
Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 15 Number 1
January 6, 2012

5010 File Format Update

- New with 2012 - All **inpatient** discharges with statement through dates beginning with January 1, 2012 will require POA values on E-codes for those hospitals required to report POA indicators. The 5010 format places the POA indicators in the HI segment, specifically the HIInn-9 (nn = 01 to 12) data fields. WebCorrect (online correction tool) previously did not have this in place.

- **All 2012 inpatient discharge data submitted after June 1, 2012 must be in the 5010 File Format.** Inpatient discharges with a statement through date of 2012 submitted in the 4010 File Format through June 1, 2012 will have multiple errors that will need to be corrected manually by WebCorrect (online system).

- The 4010 format does not provide for the reporting of POA for the additional E-codes in the segment for "PRINCIPAL, ADMITTING, E-CODES AND PATIENT REASON FOR VISIT DIAGNOSIS INFORMATION". Therefore 2012 **inpatient data** submitted in the 4010 format will incur errors, which must be corrected manually using WebCorrect. The 4010 specification does not have a placement in the K3 segment for the additional E-codes in the aforementioned segment.

- If E-codes are submitted in the 4010 format in the same HI segments with the HI - Other Diagnosis Information segment, the POA for those codes would be associated with codes in the K3 segment.

- All **outpatient event** dates occurring in 2012 may be submitted in the 4010 File Format through June 1, 2012. **All 2012 data submitted after June 1, 2012 must be in the 5010 File Format.**

- Testing of files in the 5010 format is recommended.

- Contact System13 at 888-308-4953 prior to submitting a 5010 test file.

In This Issue

Procedure Code Audit

Certification Reports

Email Confirmations

Generation of Certification

User Password

Due Dates

Training

Contact us

Procedure Code Audit

Data on outpatient surgical and radiological procedures are required to be reported to THCIC by hospitals and ASCs.

Data submission requirements are based on **revenue codes** for these procedures and, with the amendments to the outpatient data collection rules published on August 19, data submission requirements will alternatively be based on specific **procedure codes**.

The audit has been added to require that at least one procedure code be reported for each claim submitted to the system.

Generation and Download of Certification Data Reports

Below is a listing of the quarterly certification data reports that can be generated and downloaded:

Inpatient Quarterly Certification Data

- C01 – Certification Summary
- C02 – Top 30 HCFA Diagnosis Related Groups
- C03 – Top 30 APR Diagnosis Related Groups
- C04 – Top 30 Principal Diagnoses
- C05 – Top 30 Principal Procedures
- C06 – HCFA Diagnoses Related Groups
- C07 – Mortality Statistics by Practitioner
- C08 – Patients by Attending Practitioner
- C09 – Patients by Operating practitioner

Outpatient Quarterly Certification Data Reports

- C01 – Certification Summary
- C04 – Top 30 Principal Diagnoses
- C08- Patients by Operating/Rendering Physician
- C09 – Patients by Other/rendering physician

Keeping You Informed

Email Confirmations for Electronic Data Submission

THCIC and System13 have several “check and balance” notifications that are sent by email when data are submitted. If a Submitter and/or Provider Primary Contact do not receive any of the following email notifications, this should be an indicator that something may be wrong with your data submission and you should contact System13 at **888-308-4953** to inquire about the data file upload. Other reasons a Submitter or Provider Primary Contact are not receiving the automated email notification:

- Email address is no longer correct
- Primary contact Email and other information have not been updated with THCIC or System13
- Primary contact Email system distributes emails from System13 into “JUNK/SPAM” mailbox

SUBMITTER Contact Notifications

When the Submitter Contact uploads data file to System13:

Within 30 minutes (*during regular business hours*) of the data file upload the Submitter Primary Contact will receive an email “receipt” notice indicating that the data file was “accepted or rejected”. If “accepted”, the data file will be processed overnight to “verify 837 billing format”. If “rejected” the data file was not in the correct format and it will need to be fixed and up-loaded again until an “accepted” email is received.

Audits will be applied to the data file accepted for processing. The following business day after receiving an “accepted” receipt notice by email the Submitter Primary Contact will receive a second email indicating if the data file “passed or failed”. If the email indicates “failed”, the data file will need to be fixed and uploaded again until a “pass” email is received.

Submitter should notify the **Provider** Primary Contact each time a submitted data file receives a “pass”.

PROVIDER Contact Notifications

On the same day the “Submitter Contact” receives a “pass” email (usually within 1 business day of the file upload) the **Provider Primary Contact** will receive an email notice containing the Frequency of Error Report (FER) on the data file that was uploaded 24 hours earlier by the submitter.

How will the Provider Primary Contact know if the uploaded data file received a “pass” confirmation? The Provider Contact should request the Submitter Contact to provide this information after each data submission.

If the FER is not received within 24 hours of the data file “pass” confirmation, this is an indication that something may be wrong with your data submission and you should contact System13 at 888-308-4953 to inquire about the upload from the previous day.

If you do get an email notice containing the FER, you should check it to ensure that the **correct quarterly data was uploaded**. When reading the FER, please refer to the “Claims by Month” box. For example, if the uploaded data file is believed to contain 2q2011 claims, the 2q2011 total claims received would be shown in the “2011” column in the rows for “Apr, May, and June”.

If the intent was to upload 2q11 data and the FER indicates “0” for Apr, May, and/or June, this indicates no 2q11 claims for those months were contained in the data file uploaded the previous day.

It is equally important to review the “Claims by Bill Type” box in the FER. The submission of some claim frequency (bill) types requires the submission of additional claims with different claim frequency type codes. Failure to submit the additional claims may cause a claim to be rejected during the “certification process” of the quarterly data. For example, a Bill Type of xx7 (Replacement of prior claim) requires the submission of a Bill Type of xx1 (Admission through Discharge Claim).

CRITICAL: Read each and every FER to know what was received by System13

Provider Generated Certification

Providers have had the capability to generate the quarterly certification data if they wish to begin the certification process EARLIER than the regularly scheduled certification timeline.

The “**Generate Quarterly Certification**” button becomes “ready” from the day a reporting quarter ends until the corrections period ends for that reporting quarter. Providers should only choose the “**generate quarterly certification**” if **ALL** the data have been submitted and corrected (if needed) for a given reporting quarter.

**Training on this feature is available through the WebCert training. (See page 8 for more information about training.)

For those providers that do not elect to “self-generate” their certification data, System13 provides this process beginning the day after the “corrections” date ends for each reporting quarter.

CAUTION!

Some providers have “selected” the “generate quarterly certification” option prior to submitting all the data for that quarter or prior to correcting those claims. After realizing this, providers have requested the generation “undone” so that additional claims for that quarter may be included.

To “undo” the “generate quarterly certification” requires special handling and will cost the provider approximately \$396 for this service provided by System13.

Use caution when selecting “generate quarterly certification”. Verify that all claims for the quarter you wish to generate for certification have been submitted and corrected, if needed.

Set-up and Resetting Provider and/or Submitter Login Passwords

You may set the password yourself by:

1. On the log in screen (<https://thcic.system13.com>), click on "Problems Logging In" on the top right.
2. Then choose Password Recovery Page.
3. Enter the username (ex: th000000 (for provider username) or thsub000 (for submitter

username).

4. The primary contact will receive an email with a link on which to click. The email link will not work after 10 minutes from when the original request was made.
5. After clicking on the link, enter the requested password and confirmation. The primary contact is setting their own password to the value they desire.
6. Log in with the new password.

We have found that resetting a password works best when the primary contact performs the password reset function. We have also found resetting a password to work best when all internet windows are closed before attempting to reset the password, since earlier internet windows may be cached in memory and present undesired results.

Please call the help desk at 888-308-4953 if there are any problems.

The THCIC System is set up to require login passwords to be changed every 60 days. Primary Contacts may check to see when the password is set to expire by 1) logging in 2) click on “My Account” in the top right corner. The Primary Contact may also reset/change the password at that time if needed.

If a Primary Contact is unable to login because the password has already expired, follow the instructions above for resetting the password.

Upcoming Due Dates

- 2/1/2012—Final submission and correction of 3q2011 Inpatient and Outpatient Data
- 3/1/2012—4q2011 submission due date (October, November, and December 2011 claims)
- 3/1/2012—Certification of 2q2011 due date. Certify in WebCert
- 3/1/2012—3q2011 Certification data available for review in WebCert
- 5/1/2012—Final submission and correction of 4q2011 Inpatient and Outpatient Data
- 6/1/2012—1q2012 submission due date (January, February, and March 2012 claims)
- 6/1/2012—Certification of 3q2011 due date. Certify in WebCert

Training - Submission, Correction, Certification

THCIC provides Webinar trainings, at no cost, on the data reporting processes required of all Texas hospital and ambulatory surgery centers.

Webinar dates are posted at <http://www.dshs.state.tx.us/thcic/hospitals/Training.shtm>. There is no limit on how many times you can sign up for the training and refresher training is encouraged. If you would like to attend Webinar training(s) or have questions, please e-mail Tiffany Overton at thcichelp@dshs.state.tx.us and:

Provide your preferred training Date and Time in the “Subject” line; and the following in the message area:

THCIC ID Number
Facility Name
Participant(s) Name and Title
E-mail Address
Phone Number

THCIC Webinar training is provided on the 1) Submission (electronic and manual entry); 2) Correction; and 3) Certification methods.

Contact Us

Virginia/System13:

System13 web site – <https://thcic.system13.com>

Helpdesk – 888-308-4953

Austin/THCIC:

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

DSHS-Center for Health Statistics-THCIC – 512-776-7261

Public Use Data File (PUDF) information—512-776-7261

THCIC Staff

Bruce Burns, D.C.	512-776-6431
Rules and policy issues, 837 format issues	
Miren Carranza	512-776-3287
Project Manager	
Wang-Shu Lu	512-776-6453
Facility reports and data analysis	
Tiffany Overton	512-776-2352
Facility training (Electronic Submission, WebClaim, WebCorrect, and WebCert)	
Dee Roes	512-776-3374
Facility compliance	

THCIC fax – **512-776-7740**

THCIC History

The THCIC was created by the 74th Texas Legislature in 1995. THCIC's primary purpose is to provide data that will enable Texas consumers and health plan purchasers to make informed health care decisions. THCIC's charge is to collect data and report on the quality performance of hospitals, ambulatory surgery centers, and health maintenance organizations operating in Texas. The goal is to provide information that will enable consumers to have an impact on the cost and quality of health care in Texas.

A variety of Consumer Reports may be viewed at www.dshs.state.tx.us/thcic

Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 15 Number 2
April 18, 2012

Reminder
5010 Format Transition Deadline
July 1, 2012

THCIC is closely following the federal requirements under HIPPA regarding transition of electronic claims submissions to 5010 version of ANSI X12N Form 837 (Institutional and Professional Guides), the THCIC claims data submission deadline for transition to 5010 format has been extended to July 1, 2012 in order to follow the latest federal government extension of the deadline to this date.

All inpatient and outpatient event dates occurring in 2012 may be submitted in the 4010 File Format through June 30, 2012. All data submitted on or after July 1, 2012 must be in the 5010 File Format. Testing of files in the 5010 format is recommended.

In This Issue

5010 Format Transition
IQI and PDI Review
Reporting Payer Source
1q2011 PUDF Release
Due Dates
Training
Contact us

Hospital Review
IQI and PDI 2010 Quality Indicator Reports

THCIC will release Indicators of Inpatient Care in Texas Hospitals, 2010 (IQI) and Quality of Children's Care in Texas Hospitals, 2010 (PDI) during the early summer 2012. All hospitals that provided 2010 Inpatient data to THCIC will be given the opportunity to review and/or comment on the report prior to its release.

Each reporting hospital's Primary Contact were emailed the notification for the Quality Report review on Friday, March 30, each facility should review and return any comments by June 3, 2012 via the online portal.

To ensure your hospital's THCIC Primary Contact is up-to-date, please check:
<http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls>

For changing information use:
<http://www.dshs.state.tx.us/thcic/hospitals/THCIC-Contact-Update-Form.pdf>

Reporting Payer Source

When reporting data to THCIC on a **Self-Pay, Charity/Indigent**, or an **Unknown** payer source, the reporting requirements below must be followed:

Payer Source (Claim Filing Indicator Code SBR09)

ZZ - MUTUALLY DEFINED (This includes Self-Pay, Unknown or Charity)

Payer Name (NM103)

SELF PAY or CHARITY or UNKNOWN

Payer ID (NM109)

SELF or CHARITY or UNKNOWN

THCIC staff have identified several data fields in which are not properly populating certain fields:

- Primary Payer Name Loop 2010BB / NM103
- Primary Payer ID Loop 2010BB / NM109
- Secondary Payer Name Loop 2330B / NM103
- Secondary Payer ID Loop 2330B / NM109

PRIMARY PAYER information is required for reporting data on the party who is responsible for paying for the services rendered to the patient. Often times, the payer would be an insurance company or health plan and the insurance company's identifier or health plan identifier (the National Plan Identifier will be required when the federal government adopts the standard).

THCIC staff are finding many patient names and possibly patient identifiers (SSAN/Medicare/Medicaid) in the PRIMARY and SECONDARY payer name and payer identifier fields which should NEVER be populated in a PAYER NAME or PAYER ID field.

This is occurring in both the electronic batch file submissions and in WEBCLAIM.

