



Texas Department of State Health Services

Outpatient 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>
 - <u>http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.l</u>
 <u>08.pdf</u>











Title 25. Health Services



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.Vi ewTAC?tac_view=4&ti=25&pt=1&ch=421









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 System 13.
- Facilities must test their data submission with System 13 before data can be submitted.

The user must register with System 13 at <u>https://thcic.system13.com/enrollments</u>



System13, Inc. / THCIC Web - Windows Intel System13, Inc. / THCIC Web Image: System13, com/user_session File Edit View Favorites System13, Inc. / THCIC Web	log into the System 3 system at	• • ×
	system13 Making technology your best friend.	
	THCIC Support Center	
	Problems Logging In? USERNAME:	
	PASSWORD: password	
	SIGN IN For sective easons your session will be terminated after 40 minutes of inactivity. ENROLLMENTS REPORTING	
	SCHEDULE	

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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



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 Health and Human Services

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 1st or the 15th 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

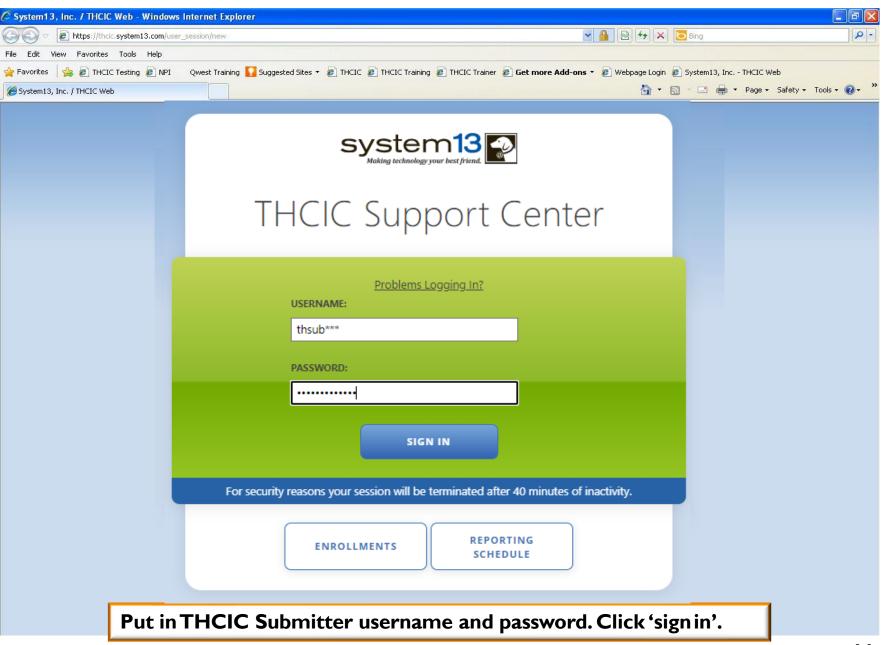
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THCIC System

System13, Inc. / THCIC Web - Windows	Log Into the System I 3 system at https://thcic.system I 3.com	Bing System13, Inc THCIC Web Page + Safety + Tools + @+
	system13 Making technology your best friend 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 REPORTING SCHEDULE	

Log In the System as a Submitter



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Security Notice

System 13, Inc. / THCIC Web 🗙 🕂

 \leftrightarrow \rightarrow C \square thcic.system13.com/login#confirm



Security Notice

This is not a public use Web Site.

- This information system is operated under the direction of the Texas Health Care Information Council in accordance with the Texas Health and Safety Code, chapter 108, and Title 25 of the Texas Administrative Code, Chapter 421.
- Access requires the explicit consent of the Texas Department of State Health Services.
- · All activities on this web site, including attempted access, are monitored and recorded.
- Anyone accessing this web site expressly consents to such monitoring and recording. This
 information will be provided to law enforcement agencies to pursue criminal prosecution if
 monitoring reveals evidence of criminal activity.
- This web site uses a computer security system that is designed to prevent unauthorized access. Unauthorized use of the system or data is a violation of Texas and United States laws.
- Authorized users of this system are reminded of their individual and organizational requirements to safeguard all confidential data.

I am an authorized user and I understand and accept the requirements stated in this notice.



