Department of State Health Services
Center for Health Statistics
Texas Health Care Information Collection

THCIC Submitter and Provider Enrollment Guide

October 3, 2025

THCIC's primary purpose is to provide data that will enable Texas consumers, legislators, policy makers, researchers, and health plan purchasers to make informed health care decisions.

The reader is advised to reference [Chapter 108, Texas Health & Safety Code](#) and the [Chapter 421](#), Title 25, Part 1 of the Texas Administrative Code rules.

In order to facilitate the implementation and operation of the Department of State Health Services data reporting programs under *[Chapter 108, Texas Health & Safety Code,](#)* it is required for each reporting health facility to provide the name and contact information for its designated THCIC liaison by completing and returning a CEO signed Facility Contact form to THCIC. [Facility Contact Form](#)

Always provide your assigned Facility THCIC ID Number or Submitter ID when calling or emailing System13 or THCIC.

THCIC Tips
Getting Started

Step 1: Determine how your facility will submit the required data to THCIC.
a) Manual data entry. (sign-up for Claim Entry training).
b) Electronic batch file upload.
i. Sign up for a Submitter ID for electronic batch file submission. (See page 7).

Step 2: Sign up for free on-line training provided by THCIC staff.
a) Electronic Data Submission (if your facility will submit electronic batch files)
b) Claim Entry (for manual data entry)
c) Claim Correct (for correcting errors in the data you have submitted)
d) Certification (for certifying quarterly data as being complete and accurate)

Training information is linked at:
http://www.dshs.state.tx.us/thcic/Training.shtm.

THCIC On-line training, Self-Paced training, and System13 Support Videos on Electronic Data Submission, Manual Claim Entry, Claim Correct, Certification, and Reports are available here:
https://www.dshs.texas.gov/center-health-statistics/texas-health-care-information-collection/facility-reporting-requirements/training

Step 3: The assigned Facility Primary Contact will receive an automated email from our system providing them with a Facility **Data Manager** Login Username for accessing our system once the THCIC Facility Contact form is received from the facility. Facility Contact Form
a) Our system will email the Facility Data Manager Login Username to the assigned **Facility Primary Contact** once the contact information form has been received by THCIC.
b) If the Facility Data Manager Login Username is not received within 1 workday, please call the System13 helpdesk at 888-308-4953 to inquire about it.
c) Set up your password for the Facility Data Manager Login Username. Instructions are included in the email.
d) Login passwords expire every 60 days and are required to be reset.
e) Only one (1) Facility Data Manager Login Username is provided to each facility and is only assigned to the Facility Primary Contact. See Step 4 for additional login usernames for multiple staff.
f) The assigned Facility Primary Contact has the responsibility of ensuring the facility's compliance with Chapter 108, THSC.

Step 4 (Optional): The Facility Primary Contact may request additional Facility Login Usernames for up to 6 additional facility staff.

a) Log in at https://thcic.system13.com/login with the Facility **Data Manager** Login Username sent to the Facility Primary Contact.
b) Click on "User Management" on the top right side of the screen.
c) Add up to 6 additional users, one at a time, and click "Save".
d) Our system will email each added staff person their own facility login username within minutes.
e) **All "user" emails must be HIPAA compliant**. Usually Hotmail, Yahoo, and AOL email addresses are **NOT HIPAA** compliant and cannot be used to collect, store, or transmit Protected Health Information. If you add a user with a Hotmail, Yahoo, or AOL email address, you are verifying it is HIPAA compliant.

NOTE: The assigned PRIMARY CONTACT is required to reset their Data Manager login password every 60 days to keep it active. If the assigned PRIMARY CONTACT cannot perform the duties of a THCIC Facility Primary Contact, a new Primary Contact must be assigned.

<div align="center">

THCIC Process
Who Must Report
What to Report
</div>

Hospitals
Inpatient Discharges
Texas law requires all hospitals in operation for any of the reporting periods described in Title 25, Texas Administrative Code §421 (relating to the Schedule for Filing Reports) shall submit data on all discharged inpatients to the Texas Heath Care Information Collection program.

Hospitals and Ambulatory Surgery Centers
Outpatient Surgical/Radiological Procedures
Texas law requires all hospitals and ambulatory surgery centers in operation for any of the reporting periods described in Title 25, Texas Administrative Code §421 (relating to the Schedule for Filing Reports) shall submit data on all outpatients (which have one or more surgical and/or radiological/imaging procedures only) services identified by specific revenue codes or service and procedure category codes listed on the THCIC web site to the Texas Heath Care Information Collection program.

Hospitals and Freestanding Emergency Medical Centers
ED Visits
Texas law requires all hospitals and freestanding emergency medical centers in operation for any of the reporting periods described in Title 25, Texas Administrative Code §421 (relating to the Schedule for Filing Reports) shall submit data on all emergency department visits to the Texas Heath Care Information Collection program.

[Facility Contact Listing](#): contains the names, addresses, county, CEO, primary, alternate, and certifier THCIC liaisons, reporting status, and facility type for reporting facilities.

Technical Specifications

Below are web links to the current specifications for submitting data electronically. The following manuals are intended for the facility IT or IS staff or software vendors who will create the electronic data submission. The Appendices include information that may be useful in the collection and submission of the data**.**

Inpatient Electronic Specifications:
https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/5010_inpatientthcic837technicalspecifications.pdf

Outpatient Electronic Specifications:

Institutional Format
https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/5010_outpatientthcic837technicalspecifications.pdf

Professional Format
https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/5010_outpatientprofessionalthcic-837technicalspecifications.pdf

Emergency Department Specifications:

Institutional Format
https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/5010_outpatientthcic837technicalspecifications.pdf

Beginning with the **standard 5010 billing format**, additional data fields are required by Chapter 108, Texas Health and Safety Code. The additional data fields are: THCIC ID number, Patient Race, and Patient Ethnicity, which are to be included in the modified 5010 file specification.

Contact your Billing Software Provider to ensure they provide your facility with a valid software formatted to the THCIC Specifications.

All facilities are required by Chapter 108, THSC, to report **Race and Ethnicity** on each patient.

Information on collecting patient **Race and Ethnicity** is posted in the Appendices document located at

https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/5010_inpatientando
utpatientappendices.pdf

Check with your Billing Software Provider about acquiring a "modified" billing
software for reporting data electronically to THCIC/System13.

A list of all required data fields is posted in the Specifications documents linked
above.

Manual Data Entry
A presentation on submitting data **manually** is posted at
https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/Inpatient-
WebClaim.pdf

Quarterly Reporting Processes
There are three (3) phases for the THCIC processes required for each
reporting quarter.
1. Submission Phase
2. Correction Phase
3. Certification Phase
Each facility must ensure all Steps are completed for each quarterly data
timeline.

Submission Phase – Step 1

Facilities may submit data electronically to System13, may use a System13
approved Submitting Agent for electronic data submission, or may manually enter
data directly into our system using the Claim tab. A Submitting Agent may be
anyone enrolling for a Submitter ID.

Facilities may use the "**Claim**" tab (for manual data entry) created by System13 to
manually enter the required patient data. Facilities using the Claim Tab for
submitting data do not need to request a Submitter ID or go through the 5010 file
format testing process.

Claim manual entry is usually used by low volume facilities and for data that could
not be submitted electronically (usually self-pay and charity data, as a bill may not
have been created by your facility).

If the facility will submit data manually under the **Claim** tab, skip down to the
section **"Facility Login and Password"**.

If your facility will submit data electronically in the modified 5010 file format directly to THCIC/System13, the facility will need to enroll for a Submitter ID (see below).

If your facility will use an approved third-party Submitting Agent for electronic data submission, the Submitting Agent will be required to enroll for a Submitter ID.

A Submitter ID is only necessary if the data will be submitted electronically.

All login access, including Data Manager and Submitter logins, from an IP address outside of the USA will be blocked from accessing our system for security purposes.

