



**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 22 Number 1  
February 12, 2019

## Masking SAMHSA Data

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).

The federal rules require that patient names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the federal rules; which were adopted, published in the January 25, 2019 *Texas Register* on page 44 TexReg 429 and became effective January 30, 2019.

Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection. Please, see data dictionaries and user data manuals for more details.

## Provider Primary Contact Roles

The role of the THCIC Provider Primary Contact is to ensure the facility is compliant with THCIC data reporting, data corrections, and data certification.

The Primary Contact must be knowledgeable in **“all things THCIC”**.

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The Primary Contact is issued a “special” Login Username that may never be shared with anyone. This would be a security breach of our system, if shared.

If other staff at your facility need access to your facility’s data in our system for “data entry, data correction, or data certification”, it is the responsibility of the Primary Contact to add the staff member(s) in the “User Management” link provided on the Primary Contact’s login “Dashboard” screen. Only then will “other staff” receive their own Provider Login.



If “other staff” are not added in “User Management”, it is then the sole responsibility of the Primary Contact to complete “data entry, data corrections, and data certification”.

There are specialized functions in our system that are accessible only with a Provider Primary Contact Login. To find out more about the specialized functions, the Primary Contact must sign up for the free THCIC trainings.

THCIC training information may be found in the article below.

If the assigned THCIC Provider Primary Contact is unable to fulfill these responsibilities, please change the contact information with THCIC by completing and returning a THCIC Facility Information form linked at <https://www.dshs.texas.gov/thcic/hospitals/FacilityInformationRequest.pdf>

## THCIC Reporting Schedule Due Dates

THCIC data **submission**, data **correction**, and data **certification** due dates are published in rule. All due dates for Inpatient, Outpatient, and Emergency Department are the same.

Data **Submission**  
TAC, Chapter 421.3(a)

Data **Correction**  
TAC, Chapter 421.6(c)(3)

Data **Certification**

TAC, Chapter 421.7(d)

TAC, Chapter 421 is posted at

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=421&sch=A&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=421&sch=A&rl=Y)

A simple schedule is posted on the THCIC website for those that do not wish to read the TAC rules.

If a typo on the website occurs in the THCIC Reporting Schedule, the TAC rules will take precedence.

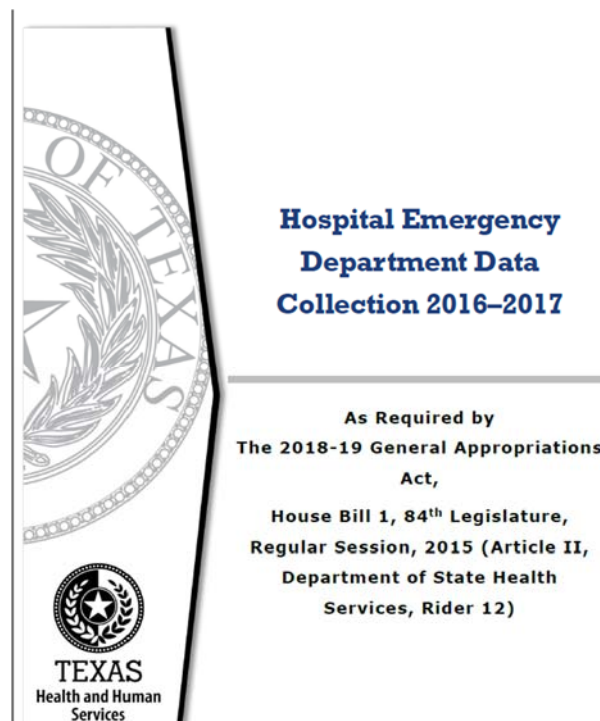
The Reporting Schedule is posted at

<https://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

## Potentially Preventable Visits (PPV)

The *"Hospital Emergency Department Data Collection 2016-2017"* report is available at: <https://www.dshs.texas.gov/legislative/Reports-2018.aspx>.

For additional information, contact DSHS Govt. Affairs at [govtaffairs@dshs.texas.gov](mailto:govtaffairs@dshs.texas.gov) or 512-776-7263.



