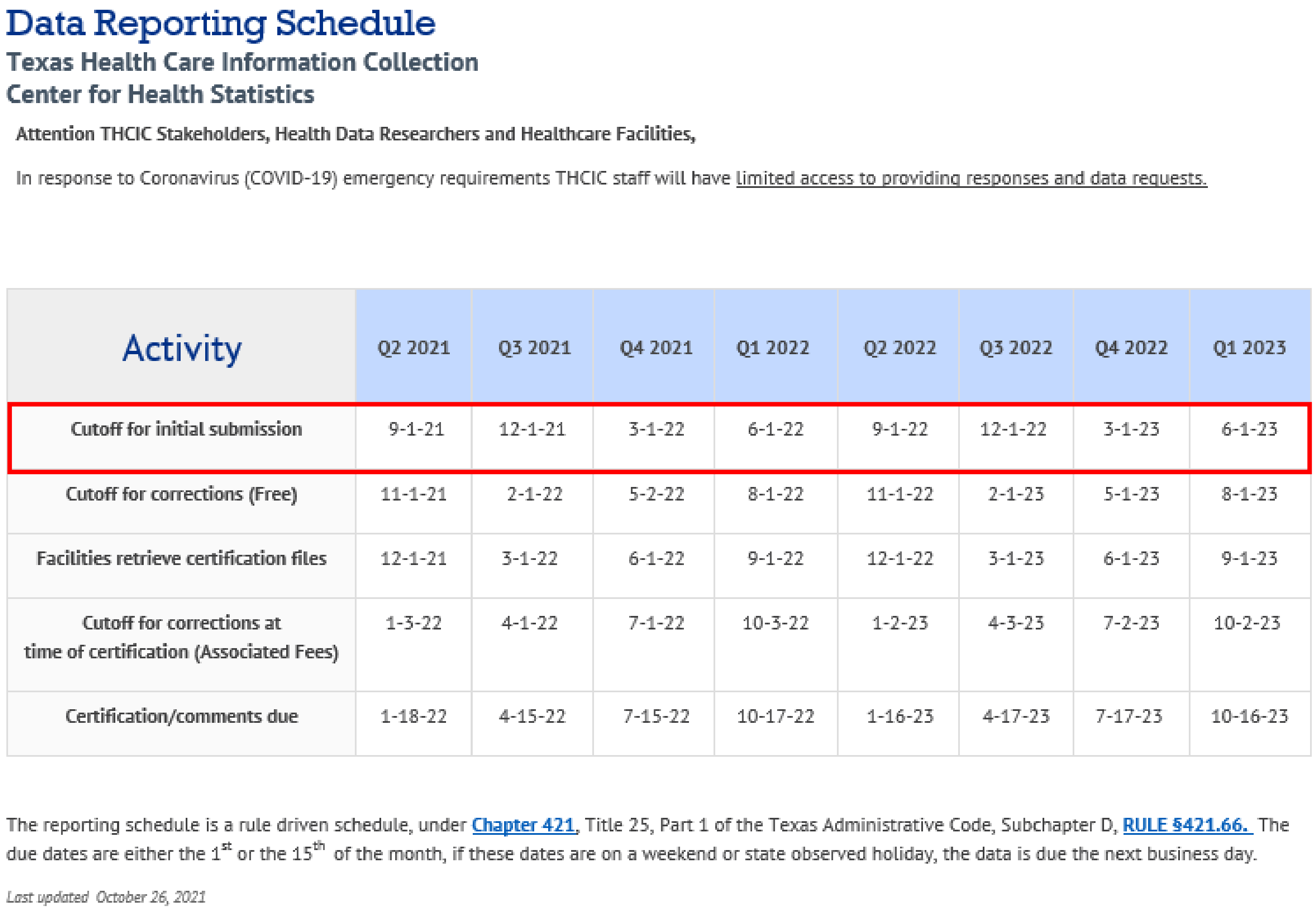
In response to Coronavirus (COVID-19) emergency requirements THCIC staff will have limited access to providing responses and data requests.

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

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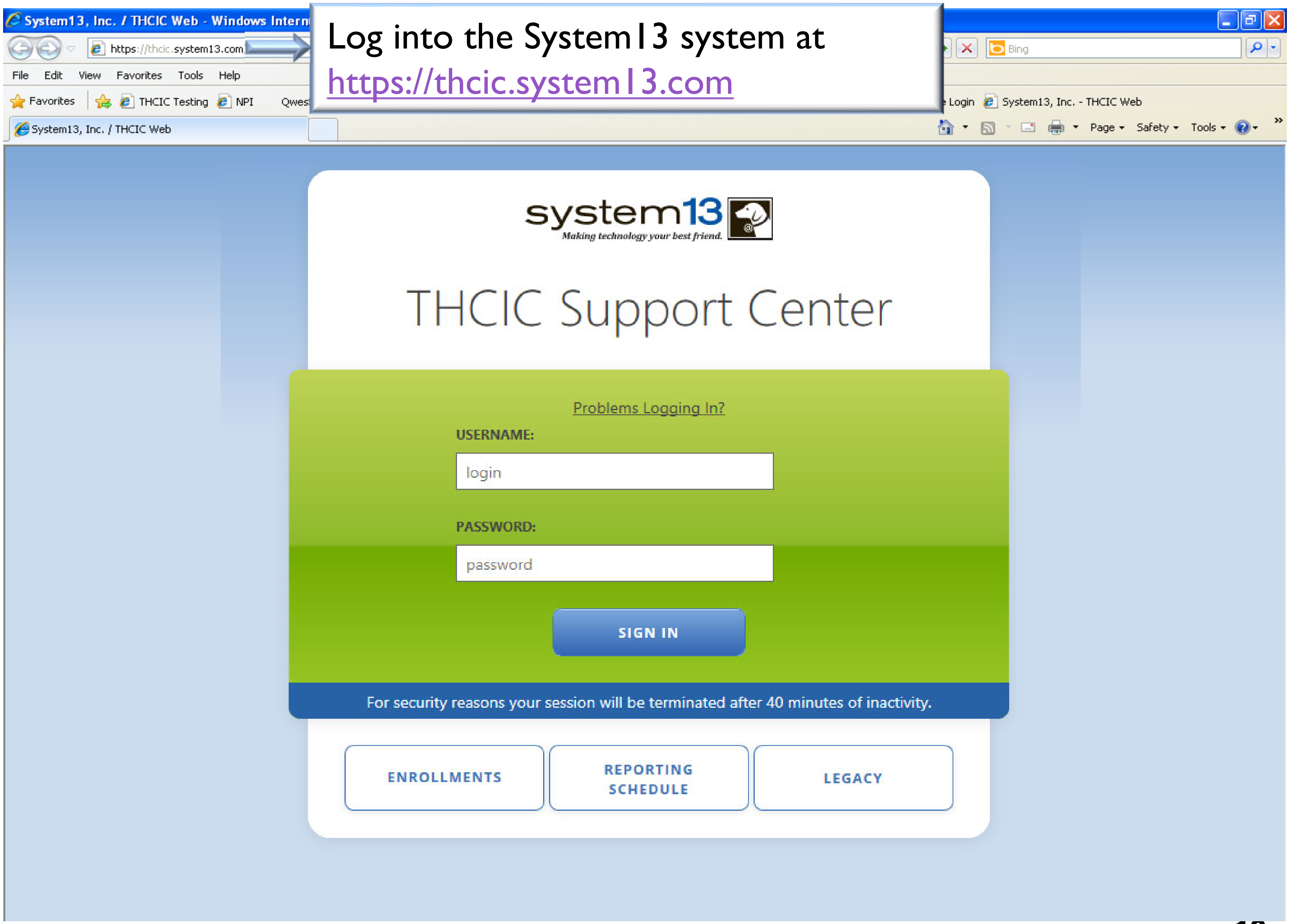
Last updated October 26, 2021

THCIC System



Log into the System13 system at https://thcic.system13.com

System13, Inc. / THCIC Web - Windows Intern
https://thcic.system13.com
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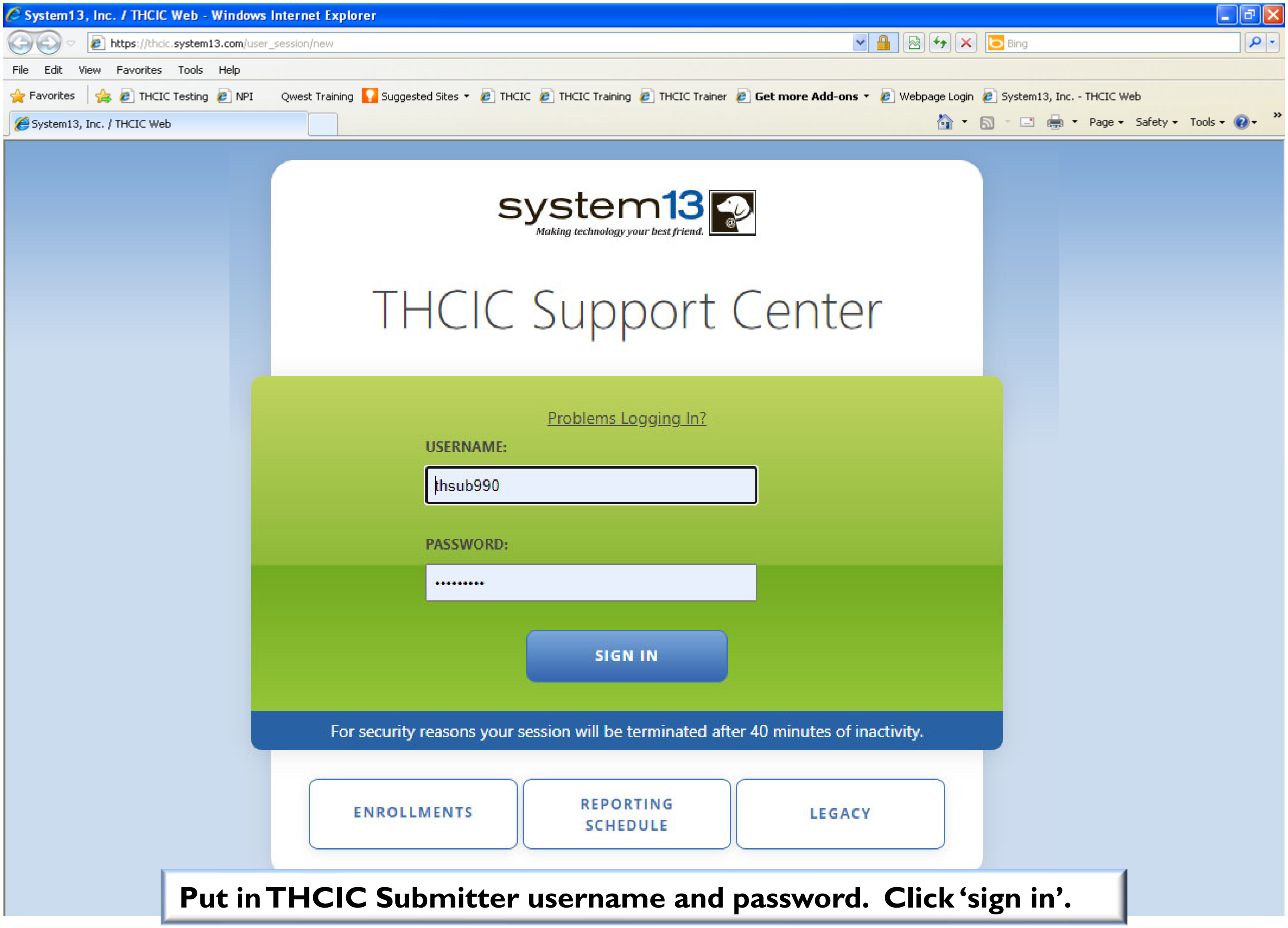
Problems Logging In?
USERNAME:
login
PASSWORD:
password
SIGN IN
ENROLLMENTS
REPORTING SCHEDULE
LEGACY

For security reasons your session will be terminated after 40 minutes of inactivity.