The method for reporting Payer Source, Payer Name, and Payer ID in the electronic THCIC 837 format may be viewed at:

http://www.dshs.state.tx.us/thcic/hospitals/Tech_Req_Spec_5010_ver_6-Inpatient_THCIC837.pdf

http://www.dshs.state.tx.us/thcic/OutpatientFacilities/Tech_Req_Spec_5010_ver_5-Outpatient_THCIC837.pdf

For reporting Payer Source, Payer Name, and Payer ID in WEBCLAIM visit:

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

Inpatient and Outpatient Public Use Data File (PUDF) Release 1st Quarter 2011

THCIC released the 1st Quarter 2011 Inpatient and Outpatient PUDF on March 19, 2012. The CD will be automatically mailed out to purchasers of the 2011 PUDF that have already pre-paid. Organizations interested in purchasing the Inpatient and/or Outpatient PUDF may view the ordering information linked below.

Additional information on the Inpatient PUDF may be found at
<http://www.dshs.state.tx.us/thcic/hospitals/Inpatientpudf.shtm>

Additional information on the Outpatient PUDF may be found at:
<http://www.dshs.state.tx.us/thcic/OutpatientFacilities/Outpatientpudf.shtm>

Upcoming Due Dates

May 1, 2012

- Final submission and correction of 4q2011 Inpatient and Outpatient Data.

June 1, 2012

- 1q2012 submission due date. January, February, and March 2012 claims.
- Certification of 3q2011 due date. Certify in WebCert.
- 4q2011 Certification data available for review in WebCert.

June 3, 2012

- 2010 Quality Indicator Report review and comment period ends. Comments are due.

July 1, 2012

- All Inpatient and Outpatient submissions must be in the 5010 Format.

Training - Submission, Correction, Certification

THCIC provides Webinar trainings, at no cost, on the data reporting processes required of all Texas hospital and ambulatory surgery centers.

Webinar dates are posted at <http://www.dshs.state.tx.us/thcic/hospitals/Training.shtm>. There is no limit on how many times you can sign up for the training and refresher training is encouraged. If you would like to attend Webinar training(s) or have questions, please e-mail Tiffany Overton at thcichelp@dshs.state.tx.us and:

Provide your preferred training Date and Time in the "Subject" line; and the following in the message area:

THCIC ID Number
Facility Name

Participant(s) Name and Title
E-mail Address
Phone Number

THCIC Webinar training is provided on the 1) Submission (electronic and manual entry); 2) Correction; and 3) Certification methods.

Contact Us

Virginia:

System13 web site – <https://thcic.system13.com>
Helpdesk – 888-308-4953

Austin:

THCIC web site – www.dshs.state.tx.us/thcic
DSHS-Center for Health Statistics-THCIC – 512-776-7261

Public Use Data File (PUDF) information—512-776-7261

THCIC Staff

Bruce Burns, D.C.	512-776-6431
Rules and policy issues, 837 format issues	
Miren Carranza	512-776-3287
Project Manager	
Wang-Shu Lu	512-776-6453
Facility reports and data analysis	
Tiffany Overton	512-776-2352
Facility training (submission, correction, and certification)	
Dee Roes	512-776-3374
Facility compliance	

THCIC fax – **512-776-7740**

THCIC History

September 1, 2004 the THCIC joined the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, and part of the Texas Department of Mental Health and Mental Retardation to form the Texas Department of State Health Services. All functions of THCIC continue in the Center for Health Statistics.

THCIC was created by Chapter 108 of the Health and Safety Code by the 74th Texas Legislature in 1995.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm>

Applied Research

Quality of Care Reports

<http://www.dshs.state.tx.us/THCIC/Publications/Hospital/IQIReport/IQIReport.shtm>

<http://www.dshs.state.tx.us/thcic/publications/hospitals/PDIReport/Quality-of-Children-s-Care-in-Texas-Hospitals,-2009.doc>

Statistical Reports

<http://www.dshs.state.tx.us/thcic/publications/hospitals/Statisticalreports.shtm>

Rules

Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

Visit Us Online

View a variety of Consumer Reports at

www.dshs.state.tx.us/thcic

Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 15 Number 3
June 5, 2012

New Feature! Multiple User Logins

When the THCIC System (System) is upgraded in July 2012, a new feature will allow providers/facilities to have multiple login userIDs for access to the System, if it is desired. Currently, each facility has only one userID to access functions in the System and must “share” the login if other internal facility staff requires access.

How will multiple provider userIDs work?

The assigned Provider Primary Contact will be authorized to access a new “link” called “User Management” on the System dashboard screen (will be located by the “My Account” link), which will allow for the addition of up to six (6) individual users for that facility. Only the person listed as the Provider Primary Contact will be able to access the User Management screen.

The individual users are assigned specific accesses to the System by the Provider Primary Contact under the User Management link. There will be two types of user “roles”: Data User and Data Certifier.

Data User

- Authorized to add new claims (WebClaim)
- Authorized to correct claims (WebCorrect)
- Authorized to delete claims
- Authorized to view batch submissions
- May run all of the reports on the Reports tab, Frequency of Errors, Hardcopy Report and Summary Report
- Authorized to perform advance searches
- Authorized to generate a Pre-Certification Data Report (new in September)

Data Certifier

- Authorized all accesses as a Data User (above)
- Authorized to generate Certification Data (Encounter on Demand (EOD))

In This Issue

Multiple User Logins

Security and Login Password

IQI and PDI Review

2q2011 PUDF Release

PUDF Price Increase

What’s New

Due Dates

Training

Survey

Contact us

- Authorized to download Certification File
- Authorized to download Certification reports
- Authorized to Certify quarterly data (WebCert)
- Authorized to run Pre-Certification Data Report (new in September)

The Provider Primary Contact may “add users” (up to six (6)) by providing the person’s name, phone number, email address, and indicate the user type; Data User or Data Certifier; and may set up individual users to receive specific email notifications from the System. Once the user information has been entered and saved by the Provider Primary Contact, the System will send the new user an email notification for accessing the System.

Each new user will be assigned a unique login userID by the System and will need to set up their login password once the System has sent the user an email notification containing their login userID. The password criteria must meet the new security guidelines. (See the security article in this newsletter for password criteria)

Note: The Provider Primary Contact should not add their own information as one of the six (6) users as the System will already have this information (as previously provided to THCIC staff) and will provide special “user” authorizations to the Provider Primary Contact. Facilities will have a total of seven (7) unique logins; 6 user roles (Data Users or Data Certifiers) and 1 Provider Primary Contact.

