



Texas Health Care Information Collection • 512-776-7261

P.O. Box 149347, Mail Code 1898, Austin, Texas 78714-9347 • [www.dshs.state.tx.us/thcic](http://www.dshs.state.tx.us/thcic)

### THCIC Facility Contact Information Form

In order to facilitate the implementation and operation of the Department of State Health Services data reporting program under Chapter 108, Texas Health and Safety Code, it is necessary for each reporting health facility to provide the name and contact information for its designated THCIC liaisons. Please complete the information below and **fax** the completed form to THCIC at **512-776-7740**.

**\*Required**

\*Facility Name: \_\_\_\_\_

\*THCIC/Provider ID: \_\_\_\_\_

\*Street Address (see below): \_\_\_\_\_

\*City: \_\_\_\_\_

\*ZIP Code: \_\_\_\_\_

\*County: \_\_\_\_\_

\*State License #: \_\_\_\_\_

\*\*Facility NPI or EIN (Provide one number only. See below): \_\_\_\_\_

Medicare ID (if available): \_\_\_\_\_

Submitter ID (if applicable): \_\_\_\_\_

\*Submission Street Address (for electronic submission) may only be updated by contacting THCIC at 512-776-7261.

\*\*Critical: The above number must MATCH what will be submitted in the NM109 segment of your 837 file format for electronic file submission or the file will reject. Verify which number is used in the NM109 segment with your Vendor or IT department. This number is ONLY used for validating the identity of the facility in order to protect patient/physician confidentiality.



THCIC ID: \_\_\_\_\_

**Provider Primary Contact (Data Administrator/THCIC Liaison):**

\*Required

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

**Provider Alternate Contact (must be different from Primary):**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

**Certifier of Record:**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_



THCIC ID: \_\_\_\_\_

Hospitals and Ambulatory Surgery Centers:

\*Please mark all that apply to the facility above:

\*Required

Inpatient Service Type		Outpatient Service Type			
<input type="checkbox"/>	Acute Care	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Children/Pediatric	<input type="checkbox"/>	Chiropractic	<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	LTAC	<input type="checkbox"/>	Dermatology/Plastic	<input type="checkbox"/>	Oral
<input type="checkbox"/>	Other LTAC	<input type="checkbox"/>	Endoscopy	<input type="checkbox"/>	Orthopedic
<input type="checkbox"/>	Psych	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Other Services
<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	Gastroenterology	<input type="checkbox"/>	Otolaryngology
<input type="checkbox"/>	Skilled Nursing	<input type="checkbox"/>	General	<input type="checkbox"/>	Pain Management
<input type="checkbox"/>	Teaching	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	Thoracic
		<input type="checkbox"/>	OB-GYN	<input type="checkbox"/>	Urology

\*Required

\*Name of Facility Administrator/CEO  
(Print): \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

\_\_\_\_\_  
\*CEO/Administrator Signature

\_\_\_\_\_  
Date

This form **DOES NOT** update the **Submitter Contact** information. To update a Submitter Contact please contact the helpdesk at System13 at 888-308-4953.

**Fax** the completed form to **512-776-7740**



## Contact Role Definitions

### Provider Primary Contact (Data Administrator/THCIC Liaison)

- Is assigned the facility's Login Username for accessing the System
- Access to the User Management screen to assign staff user roles for accessing the system; Data User and/or Data Certifier
  - Disables user "role" access to the System
  - Clears Intrusion Locks for an assigned Data User and/or Data Certifier
- Authorized functions same as Data User and Data Certifier (see below)
- Access to the Data Management tab (new function in late 2012)
  - Authorized to run data claim "clean-up" actions "MRR" (Modify/Replace/Remove function) & "DR" (Duplicate Removal function)
- Authorized to "delete" batch data (electronic submission files)
- 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

### Data User (Assigned by the facility Data Administrator)

- 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
- Authorized to perform advance searches
- Authorized to generate a Pre-Certification Data Report (new function in late 2012)

### Data Certifier (Assigned by the facility Data Administrator)

- Authorized all accesses as a Data User (above)
- Authorized to generate Certification Data (Encounter on Demand)
- Authorized to download Certification Files
- Authorized to download Certification reports
- Authorized to certify quarterly data (WebCert)



- Authorized to run Pre-Certification Data Report (new function available in late 2012)
- Receives THCIC email notifications; such as the newsletters, general correspondence, and compliance issues.

#### **Alternate Contact**

- Receives all system email notifications sent to the Provider Primary Contact.

May be assigned a "user role" (Data User or Data Certifier) by the Provider Primary Contact/Data Administrator for "backup" access to the System. (Recommended)

#### **Certifier of Record Contact**

Receives system email notification when:

- "Generate Certification" is selected by Provider Primary Contact or by a Data Certifier
- Quarterly certification data is ready for review
- Quarterly certification has been completed

The Certifier of Record Contact "Name" is recorded on the "Certification Screen" in WebCert and is usually the person authorizing how the quarterly data is certified. The Certifier of Record Contact may be assigned a "user role" (Data Certifier) by the Provider Primary Contact/Data Administrator if access to the System is required. (The assigning of a user role is not necessary if the Provider Primary Contact/Data Administrator and the Certifier of Record Contact is the same person.)

\*Please ensure all Contacts and Email addresses are kept up-to-date with THCIC as this is the primary source for communication.

A listing of current contact information for each provider is posted on the THCIC website at

<http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls>