

Texas Department of State Health Services

Inpatient Submitter

Revised April 2024

Document #: 25-15009

Background Information



- Chapter 108 of the Texas Health and Safety Code established and authorizes THCIC to collect and report on Inpatient/inpatient discharge data.
 - http://www.statutes.legis.state.tx.us/Docs/HS/word/HS.
 108.doc
 - http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.I 08.pdf



THCIC Rules



- 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.ViewTAC?tac_view=4&ti=25&pt=1&ch=421





Inpatient Upload / Submitter



- X Submitting Data Submitter/ Upload 5010
 - Getting a Submitter ID (SUB***)
 - Data Reporting Schedule
 - X Logging into the System as a submitter
 - Submitting your data
 - Encounter on Demand (EOD)



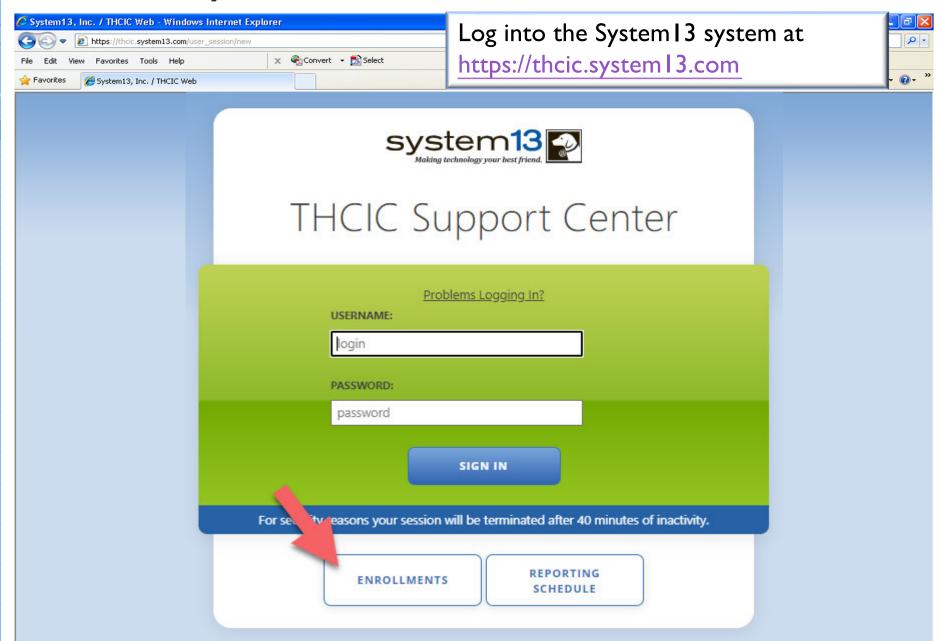


Getting a Submitter ID

- 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 https://thcic.system13.com/enrollments



THCIC System





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

STREET ADDRESS	1 *	
STREET ADDRESS	2	
CITY *		
STATE *		
ZIPCODE *		

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 System 13 directly to complete that request.

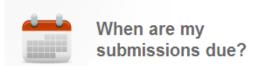
Providers that will submit for themselves using a 5010-file upload, must have a submitter ID.

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

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

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Cutoff for initial submission	3-1-24	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25
Cutoff for corrections	5-1-24	8-1-24	11-1-24	2-3-25	5-1-25	7-15-25	10-15-25
Facilities retrieve certification files	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25	12-1-25
Certification/ comments due	7-15-24	10-15-24	1-15-25	4-15-25	7-15-25	10-1-25	1-2-26





Initial Submission Due Dates

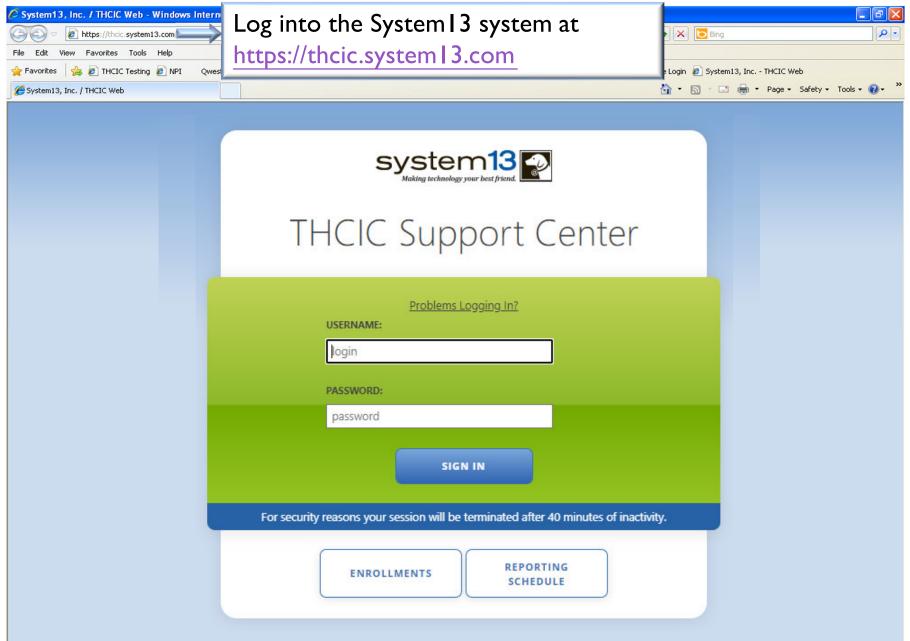
Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
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Certification/ comments due	7-15-24	10-15-24	1-15-25	4-15-25	7-15-25	10-1-25	1-2-26