## Did You Know?

- When communicating with THCIC or System13, always provide the facility's assigned **THCIC ID Number** (not the facility name or a login username) for identification.
- The newsletter notifications are distributed by email to the assigned THCIC Primary Contact at each facility, who should then share the newsletter with internal staff.
- Your quarterly certification "comments" are **PUBLICLY** released as written. Use caution. You may **never** provide physician or patient identifying information in a certification comment.
- All login passwords **MUST** be reset every 60 days in our system and must never be shared.

## 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 may be viewed at:  
<http://www.dshs.texas.gov/thcic/Training.shtm>

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

THCIC encourages all staff involved with the THCIC state data reporting to sign up for training.

To attend the Webinar training(s), please send inquiries to:  
[thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov).

For help or general questions on Submission, Correction, and Certification please contact:  
Tiffany Overton, (512) 776-2352 or [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## Upcoming Due Dates

Activity	Q3 2018	Q4 2018	Q1 2019
Cutoff for initial submission	12-3-18	3-1-19	6-3-19
Cutoff for corrections (Free)	2-1-19	5-1-19	8-1-19
Facilities retrieve certification files	3-1-19	6-3-19	9-3-19
Cutoff for corrections at time of certification (Associated Fees)	4-1-19	7-1-19	10-1-19
Certification/comments due	4-15-19	7-15-19	10-15-19

### February 1, 2019

3q2018 free data correction ends

### March 1, 2019

3q2018 certification data available for review and comment

4q2018 reporting of data due

### April 15, 2019

3q2018 certification of data ends

### May 1, 2019

4q2018 free data correction ends

### June 3, 2019

4q2018 certification data available for review and comment

1q2019 reporting of data due

### July 15, 2019

4q2018 certification of data ends

A schedule of **all** due dates may be found at

<http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

## How to Reach Us

### **System13, Inc. (in Virginia)**

Web site – <https://thcic.system13.com>

Helpdesk

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

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

Email: [thcichelp@system13.com](mailto:thcichelp@system13.com)

### **THCIC (in Austin)**

Web site – [www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/thcic)

Main phone: (512) 776-7261

Public Use Data File (PUDF) questions: (512) 776-7261 or  
[thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

Research Data File (RDF) questions: (512) 776-7261 or  
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Victor Filos - Research Analyst

Yanxia Guo - Research Analyst

Tiffany Overton – Training, PUDF

Dee Roes - Data Compliance, IRB Research Data

Jeremie Sawadogo - Lead Data Analyst

Chetan Vashi - Systems Analyst

## Past Newsletters

<http://www.dshs.texas.gov/thcic/Inpatient-and-Outpatient-Numbered-Letters/>

## Links to Forms and Documents

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<http://www.dshs.texas.gov/thcic/Patient-Notification-of-Data-Collection.pdf>

### **Provider Contact Update Form -**

<http://www.dshs.texas.gov/thcic/hospitals/FacilityInformationRequest.pdf>

### **No Quarterly Data to Report Form -**

[http://www.dshs.texas.gov/thcic/hospitals/NoDataToReport\(2\).pdf](http://www.dshs.texas.gov/thcic/hospitals/NoDataToReport(2).pdf)

### **Current Provider Contact List –**

<http://www.dshs.texas.gov/thcic/hospitals/FacilitiesList.xls>

### **Appendices Document –**

<http://www.dshs.texas.gov/thcic/hospitals/5010InpatientandOutpatientAppendicesVer3.pdf>

Contains:

Country Codes

Default Values

Race and Ethnicity documents

Revenue Code Groupings used for Encounter File and PUDF

Audit IDs and Audit Messages

Payer Source Coding Guide

Key Data Elements for matching INPATIENT claims

Key Data Elements for matching OUTPATIENT claims

### **Data Reporting Schedule –**

<http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

### **Inpatient Reporting Requirements -**

[http://www.dshs.texas.gov/thcic/hospitals/Tech\\_Req\\_Spec\\_5010\\_ver\\_9-Inpatient\\_THCIC837.pdf](http://www.dshs.texas.gov/thcic/hospitals/Tech_Req_Spec_5010_ver_9-Inpatient_THCIC837.pdf)

### **Outpatient and Emergency Department Reporting Requirements -**

[http://www.dshs.texas.gov/thcic/OutpatientFacilities/Tech\\_Req\\_Spec\\_5010\\_Ver\\_10-2\\_Outpatient\\_THCIC837.pdf](http://www.dshs.texas.gov/thcic/OutpatientFacilities/Tech_Req_Spec_5010_Ver_10-2_Outpatient_THCIC837.pdf)