Log In the System as a Submitter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https://thcic.system13.com/user_session/new
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SIGN IN
ENROLLMENTS
REPORTING SCHEDULE
LEGACY

THCIC Support Center

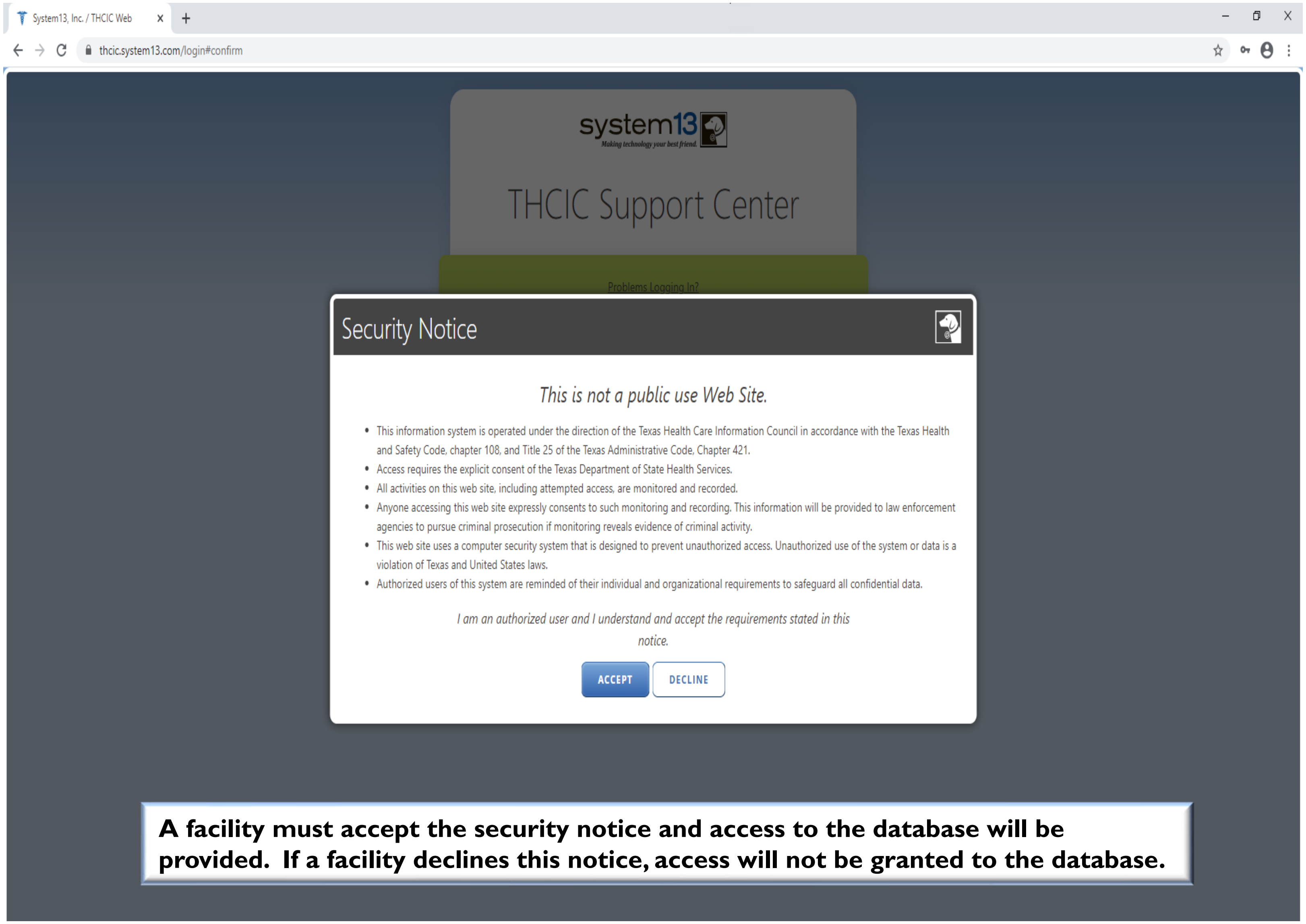
USERNAME: thsub990

PASSWORD: ••••••••••

For security reasons your session will be terminated after 40 minutes of inactivity.

Put in THCIC Submitter username and password. Click 'sign in'.

Security Notice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thcic.system13.com/login#confirm
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Problems Logging In?
ACCEPT
DECLINE

Security Notice

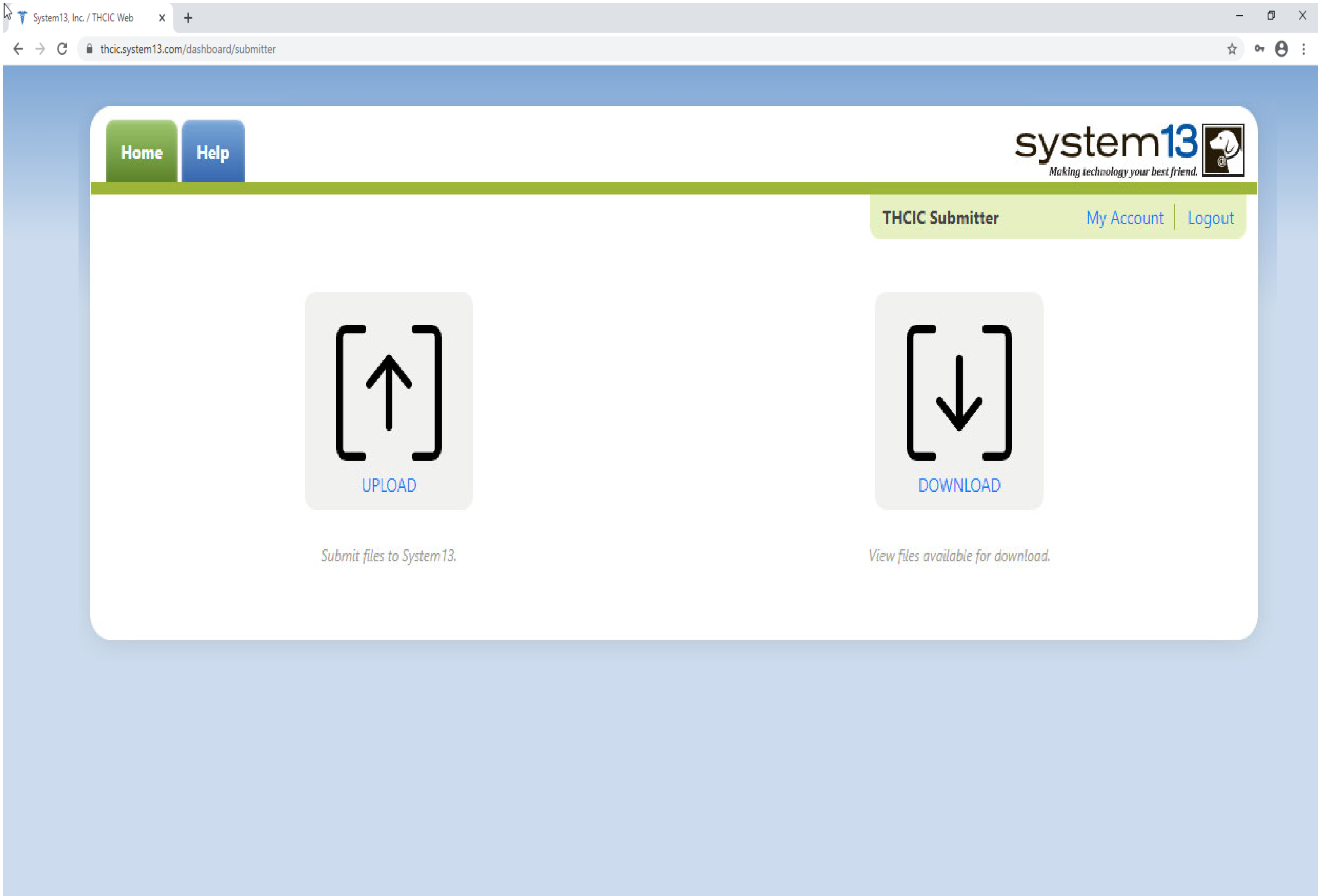
This is not a public use Web Site.

- This information system is operated under the direction of the Texas Health Care Information Council in accordance with the Texas Health and Safety Code, chapter 108, and Title 25 of the Texas Administrative Code, Chapter 421.
- Access requires the explicit consent of the Texas Department of State Health Services.
- All activities on this web site, including attempted access, are monitored and recorded.
- Anyone accessing this web site expressly consents to such monitoring and recording. This information will be provided to law enforcement agencies to pursue criminal prosecution if monitoring reveals evidence of criminal activity.
- This web site uses a computer security system that is designed to prevent unauthorized access. Unauthorized use of the system or data is a violation of Texas and United States laws.
- Authorized users of this system are reminded of their individual and organizational requirements to safeguard all confidential data.

I am an authorized user and I understand and accept the requirements stated in this notice.

A facility must accept the security notice and access to the database will be provided. If a facility declines this notice, access will not be granted to the database.

Submitter Home Page


System13, Inc. / THCIC Web
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Submit files to System13.

View files available for download.

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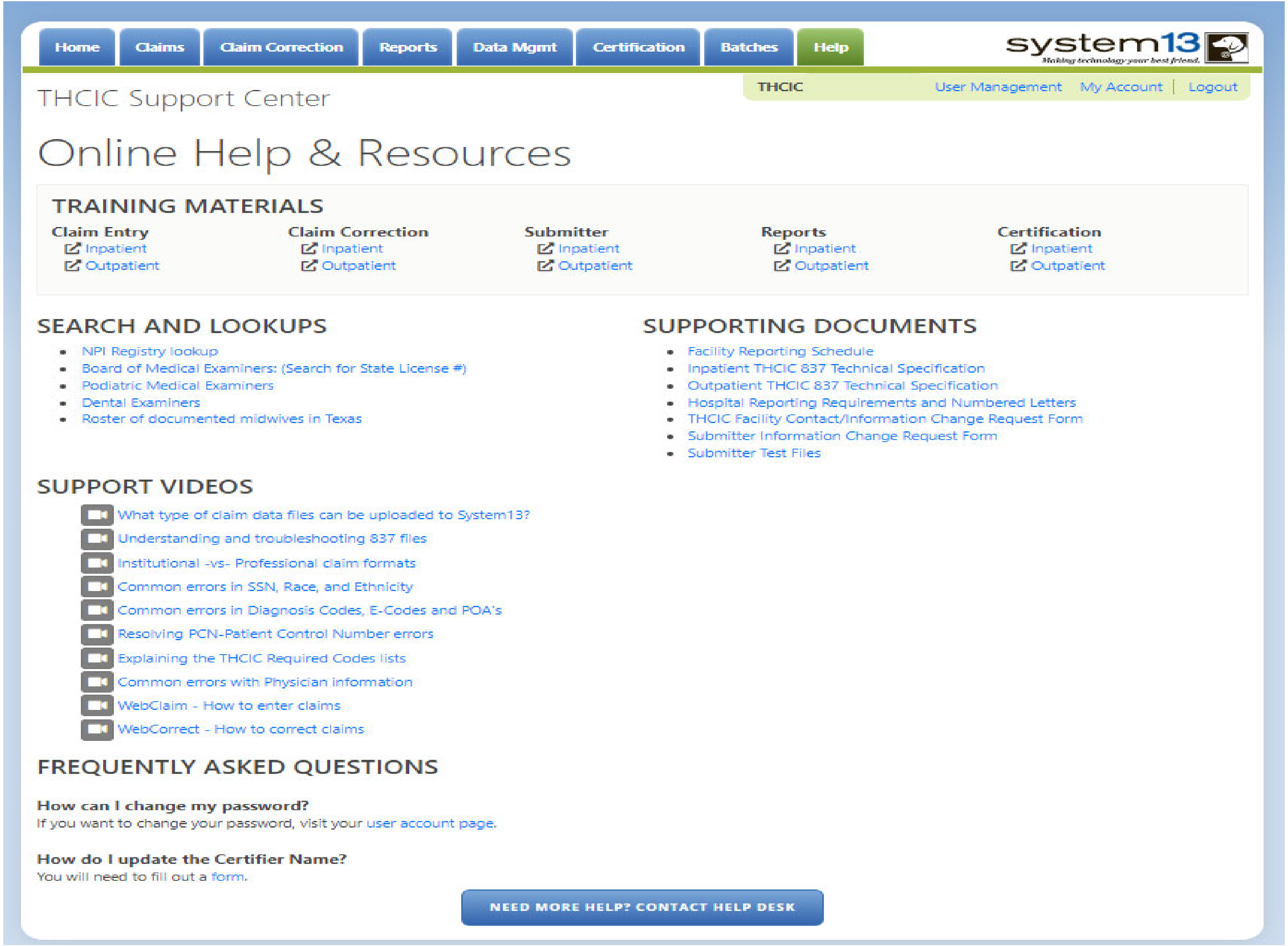
Submitter Home Page – Help Tab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Reports
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User Management
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THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry	Claim Correction	Submitter	Reports	Certification
Inpatient	Inpatient	Inpatient	Inpatient	Inpatient
Outpatient	Outpatient	Outpatient	Outpatient	Outpatient

SEARCH AND LOOKUPS

- NPI Registry lookup
- Board of Medical Examiners: (Search for State License #)
- Podiatric Medical Examiners
- Dental Examiners
- Roster of documented midwives in Texas

SUPPORTING DOCUMENTS

- Facility Reporting Schedule
- Inpatient THCIC 837 Technical Specification
- Outpatient THCIC 837 Technical Specification
- Hospital Reporting Requirements and Numbered Letters
- THCIC Facility Contact/Information Change Request Form
- Submitter Information Change Request Form
- Submitter Test Files

SUPPORT VIDEOS

- What type of claim data files can be uploaded to System13?
- Understanding and troubleshooting 837 files
- Institutional -vs- Professional claim formats
- Common errors in SSN, Race, and Ethnicity
- Common errors in Diagnosis Codes, E-Codes and POA's
- Resolving PCN-Patient Control Number errors
- Explaining the THCIC Required Codes lists
- Common errors with Physician information
- WebClaim - How to enter claims
- WebCorrect - How to correct claims

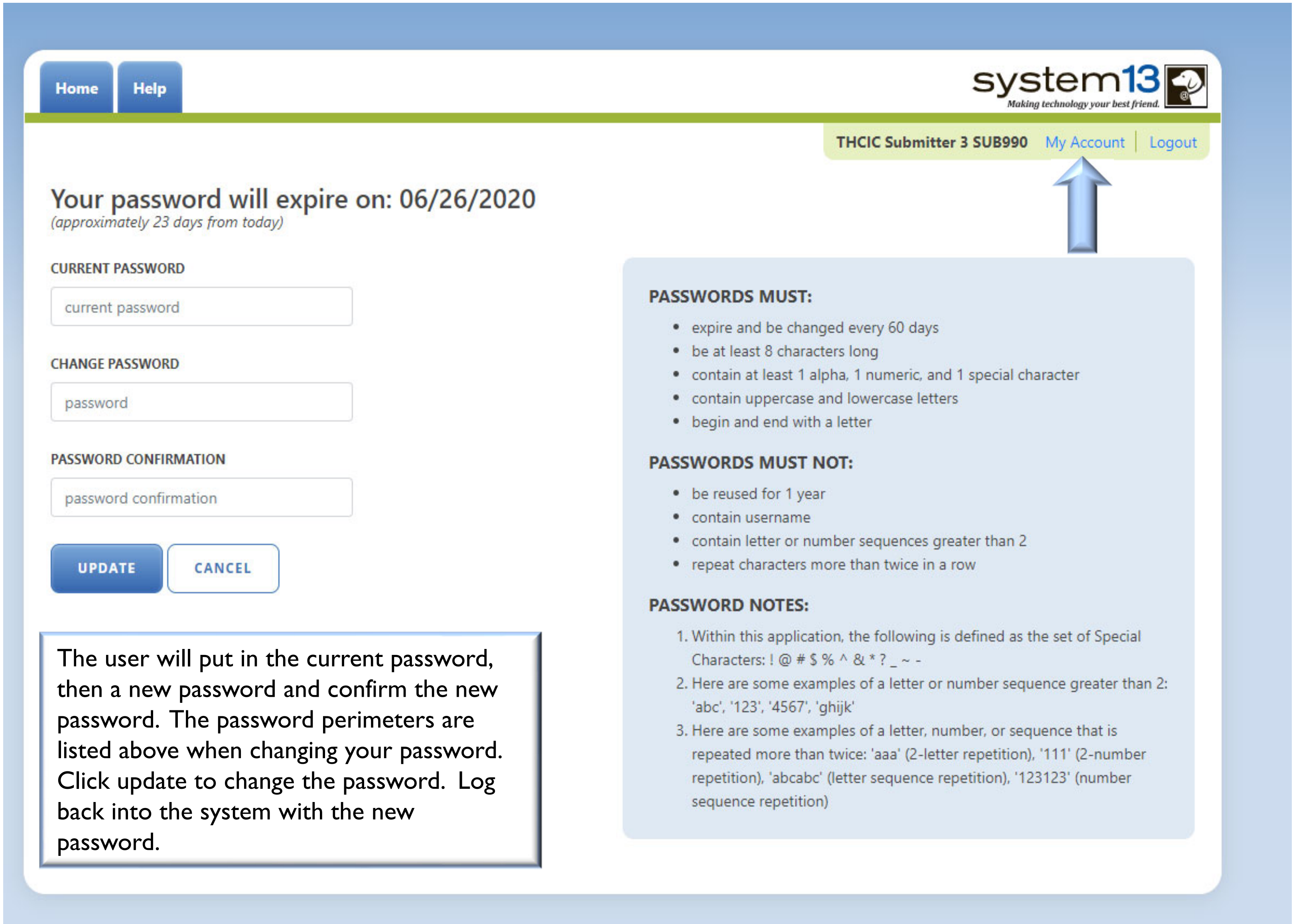
FREQUENTLY ASKED QUESTIONS

How can I change my password?
If you want to change your password, visit your user account page.

How do I update the Certifier Name?
You will need to fill out a form.

NEED MORE HELP? CONTACT HELP DESK

Other Features - My Account



Your password will expire on: 06/26/2020

(approximately 23 days from today)

CURRENT PASSWORD

current password

CHANGE PASSWORD

password

PASSWORD CONFIRMATION

password confirmation

PASSWORDS MUST:

- expire and be changed every 60 days
- be at least 8 characters long
- contain at least 1 alpha, 1 numeric, and 1 special character
- contain uppercase and lowercase letters
- begin and end with a letter

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:

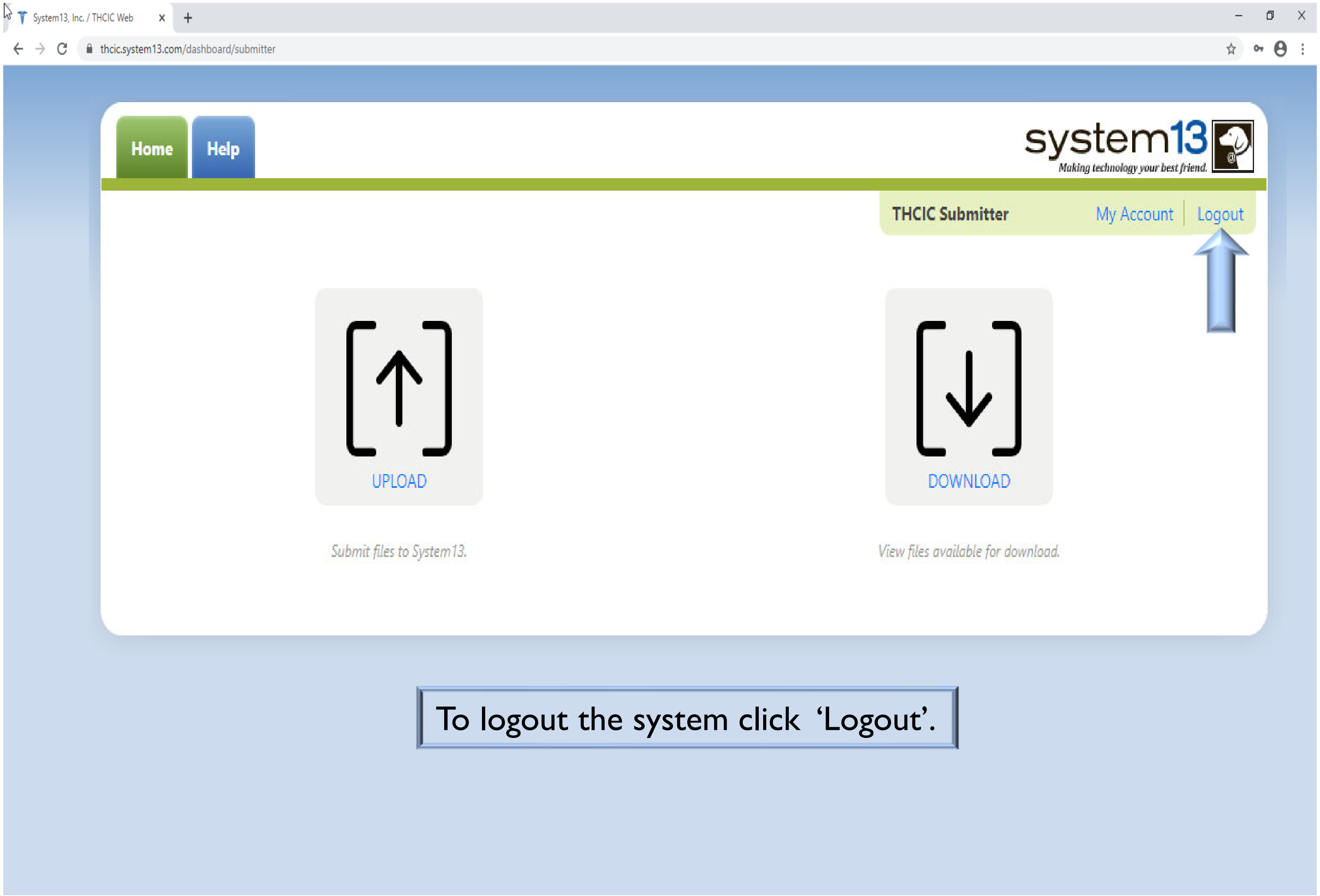
1. Within this application, the following is defined as the set of Special Characters: ! @ # $ % ^ & * ? _ ~ -
2. Here are some examples of a letter or number sequence greater than 2: 'abc', '123', '4567', 'ghijk'
3. Here are some examples of a letter, number, or sequence that is repeated more than twice: 'aaa' (2-letter repetition), '111' (2-number repetition), 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

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.