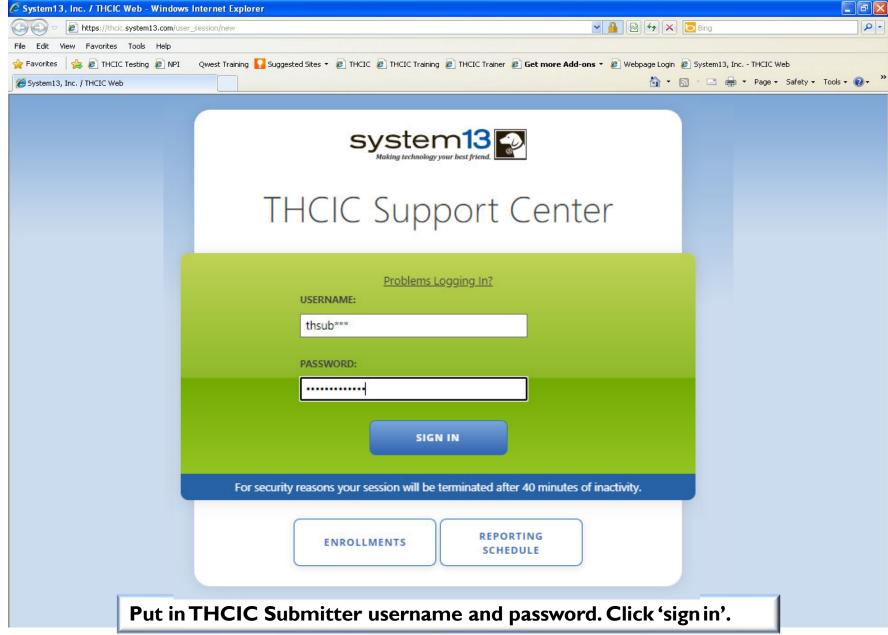


THCIC System



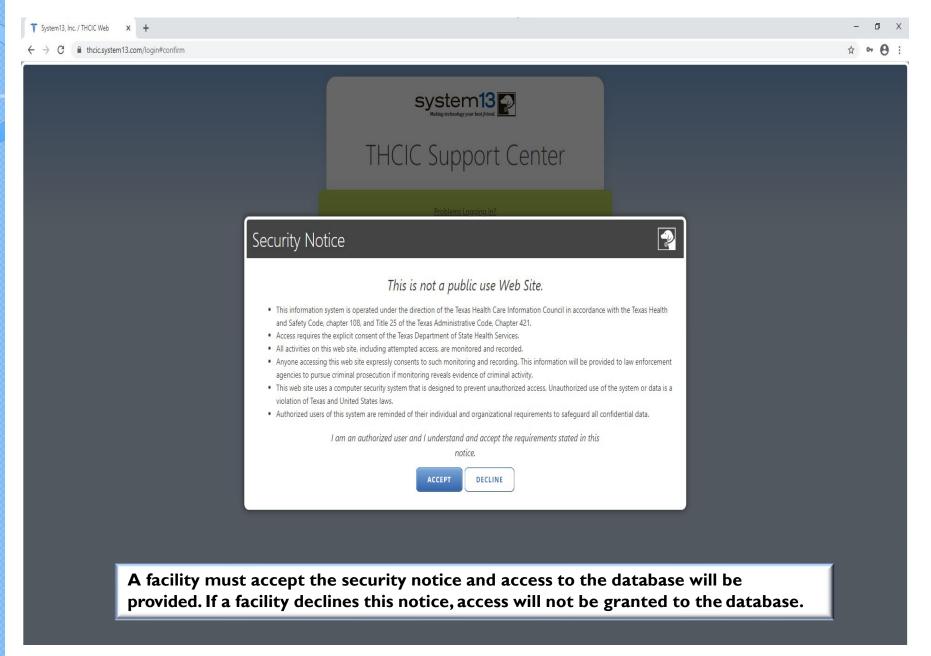


Log In the System as a Submitter



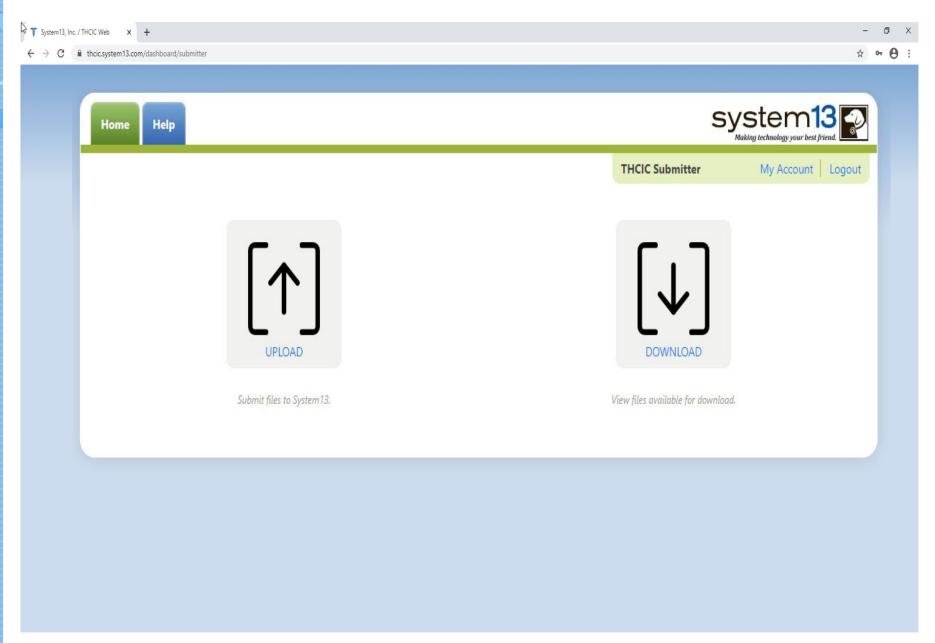


Security Notice





Submitter Home Page