In the event your facility **did not provide any reportable services during a specific quarter, your facility must complete the THCIC form referred to as the "**No Data to Report**" form and send it to THCIC prior to the quarterly due date. The No Data to Report form may be downloaded at https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/NoDataToReport.pdf

Requesting a Submitter ID for Electronic Submission

A Submitter ID application is available on the System13 website at https://thcic.system13.com/enrollments. Click on "Request an Account". Only the **Submitter** Primary Contact named on the enrollment application will receive the Submitter Login Username.

*Note: Although a **Submitter** and **Facility** Primary Contact could be the same person, each will have a different Login Username for accessing different functions within our system.

Setting up the Submitter Password
Once you receive your Submitter ID from System13, follow the instructions in the e-mail to set up the Submitter ID Password.

If you do not receive an email with a Submitter ID within 24 hours of enrollment (see link above) or are unable to create a password, please contact the helpdesk at System13 at 888-308-4953.

Testing Process for New Electronic Data Submitters

Facilities submitting electronically directly to System13 in the modified 5010 file format must go through a testing process to become an **approved** Submitter.

Submitters must pass the testing process prior to the initial due date for the quarterly data reporting, or the facility risks a penalty/fine.

The purpose of testing the electronic data files is to ensure the file format is compatible with our system and includes all required data fields.

Before beginning the "testing" of data files, you should have already:

1. Enrolled and received your Submitter ID and created a password. To enroll for a Submitter ID complete the on-line "Enrollment Form" at https://thcic.system13.com/enrollments. If you haven't received your Submitter ID within two business days, contact System13 at 888-308-4953.
2. Contacted your billing software provider to inquire about acquiring a "state data software" package for electronic submission.
3. Readied your system to extract the data from your system into the THCIC 837 modified format.

More information on the uploading of electronic data files may be found at https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/Testing-Process.pdf

Facility Login and Password

Each facility will name a "THCIC Facility Primary Contact" for THCIC purposes. Once this information is provided to THCIC on the approved form, our system sends an automated email to the assigned Facility Primary Contact providing them with a unique Data Manager login username and instructions for setting up a password. This allows the Facility Primary Contact access our system, which contains the **Claim**, **Correction,** and **Certification Tabs**, plus other information including reports about data that has been submitted by your facility.

The Facility Primary Contact also has access to a function called "User Management". User Management provides the capability to add additional facility staff access to the facility's data stored in our system.

Only the assigned **Facility** Primary Contact may add or delete "additional" staff access in our system. Once a "user" has been added, they will receive their own unique login username and password instructions for accessing the facility's data in our system within minutes.

Note: Logins and passwords must never be shared.
All passwords expire after 60 days and **MUST** be reset prior to expiration.

If you do not receive an email with a Facility Login Username within 24 hours or are unable to create a password, please contact the helpdesk at System13 at 888-308-4953.

Correction Phase – Step 2

After each electronic data file submission by a Submitter, the **Facility** Primary Contact will be notified by e-mail of "data receipt" within minutes of a successful file upload. An attached file will be included in the e-mail, called the **Frequency of Error Report (FER),** which provides a summary of the data received. The Facility should then login to the System to check for any data errors and make corrections. Facilities may use the **Correction Tab** to make corrections to data claims. Other methods of correction are available and are covered in the THCIC Training Sessions (discussed later).

If your facility has submitted data via the **Claim** tab, you must generate a FER yourself to verify what has been received by our System. Printing the FER from our System is covered in the THCIC Training Sessions. To print the FER, please refer to the link at https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/Inpatient-Reports.pdf.

Any corrections to the data must be completed by the **Scheduled** timeline posted in the Inpatient and Outpatient Reporting Schedule, http://www.dshs.state.tx.us/THCIC/datareportingschedule.shtm.

All erred data should be corrected. Data should be 100% complete and accurate.

Certification Phase – Step 3

30 days after the scheduled correction period ends, all facilities will receive e-mail notification that the quarterly certification data is ready for review.

Certification is the final "review and comment" period for facilities to look at the data prior to its **release to the public** by THCIC. Facilities are "certifying" the data as being Complete and Accurate (100%).