### **HCPCS Codes**

<http://www.dshs.texas.gov/thcic/OutpatientFacilities/HCPCS-Code-worksheet-for-2017.xls>

## History of the Texas Health Care Information Collection Program

On September 1, 2003 the legacy state 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>

### 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://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=25&pt=1&ch=421](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

### Visit Us Online

[www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/thcic)





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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 22 Number 2  
April 17, 2019

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## **Ethnicity Mapping Issue**

There are only two categories for reporting Patient Ethnicity; (1) Hispanic/Latino, (2) Not Hispanic/Latino.

Texas has an ethnic population of nearly 50% Hispanic/Latino; however, many Hospitals and ASCs are reporting 100% of their patients as Non-Hispanic.

This, 100% Non-Hispanic patients, seems unlikely for facilities that provide services for more than a few patients.

Facilities **MUST** generate and check their quarterly **Summary Report** to ensure the patient demographics at your facility have been reported accurately.

Issues like this are usually due to a mapping issue in the software your facility uses to generate the data you upload to our system.

THCIC will be monitoring all Patient demographics, which will include Patient Ethnicity, Race, and how often facilities utilize the default SSN.

### **In This Issue**

Ethnicity Mapping Issue  
Summary Report  
FER  
Accept "As Is" Function  
Reports During Correction  
Reports During Certification  
Accuracy Rate Clarification  
Reporting Schedule  
Did You Know?  
Webinar Training  
Upcoming Due Dates  
How to Reach Us  
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Links to Forms and Documents  
History

## Summary Report

The Summary Report is an important tool in our system available to facilities. For example, it provides your facility with a breakdown of all **Patient Status** at the time of release from your facility. Hopefully your software isn't accidentally mapping all your patients to **Code 20, Expired**.

Have you reviewed your Summary Report?

## FER (Frequency of Error Report)

After submitting quarterly data, all providers should be generating a Frequency of Error Report (FER). This confirms to your facility how many claims were received by System13 for a specific quarter and if any potential errors exist.

A new quarterly FER should be generated anytime additions, changes, or corrections occur to the "current" reporting quarter data.

## "Accept As-Is" Function

The accept-as-is function available during data correction **does not** correct your data. It only clears the error notification and the error still counts against your total accuracy rate.

Accept-as-is should only be used in "extreme rare occasions", and may never be used for an invalid or missing SSN.

## Reports to Review During Correction

These reports should be generated by your facility after corrections are made and before each quarterly corrections period ends.

- **Summary Report** - A brief summary report showing counts of claims by month, admission type, and charge groups with breakouts for newborn statistics, discharge status, filing indicators, and patient demographics. DRG and severity statistics are included.
- **Frequency of Error Report (FER)** - Shows month counts, bill type, and error counts with descriptions for all quarterly encounters.
- **Hardcopy Report** - Shows case references, field, and error data for all encounters with errors.

## Reports to Review Before Certifying

These reports are built by System13 for your review once your quarterly data have been moved into Web Certification and should be reviewed early in the allowed certification timeline.

(C01) – Certification Summary - A four-page brief summary report showing counts of claims by month, admission type, and charge groups with breakouts for newborn statistics, discharge status, filing indicators, and patient demographics. DRG and severity statistics are included.

(C02) – Top 30 HCFA Diagnosis Related Groups (inpatient only) - Shows the top 30 DRG's ordered by descending charge.

(C03) – Top 30 APR Diagnosis Related Groups (inpatient only) - Shows the top 30 APR DRG's ordered by descending charge.

(C04) – Top 30 Principal Diagnoses - Shows the top 30 Principal Diagnosis Codes ordered by descending charge.

(C05) – Top 30 Principal Procedures (inpatient only) - Shows the top 30 Principal Procedure Codes ordered by descending charge.

(C06) – HCFA Diagnosis Related Groups (inpatient only) - Shows counts and percentages of HCFA DRG's by length of stay ranges for all encounters.

(C07) – DRG Mortality Statistics by Practitioner (inpatient only) - Shows DRG, description, count, mortality, percent, length of stay, and charges for every physician.

(C08) – Patients by Attending Practitioner - Shows patient and case details for every patient by attending physician.