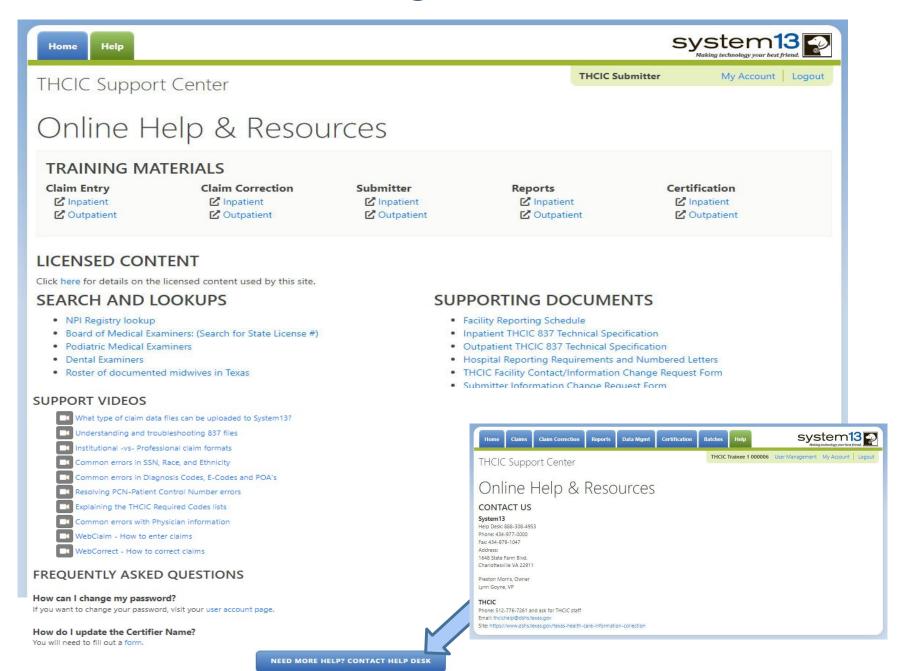


Submitter Home Page –



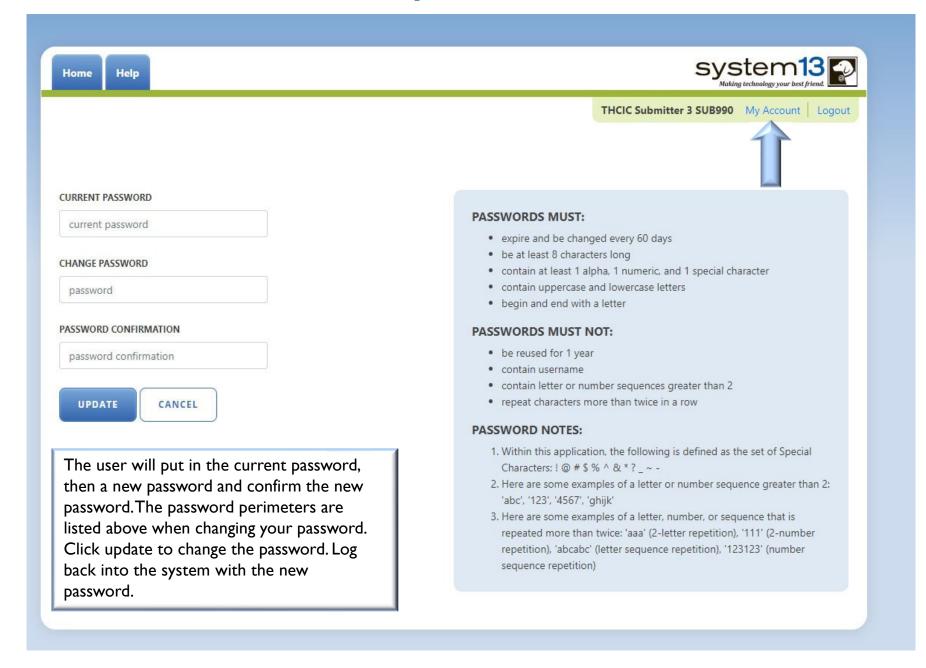


Texas Department of State Health Services





Other Features - My Account



Password Process

Passwords Must:

