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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 24 Number 1

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February 5, 2021

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

### **Maintaining Login Passwords**

Many assigned Provider Primary Contacts **are not** maintaining their assigned **Provider Login passwords**.

Login passwords are **REQUIRED** to be reset every 60 days.

Please ensure your login password has been reset **today**.

If the Primary Contact does not maintain their login passwords every 60 days, the facility administrator/CEO may assign the Primary Contact duties to a new Primary Contact.

**CEO/Administrators:** To update Provider Contact information for your facility, complete, sign, and return the THCIC Facility Contact form available at:  
<https://www.dshs.texas.gov/thcic/hospitals/FacilityInformationRequest.pdf>

You may also see who the currently assigned Primary Contact is at your facility at: <https://www.dshs.texas.gov/thcic/hospitals/FacilityList.xls>

Primary Contacts are designated as the **THCIC Liaison** and the main source of communication between THCIC, System13, Inc. and the facility.

Primary Contacts are expected to know and understand the THCIC submission, correction, and certification/review processes; and how to

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generate and review critical reports including the **Summary Report and Frequency of Error Report (FER)**.

Primary Contacts should **be sharing** THCIC and System13, Inc. **newsletters and reports** with internal staff and their software or information system vendor or vendors, as necessary.

Primary Contacts are required to keep their Provider login username confidential and activated at all times. Passwords are **REQUIRED** to be changed every 60 days. **This is a security measure that is not negotiable.**

Primary Contacts are required to keep their facility email account active and their contact information up to date at all times, to receive notifications and information from THCIC staff or System13, Inc.

If the Primary Contact is not logging into our system at least every 60 days, they probably should not be the assigned Primary Contact.

Primary Contacts are **PROHIBITED** from sharing their Provider Login and password. This is a breach of our system security policy and is probably a breach of each facilities system security policy.

Primary Contacts that cannot meet the expectations listed above should be replaced immediately with a different Primary Contact, in order to avoid penalties or delays in data processing, correction or certification.

## **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)

## **Freestanding Emergency Medical Centers (FEMCs) Reporting Requirements**

All FEMCs are **REQUIRED** to begin reporting the THCIC data starting with 4q2020 visits, which have "service dates" from October 1, 2020, through December 31, 2020.

The 4q2020 may be reported EARLIER than the due date, which is March 1, 2021.

If the FEMC data will be electronically submitted via batch file:

- The Submitter must be approved by System13 to upload Outpatient PRODUCTION data.

If the FEMC will manually enter the 4q2020 data:

- The facility should have already begun entering the 4q2020 data so that **all** 4q2020 data are entered no later than March 1, 2021.

If the FEMC did not provide any patient services for the 4q2020 reporting period:

- It is required to email or fax a notification to THCIC no later than March 1, 2021, by completing the "No Data to Report" form available at: <https://www.dshs.texas.gov/thcic/hospitals/NoDataToReport.pdf>.

All data reported to THCIC are to be reported by the **LOCATION** the service was provided. This is why every separately located hospital, ASC, and FEMC have been issued their own unique THCIC ID.

Some FEMCs have not provided THCIC with their **required** contact information. The contact information is necessary for activating the login account for the facility.

Please check the facility listing at:

<https://www.dshs.texas.gov/thcic/hospitals/FacilityList.xls> to verify that your FEMC has provided the required contact information to THCIC; and if the information for Primary, Alternate, and Certifier Contacts is MISSING, please complete and return the **THCIC Facility Information form** to THCIC.

The THCIC Facility information form may be downloaded at:

<https://www.dshs.texas.gov/thcic/hospitals/FacilityInformationRequest.pdf>  
FEMC questions may be emailed to: [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## **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%.

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:

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

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VIDEO: Troubleshooting 837 Submission Files.

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<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.

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

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## 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 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	3-1-2021	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

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**

<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 –**

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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)



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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**.

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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.

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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.