(C09) – Patients by Operating Practitioner - Shows patient and case details for every patient by operating physician.

(C10) – Claim Count for 1st Physician - Shows a case count totaled by first physician.

(C11) – Claim Count for 2nd Physician - Shows a case count totaled by first physician.

(C12) – Certification Error Type List - Shows a breakdown of outstanding errors with error descriptions for all encounter records for this quarter.

DRG Error Report (inpatient only) - Shows errors during assignment of DRG values.

Duplicated Encounters Summary Report - Shows processing issues that resulted in duplicate encounters.

Encounter Errors Report - Shows processing errors that prevented encounters from being built for the listed claims.

Encounter Warning Summary Report - Shows encounters that have any warning indicators after processing.

Frequency or Error Report - Shows month counts, bill type, and error counts with descriptions for all quarterly encounters.

Hardcopy Error Report - Shows case references, field, and error data for all encounters with errors.

Practitioner Errors Report - Shows errors during processing due to inability to identify physician information.

Widow Orphan Claims Report - Shows claims that are incomplete or were deleted due to processing issues when creating quarterly encounter records.

## **Accuracy Rate Clarification**

THCIC expects all data to be “complete and accurate” in accordance with Texas Health and Safety Code, Chapter 108.

Data that have been submitted and contain errors must be corrected to 100% accuracy. THCIC does not, and never has had a “threshold” for data error acceptance.

## **Did You Know?**

- The “**Accept as is**” function in the data correction component **does not** correct an error. It only clears the notification of the error. The error still counts against the total accuracy rate unless it is properly corrected.
- A new **FER** (Frequency of Error Report) should **always** be generated after data corrections have been made to ensure no errors were overlooked.

- A **Summary Report** should always be generated and reviewed each time data are submitted and again before the certification phase begins.
- Your quarterly **certification "comments"** are **PUBLICLY** released as written. Use caution. You may **never** provide physician or patient identifying information in a certification comment.
- All login passwords **MUST** be reset every 60 days in our system and must never be shared.

## **Training Webinars**

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### **April 15, 2019**

3q2018 certification of data ends

### **May 1, 2019**

4q2018 free data correction ends

### **June 3, 2019**

4q2018 certification data available for review and comment  
1q2019 reporting of data due

### **July 15, 2019**

4q2018 certification of data ends

### **August 1, 2019**

1q2019 free data correction ends

### **September 3, 2019**

1q2019 certification data available for review and comment  
2q2019 reporting of data due

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**Texas Health Care Information Collection – THCIC**  
Health Facilities Numbered Letter, Volume 22 Number 3  
May 14, 2019

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## **1q2019 EOD Certification Issue**

Presently THCIC is unable to process early (Encounter/Event on Demand, EOD) 1q2019 certification. Until this issue is resolved, early 1q2019 certification will not be permitted to run.

We anticipate the issue to be corrected prior to August 1, 2019, which is the regularly scheduled date for our system to run all 1q2019 data for certification.

THCIC will post another numbered letter when this situation has been resolved.

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(C09) – Patients by Operating Practitioner - Shows patient and case details for every patient by operating physician.

(C10) – Claim Count for 1st Physician - Shows a case count totaled by first physician.

(C11) – Claim Count for 2nd Physician - Shows a case count totaled by first physician.

(C12) – Certification Error Type List - Shows a breakdown of outstanding errors with error descriptions for all encounter records for this quarter.

DRG Error Report (inpatient only) - Shows errors during assignment of DRG values.

Duplicated Encounters Summary Report - Shows processing issues that resulted in duplicate encounters.

Encounter Errors Report - Shows processing errors that prevented encounters from being built for the listed claims.

Encounter Warning Summary Report - Shows encounters that have any warning indicators after processing.

Frequency or Error Report - Shows month counts, bill type, and error counts with descriptions for all quarterly encounters.

Hardcopy Error Report - Shows case references, field, and error data for all encounters with errors.

Practitioner Errors Report - Shows errors during processing due to inability to identify physician information.

Widow Orphan Claims Report - Shows claims that are incomplete or were deleted due to processing issues when creating quarterly encounter records.