The certification data is reviewed and certified on the **Certification Tab** in our system.

Facilities may make corrections to the Certification Data for a specified time, however; there is a **significant cost** for correcting the data during the Certification phase. Therefore, it's important to make your corrections during the Correction phase (step 2).

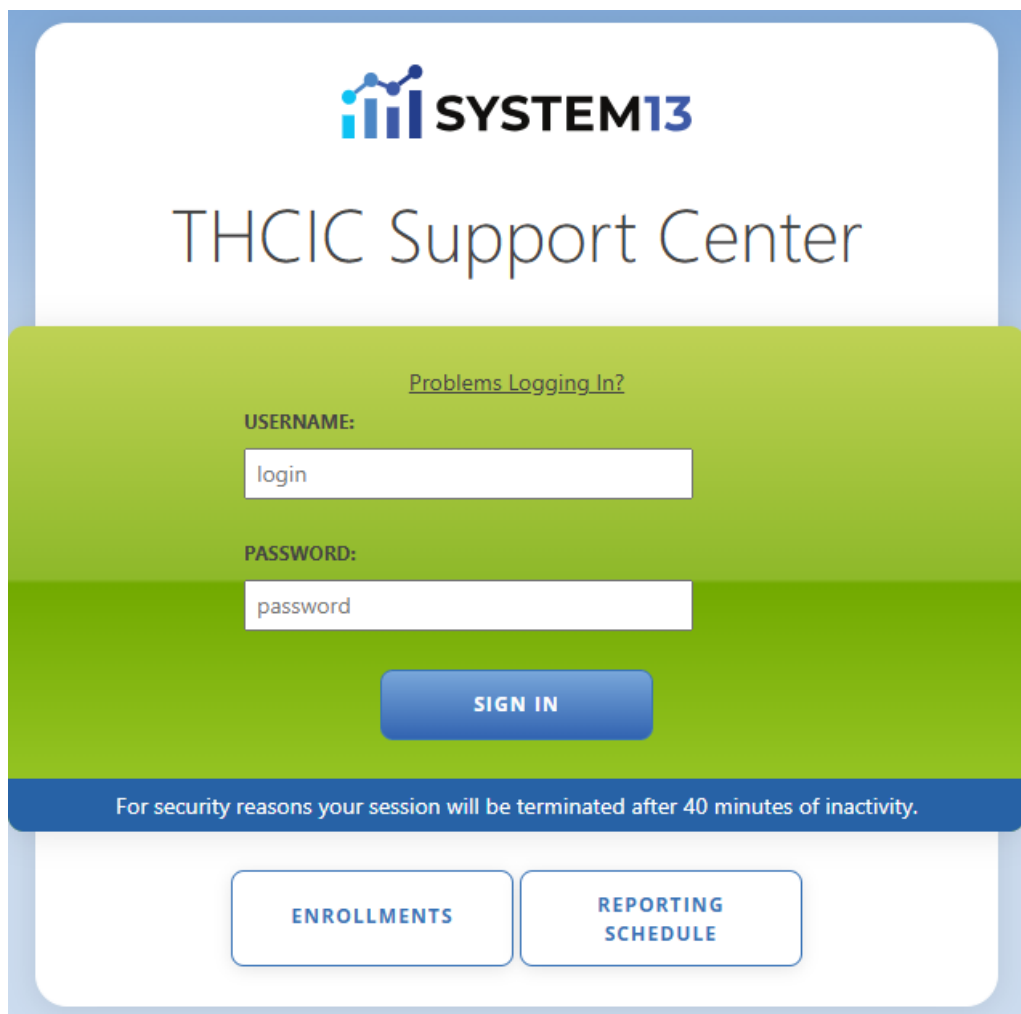**Then the process starts over for the next quarter of data.**

*Note: Each phase overlaps due dates of other phases. For example: The certification phase for one quarter will be on going at the same time of another quarter's correction phase and another quarters submission phase.

