

TEXAS Health and Human Services

Texas Department of State Health Services

Inpatient Submitter

Revised April 2024

Document #: 25-15009



Background Information



- K Chapter 108 of the Texas Health and Safety Code established and authorizesTHCIC to collect and report on Inpatient/inpatient discharge data.
 - <u>http://www.statutes.legis.state.tx.us/Docs/HS/word/HS.</u>
 <u>108.doc</u>
 - http://www.statutes.legis.state_tx.us/Docs/HS/pdf/HS.l
 08.pdf









Title 25. Health Services



SubchapterA – Collection and Release of Hospital Discharge Data



Subchapter D – Collection and Release of Inpatient Surgical and Radiological Procedures at Hospitals and Ambulatory Surgical Centers



http://texreg.sos.state.tx.us/public/readtac\$ext.V iewTAC?tac_view=4&ti=25&pt=1&ch=421







Inpatient Upload / Submitter



Submitting Data Submitter/ Upload 5010
 Getting a Submitter ID (SUB***)
 Data Reporting Schedule
 Logging into the System as a submitter
 Submitting your data
 Encounter on Demand (EOD)





Getting a Submitter ID

- K Before a user can submit Outpatient/ inpatient data via 5010 file format the user must be registered with System13.
- Facilities must test their data submission with System I3 before data can be submitted.

The user must register with System 13 at <u>https://thcic.system13.com/enrollments</u>

THCIC System

System13, Inc. / THCIC Web - Windows Inter	net Explorer	Log into the System I3 system at https://thcic.system I3.com	
	Sys	stem 13	
	THCIC S	upport Center	
	USERNAME:	Problems Logging In?	
	PASSWORD: password		
	For sective easons your session	SIGN IN on will be terminated after 40 minutes of inactivity.	
	ENROLLMEN	NTS REPORTING SCHEDULE	

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Requesting a Submitter ID



Request Access



ORGANIZATIONS WHO SUBMIT FOR MULTIPLE PROVIDERS:

Enroll as a submitter only once. List ALL providers that you submit for at the bottom of this page. If you submit for more than 15 hospitals please contact the THCIC Help Desk at 888-308-4953.

ORGANIZATIONS WHO SUBMIT FOR THEMSELVES:

Enroll your facility as the submitter. List (as the Primary Contact) the person in your facility responsible for submitting claim data.

TO UPDATE EXISTING SUBMITTER INFORMATION:

If you already have a submitter id and would like to update the contact information, you should instead fill out the Submitter Information Change Request Form.

Submitter Information

BUSINESS NAME *

STREET ADDRESS 1 *

STREET ADDRESS 2

CITY *

STATE *

ZIPCODE *

Primary Contact

NAME *

Enroll as a submitter only once. A user can list up to 15 providers that the user will submit data for. If the user will submit for more than 15 providers, the user will have to contact System13 directly to complete that request.

Providers that will submit for themselves using a 5010-file upload, must have a submitter ID.

The user must contact System13 before starting to test data.

If the submitter contact person needs to be updated, please contact System I 3 directly.

PROVIDER NAME



Facility Reporting Requirements

Public Use Data File (PUDF) Inpatient Free Download

Revenue Codes

Inpatient Data Reporting Requirements

Outpatient Data Reporting Requirements



Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Cutoff for initial submission	3-1-24	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25
Cutoff for corrections	5-1-24	8-1-24	11-1-24	2-3-25	5-1-25	7-15-25	10-15-25
Facilities retrieve certification files	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25	12-1-25
Certification/ comments due	7-15-24	10-15-24	1-15-25	4-15-25	7-15-25	10-1-25	1-2-26



Initial Submission Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Cutoff for initial submission	3-1-24	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25
Cutoff for corrections	5-1-24	8-1-24	11-1-24	2-3-25	5-1-25	7-15-25	10-15-25
Facilities retrieve certification files	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25	12-1-25
Certification/ comments due	7-15-24	10-15-24	1-15-25	4-15-25	7-15-25	10-1-25	1-2-26