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Certification/comments due	4-15-2021	7-15-2021

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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

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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)



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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 24 Number 3  
May 27, 2021

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## **Data Manager and Data Certifier Login Deactivation**

### **URGENT**

On **July 1, 2021** System13 will deactivate all **Data Managers and Data Certifiers** (Data Users) Login accounts.

It is the responsibility of the **Primary Contact/Data Administrator** to reactivate Data User accounts on or after **July 1, 2021**, if each user is authorized by the facility to have continued access to our system.

A list of Primary Contacts authorized to act as the facility's **Data Administrator** may be found at:

<https://dshs.texas.gov/thcic/hospitals/FacilityList.xls>

If the **Primary Contact** needs to be changed, the facility must complete and return to THCIC a THCIC Contact Form available at

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

This will be an annual process by THCIC for facilities to validate Data Users that have access to our system, as required by **HHS** (Texas Health and Human Services) **Enterprise Identity and Access Management (EIAM)**.

Texas Administrative Code (Title 1, Part 10, Section 202.21) mandates the validation of each facility staff (Data Administrator and Data Users) that has a business need to access applications and programs (System13) for the State of Texas and/or its affiliates.

### **In This Issue**

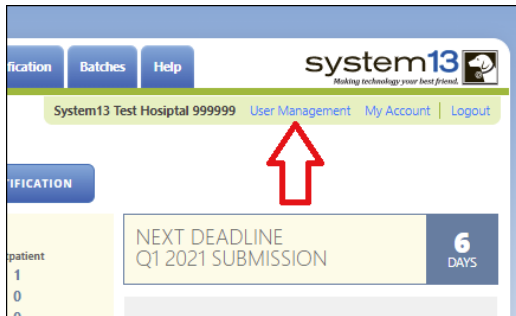
Login Deactivation

How to Reach Us

## How to Reactivate User Login Accounts

The **Primary Contact/Data Administrator** must log into the online system with their Data Administrator Login at <https://thcic.system13.com/login> for each facility.

From the dashboard screen, click on the **USER MANAGEMENT** link in the top right corner.

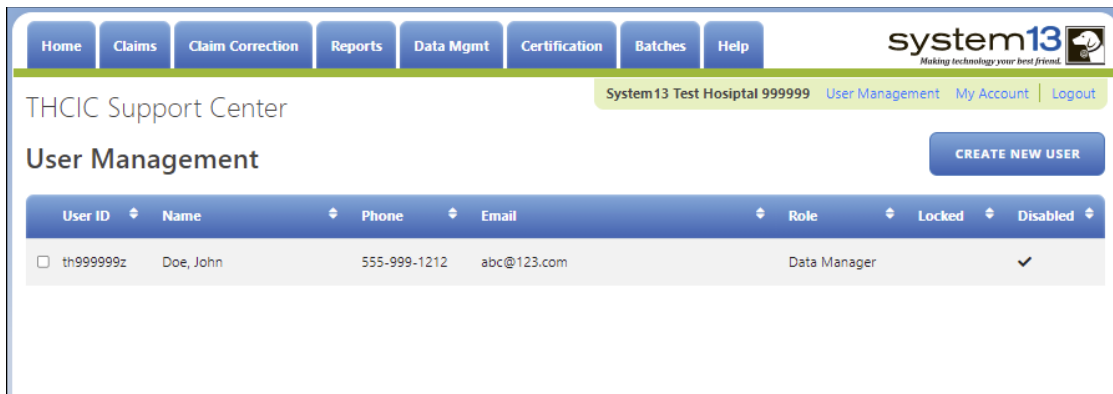


Only the **Data Administrator Login** has the **User Management** link.

If you do not see the **User Management** link on your Dashboard screen, you have **NOT** logged in with your assigned Data Administrator login username.

If you (Data Administrator) or your predecessor has added any Data Users, they will be listed here.