Provider Primary Contact

The Provider Primary Contact will have access to more functions in the System than a Data User or Data Certifier user role, which include:

- Authorized functions will be the same as Data User and Data Certifier
- Access to the Data Management tab (new in September)
- Access to the User Management (new)
- Assigns user “role” (Data user or Data Certifier) access to the System (new)
- Disables user “role” access to the System (new)
- Clears Intrusion Locks
- Authorized to “delete” batch data (submission files)
- Authorized to run data claim “clean-up” actions (MRR (modify/replace/remove function) & DR (duplicate removal function)) (new-Data Management Tab in September)
- Receives all system email notifications
- Count of rejected claims from file submissions notification
- Frequency of Error Report (FER)
- Notified if “generate certification” is selected by user (new)
- Notified when quarterly certification data is ready for review
- Notified when quarterly certification has been completed
- Special notification such as scheduled outages

Alternate Contact

Additional upgrades to the System include automated system email notifications sent to the Alternate Contact, which include the same email notifications sent to the Provider Primary Contact.

The Alternate Contact may be assigned a “user role” (Data User or Data Certifier) by the Provider Primary Contact if they need to access the System. We recommend the Alternate Contact be added since this person will be considered the backup to the Provider Primary Contact.

Certifier Contact

The assigned Certifier Contact receives automated system email notifications when:

- “Generate Certification” is selected by Provider Primary Contact or by a Data Certifier (new)
- Quarterly certification data is ready for review
- Quarterly certification has been completed

The Certifier Contact “Name” is listed on the “Certification Screen” in WebCert and is the Certifier of Record. The Certifier Contact may be assigned a “user role” (Data Certifier) by the Provider Primary Contact if access to the System is required. (The assigning of a user role is not necessary if the Provider Primary Contact and the Certifier Contact is the same person.)

Assigning or Changing a Provider Contact

Each facility is responsible for assigning and notifying THCIC who the Provider Primary Contact, Alternate Contact, and Certifier Contact will be for the facility. When one of the contacts is no longer acting in this capacity, it is the facility’s responsibility to provide updated contacted information to THCIC.

Provider contact information must be updated using the form located at <http://www.dshs.state.tx.us/thcic/hospitals/THCIC-Contact-Update-Form.pdf>.

The current assignments for Provider Contacts are listed on the THCIC webpage (<http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls>). If a Provider Contact needs to be updated or changed, please use the THCIC-Contact-Update-Form document listed in the preceding paragraph.

Security, Logins, and Passwords - *Provider Login*

In early to mid-July 2012, the THCIC System (System) will change the way providers/ facilities log in to the System. All login userIDs will change for each provider and will no longer be associated with a provider’s THCIC ID Number; i.e. “th000116”.

The new provider login userID will consist of random characters.

Note: Provider THCIC ID Numbers will not change; only the login userID will change.

New provider login userIDs will be assigned by the System and will be sent to the Provider Primary Contact by email notification. For persons that are the Provider Primary Contact for multiple providers/facilities, they will receive an email for each of their facilities and will be assigned multiple login userIDs, one for each facility.

Each time a facility changes/updates a Provider Primary Contact the System will issue a new login userID and email an automated notification to the new Provider Primary Contact containing a new login.

When this system upgrade takes place, the old login userID will become obsolete. Once the Provider Primary Contact receives the new login userID, they must set up a new login password. Passwords will have specific requirements to meet security guidelines when the System upgrade goes live.

*There will be no changes to a Submitter login.

IQI and PDI 2010 Quality Report Review

All reporting hospitals that submitted 2010 inpatient data should be reviewing the Quality Reports (IQI and PDI). On March 30, 2012 THCIC sent email notification to all hospital primary contacts providing access information to the Quality Reports. The review and comment period began on April 2 and ends on June 3. THCIC will release the 2010 Quality Reports in early summer on the THCIC website at www.dshs.state.tx.us.

Hospitals may access the Quality Report review area at <https://webds.dshs.state.tx.us/HospitalReview/login.asp>

Please use the login information that was provided to the hospital's THCIC Primary Contact on March 30.

Inpatient and Outpatient Public Use Data File (PUDF) Release 2nd Quarter 2011

THCIC released the 2nd Quarter 2011 Inpatient and Outpatient PUDF on May 14, 2012. The CD will be automatically mailed out to purchasers of the 2011 PUDF that have already pre-paid.

Organizations interested in purchasing the Inpatient and/or Outpatient PUDF may view the ordering information linked below.

Additional information on the Inpatient PUDF may be found at <http://www.dshs.state.tx.us/thcic/hospitals/Inpatientpudf.shtm>

Additional information on the Outpatient PUDF may be found at:

<http://www.dshs.state.tx.us/thcic/OutpatientFacilities/Outpatientpdf.shtm>

PUDF Price Increase

Effective July 1, 2012 the Center for Health Statistics will increase the price of the Inpatient and Outpatient Public Use Data Files (PUDF). Orders for the PUDF received after July 1 must be purchased at the new price.

Inpatient PUDF

2009 – 2011, \$6000 per calendar year or \$1750 per quarter

2006 – 2008, \$625 per quarter

1999 – 2005, Free Download

Outpatient PUDF

2010 – 2011, \$6000 per calendar year or \$1750 per quarter

4q2009, Free Download

The cost to reporting hospitals and ambulatory surgery centers will be available at a 50% discount. Updated order forms will be available on-line beginning June 25.

What's New

THCIC has added a new page on our website called "What's New with THCIC". Information on this page will rotate as new reports, analyses, data releases, and updates become available.

See more at: <http://www.dshs.state.tx.us/thcic/What-s-New-With-THCIC/>

Upcoming Due Dates

June 1

3q2011 completion of certification

4q2011 certification data review begins

1q2012 submission of data due

June 3

2010 Quality Indicator Report review and comment period ends. Comments due

Aug 1

1q2012 correction period ends

Sep 4

4q2011 completion of certification

1q2012 certification data review begins

2q2012 submission of data due

Training - Submission, Correction, Certification

THCIC provides Webinar trainings, at no cost, on the data reporting processes required of all Texas hospital and ambulatory surgery centers.

Webinar dates are posted at <http://www.dshs.state.tx.us/thcic/hospitals/Training.shtm>. There is no limit on how many times you can sign up for the training and refresher training is encouraged. If you would like to attend Webinar training(s) or have questions, please e-mail Tiffany Overton at thcichelp@dshs.state.tx.us and:

Provide your preferred training Date and Time in the “Subject” line; and the following in the message area:

THCIC ID Number
Facility Name
Participant(s) Name and Title
E-mail Address
Phone Number

THCIC Webinar training is provided on the 1) Submission (electronic and manual entry); 2) Correction; and 3) Certification methods.