- x Expire and be changed every sixty (60) days
- X Be at least eight (8) Characters long
- Contain at least one (I) alpha, one (I) numeric and one (I) special character
- Contain uppercase and lowercase letters

Passwords Must Not:

- Be reused for one (I) year.
- Begin or end with non-alpha characters
- Contain username
- Contain letter or number sequences greater than two (2)
- K Repeat characters more than twice in a row

Password Notes:

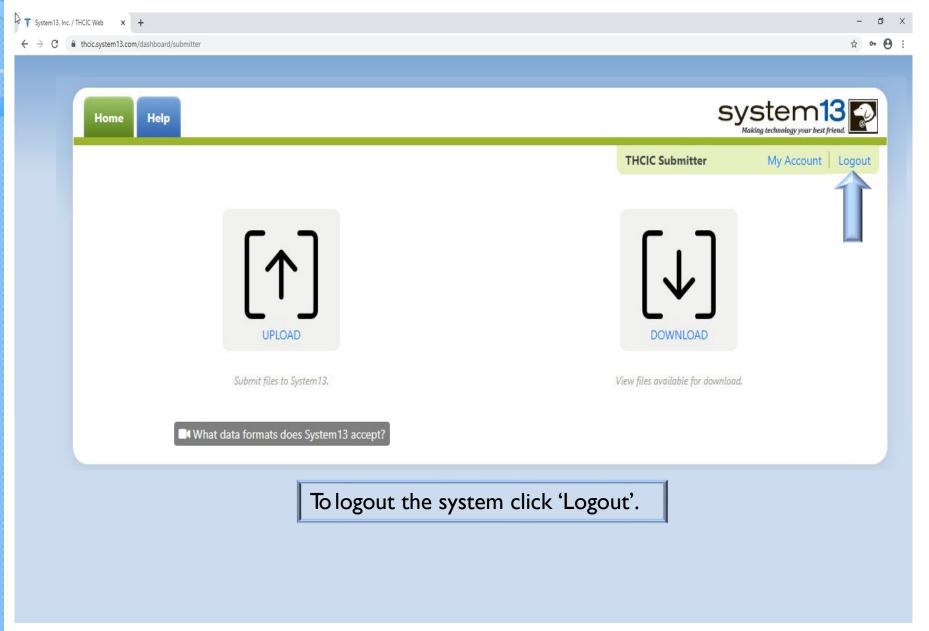
X I. Within this application the following is defined as the set of special characters:

% 2. Here are some examples of a letter or number sequences greater than two (2):

3. Here are some examples of a letter, number, or sequence that is repeated more than twice: 'aaa' (2-letter repetition),'333' (2-number repetition).'abcabc' (letter sequence repetition),'123123' (number sequence repetition)