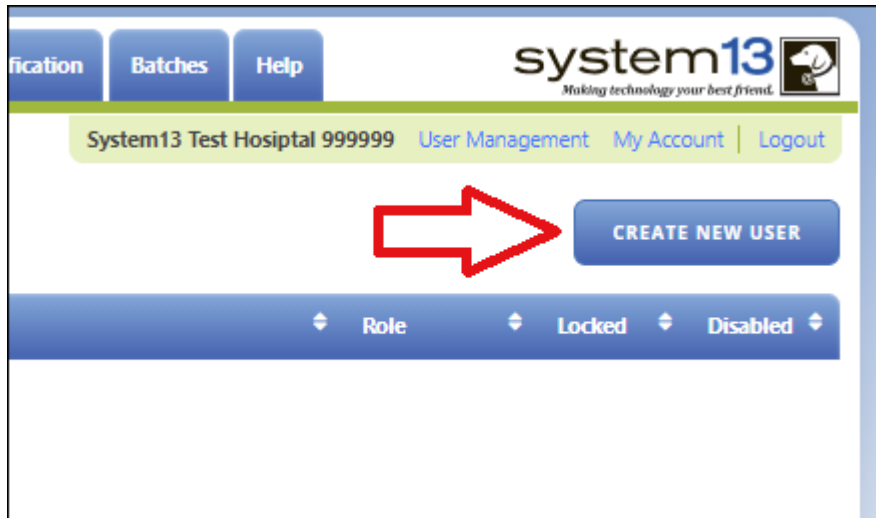
You (Data Administrator) must reactivate each Data User, if they are authorized by the facility (you the Data Administrator must determine with your facilities leadership) whom should have access to the facility's account (patient administrative claim records) in the system.



All reactivated **Data Users** will be required to reset their Login password on or after July 1, 2021. **Please ensure you have notified the Data Users.**

If a **Data User** should no longer have access, you (Data Administrator) must delete the **Data User** to prevent unauthorized access.

If you have no **Data Users** listed, you are done, unless you (Data Administrator) wish to add Data Users.



Facilities are limited to six (6) **Data Users** (this includes user roles (Data Manager or Data Certifier) you the Data Administrator select them for.

The **Primary Contact/Data Administrator's** name may **NOT** be listed as a **Data User** in the **User Management** list, as the Data Administrator Login has the same authorizations as all Data Users plus more.

If the Primary Contact/Data Administrator is unable to log into our system, usually due to an expired password, please call the System13, Inc. Helpdesk at 888-308-4953 for password help.

Passwords expire every 60 days for all **Data Users** and the **Data Administrator** and must be reset before it expires.

## **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

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





**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](http://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)

### **In This Issue**

#### **NEW**

- Certification Comments
- Self-Pay Data Requirements
- Test vs Production Status

#### **UPDATES**

- Penalties for Race and Ethnicity
- Patient SSN Errors
- FER and Summary Reports
- Videos for Troubleshooting
- Did You Know?
- THCIC Training
- Upcoming Due Dates
- How to Reach Us
- Past Newsletters
- Links to Forms and Documents
- History

## 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:

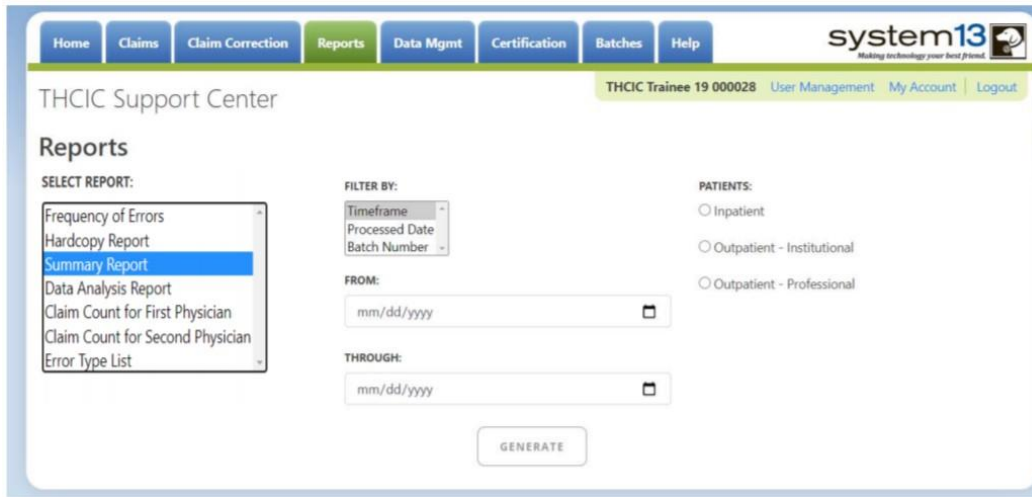
- 1 = Hispanic or Latino Origin,
- 2 = Not of Hispanic or Latino Origin.

