Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 24 Number 4
September 10, 2021

Please share with all staff working with the THCIC data collection reporting, correction, and certification processes.

Certification Comments

Certification comments are released publicly, as written by the facility, and may be found on the THCIC website at www.dshs.texas.gov/thcic.

THCIC recommends comments to be written as if your facility were providing information as a public statement regarding your data.

Certification comments are not required for certification data that is 100% accurate.

The latest Certification Comments publicly released are:

- 3q2020 Inpatient Comments
- 3q2020 Outpatient Comments

Self-Pay Data Requirements

Facilities are required to report data to THCIC regardless of how payment for services were made to the facility.

This includes all **Self-Pay** data.

Chapter 421 Inpatient Data, §421.2(b)
Chapter 421 Outpatient Data, §421.62(b)
Chapter 421 Emergency Department Data, §421.72(b)

Test vs Production Status for Submitters

All new Submitters are initially set to **TEST** Status in our system and must be granted approval by System13 to submit data files in Production Status.

Only data files submitted as **PRODUCTION** data by an approved Submitter are considered "live" data in our system.

New Submitters in **TEST** Status may review the processes for Production Status approval at https://dshs.texas.gov/thcic/hospitals/Testing-Process.pdf.

Penalties for Race and Ethnicity

25 TAC Chapter 421 mandates the reporting of patient race and ethnicity codes to THCIC for **ALL** patients.

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

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.

Acceptable **Race** codes are:
1 = American Indian/Eskimo/Aleut,
2 = Asian or, Pacific Islander,
3 = Black,
4 = White and
5 = Other Race.

Acceptable **Ethnicity** codes are:
1 = Hispanic or Latino Origin,
2 = Not of Hispanic or Latino Origin.

To obtain this information, 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.

Facilities may develop and use their own form for collecting patient Race and Ethnicity, if the reporting codes are the same as listed on the THCIC form, as specified in rule.

Each facility can verify its **Race and Ethnicity accuracy** by generating a **SUMMARY REPORT** from the REPORTS tab on the Dashboard screen.
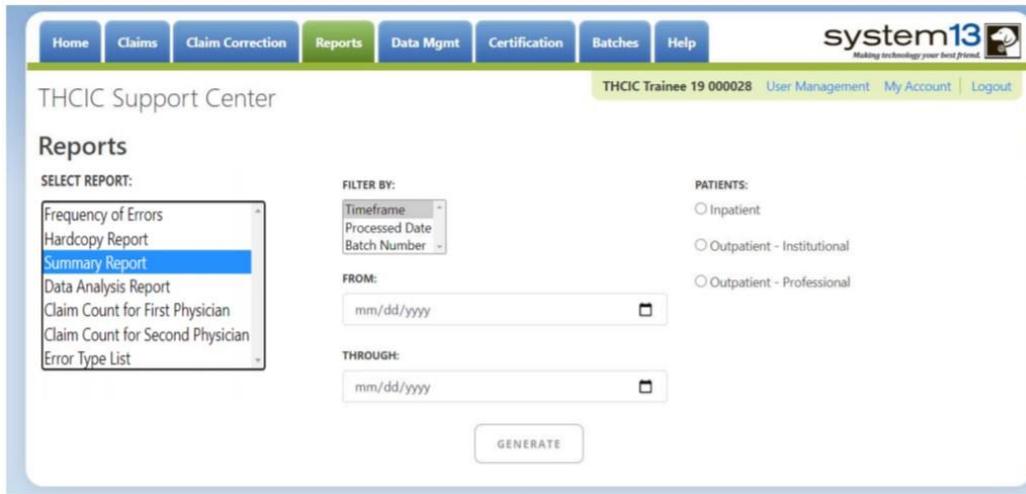
A support video may be found at [Social Security Numbers, Race, Ethnicity Issues.](#)

How to Report Patient SSN

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.

2.2 Unknown Social Security Number
If an SSN could not be obtained:

ANSI Loop.Data Segment	Default Code or Information
2010BA REF02 or 2300.K301 (Patient Social Security Number)	Spaces, or 999999999 (if system requires an entry)

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

A support video may be found at Social Security Numbers, Race, Ethnicity Issues.

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.

