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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 23 Number 1

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January 16, 2020

**Required File Format Change 1-1-2020**  
**Critical**

THCIC and System13 have received numerous phone calls from **your** software vendors stating they knew nothing about this required format change.

It is the **responsibility** of the assigned Provider Primary Contact to pass on this type of information to their vendors.

If you have not provided this information to your software vendor, do so **NOW**.

Failure to update your software for THCIC reporting will cause your electronic data submission file to **FAIL**.

*Please ensure this information is provided to your "Data Software Vendors" and your "IT Departments"*

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*K3 State Required Data Elements*

K3 is a required segment to collect the Ethnicity and Race codes and situationally the Patient Social Security Number effective January 1, 2020. All claims submitted and received by System13 on or after January 1, 2020 that are missing the patient ethnicity and patient race codes will be rejected and will not enter the system.

The Patient’s Social Security Number is situational and may not need to appear in this K3 segment location. For example: in many cases the “Subscriber” to a third-party payer (Health plan) is the patient and the Subscriber’s Social Security Number is required to be submitted in another location (Loop 2010BA REF02) preceded by a qualifying code “SY” (Loop 2010BA REFO1). In this example the patient’s Social Security Number would not need to appear in the K3 segment.

THCIC requires that the patient’s Social Security Number (SSN) be submitted for use in conjunction with other submitted data elements to generate the uniform patient identification number.

Note: The current location information for the Ethnicity and Race codes (NTE02 and DMG05 respectively) in the Technical Specifications Manuals have been removed (NTE02) or marked as NOT USED (DMG05).

\*\*\*The changes for the K3 segment will be effective January 1, 2020 for **ALL** claims submitted to System13. To re-emphasize any older claims and new claims will need to be in the new format if submitted **on or after January 1, 2020**.

The intent of the K3 segment is to accommodate the state legislative requirements.

Modification to include the K3 segment.  
 File Information (for Patient Ethnicity and Race Code, Social Security Number).  
 Loop 2300 – Claim Information.

**Example: K3\*25999999999**

Example of a “Non- Hispanic/Latino” and “Other or multiple race”, with no known SSN.

**Example:K3\*14999999999**

Example of “Hispanic/Latino” of “White” race, with no known SSN.

**ETHNICITY CODE POSITION (1)**

CODE DEFINITION

- 1 HISPANIC OR LATINO
- 2 NOT HISPANIC OR LATINO

**RACE CODE POSITION (2)**

CODE DEFINITION

- 1 AMERICAN INDIAN/ESKIMO/ALEUT
- 2 ASIAN OR NATIVE HAWAIIAN OR PACIFIC ISLANDER
- 3 BLACK OR AFRICAN AMERICAN
- 4 WHITE
- 5 OTHER Race

**SOCIAL SECURITY NUMBER POSITIONS (3 - 11)**

CODE DEFINITION

NNNNNNNNN SOCIAL SECURITY NUMBER

999999999

- 1. New born that have no social security number
- 2. Foreigners who do not have a social security number
- 3. Patients who cannot or refuse to provide a Social Security Number.

**Data Validation Errors**

**RJ063** - The required K3 data segment is missing

Effective January 1, 2020, **the K3 data segment is required on every claim** and used to report patient race and ethnicity. It is conditionally used to report social security number for claims where the patient is not the subscriber. Your submission file generation software needs to be modified to reflect this change in requirements.

**RJ064** - The K301 data element is an invalid length

Effective January 1, 2020, the K3 data segment should conditionally contain race, ethnicity, and social security number. If the patient is the subscriber, the K301 data element must be 2 characters long to contain race and ethnicity. In that scenario, social security number is required on the Loop 2010BA REF02 data segment. Otherwise, if the patient is not the subscriber, the K301 data element must be 11 characters long to contain race, ethnicity, and social security number. Your submission file generation software needs to be modified to reflect this change in requirements.

Questions regarding the K3 segment should be sent to the attention of **THCIC** at [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

**K3 Segment in Simple Language**

The K3 segment is now required on every claim to report Ethnicity and Race, and sometimes, in situational cases, the SSN.

**When the subscriber is the patient:**

The K3 segment will only contain Ethnicity/Race. The Subscriber SSN will still be in the Loop 2010BA REF\*SY segment.

