

***THIS PACKET CONTAINS IMPORTANT INFORMATION***  
***FOR***  
***NEWBORN SCREENING SUBMITTERS***  
***FROM***  
***THE LABORATORY SERVICES SECTION***  
***DEPARTMENT OF STATE HEALTH SERVICES***

INSIDE YOU WILL FIND:

- REPORT CARDS
- INFORMATION ON HOW YOU CAN OBTAIN TEST RESULTS ONLINE
- NOTIFICATION OF UPCOMING, PROPOSED CHANGES TO FEE RULES THAT WILL INCLUDE SOME NEW TESTS, DELETION OF SOME EXISTING TESTS AND CHANGES TO SOME EXISTING FEES.



LABORATORY SERVICES SECTION, MC-1947  
P. O. Box 149347, Austin, Texas 78714-9347  
Courier: 1100 W. 49<sup>th</sup> Street, Austin, TX 78756  
(888) 963-7111 x7318 or (512) 776-7318  
<http://www.dshs.state.tx.us/lab>

## NEED TEST RESULTS NOW?

Access result reports online, 24 hours a day, with no hold time.  
Sign up for a **free** online account today!

### What kind of results are available?

Test Type	Remote Data Services Application
Newborn Screening	Texas Newborn Screening Web Application (Neometrics)
Clinical Chemistry (THSTEPS)	COPIA
Public Health (Microbiology)	Results Web Portal

*COMING SOON – Access to Submitter Report Cards via the Web Applications*

### How do I sign up?

- Fill out and submit:
  - One **Facility Security Agreement** per submitting facility and
  - One **Web User Access Agreement** for each user within the facility.
- NOTE:** Group or shared accounts are **not** allowed per HIPAA Security Rule.
- Completed forms may be
  - Emailed to [RemoteLabSupport@dshs.state.tx.us](mailto:RemoteLabSupport@dshs.state.tx.us) or
  - Faxed to 512-776-7157, Attn: LIMS Administrator, L457.

### Need More Information?

**Web:** <http://www.dshs.state.tx.us/lab/remotedata.shtm>

**Email:** [remotelabsupport@dshs.state.tx.us](mailto:remotelabsupport@dshs.state.tx.us)

**Phone:** 1-888-963-7111 ext. 6030 or 3198



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111  
 Fax request to: 512-776-7157, Attn: Remote Lab Support, L357.1

**FACILITY SECURITY AGREEMENT**

For Laboratories, Hospitals, Providers, State/Local Health Facilities

Facility Name	
Facility 8-digit Submitter ID <sup>*1 or *3</sup> <i>required for NBS and Microbiology</i>	
Facility 9-digit TPI <sup>*2</sup> <i>required for Clinical Chemistry</i>	
Facility 10-digit NPI	
Facility Mailing Address	
Facility Administrator <i>Name and Title</i>	
Telephone Number, Ext	
E-mail Address	
Tests currently submitted to:	<input type="checkbox"/> Austin Laboratory <input type="checkbox"/> South Texas Laboratory
Types of Test Result(s)	<input type="checkbox"/> Newborn Screening <sup>*1</sup> <input type="checkbox"/> Clinical Chemistry <sup>*2</sup> <input type="checkbox"/> Microbiology <sup>*3</sup>
Stop receiving a hard copy (mailed) DSHS final result report(s) to Facility? <sup>*4</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>\*1</sup> Newborn Screening = Newborn Screening tests

<sup>\*2</sup> Clinical Chemistry = Lead testing, Total Hemoglobin, Hg Electrophoresis, Glucose, etc.

<sup>\*3</sup> Microbiology = TB, HIV / STD, Rabies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc.

<sup>\*4</sup> "Yes" is automatically defaulted for Austin Laboratory Microbiology hard copy (mailed) DSHS final result report(s)

This agreement between the Department of State Health Services (DSHS) and "the Facility" recorded above sets forth expectations for security and confidentiality with respect to the DSHS Information Resources (IR), (network, software and all associated data). The Facility is a laboratory, hospital, healthcare provider or state/local health facility that has a legitimate need to access this system as verified by the DSHS Laboratory Services Section. DSHS limits access to records and data relevant to the specified facility's' patients and laboratory specimens.

All Facility personnel provided access to DSHS IR must comply with DSHS Security Policies, as well as federal and state confidentiality laws including, but not limited to, the Health Insurance Portability and Accountability Act. The Facility is responsible for training all facility personnel who will be provided access to the DSHS IR, and for monitoring and enforcing compliance with DSHS and facility computer usage policies. All Facility personnel must sign and agree to comply with the requirements of the DSHS Confidentiality & Non-disclosure Agreement before being provided access to DSHS IR. This Agreement fulfills this requirement only for the Facility Administrator executing the agreement.

