



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

Notification of No Quarterly Data to Report to THCIC

Date:

Facility Name:

Facility Address:

Facility THCIC ID Number:

Reporting Quarter/Year: (ex.: 4Q2016)

This serves as notification to THCIC that there were (**check** all that apply)

____ **No** Inpatient discharges (hospitals only) for the above reporting quarter.

____ **No** Emergency Department, Outpatient Surgical or Radiological services for the above reporting quarter.

_____ **Print** Name of Administrator/CEO

_____ **Signature** of Administrator/CEO **ONLY**

Administrator/CEO Email:

Fax to THCIC at 512-776-7740 no later than the Reporting Quarter's scheduled reporting date.

Pursuant to the Texas Administrative Code, Title 25, Part 1, Chapter 421, **Sub-Chapter A:** (a) All hospitals in operation for all or any of the reporting periods described in §421.3 of this title (relating to Schedule for Filing Discharge Reports) shall submit discharge claims as specified in §421.9 of this title (relating to Discharge Reports--Records, Data Fields and Codes) on all discharged inpatients to the department.

Sub-Chapter D: (a) Each facility in operation for all or any of the reporting periods described in §421.63 of this title (relating to Schedule for Filing Event Files) shall submit to DSHS event claims as specified in §421.67 of this title (relating to Event Files--Records, Data Fields and Codes) on all outpatient events in which the patient received one or more of the surgical procedures or radiological services covered by the revenue codes specified in §421.67(f) of this title.

A facility that fails to provide available data under Sections 108.009 and 108.010, Chapter 108, Texas Health and Safety Code, is liable for a civil penalty of not less than \$1,000 or more than \$10,000 for each act of violation.