Password Process

- Passwords Must:
  - Expire and be changed every sixty (60) days
  - Be at least eight (8) Characters long
  - Contain at least one (1) alpha, one (1) numeric and one (1) special character
  - Contain uppercase and lowercase letters
- Passwords Must Not:
  - Be reused for one (1) year.
  - Begin or end with non-alpha characters
  - Contain username
  - Contain letter or number sequences greater than two (2)
  - Repeat characters more than twice in a row
- Password Notes:
  - 1. 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):
    ‘abc’, ‘123’, ‘4567’, ‘ghijk’
  - 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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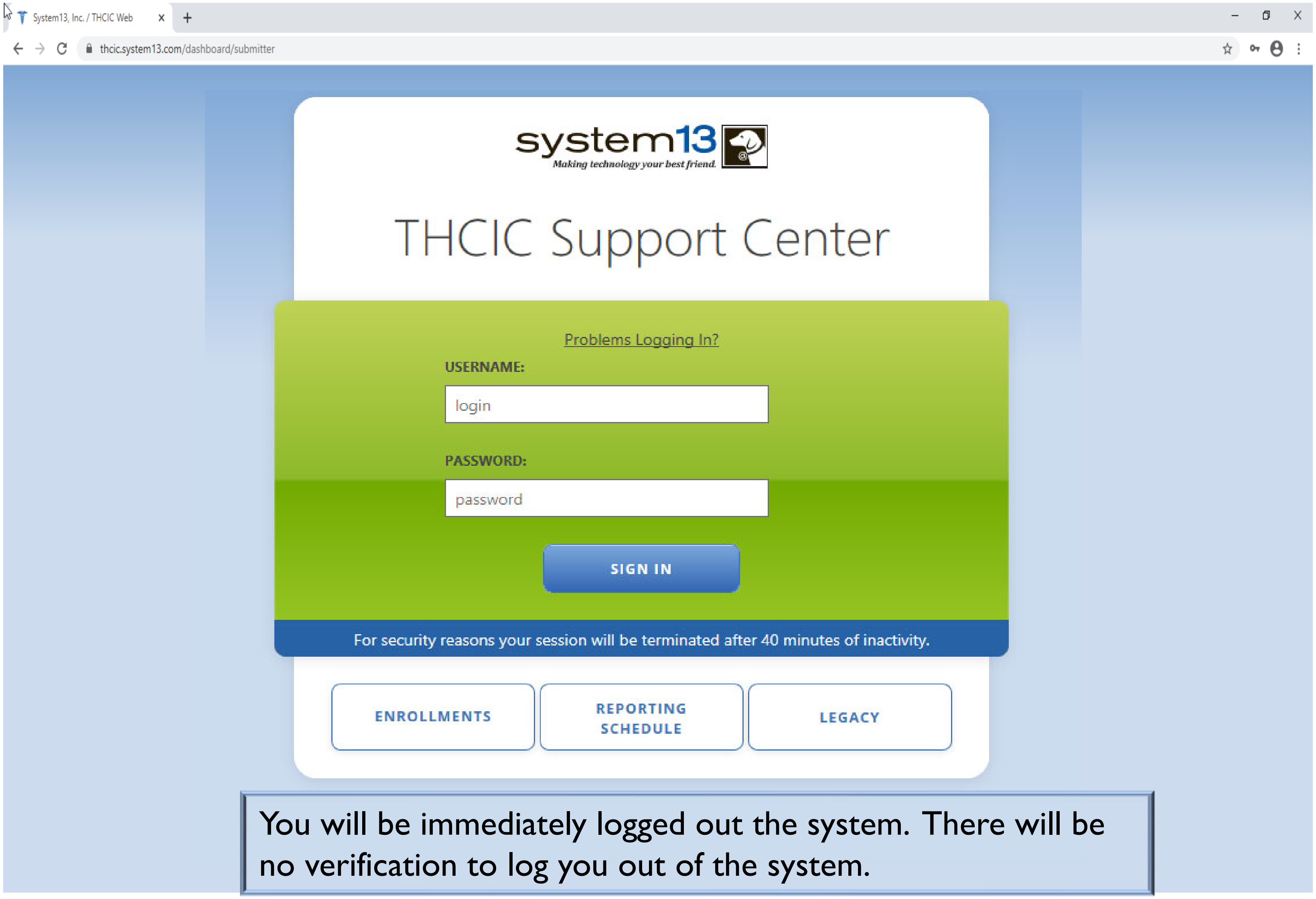
To logout the system click ‘Logout’.

Other Features - Logout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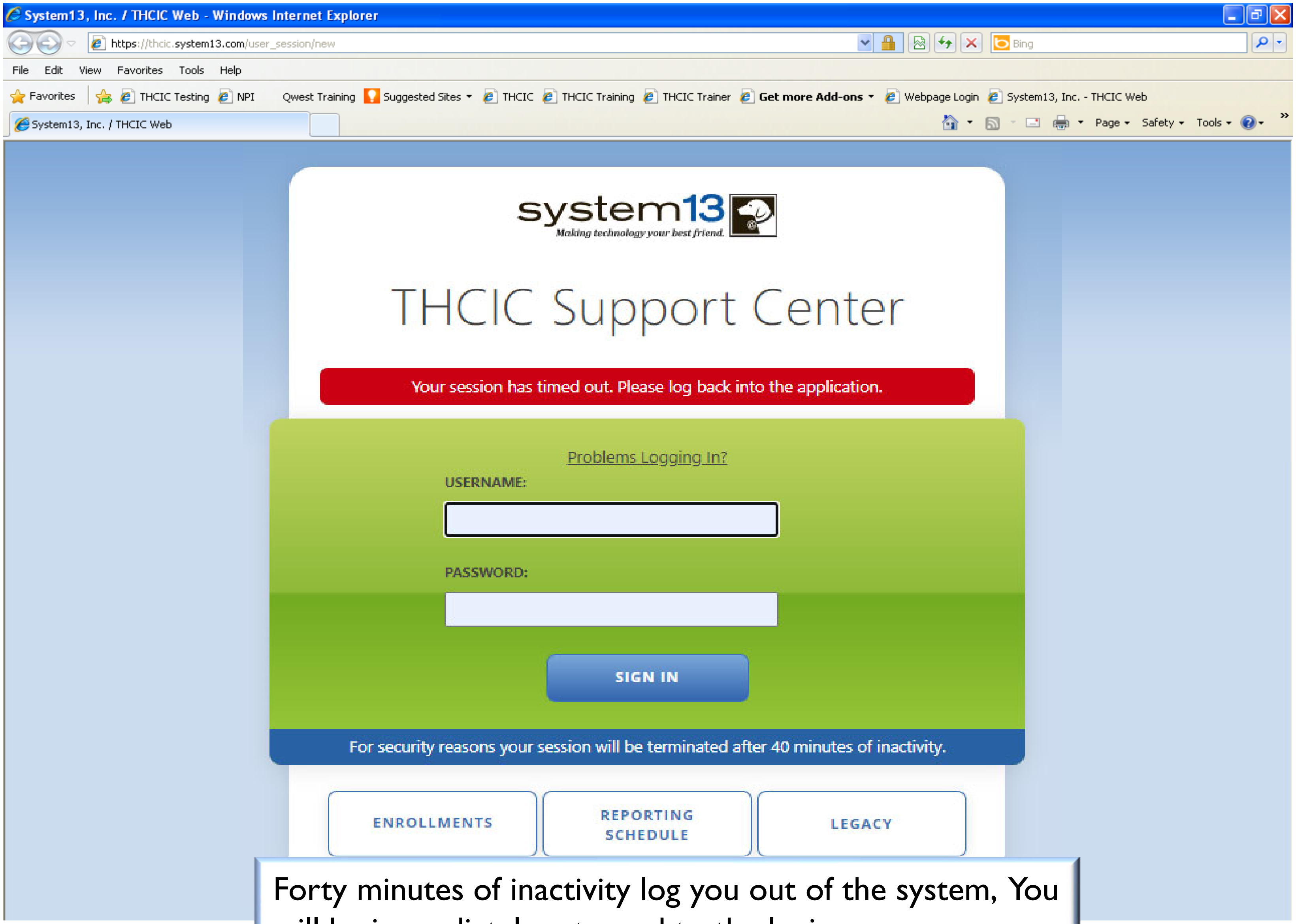
Problems Logging In?
USERNAME:
login
PASSWORD:
password
SIGN IN
ENROLLMENTS
REPORTING SCHEDULE
LEGACY

For security reasons your session will be terminated after 40 minutes of inactivity.

You will be immediately logged out the system. There will be no verification to log you out of the system.

Inactivity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https://thcic.system13.com/user_session/new
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Problems Logging In?
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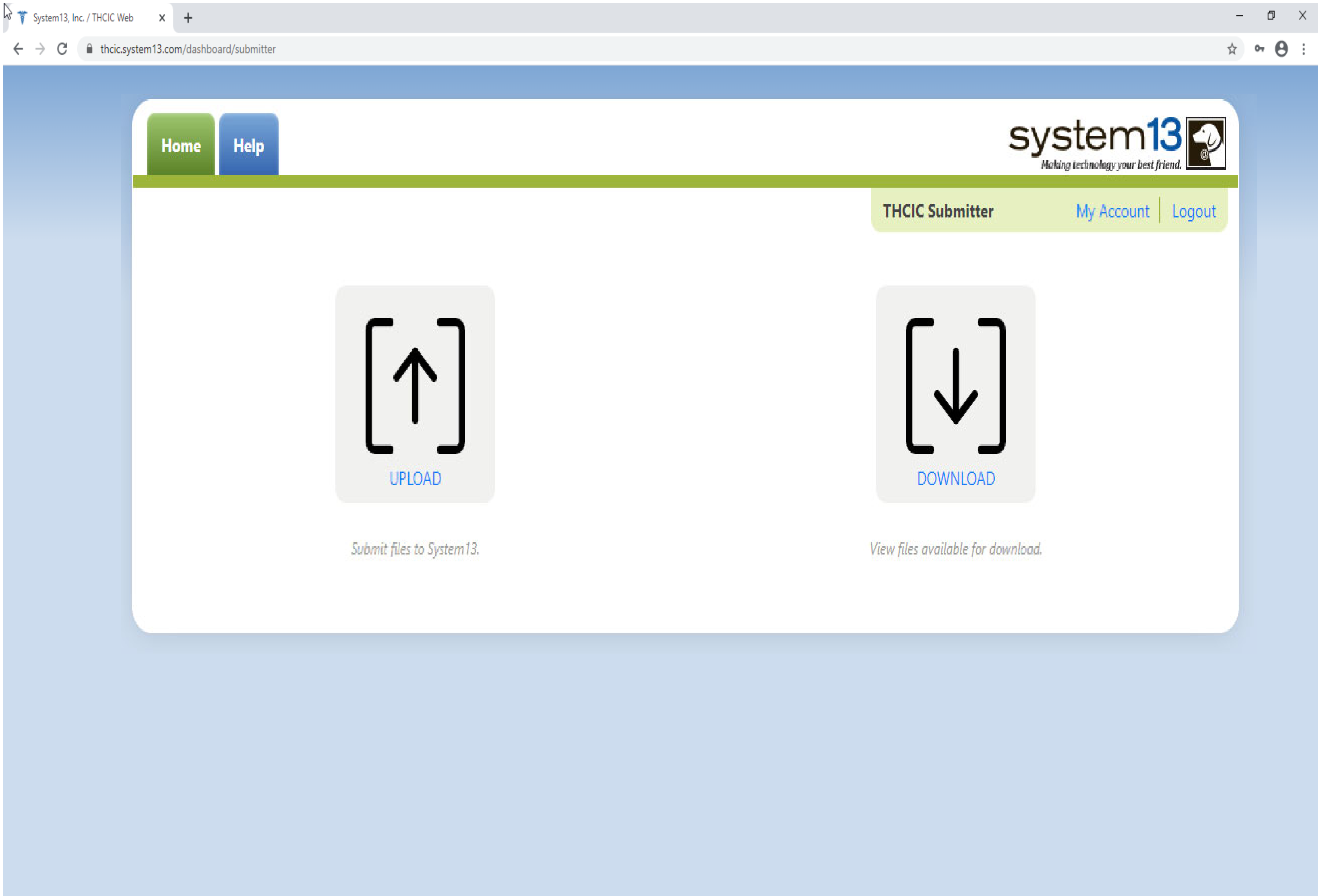
PASSWORD:
SIGN IN
ENROLLMENTS
REPORTING SCHEDULE
LEGACY

Your session has timed out. Please log back into the application.

For security reasons your session will be terminated after 40 minutes of inactivity.

Forty minutes of inactivity log you out of the system, You will be immediately returned to the login screen.

Submitter Home Page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Submit files to System13.