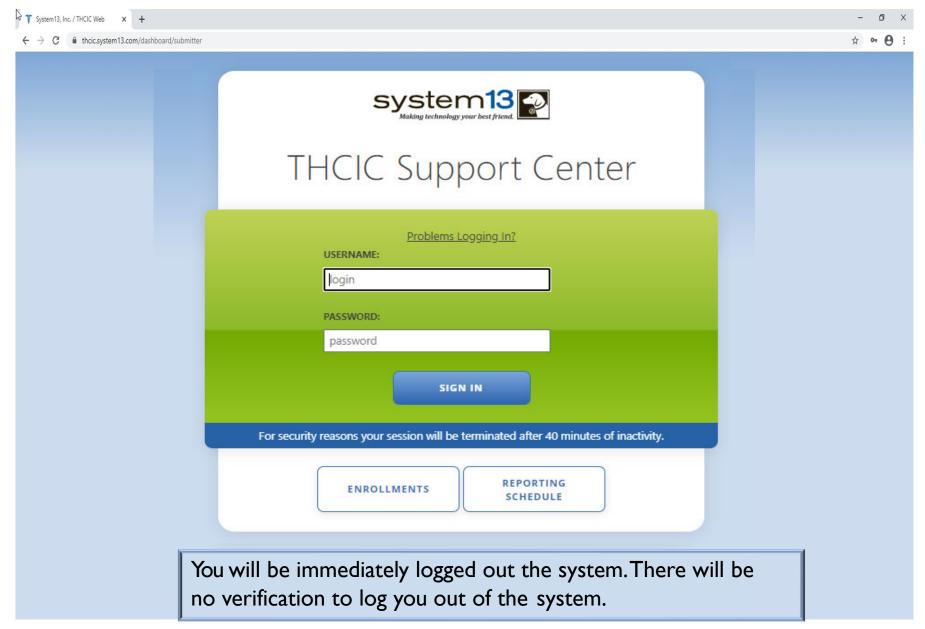


Other Features - Logout



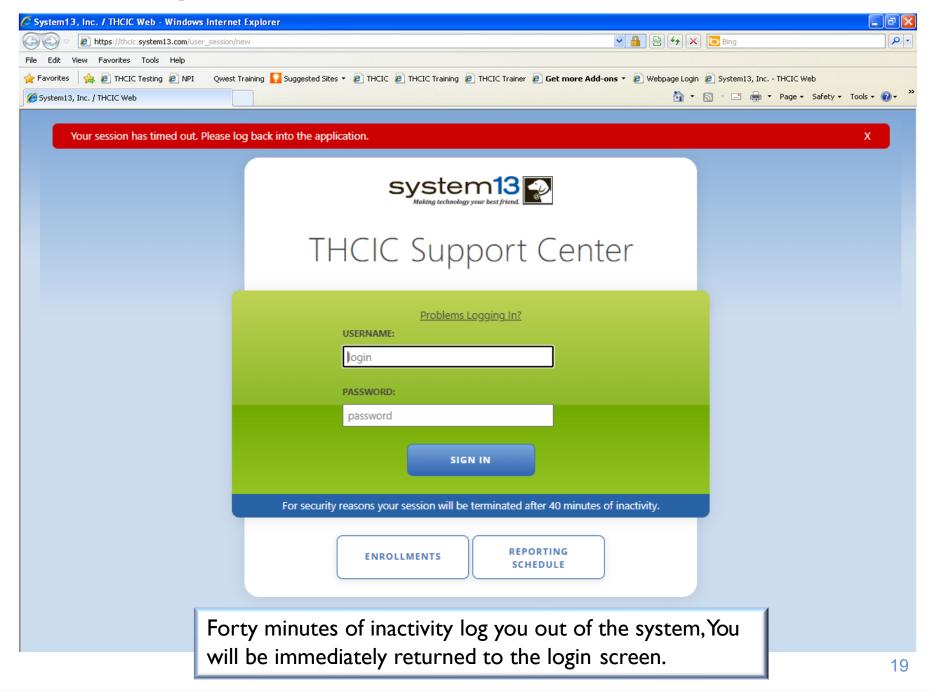


Other Features - Logout



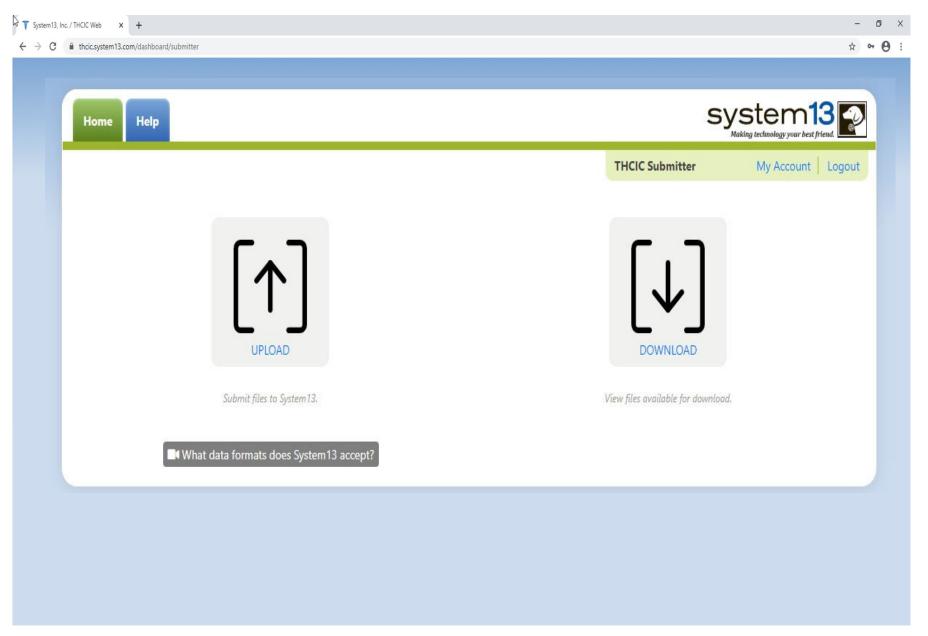