Facilities may generate the FER and Summary Report by following instructions provided at Inpatient Reports or Outpatient Reports or by signing up for THCIC Training at Training.
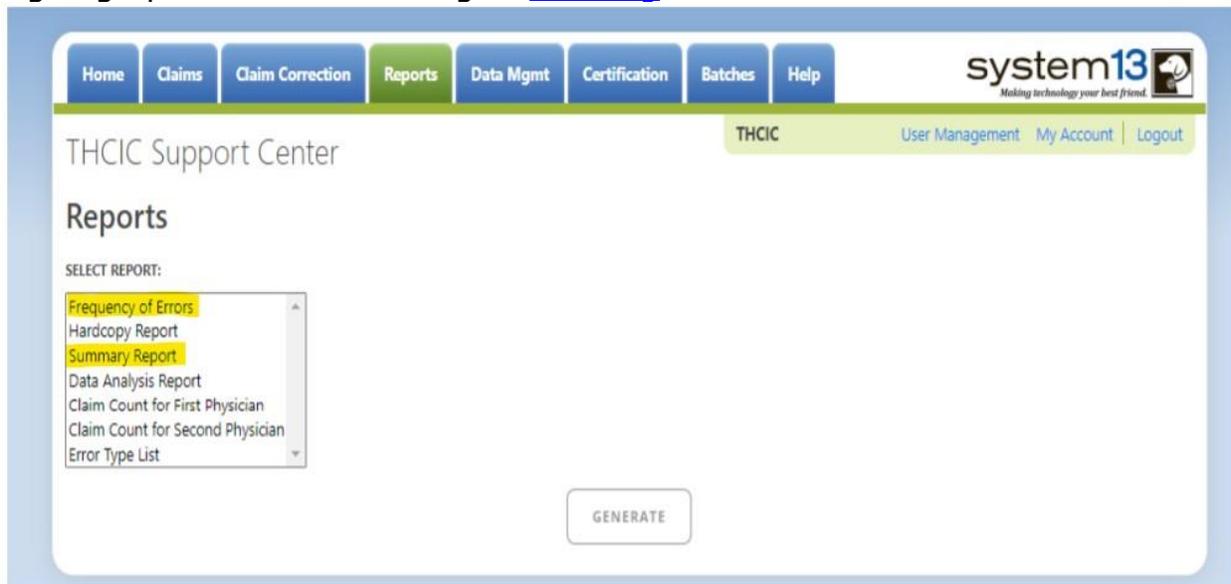
Frequency of Error Report (FER)

The errant data contained in the Corrections Tab may be corrected for FREE before the correction period ends for each reporting quarter. See the Reporting Schedule for those dates.

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%.

The **FER** 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. See instructions provided at Inpatient Reports or Outpatient Reports for generating a FER.

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** or corrected/changed a data field without submitting the update, the error remains on the FER; however, the error indicator will be cleared on the Dashboard Screen.

Once the data are moved from the Corrections Tab into the Certification Tab (see the Reporting Schedule for the dates), usually when the Correction period ends for the quarter (or the facility manually starts certification early), 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, Inc. to have the data moved back into the Corrections Tab for error corrections to take place.

Facilities should **NOT** manually start certification unless ALL the data for the quarter have been submitted and corrected to 100% accuracy.

Summary Report

The **Summary Report** may be generated multiple times while the data are in the Corrections Tab and 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. The Summary Report may be generated multiple times, as needed. **See Slides 24 and 25** at Inpatient Reports or Outpatient Reports

For example, "02" and "20" are valid codes for Inpatient Discharge Status; however, accidental coding of "20" would indicate the patient expired.

Since an Inpatient Discharge 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.

THCIC Summary Report (Inpatient) Q1 2020
Report Date: 09-Sep-2021
THCIC ID: 000001 System13 QA 1

Patient Discharge Status

Status	Patients	Percent
Dischg to home or self care - 01	0	0.00%
Dischg/xfer to short term gen. hosp - 02	1	0.75%
Dischg/xfer to SNF - 03	0	0.00%
Disch/xfer to Fac Prov Custod/Supp - 04	0	0.00%
Dischg/xfer to cancer or child hosp - 05	0	0.00%
Dischg/xfer to home health - 06	0	0.00%
Left AMA, discontinued care - 07	0	0.00%
Admitted as an inpatient - 09	0	0.00%
Expired - 20	131	97.76%
Dischg/xfer to Court/Law Enforc - 21	0	0.00%
Still patient - 30	0	0.00%
Expired at home - 40	0	0.00%
Expired in medical facility - 41	0	0.00%
Expired, place unknown - 42	0	0.00%
Dischg/xfer to Fed health care facility - 43	0	0.00%
Hospice/home - 50	0	0.00%
Hospice/medical facility - 51	0	0.00%
Dischg/xfer hosp Mcare appr swing bed - 61	0	0.00%
Dischg/xfer to inpatient rehab facility - 62	0	0.00%
Dischg/xfer to long term care hosp - 63	0	0.00%
Dischg/xfer to Mcaid SNF, not Mcare - 64	0	0.00%
Dischg/xfer to psyc - hosp psyc unit - 65	0	0.00%
Dischg/xfer to critical access hosp - 66	0	0.00%
Dischg/xfer to desig disaster alt site - 69	0	0.00%
Dischg/xfer to other undefined fac - 70	0	0.00%
Dischg to home/self care planned readmis - 81	0	0.00%
Dischg/xfer to short term gen. hosp planned readmis - 82	0	0.00%
Dischg/xfer to SNF planned readmis - 83	0	0.00%

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 the facility an opportunity for a quick summary check of the Charge amounts submitted to System13, Inc. by the facility or your vendor, which are then reported to the public through data files released by THCIC.

