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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 24 Number 2

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March 24, 2021

Please share with all staff working with the THCIC data collection and reporting processes

## **Penalties for Race and Ethnicity**

25 TAC Chapter 421 mandates the reporting of all patient race and ethnicity to THCIC.

THCIC will begin enforcement of **missing** patient Race and Ethnicity codes for every patient, including **invalid** Race and Ethnicity Coding.

THCIC will begin assessing penalties with the **1q2021** data for missing or invalid coding of Race and Ethnicity.

Texas Health and Safety Code, Section 108.014(b), provides that a person who fails to supply available data under Sections 108.009 and 108.010 is liable for a civil penalty of not less than \$1,000 or more than \$10,000 for each act of violation.

THCIC will begin assessing penalties with the 1q2021 data for missing or invalid coding for Race and Ethnicity.

Acceptable **Race** codes are:

- 1 = American Indian/Eskimo/Aleut,
- 2 = Asian or, Pacific Islander,
- 3 = Black,
- 4 = White and
- 5 = Other Race.

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In order to obtain this data, the facility staff retrieves the patient's response from a written form or asks the patient, or the person speaking for the patient to classify the patient. If the patient, or person speaking for the patient, declines to answer, the facility staff is to use its best judgment to make the correct classification based on available data.

Acceptable **Ethnicity** codes are:

- 1 = Hispanic or Latino Origin,
- 2 = Not of Hispanic or Latino Origin.

In order to obtain this data, the facility staff retrieves the patient's response from a written form (see [5010 InpatientandOutpatientAppendices.pdf](#)) or asks the patient, or the person speaking for the patient to classify the patient. If the patient, or person speaking for the patient to classify the patient, declines to answer, the facility staff is to use its best judgment to make the correct classification based on available data.

Race and Ethnicity instructions and forms are available to all facilities on Pages 13-16 at [5010 InpatientandOutpatientAppendices.pdf](#), if you chose to use the THCIC form.

Facilities may develop and use their own form for collecting patient Race and Ethnicity, as long as the reporting codes are the same as the THCIC form.

Each facility can verify its **Race and Ethnicity accuracy** by generating a **SUMMARY REPORT** from the REPORTS TAB on the Dashboard Screen.

## Patient SSN Errors

When there is a Patient SSN error, it is usually caused by the facility failing to provide the 9-digit Patient SSN (usually left blank) or sometimes because only 8 digits were submitted. All SSNs must have 9 digits (no dashes) and the **data field may never be left blank**.

When the patient refuses to provide their SSN or the patient doesn't have one or forgot it, the facility is REQUIRED to list the SSN as all "9s" (999999999) when reporting the THCIC data.

THCIC has provided documentation on how to report Patient SSN when there is no information provided by the patient in the 837 Appendices document available at:

[https://www.dshs.texas.gov/thcic/hospitals/5010\\_InpatientandOutpatientAppendices.pdf](https://www.dshs.texas.gov/thcic/hospitals/5010_InpatientandOutpatientAppendices.pdf)

## FER and Summary Reports

Many facilities may not realize the importance of reviewing their Frequency of Error Report (FER) and Summary Report while the data are still contained in the Corrections Tab.

While the data are contained in the Corrections Tab, errors may be corrected for **FREE** within a specific timeframe for each reporting quarter.

Each time data errors are manually corrected in the Corrections Tab, the facility **must** generate a new **FER** to ensure no data errors were overlooked. This process continues until the FER indicates an accuracy rate of 100%.

**DO NOT** go by the accuracy rate provided on the Dashboard Screen, as it may differ from the true accuracy rate on the **FER**. If your facility has “corrected” errors by using the “accept as is” function, the error remains on the **FER**; however, it is cleared on the Dashboard Screen.

The FER and Summary Report may be generated multiple times while the data are in the Corrections Tab and provides verification to the facility if there are any remaining errors based on known standard values and codes.

Once the data are moved from the Corrections Tab into the Certification Tab, corrections can no longer be made unless the facility requests the data be moved back into the Corrections Tab. There is a **FEE** associated with this function and the facility will be invoiced by System13 to move the data back into the Corrections Tab.

Reviewing the **Summary Report** can assist with verifying if the data had any software mapping issues (valid codes submitted, but not correct for the patient), or if there were any potential manual data entry errors.