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:

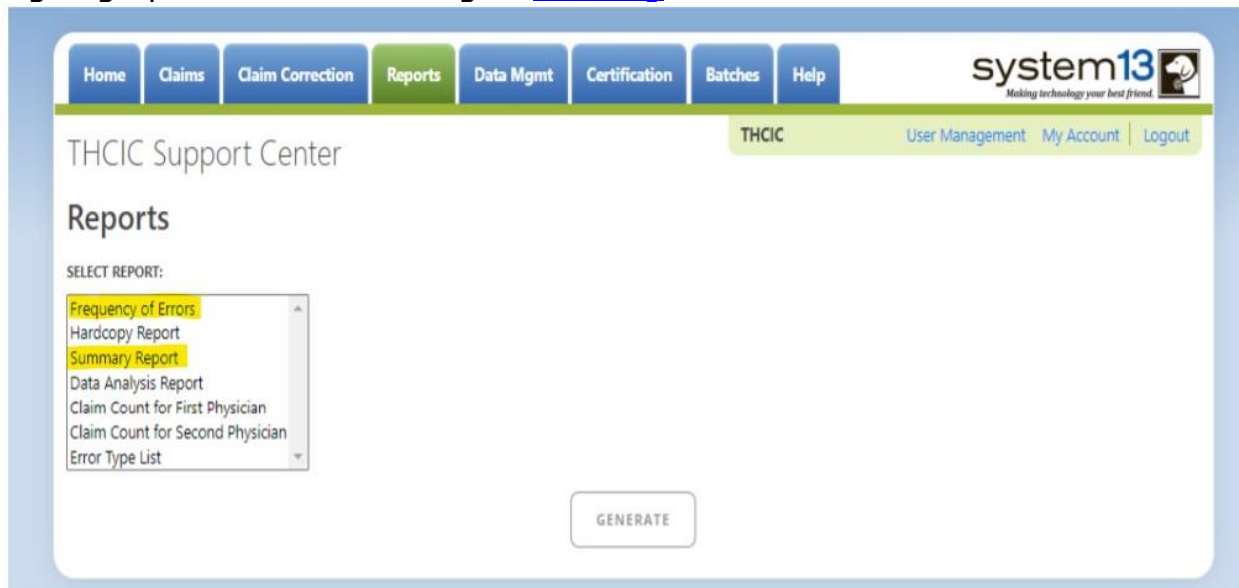
[https://www.dshs.texas.gov/thcic/hospitals/5010\\_InpatientandOutpatientAppendices.pdf](https://www.dshs.texas.gov/thcic/hospitals/5010_InpatientandOutpatientAppendices.pdf)

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%.



Frequency Of Errors Report (Outpatient - Institutional)  
 Report Date: 17-Mar-2021  
 THCIC ID: 000005 THCIC Trainer

Batch Information

Field	Value
Claims Period	10/01/2020 thru 12/31/2020
Service Period	10/01/2020 thru 12/31/2020
Claims Received	238
Claims Rejected	0
Claims Processed	238
Emergency Department Claims	0
Claims In Error w/o Race + Ethnicity Errors	0
Claims In Error	0
Fields In Error	0
Accuracy Rate w/o Race + Ethnicity Errors	100.0%
Accuracy Rate	100.0%

Claims By Month

	2020	2021	2022
Jan	0	0	0
Feb	0	0	0
Mar	0	0	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	75	0	0
Nov	84	0	0
Dec	79	0	0

Claims By Bill Type

Bill Type	Count
xx0	0
xx1	238
xx2	0

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.