The Facility will not use or disclose any information contained in the DSHS IR, except as authorized by state and federal law. The user name and password used to access the system will also be safeguarded and will not be shared with anyone, including other facility personnel. The Facility will notify DSHS immediately if a username/password is compromised, if a user's job duties change, and/or if a user is terminated.

The facility will maintain computers properly equipped to access DSHS IR through an Internet browser and will provide reliable Internet service. The facility's computers and network will be configured to include appropriate anti-virus software, firewalls, security patches and other controls that will prevent security risks to the DSHS network and to its resources. DSHS will provide limited technical assistance in accordance with laboratory support procedures.

Failure to comply with the Security Agreement requirements may result in termination of the agreement and access to DSHS IR. This agreement will be renewed annually for compliance; otherwise it is effective until terminated.

I agree that this facility will adhere to the terms of this agreement.

\_\_\_\_\_  
Facility Administrator's Signature

\_\_\_\_\_  
Date



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111

Fax request to: 512-776-7157, Attn: Remote Lab Support, L357.1

### Facility Security Agreement Form Instructions

#### Facility Information:

- **Facility Name** – Name of clinic that will submit tests remotely or print reports remotely.
- **Facility 8-digit Submitter ID Number** – DSHS assigned clinic identification number for Newborn Screening and Microbiology tests. Can be found next to submitter name on result reports.
- **Facility 9-digit TPI Number** – TMHP assigned clinic Medicaid Texas Providers Identification number for submission of Texas Health Steps / Clinical Chemistry tests. Can be found next to submitter name on result reports.
- **Facility 10-digit NPI Number** – National Provider Identifier number.
- **Facility Mailing Address** – Mailing address, City and Zip Code of Facility.
- **Facility Administrator** – Name and Title of Facility Administrator. This is usually the office manager.
- **Telephone Number, Ext** – Telephone number of the Facility Administrator.
- **E-mail** – Email address of the Facility Administrator. DSHS will include your e-mail in the web application – Remote Users distribution list to inform you about any important updates or as part of troubleshooting.
- **Tests Currently Submitted To** – Indicate the DSHS Laboratory your Facility submits its tests to. Default is Austin Laboratory.
- **Type of Test Results** – Indicate the test results your Facility is requesting remote access to:
  - **Newborn Screening** performs Newborn Screening tests
  - **Clinical Chemistry** performs tests such as Lead testing, Total Hemoglobin, Hg Electrophoresis, Glucose, etc.
  - **Microbiology** performs tests such as TB, HIV / STD, Rabies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc

#### Security Agreement:

- **Facility Administrator** – The point of contact at the Facility that can authorize web user setup, web user termination and maintain current Facility and provider information. This is usually the office manager.

Please submit the completed form to DSHS Remote Laboratory Support:

- **Fax** – Attention: Remote Lab Support L357.1, (512) 776-7157
- **Email** – [remotelabsupport@dshs.state.tx.us](mailto:remotelabsupport@dshs.state.tx.us)

For further assistance or additional clarification, please e-mail [remotelabsupport@dshs.state.tx.us](mailto:remotelabsupport@dshs.state.tx.us).



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111

## REMOTE USER SECURITY RIGHTS AND CONFIDENTIALITY FORM

One DSHS Laboratory Remote User Security Rights and Confidentiality Form must be completed and submitted for each person to be set up for remote access. The requesting Facility Administrator will sign and date this form and fax, mail, or scan the form and e-mail it to DSHS Laboratory.  
Fax: 512-776-7157, Attn: Remote Lab Support, L357.1 E-mail: [remotelabsupport@dshs.state.tx.us](mailto:remotelabsupport@dshs.state.tx.us)

### Section 1: Applicant Contact Information (Please fill out all Required fields)

Applicant  
NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
*Required* *Required*

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Required* *Required*

Facility Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
*Required – Must match Facility Name as on Facility Security Agreement* *Required- If fax machine is secured*

Facility 8-digit Submitter ID: \_\_\_\_\_ Facility 9-digit TPI: \_\_\_\_\_  
*Required – Newborn or Microbiology* *Required – Clinical Chemistry*

Facility City and Zip Code: \_\_\_\_\_, \_\_\_\_\_  
*Required – City* *Required – Zip*  Newborn Screening  Clinical Chemistry  Microbiology  
*Types of Test Result(s) as on Facility Security Agreement*

### Section 2: Clinical Chemistry Requests Only. Please list all ordering providers submitting tests for the Facility. Attach additional page if needed.