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Submitter Home Page
Click Upload/Download

UPLOAD DOWNLOAD

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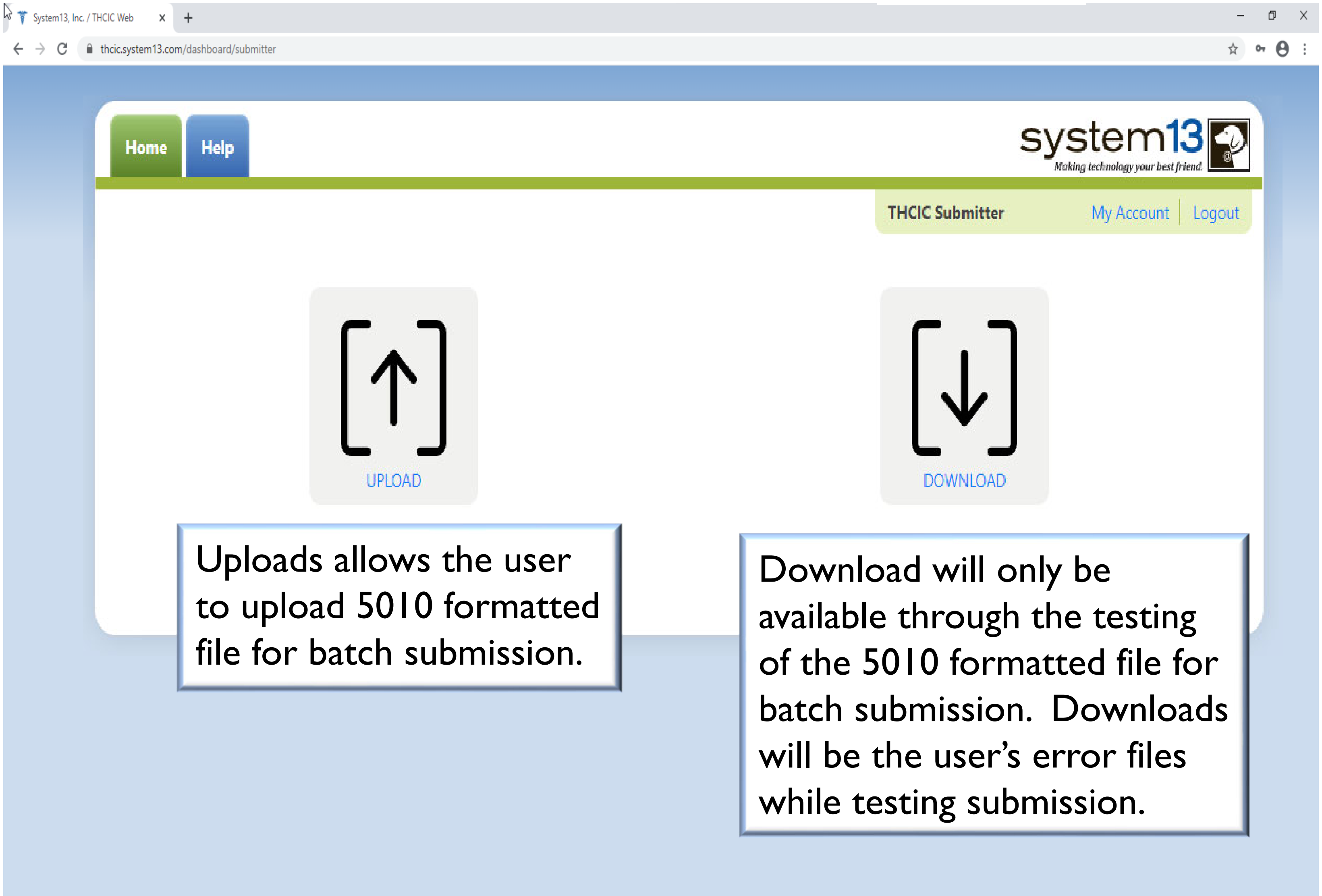
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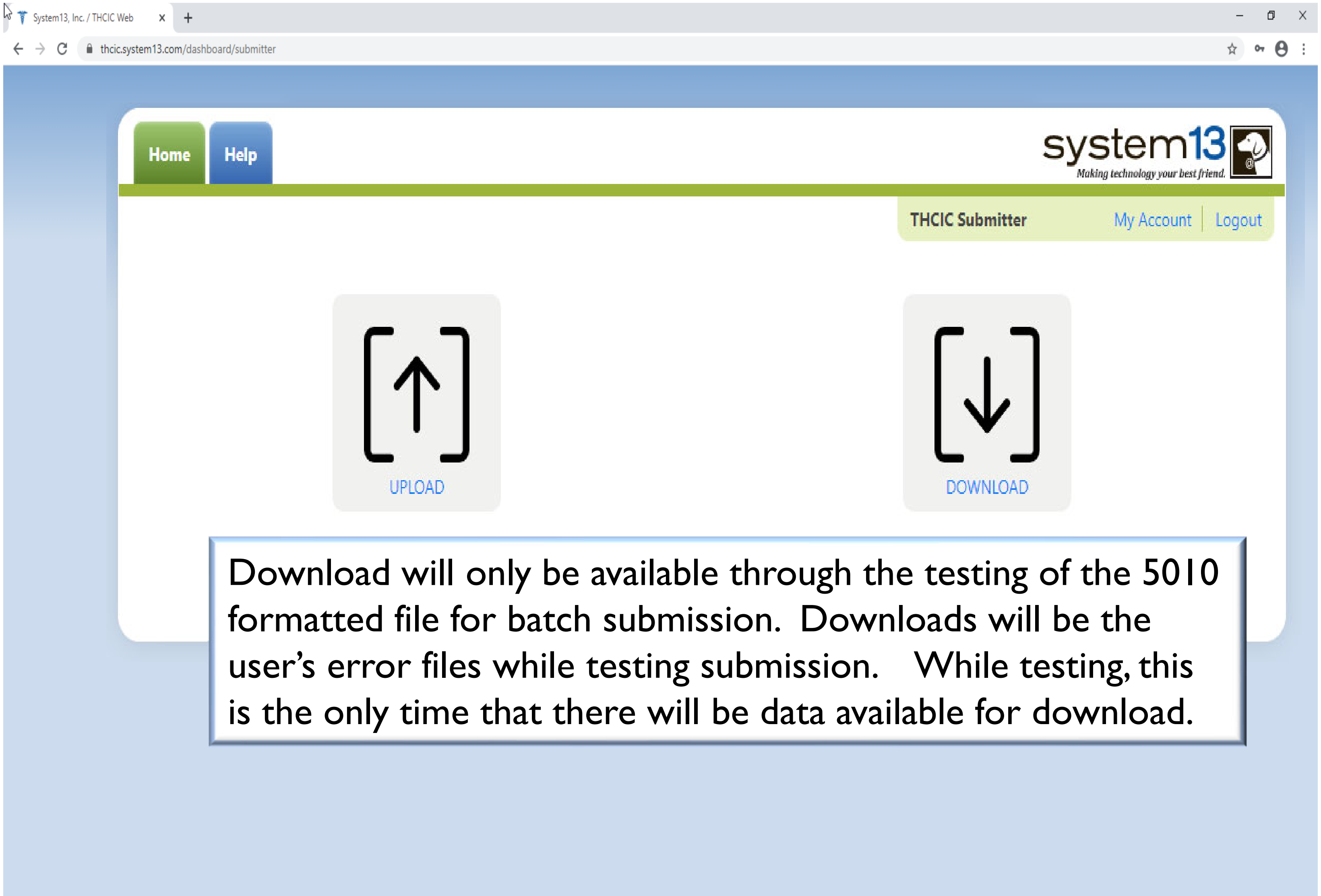
Uploads allows the user to upload 5010 formatted file for batch submission.

Download will only be available through the testing of the 5010 formatted file for batch submission. Downloads will be the user's error files while testing submission.

Click Download

DOWNLOAD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thcic.system13.com/dashboard/submitter
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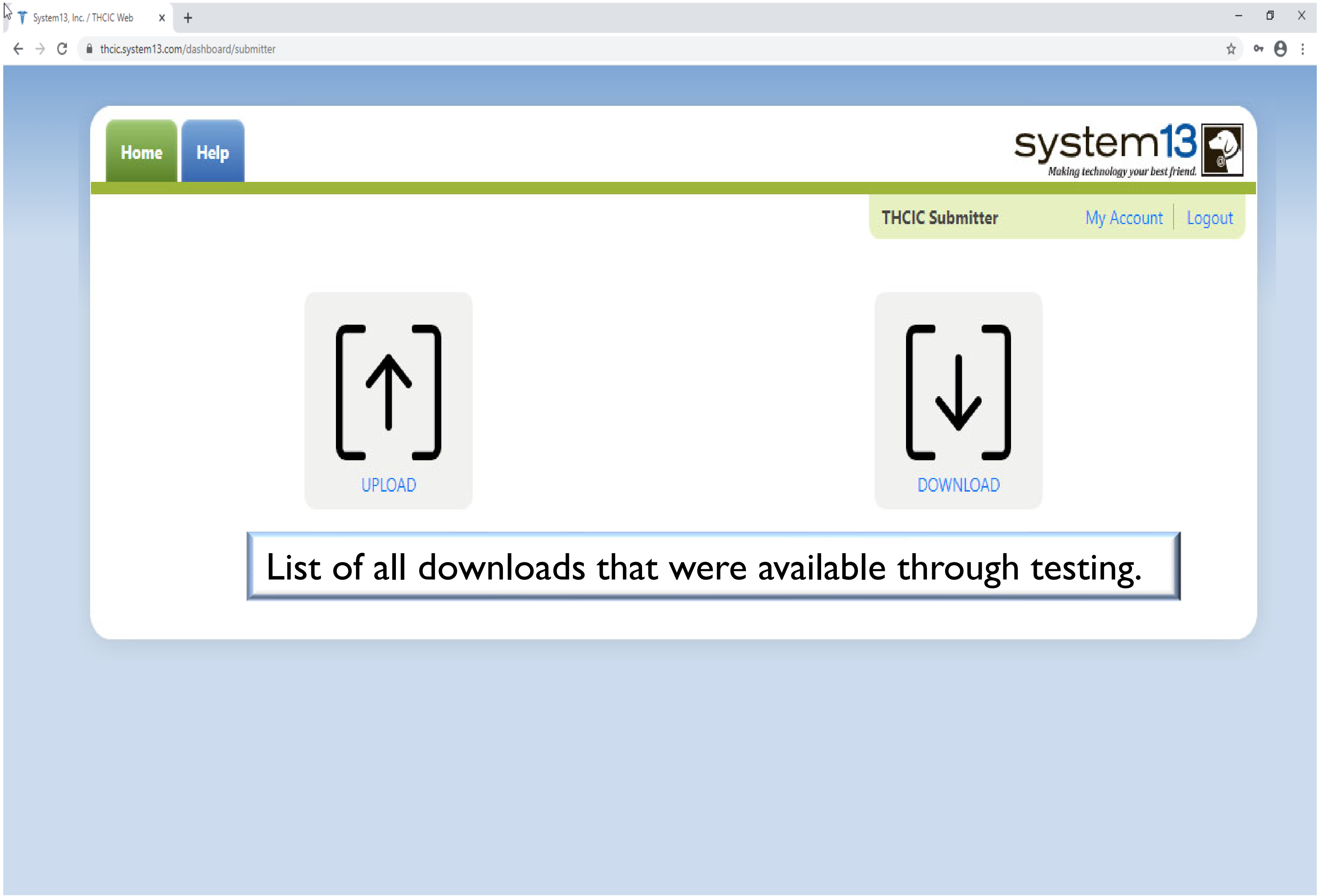
UPLOAD
DOWNLOAD

Download will only be available through the testing of the 5010 formatted file for batch submission. Downloads will be the user's error files while testing submission. While testing, this is the only time that there will be data available for download.

Testing Downloads

DOWNLOAD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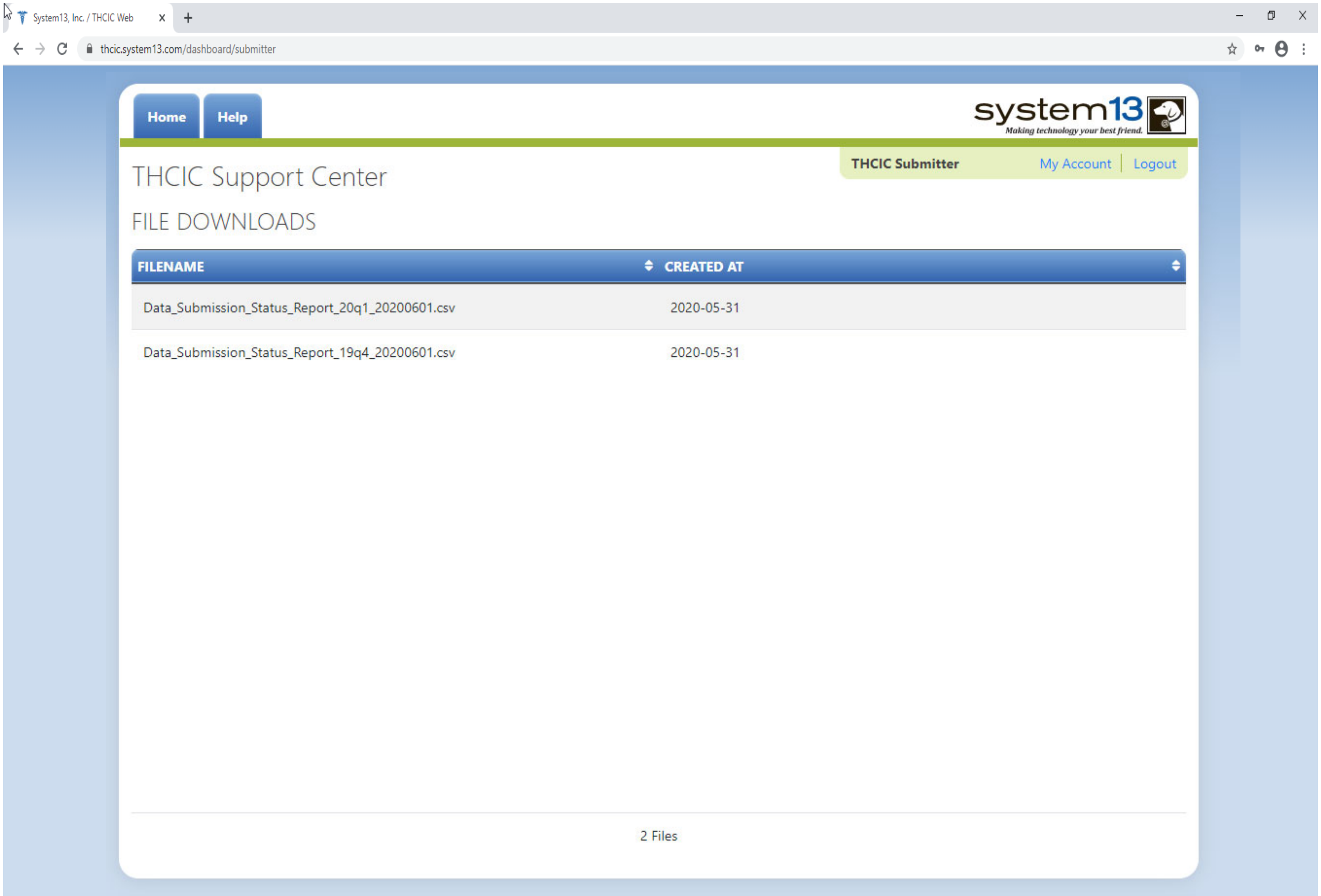
List of all downloads that were available through testing.