The user can go to Certification by the provider tab [Certification](#) or by the activity dashboard icon [START CERTIFICATION](#)

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%	
Dischg/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 Cim - 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 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

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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

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 24 Number 5  
December 21, 2021

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

**Upcoming System13 ClaimSuite Changes**

This is the list of changes that directly affect anyone who submits claim data to THCIC. If your facility submits data files, as opposed to manual entering claims directly into the System13 ClaimSuite, please forward these changes to the technical people responsible for maintaining your data entry and data file export software.

**Changes that will go live December 28, 2021**

**Reason for Visit**

"Reason for Visit" for Outpatient Professional Claims has been completely revamped. That field will no longer be displayed. It will no longer be reported on the FER/HCR reports. It will no longer be audited or collected via File Submission. This is valid for claims with a statement period thru date on or after January 1, 2022. However, "Reason for Visit" for Outpatient Institutional claims is still required and will now receive an error message if not submitted.

**Technical changes for developers:**

5.1 For Audit ID =733, Status="Out/I", Audit Message="Invalid Reason for Visit Code", change the Audit Description from "Reason for Visit Code is a required field, if visit is unscheduled, and must contain a valid ICD code." to "Reason for Visit Code must contain a valid ICD code."

5.2 Create Audit 785 with Status="Out/I ", Audit Message="Missing Reason for Visit Code", Audit Description="Reason for Visit Code is a required field.", and Audit Severity="Error". Audit 785 triggers in the following situation:

- The claim is Outpatient-Institutional (ED or non-ED)

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History



- The Reason for Visit Code is blank/missing
- Statement To (Through) Date is on or after January 1, 2022

5.3 Remove the "Reason for Visit" field from Outpatient Professional web entry for claims with a Statement To (Through) Date on or after January 1, 2022.

5.4 Remove the "Reason for Visit" from Outpatient Professional Frequency of Errors reports when the report only includes claims from quarters in which Reason for Visit was not collected.

5.5 Stop collecting "Reason for Visit" from the HI\*ZZ segment in Outpatient Professional 837 files for claims with a Statement To (Through) Date on or after January 1, 2022.

### **System13 ClaimSuite changes**

- The "SUBMIT" button is renamed to "CHECK FOR ERRORS". It performs the same function as before.
- Password recovery information on the Help tab is modified.
- The "Revenue Code" field is repositioned for better viewing.

### **HCPCS Discontinued Codes**

Based on claim statement period thru date, discontinued HCPCS codes cannot be manually entered and are not available in the ClaimSuite HCPCS code drop-down list. Discontinued HCPCS cannot be included in submitted files. Audit ID 672 is triggered when a discontinued HCPCS code is submitted.

### **HCPCS Code Ambulance Modifiers**

Ambulance HCPCS Modifier Codes have been added to the list of procedure code modifiers. They will be present in the ClaimSuite modifiers drop-down list when an Ambulance HCPCS Code is selected. They will not be present when a non-Ambulance HCPCS Code is selected. When an Ambulance Modifier is specified for a non-Ambulance Code, audit ID 680, 681, 682, or 683 will be triggered.

### **Facility Type Code Changes**

For Inpatient claims with a statement period thru date on or after January 1, 2022, the following facility types will no longer be available in the System13 web claim entry Facility Type Code drop-down list: 32x Home Health Inpatient Medicare Part B and 64x Intermediate Care, Other. Audit ID 657 is triggered when either of those two Facility Type Codes are submitted in an Inpatient claim.

Questions may be emailed to THCIC at [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## 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 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.

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