TEXAS
Health and Human Services

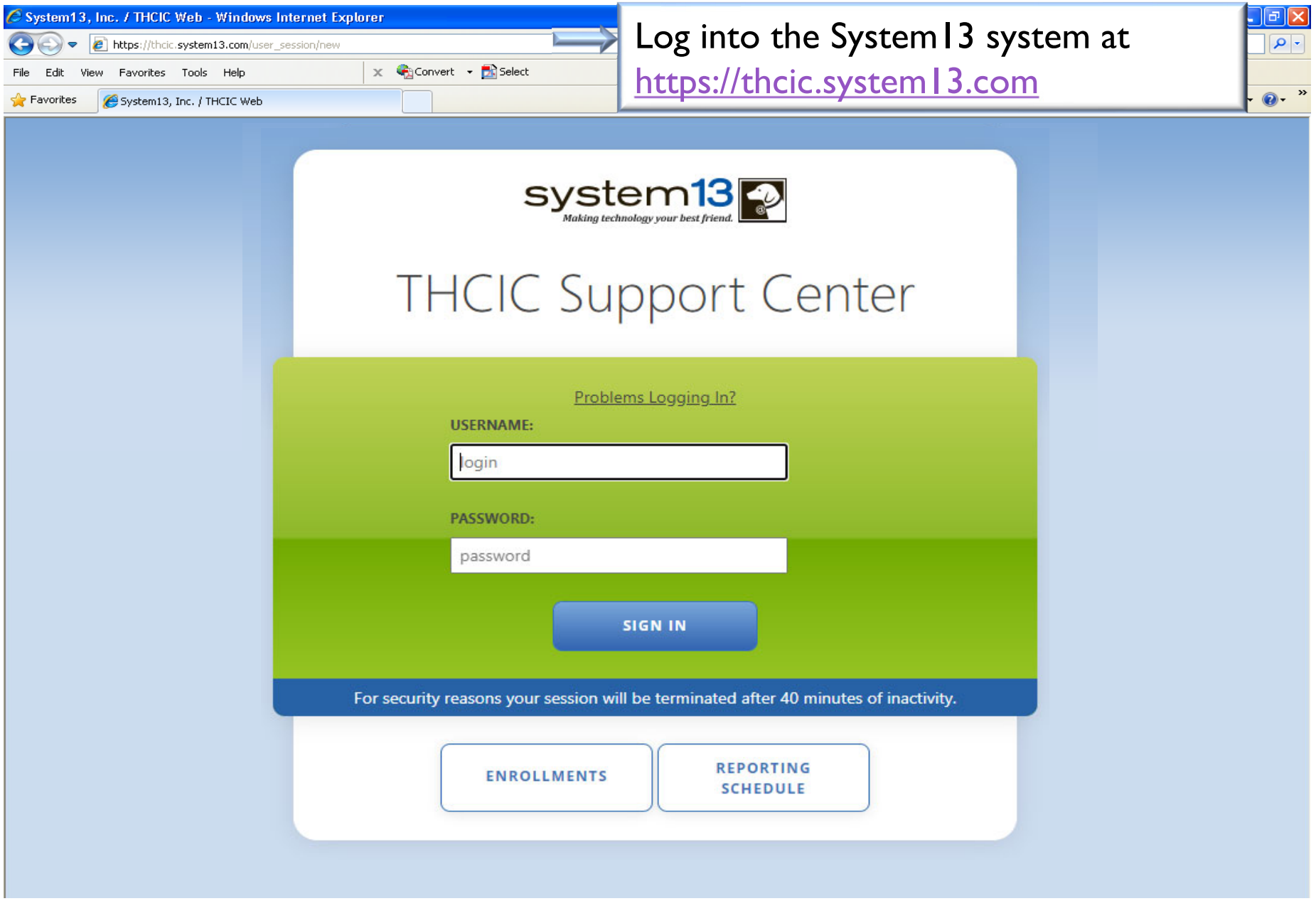
Texas Department of State Health Services

Inpatient Reports

Revised April 2024

Document #: 25-15008

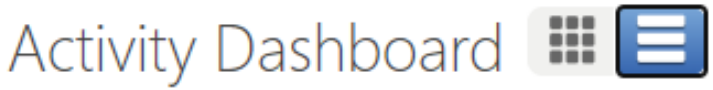
THCIC System



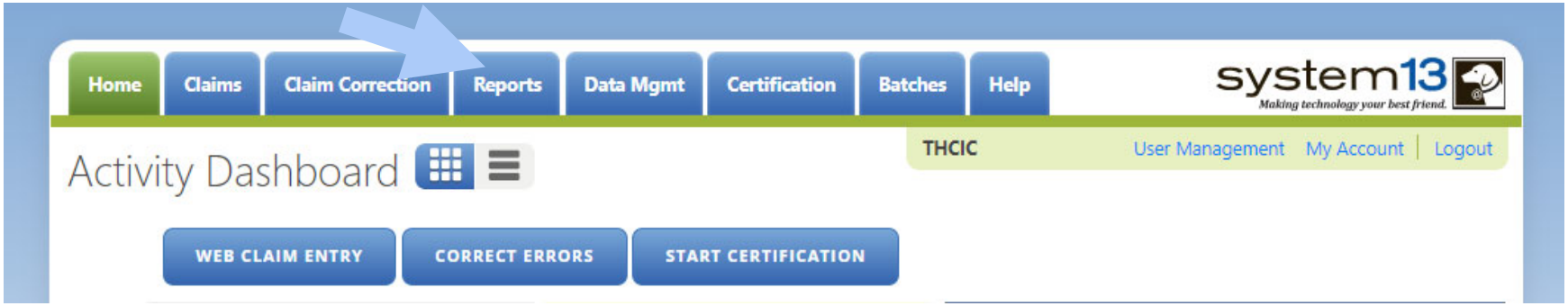
Log In the System as a Provider

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

New Provider Dashboard

- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.
- A graph of historical clam counts and a section with helpful tips.
- The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.
- Two views. 

Reports



The user can go to Reports by the provider tab "Reports". Please be advised that the only data available in reports is the data listed on the claims menu.

Reports

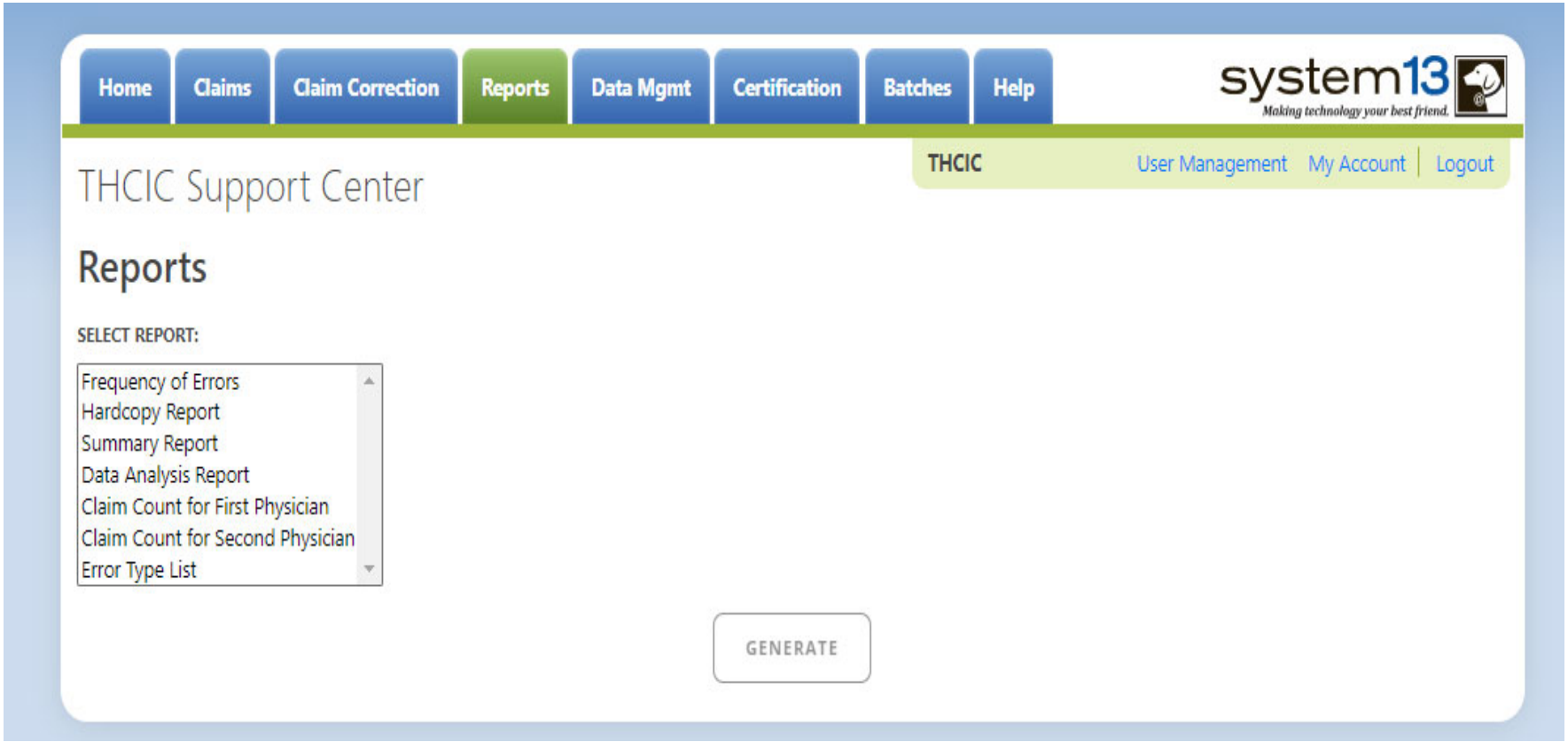
- Reports Available
  - Frequency of Error Report
  - Hardcopy Report
  - Summary Report
  - Data Analysis Report
  - Claim Count for First Physician
  - Claim Count for Second Physician
  - Error Type List