List of Downloads

DOWNLOAD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THCIC Support Center

FILE DOWNLOADS

FILENAME	CREATED AT
Data_Submission_Status_Report_20q1_20200601.csv	2020-05-31
Data_Submission_Status_Report_19q4_20200601.csv	2020-05-31

2 Files

Click Upload

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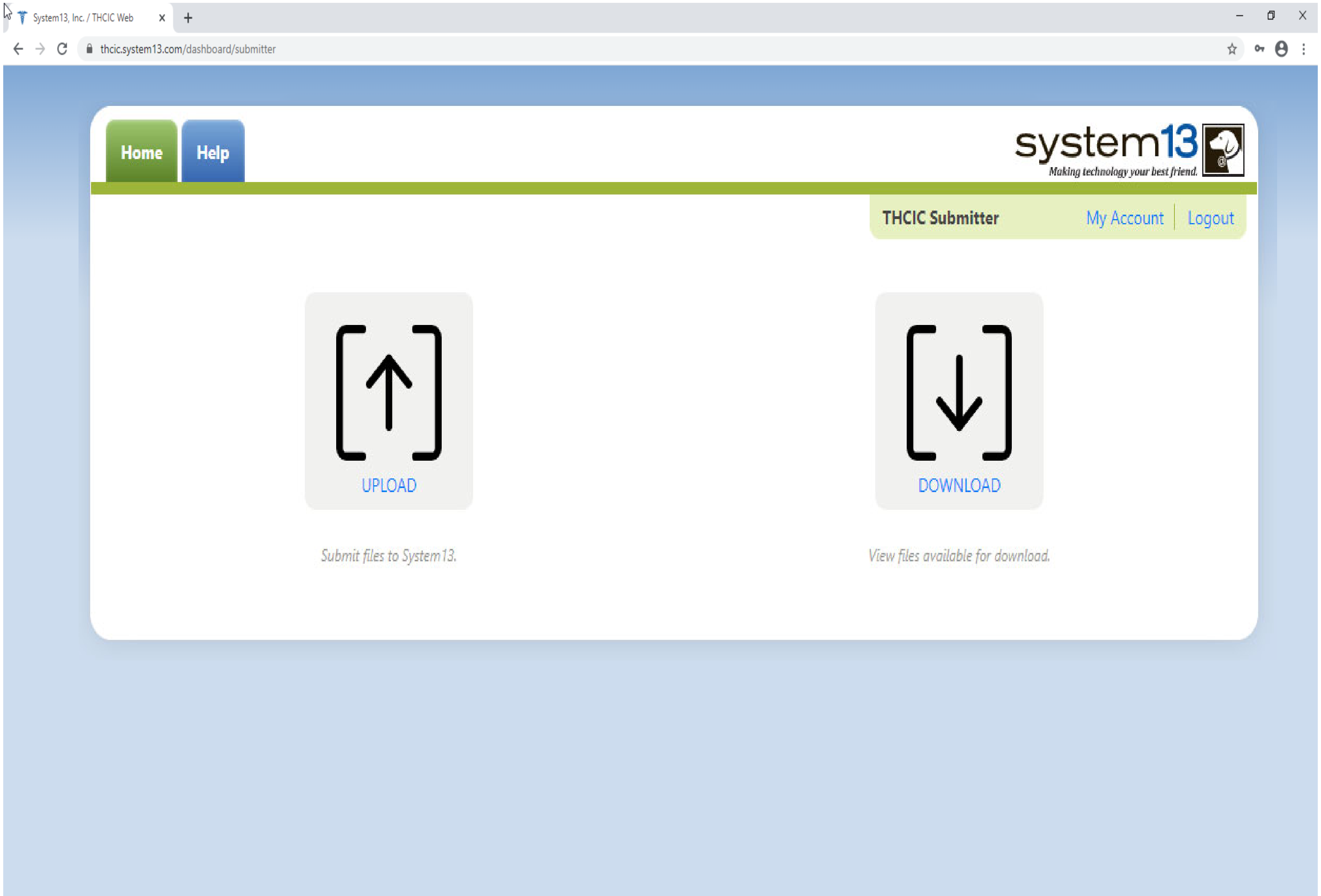
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UPLOAD
DOWNLOAD

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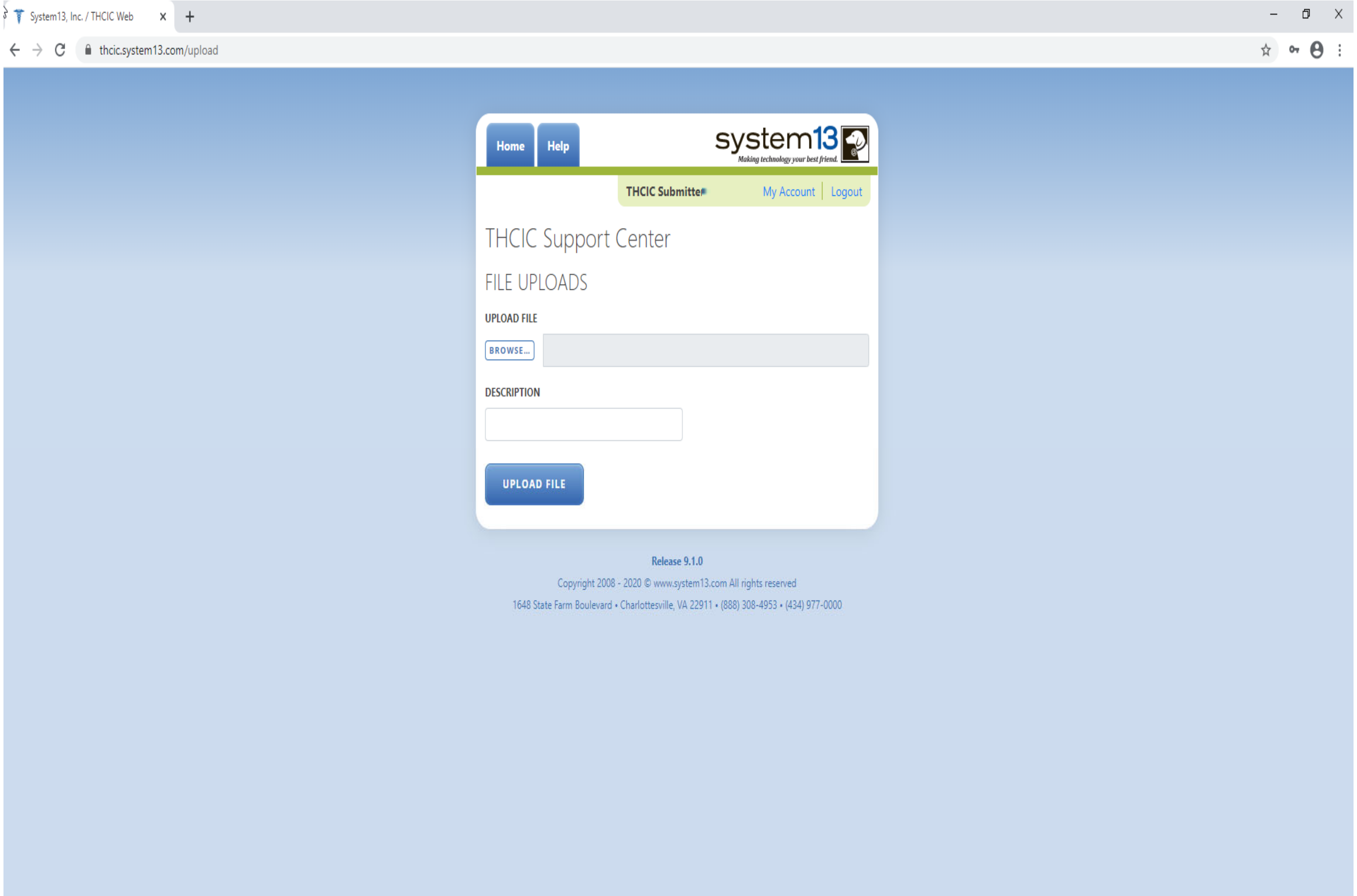
View files available for download.

Batch Upload Claims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BROWSE...
UPLOAD FILE