## **Accuracy Rate Clarification**

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## Upcoming Due Dates

Activity	Q4 2018	Q1 2019	Q2 2019
<b>Cutoff for initial submission</b>	3-1-19	6-3-19	9-3-19
<b>Cutoff for corrections (Free)</b>	5-1-19	8-1-19	11-1-19
<b>Facilities retrieve certification files</b>	6-3-19	9-3-19	12-2-19
<b>Cutoff for corrections at time of certification (Associated Fees)</b>	7-1-19	10-1-19	1-2-20
<b>Certification/comments due</b>	7-15-19	10-15-19	1-16-20

### June 3, 2019

4q2018 certification data available for review and comment  
1q2019 reporting of data due

### July 15, 2019

4q2018 certification of data ends

### August 1, 2019

1q2019 free data correction ends

### September 3, 2019

1q2019 certification data available for review and comment  
2q2019 reporting of data due

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Contains:

Country Codes

Default Values

Race and Ethnicity documents

Revenue Code Groupings used for Encounter File and PUDF

Audit IDs and Audit Messages

Payer Source Coding Guide

Key Data Elements for matching INPATIENT claims

Key Data Elements for matching OUTPATIENT claims

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 22 Number 4  
July 31, 2019

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## **1q2019 Certification**

The Encounter on Demand (EOD) function in our system has been temporarily suspended for the 1<sup>st</sup> quarter 2019 certification process.

The suspension is due to a software issue, which is necessary for building the quarterly encounter/certification datasets.

If the software issue is completed within the next couple of weeks, the 1q2019 Certification timeline will not be affected.

In the event the 1q2019 Certification timeline needs to be modified, THCIC will send out another notification newsletter.

## **Termination of Hurricane Harvey Data Reporting Suspension**

The Office of the Governor has terminated the temporary suspension of certain DSHS statutes and rules that resulted from the Hurricane Harvey disaster proclamation.

This temporary suspension was extended to hospitals and ASCs located in counties effected by Hurricane Harvey.

The termination means that DSHS will no longer extend reporting requirements under Texas Health and Safety Code Chapter 108, which requires data submission to the THCIC program.

### **In This Issue**

1q2019 Certification  
Termination of Reporting Suspension  
Accuracy Rate Clarification  
Reporting Schedule  
Did You Know?  
THCIC Training  
Upcoming Due Dates  
How to Reach Us  
Past Newsletters  
Links to Forms and Documents  
History

Accordingly, all facilities will be required to report the THCIC 2q2019 Data by the scheduled September 3, 2019 date.

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1q2019 free data correction ends

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 22 Number 5  
August 29, 2019

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## **Delay of 1q2019 Certification Timeline**

THCIC has modified the 1q2019 Certification Schedule due to a software issue, which is necessary for building the quarterly encounter/certification datasets.

### **Modified 1q2019 Certification Schedule**

#### **October 1, 2019**

Facilities to retrieve their 1q2019 Certification dataset for review

#### **November 1, 2019**

Cutoff for 1q2019 corrections at the time of certification (associated fees)  
If 1q2019 corrections are needed, please contact the System13 Helpdesk prior to this date.

#### **November 15, 2019**

Certification/comments due

This does **not** modify the schedule for the submission of 2q2019 data, which is due to be submitted no later than September 3, 2019.

\*Note: The 2q2019 data may **not** be certified until the 1q2019 data has been certified.

## **THCIC Inpatient and Outpatient/ED Technical Specifications Manual Update**

[https://www.dshs.texas.gov/thcic/hospitals/TechReqSpec5010\\_Inpatient\\_THCIC837.pdf](https://www.dshs.texas.gov/thcic/hospitals/TechReqSpec5010_Inpatient_THCIC837.pdf) Version 10

[https://www.dshs.texas.gov/thcic/OutpatientFacilities/TechReqSpec5010\\_Outpatient\\_THCIC837.pdf](https://www.dshs.texas.gov/thcic/OutpatientFacilities/TechReqSpec5010_Outpatient_THCIC837.pdf) Version 11

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 22 Number 6

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September 10, 2019

**Required File Format Change 1-1-2020**

*Please ensure this information is provided to your  
"Data Software Vendors" and your "IT  
Departments"*

*K3 State Required Data Elements*

K3 is a required segment to collect the **Ethnicity** and **Race** codes and the **Patient Social Security Number**.