- All reports are written to a .pdf document and displayed in Adobe Acrobat Reader to be viewed and/or downloaded.

- To return to the report view the user should click the browse Back button. (Only while in the report tab can you use the back button, to get out of a pdf file.)

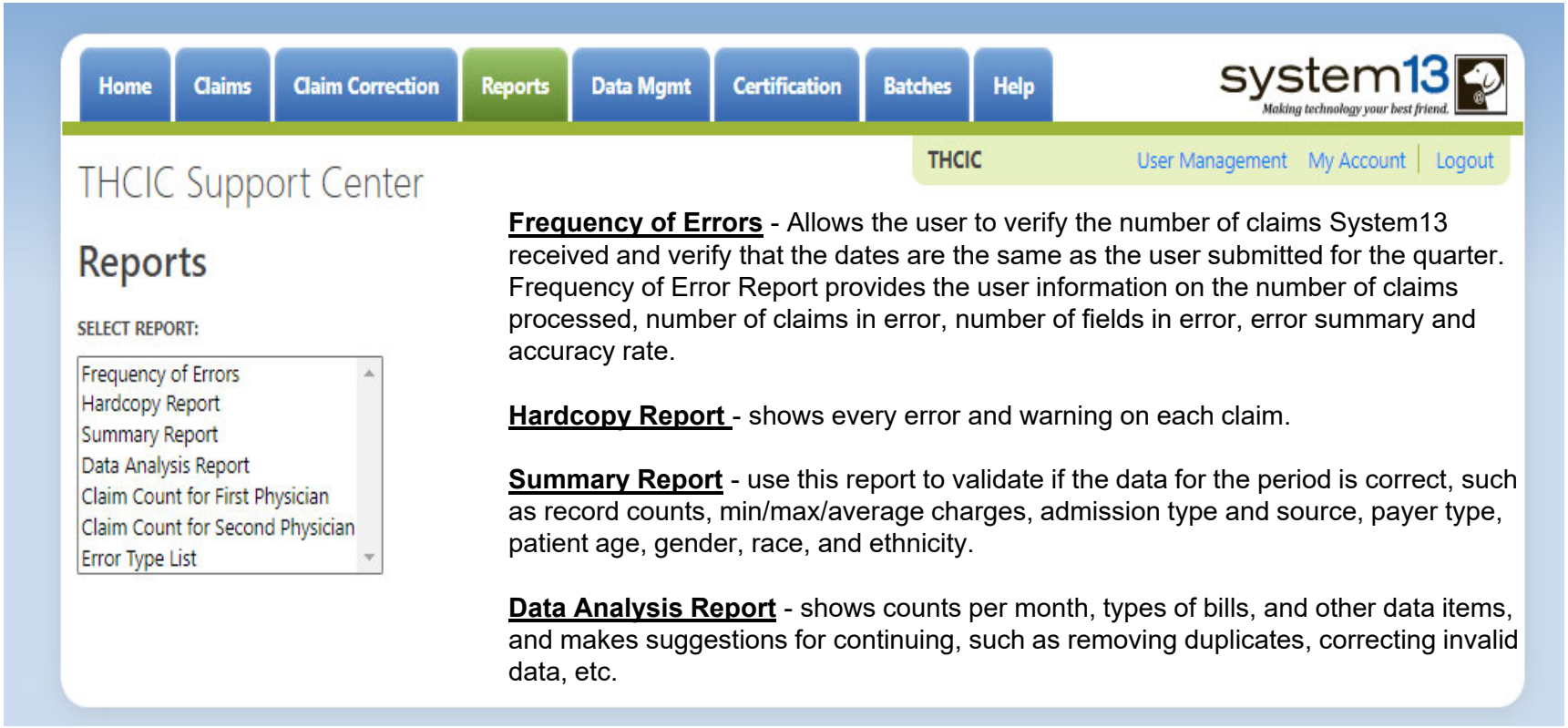
- The only data that will be available in reports is data that is currently in the system. Data will not be available, after the cutoff for corrections deadline.

Reports Menu



The only data a facility can run reports on is data that is currently in the system, this excludes certification data. Data for previous quarters will remain in the system until the last day for cutoff for corrections. Other options will become available once the type of report is selected.

Type of Reports



Frequency of Errors - Allows the user to verify the number of claims System13 received and verify that the dates are the same as the user submitted for the quarter. Frequency of Error Report provides the user information on the number of claims processed, number of claims in error, number of fields in error, error summary and accuracy rate.

Hardcopy Report - shows every error and warning on each claim.

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.

Data Analysis 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.

Claim Count for First Physician - 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.

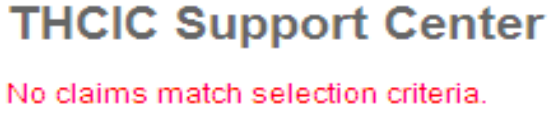
Claim Count for Second Physician - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by second physician name, sorted by name. It will also include the physician ID but will not include patient information.

Error Type List - use this to determine if you have made all possible corrections to your data, if needed.

Reports Functionality

- The GENERATE button will remain disabled until the user selects the report type, filter by and type of patients. Then GENERATE will become an option.

- If no data matches your request, a message will be indicated on the top left corner.



