# **THCIC Data Warehouse**



## **Submitter Information Change Request Form**

Hosted by System13, Inc.: 1648 State Farm Blvd. Charlottesville VA, 22911 888-308-4953 Help Desk

#### Description:

Contact information for all submitter accounts is maintained by System13, Inc. Submitters are also required to keep System13 updated with a current list of all THCIC\_ID's they are submitting data for. This form is used to update **existing** submitter accounts with current contact and provider information.

#### Please note:

- This form is **not** used to request a new submitter account at System13. For **new submitter** accounts, please visit <a href="http://thcic.system13.com">http://thcic.system13.com</a> and click the "Enrollments" button.
- This form is not to be used to change Provider Contact information for the facility. To update
  provider contacts (primary, alternate, or certifier) please use the "THCIC Facility Contact
  Information Form": <a href="http://www.dshs.texas.gov/THCIC/hospitals/FacilityInformationRequest.pdf">http://www.dshs.texas.gov/THCIC/hospitals/FacilityInformationRequest.pdf</a>

Please enter values for all fields. Any fields left blank will overwrite existing values. Email this form to **thcichelp@system13.com** or fax to **434-979-1047**.

| * = Required                    |                              |
|---------------------------------|------------------------------|
| * Submitter ID:                 | <b>SUB</b> <= 3 digit number |
| * Organization Name:            |                              |
| * Primary Contact Name:         |                              |
| * Primary Contact Email:        |                              |
| * Primary Contact Phone:        |                              |
| Primary Contact Fax:            |                              |
| Alternate Contact Name:         |                              |
| Alternate Contact Email:        |                              |
| Alternate Contact Phone:        |                              |
|                                 |                              |
| * THCIC_ID(s) (6 digit number): |                              |
| * Software Vendor Company:      |                              |
| * Name of Software:             |                              |

## THCIC Data Warehouse



### **Contact Descriptions:**

### **Submitter Primary Contact:**

- Has the right to know all information about their own submissions.
- Must inform System13 of every provider (THCIC\_ID) they submit data for.
- Is responsible for uploading new submission files to the THCIC Data Warehouse at System13 on behalf of the hospital(s) they have a relationship with. It is critical to ensure file submissions are uploaded according to the quarterly deadlines published in the THCIC Reporting Schedule:

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

- Receives receipt and/or error notices immediately via email.
- Interprets and resolves file submission issues, resubmitting files if necessary
- Coordinates with hospital personnel to resolve submission issues if necessary.

### **Submitter Alternate Contact:**

- Has the right to know all information about their own submissions.
- Assumes the responsibilities of the Primary Contact in their absence.
- May be contacted by System13 if the Primary Contact is unreachable regarding submission or account issues.