Inactivity





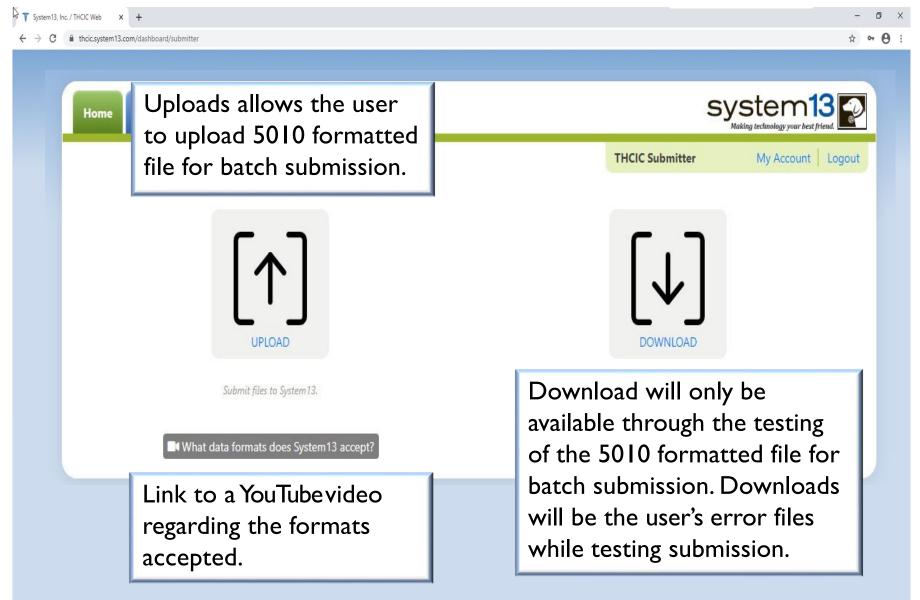
Submitter Home Page



Submitter Home Page Click Upload/Download



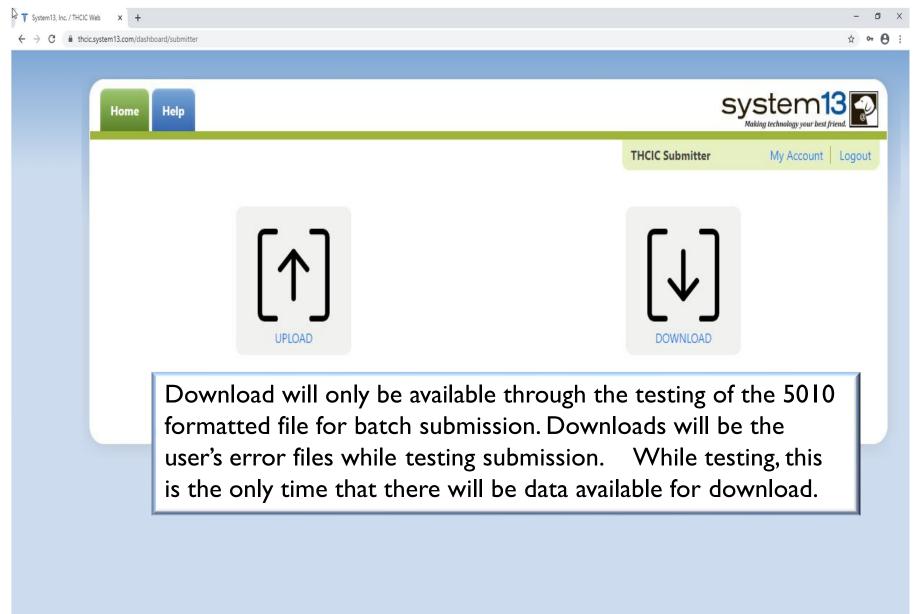






Click Download