We Want to Hear From You

THCIC Survey: 4 short questions
Visit this survey website and provide your feedback:
<http://www.surveymonkey.com/s/XKFHWR9>

Watch the THCIC website for further information pertaining to this survey and for results:
<http://www.dshs.state.tx.us/THCIC/>

Contact Us

Virginia:
System13 web site – <https://thcic.system13.com>
Helpdesk – 888-308-4953

Austin:
THCIC web site – www.dshs.state.tx.us/thcic
DSHS-Center for Health Statistics-THCIC – 512-776-7261

Public Use Data File (PUDF) information—512-776-7261

THCIC Staff

Bruce Burns, D.C.	512-776-6431
Rules and policy issues, 837 format issues	
Miren Carranza	512-776-3287
Project Manager	
Wang-Shu Lu	512-776-6453
Facility reports and data analysis	
Tiffany Overton	512-776-2352
Facility training (submission, correction, and certification)	
Dee Roes	512-776-3374
Facility compliance	

THCIC fax – 512-776-7740

THCIC History

On September 1, 2003 the legacy agencies Texas Health Care Information Council (THCIC), the Texas Department of Health (TDH), the Texas Commission on Alcohol and Drug Abuse (TCADA), and the Mental Health branch of the Texas Department of Mental Health and Mental Retardation were merged to form the Texas Department of State Health Services (DSHS) in response to the passage of HB 2292 (78th Texas Legislature). All functions of THCIC continue in the Center for Health Statistics within DSHS.

THCIC was created by Chapter 108 of the Health and Safety Code by the 74th Texas Legislature in 1995.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm>

Applied Research

Quality of Care Reports

<http://www.dshs.state.tx.us/THCIC/Publications/Hospital/IQIREport/IQIREport.shtm>

<http://www.dshs.state.tx.us/thcic/publications/hospitals/PDIReport/Quality-of-Children-s-Care-in-Texas-Hospitals,-2009.doc>

Statistical Reports

<http://www.dshs.state.tx.us/thcic/publications/hospitals/Statisticalreports.shtm>

Rules

Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

Visit Us Online

View a variety of Consumer Reports at
www.dshs.state.tx.us/thcic

Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 15 Number 4
August 21, 2012

Security, Logins, and Passwords - Provider Login

On July 10, 2012 the THCIC System (System) changed the way providers/facilities log in to the System. All login userIDs changed for each provider and are no longer associated with a provider's THCIC ID Number; i.e. "th000116".

The new provider login userID will consist of random characters. Provider THCIC ID Numbers will not change; only the login userID will change.

New provider login userIDs were assigned by the System and were sent to the Provider Primary Contact by email notification on July 10. For persons that are the Provider Primary Contact for multiple providers/facilities, they received an email for each of their facilities and were assigned multiple login userIDs, one for each facility.

Each time a facility changes/updates a Provider Primary Contact the System will issue a new login userID and email an automated notification to the new Provider Primary Contact containing a new login.

If your facilities THCIC Provider Primary Contact did not receive their login userID, please contact the System13 helpdesk at 888-308-4953.

*There will be no changes to a Submitter login.

Multiple User Logins

When the THCIC System (System) was upgraded on July 10, 2012, a new feature allows the Provider Primary Contact to setup additional login userIDs for access to the System, if it is desired.

How does multiple provider userIDs work?

The assigned Provider Primary Contact will be authorized to access a new "link" called "User Management" on the System dashboard screen (located by the "My Account" link), which will

In This Issue

Security/Login/Passwords

Multiple User Logins

THCIC Survey

What's New

Requesting Research Data

Upcoming Deadlines

Webinar Training

Important Phone Numbers

allow for the addition of up to six (6) individual users for that facility. Only the person listed as the Provider Primary Contact will be able to access the User Management screen.

The individual users are assigned specific accesses to the System by the Provider Primary Contact under the User Management link. There will be two types of user “roles”: Data User and Data Certifier.

Data User

- Authorized to add new claims (WebClaim)
- Authorized to correct claims (WebCorrect)
- Authorized to delete claims
- Authorized to view batch submissions
- May run all of the reports on the Reports tab, Frequency of Errors, Hardcopy Report and Summary Report
- Authorized to perform advance searches
- Authorized to generate a Pre-Certification Data Report (new in September)

Data Certifier

- Authorized all accesses as a Data User (above)
- Authorized to generate Certification Data (Encounter on Demand (EOD))
- Authorized to download Certification File
- Authorized to download Certification reports
- Authorized to Certify quarterly data (WebCert)
- Authorized to run Pre-Certification Data Report (new in September)

The Provider Primary Contact may “add users” (up to six (6)) on the “User Management” screen by providing the person’s name, phone number, email address, and indicate the user type; Data User or Data Certifier; and may set up individual users to receive specific email notifications from the System. Once the user information has been entered and submitted by the Provider Primary Contact, the System will send the new user an email notification for accessing the System.

Each new user will be assigned a unique login userID by the System and will need to set up their login password once the System has sent the user an email notification containing their login userID. The password criteria must meet the new security guidelines.

Note: The Provider Primary Contact should not add their own information as one of the six (6) users as the System will already have this information (as previously provided to THCIC on the contact update form) and will provide special “user” authorizations to the Provider Primary Contact. Facilities will have a total of seven (7) unique logins; 6 user roles (Data Users or Data Certifiers) and 1 Provider Primary Contact.

We Want To Hear From You!

THCIC Survey:

4 short questions

Visit this survey website and provide your feedback:

http://www.surveymonkey.com/s/XKFHW_R9

Watch the THCIC website for further information pertaining to this survey and for results:

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

Survey ends: **September 10, 2012**

Provider Primary Contact

The Provider Primary Contact will have access to more functions in the System than a Data User or Data Certifier user role, which include:

- Authorized functions will be the same as Data User and Data Certifier
- Access to the Data Management tab (new in September)
- Access to the User Management (new)
- Assigns user “role” (Data user or Data Certifier) access to the System (new)
- Disables user “role” access to the System (new)
- Clears Intrusion Locks
- Authorized to “delete” batch data (submission files)
- Authorized to run data claim “clean-up” actions (MRR (modify/replace/remove function) & DR (duplicate removal function)) (new-Data Management Tab in September)
- Receives all system email notifications
- Count of rejected claims from file submissions notification
- Frequency of Error Report (FER)
- Notified if “generate certification” is selected by user (new)
- Notified when quarterly certification data is ready for review
- Notified when quarterly certification has been completed
- Special notification such as scheduled outages

Alternate Contact

Additional upgrades to the System include automated system email notifications sent to the Alternate Contact, which include the same email notifications sent to the Provider Primary Contact.

The Alternate Contact may be assigned a “user role” (Data User or Data Certifier) by the Provider Primary Contact if they need to access the System. We recommend the Alternate Contact be added since this person will be considered the backup to the Provider Primary Contact.

Certifier of Record Contact

The assigned Certifier Contact receives automated system email notifications when:

- “Generate Certification” is selected by Provider Primary Contact or by a Data Certifier (new)
- Quarterly certification data is ready for review
- Quarterly certification has been completed

The Certifier Contact “Name” is listed on the “Certification Screen” in WebCert and is the Certifier of Record. The Certifier Contact may be assigned a “user role” (Data Certifier) by the Provider Primary Contact if access to the System is required. (The assigning of a user role is not necessary if the Provider Primary Contact and the Certifier Contact is the same person.)