THCIC System

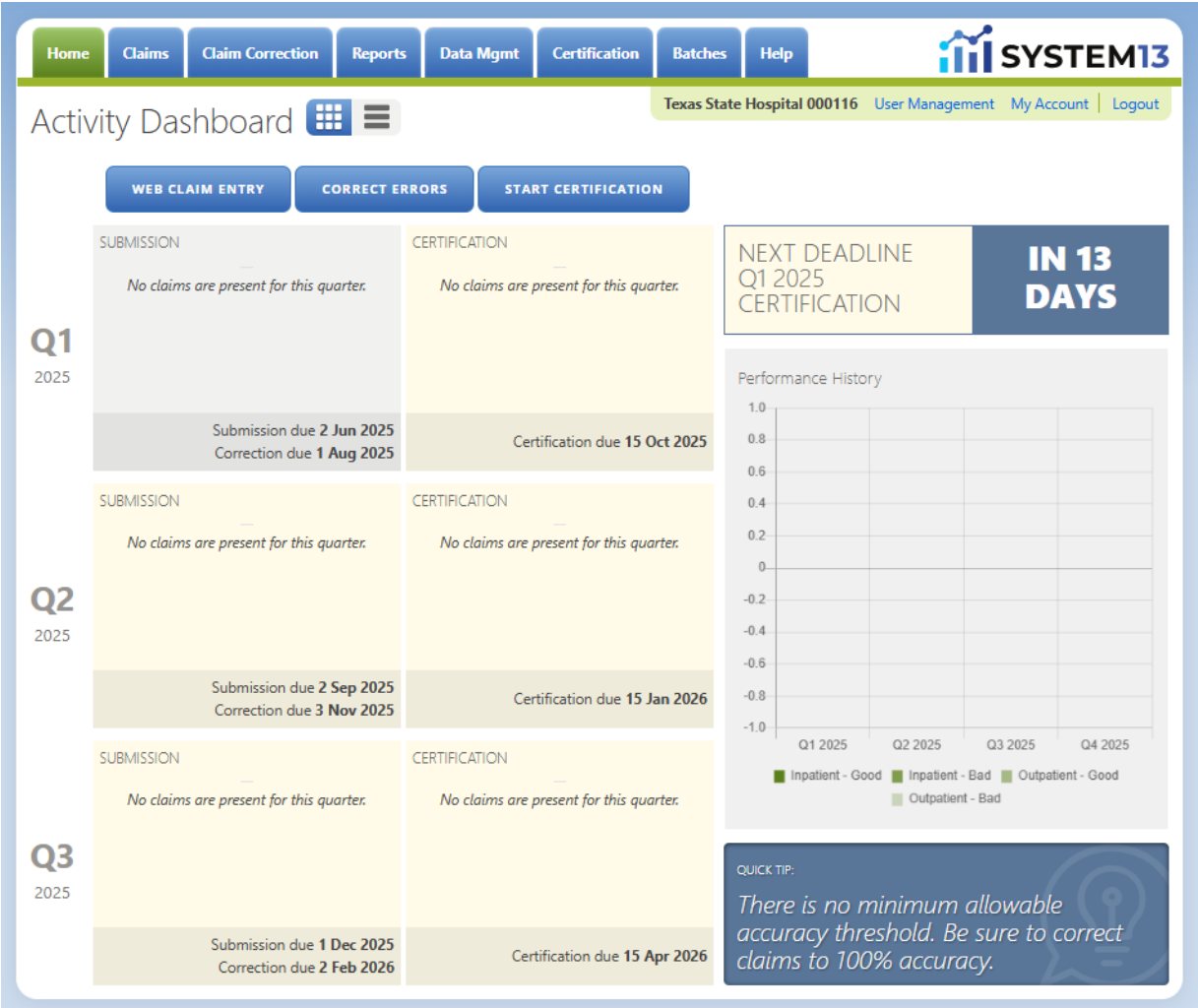Log into the System13, Inc. at https://thcic.system13.com/login

*To login as a SUBMITTER for submitting electronic data files.

