TEXAS Health and Human Services | Texas Department of State Health Services

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 29 Number 2
May 4, 2026

Please email any questions to thcichelp@dshs.texas.gov.

Important Notifications Below:

Please share with all staff supporting the THCIC data collection efforts including your Submitter Contact or vendor.

Data Collection Workgroup (DCW)

THCIC will begin hosting the live DCW meetings again this spring with a projected June 3rd meeting at 10:00 AM CT.

Invitations will be emailed in mid-May to the assigned Facility THCIC Primary Contacts, Submitters, and others and may be shared with internal staff for attendance.

Contacting THCIC or System13

When leaving a voice message or sending an email to THCIC or System13, it is crucial that you provide the following information:

- Facility THCIC ID Number
- Your Name
- Direct callback phone number
- Description of the issue or question

Summary Report Review

Prior to the end of the Free correction period, the assigned facility Primary Contact should generate and review the quarter's Summary Report to verify the patient demographics appear valid for your facility.

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Many facilities have discovered internal mapping issues for patient race and/or ethnicity, DOBirth entered as DOService, or elevated charges due to improper decimal point alignment.

The Summary Report is located on your Dashboard screen under the Reports Tab.

Additional Reports information may be found at Outpatient Reports and Inpatient Reports

Certification Physicians Report

Assigned facility Primary Contacts are required to provide all physicians a reasonable opportunity to review and comment on the data for which they are listed as providing services.

Inpatient Rule Chapter 421.7(c)(4)
Outpatient/ED Rule Chapter 421.66(c)(4)

Understanding Bill Types on the FER

xx0 = Non-Payment/Zero Claim
xx1 = Admit throught Discharge Claim
xx2 = Interim – First Claim
xx3 = Interim – Continuing Claim (must have prior xx2 submitted)
xx4 = Interim – Last Claim (must have prior xx2 submitted)
xx5 = Late Charge(s) Only (must have prior xx1 submitted in same quarter)
xx6 = Adjustment to Prior Claim (OP Professional Only with prior xx1 submitted in the same quarter)
xx7 = Replacement of Prior Claim (must have prior xx1 claim submitted in the same quarter)
xx8 = Void/Cancel of Prior Claim (must have prior xx1 claim submitted in the same quarter)

Most data are submitted to THCIC as xx1 claims.

The Frequency of Error Report (FER) provides a breakdown of bill types submitted by your facility and should be verified by the facility.

If your facility has submitted bill type claim xx2, a matching xx4 bill type claim must be submitted so the two claims can be processed as one admit thru discharge claim.

If your facility has submitted bill type claim xx7 or xx8, a matching xx1 bill type claim must be submitted prior to receiving the xx7 or xx8 so that the replacement or void can take place.

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Bill type xx7 and xx8 claims received without prior xx1 claims, and bill type xx4 claims received without prior xx2 claims become "widowed" claims that cannot be processed by our system.

Bill type xx5 and xx6 claim must have a prior xx1 claim submitted to add late charges, and must be submitted within the same reporting quarter. Once the xx1 claim is generated for Certification, a xx5 claim may not be submitted.

In the first scenerio below, the facility did not submit prior xx2 bill types matching the xx4 claims, only the xx1 bill types claims (358) would be processed in our system.

The second scenerio below shows 358 xx7 (replacement) claims; however, initial xx1 claims were never reported and the facility will have 0 claims reported as the xx7 claims are "widowed".

Claims by Bill Type	
Bill Type	Count
xx0	0
xx1	358
xx2	0
xx3	0
xx4	95
xx5	0
xx6	0
xx7	0
xx8	0
xx?	0

Claims by Bill Type	
Bill Type	Count
xx0	0
xx1	0
xx2	0
xx3	0
xx4	0
xx5	0
xx6	0
xx7	358
xx8	0
xx?	0

2026 HCPCS Codes

List of outpatient procedure codes that, if performed by a hospital or ASC between January 1 and December 31 2026, indicates the patient procedure requires submission under 25 TAC §§ 421.61- 421.68.

2026 HCPC Codes

Self-Pay and Charity Reporting

Facilities are required to report all charity and self-pay, if the patient service or procedure is collected by THCIC as written in Rule.

Facilities must also report both Institutional and Professional claims data, if applicable.

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Troubleshooting Password Reset

Login **Usernames** must be **typed in** and **not** copy and pasted when requesting to reset your passwords. Users will **not** receive the password reset email if the Login Username is copy and pasted.

Login Password TIP

Many Primary Contacts/Data Managers, Data Users, and Submitter Contacts have had their accounts locked or disabled due to an expired password.
Passwords are required to be changed every 60-days.

THCIC suggests a reminder be placed on your work calendar for 59 or 60-days from the date your password is changed.

Facility Primary Contacts/Data Managers that do not wish to change their login passwords should have the facility CEO assign a new Primary Contact by completing and returning the THCIC Facility form available at Facility Contact Form.

Submitter Contact updates should use Submitter Contact Update Form.

Starting Certification Early (EOD)?

STOP! Before starting a quarterly Certification process, you MUST generate a new Frequency of Error Report (FER) to verify all claim counts for the quarter (all three months) have been submitted and are 100% error free. Only a new FER can verify this.