THCIC requires that the patient's Social Security Number (SSN) be submitted for use in conjunction with other submitted data elements to generate the uniform patient identification (Situational to report patient SSN, "Not Used" if Subscriber is the patient, since the SSN would be submitted in loop 2010BA).

This should be implemented under current contract effective 01/01/2020.

Note: The current location information for the Ethnicity and Race codes (NTE02 and DMG05 respectively) in the manuals will be removed or marked as NOT USED (DMG05). The Manuals will be revised shortly and reposted.

\*\*\*The changes for the K3 segment will be effective January 1, 2020 for **ALL** claims submitted to System13. To re-emphasize any older claims and new claims will need to be in the new format beginning **January 1, 2020**.

The intent of the K3 segment is to accommodate the state legislative requirements that are not accommodated by the current United States

**In This Issue**

- File Format Change
- 1q2019 Certification Ready
- Accuracy Rate Clarification
- Did You Know?
- THCIC Training
- Upcoming Due Dates
- How to Reach Us
- Past Newsletters
- Links to Forms and Documents
- History

Congress approved ANSI X12N 837 implementation guides under Health Insurance Portability and Accountability Act of 1996 and its subsequent revisions.

The required file format change is in response to House Bill (HB) 2641 (84th Texas Legislature) that requires all new contracted information systems meet national standards.

Modification to include the K3 segment.

File Information (for Patient Ethnicity and Race Code, Social Security Number).  
Loop 2300 – Claim Information.

**Example: K3\*25999999999**

Example of a "Non-Hispanic/Latino" and "Other or multiple race", with no known SSN.

**Example: K3\*14999999999**

Example of "Hispanic/Latino" of "White" race, with no known SSN.

**ETHNICITY CODE POSITION (1)**

CODE DEFINITION

- 1 HISPANIC OR LATINO
- 2 NOT HISPANIC OR LATINO

**RACE CODE POSITION (2)**

CODE DEFINITION

- 1 AMERICAN INDIAN/ESKIMO/ALEUT
- 2 ASIAN OR NATIVE HAWAIIAN OR PACIFIC ISLANDER
- 3 BLACK OR AFRICAN AMERICAN
- 4 WHITE
- 5 OTHER Race

**SOCIAL SECURITY NUMBER POSITIONS (3 - 11)**

CODE DEFINITION

NNNNNNNNN SOCIAL SECURITY NUMBER

999999999

1. New born that have no social security number
2. Foreigners who do not have a social security number
3. Patients who cannot or refuse to provide a Social Security Number.

**Data Validation Errors**

**RJ063** - The required K3 data segment is missing

Effective January 1, 2020, the K3 data segment is required on every claim and used to report patient race and ethnicity. It is conditionally used to report social security number for claims where the patient is not the subscriber. Your submission file generation software needs to be modified to reflect this change in requirements.

**RJ064** - The K301 data element is an invalid length

Effective January 1, 2020, the K3 data segment should conditionally contain race, ethnicity, and social security number. If the patient is the subscriber, the K301 data element must be 2 characters long to contain race and ethnicity. In that scenario, social security number is required on the Loop 2010BA REF02 data segment. Otherwise, if the patient is not the subscriber, the K301 data element must be 11 characters long to contain race, ethnicity, and social security number. Your submission file generation software needs to be modified to reflect this change in requirements.

Questions regarding the K3 segment should be sent to the attention of **Chetan Vashi** at [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## **1q2019 Certification**

The 1<sup>st</sup> Quarter 2019 Certification datasets have been processed for all facilities.

The assigned Provider Primary Contacts were sent email notifications on September 3<sup>rd</sup> indicating the 1q2019 Certification files were ready for review, comment, and certification.

For those that need to correct 1q2019 Certification data, this must be initiated by the facility through the System13 Helpdesk **now** and must be completed by November 1. There is a fee for the late correction of 1q2019 data, which is referred to as a "regen" of certification data.

The final date to certify the 1q2019 data is November 15, 2019.

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## **Did You Know?**

- **Emailing** of Personal Identifying Information (PII) or Sensitive Personal Information (SPI), even if the email is encrypted, **may not** be adequately protected by all systems the data may pass through.

Always contact the recipient first to inquire if emailing this type of information is acceptable.