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THCIC System

System13, Inc. / THCIC Web - Windows Inter System13, com I https://thcic.system13.com File Edit View Favorites Tools Help Favorites	Log into the System I3 system at https://thcic.system I 3.com	Login 🖉 System13, Inc THCIC Web
	system13	
	THCIC Support Center	
	<u>Problems Logging In?</u> USERNAME: login	
	PASSWORD: password	
	SIGN IN For security reasons your session will be terminated after 40 minutes of inactiv	rity.
	ENROLLMENTS REPORTING SCHEDULE	
		4

Log In the System as a Submitter



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Security Notice

System13, Inc. / THCIC Web × +		- 0
	system13 Making trebalagy your best of fired THCIC Support Center	
	Problems Logaring In? Security Notice	
	 This is not a public use Web Site. This information system is operated under the direction of the Texas Health Care Information Council in accordance with the Texas Health and Safety Code, chapter 108, and Title 25 of the Texas Administrative Code, Chapter 421. Access requires the explicit consent of the Texas Department of State Health Services. All activities on this web site, including attempted access, are monitored and recorded. Anyone accessing this web site expressly consents to such monitoring and recording. This information will be provided to law enforcement agencies to pursue criminal prosecution if monitoring reveals evidence of criminal activity. This web site uses a computer security system that is designed to prevent unauthorized access. Unauthorized use of the system or data is a violation of Texas and United States Iaws. Authorized users of this system are reminded of their individual and organizational requirements to safeguard all confidential data. 	
	I am an authorized user and I understand and accept the requirements stated in this notice.	
A facility mu	ist accept the security notice and access to the database will be	

provided. If a facility declines this notice, access will not be granted to the database.

Submitter Home Page

THCIC Submitter My Account Logout Image: Comparison of the stress of the st	Home Help		system13
Image: White System 13. Image: White System 13. View files available for download.			THCIC Submitter My Account Logout
Submit files to System13. View files available for download.		UPLOAD	DOWNLOAD
		Submit files to System13.	View files available for download.

Submitter Home Page –

TRAINING MATERIALS **Claim Entry** C Inpatient

C Outpatient

Help

Home

LICENSED CONTENT

Click here for details on the licensed content used by this site.

SEARCH AND LOOKUPS

- NPI Registry lookup
- Board of Medical Examiners: (Search for State License #)
- Podiatric Medical Examiners
- Dental Examiners
- Roster of documented midwives in Texas

SUPPORT VIDEOS

Understanding and troubleshooting 837 files nstitutional -vs- Professional claim formats Common errors in SSN. Race, and Ethnicity Common errors in Diagnosis Codes, E-Codes and POA's Resolving PCN-Patient Control Number errors Explaining the THCIC Required Codes lists Common errors with Physician information WebClaim - How to enter claims WebCorrect - How to correct claims

FREQUENTLY ASKED QUESTIONS

How can I change my password? If you want to change your password, visit your user account page.

How do I update the Certifier Name? You will need to fill out a form.

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password.

Click update to change the password. Log

back into the system with the new

Other Features - My Account

Home Help	system13
	THCIC Submitter 3 SUB990 My Account Logout
current password	PASSWORDS MUST:
CHANGE PASSWORD password	 be at least 8 characters long contain at least 1 alpha, 1 numeric, and 1 special character contain uppercase and lowercase letters begin and end with a letter
PASSWORD CONFIRMATION	PASSWORDS MUST NOT:
UPDATE CANCEL	 be reused for 1 year contain username contain letter or number sequences greater than 2 repeat characters more than twice in a row
	PASSWORD NOTES:
The user will put in the current password, then a new password and confirm the new password.The password perimeters are listed above when changing your password.	 Within this application, the following is defined as the set of Special Characters: ! @ # \$ % ^ & * ? _ ~ - Here are some examples of a letter or number sequence greater than 2: 'abc', '123', '4567', 'ghijk' Here are some examples of a letter, number, or sequence that is repeated more than twice: 'aaa' (2-letter repetition), '111' (2-number)

repeated more than twice: 'aaa' (2-letter repetition), '111' (2-number repetition), 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