For example, “02” and “20” are valid codes for Patient Status; however, accidental coding of “20” would indicate the patient expired.

Since a Patient Status code of “20” is valid, our system would not mark it as an error on the **FER**. The facility must look at their **Summary Report** to check for this type of error involving accidental coding or potential mapping issues.

Another accidental coding issue is entering an incorrect Charge amount due to a missing decimal point. There is a big difference in a Charge amount of \$1000.00 vs \$100000 due to a missing decimal. The **Summary Report**

provides a quick summary check of the Charge amounts submitted by the facility.

Patient Ethnicity, Race, and Sex/Gender codes are also listed in the **Summary Report**, which should be verified by the facility. In many cases these may be true, but in some cases, these are due to a mapping or miscoding issue.

There have been issues where a facility has submitted 100% of Patient Race values as "Asian, Native Hawaiian, Pacific Islander", which was a mapping issue in the software the facility was using.

Another example is when ALL patients are showing up as NEWBORNS because the "Date of Service" for a 60-year-old patient was entered for the "Patient's DOB", indicating the patient was born on the same day the service was provided.

There are Report Presentations available on the THCIC website to assist with generating reports at:

<https://www.dshs.texas.gov/thcic/hospitals/Inpatient-Reports.pdf>  
<https://www.dshs.texas.gov/thcic/hospitals/Outpatient-Reports.pdf>

## Videos for Troubleshooting

System13 has created several You Tube videos covering several topics on THCIC data reporting and data errors.

VIDEO: Allowed File Upload formats.  
<https://youtube.com/embed/FthlTJncrag?rel=0>

VIDEO: Troubleshooting 837 Submission Files.  
<https://youtube.com/embed/YB-mNSscyX4?rel=0>

VIDEO: Patient Control Number Errors.  
<https://youtube.com/embed/aaBewxO8pnE?rel=0>

VIDEO: Explaining the THCIC Required Codes List.  
<https://youtube.com/embed/UW9oUWMlvCs?rel=0>

VIDEO: Institutional -vs- Professional format.

<https://youtube.com/embed/SsXV8tofyew?rel=0>

VIDEO: SSN, Race, And Ethnicity issues.

[https://youtube.com/embed/bXRJily6\\_bg?rel=0](https://youtube.com/embed/bXRJily6_bg?rel=0)

VIDEO: Correcting Physician Errors.

<https://youtube.com/embed/E5bjutkRMQ?rel=0>

VIDEO: Diagnosis (manifest) codes, E-Code, and POA Errors.

<https://youtube.com/embed/cLI2UueEwZA?rel=0>

## Did You Know?

- **Provider Primary Contacts** must keep their **Logins** active at all times. Failure to log in at least every 60 days to reset your password may cause a temporary deactivation of your account for security purposes.
- A new **FER** (Frequency of Error Report) should **always** be generated after data corrections have been made to ensure no errors were overlooked.
- A **Summary Report** should **always** be generated and reviewed each time data are submitted, and again after data corrections and before the certification phase begins.
- Your quarterly **certification "comments"** are **PUBLICLY** released as written. Use caution. You should **never** provide physician or patient identifying information in a certification comment.
- All Data Manager and Data Certifier login passwords **MUST** be reset every 60 days in our system and must **never** be shared.
- **Emailing** of Personal Identifying Information (PII) or Sensitive Personal Information (SPI), even if the email is encrypted, **may not** be adequately protected by all systems the data may pass through.

Always contact the recipient first to inquire if emailing this type of information is acceptable.

- The **"Accept as is"** function in the data correction functionality **does not** correct an error. It only clears the **notification** of all the errors in

the claim itself. The errors still count against the total accuracy rate in the **FER** unless it is corrected through the Correction Tab, or by submitting a corrected claim batch file through the system.

## THCIC Training

THCIC provides Webinar trainings, **at no cost**, on the data reporting processes that are required of all Texas hospitals, ASCs, and FEMCs.

Postings for Webinar dates may be viewed at:

<http://www.dshs.texas.gov/thcic/Training.shtm>

Signing up for training is limitless and refresher training is encouraged.

THCIC highly recommends and encourages all facility staff involved with the THCIC state data reporting to sign up for training.