THCIC Support Center

FILE UPLOADS

UPLOAD FILE

DESCRIPTION

Release 9.1.0

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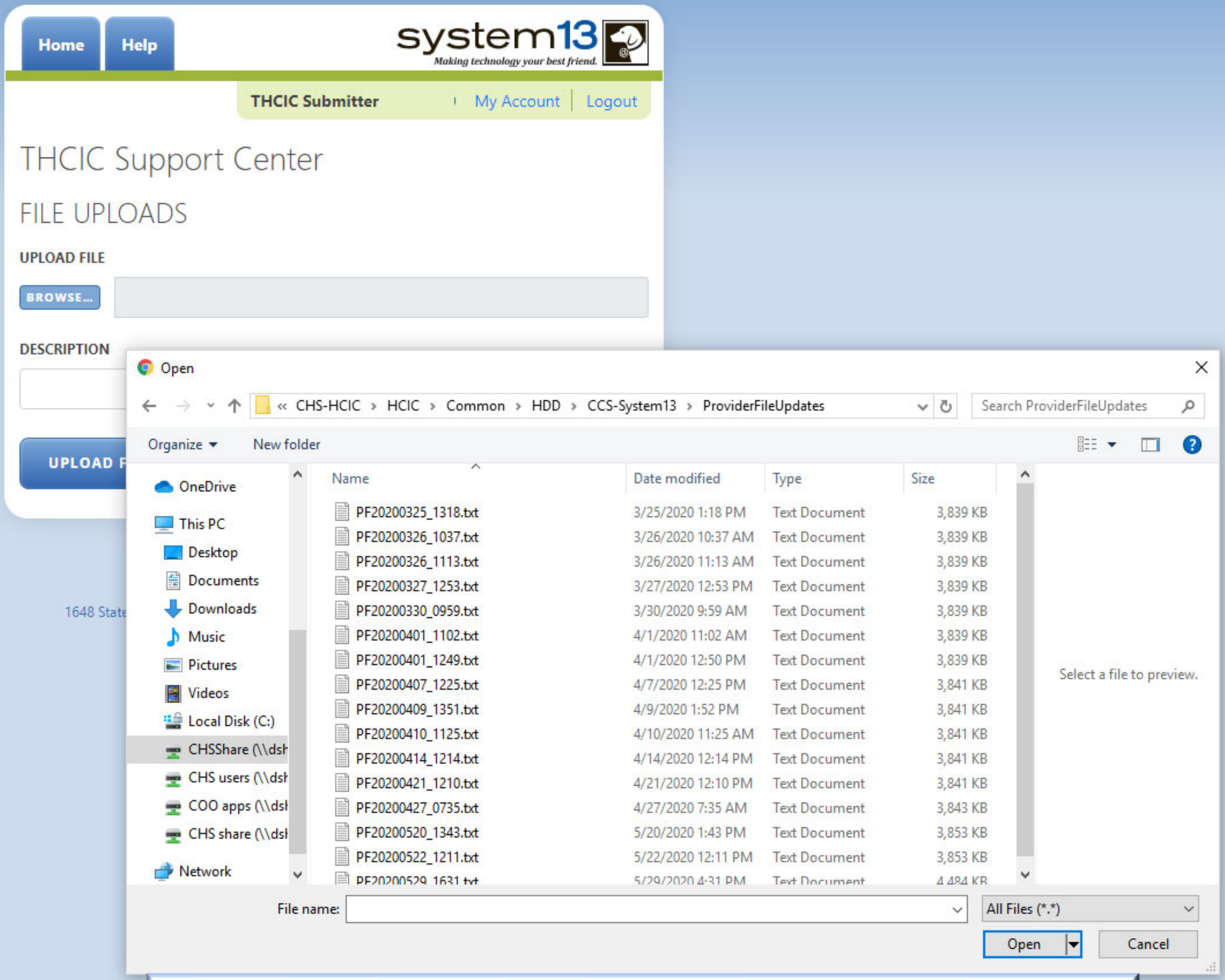
Choose File To Upload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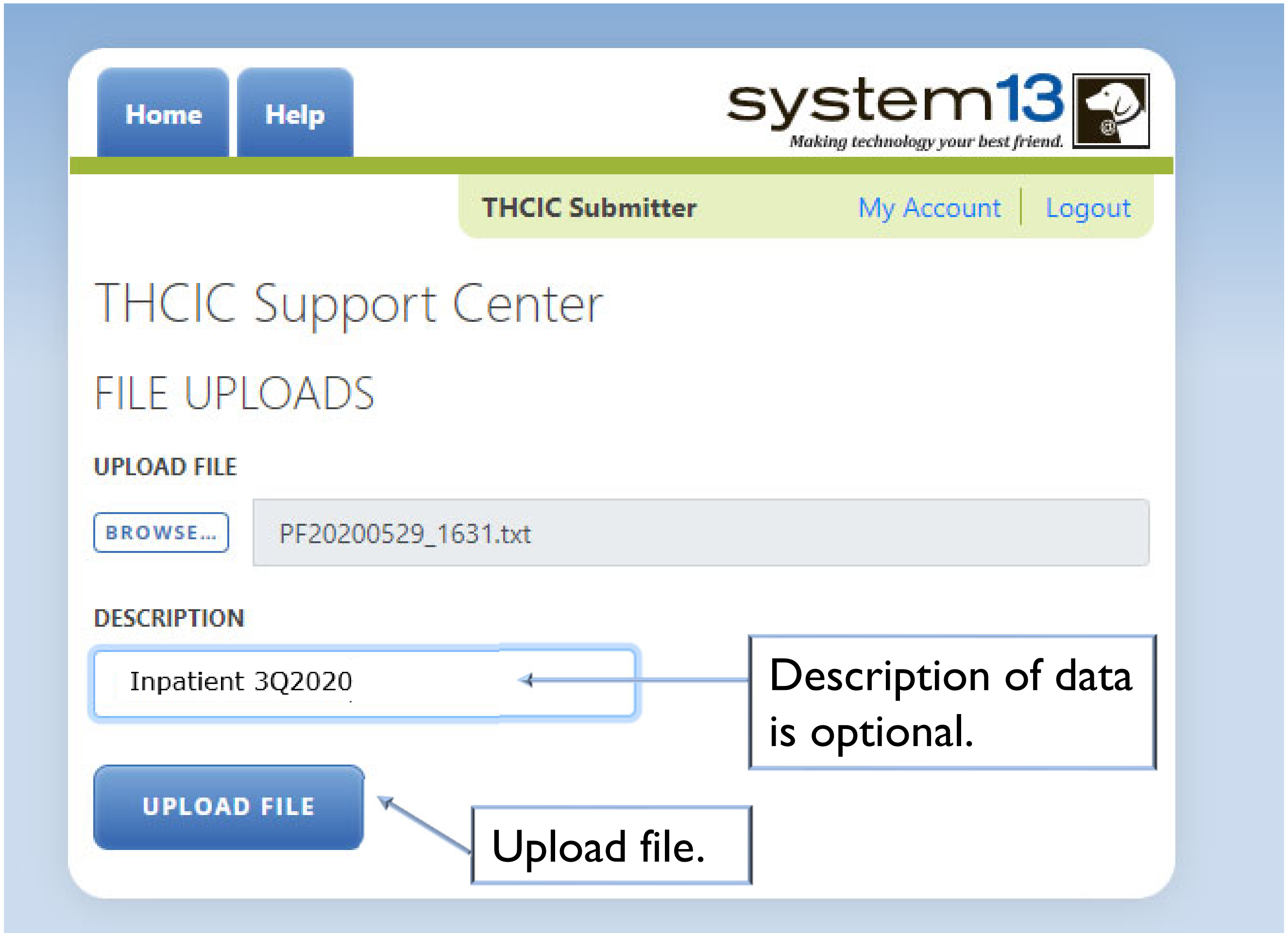
UPLOAD FILE
BROWSE...
DESCRIPTION
UPLOAD F
1648 State
Open
« CHS-HCIC › HCIC › Common › HDD › CCS-System13 › ProviderFileUpdates
Search ProviderFileUpdates
Organize
New folder
OneDrive
This PC
Desktop
Documents
Downloads
Music
Pictures
Videos
Local Disk (C:)
CHSShare (\\dsh
CHS users (\\dsh
COO apps (\\dsh
CHS share (\\dsh
Network
Select a file to preview.
File name:
All Files (*.*)
Open
Cancel

Name	Date modified	Type	Size
PF20200325_1318.txt	3/25/2020 1:18 PM	Text Document	3,839 KB
PF20200326_1037.txt	3/26/2020 10:37 AM	Text Document	3,839 KB
PF20200326_1113.txt	3/26/2020 11:13 AM	Text Document	3,839 KB
PF20200327_1253.txt	3/27/2020 12:53 PM	Text Document	3,839 KB
PF20200330_0959.txt	3/30/2020 9:59 AM	Text Document	3,839 KB
PF20200401_1102.txt	4/1/2020 11:02 AM	Text Document	3,839 KB
PF20200401_1249.txt	4/1/2020 12:50 PM	Text Document	3,839 KB
PF20200407_1225.txt	4/7/2020 12:25 PM	Text Document	3,841 KB
PF20200409_1351.txt	4/9/2020 1:52 PM	Text Document	3,841 KB
PF20200410_1125.txt	4/10/2020 11:25 AM	Text Document	3,841 KB
PF20200414_1214.txt	4/14/2020 12:14 PM	Text Document	3,841 KB
PF20200421_1210.txt	4/21/2020 12:10 PM	Text Document	3,841 KB
PF20200427_0735.txt	4/27/2020 7:35 AM	Text Document	3,843 KB
PF20200520_1343.txt	5/20/2020 1:43 PM	Text Document	3,853 KB
PF20200522_1211.txt	5/22/2020 12:11 PM	Text Document	3,853 KB
PF20200529_1631.txt	5/29/2020 4:31 PM	Text Document	4,484 KB

Choose the 5010 formatted file that the user wants to upload. Highlight file and click 'Open.'

Choose File To Upload


Home
Help
system13
Making technology your best friend.
My Account
Logout
BROWSE...
UPLOAD FILE

THCIC Submitter

THCIC Support Center

FILE UPLOADS

UPLOAD FILE

PF20200529_1631.txt

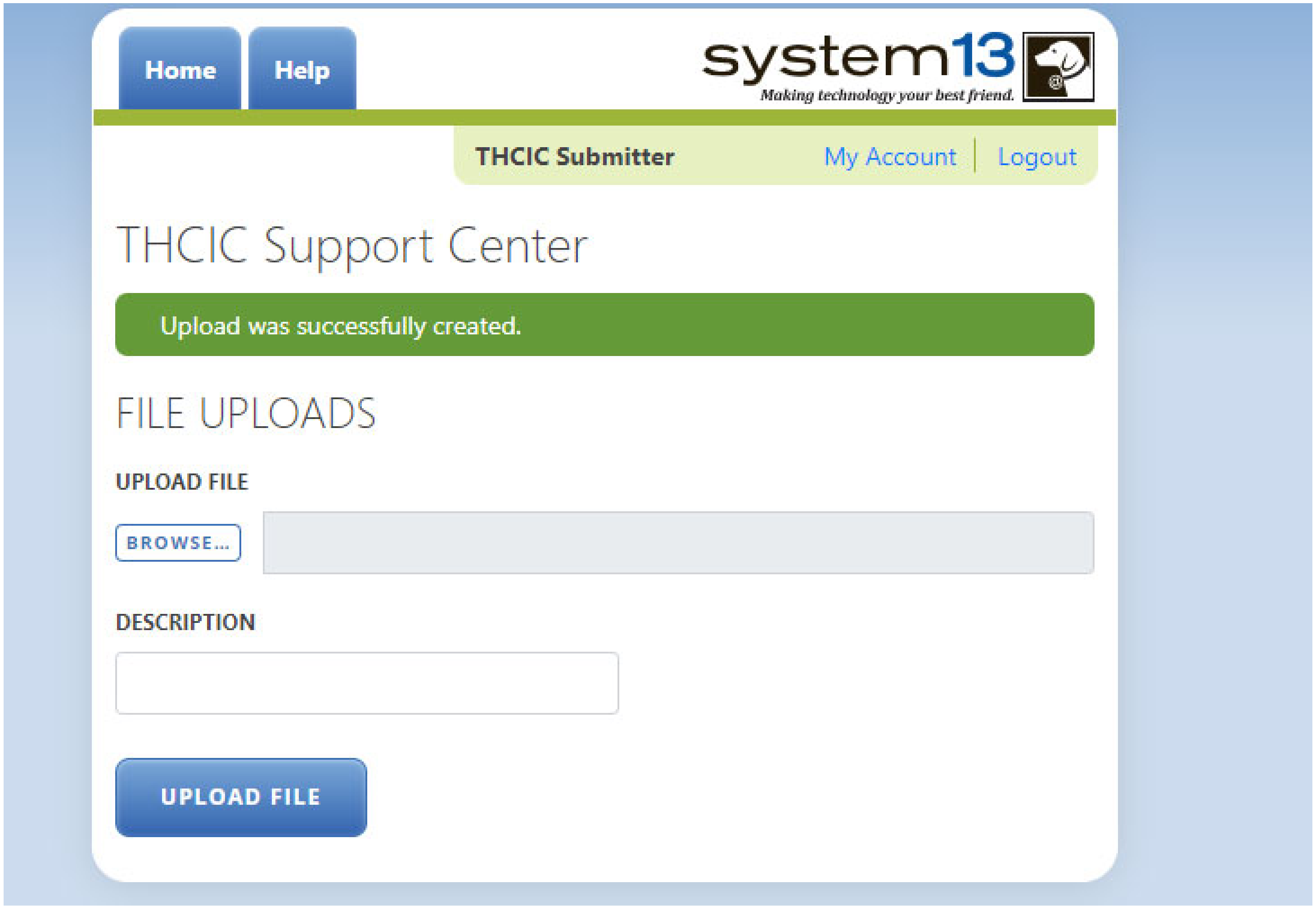
DESCRIPTION

Inpatient 3Q2020

Description of data is optional.

Upload file.

System Upload Receipt



Home
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THCIC Submitter
My Account
Logout

THCIC Support Center

Upload was successfully created.