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Password Process

X Passwords Must:

- × Expire and be changed every sixty (60) days
- × Be at least eight (8) Characters long
- × Contain at least one (1) alpha, one (1) numeric and one (1) special character
- K Contain uppercase and lowercase letters

× Passwords Must Not:

- × Be reused for one (1) year.
- K Begin or end with non-alpha characters
- K Contain username
- × Contain letter or number sequences greater than two (2)
- K Repeat characters more than twice in a row

X Password Notes:

 \times 1. Within this application the following is defined as the set of special characters:

! @ # \$ % ^ & * ? _ ~ -

- X 2. Here are some examples of a letter or number sequences greater than two (2): 'abc','123','4567','ghijk'
- X 3. Here are some examples of a letter, number, or sequence that is repeated more than twice:
 'aaa' (2-letter repetition),'333' (2-number repetition).'abcabc' (letter sequence repetition),'123123' (number sequence repetition)

Other Features - Logout

F System13, Inc. / THCIC Web x + ← → C ■ thcic.system13.com/dashboard/submitter	- ♂ × ☆ ∾ ❷ :
Home Help	system13
Image: Control of the second state	THCIC SubmitterMy AccountLogoutImage: Control of the second se
To logout the system click 'Logo	out'.
	17

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Other Features - Logout

System 13, Inc. / THCIC Web × +

← → C í

thcic.system13.com/dashboard/submitter		x • • •
	system13	
	THCIC Support Center	
	Problems Logging In? USERNAME:	
	PASSWORD:	
	password SIGN IN	
	For security reasons your session will be terminated after 40 minutes of inactivity.	
	ENROLLMENTS REPORTING SCHEDULE	

You will be immediately logged out the system. There will be no verification to log you out of the system.

Inactivity

le Edit View Favorites Tools Help		
Pavorites 🛛 👍 🙋 THCIC Testing 🙋 NPI 🔹 Qwest Tr	aining 🌄 Suggested Sites 🔹 🙋 THCIC 🥔 THCIC Training 🔊 THCIC Trainer 🔌 Get more Add-ons 🔹 🍘 Webpage Login 🏾 System13, Inc THCIC Web	
System13, Inc. / THCIC Web	🛅 🕆 🔂 🕆 🖃 👼 🔻 Page 🗸 Safety	• Tools • 🔞 •
Your session has timed out. Please log	back into the application.	x
	system13	
	Making technology your best friend.	
	THCLC Current Constant	
	I HCIC Support Center	
	Decklose Longing 1-2	
	USERNAME:	
	PASSWORD:	
	password password	
	SIGN IN	
	For security reasons your session will be terminated after 40 minutes of inactivity.	
	ENROLLMENTS REPORTING SCHEDULE	
For	y minutes of inactivity log you out of the system. You	
	he immediately returned to the legin screen	
WIII	be inimediately returned to the login screen.	-

Submitter Home Page

Home Help	system13
	THCIC Submitter My Account Logout
UPLOAD	DOWNLOAD
Submit files to System13.	View files available for download.
What data formats does System13 accept?	

7	Submitter Home Pag Click Upload/Downl	oad UPLOAD UPLOAD
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		21

(Clic	k Download	TEXAS Health and Human Services Texas Department of Stat Health Services
₹	System13, Inc. / THCIC	Veb x +	- 0 ×
		Home Help	
			THCIC Submitter My Account Logout
		UPLOAD	DOWNLOAD
		Download will only be avail formatted file for batch sub	able through the testing of the 5010 mission. Downloads will be the
		user's error files while testing is the only time that there w	ng submission. While testing, this will be data available for download.