*To login as a PROVIDER for manual data entry, data correction, data certification, printing reports, deleting duplicate files, and running clean up actions for the THCIC processes.

Provider Login
Dashboard

Submitter Login Dashboard

Submitter Contact Update Form

Submitter Contact Update Form

THCIC Data Warehouse

system13
Making technology your best friend.

Submitter Information Change Request Form

Hosted by System13, Inc.:
1648 State Farm Blvd.
Charlottesville VA, 22911
888-308-4953 Help Desk

Description:
Contact information for all submitter accounts is maintained by System13, Inc. Submitters are also required to keep System13 updated with a current list of all THCIC_ID's they are submitting data for. This form is used to update **existing** submitter accounts with current contact and provider information.

Please note:
- This form is **not** used to request a new submitter account at System13. For **new submitter** accounts, please visit http://thcic.system13.com and click the "**Enrollments**" button.

- This form is **not** to be used to change **Provider Contact** information for the facility. To update **provider** contacts (primary, alternate, or certifier) please use the "THCIC Facility Contact Information Form": http://www.dshs.texas.gov/THCIC/hospitals/FacilityInformationRequest.pdf

Please enter values for all fields. Any fields left blank will overwrite existing values. Email this form to thcichelp@system13.com or fax to **434-979-1047**.

* = Required

* Submitter ID: **SUB** _____   <= 3 digit number

* Organization Name: _____

* Primary Contact Name: _____

* Primary Contact Email: _____

* Primary Contact Phone: _____

Primary Contact Fax: _____

Alternate Contact Name: _____

Alternate Contact Email: _____

Alternate Contact Phone: _____

* THCIC_ID(s) (6 digit number): _____, _____, _____, _____

* Software Vendor Company: _____

* Name of Software: _____

System13, Inc. 888-308-4953 Help Desk   Page 1 of 2

Facility/Provider Contact Form

[Facility Contact Form](#)

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

Texas Health Care Information Collection • 512-776-7261
P.O. Box 149347, Mail Code 1898, Austin, Texas 78714-9347 • www.dshs.texas.gov/thcic

THCIC Facility Contact Information Form

In order to facilitate the implementation and operation of the Department of State Health Services data reporting program under Chapter 108, Texas Health and Safety Code, it is necessary for each reporting health facility to provide the name and contact information for its designated THCIC liaisons. Please complete the information below and **email** it to **thcichelp@dshs.texas.gov**

*Required Fields

All THCIC contact emails below must conform to HIPAA guidelines for accessing PHI/PII data in System13 and are Facility Business Administrated Email Accounts.

*Assigned THCIC ID:	
*Facility Name:	
*Facility Type (Check only one)	Hospital ASC FEMC
**Physical Street Address (see below):	
*City:	
*ZIP Code:	
*County:	
*State License #:	
***Facility NPI or EIN (Provide **one** number only. See below):	
Medicare ID (if available):	
Submitter ID (if applicable): To update a Submitter Contact, contact System13 at 888-308-4953	

**Submission Street Address (for electronic data submission only) may be updated by contacting THCIC at THCICHelp@dshs.texas.gov.

***Critical: The above number must MATCH what will be submitted in the NM109 segment of your 837-file format for **electronic file submission** or the file will reject. Verify which number is used in the NM109 segment with your Vendor or IT department. This number is ONLY used for validating the identity of the facility to protect patient/physician confidentiality.

Department of State Health Services web site for the THCIC program

www.dshs.state.tx.us/thcic

Information on the reporting requirements for facilities and information on the collection of the Inpatient Discharges, Outpatient Procedure Events, and Emergency Department data are located at this web site.

THCIC training information and sign up.
Training presentations
Released Quality Reports

Important Phone Numbers

System13 Helpdesk – 888-308-4953 - thcichelp@system13.com

THCIC Training – thcichelp@dshs.texas.gov

THCIC Compliance – thcichelp@dshs.texas.gov

THCIC Program – thcichelp@dshs.texas.gov – 512-776-7261

Always provide your assigned Facility THCIC ID Number or Submitter ID when calling or emailing System13 or THCIC.