THCIC Summary Report (Outpatient - Institutional) 01/02/2021 thru 03/30/2021
Report Date: 09-Sep-2021
THCIC ID: 000001 System13 QA 1

Claim Timeline

	2020	2021	2022
Jan	0	78	0
Feb	0	71	0
Mar	0	57	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

Charges Summary

Type	Amount
Total Charges	$919,522.97
Average Charge	$4,463.70
Minimum Charge	$164.85
Maximum Charge	$52,871.72
Standard Deviation	$5,466.72

Charges Breakout

Category	Count
> $250,000	0
$1,000 - $250,000	158
< $1,000	48

Claim Filing Indicator Code

Code	Primary	Percent	Second	Percent
Other NonFederal Programs - 11	0	0.00%	0	0
Preferred Provider Organization (PPO) - 12	0	0.00%	0	0
Point of Service (POS) - 13	0	0.00%	0	0
Exclusive Provider Organization (EPO) - 14	0	0.00%	0	0
Indemnity Insurance - 15	0	0.00%	0	0
Health Maintenance Organization (HMO) Medicare Ris - 16	0	0.00%	0	0
Dental Maintenance Organization - 17	0	0.00%	0	0
Automobile Medical - AM	0	0.00%	0	0
Blue Cross/Blue Shield - BL	36	17.48%	0	0
CHAMPUS - CH	1	0.49%	0	0
Commercial Insurance Co. - CI	62	30.10%	0	0
Disability - DS	0	0.00%	0	0
Federal Employees Program - FI	0	0.00%	0	0
Health Maintenance Organization - HM	0	0.00%	0	0
Liability Medical - LM	0	0.00%	0	0
Medicare Part A - MA	37	17.96%	0	0
Medicare Part B - MB	0	0.00%	0	0
Medicaid - MC	30	14.56%	0	0
Other Federal Program - OF	0	0.00%	0	0
Title V - TV	0	0.00%	0	0
Veteran Administration Plan - VA	0	0.00%	0	0
Workers Compensation Health Claim - WC	2	0.97%	0	0
Mutually Defined, Or SelfPay, Or Unknown, Or Charity - ZZ	38	18.45%	0	0
Missing/Invalid	0	0.00%	206	100.00%

Counts of 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.

THCIC Summary Report (Inpatient) Q1 2020
Report Date: 09-Sep-2021
THCIC ID: 000001 System13 QA 1

Patient Location

Location	Count	Percent
In State	130	97.01%
Out of State	1	0.75%
Out of Country	0	0.00%
Missing/Invalid	3	2.24%

Patient Race

Race	Count	Percent
American Indian/Eskimo/Aleut - 1	0	0.00%
Asian, Native Hawaiian or Pacific Islander - 2	131	97.76%
Black or African American - 3	0	0.00%
White - 4	1	0.75%
Other Race - 5	0	0.00%
Missing/Invalid	2	1.49%

Patient Age Breakdown

Age	Count	Percent
Less than 1 year	8	5.97%
1 - 17	1	0.75%
18 - 44	0	0.00%
45 - 64	124	92.54%
65 - 74	0	0.00%
> 74	1	0.75%
Missing/Invalid	0	0.00%

Patient Gender

Gender	Count	Percent
Female - F	130	97.01%
Male - M	2	1.49%
Unknown - U	0	0.00%
Missing/Invalid	2	1.49%

Patient Ethnicity

Ethnicity	Count	Percent
Hispanic origin - 1	0	0.00%
Not of Hispanic origin - 2	132	98.51%
Missing/Invalid	2	1.49%

Severity Index

Severity	Count	Percent
Level 0 (no class)	9	6.72%
Level 1 (minor)	3	2.24%
Level 2 (moderate)	0	0.00%
Level 3 (major)	121	90.30%
Level 4 (catastrophic)	1	0.75%

Length of Stay

Length	Count	Percent
1 day	3	2.24%
2 - 9	128	95.52%
10 - 29	0	0.00%
30 - 59	0	0.00%
60 - 99	0	0.00%
> 99 days	1	0.75%
Missing/Invalid	2	1.49%

Diagnosis & Procedure Codes Summary

Category	Diagnosis	Procedure
Avg. code count per Encounter	14.57	1.03
Principal code only	4	123
No principal code	1	4

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 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.

