



Texas Department of State Health Services

Inpatient Submitter

**Revised January 2025** 

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













**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>



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sy	stem13	
THCIC S	Support Center	
USERNAME:	Problems Logging In?	
PASSWORD: password		
For sectiv reasons your sess	SIGN IN	
ENROLLME	ENTS REPORTING SCHEDULE	
	x Convert - Select	Image: Source Sourc

TEXAS Health and Human

Services

Texas Department of State Health Services



### 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 System 13 before starting to test data.

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

PROVIDER NAME

# Data Reporting Schedule



When are my submissions due?



requirements/data-reporting-schedule

Home / Texas Health Care Information Collection / Facility Reporting Requirements / Data Reporting Schedule

#### Data Reporting Schedule

#### **Center for Health Statistics**

#### **Facility Reporting Requirements**

Public Use Data File (PUDF) Inpatient Free Download

**Revenue Codes** 

Inpatient Data Reporting Requirements

Outpatient Data Reporting Requirements

#### **Texas Health Care Information Collection Center for Health Statistics**

Activity	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26
Certification/ comments due	1-15-25	4-15-25	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26



Texas Department of State Health Services The reporting schedule is a rule driven schedule, under <u>Chapter 421</u>, Title 25, Part 1 of the Texas Administrative Code, Subchapter D, <u>RULE §421.66</u>. The due dates are either the 1<sup>st</sup> or the 15<sup>th</sup> of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.



### Initial Submission Due Dates

### **Data Reporting Schedule**

#### Texas Health Care Information Collection Center for Health Statistics

Activity	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26
Certification/ comments due	1-15-25	4-15-25	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26

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# **THCIC** System

Final State   THCIC Support Center   Problems Logging In?    USERNAME:   Iogin   PASSWORD:   password   SIGN IN Tor security reasons your session will be terminated after 40 minutes of inactivity.	System13, Inc. / THCIC Web - Windows Inter  System13, Inc. / THCIC Web - Windows Inter  System13, Inc. / THCIC Testing @ NPI Qwee  System13, Inc. / THCIC Web	Log into the System I3 system at https://thcic.system I3.com	sing ystem13, Inc THCIC Web The state of the state o
Problems Logging In? USERNAME: Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment Destroyment		System13 Making technology your best friend.	
PASSWORD: password  SIGN IN  For security reasons your session will be terminated after 40 minutes of inactivity.		Problems Logging In? USERNAME:	
For security reasons your session will be terminated after 40 minutes of inactivity.		PASSWORD: password SIGN IN	
ENROLLMENTS REPORTING SCHEDULE		For security reasons your session will be terminated after 40 minutes of inactivity.           ENROLLMENTS         REPORTING           SCHEDULE         SCHEDULE	

# Log In the System as a Submitter



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**Health Services** 



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# Security Notice





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# Submitter Home Page

Home He	elp	System 3 Making technology your best friend.
		THCIC Submitter My Account Lo
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	UPLOAD	DOWNLOAD
	Submit files to System13.	View files available for download.

# Submitter Home Page –



THCIC	Support	Contor
IIICIC	Support	Center

Help

Home

#### **Online Help & Resources**

#### TRAINING MATERIALS

Claim Entry Inpatient Outpatient Claim Correction

Submitter

Reports

SUPPORTING DOCUMENTS

Inpatient THCIC 837 Technical Specification

Outpatient THCIC 837 Technical Specification

Hospital Reporting Requirements and Numbered Letters

Facility Reporting Schedule

Certification

#### 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



- 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.

NEED MORE HELP? CONTACT HELP DESK





1648 State Farm Bivd. Charlottesville VA 22911 Preston Morris, Owner

Lynn Goyne, VP

Phone: 512-776-7261 and ask for THCIC staff Email: thcichelp@dshs.texas.gov Site: https://www.dshs.texas.gov/texas-health-care-information-collection

# Other Features - My Account Password Update/Change



Home Claims Claim Correctio	n Reports	Data Mgmt	Certification	Batches	Help	system13
Joe Jamason (th9999999) Your password will expi (approximately 2 months from today) Configure MFA Settings CURRENT PASSWORD	z) re on: 01/ The user Multi-Fac Authenti settings t password pages wi process.	13/2025 must use t ctor cation (MFA to set their d. The follow Il discuss th	he A) wing e new	SWORDS N expire and I be at least I contain at le contain upp	AUST: be changed 8 character east 1 alph percase and	d every 60 days s long a. 1 numeric, and 1 special character d lowercase letters
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New password cannot be blank.				be reused for contain use contain lett	or 1 year rname er or numb	er sequences greater than 2
			PAS	SWORD NC 1. Within this Characters: 2. Here are so 'abc', '123', 3. Here are so repeated m	acters mor DTES: applicatior ! @ # \$ % me examp '4567', 'ghi me examp ore than tv	e than twice in a row the following is defined as the set of Special & * ? _ ~ - les of a letter or number sequence greater than 2: jk' les of a letter, number, or sequence that is vice: 'aaa' (2-letter repetition), '111' (2-number

sequence repetition)