A facility must accept the security notice and access to the database will be provided. If a facility declines this notice, access will not be granted to the database.



Submitter Home Page

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Home Help	system13
	THCIC Submitter My Account Logout
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UPLOAD	DOWNLOAD
Submit files to System13.	View files available for download.

Submitter Home Page – Tab



THCIC Suppor	t Center		THCIC Submi	itter My Account Logout			
Online H	elp & Resou	rces					
TRAINING MA	TERIALS						
Claim Entry C Inpatient C Outpatient	Claim Correction	Submitter C Inpatient C Outpatient	Reports Inpatient C Outpatient	Certification			
LICENSED CON	TENT						
Click here for details on the	licensed content used by this site.						
SEARCH AND LO	OOKUPS	SUP	PORTING DOCUMENT	S			
 NPI Registry lookup Board of Medical Exa Podiatric Medical Exa Dental Examiners Roster of documente 		 Facility Reporting Schedule Inpatient THCIC 837 Technical Specification Outpatient THCIC 837 Technical Specification Hospital Reporting Requirements and Numbered Letters THCIC Facility Contact/Information Change Request Form 					
SUPPORT VIDEOS		• 5	ubmitter Information Change Request	Form			
	files can be uploaded to System13?						
Understanding and trou Institutional -vs- Profes	ubleshooting 837 files sional claim formats Race, and Ethnicity		Home Claims Claim Correction Reports Data My THCIC Support Center	mt Certification Batches Help System3 Management My Account Log			
Common errors in Diag Resolving PCN-Patient	nosis Codes, E-Codes and POA's		Online Help & Resource	es			
Explaining the THCIC Re			CONTACT US				
Common errors with Ph	ysician information		System13 Help Desk: 888-308-4953				
WebClaim - How to ent			Phone: 434-977-0000 Fax: 434-979-1047				
	prrect claims		Address: 1648 State Farm Blvd. Charlottesville VA 22911				
WebCorrect - How to c	QUESTIONS		Preston Morris, Owner				
			Lynn Goyne, VP				
FREQUENTLY ASKEE	ord?	4					
FREQUENTLY ASKEE How can I change my passwo			Phone: 512-776-7261 and ask for THCIC staff Email: thichelp@dshs.texas.gov Site: https://www.dshs.texas.gov/texas-health-care-information-collectic				

Other Features - My Account Password Update/Change



Texas Department of State

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13
Your (approxim	passwo hately 2 mon e MFA Settin	th (th9999992) rd will expire ths from today)	e on: 01/1 The user Multi-Fac	must use tl				My Account Logout
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	word cannot b	e blank.			PA	begin and SSWORDS I be reused 1 contain use	NUST NO for 1 year	
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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 (default)
O Authenticator Application (recommended)

SAVE CANCEL

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

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

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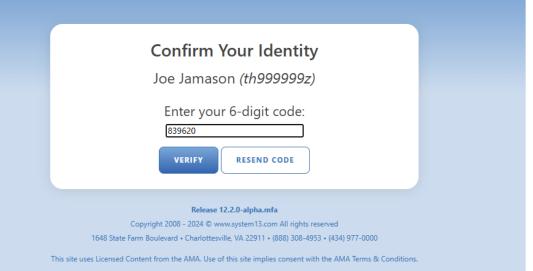
Log In the System (Email)

Upon logging in you will receive an email from System I 3 Production Notifier.

The email will have your username as well as your onetime 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.



THCIC HCDCS Account Sign In: Confirm Your Identity Inbox x

System13 Acceptance Notifier <noreply@system13.com>

Please Confirm Your Identity

Dear Joe Jamason:

To complete the login process for your th999999z account, enter this one-time code to confirm your identity. 839620