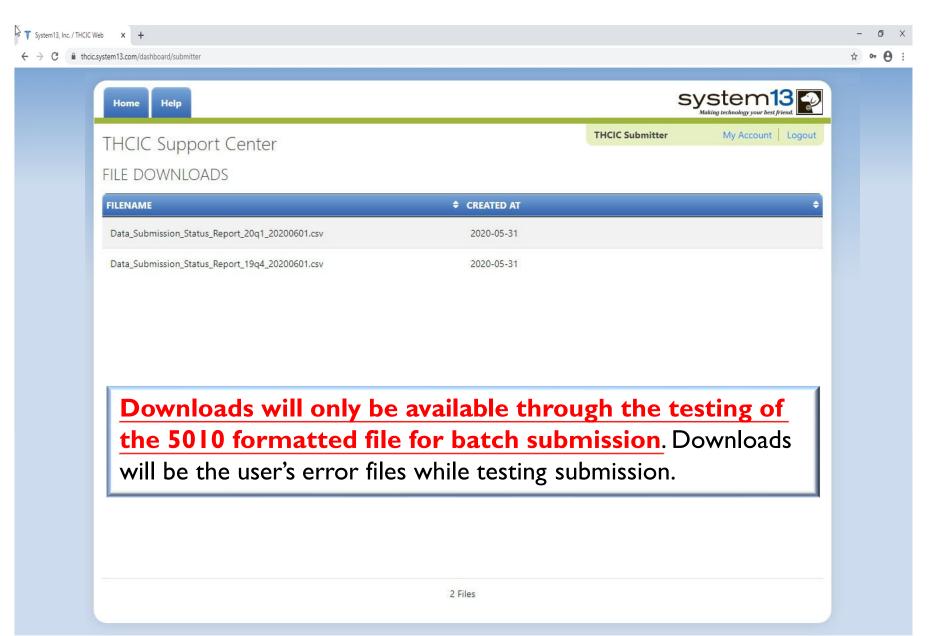






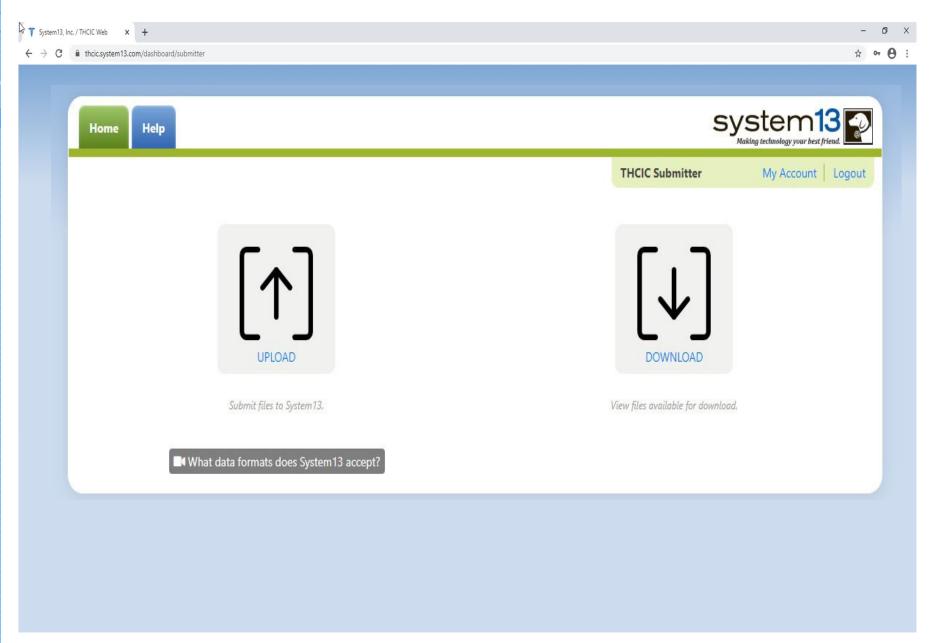
List of Downloads





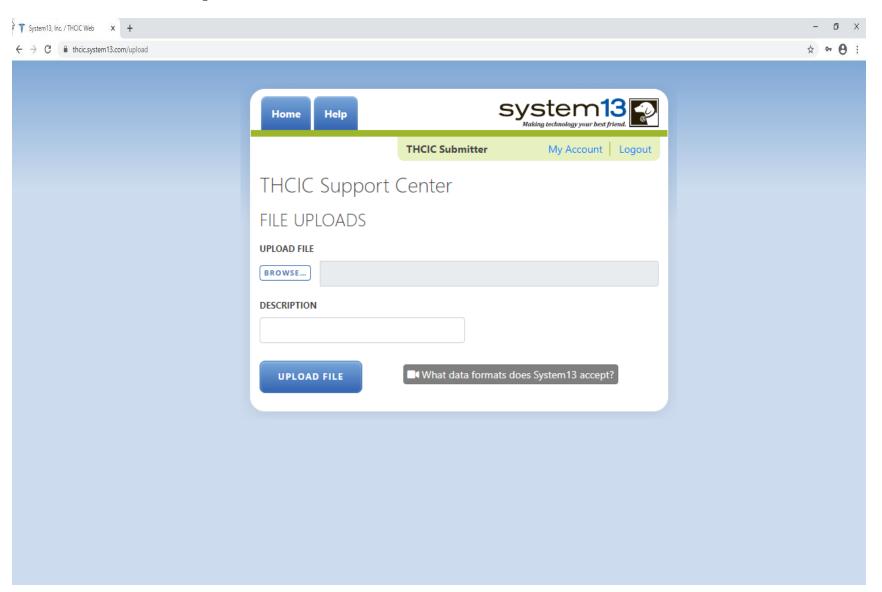
Click Upload [1]