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Contains:

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### **Outpatient and Emergency Department Reporting Requirements -**

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## **History of the Texas Health Care Information Collection Program**

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

### **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://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=25&pt=1&ch=421](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

### **Visit Us Online**

[www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/thcic)



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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 22 Number 7

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December 20, 2019

Follow up Message from September 10, 2019

*Health Facilities Numbered Letter, Volume 22 Number 6 September 10, 2019*

Required File Format Change 1-1-2020

*Please ensure this information is provided to your  
"Data Software Vendors" and your "IT  
Departments"*

*K3 State Required Data Elements*

K3 is a **required** segment to collect the **Ethnicity** and **Race** codes and the **Patient Social Security Number** effective January 1, 2020. **All claims submitted and received** by System13 **on or after January 1, 2020** that are **missing the patient ethnicity and patient race codes** will be **rejected** and will not enter the system.

The Patient's Social Security Number is situational and may not need to appear in this K3 segment location. For example: in many cases the "Subscriber" to a third-party payer (Health plan) is the patient and the Subscriber's Social Security Number is required to be submitted in another location (Loop 2010BA REF02) preceded by a qualifying code "SY" (Loop 2010BA REFO1). In this example the patient's Social Security Number would not need to appear in the K3 segment.

THCIC requires that the patient's Social Security Number (SSN) be submitted for use in conjunction with other submitted data elements to generate the uniform patient identification number.

In This Issue

- File Format Change
- Freestanding Emergency Medical Care Facilities
- Alert! Patient Language
- Accuracy Rate Clarification
- Did You Know?
- THCIC Training
- Upcoming Due Dates
- How to Reach Us
- Past Newsletters
- Links to Forms and Documents
- History

Note: The current location information for the Ethnicity and Race codes (NTE02 and DMG05 respectively) in the Technical Specifications Manuals have been removed (NTE02) or marked as NOT USED (DMG05).

**\*\*\***The changes for the K3 segment will be effective January 1, 2020 for **ALL** claims submitted to System13. To re-emphasize any older claims and new claims will need to be in the new format if submitted **on or after January 1, 2020**.

The intent of the K3 segment is to accommodate the state legislative requirements.

Modification to include the K3 segment.  
File Information (for Patient Ethnicity and Race Code, Social Security Number).  
Loop 2300 – Claim Information.

**Example: K3\*25999999999**

Example of a "Non- Hispanic/Latino" and "Other or multiple race", with no known SSN.

**Example:K3\*14999999999**

Example of "Hispanic/Latino" of "White" race, with no known SSN.

**ETHNICITY CODE POSITION (1)**

CODE DEFINITION

- 1 HISPANIC OR LATINO
- 2 NOT HISPANIC OR LATINO

**RACE CODE POSITION (2)**

CODE DEFINITION

- 1 AMERICAN INDIAN/ESKIMO/ALEUT
- 2 ASIAN OR NATIVE HAWAIIAN OR PACIFIC ISLANDER
- 3 BLACK OR AFRICAN AMERICAN
- 4 WHITE
- 5 OTHER Race

**SOCIAL SECURITY NUMBER POSITIONS (3 - 11)**

CODE DEFINITION

NNNNNNNNN SOCIAL SECURITY NUMBER

999999999

- 1. New born that have no social security number
- 2. Foreigners who do not have a social security number
- 3. Patients who cannot or refuse to provide a Social Security Number.

**Data Validation Errors**

**RJ063** - The required K3 data segment is missing

Effective January 1, 2020, **the K3 data segment is required on every claim** and used to report patient race and ethnicity. It is conditionally used to report social security number for claims where the patient is not the

subscriber. Your submission file generation software needs to be modified to reflect this change in requirements.

**RJ064** - The K301 data element is an invalid length

Effective January 1, 2020, the K3 data segment should conditionally contain race, ethnicity, and social security number. If the patient is the subscriber, the K301 data element must be 2 characters long to contain race and ethnicity. In that scenario, social security number is required on the Loop 2010BA REF02 data segment. Otherwise, if the patient is not the subscriber, the K301 data element must be 11 characters long to contain race, ethnicity, and social security number. Your submission file generation software needs to be modified to reflect this change in requirements.

Questions regarding the K3 segment should be sent to the attention of **THCIC** at [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## Freestanding Emergency Medical Care Facilities

THCIC will begin assigning unique THCIC IDs to all Freestanding Emergency Medical Care (FEMC) facilities beginning in **late May 2020**.