List of Downloads

System 13, Inc. / THCIC Web × + ٥ _ X ☆ ~ **0** : system13 Help Home **THCIC Submitter** My Account Logout **THCIC Support Center** FILE DOWNLOADS FILENAME CREATED AT Data_Submission_Status_Report_20q1_20200601.csv 2020-05-31 Data_Submission_Status_Report_19q4_20200601.csv 2020-05-31

Downloads will only be available through the testing of the 5010 formatted file for batch submission. Downloads will be the user's error files while testing submission.

2 Files

ſ	Batch Upload Claims	TEXAS Health and Human Services Health Services
	👌 🍸 System 13, Inc. / THCIC Web 🗙 🕂	- 0 X
	← → C	☆ ~ ⊖ :
-	Home Help System13 Making technology your best friend.	
	THCIC Submitter My Account Logo	ut
	THCIC Support Center	
	FILE UPLOADS	
	UPLOAD FILE	
	BROWSE	
	DESCRIPTION	
	UPLOAD FILE What data formats does System13 accept?	

Choose File ToUpload

Home Help	p system13		
THCIC Submitter My Account Logout			
THCIC Support Center			
FILE UPLOA	← → ∽ ↑ 📴 « CCS-S → ProviderFileUpdates ∨ 🖏	Search Provi	derFileUpdates
UPLOAD FILE			
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DESCRIPTION	🖆 Documents		
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	E Pictures		
UPLOAD FILE	🖉 Tiffany's S21		
	Videos		
	Local Disk (C:)		
	THSShare (\\ds		
Co			
1648 State Farr			
This site uses License CHS share (\\D: File name: Provider_20230405_1250.txt			
			~
		Open 🔫	Cancel
Choose the 5010 formatted file that the user war		ser wants	
to up	to upload. Highlight file and click'Open.'		

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Choose File ToUpload

Home	Help		system13	
		THCIC Submitter	My Account Logout	
THCIC Support Center				
FILE UPL	FILE UPLOADS			
UPLOAD FILE				
BROWSE Provider_20230406_1358.txt				
Description of data is optional.				
UPLOAD FILE What data formats does System13 accept?				
Upload file.				

System Upload Receipt

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Home Help	sy	Asking technology your best friend.
	THCIC Submitter	Account Logout
THCIC Supp	ort Center	
FILE UPLOADS		
UPLOAD FILE		
BROWSE		
DESCRIPTION		

System Upload Receipt about Duplicate File Uploaded in the Same Day

Home	Help	S	ystem13		
		THCIC Submitter	My Account Logout		
THCIC Support Center					
FILE UPLOADS					
UPLOAD FILE					
BROWSE Provider_20230406_1358.txt					
DESCRIPTION					

A facility cannot upload a file with the same file name, on the same day. You will get the above message.

E-Mail Receipt to Submitter

From: th98oper@comlin.com To: tiffany.overton@dshs.state.tx.us Cc: Subject: FW: SUB000 Receipt: 1-Accepted, 0-Rejected

DATA WAREHOUSE RECEIPT NOTICE:

THIS RECEIPT LOOKS BEST WHEN VIEWED USING & COURIER FONT

Submitter:	SUBOOO - THCIC Submitter		
Contact:	Tiffany Overton		
Email:	tiffany.overton@dshs.state.tx.us		
Phone:	512-458-7111		
Fax:	512-458-7740		

Submission File Name: o_th000002. Receipt Processed: 12/14/09 13:00: System13 Name: SUB000 T o 837

File Information

Claim Format T=test, P=prod P ** Claim Count 214

You must be approved for 'Production S 'Production Status Request' form.

Thank you for your data submission.