Texas Department of State Health Services

# Multi-Factor Authentication (MFA) Configuration

#### Multi-Factor Authentication Configuration Joe Jamason (th9999992)

Select how you will obtain your 6-digit code:

Email (default)

Authenticator Application (recommended)



The configuration page will be presented to all users upon the first time they login.

Email: Will send your code via Email, this is the easier option and does not require additional update.

Authenticator App: Requires an App where your 6-digit code will cycle every 30 seconds. This will help if your facilities email filter takes too long for email.

Details and Instructions for both settings are available to read under the "Instructions".

#### INSTRUCTIONS

You need to select by which means you will receive your 6-digit code when confirming your identity.

#### Email:

This is the default option, and easiest to manage. By selecting this method the application will send you a 6-digit code to the email address associated to your account: schambers@system13.com

With this option selected, click 'Save', and then check your Inbox. You should receive an email with your 6-digit code. This will be done every time you log into the application. On the next page, you will have an opportunity to enter the 6-digit code. For security purposes, the code in the email is only valid for 5 minutes. You will have the option to select 'Resend Code' to request a new code, if needed.

#### Authenticator Application:

This is the recommended option, but involves the use of another application, typically installed on your smartphone, to provide the 6-digit codes you will need when confirming your identity.

With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.



# MFA Configuration – Email

Email: Is the default and is easier to manage. You will be sent a 6 -digit code to the email address associated to the user's account. Once the code is sent it will be valid for 5 minutes. You will have the option to resend a new code.

#### Multi-Factor Authentication Configuration Joe Jamason (th9999992)

Select how you will obtain your 6-digit code:

Email (defoult)
O Authenticator Application (recommended)

SAVE

Upon logging in you will receive an email from System I 3 Production Notifier. The email will have your username as well as your one-time code. You will also be able to see the facility and it's ID number on the email.

You can either copy and paste the code from the email or type the code. Once the code is there you will need to "click" the verify button.

Once verified you will be presented with the homepage.

#### INSTRUCTIONS

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Once verified you will be presented with the homepage.



Please use caution and do not forward or share this information with any unknown third party. To help protect your privacy, this code will expire within 5 minutes.

Neither THCIC nor System13 will call you and ask you for this code, nor will we ask you for a password. Please report any suspicious activity.

#### Thank you

-- THCIC/System13 Support

Organization Information:

- Facility Name: Big 'Ole Hospital
- Facility Identifier: 999999

 $\leftarrow$  Reply ) (  $\rightarrow$  Forward

# Log In the System (Auth App)



When challenged for your 6-digit code, you will need to look for the code in your authenticator app.

(Remember this code changes every 30-seconds.)

For users with multiple accounts your username will be over/under the code that you are looking for.





# Updating MFA Settings

To change your MFA settings, you will need to go to "My account".

Home	Claims Claim Correction Report	s Data Mgmt Certification Batche	s Help System13
\ctiv	web claim entry Correct et	RRORS START CERTIFICATION	My Account   Logout
<b>Q2</b> 2024	SUBMISSION No claims are present for this quarter.	CERTIFICATION Please contact System13 if you still need to submit or correct claims for this quarter.	NEXT DEADLINE Q3 2024 SUBMISSION
	Submission due 3 Sep 2024 Correction due 1 Nov 2024	Certification due 15 Jan 2025	Performance History 1.0 0.8
	SUBMISSION	CERTIFICATION	0.6

Then click "Configure MFA Settings".

For Authenticator Application you will need an Authenticator App on your smartphone to provide the 6-digit code. The codes on your app will only be valid for 30- seconds at a time.

Home	Claims	Claim Correction	Reports	Onto Mgmt	Certification	Batches	Help	System 3
		(1.000000.)						Big 'Ole Hospital 999999 My Account Logout
Joe Ja Your (approxin Configur	amason passwo hately 2 mont e MFA Settin	rd will expire	on: 01/	13/2025				
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# Updating MFA Settings



To update the MFA settings, click the preferred settings then click save.