FILE UPLOADS

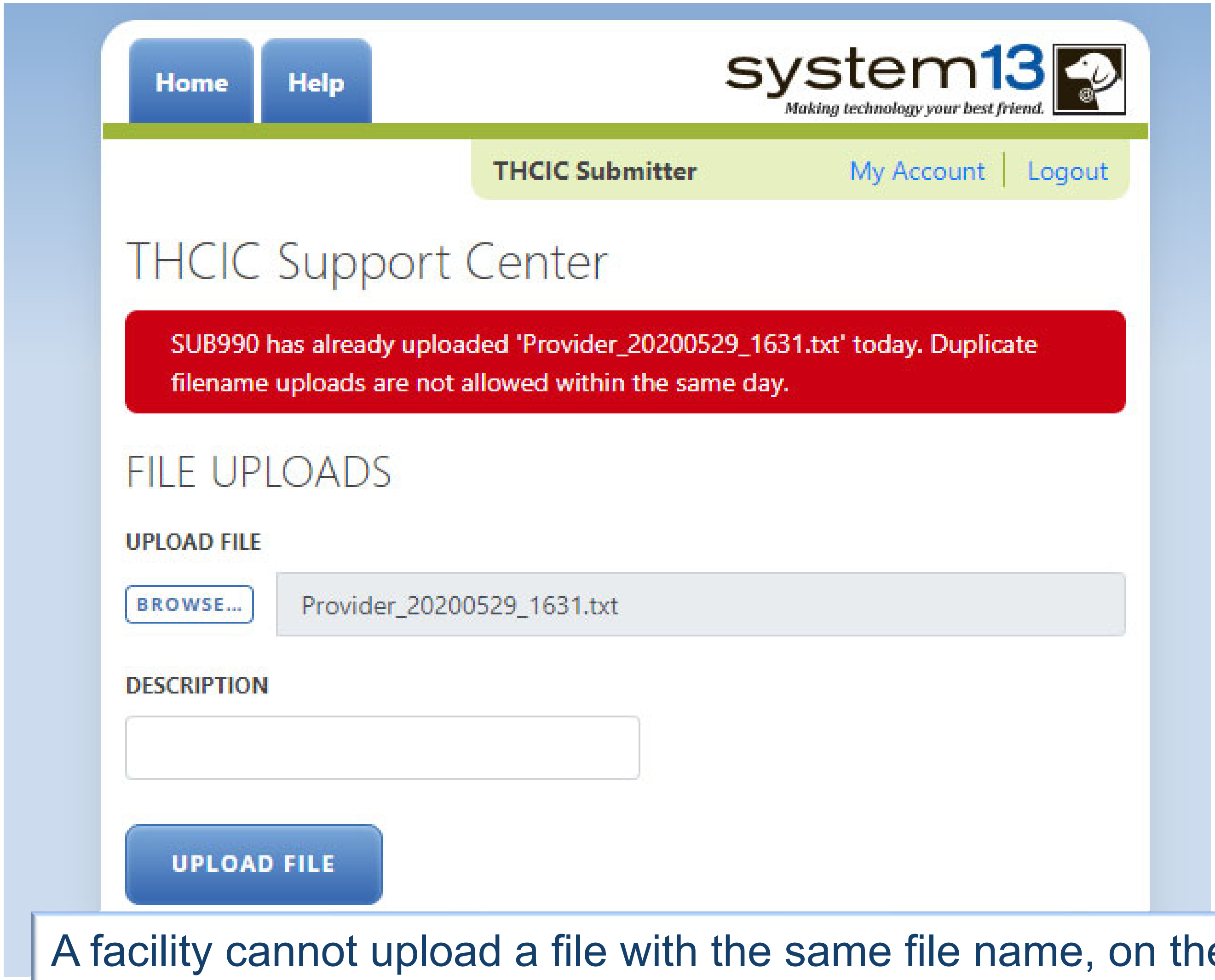
UPLOAD FILE

BROWSE...

DESCRIPTION

UPLOAD FILE

System Upload Receipt about Duplicate File Uploaded in the Same Day


Home
Help
system13
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THCIC Support Center

SUB990 has already uploaded 'Provider_20200529_1631.txt' today. Duplicate filename uploads are not allowed within the same day.

FILE UPLOADS

UPLOAD FILE

BROWSE...

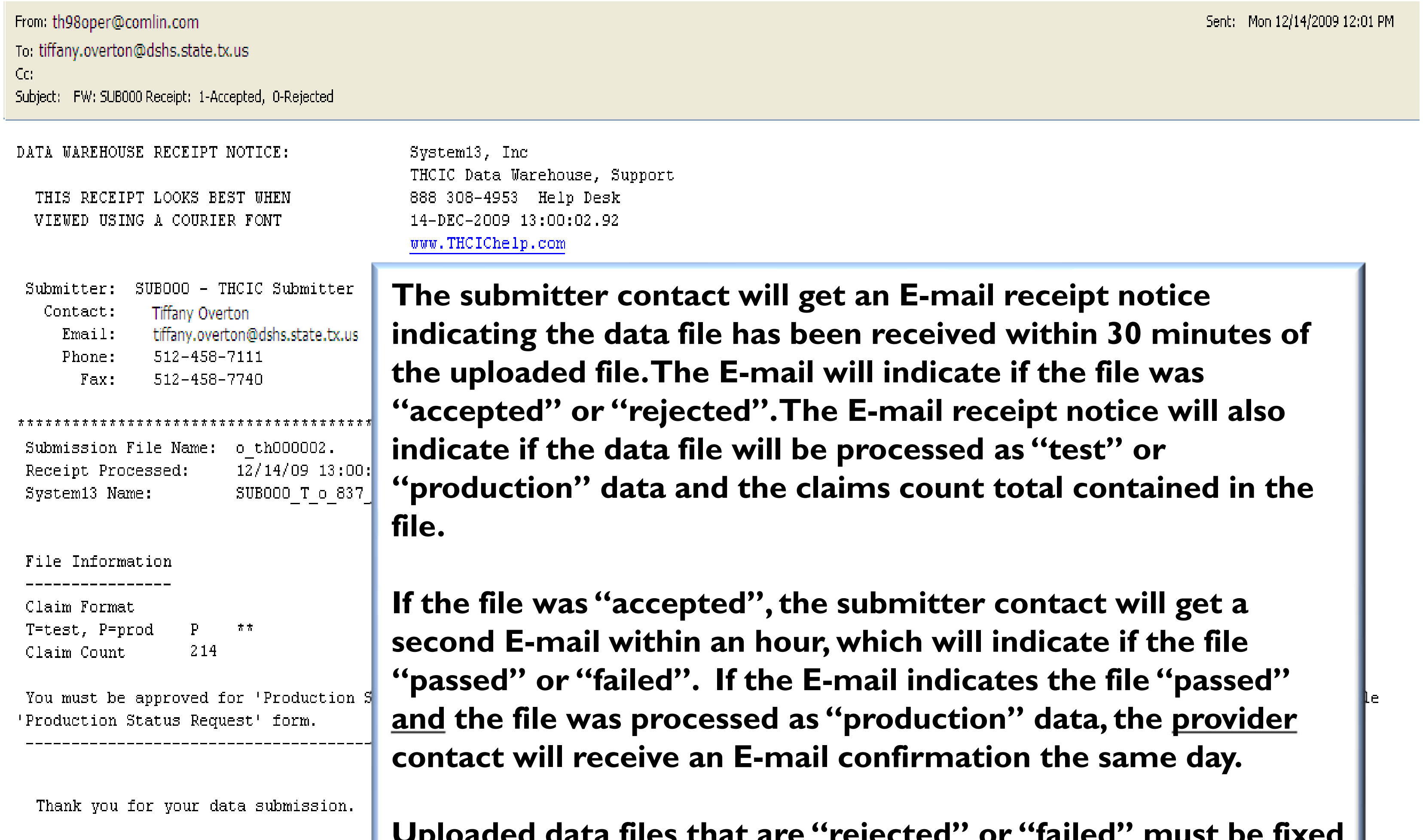
Provider_20200529_1631.txt

DESCRIPTION

UPLOAD FILE

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

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

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

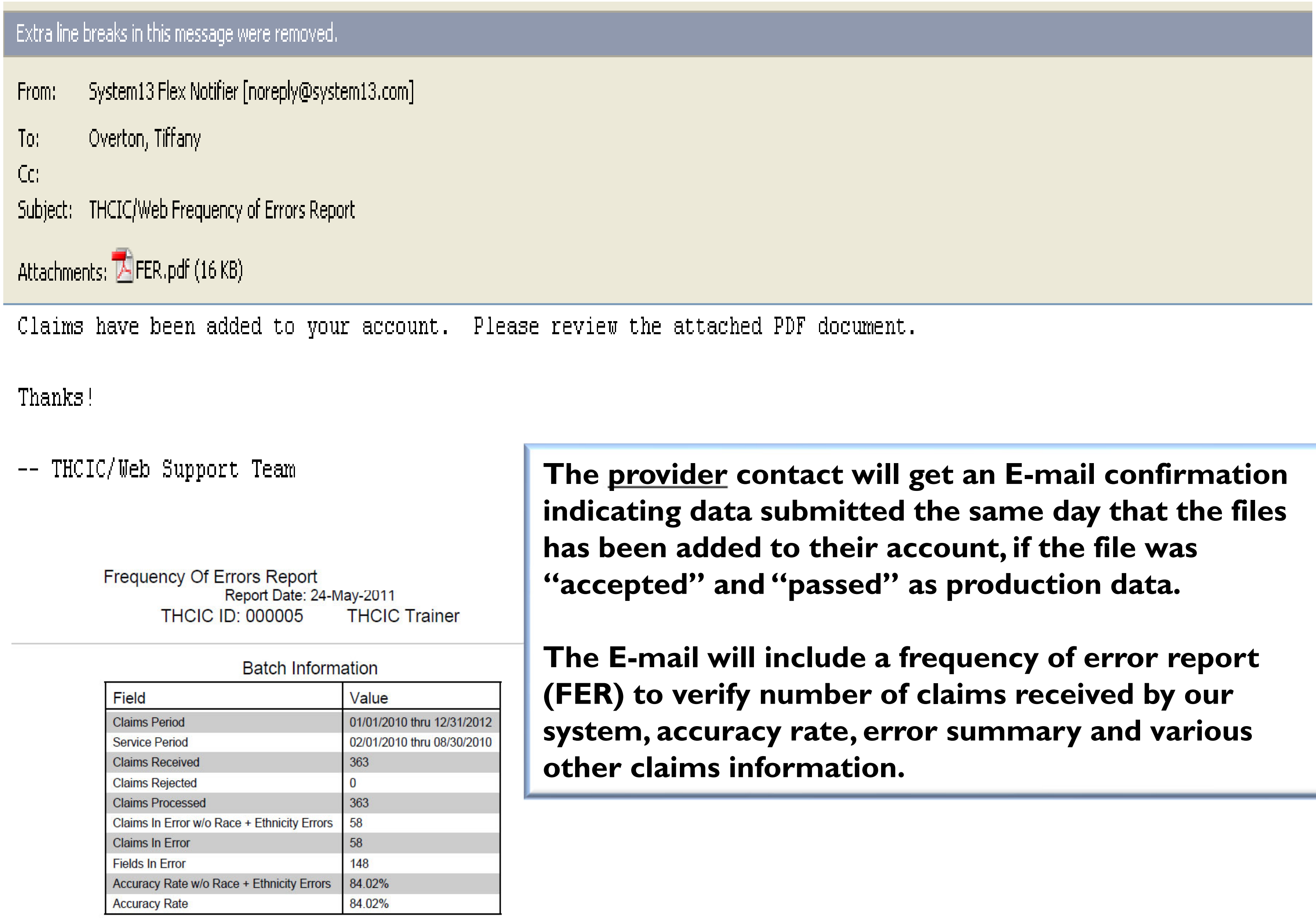
```
DATA WAREHOUSE RECEIPT NOTICE:              System13, Inc
                                            THCIC Data Warehouse, Support
  THIS RECEIPT LOOKS BEST WHEN              888 308-4953   Help Desk
  VIEWED USING A COURIER FONT               14-DEC-2009 13:00:02.92
                                            www.THCIChelp.com

 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                                                                      le
'Production Status Request' form.
 ---------------------------------------


  Thank you for your data submission.
```

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 provider 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.

TEXAS Health and Human Services | Texas Department of State Health Services

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:

- 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
- 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.__

Generate Quarter Cert. Data (EOD)

Inpatient 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

Address:
Texas Health Care Information Collection
Dept of State Health Services – Center for Health Statistics
1100 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

- 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 Dee.Roes@dshs.texas.gov if submitter test/production files reject due to a submission address or EIN/NPI number.

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

system13
Formerly Commonwealth Clinical Systems
and Computer Services

Contact

Address:
System13, Inc
1648 State Farm Blvd.
Charlottesville, VA 22911

Phone: 1-888-308-4953
Fax: 434-979-1047
E-mail: THCIChelp@system13.com
Web site: https://thcic.system13.com