
Health Facilities Numbered Letter, Volume 12 Number 6
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Did You Know

In 2006, Arthroplasty of knee (surgical reconstruction or replacement of knee) was the most frequent procedure for musculoskeletal treatments. It accounted for about 15 percent of the 240,534 all-listed orthopedic procedures in Texas hospitals.

Source: 2006 THCIC Public Use Data File

Creating a THCIC Outpatient 837 File for Outpatient Reporting

Definitions

Data Collected – All outpatient patient billing information plus race and ethnicity for all surgical and/or imaging/radiological claims, including “self-pay” and “charity”

Facility – A Hospital or Ambulatory Surgery Center

Medical Billing Software – A program acquired by the facility that allows for the input of patient data usually for billing purposes

Medical Billing Software Vendor – The company/organization where your facility acquired the medical billing software/program

Production File – A file submitted by the Submitter that has passed the “testing” phase for outpatient data submission

Submitter – A person that uploads a facility’s THCIC 837 file into the THCIC_{System}. A submitter must acquire a Submitter ID and password from System13. A submitter may be a vendor, a facility, or a corporate office. A submitter may submit data for multiple facilities using a single Submitter ID.

System13 – The data warehouse vendor for THCIC where the data is collected, audited, and stored.

THCIC – Texas Health Care Information Collection program within the Texas Department of State Health Services designated to collect hospital and ASC inpatient and outpatient data.

THCIC_{System} – A web-based system containing components for data submission, correction, and certification, designed by System13 and accessed on the System13 web site.

Where do I start?

Contact your billing software vendor

1. Facilities must have the ability to collect patient race and ethnicity in facility’s medical billing software, in addition to the standard data collected for billing purposes. The complete list of required data fields collected are listed in the THCIC Outpatient 837

Specification Manual located on the THCIC web site at site

http://www.dshs.state.tx.us/THCIC/OutpatientFacilities/Outpatient_THCIC837.doc.

2. In order to collect race and ethnicity (and other required data fields), the facility should contact their medical billing software vendor for changes to the software/billing program or make other arrangements for collecting and storing the data.
3. Facilities should discuss changes to the medical billing software with their software vendor to allow for the submission of data in a THCIC Outpatient 837 file format.
4. The [THCIC Outpatient 837 file format Specification Manual](#) is located on the THCIC web site http://www.dshs.state.tx.us/THCIC/OutpatientFacilities/Outpatient_THCIC837.doc. Facilities should direct their Medical Billing Software Vendor to this manual.

What do I do once I have the capability to send data in the THCIC 837 file format?

1. If your facility plans to submit data into the THCIC_{System} in the THCIC Outpatient 837 file format, the facility must first acquire a Submitter ID and password at <http://www.thcichelp.com/SubmitData.htm>.
2. If your facility plans to use an “outside source” to submit data into the THCIC_{System} in the THCIC Outpatient 837 file format, the outside source must first acquire a Submitter ID and password at <http://www.thcichelp.com/SubmitData.htm>.
3. All Submitters must submit “test” files for THCIC Outpatient 837 file format.
4. Submission of THCIC Outpatient 837 “test” files may begin no earlier than October 12, 2009.
5. Submitters will login to the THCIC_{System} at https://thcic.system13.com/user_session/new to submit “test” files.
6. “Test” files will be audited at System13 and test results will be e-mailed to the “Submitter”.
7. “Test” results will indicate a “pass” or “fail”.
8. If the “test” result is “fail”, reasons for failure will be included.
 - a. The Submitter should have the errors corrected, and resubmit another “test” file. This continues until the “test” file result comes back as a “pass”.
9. Once a “test” file results in a “pass”, the Submitter may begin submitting “production” (i.e., non-“test”) 837 files.
10. Failure to achieve a “pass” status by the data’s due date, which is March 1, 2010 for the 4th quarter 2009 claims, will prevent production data files from being submitted by the

due date, which puts the facility in an “Out of Compliance” status and will result in a penalty being assessed against the FACILITY.

Alternative to Submitting in the THCIC Outpatient 837 Electronic File Format: WebClaim

The web-based THCIC_{System} has a component called **WebClaim** that a facility can use for data submission.

WebClaim is a program created for facilities by System13 that choose to not make the necessary changes to their computer software or have their vendor make the changes to submit the required data in the THCIC Outpatient 837 Electronic File Format.

WebClaim is a manual data entry program that will become available on October 12, 2009.

WebClaim is a component in the THCIC_{System}, which does not require testing.

All Facilities will have access to **WebClaim**.

WebClaim may be used to submit “additional” data not initially submitted in the THCIC Outpatient 837 file format.

WebClaim is free.

Beginning October 12, 2009, facilities may login to the THCIC_{System} at https://thcic.system13.com/user_session/new to access **WebClaim** using the facilities THCIC ID number, which has already been issued to ALL facilities, and a password, which will be issued by System13 by October 11th.

All THCIC required patient claim data is entered manually into **WebClaim** by the facility. If an “outside source” is used to manually enter data into **WebClaim** on behalf of the facility, the facility would need to provide its THCIC ID and password to that entity.

Facility training on **WebClaim** will begin in late September and will be announced in the THCIC newsletters.

***Note:** There are only **two methods** for submitting the required data to THCIC:

**THCIC Outpatient 837 Electronic File (facility or facility’s vendor creates)
or WebClaim**

Please contact THCIC if you have questions about the requirement to report outpatient data at 512-458-7261 or by E-mail at THCIChelp@dshs.state.tx.us

What is My Facility's THCIC ID?

Hospitals and Ambulatory Surgery Centers were provided a THCIC ID number previously and may find its assigned THCIC ID number on the THCIC web site at:

<http://www.dshs.state.tx.us/THCIC/hospitals/FacilitiesList.xls>

Provider Contact Information

Other facility information may also be viewed on the "Facilities List" as well, including provider contact names. THCIC updates this listing quarterly and the current list reflects information received as of July 14, 2009. If information is incorrect or has changed, please use the "Health Facility Request" form for updating this information located at:

<http://www.dshs.state.tx.us/THCIC/hospitals/FacilityInformationRequest.pdf>

This form may be faxed to THCIC at 512-458-7740.

Important Phone Numbers

Virginia location:

System13 web site – www.thcichelp.com

THCIC/System13 Helpdesk – 888-308-4953

Austin location:

THCIC web site – www.dshs.state.tx.us/thcic

DSHS-Center for Health Statistics-THCIC – 512-458-7261

THCIC Staff – 512-458-7111

Bruce Burns	extension 6431	Rules and policy issues, 837 format issues
Miren Carranza	extension 3287	Project Manager
Sylvia Cook	extension 6438	Hospital/ASC reports, data use
Sheila Molina	extension 6546	PUDF requests
Wang-Shu Lu	extension 6453	Hospital/ASC reports and analysis
Dee Roes	extension 3374	Hospital/ASC compliance, research files request
Tiffany Overton	extension 2352	Hospital/ASC training (submission, correction, and certification)

THCIC fax – 512-458-7740

Questions may be submitted via E-mail to THCIChelp@dshs.state.tx.us

Did You Know

In 2006, there were a total of 2,917,188 hospitalizations in the reporting hospitals or 124 hospital stays per 1,000 population in Texas.

The average charge per hospital stay was \$25,668 and the aggregate charges for all stays were about \$75 billion.

Source: 2006 THCIC Public Use Data File