THCIC Summary Report (Inpatient) 01/08/2021 thru 03/25/2021
Report Date: 09-Sep-2021
THCIC ID: 000001 System13 QA 1

Claim Timeline

	2020	2021	2022
Jan	0	31	0
Feb	0	42	0
Mar	0	35	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

Charges Summary

Type	Amount
Total Charges	$2,101,895.93
Average Charge	$19,462.00
Minimum Charge	$1,700.15
Maximum Charge	$130,695.25
Standard Deviation	$19,079.35

Charges Breakout

Category	Count
> $250,000	0
$1,000 - $250,000	108
< $1,000	0

Non-newborn Point of Origin (Admission Source)

Point of Origin	Count	Percent
Non-Health Care Facility Pt of Origin - 1	72	66.67%
Clinic or Physician's Office - 2	0	0.00%
Xfer from Hospital - 4	1	0.93%
Xfer from a SNF, ALF, ICF or other NF - 5	0	0.00%
Xfer from Another Health Care Facility - 6	0	0.00%
Court or Law Enforcement - 8	0	0.00%
Information not Available - 9	1	0.93%
Xfer from one Unit to Another - New Clm - D	0	0.00%
Xfer from Ambulatory Surg Cntr - E	0	0.00%
Xfer from Hospice - Under Hospice Plan - F	0	0.00%
Xfer from Desig Disaster Alt Care Site - G	0	0.00%
Total Newborn Admissions	34	31.48%
Missing/Invalid	0	0.00%

Newborn Admissions

Point of Origin	Count	Percent
Born Inside the Hospital - 5	34	100.00%
Born Outside the Hospital - 6	0	0.00%
Missing/Invalid	0	0.00%

Admission Type

Type	Count	Percent
Medical Emergency - 1	31	28.70%
Urgent - 2	0	0.00%
Elective - 3	43	39.81%
Newborn - 4	34	31.48%
Trauma - 5	0	0.00%
Information not available - 9	0	0.00%
Missing/Invalid	0	0.00%

There are Report Presentations available on the THCIC website to assist with generating reports at Inpatient Reports or Outpatient Reports

Videos for Troubleshooting

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

[Allowed File Upload formats](#)

[Claim Entry (Manual Data Entry)](#) - How to enter claims

[Claim Correction](#) - How to correct errors

[Explaining the THCIC Required Codes List](#)

[Institutional -vs- Professional format](#)

[Social Security Number (SSN), Race, And Ethnicity issues](#)

[Troubleshooting 837 Submission Files](#)

[Correcting Physician Errors](#)

[Diagnosis (manifest) codes, E-Code, and POA Errors](#)

[Patient Control Number Errors](#)

[How To Certify](#)

Did You Know?

- **Provider Primary Contacts** must always keep their Logins active. 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 <u>as written</u>. Use caution. You should **<u>never</u>** 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 free Webinar trainings 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.

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

Upcoming Due Dates

Activity	Q1 2021	Q2 2021	Q3 2021
Cutoff for initial submission	~~6/1/2021~~	~~9/1/21~~	12/1/2021
Cutoff for corrections (Free)	~~8/2/2021~~	11/1/2021	2/1/2022
Facilities retrieve certification files	~~9/1/2021~~	12/1/2021	3/1/2022
Cutoff for corrections at time of certification (Associated Fees)	10/1/2021	1/3/2022	4/1/2022
Certification/comments due	10/15/2021	1/18/2022	4/15/2022

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

THCIC (in Austin)
Web site: www.dshs.texas.gov/thcic

Main phone: (512) 776-7261 (limited due to COVID)
Email: thcichelp@dshs.texas.gov

THCIC Staff

Andy Alegria – Business Analyst

Pragya Bhattarai – FEMC Data Compliance, Research Analyst, IRB Research Data

Bruce Burns - Director

Victor Filos - Research Analyst

Yanxia Guo - Research Analyst

Tiffany Overton – Training, PUDF Orders

Dee Roes – Hospital & ASC Data Compliance, IRB Research Data

Jeremie Sawadogo - Lead Research Analyst

Past Newsletters

https://dshs.texas.gov/thcic/Texas-Health-Care-Information-Collection-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 -
https://dshs.texas.gov/thcic/hospitals/NoDataToReport.pdf

Current Provider Contact List –
https://dshs.texas.gov/thcic/hospitals/FacilityList.xls

Appendices Document –
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

Outpatient and Emergency Department Reporting Requirements -
https://www.dshs.texas.gov/thcic/OutpatientFacilities/TechReqSpec5010_Outpatient_THCIC837.pdf

HCPCS Codes -
https://dshs.texas.gov/thcic/OutpatientFacilities/HCPCS-Code-worksheet-for-2021.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

Visit Us Online
www.dshs.texas.gov/thcic