Assigning or Changing a Provider Contact

Each facility is responsible for assigning and notifying THCIC who the Provider

Primary Contact, Alternate Contact, and Certifier of Record Contact will be for the facility. When one of the contacts is no longer acting in this capacity, it is the facility's responsibility to provide updated contacted information to THCIC. Provider contact information must be updated using the form located at <http://www.dshs.state.tx.us/thcic/hospitals/THCIC-Contact-Update-Form.pdf>.

The current assignments for Provider Contacts are listed on the THCIC webpage (<http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls>). If a Provider Contact needs to be updated or changed, please use the THCIC-Contact-Update-Form document listed in the preceding paragraph.

What's New at THCIC

- Childhood Obesity report
- 2010 Indicators of Inpatient Care in Texas Hospitals
- 2010 Quality of Children's Care in Texas Hospitals

See more at: <http://www.dshs.state.tx.us/thcic/What-s-New-With-THCIC/>

Requesting Research Data

In a time where the media is reporting more and more breaches in consumer privacy, THCIC staff are striving to improve and ensure patient and physician confidentiality with data use. Certain changes to the Research Data file (RDF) Research Request Agreement have been developed and became effective in August 1, 2012. Persons conducting any research with THCIC data will need to be aware of these changes.

Currently, the inpatient or outpatient RDF Data Request form has been changed to allow for the possibility of two researchers to sign as responsible for the appropriate storage and handling of the THCIC data file. A new policy regarding the inpatient and outpatient RDF has been developed and researchers will no longer be able to link an RDF to a THCIC Public Use Data File (PUDF). The Record_ID field will be available, but new sequences will be in the RDF that will not match with the PUDF Record_ID. The researcher must then request every data element needed to conduct the entire research study on the RDF Research Request Agreement (RRA). Instructions and forms are available to review on the THCIC website at: <http://www.dshs.state.tx.us/thcic/hospitals/inpatientresearchfile.shtm>

The research study request will continue to require a multi-step process to be approved. The first step is to contact Dee Roes ((512) 776-3374 (dee.roes@dshs.state.tx.us)) to determine if the study is possible. Step two is a review by the THCIC scientific review team using DSHS IRB forms and packet as well as the THCIC Research Data Request form. THCIC staff will review the application for this study. Very detailed information on the secure handling and storage of these files is absolutely necessary. The researchers should detail their use of each variable in the data detail section. In the area requesting details of the security and privacy of the data, the

researcher(s) will need to include all persons accessing the data and note whether the data will be on a computer with internet access or on a server. The purpose of each person's access as well as the details on where the data is housed and persons obtaining security codes for the data is also necessary.

If the details are found sufficient and appropriate by the THCIC staff, the study request documents will be forwarded to the DSHS IRB for full review. The calendar of deadlines and IRB review dates is on the THCIC website. If approved by the DSHS IRB each new research requests will be forwarded to the Executive Steering Committed (ESC) for final approval/disapproval. The ESC determines if the study should be done.

After both the IRB and ESC approvals, THCIC prepares the invoice and submits this to the requestor/researcher. The prices are changing for the RDF's to a new lower price per data element (\$120/data element). Once the fees are received, THCIC staff will prepare the individual data CD for the researcher(s). The CD is available for pick-up or mailed after the payment notification from the DSHS accounting office is received and associated documentation is signed indicating a full understanding of the privacy and security issues. The researcher signs the Data Use Agreement (DUA) taking full responsibility for the proper handling, storage and destruction of the THCIC data. All RDF data must be destroyed upon the IRB designated completion of the study or expiration date (generally one year after approval), unless renewed prior to the expiration date. The letter of attestation of destruction of the data shall be sent to THCIC at the close of the study or within 5 business days of the new IRB approved expiration date, if renewed. A letter of attestation is required by THCIC to verify data destruction at the completion of the study or at the expiration date.

If the specific study is not completed by the designated expiration date, a one-time renewal of that study for a period up to one additional year may be requested or as determined by the IRB. This requires completion of an IRB Request for Renewal form and all associated IRB materials. The exact data elements to be used will need to be delineated. The renewal application, for the same study, will be reviewed by the IRB after review by THCIC staff. Upon IRB approval, the additional fee for the second year of use will be assessed at a rate of 5% of the original fee.

When the study is completed, the data requestor shall submit an attestation letter to THCIC staff indicating the data destruction is complete. The attestation letter shall be sent to THCIC at the close of the study or within 5 business days of the IRB expiration date.

Upcoming Deadlines

Sep 4

4q2011 completion of certification
1q2012 certification data review begins
2q2012 submission of data due

Nov 1

2q2012 correction period ends

Dec 3

1q2012 completion of certification

2q2012 certification data review begins

3q2012 submission of data due

A schedule of ALL due dates may be found at

<http://www.dshs.state.tx.us/THCIC/datareportingschedule.shtm>.

Training Webinars

THCIC provides Webinar trainings, at no cost, on the data reporting processes required of all Texas hospital and ambulatory surgery centers. Postings for webinar dates see:

<http://www.dshs.state.tx.us/thcic/hospitals/Training.shtm>

Signing up for training is limitless and refresher training is encouraged.

For attending Webinar training(s) or questions, please e-mail Tiffany Overton at

thcichelp@dshs.state.tx.us.

Enter your preferred training Date and Time in the “Subject” line; and the following in the message area:

- THCIC ID Number
- Facility Name
- Participant(s) Name and Title
- E-mail Address
- Phone Number

THCIC Webinar training is provided on Submission, Correction and Certification methods.

How to Reach Us

Virginia/System13

System13 web site – <https://thcic.system13.com>

Helpdesk

For specific question on your data submission, correction and certification.

Monday-Friday, 8:00a – 5:00p (Central Time)

Phone: 888-308-4953 or (434) 977-0000

Email: thcichelp@system13.com

Austin/THCIC

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

DSHS-Center for Health Statistics THCIC: (512) 776-7261

THCIC fax: (512) 776-7740

For help or general questions on Submission, Correction, and Certification contact:

Tiffany Overton: (512) 776-2352 or thcichelp@dshs.state.tx.us

Public Use Data File (PUDF) information: (512) 776-7261

THCIC Staff

Bruce Burns, D.C.	512-776-6431	Rules and policy issues, 837 format issues
Marcia Becker, Ph.D.	512-776-6438	Facility reports and data analysis
Willi Elam-Sneed	512-776-7261	PUDF orders
Wang-Shu Lu, Ph.D.	512-776-6453	Facility reports and data analysis
Dee Roes	512-776-3374	Facility compliance, research files request
Tiffany Overton	512-776-2352	Facility training (submission, correction, and certification)

About the Texas Health Care Information Collection Program

On September 1, 2003 the legacy agencies Texas Health Care Information Council (THCIC), the Texas Department of Health (TDH), the Texas Commission on Alcohol and Drug Abuse (TCADA), and the Mental Health branch of the Texas Department of Mental Health and Mental Retardation were merged to form the Texas Department of State Health Services (DSHS) in response to the passage of HB 2292 (78th Texas Legislature). All functions of THCIC continue in the Center for Health Statistics within DSHS.