Type of Claims

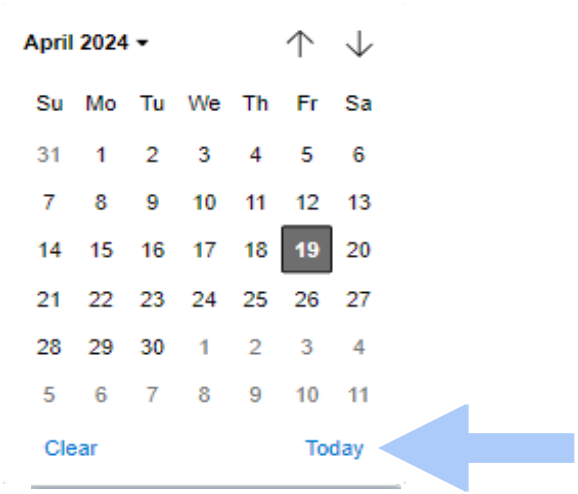
PATIENTS:

- ○ Inpatient
- ○ Outpatient - Institutional
- ○ Outpatient - Professional

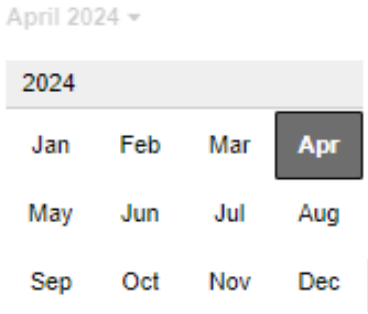
Only one type of claim can be chosen to review patient data at a time.
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

Functionality of the Calendar Feature

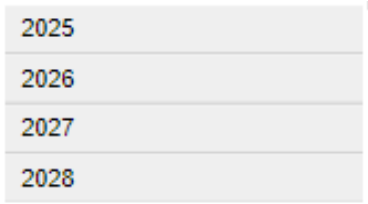
- Feature of the calendar 🗔



- The 🗔 icon will open choosing the current date.
  - ↑ ↓ will move the calendar back a month.
  - Choosing the month's dropdown menu will change the month

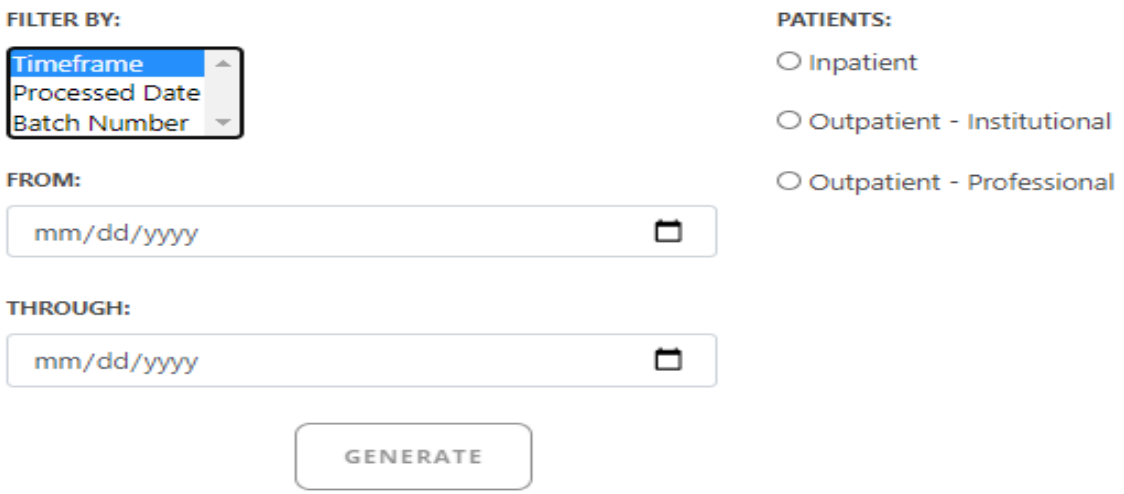


  - Choosing the sidebar will change the year



Filter Report By Timeframe

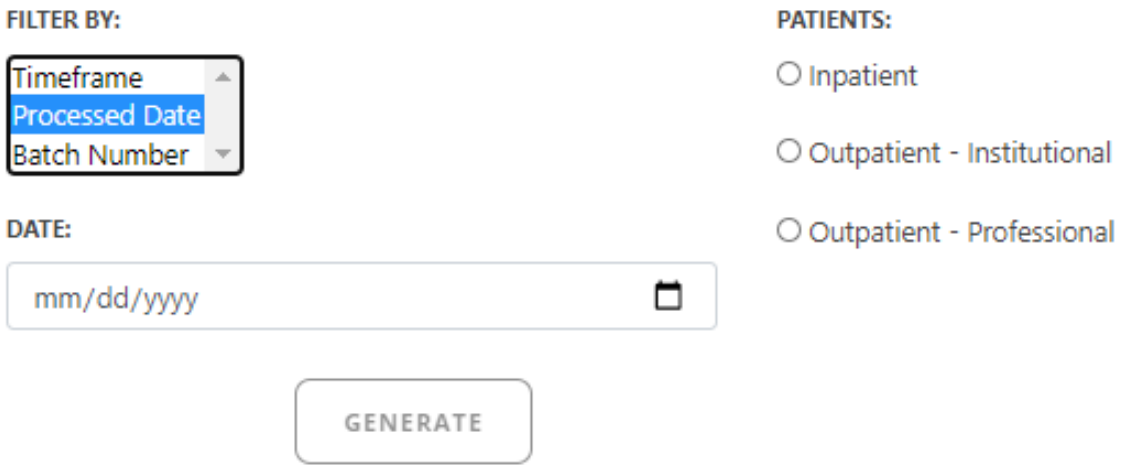
- To create by timeframe.



- The icon will open up a calendar to choose dates.
- You can choose any dates, even through separate quarters.
- Choose type of claims.

Filter Report By Processed Date

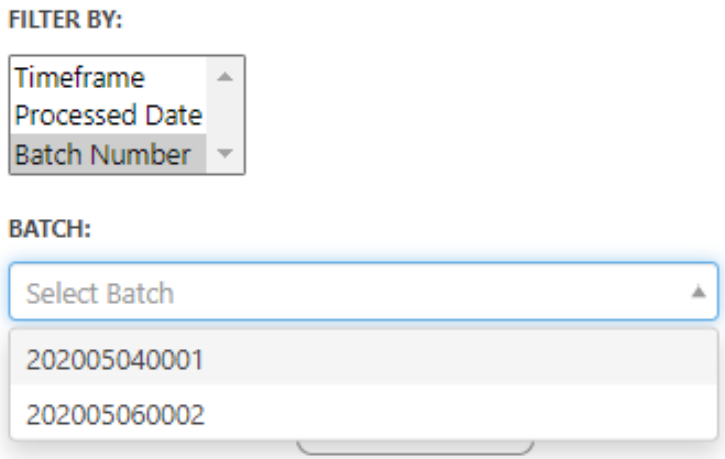
- To create a report, filter by processed date.



- To filter by the processed date, you have to choose a certain date.
- Choose the type of claims and click generate.