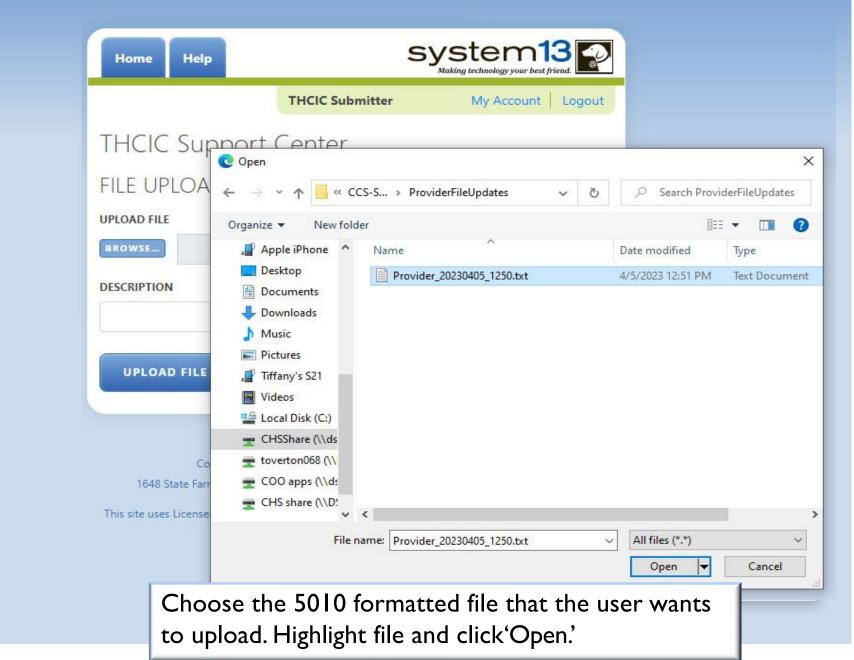


Batch Upload Claims



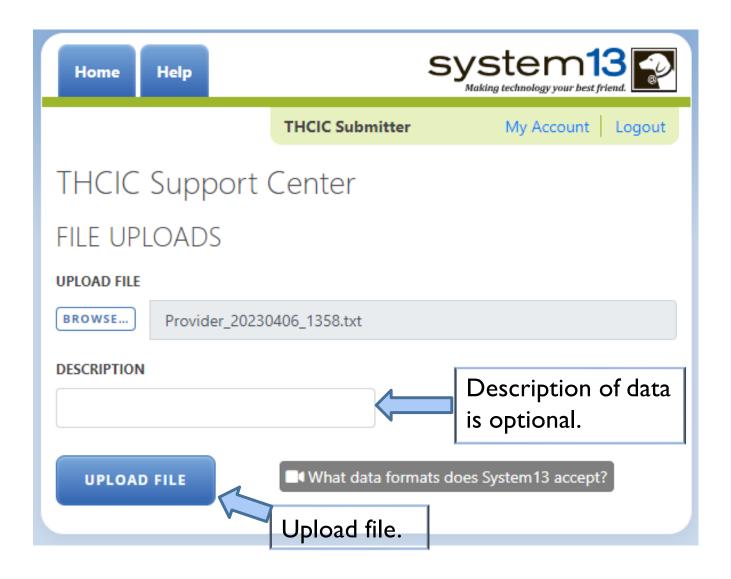


Choose File To Upload



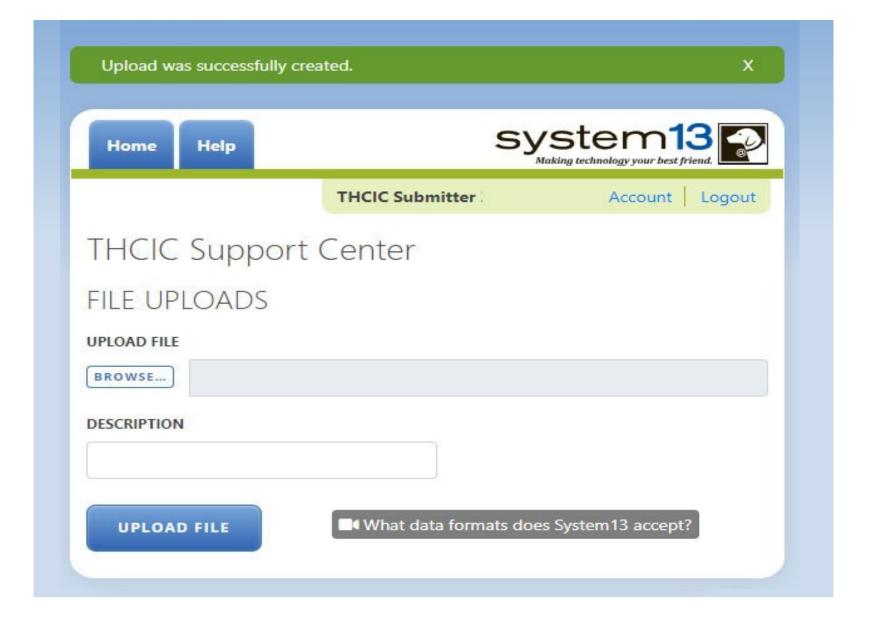


Choose File To Upload

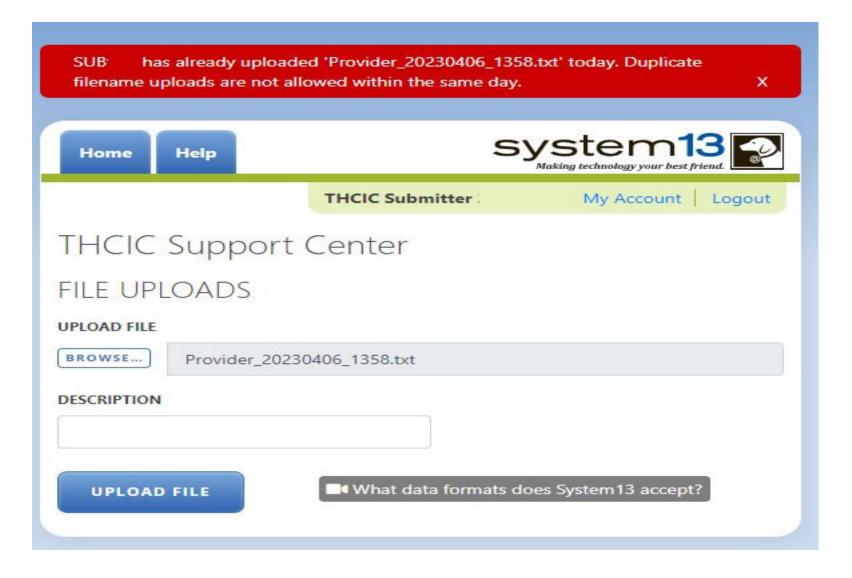




System Upload Receipt



System Upload Receipt about Duplicate File Uploaded in the Same Day



A facility cannot upload a file with the same file name, on the same day. You will get the above message.



Sent: Mon 12/14/2009 12:01 PM

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 A 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 the file "passed" or "failed". If the E-mail indicates the file "passed" and the file was processed as "production" data, the provider 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.



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

Batch Information

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:

- X 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
- X 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.
- X 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.





Inpatient Submitter Upload

Questions/ Comments

Questions, comments or need clarification please e-mail

thcichelp@dshs.texas.gov

The e-mail should include the facility's THCICID.



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-health-

care-information-collection



THCIC Contact

- Contact Tiffany Overton email at Tiffany.Overton@dshs.texas.gov 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 thcichelp@dshs.texas.gov.





System I 3, Inc I 648 State Farm Blvd. Charlottesville, VA 229 I I

Phone: I-888-308-4953

Fax: 434-979-1047

E-mail: THCIChelp@system I 3.com

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

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