THCIC was created by Chapter 108 of the Health and Safety Code by the 74th Texas Legislature in 1995.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm>

Applied Research**Quality of Care Reports**

<http://www.dshs.state.tx.us/THCIC/Publications/Hospitals/IQIReport/IQIReport.shtm>

<http://www.dshs.state.tx.us/thcic/publications/hospitals/PDIReport/Quality-of-Children-s-Care-in-Texas-Hospitals,-2009.doc>

Statistical Reports

<http://www.dshs.state.tx.us/thcic/publications/hospitals/Statisticalreports.shtm>

Rules

Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

Visit Us Online

View a variety of Consumer Reports at: www.dshs.state.tx.us/thcic

Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 15 Number 5
October 26, 2012

**Reporting Procedures Covered by Revenue Code 0320 –
Outpatient Reporting**

The THCIC Outpatient Technical Specifications Manual - Version 8 was updated on October 22, 2012 to include Revenue Code 0320, “Radiology, Diagnostic General Classification”, which was unintentionally omitted when updating the manual. [THCIC Outpatient 837 5010 Technical Specifications Manual - Version 8](#).

In This Issue

Revenue Code 0320
Upcoming Deadlines
Webinar Training
Important Phone Numbers

The Manual is produced for facilities/vendors that wish to submit the THCIC data electronically in the proper format.

The requirement to report procedures covered by Revenue Code 0320 for Outpatient Claims was adopted August 19, 2011 and implemented November 19, 2011. This requirement is listed on the THCIC web site at: [Revenue Codes](#) and [Chapter 421](#).

Providers submitting Outpatient data electronically should ensure their system is exporting all outpatient claims data that includes one or more of the required Revenue Codes, including Code 0320, or the HCPCS codes included in under the Service and Procedure Categories that would be as listed in the Texas Administrative Code, which may be found at [25 TAC §421.67\(f\)](#) or [25 TAC §421.67\(g\)](#) (respectively). The Revenue code list is provided below. The HCPCS codes are located on the THCIC website at

<http://www.dshs.state.tx.us/thcic/OutpatientFacilities/RequiredOutpatientProcedureCodes.xls>

(1)	0320 Radiology--Diagnostic General Classification.
(2)	0321 Radiology--Diagnostic Angiocardiology;
(3)	0322 Radiology--Diagnostic Arthrography;
(4)	0323 Radiology--Diagnostic Arteriography;
(5)	0329 Radiology--Diagnostic Other Radiology - Diagnostic;
(6)	0330 Radiology--Therapeutic General Classification;
(7)	0333 Radiology--Therapeutic Radiation Therapy;
(8)	0339 Radiology--Therapeutic Other Radiology - Therapeutic;
(9)	0340 Nuclear Medicine General Classification;
(10)	0341 Nuclear Medicine Diagnostic;
(11)	0342 Nuclear Medicine Therapeutic;
(12)	0343 Nuclear Medicine Diagnostic Pharmaceuticals;

(13)	0344 Nuclear Medicine Therapeutic Pharmaceuticals;
(14)	0349 Nuclear Medicine Other Nuclear Medicine;
(15)	0350 Computed Tomography (CT) Scan General Classification;
(16)	0351 Computed Tomography (CT)--Head Scan;
(17)	0352 Computed Tomography (CT)--Body Scan;
(18)	0359 Computed Tomography (CT)--Other;
(19)	0360 Operating Room Services General Classification;
(20)	0361 Operating Room Services Minor Surgery;
(21)	0369 Operating Room Services Other Operating Room Services;
(22)	0400 Other Imaging Services General Classification;
(23)	0401 Other Imaging Services Diagnostic Mammography;
(24)	0403 Other Imaging Services Screening Mammography;
(25)	0404 Other Imaging Services Positron Emission Tomography (PET);
(26)	0409 Other Imaging Services Other Imaging Services;
(27)	0481 Cardiology Cardiac Catheterization Lab;
(28)	0483 Cardiology Echocardiology;
(29)	0489 Cardiology Other Cardiology Services;
(30)	0490 Ambulatory Surgical Care General Classification;
(31)	0499 Ambulatory Surgical Care Other Ambulatory Surgical;
(32)	0500 Outpatient Services General Classification;
(33)	0509 Outpatient Services Other Outpatient;
(34)	0610 Magnetic Resonance Technology General Classification;
(35)	0611 Magnetic Resonance Technology Magnetic Resonance Imaging (MRI)--Brain/Brainstem;
(36)	0612 Magnetic Resonance Technology Magnetic Resonance Imaging (MRI)--Spinal Cord/Spine;
(37)	0614 Magnetic Resonance Technology Magnetic Resonance Imaging (MRI)--Other;
(38)	0615 Magnetic Resonance Technology Magnetic Resonance Angiography (MRA)--Head and Neck;
(39)	0616 Magnetic Resonance Technology Magnetic Resonance Angiography (MRA)--Lower Extremities;
(40)	0618 Magnetic Resonance Technology Magnetic Resonance Angiography (MRA)--Other;
(41)	0619 Magnetic Resonance Technology Other Magnetic Resonance Technology;
(42)	0760 Specialty Room--Treatment/Observation Room General Classification;
(43)	0761 Specialty Room--Treatment Room;
(44)	0762 Specialty Room--Observation Room; and
(45)	0769 Specialty Room—Other Specialty Room

Please review your facilities data and data selection procedures to see if your facility did or will submit patient records that have one or more of the require revenue codes, including the 0320 Revenue code. If your facility did not use the 0320 revenue code (and the other required revenue codes or HCPCS codes) as selection criteria to submit those patient's claims data to THCIC, then your facility will need to modify your information system to include those patient claims data as soon as possible. If your information system is including the 0320 revenue codes or is selecting by HCPCS code then you can continue on as is.

If you discover that your facility did not use the 0320 Revenue code as one of the selection criteria, but did use the others, then your facility has one of the following options:

What needs to be done if 1q2012 Outpatient claims with Revenue Code 0320 were not submitted?

The options are dependent on how your facility will submit the missing 1q2012 data.