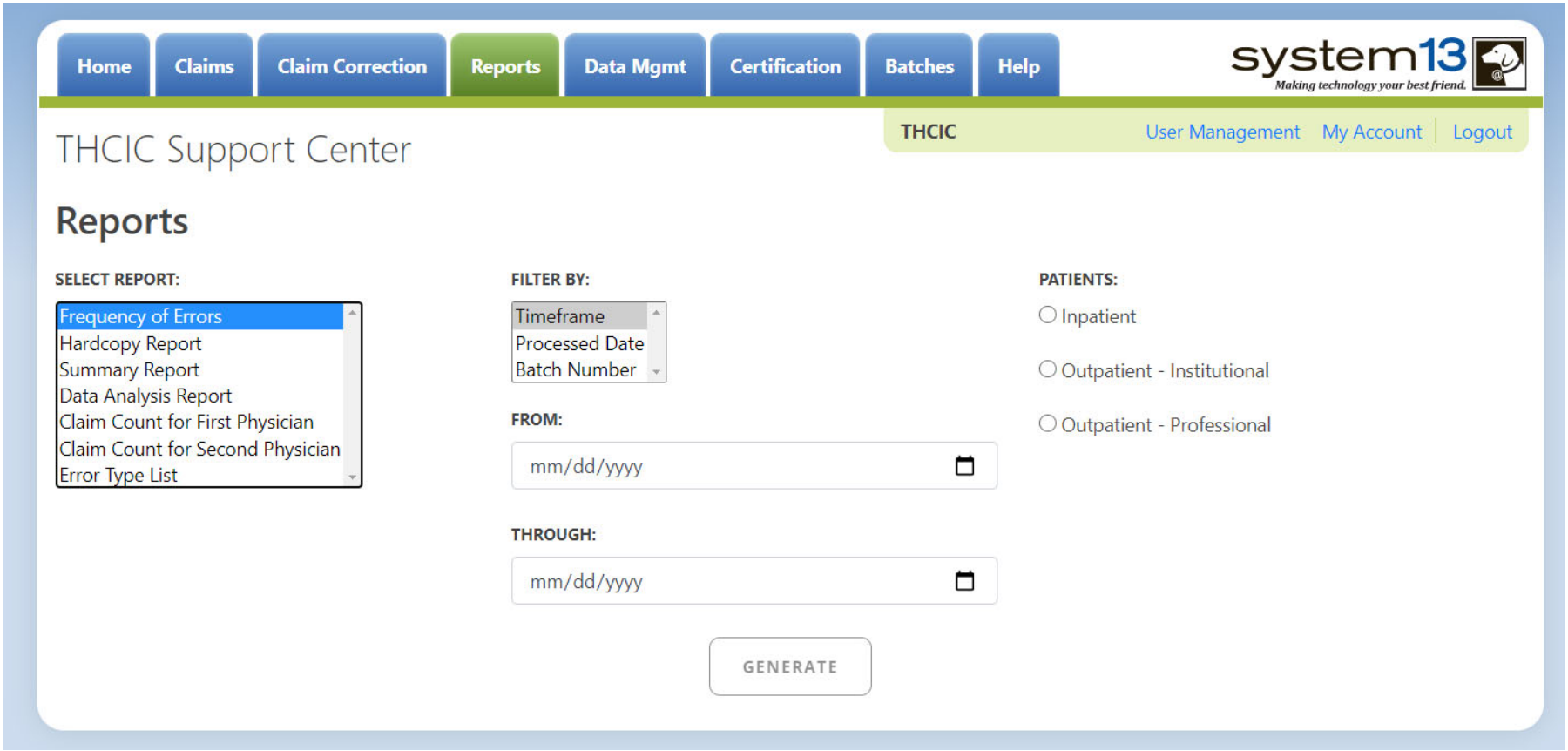
Filter Report By Batch Number

- To create a report by batch number, you have to choose a batch from the batch listing in the system.



- If 'batch number' is chosen, it's automatically determined the type of claims, outpatient or inpatient. Choosing the type of patients is not an option.

Frequency of Error Report



Frequency of Error Report

Frequency Of Errors Report (Inpatient)
Report Date: 02-Jun-2011
THCIC ID: 000005 THCIC Trainer

Batch Information

Field	Value
Claims Period	01/01/2010 thru 12/31/2012
Discharge Period	07/01/2010 thru 09/30/2010
Claims Received	123
Claims Rejected	0
Claims Processed	123
Claims In Error w/o Race + Ethnicity Errors	49
Claims In Error	49
Fields In Error	61
Accuracy Rate w/o Race + Ethnicity Errors	60.16%
Accuracy Rate	60.16%

Claims By Month

	2014	2015	2016
Jan	0	6	0
Feb	0	5	0
Mar	0	1	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

Claims By Bill Type

Bill Type	Count
xx0	0
xx1	123
xx2	0
xx3	0
xx4	0
xx5	0
xx6	0
xx7	0
xx8	0
xx?	0

Frequency of Error Report

Frequency Of Errors Report (Inpatient)
Report Date: 02-Jun-2011
THCIC ID: 000005 THCIC Trainer

Errors By Field

Field	Valid	Blank/Zero	Failed / Invalid	Passed
Patient control number	123	0	0	100.0%
Patient sex	123	0	0	100.0%
Patient birth date	123	0	0	100.0%
Admission type	123	0	0	100.0%
Admission source	75	0	48	60.97%
Admission date	123	0	0	100.0%
Admission hour	123	0	0	100.0%
Statement from date	123	0	0	100.0%
Statement thru date	123	0	0	100.0%
Patient status	123	0	0	100.0%
Discharge hour	123	0	0	100.0%
Medical record number	123	0	0	100.0%
Total claim charges	123	0	0	100.0%
Facility type	123	0	0	100.0%
Claim frequency type	123	0	0	100.0%
Patient Last Name	123	0	0	100.0%

This report will extend to pages 2 & 3. This report lists all errors by field.

Frequency of Error Report

Frequency Of Errors Report (Inpatient)
Report Date: 02-Jun-2011
THCIC ID: 000005 THCIC Trainer

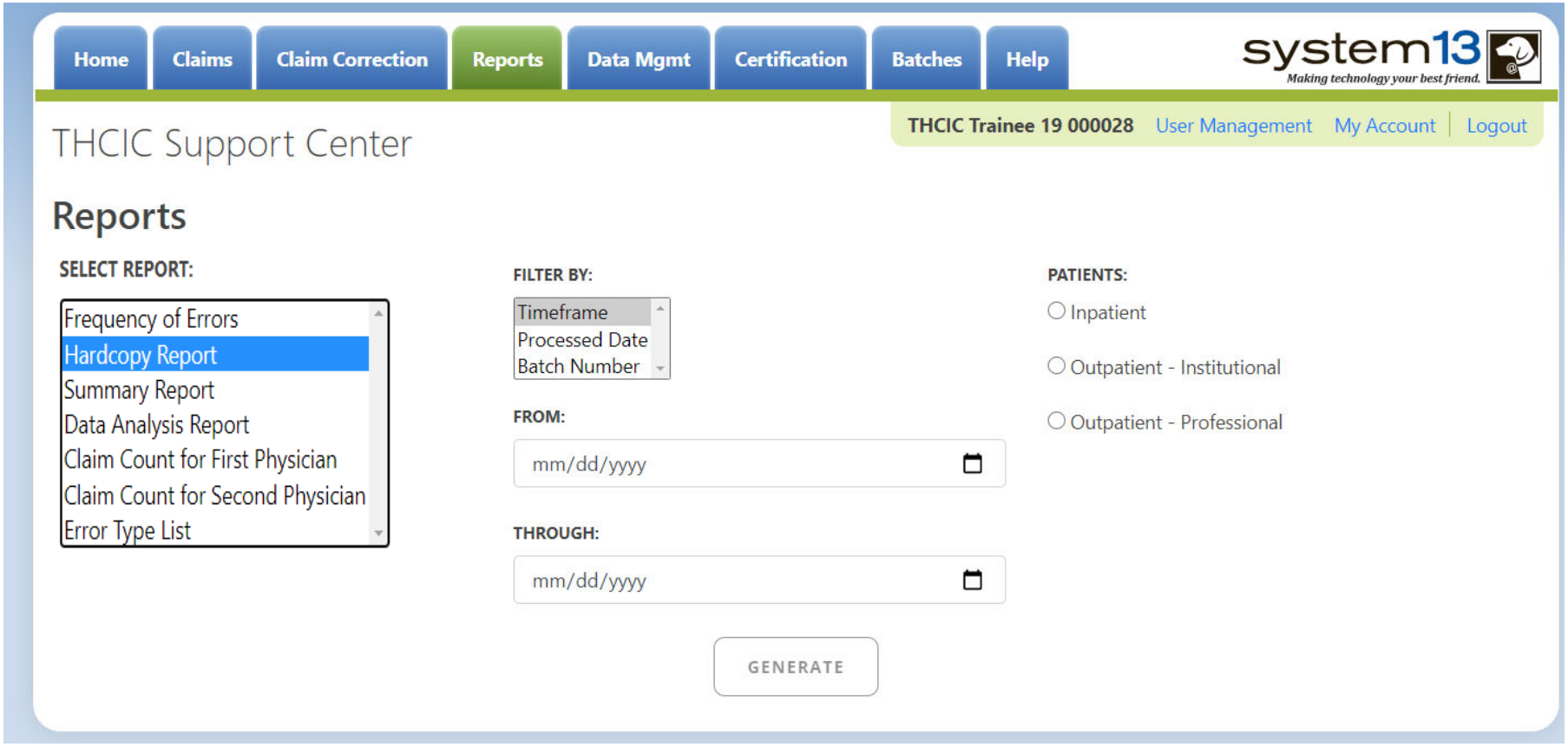
The 837 format utilizes 'Qualifier' codes to identify or characterize various health information data elements. Invalid or missing Qualifier codes may cause data to be omitted from a claim or result in improper placement of the data.