System13, Inc THCIC Data Warehouse, Support 888 308-4953 Help Desk 14-DEC-2009 13:00:02.92 www.THCIChelp.com

The submitter contact will get an E-mail receipt notice indicating the data file has been received within 30 minutes of the uploaded file.The E-mail will indicate if the file was "accepted" or "rejected".The E-mail receipt notice will also indicate if the data file will be processed as "test" or "production" data and the claims count total contained in the file.

If the file was "accepted", the submitter contact will get a second E-mail within an hour, which will indicate if thefile "passed" or "failed". If the E-mail indicates the file "passed" and the file was processed as "production" data, the <u>provider</u> contact will receive an E-mail confirmation the same day.

Uploaded data files that are "rejected" or "failed" must be fixed and uploaded again by the submitter contact.

Sent: Mon 12/14/2009 12:01 PM

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E-Mail Receipt to Provider

Extra line breaks in this message were removed.

From: System13 Flex Notifier [noreply@system13.com]

To: Overton, Tiffany

Cc:

Subject: THCIC/Web Frequency of Errors Report

Attachments: 🔀 FER.pdf (16 KB)

Claims have been added to your account. Please review the attached PDF document.

Thanks!

-- THCIC/Web Support Team

Frequency Of Errors Report Report Date: 24-May-2011 THCIC ID: 000005 THCIC Trainer

Batch Information		
Field	Value	
Claims Period	01/01/2010 thru 12/31/2012	
Service Period	02/01/2010 thru 08/30/2010	
Claims Received	363	
Claims Rejected	0	
Claims Processed	363	
Claims In Error w/o Race + Ethnicity Errors	58	
Claims In Error	58	
Fields In Error	148	
Accuracy Rate w/o Race + Ethnicity Errors	84.02%	
Accuracy Rate	84.02%	

The <u>provider</u> contact will get an E-mail confirmation indicating data submitted the same day that the files has been added to their account, if the file was "accepted" and "passed" as production data.

The E-mail will include a frequency of error report (FER) to verify number of claims received by our system, accuracy rate, error summary and various other claims information.

Encounter on Demand

After the *Cutoff for initial submission the Data Administrator (aka Provider Primary Contact) and Certifier will now receive an email a few days after the "Cutoff for Initial Submission. This email will be sent approximately sixty days after the end of each quarter. The email will have four reports attached to it:

X Summary Report – use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity

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

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

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

The email will suggest that if the Certifier determines that the data is complete and accurate after reviewing the reports, then they should consider choosing the Encounter or Event on Demand (EOD) option on their certification tab for that quarter. If you do not choose to start the EOD option, the certification process will start after the cutoff for corrections as it does now.

*Cutoff for initial submission is the date when the submission data is due in the system.

Generate Quarter Cert. Data (EOD)

Inpatient Submitter Upload

Questions/ Comments

Questions, comments or need clarification please e-mail

<u>thcichelp@dshs.texas.gov</u>

The e-mail should include the facility's THCIC ID.

THCIC Contact

Mddress:

Texas Health Care Information Collection Dept of State Health Services – Center for Health Statistics 1100W 49th St, Ste M-660 Austin, TX 78756

Phone: 512-776-7261

E-mail: THCIChelp@dshs.texas.gov

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

THCIC Contact

- Contact Tiffany Overton email at <u>Tiffany.Overton@dshs.texas.gov</u> if a facility has questions concerning the submission, correction,or certification of data.
- Contact Dee Roes email at <u>Dee.Roes@dshs.texas.gov</u> if submitter test/production files reject due to a submission address or EIN/NPI number.
- For general questions or to request information about THCIC please e-mail to <u>thcichelp@dshs.texas.gov.</u>

Texas Department of State Health Services

Address:

System 13, Inc 1648 State Farm Blvd. Charlottesville, VA 22911

Phone: I-888-308-4953 Fax:434-979-1047 E-mail: THCIChelp@system13.com Web site: <u>https://thcic.systemI3.com</u>