1. Your facility is able to submit the missing 1q2012 claims only.
 - a. In the event your facility discovers it did not submit 1q2012 outpatient claims on procedures covered by Revenue Code 0320, your facility may submit the missing 1q2012 claims **prior to November 2**.
 - b. The “missing” 1q2012 claims will be rolled into the 2q2012 Outpatient Certification data set.
2. Your facility must resubmit all 1q2012 claims in order to include the missing claims.
 - a. In the event your facility discovers it did not submit 1q2012 outpatient claims on procedures covered by Revenue Code 0320, your facility may resubmit all 1q2012 claims (including Revenue Code 0320) **prior to November 2**.
 - b. Since System13 has already built the 1q2012 Outpatient Certification data sets for 1q2012 claims submitted by August 1, if a resubmission of 1q2012 claims (plus the missing claims) are submitted **prior to November 2**, those claims will be rolled into the 2q2012 Outpatient Certification data set.
 - c. If claims in the 1q2012 Certification data set are duplicated in the 2q2012 Certification data set due to the resubmission of all 1q2012 data, System13 will remove the duplicate 1q2012 claims from the 2q2012 certification data set, leaving only the “missing 1q2012 claims”, once the provider has completed the 2q2012 certification. Note: This means if the resubmitted 1q2012 “duplicate” data in the 2q2012 Certification data set contained corrections, corrections will be lost. Corrections to the original claim will be retained in the 1q2012 Certification data set and corrections to new claims not originally received will be retained in the 2q2012 Certification data set.
3. Your facility is unable to submit 1q2012 missing claims.
 - a. Certify the 1q2012 data with a comment.

What needs to be done if 2q2012 Outpatient claims covered by Revenue Code 0320 were not submitted?

The options are dependent on how your facility will submit the missing 2q2012 data.

1. Your facility is able to submit the missing 2q2012 claims only.
 - a. In the event your facility discovers it did not submit 2q2012 outpatient claims on procedures covered by Revenue Code 0320, your facility may submit the missing 2q2012 claims **after November 2**.
 - b. The “missing” 2q2012 claims will be rolled into the 3q2012 Outpatient Certification data set.
 - c. In the event your facility is able to submit the missing 2q2012 outpatient claims **prior to November 2**, those claims will be included with the 2q2012 Certification data set.
2. Your facility must resubmit all 2q2012 claims in order to include the missing claims.
 - a. In the event your facility discovers it did not submit 2q2012 outpatient claims on procedures covered by Revenue Code 0320, and has made corrections to other 2q2012 claims that have already been submitted, your facility may resubmit all 2q2012 claims (including Revenue Code 0320) **after November 2** in order to avoid “re-correcting” the resubmitted claims.

- b. System13 will build the 2q2012 Outpatient Certification data sets for 2q2012 claims submitted by November 1. If a resubmission of 2q2012 claims (plus the missing claims) are submitted **after November 2**, those claims will be rolled into the 3q2012 Outpatient Certification data set.
 - c. If claims in the 2q2012 Certification data set are duplicated in the 3q2012 Certification data set due to the resubmission of all 2q2012 data, System13 will remove the duplicate 2q2012 claims from the 3q2012 certification data set, leaving only the “missing 2q2012 claims”, once the provider has completed the 3q2012 certification. Note: This means if the resubmitted 2q2012 “duplicate” data in the 3q2012 Certification data set contained corrections, corrections will be lost. Corrections to the original claim will be retained in the 2q2012 Certification data set and corrections to new claims not originally received will be retained in the 3q2012 Certification data set.
3. Your facility is unable to submit 2q2012 missing claims.
 - a. Certify the 2q2012 data with a comment.

Upcoming Deadlines

Nov 1

2q2012 correction period ends

Dec 3

1q2012 completion of certification

2q2012 certification data review begins

3q2012 submission of data due

Feb 1

3q2012 correction period ends

Mar 1

2q2012 completion of certification

3q2012 certification data review begins

4q2012 submission of data due

A schedule of ALL due dates may be found at

<http://www.dshs.state.tx.us/THCIC/datareportingschedule.shtm>.

Training Webinars

THCIC Webinar training is provided on Submission, Correction and Certification methods.

THCIC provides Webinar trainings, at no cost, on the data reporting processes required of all Texas hospital and ambulatory surgery centers. Postings for webinar dates see:

<http://www.dshs.state.tx.us/thcic/hospitals/Training.shtm>

Signing up for training is limitless and refresher training is encouraged.

For attending Webinar training(s) or questions, please e-mail Tiffany Overton at thcichelp@dshs.state.tx.us.

Enter your preferred training Date and Time in the “Subject” line; and the following in the message area:

- THCIC ID Number
- Facility Name
- Participant(s) Name and Title
- E-mail Address
- Phone Number

For help or general questions on Submission, Correction, and Certification please contact: Tiffany Overton: (512) 776-2352 or thcichelp@dshs.state.tx.us

How to Reach Us

Virginia/System13

System13 web site – <https://thcic.system13.com>

Helpdesk

For specific questions on data submission, correction and certification.

Monday-Friday, 8:00a – 5:00p (Central Time)

Phone: 888-308-4953 or (434) 977-0000

Email: thcichelp@system13.com

Austin/THCIC

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

DSHS-Center for Health Statistics THCIC: (512) 776-7261

THCIC fax: (512) 776-7740

Public Use Data File (PUDF) information: (512) 776-7261

THCIC Staff

Bruce Burns, D.C.	512-776-6431	Rules and policy issues, 837 format issues
Marcia Becker, Ph.D.	512-776-6438	Facility reports and data analysis
Willi Elam-Sneed	512-776-7261	PUDF orders
Wang-Shu Lu, Ph.D.	512-776-6453	Facility reports and data analysis
Dee Roes	512-776-3374	Facility compliance, research files request
Tiffany Overton	512-776-2352	Facility training (submission, correction, and certification)

About the Texas Health Care Information Collection Program

On September 1, 2003 the legacy agencies Texas Health Care Information Council (THCIC), the Texas Department of Health (TDH), the Texas Commission on Alcohol and Drug Abuse (TCADA), and the Mental Health branch of the Texas Department of Mental Health and Mental Retardation were merged to form the Texas Department of State Health Services (DSHS) in response to the passage of HB 2292 (78th Texas Legislature). All functions of THCIC continue in the Center for Health Statistics within DSHS.

THCIC was created by Chapter 108 of the Health and Safety Code by the 74th Texas Legislature in 1995.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm>

Applied Research

Quality of Care Reports

<http://www.dshs.state.tx.us/THCIC/Publications/Hospitals/IQIReport/IQIReport.shtm>

<http://www.dshs.state.tx.us/thcic/publications/hospitals/PDIReport/Quality-of-Children-s-Care-in-Texas-Hospitals,-2009.doc>

Statistical Reports

<http://www.dshs.state.tx.us/thcic/publications/hospitals/Statisticalreports.shtm>

Rules

Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

Visit Us Online

View a variety of Consumer Reports at: www.dshs.state.tx.us/thcic