Error Summary

Count	Error Code	Error Message
1	E-625	Patient Gender not consistent with the Principal Diagnosis
1	E-626	Missing Patient State
2	E-634	Missing Patient Race
48	E-655	Invalid Admission Source
1	E-665	Missing Patient Social Security Number
1	E-673	Charges not present for Revenue Code
1	E-676	Missing or Invalid Unit Quantity
1	E-677	Invalid Unit Rate
2	E-685	Missing Unit Measurement Code.
1	E-690	Invalid Attending Practitioner Identifier
1	E-697	Missing Claim Filing Indicator Code for Subscriber
1	E-701	Primary Payer Name is required

Page 4 (*May extend to page 5 depends on number of errors on the report.)

Hardcopy Report



Hardcopy Report Error List

Hardcopy Claims Error Summary Report (Inpatient)
Report Date: 02-Jun-2011
THCIC ID: 000005 THCIC Trainer

Error List

Med. Rec. #	PCN	Discharge	Rec. #	Field	Value of field	Err #	EW
THM88891334786	THBG166232501	20081003		Practitioner Id	1538136486	696	Warning
THM2392706369	THWB12625907	20081005		Birth Date	380330	659	Error
THM199836292751	THEC1014741	20081006		Practitioner Id		707	Error
			0	Procedure	684	622	Error
				Source Code		697	Error
				State		626	Error
				Ssan		665	Error
				Race		634	Error
THM59933819	THY1124383628	20081008		Diagnosis Code		608	Error
THM8277816132015	THHB1961466	20081008		Type Of Admission		645	Error
THM364631883476	THGC1711757	20081009		Sex	R	661	Error
THM7587346610	THUC1418886004	20081011		Unit Measurement Code		685	Error
THM505048847	THZB13313454	20081013		Practitioner Id	1265437198	696	Warning
			0	Procedure		601	Error
				Name		701	Error
				Sex		633	Error
				Race		634	Error
				Ethnicity		635	Error
THM659813005	THCF16917399	20081013		Practitioner Id	1538136486	696	Warning
THM1941744933	THJB1535043	20081015		Patient Status		647	Error
THM3035857081031	THA4	20081016	0	Diagnosis Code	00	615	Error
				Name		701	Error
				Revenue Code		670	Error
				Charges Line Item	96000	679	Error
				Birth Date		630	Error
THM8638718718997	THU1660501290	20081017		Patient Status	10	666	Error
THM25638081662	THP1297987492	20081017		Practitioner Id		707	Error
	THZ182864815	20081018		Medical Record Number		638	Error
				Name		701	Error
THM779772382	THDD1445608	20081021		Practitioner Id	1821160938	696	Warning

The user may get multiple pages of the error list. It will depend on the number of errors. This listing will show all errors for the timeframe specified.

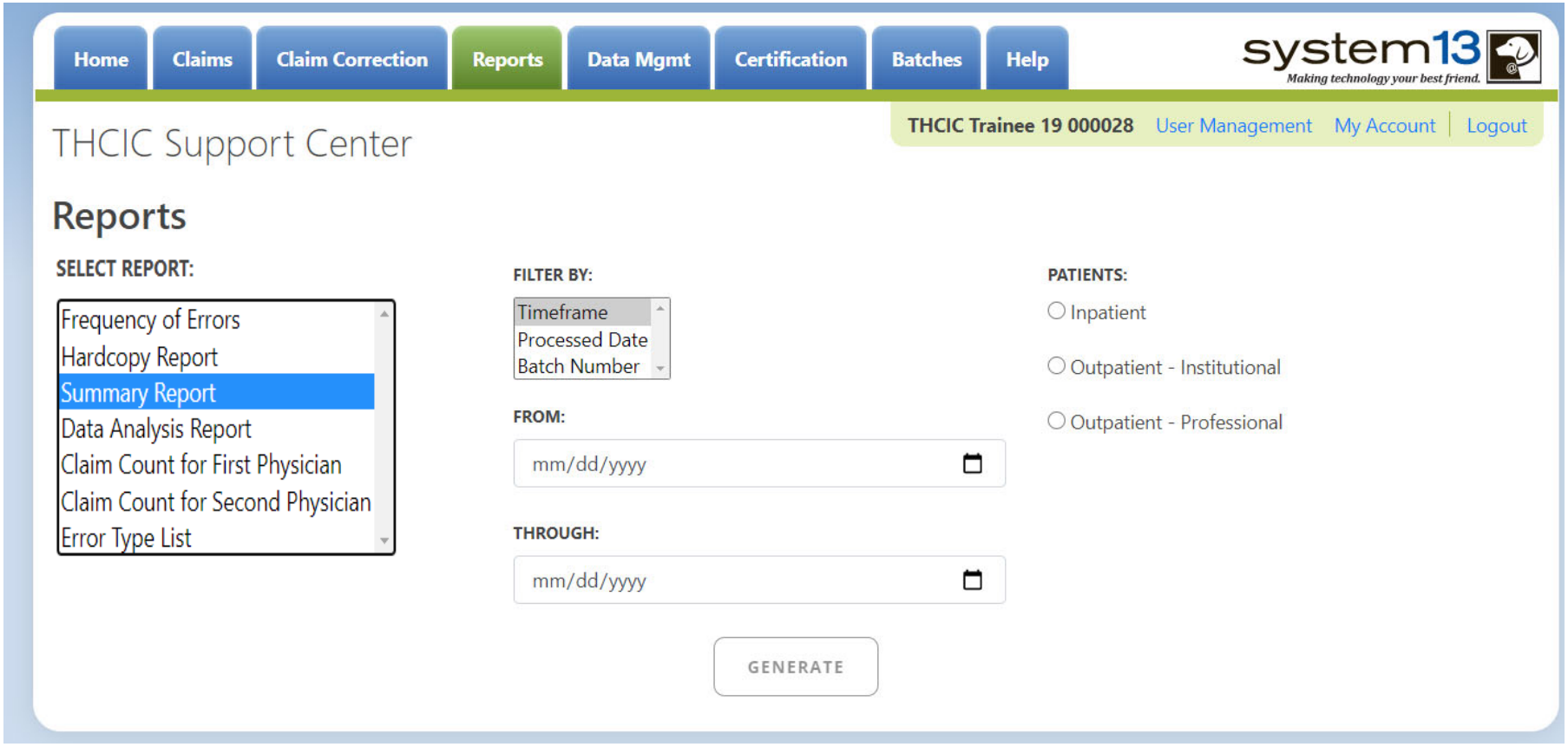
Hardcopy Report Summary

Hardcopy Claims Error Summary Report (Inpatient)
Report Date: 02-Jun-2011
THCIC ID: 000005 THCIC Trainer

Summary

Field	Value
Total Errors	61
Total Warnings	0
Claims Processed	123

Summary Report



Summary Report Inpatient Page 1

THCIC Summary Report (Inpatient)07/01/2010 thru 09/30/2010
Report Date: 02-Jun-2011
THCIC ID: 000005 THCIC Trainer

Breaks down the charges by category.

Provides a count of the encounters by claim timeline.

Claim Timeline

	2010	2011	2012
Jan	0	0	0
Feb	0	0	0
Mar	0	0	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	40	0	0
Aug	43	0	0
Sep	40	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

Charges Summary

Type	Amount
Total Charges	$1,355,261.92
Average Charge	$11,018.39
Minimum Charge	$1,249.92
Maximum Charge	$84,709.00
Standard Deviation	$9,679.30

Lists total charges summary for the encounters.

Charges Breakout

Category	Count
> $250,000	0
$1,000 - $250,000	123
< $1,000	0

Newborn Admissions

Point of Origin	Count	Percent
Born Inside the Hospital - 5	0	0.00%
Born Outside the Hospital - 6	0	0.00%
Missing/Invalid	0	0.00%

Provides counts of newborn admissions.

Admission Type

Type	Count	Percent
Medical Emergency - 1	48	39.02%
Urgent - 2	39	31.71%
Elective - 3	36	29.27%
Newborn - 4	0	0.00%
Trauma - 5	0	0.00%
Information not available - 9	0	0.00%
Missing/Invalid	0	0.00%

Provides counts and percentages of patients by type of admission.