Name and Credentials (MD, PA, etc):	9-digit TPI:	10-digit provider NPI:
_____	_____	_____

### Section 3: Confidentiality Form

The Department of State Health Services (DSHS) authorizes \_\_\_\_\_ (Facility Name) to access and use the services of  Newborn Screening  Clinical Chemistry  Microbiology. Certain designated facilities (laboratories, hospitals, healthcare providers, etc.) have a legitimate need to access this system in order to review, record, and/or edit data. The facility's authorized personnel will be provided access to information and data that is sensitive, confidential, protected health information, or is otherwise protected from disclosure to unauthorized individuals. To ensure the integrity, security and confidentiality of DSHS information and data, all individuals who obtain access to DSHS information resources agree to treat all information and data as highly sensitive, confidential and protected from disclosure. Except as authorized by state and federal law, (including, but not limited to, the Health Insurance Portability and Accountability Act), publication, disclosure or discussion of any information or data observed during the use of this service is strictly prohibited.

**Each person who will have access to DSHS Information Resources is required to sign a copy of this agreement.**

I \_\_\_\_\_ a representative of \_\_\_\_\_ (Facility Name) am using this service on behalf of the named facility for the limited purpose of the agreement between DSHS and the facility. I understand and agree to the limited terms and conditions of this agreement.

I also understand that DSHS is required by law to protect the confidentiality and security of its network and the data and information maintained by the department from outside disclosure, and that even an inadvertent disclosure could result in serious security or confidentiality breaches resulting in the loss, destruction or disclosure of sensitive and confidential information maintained by the department. I understand that I am also responsible for the confidentiality of the system's configuration and network architecture. I further understand that my breach of this agreement could result in violation of state and federal laws, under which civil and criminal penalties could be assessed for each violation.

I agree that I will not disclose nor release my username and password to anyone at any time. In the event my username and password have been compromised, I will immediately contact DSHS so that my account can be inactivated immediately. A new account will be issued to me with a new username and password.

State and federal law provides civil and/or criminal penalties for use or disclosure beyond the limited purpose of the performance of this service.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Facility Administrator's Signature Date

Terminating Web User Account Access, Facility Administrator Signature and Date: \_\_\_\_\_



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111

## Security Rights and Confidentiality Form Instructions

Fill out each section for the remote user. Please submit one form per remote user.

### Section 1: Applicant Contact Information

- **Last name, First Name, Middle Initial** – The user that will be setup for web application use or as a role within the application. Must be the information for the user signing the Applicant's Signature field of the Confidentiality Form.
- **E-mail** – DSHS will include your e-mail in the web application – Remote Users distribution list to inform you about any important updates or as part of troubleshooting.
- **Phone #** – Of the clinic that will submit tests remotely or print laboratory reports remotely.
- **Facility Name** – Name of clinic that will submit tests remotely or print reports remotely; Facility Name as on Facility Security Agreement.
- **Fax #** – Of the clinic that will submit tests remotely or print laboratory reports remotely, fax machine must be in a secured location.
- **8-digit Submitter ID** – DSHS assigned clinic identification number required for Newborn Screening and Microbiology tests. Can be found next to submitter name on result reports.
- **9-digit TPI** – TMHP assigned clinic Medicaid Texas Provider Identifier number required for submission of Clinical Chemistry tests. Can be found next to submitter name on result reports.
- **Facility City and Zip Code** – City and Zip Code of clinic or Facility.

**Section 2: Clinical Chemistry Only.** Please list all ordering providers you will be submitting tests for. Attach additional page if needed.

- **Ordering Provider** – A physician or qualified non-physician practitioner licensed by the State to order laboratory services provided by the DSHS laboratories.

### Section 3: Confidentiality Form

- **Facility Name** – Name of clinic that will submit tests remotely or print reports remotely; Facility Name as on Facility Security Agreement.
- **Laboratory Services** – Newborn Screening, Clinical Chemistry and/or Microbiology
  - **Newborn Screening** performs Newborn Screening tests
  - **Clinical Chemistry** performs tests such as Lead testing, Total Hemoglobin, Hg Electrophoresis, Glucose, etc.
  - **Microbiology** performs tests such as TB, HIV / STD, Rabies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc
- **Applicant's Signature** – The person that has his/her information filled out in Section 1.
- **Facility Administrator** – The point of contact at the Facility that can authorize web user setup, web user termination and maintain current Facility and provider information. This is usually the office manager.
- **Terminating Web User Account Access** – when access is no longer needed by the web user. The Facility Administrator is to check-off the check box, sign and date the form and fax to (512) 776-7157.

Please submit the completed form to DSHS Remote Laboratory Support:

- **Fax** – Attention: Remote Lab Support L357.1, (512) 776-7157
- **Email** – [remotelabsupport@dshs.state.tx.us](mailto:remotelabsupport@dshs.state.tx.us)

For further assistance or additional clarification, please e-mail [remotelabsupport@dshs.state.tx.us](mailto:remotelabsupport@dshs.state.tx.us)



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

P.O. Box 149347  
Austin, Texas 78714-9347  
1-888-963-7111  
TTY: 1-800-735-2989  
[www.dshs.state.tx.us](http://www.dshs.state.tx.us)

October 15, 2012

Dear Colleague,

The Laboratory Service Section of the Texas Department of State Health Services is proposing changes to rules related to the laboratory's fee schedule that was adopted in October 2012. Since the close of the public comment period for these recently adopted rules, circumstances have occurred that make it necessary to propose these changes. The proposed amendments will include fees for new tests; the deletion of some tests and their accompanying fees; and changes to some fees which may be higher or lower than the fee listed on the existing fee schedule.