#### Multi-Factor Authentication Configuration Joe Jamason (th999999z)

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#### O Email (default)

Authenticator Application (recommended)



#### INSTRUCTIONS

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# Log In the System (Auth APP)



When challenged for your 6-digit code, you will need to look for the code in your authenticator app. (Remember this code changes every 30-seconds.)

For users with multiple accounts your username will be over/under the code that you are looking for.



# **Troubleshooting the MFA Process**



**Texas Department of State** Health Services

If the email code is not being received, double check that the email that was entered is correct.

Please only use one Authentication APP.

Make sure that you only have that specific login on your app once.

Double check the username on the app/email and the username for the site.

More information about this process can be in the THCIC numbered letter, Volume 27, number 5 available at

https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/numberedletters/2024/Vo l27No5.pdf

Issues with the MFA process, please contact System 13 at 888-308-4953 or email thcichelp@system13.com.



# **Other Features - Logout**

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Home Help	system13	
Image: Additional and the second decomposition of the s	THCIC Submitter       My Account       Logout         Image: Comparison of the strength of the strengt of the strength of the strengt of the streng	
To logout the system click 'Logo	out'.	
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# **Other Features - Logout**

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thcic.system13.com/dashboard/submitter		☆ <b>↔ ⊖</b> :
	system13	
	THCIC Support Center	
	Problems Logging In? USERNAME: login PASSWORD: password	
	SIGN IN	
	For security reasons your session will be terminated after 40 minutes of inactivity.	
	ENROLLMENTS	

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



# Inactivity

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ile Edit View Favorites Tools Help		
Favorites 👍 🙋 THCIC Testing 🙋 NPI 🛛 Q	est Training 🚺 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. Place	a log back into the application	
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	THCIC Support Center	
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	Problems Logging In?	
	USERNAME:	
	login	
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	SIGN IN	
	For security reasons your session will be terminated after 40 minutes of inactivity.	
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	SCHEDULE	
E	arty minutes of inactivity lag you out of the system You	
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W	ill be immediately returned to the login screen.	



# Submitter Home Page

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Home Help	system13
	THCIC Submitter My Account Logout
Image: Control of the second state	View files available for download.



Click Download		TEXAS Health and Human Services	xas Department of State ealth Services
System 13, Inc. / THCIC Web $\times$ +			- • ×
Home Help		system13	3
		THCIC Submitter My Account	Logout
		DOWNLOAD	
Download will only formatted file for b	y be available through batch submission. Dov	the testing of the 5010 vnloads will be the	
is the only time that	at there will be data a	n. While testing, this vailable for download.	



# List of Downloads $[\downarrow]$

#### 🗟 🊏 System13, Inc. / THCIC Web 🗙 🕂 ٥ \_ X ← → C 🌲 thcic.system13.com/dashboard/submitter ☆ 아 \varTheta : 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



# Batch Upload Claims



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		Home	Help		System13 Making technology your best friend	
				THCIC Submitter	My Account	ogout
	-	THCIC	Suppor	t Center		
	F	FILE UP	loads			
	ι	UPLOAD FILE				
	(	BROWSE				
	ε	DESCRIPTION	1			
	(	UPLOA	D FILE	What data form	nats does System13 accept?	



# Choose File ToUpload

Home	Help	system13			
		THCIC Submitter My Account Logout			
THCIC	Supr	Open		×	
FILE UPL	OA .	← → ∽ ↑ 📙 « CCS-S → ProviderFileUpdates 🗸 🖑	, Search Provid	lerFileUpdates	
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DESCRIPTION		Desktop	4/5/2023 12:51 PM	Text Document	
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		E Pictures			
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to	o uplo	oad. Highlight file and click Open.			

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# Choose File ToUpload

Home	Help			system13
			THCIC Submitter	My Account Logout
THCIC	Supp	oort (	Center	
FILE UPI	LOAD	S		
UPLOAD FILE				
BROWSE	Provid	er_20230	406_1358.txt	
DESCRIPTION				Description of data is optional.
UPLOAD	FILE	~	What data forma	ts does System13 accept?
			Upload file.	



# System Upload Receipt



Texas Department of State Health Services

Home Help	sy	stem 13
	THCIC Submitter	Account Logout
THCIC Supp	ort Center	
FILE UPLOADS		
JPLOAD FILE		
BROWSE		
DESCRIPTION		

# System Upload Receipt about Duplicate File Uploaded in the Same Day

Home	Help	S	ystem 13
		THCIC Submitter	My Account   Logout
HCIC	Suppo	rt Center	
ILE UF	ploads		
PLOAD FIL	E		
BROWSE	Provider_2	0230406_1358.txt	
ESCRIPTIO	N		
		15	

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



## 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:

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>