Non-newborn Point of Origin (Admission Source)

Point of Origin	Count	Percent
Non-Health Care Facility - 1	0	0.00%
Non-Health Care Facility Pt of Origin - 1	74	60.16%
Clinic Referral - 2	0	0.00%
Clinic or Physician's Office Referral - 2	0	0.00%
Xfer from Hospital - 4	0	0.00%
Xfer from a Skilled Nursing Facility - 5	0	0.00%
Xfer from a SNF or ICF - 5	0	0.00%
Xfer from Another Health Care Facility - 6	0	0.00%
Emergency Room - 7	0	0.00%
Court or Law Enforcement - 8	0	0.00%
Information not Available - 9	0	0.00%
Xfer from Another Home Health Agency - B	0	0.00%
Readmission to Same Home Health Agency - C	0	0.00%
Xfer from one Unit to Another - New Clm - D	0	0.00%
Xfer from Ambulatory Surg Cntr - E	0	0.00%
Xfer from Hospice - Under Hospice Plan - F	0	0.00%
Total Newborn Admissions	0	0.00%
Missing/Invalid	49	39.84%

Provides counts and percentages by admission source.

Summary Report Inpatient Page 1

THCIC Summary Report (Inpatient)
Report Date: 23-Jun-2014
THCIC ID: 000005 THCIC Trainer

Claim Timeline

	2013	2014	2015
Jan	0	0	0
Feb	0	0	0
Mar	0	0	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

Provides a count of the encounters by claim timeline.

Charges Summary

Type	Amount
Total Charges	$2,748,175.69
Average Charge	$15,614.63
Minimum Charge	$3,361.49
Maximum Charge	$46,267.31
Standard Deviation	$9,053.89

Lists total charges summary for the encounters.

Charges Breakout

Category	Count
> $250,000	0
$1,000 - $250,000	176
< $1,000	0

Breaks down the charges by category.

Non-newborn Point of Origin (Admission Source)

Point of Origin	Count	Percent
Non-Health Care Facility - 1	0	0.00%
Non-Health Care Facility Pt of Origin - 1	176	100.00%
Clinic Referral - 2	0	0.00%
Clinic or Physician's Office Referral - 2	0	0.00%
Xfer from Hospital - 4	0	0.00%
Xfer from a Skilled Nursing Facility - 5	0	0.00%
Xfer from a SNF or ICF - 5	0	0.00%
Xfer from Another Health Care Facility - 6	0	0.00%
Emergency Room - 7	0	0.00%
Court or Law Enforcement - 8	0	0.00%
Information not Available - 9	0	0.00%
Xfer from Another Home Health Agency - B	0	0.00%
Readmission to Same Home Health Agency - C	0	0.00%
Xfer from one Unit to Another - New Clm - D	0	0.00%
Xfer from Ambulatory Surg Cntr - E	0	0.00%
Xfer from Hospice - Under Hospice Plan - F	0	0.00%
Total Newborn Admissions	0	0.00%
Missing/Invalid	0	0.00%

Provides counts and percentages by admission source.

Newborn Admissions

Point of Origin	Count	Percent
Born Inside the Hospital - 5	0	0.00%
Born Outside the Hospital - 6	0	0.00%
Missing/Invalid	0	0.00%

Provides counts of newborn admissions.

Provides counts and percentages of patients by type of admission.

Admission Type

Type	Count	Percent
Medical Emergency - 1	172	97.73%
Urgent - 2	4	2.27%
Elective - 3	0	0.00%
Newborn - 4	0	0.00%
Trauma - 5	0	0.00%
Information not available - 9	0	0.00%
Missing/Invalid	0	0.00%

Summary Report Inpatient Page 2

THCIC Summary Report (Inpatient)
Report Date: 23-Jun-2014
THCIC ID: 000005 THCIC Trainer

Patient Discharge Status

Status	Patients	Percent
Dischg to home or self care - 01	109	61.93%
Dischg/xfer to short term gen. hosp - 02	6	3.41%
Dischg/xfer to SNF - 03	20	11.36%
Dischg/xfer to cancer or child hosp - 05	0	0.00%
Dischg/xfer to home health - 06	23	13.07%
Left AMA, discontinued care - 07	3	1.70%
Admitted as an inpatient - 09	0	0.00%
Expired - 20	1	0.57%
Still patient - 30	0	0.00%
Expired at home - 40	0	0.00%
Expired in medical facility - 41	0	0.00%
Expired, place unknown - 42	0	0.00%
Dischg/xfer to Fed health care facility - 43	0	0.00%
Hospice/home - 50	5	2.84%
Hospice/medical facility - 51	0	0.00%
Dischg/xfer hosp Mcare appr swing bed - 61	0	0.00%
Dischg/xfer to inpatient rehab facility - 62	1	0.57%
Dischg/xfer to long term care hosp - 63	5	2.84%
Dischg/xfer to Mcaid SNF, not Mcare - 64	0	0.00%
Dischg/xfer to psyc - hosp psyc unit - 65	2	1.14%
Dischg/xfer to critical access hosp - 66	0	0.00%
Dischg/xfer to other undefined fac - 70	0	0.00%
Dischg/xfer to Court/Law Enforc - 21	0	0.00%
Disch/xfer to Fac Prov Custod/Supp - 04	1	0.57%
Dischg/xfer to desig disaster alt site - 69	0	0.00%
Dischg to home/self care planned readmis - 81	0	0.00%
Dischg/xfer to short term gen. hosp planned readmis - 82	0	0.00%
Dischg/xfer to SNF planned readmis - 83	0	0.00%

Provides counts and percentages of discharges by type of discharge.

Summary Report Inpatient Page 3

THCIC Summary Report (Inpatient)
Report Date: 23-Jun-2014
THCIC ID: 000005 THCIC Trainer

Status	Patients	Percent
Disch/xfer to Fac Prov Custod/Supp planned readmis - 84	0	0.00%
Dischg/xfer to cancer or child hosp planned readmis - 85	0	0.00%
Dischg/xfer to home health planned readmis - 86	0	0.00%
Dischg/xfer to Court/Law Enforc planned readmis - 87	0	0.00%
Dischg/xfer to Fed health care facility planned readmis - 88	0	0.00%
Dischg/xfer hosp Mcare appr swing bed planned readmis - 89	0	0.00%
Dischg/xfer to inpatient rehab facility planned readmis - 90	0	0.00%
Dischg/xfer to long term care hosp planned readmis - 91	0	0.00%
Dischg/xfer to Mcaid SNF, not Mcare planned readmis - 92	0	0.00%
Dischg/xfer to psyc - hosp psyc unit planned readmis - 93	0	0.00%
Dischg/xfer to critical access hosp planned readmis - 94	0	0.00%
Dischg/xfer to other undefined fac planned readmis - 95	0	0.00%
Missing/Invalid	0	0.00%

Provides counts and percentages of discharges by type of discharge.

Provides counts and percentages by payment source, both primary and secondary.

Claim Filing Indicator Code

Code	Primary	Percent	Second	Percent
Central Certification - 10	0	0.00%	0	0.00%
Other NonFederal Programs - 11	24	13.64%	87	49.43%
Preferred Provider Organization (PPO) - 12	0	0.00%	0	0.00%
Point of Service (POS) - 13	0	0.00%	0	0.00%
Exclusive Provider Organization (EPO) - 14	0	0.00%	0	0.00%
Indemnity Insurance - 15	0	0.00%	0	0.00%
Health Maintenance Organization (HMO) Medicare Ris - 16	0	0.00%	0	0.00%
Dental Maintenance Organization - 17	0	0.00%	0	0.00%
Selfpay - 9	0	0.00%	0	0.00%
Automobile Medical - AM	0	0.00%	0	0.00%
Blue Cross/Blue Shield - BL	10	5.68%	1	0.57%
CHAMPUS - CH	0	0.00%	0	0.00%
Commercial Insurance Co. - CI	15	8.52%	10	5.68%
Disability - DS	0	0.00%	0	0.00%
Federal Employees Program - FI	0	0.00%	0	0.00%
Health Maintenance Organization - HM	0	0.00%	0	0.00%
Liability - LI	0	0.00%	0	0.00%
Liability Medical - LM	0	0.00%	0	0.00%
Medicare Part A - MA	118	67.05%	6	3.41%
Medicare Part B - MB	0	0.00%	0	0.00%
Medicaid - MC	6	3.41%	22	12.50%
Other Federal Program - OF	0	0.00%	0	0.00%
Title V - TV	0	0.00%	0	0.00%
Veteran Administration Plan - VA	0	0.00%	0	0.00%
Workers Compensation Health Claim - WC	0	0.00%	0	0.00%
Mutually Defined - ZZ	0	0.00%	0	0.00%
Mutually Defined, Or SelfPay, Or Unknown, Or Charity - ZZ	0	0.00%	0	0.00%
Missing/Invalid	3	1.70%	50	28.41%

Summary Report Inpatient Page 4

THCIC Summary Report (Inpatient)
Report Date: 23-Jun-2014
THCIC ID: 000005 THCIC Trainer

Patient Location

Location	Count	Percent
In state	175	99.43%
Out of state	0	0.00%
Out of country	0	0.00%
Missing/invalid	1	0.57%

Provides counts of patients by location.