Starting Certification prevents adding forgotten or unreported quarterly claims and/or correcting data errors unless a fee is paid (aka "regen") to System13.

Certification Comment Caution

All certification comments written by your facility are released **publicly**. Comments should be written as if you are releasing a statement about your quarterly dataset to the **media**.

Certification comments are required if your C12 report indicates uncorrected errors.

Comments are not required if your data is 100% accurate according to the quarterly Certification Report.

The following phrases are **NOT** a certification comment:

- "Accept as is"
- "Certified" or "Certified Q# YYYY"

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- "No comment" or "No comment needed."
- "Reviewed."
- "Certified by…"
- "Missed correction due date."

If your facility does not correct the certification errors, it MUST "Certify with a Comment" before the certification due date.

1) Certification Comments must include:
   a. The type of uncorrected data errors; and
   b. Why corrections were not completed.

2) The comment must be adequately written for public release (no Personal Identifiable Information (PII) written in the comment).
   Note: Comments are released to the Public as written.

3) DO NOT list any patient or physician identifying information or facility staff names in the Certification Comment.

Who are your Assigned Contacts?

A listing of current assigned contact may be found at Current Reporting Facilities.

Patient Sex Code Clarification

For THCIC data collection and research purposes, when reporting a patient **Sex Code**, it is defined as the patient's "biological sex assignment at birth".

THCIC Training

THCIC provides free online training on the data reporting processes that are recommended for all Texas hospitals, ASCs, and FEMCs.

Postings for online training dates are available at:
https://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. **Please feel free to request customized training for you and your staff at no cost!**

To attend the online training(s) **or order a customized training,** 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

Activity	Q4 2025	Q1 2026	Q2 2026
Quarterly data submission due no later than 9:00 PM CT	3-2-26	6-1-26	9-1-26
Free Error correction ends at 9:00 PM CT	5-1-26	8-3-26	11-2-26
Facility certification files available by	6-1-26	9-1-26	12-1-26
Certification/comments due no later than 9:00 PM CT	7-15-26	10-15-26	1-15-27

The THCIC **Reporting Schedule** for **all** due dates may be found at: http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm

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?

- A new Frequency of Error Report (**FER**) 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.

- **Facility Primary Contacts/Data Managers** must always keep their Logins active. Failure to log in at least **every 60 days to change your password** may cause a temporary deactivation of your account for security purposes. **Data Manager Logins may never be shared**.

- All Data User, Data Certifier, and Submitter login passwords MUST be changed every 60 days in our system. Failure to change login passwords will result in the disabling of the account.

- Your quarterly **certification "comments"** are **PUBLICLY** released as written. Use caution. You should **never** provide physician or patient identifying information in a certification comment.

- **Emailing** of **Personal Identifying Information (PII)** or **Sensitive Personal Information (SPI)**, even when the email is encrypted, it may not be 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 properly corrected through the Correction Tab, or by submitting a corrected claim batch file through the system.

How to Reach Us

System13, Inc. (in Virginia)
Web site: https://thcic.system13.com

System13 Helpdesk Support Team
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
Email: thcichelp@dshs.texas.gov

THCIC Staff

Tarik Brown – THCIC Director
Pragya Bhattarai – THCIC Manager, Medical Research Specialist/Team Lead
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Adrianna Jackson – Research Specialist, FEMC Compliance, IRB Research Data
Tiffany Overton – Data Collection Training Specialist, PUDF Orders
Dee Roes – Quality Assurance Specialist, Hospital & ASC Compliance
Seema Saraswathi – Research Specialist
Sneha Talla – Research Specialist

All THCIC staff may be contacted by email at thcichelp@dshs.texas.gov

Links to Forms and Documents

Past Newsletters
THCIC Newsletters

Patient Notification of Data Collection Form
Patient Notification of Data Collection (English)

Patient Notification of Data Collection (Spanish)

Facility Contact Update Form
Facility Contact Form

Who are the Facility Contacts?
Current Reporting Facilities

Submitter Contact Update Form
Submitter Contact Update Form

No Quarterly Data to Report Form
No Quarterly Data to Report Form

Appendices Document
Inpatient and Outpatient Appendices
Contains default codes, payer source codes, audit list, race/ethnicity documents, and other helpful information.

Data Reporting Schedule
Reporting Schedule

Inpatient Reporting Requirements (Hospitals)
Rule for Collection and Release of Hospital Discharge Data

Inpatient Technical Specifications

Outpatient Reporting Requirements (Hospitals and ASCs)

Rule for Collection and Release of Outpatient Surgical and Radiological Procedures at Hospitals and Ambulatory Surgical Centers

Outpatient Institutional Technical Specifications

Outpatient Professional Technical Specifications

Emergency Data Reporting (Hospital, FEMC)

Rule for Collection and Release of Hospital and Freestanding Emergency Medical Centers Outpatient Emergency Room Data

Outpatient Institutional Technical Specifications

HCPCS Codes

Service and Procedure Categories and related HCPCS Codes 2025 This is the list of outpatient procedure codes that, if performed by a hospital or ASC, indicates the patient claim requires submission for 2025 under 25 TAC §§ 421.61-421.68.

Please report any broken links to THCIC at thcichelp@dshs.texas.gov

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