The following HL and SBR segments indicate the subscriber is the patient:

HL\*2\*1\*22\*0~  
SBR\*P\*18\*\*\*\*\*12~

In this situation, the submission file should contain the following for this claim:

REF\*SY\*999999999~ (replace 9's with the actual SSN)  
K3\*21~

**When the subscriber is not the patient:**

The SSN should appear in the K3, and the REF\*SY will be ignored.

The following HL and SBR segments indicate the subscriber is NOT the patient:

HL\*2\*1\*22\*1~  
SBR\*p\*\*\*\*\*12~

In this situation the submission file should contain another HL segment containing patient information followed later by the K3 segment that includes the SSN for the patient:

HL\*3\*2\*23\*0~  
...  
K3\*21999999999~ (replace 9's with the actual SSN)

**Leaving a Voice Message**

When calling (or emailing) THCIC or the System13 Helpdesk it is REQUIRED that you provide your **THCIC ID Number and/or Submitter ID Number**, name, and phone number so we can find you and know which facility you are calling about.

Failure to provide this information may result in a delayed return call.

**Freestanding Emergency Medical Care Facilities**

THCIC will begin assigning unique THCIC IDs to all Freestanding Emergency Medical Care (FEMC) facilities beginning in **late May 2020**.

An informational FAQ sheet for FEMCs is available at <https://www.dshs.state.tx.us/thcic/Freestanding-Emergency-Medical-Care-Facilities-FAQ.pdf> and will be updated frequently.

Any questions regarding FEMCs may be emailed to [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## Accuracy Rate Clarification

THCIC expects all data to be “complete and accurate” in accordance with Texas Health and Safety Code, Chapter 108.

Data that have been submitted and contain errors must be corrected to **100% accuracy**. THCIC does not, and never has had a “threshold” for data error acceptance.

## Did You Know?

- **Provider Primary Contacts** must keep their **Logins** active at all times. Failure to Login at least every 60 days to reset your password may cause a temporary deactivation of your account for security purposes.
- **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 component **does not** correct an error. It only clears the notification of the error. The error still counts against the total accuracy rate unless it is properly corrected.
- 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 before the certification phase begins.
- Your quarterly **certification “comments”** are **PUBLICLY** released as written. Use caution. You may **never** provide physician or patient identifying information in a certification comment.

- All login passwords **MUST** be reset every 60 days in our system and must **never** be shared.

## **THCIC Training**

THCIC provides Webinar trainings, **at no cost**, on the data reporting processes that are required of all Texas hospital and ambulatory surgery centers. 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:

Tiffany Overton, (512) 776-2352 or [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

## Upcoming Due Dates

Activity	Q2 2019	Q3 2019	Q4 2019
Cutoff for initial submission	<del>9-3-2019</del>	<del>12-2-2019</del>	3-2-2020
Cutoff for corrections (Free)	<del>11-1-2019</del>	2-3-2020	5-1-2020
Facilities retrieve certification files	<del>12-2-2019</del>	3-2-2020	6-1-2020
Cutoff for corrections at time of certification (Associated Fees)	<del>1-2-2020</del>	4-1-2020	7-1-2020
Certification/comments due	<del>1-15-2020</del>	4-15-2020	7-15-2020

A schedule of **all** due dates may be found at  
<http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

## How to Reach Us

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Main phone: (512) 776-7261

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### THCIC Staff

Bruce Burns - Manager

Victor Filos - Research Analyst

Yanxia Guo - Research Analyst

Tiffany Overton – Training, PUDF Orders

Dee Roes - Data Compliance, IRB Research Data

Jeremie Sawadogo - Lead Data 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 -**

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### **Current Provider Contact List –**

<http://www.dshs.texas.gov/thcic/hospitals/FacilitiesList.xls>

### **Appendices Document –**

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Payer Source Coding Guide

Key Data Elements for matching INPATIENT claims

Key Data Elements for matching OUTPATIENT claims

### **Data Reporting Schedule –**

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### **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)

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## **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)

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 23 Number 2

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January 29, 2020

## Critical – Electronic File Format Change

**Critical:** For those facilities that submit data by **electronic** file submission, the THCIC new file formatting change (K3 segment) went into effect on January 1, 2020.

