



Texas Health Care Information Collection • 512-776-7261

P.O. Box 149347, Mail Code 1898, Austin, Texas 78714-9347 • [www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/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 **email** it to [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

#### \*Required Fields

All THCIC contact emails below must conform to HIPAA guidelines for accessing PHI/PII data in System13 and are Facility Business Administrated Email Accounts.

\*Assigned THCIC ID: \_\_\_\_\_

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

\*Facility Type (Check only one)                      Hospital                      ASC                      FEMC

\*\*Physical 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): To update a Submitter Contact, contact System13 at 888-308-4953  
\_\_\_\_\_

\*\*Submission Street Address (for electronic data submission only) may be updated by contacting THCIC at [THCICHelp@dshs.texas.gov](mailto:THCICHelp@dshs.texas.gov).

\*\*\*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 to protect patient/physician confidentiality.



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

**\*Facility Primary Contact (aka Data Manager):**

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

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

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

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

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

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

**\*Facility Alternate Contact (must be different from Primary):**

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

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

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

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

**\*Facility Certifier of Record:**

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

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

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

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



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

\*Name of Billing Software Provider: \_\_\_\_\_

\*Name of Billing Software: \_\_\_\_\_

\*Please check all that apply only to the facility listed one page one (1):

Inpatient Service Type	
<input type="checkbox"/>	Acute Care
<input type="checkbox"/>	Children/Pediatric
<input type="checkbox"/>	LTAC
<input type="checkbox"/>	Other LTAC
<input type="checkbox"/>	Psych
<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Skilled Nursing
<input type="checkbox"/>	Teaching

Outpatient Service Type			
<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Chiropractic	<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Dermatology/Plastic	<input type="checkbox"/>	Oral
<input type="checkbox"/>	Endoscopy	<input type="checkbox"/>	Orthopedic
<input type="checkbox"/>	Emergency Department	<input type="checkbox"/>	Other Services
<input type="checkbox"/>	Foot	<input type="checkbox"/>	Otolaryngology
<input type="checkbox"/>	Gastroenterology	<input type="checkbox"/>	Pain Management
<input type="checkbox"/>	General	<input type="checkbox"/>	Thoracic
<input type="checkbox"/>	Neurological	<input type="checkbox"/>	Urology
<input type="checkbox"/>	OB-GYN		

\*Required

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

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

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

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

\_\_\_\_\_  
Date

**Email** the completed form to [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

The Facility form **DOES NOT** update the **Submitter Contact** information. To update the Submitter Contact information, complete and return the Submitter form (<https://www.dshs.texas.gov/sites/default/files/thcic/SubmitterUpdateForm.pdf>) or contact the System13 helpdesk at 888-308-4953.



## Contact Role Definitions

Please ensure all Contacts and Email addresses are kept current with THCIC as this is the primary source for communication.

We recommend all assigned THCIC Contacts add [\\*@system13.com](mailto:*@system13.com) and [\\*@dshs.texas.gov](mailto:*@dshs.texas.gov) to their email whitelisted domains so that email notifications from System13 and THCIC do not bounce.

All Data Manager, Data User, and Data Certifier login passwords **MUST** be reset every 60 days.

A listing of current contact information for each facility is posted on the THCIC website at <https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/FacilityList.xlsx> and is updated quarterly.

### Facility Primary Contact (aka Data Manager)

- Is assigned the main Login Username for accessing the system
- Access to the User Management screen to assign staff user roles for accessing the system; Data User or Data Certifier. **Assigned emails must be HIPAA compliant.**
  - Disables user "role" access to the system
  - Clears Intrusion Locks for an assigned Data User or Data Certifier
- Authorized all functions same as Data User and Data Certifier (see below)
- Access to the Data Management tab
  - Authorized to run data claim "clean-up" actions "MRR" (Modify/Replace/Remove function) & "DR" (Duplicate Removal function)
- Authorized to "delete" batch files and claims data
- Receives THCIC email notifications, such as the newsletters, general correspondence, and compliance issues
- Receives all system email notifications:
  - Count of rejected claims from file submissions
  - Frequency of Error Report (FER)
  - Notified if "generate certification" is selected by the "Data Certifier"
  - Notified when quarterly certification data is ready for review
  - Notified when quarterly certification has been completed
  - Special notifications



### **Data User** (assigned by the Facility Primary Contact/Data Manager)

- Authorized to add new claims (Claim Tab)
- Authorized to correct claims (Correction Tab)
- Authorized to view batch submissions
- May run all the reports on the Report Tab
- Authorized to perform advance searches

### **Data Certifier** (assigned by the Facility Primary Contact/Data Manager)

- 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

### **Alternate Contact**

- Receives all system email notifications and some THCIC notifications sent to the Facility Primary Contact.

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

### **Certifier of Record Contact**

Receives system email notifications when:

- "Generate Certification" is selected by the Facility Primary Contact/Data Manager or by a staff assigned a Data Certifier login
- Quarterly certification data is ready for review
- Quarterly certification has been completed

The Certifier of Record Contact "Name" is recorded on the "Certification Screen" 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 Facility Primary Contact/Data Manager if they require access to the System to certify the data. (The assigning of a "user role" is not necessary if the Facility Primary Contact/Data Manager and the Certifier of Record Contact is the same person.)