Patient Race

Race	Count	Percent
American Indian/Eskimo/Aleut - 1	1	0.57%
Asian, Native Hawaiian or Pacific Islander - 2	0	0.00%
Black or African American - 3	14	7.95%
White - 4	140	79.55%
Other Race - 5	21	11.93%
Missing/invalid	0	0.00%

Provides counts and percentages of patients by race code.

Patient Age Breakdown

Age	Count	Percent
Less than 1 year	0	0.00%
1 - 17	3	1.70%
18 - 44	18	10.23%
45 - 64	38	21.59%
65 - 74	38	21.59%
> 74	79	44.89%
Missing/invalid	0	0.00%

Provides counts and percentages of patients by age.

Patient Gender

Gender	Count	Percent
Female - F	97	55.11%
Male - M	79	44.89%
Unknown - U	0	0.00%
Missing/invalid	0	0.00%

Provides counts and percentages of patients by gender.

Diagnosis & Procedure Codes Summary

Category	Diagnosis	Procedure
Avg. code count per encounter	11.30	0.25
Principal code only	3	25
No principal code	0	142

Provides counts and percentages for both diagnoses and procedure codes.

Provides counts and percentages by ranges of days for patient lengths of stay.

Length of Stay

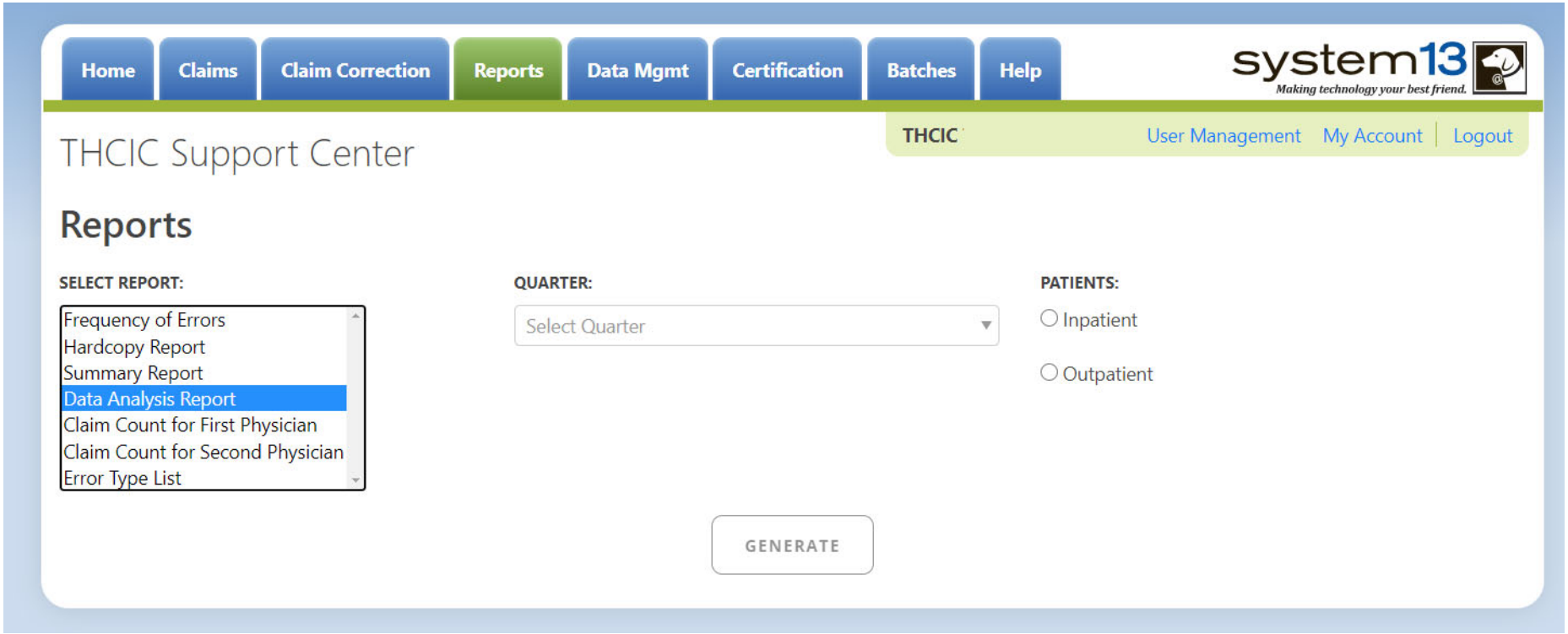
Length	Count	Percent
1 day	47	26.70%
2 - 9	124	70.45%
10 - 29	5	2.84%
30 - 59	0	0.00%
60 - 99	0	0.00%
Over 100 days	0	0.00%
Missing/invalid	0	0.00%

Patient Ethnicity

Ethnicity	Count	Percent
Hispanic origin - 1	17	9.66%
Not of Hispanic origin - 2	159	90.34%
Missing/invalid	0	0.00%

Provides counts and percentages of patients by ethnicity.

Data Analysis Report



Data Analysis Report, 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.

Data Analysis Report through the Reports Tab

4Q2012 Data Analysis Report (Inpatient)
Report Date: 18-Apr-2013
THCIC ID: 000004 MB - THCIC Acceptance Outpatient Pro

Quarter Analysis

Month	Total	xx0	xx1	xx2	xx3	xx4	xx5	xx6	xx7	xx8	???
Jul	0	0	0	0	0	0	0	0	0	0	0
Aug	0	0	0	0	0	0	0	0	0	0	0
Sep	0	0	0	0	0	0	0	0	0	0	0
Oct	1	0	1	0	0	0	0	0	0	0	0
Nov	0	0	0	0	0	0	0	0	0	0	0
Dec	2	0	2	0	0	0	0	0	0	0	0