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

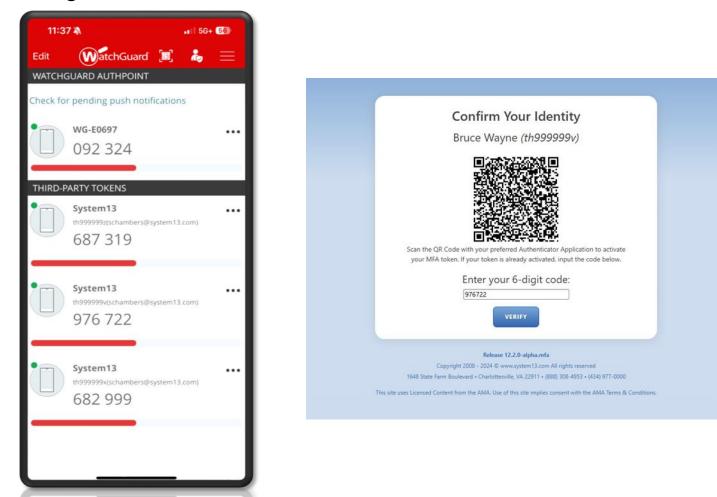




When challenged for your 6-digit code, you will need to look for the code in your authenticator app.

(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	Reports	Data Mgm1	Certification	Batches	Help	system13
:ti\	vity Das	shboard 匪						My Account Logo
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	SUBMISSION No claim			CERTIFICATION Please contact System13 if you still need to submit or correct claims for this quarter.			NEXT DE Q3 2024 SUBMISS	
2							Performance i	History
		Submission due 3 Correction due 1 1		Ce	rtification due 15 Ja	n 2025	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	Deta Mgmt	Certification	Batches	Help	system13
Your (approxin	passwo	th99999992) ord will expire ths from (eday)	on: 01/	13/2025				Big 'Ole Hospital 999999 My Account Logout
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PASSWOR	D CONFIRMA	TION						ber sequences greater than 2 re than twice in a row
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UPD		CANCEL				Characters: 2. Here are so 'abc', '123'. 3. Here are so repeated m	I @ # \$ % me examp '4567', 'gh me examp ore than t 'abcabc' ()	n, the following is defined as the set of Special 8 & 9 , $^{-2}$ les of a letter or number sequence greater than 2: iijk' ses of a letter, number, or sequence that is wice: 'aaa' (2-letter repetition), '111' (2-number letter sequence repetition), '123123' (number



Updating MFA Settings



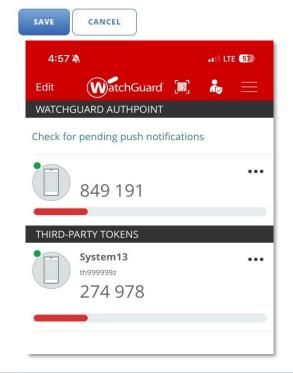
To update the MFA settings, click the preferred settings then click save.

Multi-Factor Authentication Configuration Joe Jamason (th999999z)

Select how you will obtain your 6-digit code:

O Email (default)

Authenticator Application (recommended)



INSTRUCTIONS

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Authenticator Application:

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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.

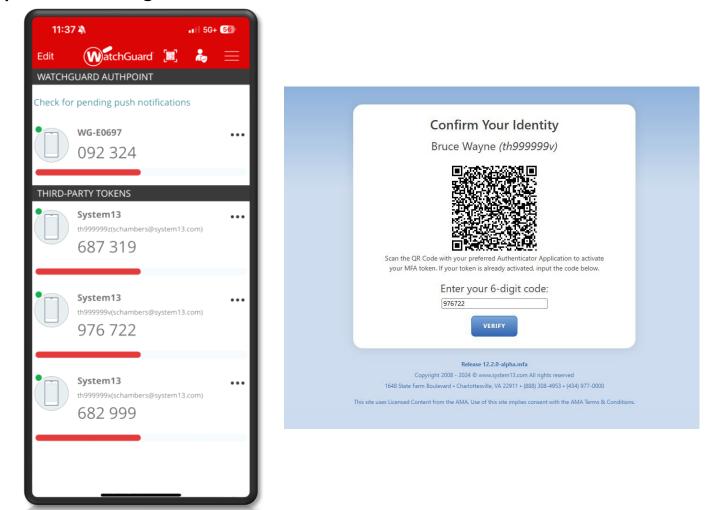
Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.

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



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 I27No5.pdf

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



Other Features - Logout

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What data formats does System13 accept?	
To logout the system click 'Logou	ť.