An informational FAQ sheet for FEMCs is available at <https://www.dshs.state.tx.us/thcic/Freestanding-Emergency-Medical-Care-Facilities-FAQ.pdf> and will be updated frequently.

Any questions regarding FEMCs may be emailed to [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

### Alert!

#### Patient Language Not Collected by THCIC

Recently, facilities have been contacting THCIC about the collection of Patient Preferred Language and Patient Cell Phone Number.

The facilities had received documentation, which appears similar to the THCIC Technical Specifications Manual, requiring the collection of "Language" and "Cell Phone Number" in the NTE02 segment.

This documentation is **NOT** from THCIC. THCIC does **NOT** collect Patient Preferred Language or Patient Cell Phone Numbers.

## Accuracy Rate Clarification

THCIC expects all data to be “complete and accurate” in accordance with Texas Health and Safety Code, Chapter 108.

Data that have been submitted and contain errors must be corrected to **100% accuracy**. THCIC does not, and never has had a “threshold” for data error acceptance.

## Did You Know?

- **Emailing** of Personal Identifying Information (PII) or Sensitive Personal Information (SPI), even if the email is encrypted, **may not** be adequately protected by all systems the data may pass through.

Always contact the recipient first to inquire if emailing this type of information is acceptable.

- The **“Accept as is”** function in the data correction component **does not** correct an error. It only clears the notification of the error. The error still counts against the total accuracy rate unless it is properly corrected.
- A new **FER** (Frequency of Error Report) should **always** be generated after data corrections have been made to ensure no errors were overlooked.
- A **Summary Report** should **always** be generated and reviewed each time data are submitted and again before the certification phase begins.
- Your quarterly **certification “comments”** are **PUBLICLY** released as written. Use caution. You may **never** provide physician or patient identifying information in a certification comment.
- All login passwords **MUST** be reset every 60 days in our system and must **never** be shared.

## THCIC Training

THCIC provides Webinar trainings, **at no cost**, on the data reporting processes that are required of all Texas hospital and ambulatory surgery centers. Postings for Webinar dates may be viewed at:

<http://www.dshs.texas.gov/thcic/Training.shtm>

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

THCIC highly recommends and encourages all facility staff involved with the THCIC state data reporting to sign up for training.

To attend the Webinar training(s), please send inquiries to:

[thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov).

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

Tiffany Overton, (512) 776-2352 or [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## Upcoming Due Dates

Activity	Q2 2019	Q3 2019
<b>Cutoff for initial submission</b>	<del>9-3-19</del>	<del>12-2-19</del>
<b>Cutoff for corrections (Free)</b>	<del>11-1-19</del>	2-3-20
<b>Facilities retrieve certification files</b>	<del>12-2-19</del>	3-2-20
<b>Cutoff for corrections at time of certification (Associated Fees)</b>	1-2-20	4-1-20
<b>Certification/comments due</b>	1-16-20	4-15-20

A schedule of **all** due dates may be found at

<http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

## How to Reach Us

### **System13, Inc. (in Virginia)**

Web site – <https://thcic.system13.com>

Helpdesk

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

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

Email: [thcichelp@system13.com](mailto:thcichelp@system13.com)

### **THCIC (in Austin)**

Web site – [www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/thcic)

Main phone: (512) 776-7261  
Email: [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

### **THCIC Staff**

Bruce Burns - Manager

Victor Filos - Research Analyst

Yanxia Guo - Research Analyst

Tiffany Overton – Training, PUDF Orders

Dee Roes - Data Compliance, IRB Research Data

Jeremie Sawadogo - Lead Data Analyst

Past Newsletters

<http://www.dshs.texas.gov/thcic/Inpatient-and-Outpatient-Numbered-Letters/>

Links to Forms and Documents

#### **Patient Notification of Data Collection Form –**

<http://www.dshs.texas.gov/thcic/Patient-Notification-of-Data-Collection.pdf>

#### **Provider Contact Update Form -**

<https://www.dshs.texas.gov/thcic/hospitals/FacilityInformationRequest.pdf>

#### **No Quarterly Data to Report Form -**

[http://www.dshs.texas.gov/thcic/hospitals/NoDataToReport\(2\).pdf](http://www.dshs.texas.gov/thcic/hospitals/NoDataToReport(2).pdf)

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