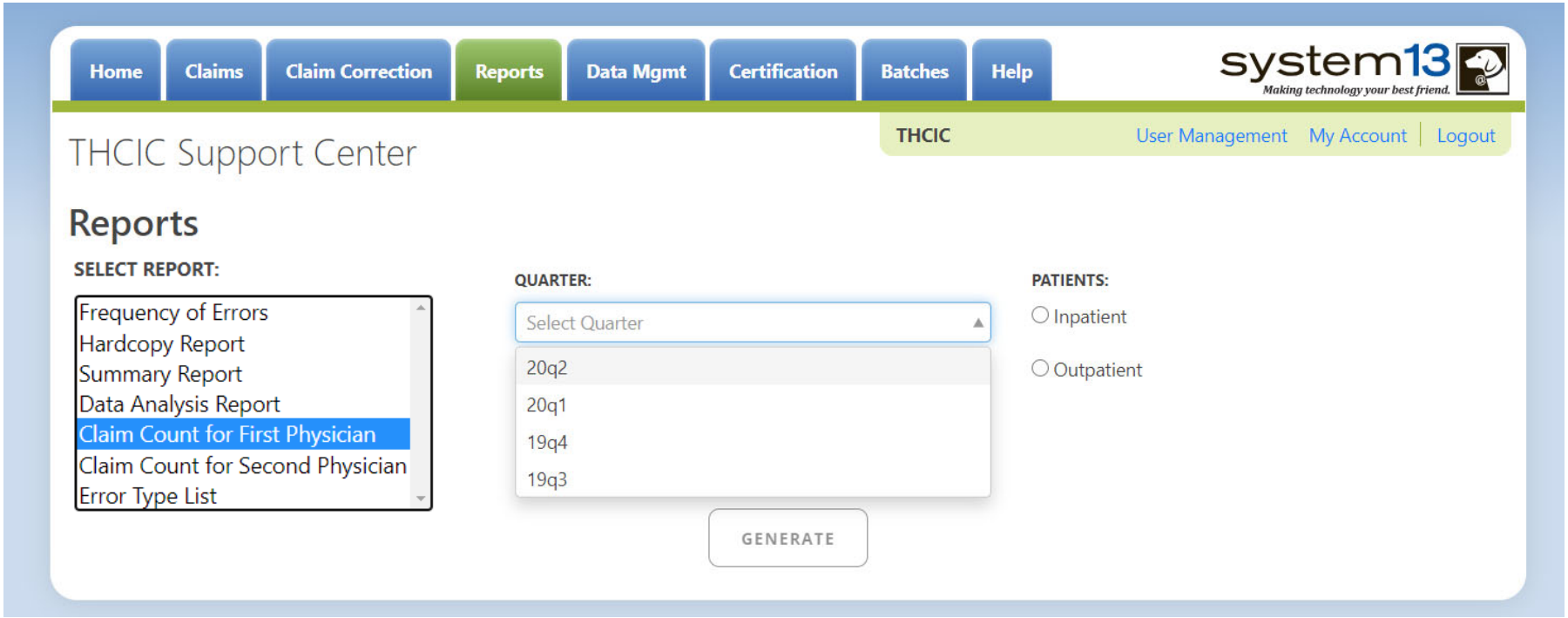
Quarter Comparison

Qtr	Total
4q12	3
3q12	0
2q12	0

Messages

*	ONE OR MORE OF YOUR MONTHS IS MISSING DATA
*	Some claims still have errors. Please use Claim Correction to correct these claims. You may also review these errors with the Frequency of Errors Report and the Hardcopy Report, both of which are available on the Reports Tab.
*	You should use the Summary Report on the Reports tab to obtain a snapshot of your data. This report shows data distribution by month, charges, admission type, newborns, discharge status, payer (claim filing indicator), patient geographic origin, gender, age, race, ethnicity, length of stay and diagnosis and procedure counts per claim.

Claim Count for First Physician



Claim Count for First Physician

THCIC Claim Count for 1st Phys Report (Inpatient) 07/03/2015 thru 09/28/2015
Report Date: 27-Aug-2015
THCIC ID: 000004 MB - THCIC Acceptance Outpatient Pro

Claim Count for First Physician

Name	License Number	Count
Fake, Doctor 1	1111111111	18
Fake, Doctor 2	1111111112	19
Fake, Doctor 3	1111111113	24
Fake, Doctor 4	1111111114	24
Fake, Doctor 5	1111111115	33
Fake, Doctor 6	1111111116	32
Total Claim Count		150

Claim Count for Second Physician

Claim Count for Second Physician

THCIC Claim Count for 2nd Phys Report (Outpatient - Institutional) 07/02/2015 thru 09/28/2015

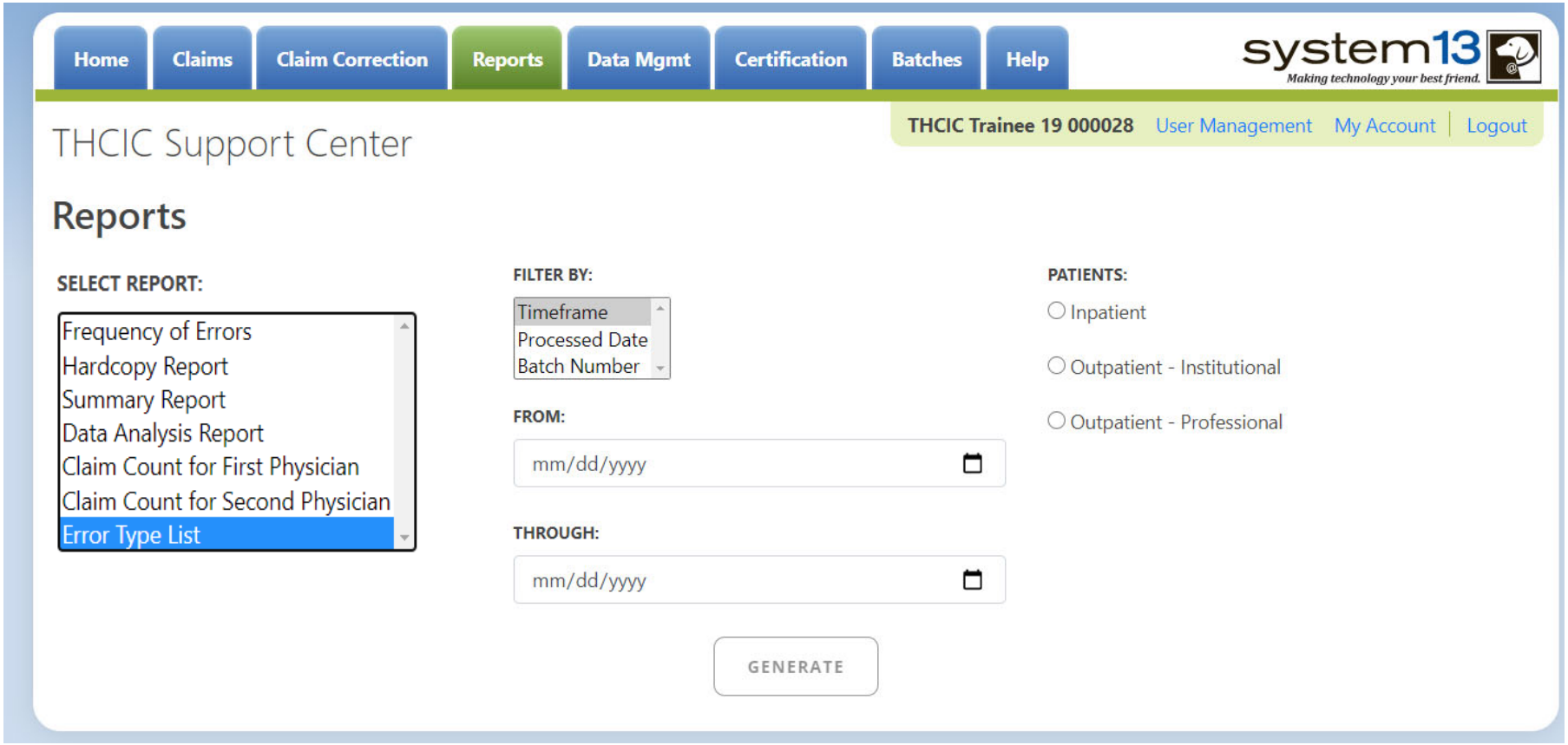
Report Date: 27-Aug-2015

THCIC ID: 000004 MB - THCIC Acceptance Outpatient Pro

Claim Count for First Physician

Name	License Number	Count
Fake, Doctor 1	1111111111	18
Fake, Doctor 2	1111111112	19
Fake, Doctor 3	1111111113	24
Fake, Doctor 4	1111111114	24
Fake, Doctor 5	1111111115	33
Fake, Doctor 6	1111111116	32
Total Claim Count		150

Error Type Code



Error Type Code

THCIC Error Type List Report (Outpatient - Institutional)

Report Date: 27-Aug-2015

THCIC ID: 000004 MB - THCIC Acceptance Outpatient Pro

Error Summary

Count	Error Code	Error Message
8	E-610	Duplicate E-Codes
2	E-637	Invalid Patient SSN

Inpatient Reports

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

E-mail: **THCIChelp@dshs.texas.gov**

Web site: https://www.dshs.texas.gov/texas-health-care-information-collection

THCIC Contact

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

Contact

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

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