Other Features - Logout

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ncic.system13.com/dashboard/submitter		☆ ~ ⊖ :
syste	ogy your best friend.	
THCIC Sup	port Center	
Problems USERNAME: Jogin	s Logging In?	
PASSWORD: password		
	GN IN De terminated after 40 minutes of inactivity.	
ENROLLMENTS	REPORTING SCHEDULE	

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



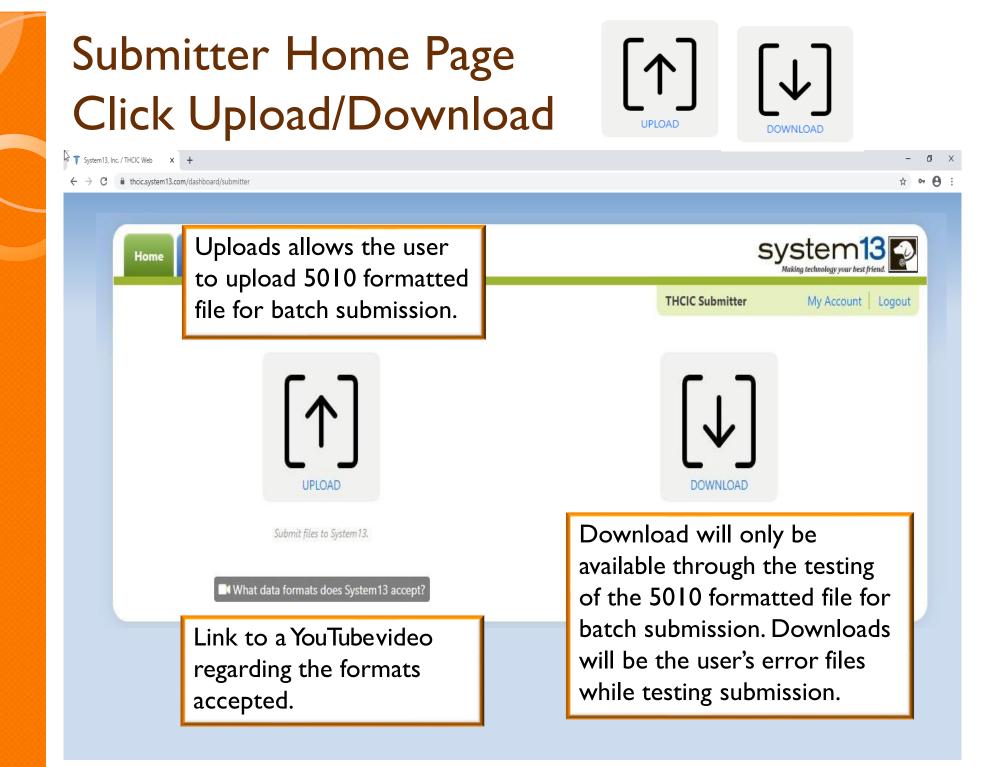
Inactivity

System13, Inc. / THCIC Web - Windows Internet Expl	orer	
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System13, Inc. / THCIC Web	h - D - C 👼 - Page	Safety Tools W
Your session has timed out. Please log ba	ck into the application.	x
	system13	
	Making technology your best friend.	
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	SIGN IN	
	For security reasons your session will be terminated after 40 minutes of inactivity.	
_		
	ENROLLMENTS	
	SCHEDULE	
Forty	minutes of inactivity log you out of the system, You	
	e immediately returned to the login screen.	



Submitter Home Page

System 13, Inc. / THCIC Web \times + $\leftrightarrow \rightarrow \mathbf{C}$ \triangleq thcic.system 13.com/dashboard/submitter	- ₪ : ☆)⊶ ⊕
Home Help	system13
	THCIC Submitter My Account Logout
	DOWNLOAD
Submit files to System 13.	View files available for download.
What data formats does System13 accept?	