THCIC highly recommends all data submitters upload **TEST FILES** now to ensure all electronic file formatting is correct.

Since January 2, 2020, 57 out of 568 submitters have uploaded files and passed the new format; 84 have submitted and failed. This is troubling, as the 4q2019 data submission due date is just over 30 days away and **MUST** be submitted in the new format.

Additional information on the new format change regarding the K3 segment may be found in earlier THCIC Numbered Letters at <https://www.dshs.texas.gov/thcic/Inpatient-and-Outpatient-Numbered-Letters/> (Vol22No6, Vol22No7, Vol23No1)

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 23 Number 3

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February 28, 2020

## Provider Primary Contacts

Every hospital and ASC has an assigned Provider Primary Contact that is designated by the facility CEO/Administrator.

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

Provider Primary Contacts are expected to know and understand the THCIC reporting, correction, and certification processes; and how to generate and review critical reports including the **Summary Report and Frequency of Error Report (FER)**.

Provider Primary Contacts are **required to share** THCIC and System13 newsletters and reports with internal staff and their software vendor, as needed.

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

Several assigned Provider Primary Contacts have not changed their password in **over 2,000 days. TAKE ACTION NOW!**

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

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Provider Primary Contacts are required to set up internal staff in our system so they may receive their own Provider Login username to access our system.

Provider Primary Contacts that cannot meet the expectations listed above, must be replaced immediately with a different Primary Contact.

**CEO/Administrators:** To update 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 see who is the assigned Provider Primary Contact at your facility at: <https://www.dshs.texas.gov/thcic/hospitals/FacilityList.xls>

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All data files submitted electronically on or after January 1, 2020 must be in the new file format or it will be rejected.

The alternative method to submitting data files electronically is by **Manual Data Entry** in the WebClaim component on your Provider Login Dashboard screen.

Additional information on the new format change regarding the K3 segment may be found in earlier THCIC Numbered Letters at <https://www.dshs.texas.gov/thcic/Inpatient-and-Outpatient-Numbered-Letters/> (Vol22No6, Vol22No7, Vol23No1)

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Web site – [www.dshs.texas.gov/thcic](http://www.dshs.texas.gov/thcic)

Main phone: (512) 776-7261

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<http://www.dshs.texas.gov/thcic/Inpatient-and-Outpatient-Numbered-Letters/>

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### **Current Provider Contact List –**

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### **HCPCS Codes**

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## 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)

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 23 Number 4

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May 19, 2020

## **ClaimSuite 9.0 Release**

Effective May 20, 2020 providers will see an enhanced Dashboard screen after logging into the System13 website.

The System13 website shut down at 9:00a CT on May 16<sup>th</sup> and will be back up at 10:00a CT on May 20<sup>th</sup> in order to deploy ClaimSuite 9.0 for all Providers and Submitters.

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

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

THCIC sent out Email notifications to all FEMCs on May 15, 2020 assigning each a THCIC ID for reporting purposes and to request Contact Information.

The FEMC Email addresses were provided to THCIC by HHSC Facility Licensing or, in some cases, the FEMC or associated hospital.

FEMC Email addresses that are invalid and reject back to THCIC will be sent a notification by mail the following work week.

Questions may be emailed to [THCICHELP@dshs.texas.gov](mailto:THCICHELP@dshs.texas.gov) and **MUST** include the FEMC Name, full mailing address, State License Number, and the assigned THCIC ID (if known).

### **In This Issue**

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## Provider Primary Contacts

Every hospital and ASC has an assigned Provider Primary Contact that is designated by the facility CEO/Administrator.

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

Provider Primary Contacts are expected to know and understand the THCIC reporting, correction, and certification processes; and how to generate and review critical reports including the **Summary Report and Frequency of Error Report (FER)**.

Provider Primary Contacts are **required to share** THCIC and System13 newsletters and reports with internal staff and their software vendor, as needed.

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

Several assigned Provider Primary Contacts have not changed their password in **over 2,000 days. TAKE ACTION NOW!**

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

Provider Primary Contacts are required to set up internal staff in our system so they may receive their own Provider Login username to access our system.

Provider Primary Contacts that cannot meet the expectations listed above must be replaced immediately with a different Primary Contact.