The majority of the changes that are proposed are related to the closing of the Women's Health Laboratory (WHL) in August 2012. Section 73.54 (c) "Tests performed on clinical specimens, Women's Health Laboratory" is proposed to be deleted. Some tests that were performed at WHL will continue to be offered at the remaining two DSHS laboratories and will be included in the proposed amendments.

A summary of the proposed changes to tests offered at South Texas Laboratory and the Austin Laboratory is attached for your review. There will be an official 30 day comment period once these proposed amendments are published in the Texas Register. However, you may provide informal comments by contacting Amy Schlabach, Laboratory Services Section, MC 1947, P.O. Box 149347, Austin, TX 78714-9347 or via email at [amy.schlabach@dshs.state.tx.us](mailto:amy.schlabach@dshs.state.tx.us) by November 16, 2012.

Sincerely,

A handwritten signature in cursive script that reads "Grace Kubin".

Grace Kubin, Ph.D.  
Director, Laboratory Services Section

Proposed Changes to Laboratory Fees, October 2012

Clinical Testing - Austin Laboratory		
Type of Test or Service	Proposed Change	Test or Service and Associated Fee
Bacteriology	Add New Test	Gonorrhea/Chlamydia (GC/CT)- GC/CT, amplified RNA Probe--\$20.28,
	Add New Test	GC culture confirmation by amplified or direct probe-- \$37.66
	Add New Test	GC Screen--\$44.54
	Name Change and Price Increase	Pertussis , polymerase chain reaction will be renamed to <i>Bordetella pertussis</i> , <i>Parapertussis</i> , and <i>Bordetella holmesii</i> polymerase chain reaction (PCR) and the price will increase from #32.11 to \$213.79.
Clinical Chemistry	Delete	Antibody identification-- \$260.70
	Delete	Antibody titer--\$446.07
DNA Analysis	Delete	Phenylketonuria (PKU) Full Gene Sequencing-- \$1726.03
Mycobacteriology/ Mycology	Fee Reduction	Nucleic Acid Amplification for Mycobacterium Tuberculosis( M. Tuberculosis), Fee reduced from \$197.41 to \$166.70
Serology	Delete	<i>Aspergillus</i> --\$84.13
		Fungal identification (blastomycosis, coccidioidomycosis, histoplasmosis)--\$142.05
		Fungal panel (blastomycosis, coccidioidomycosis, histoplasmosis)--\$130.55
		<i>Legionella</i> --\$168.42
Virology	Add New Test	HIV combo Ag/Ab EIA--\$7.90
	Fee Reduction	QuantiferON (tuberculosis serology) , fee reduced from \$84.45 to 53.66
	Add New Test	Influenza pyrosequencing for antiviral resistance--\$13.11
	Add New Test	Mumps, real-time PCR--\$127.83
	Add New Test	Respiratory viral panel--\$152.02.
	Fee Reduction	Influenza Surveillance without culture (typing PCR), fee reduced from \$248.00 to \$131.32
Clinical Testing - South Texas Laboratory (STL)		
Emergency Preparedness	Add New Test	Influenza A, PCR--\$125.00
Microbiology	Add New Test	Ricin, PCR--\$150.00
	Add New Test	Identification of AFB isolate, DNA probes --\$44.63

Proposed Changes to Laboratory Fees, October 2012

Non-Clinical Testing - Austin Laboratory		
Type of Test or Service	Proposed Change	Test or Service and Associated Fee
Microbiological Analysis - Water	Delete	Fecal coliforms, multiple tube fermentation (MFT)--\$182.01
	Delete	Reagent water suitability--\$60.26
Microbiology - Bacteriology	Add New Test	<i>Cronobacter sakazakii</i> --\$66.07
	Add New Test	Non-0157 STEC--\$121.52
Microbiology--Virology	Add New Test	West Nile Virus (WNV), Mosquitoes, PCR--\$57.87
<b>Chemical Analysis (Non-Clinical)</b>		
Water	Delete	Bottled Water--\$71.74
Food	Add New Test	Gluten--\$90.97
<b>Services Charges - STL and Austin Laboratory</b>		
Clinical Specimens	New Fee	Special specimen processing and storage of clinical specimens--\$25.00
Environmental Samples	New Fee	Preparation and storage of composite samples for chemical analysis--\$19.23