Click I	Download	DOWNLOAD		TEXAS Health and Human Services Health Services
System 13, Inc. / THCIC Web × +				- 0 ×
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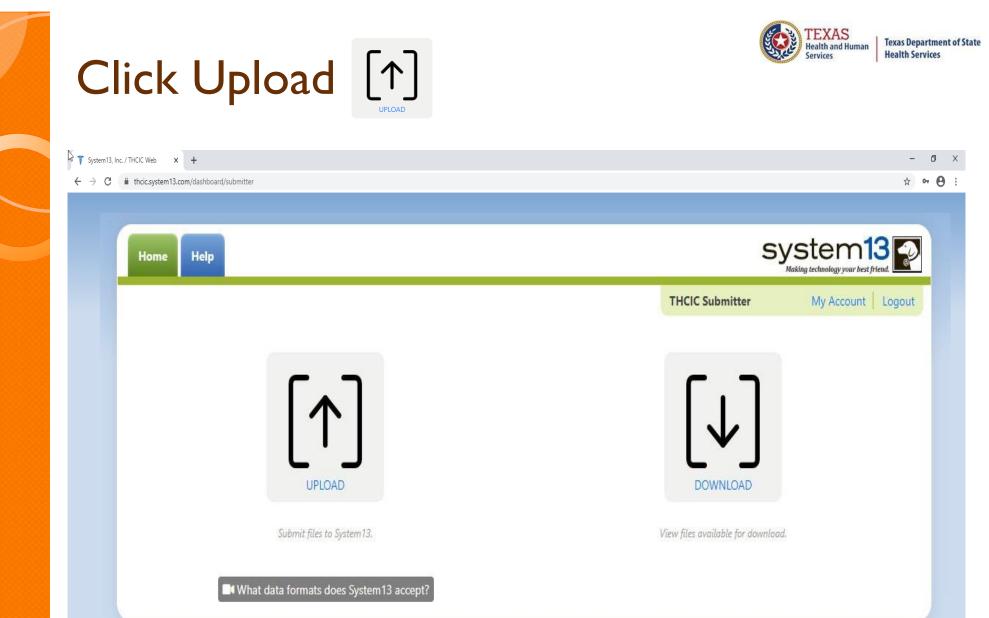


List of Downloads

🗟 🊏 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



System13, Inc. / THCIC Web x + → C ■ thcic.system13.com/upload		- ☆ 07
	Home Help System13	
	THCIC Submitter My Account Logout	
	THCIC Support Center	
	FILE UPLOADS	
	UPLOAD FILE	
	BROWSE	
	DESCRIPTION	
	UPLOAD FILE If What data formats does System13 accept?	

Choose File ToUpload

Home Help	2	system13	2	
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THCIC Sup	oport Center			×
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	🖶 Downloads 🌗 Music			
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Co 1648 State Farr	Music Pictures Pictures Tiffany's S21 Videos Local Disk (C:) CHSShare (\\ds COO apps (\\ds CHS share (\\D! CHS share (\\D!	e: Provider_20230405_1250.txt	→ All files (*,*) Open ▼	

TEXAS Health and Human

Services

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Health Services



Choose File ToUpload

Home He	elp		system13
		THCIC Submitter	My Account Logout
THCIC Su	upport (Center	
FILE UPLO	ADS		
UPLOAD FILE			
BROWSE P	vrovider_202304	406_1358.txt	
DESCRIPTION			Description of data is optional.
UPLOAD FIL	LE	• What data format	ts does System13 accept?
		Upload file.	



System Upload Receipt



Texas Department of State Health Services

Home Help	Sy	/stem13
	THCIC Submitter	Account Logout
THCIC Supp	ort Center	
FILE UPLOADS	5	
JPLOAD FILE		
BROWSE		
DESCRIPTION		

System Upload Receipt about Duplicate File Uploaded in the Same Day

filename	uploads are n Help	ot allowed within the same day.	x ystem13
		THCIC Submitter	My Account Logout
THCIC	Suppo	ort Center	
FILE UF	PLOADS		
UPLOAD FIL	E		
BROWSE	Provider_	20230406_1358.txt	
DESCRIPTIO	N		
C			
	DFILE	Mbat data formate d	oes System13 accept?

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:	SUB000 - 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

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)



Outpatient Submitter Upload





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



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: https://www.dshs.texas.gov/texas-h

Web site: <u>https://www.dshs.texas.gov/texas-health-care-</u> 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





System I 3, Inc I 648 State Farm Blvd. Charlottesville, VA 2291 I

Phone: I-888-308-4953
 Fax: 434-979-1047
 E-mail: THCIChelp@system13.com
 Web site: https://thcic.system13.com