To attend the Webinar training(s), please send inquiries to:

[thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov).

For help or general questions on Submission, Correction, and Certification please contact THCIC at: [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## Upcoming Due Dates

Activity	Q3 2020	Q4 2020
Cutoff for submission	<del>12-1-2020</del>	3-1-2021
Cutoff for corrections (Free)	<del>2-1-2021</del>	5-3-2021
Facilities retrieve certification files	<del>3-1-2021</del>	6-1-2021
Cutoff for corrections at time of certification (Associated Fees)	4-1-2021	7-1-2021
Certification/comments due	4-15-2021	7-15-2021

A schedule of **all** due dates may be found at:

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

## **How to Reach Us**

### **System13, Inc. (in Virginia)**

Web site: <https://thcic.system13.com>

### **System13 Helpdesk**

Monday-Friday, 8:00a – 5:00p (Central Time)

Phone: (888) 308-4953 or (434) 977-0000

Email: [thcichelp@system13.com](mailto:thcichelp@system13.com)

### **THCIC (in Austin)**

Web site: [www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/thcic)

Main phone: (512) 776-7261 (limited due to COVID)

Email: [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

### **THCIC Staff**

Andy Alegria – Business Analyst

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### **Past Newsletters**

<http://www.dshs.texas.gov/thcic/Inpatient-and-Outpatient-Numbered-Letters/>

### **Links to Forms and Documents**

**Patient Notification of Data Collection Form –**

<http://www.dshs.texas.gov/thcic/Patient-Notification-of-Data-Collection.pdf>

**Provider Contact Update Form -**

<https://www.dshs.texas.gov/thcic/hospitals/FacilityInformationRequest.pdf>

**No Quarterly Data to Report Form -**

[http://www.dshs.texas.gov/thcic/hospitals/NoDataToReport\(2\).pdf](http://www.dshs.texas.gov/thcic/hospitals/NoDataToReport(2).pdf)

**Current Provider Contact List –**

<http://www.dshs.texas.gov/thcic/hospitals/FacilitiesList.xls>

**Appendices Document –**

[https://www.dshs.texas.gov/thcic/hospitals/5010\\_InpatientandOutpatientAppendices.pdf](https://www.dshs.texas.gov/thcic/hospitals/5010_InpatientandOutpatientAppendices.pdf)

Contains:

Country Codes

Default Values

Race and Ethnicity documents

Revenue Code Groupings used for Encounter File and PUDF

Audit IDs and Audit Messages

Payer Source Coding Guide

Key Data Elements for matching INPATIENT claims

Key Data Elements for matching OUTPATIENT claims

**Data Reporting Schedule –**

<https://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

**Inpatient Reporting Requirements -**

[https://www.dshs.texas.gov/thcic/hospitals/TechReqSpec5010\\_Inpatient\\_THCIC837.pdf](https://www.dshs.texas.gov/thcic/hospitals/TechReqSpec5010_Inpatient_THCIC837.pdf)

**Outpatient and Emergency Department Reporting Requirements -**

[https://www.dshs.texas.gov/thcic/OutpatientFacilities/TechReqSpec5010\\_Outpatient\\_THCIC837.pdf](https://www.dshs.texas.gov/thcic/OutpatientFacilities/TechReqSpec5010_Outpatient_THCIC837.pdf)

**HCPCS Codes -**

<https://www.dshs.texas.gov/thcic/OutpatientFacilities/HCPCS-Code-worksheet-for-2019.xls>



## **History of the Texas Health Care Information Collection Program**

On September 1, 2003 the legacy state agencies; Texas Health Care Information Council (THCIC), the Texas Department of Health (TDH), the Texas Commission on Alcohol and Drug Abuse (TCADA), and the Mental Health branch of the Texas Department of Mental Health and Mental Retardation were merged to form the Texas Department of State Health Services (DSHS) in response to the passage of HB 2292 (78th Texas Legislature). All functions of THCIC continue in the Center for Health Statistics within DSHS.

THCIC was created by **Chapter 108** of the Health and Safety Code by the 74th Texas Legislature in 1995.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm>

### **Rules**

Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=25&pt=1&ch=421](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

### **Visit Us Online**

[www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/thcic)