**CEO/Administrators:** To update 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 see who is the assigned Provider Primary Contact at your facility at: <https://www.dshs.texas.gov/thcic/hospitals/FacilityList.xls>



## Accuracy Rate Clarification

THCIC expects all data to be “100% complete and 100% accurate” in accordance with Texas Health and Safety Code, Chapter 108.

Data that have been submitted and contain errors should be corrected to **100% accuracy**. THCIC does not have, and never has had a “threshold” for data error acceptance.

## 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 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 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 the error. The error still counts against the total accuracy rate unless it is corrected through WebCorrect, or by submitting a corrected claim through the

system. This function is to be used only when the data are the best that it can get.

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THCIC provides Webinar trainings, **at no cost**, on the data reporting processes that are required of all Texas hospital and ambulatory surgery centers. Postings for Webinar dates may be viewed at:

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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:

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## Upcoming Due Dates

Activity	Q4 2019	Q1 2020
<b>Cutoff for initial submission</b>	<del>3-2-2020</del>	6-1-2020
<b>Cutoff for corrections (Free)</b>	<del>5-1-2020</del>	8-3-2020
<b>Facilities retrieve certification files</b>	<del>6-1-2020</del>	9-1-2020
<b>Cutoff for corrections at time of certification (Associated Fees)</b>	7-1-2020	10-1-2020
<b>Certification/comments due</b>	7-15-2020	10-15-2020

A schedule of **all** due dates may be found at

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**Texas Health Care Information Collection - THCIC**  
Health Facilities Numbered Letter, Volume 23 Number 5

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September 18, 2020

## **FER and Summary Report**

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 Claim Corrections Tab. Error corrections, while the data are contained in the Claim Corrections Tab, may be corrected for **FREE** within a specific timeframe for each reporting quarter.

Each time data errors are manually corrected in the Claim 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 Claim 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 Claim Corrections Tab into the Certification Tab, corrections can no longer be made unless the facility requests the data be moved back into the Claim 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 Claim 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.

### **In This Issue**

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Patient SSN Errors

Videos for Troubleshooting

FEMCs

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Accuracy Rate Clarification

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For example, a Code of "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 a valid code, 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 issue.

Other accidental coding issues could be 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 of the Charge amounts submitted by the facility.

Patient Ethnicity, Race, Sex/Gender codes are also listed in the **Summary Report**, which should be verified by the facility. In many case 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 could be that ALL patients are showing up as NEWBORNS because the "Date of Service" for a "60-year old patient" was entered for the Patient's Birthdate, 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:

<https://www.dshs.texas.gov/thcic/hospitals/Inpatient-Reports.pdf>

<https://www.dshs.texas.gov/thcic/hospitals/Outpatient-Reports.pdf>

## **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 (left blank) or sometimes because only 8 digits were submitted. All SSNs must have 9 digits and the data field may never be left blank.

In some cases, the patient does not have an SSN or the patient refuses to provide it to the facility. 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\\_InpatientandOutpatientAp](https://www.dshs.texas.gov/thcic/hospitals/5010_InpatientandOutpatientAp)

[pendices.pdf](#)

## **Videos for Troubleshooting**

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

VIDEO: Allowed File Upload formats.

<https://youtube.com/embed/FthITJncrag?rel=0>

VIDEO: Troubleshooting 837 Submission Files.

<https://youtube.com/embed/YB-mNSscyX4?rel=0>

VIDEO: Patient Control Number Errors.

<https://youtube.com/embed/aaBewxO8pnE?rel=0>

VIDEO: Explaining the THCIC Required Codes List.

<https://youtube.com/embed/UW9oUWMlvCs?rel=0>

VIDEO: Institutional -vs- Professional format.

<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.

<https://youtube.com/embed/E5bjiutkRMQ?rel=0>

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

<https://youtube.com/embed/cLI2UueEwZA?rel=0>



## Freestanding Emergency Medical Centers (FEMCs)

FEMCs have been identified by HHSC Facility Licensing, including hospital owned FEMCs providing Emergency Department (ED) visits at a separate location under a hospital state license.

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

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

Some FEMCs have not provided THCIC with its **required** contact information. 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>

## Provider Primary Contacts

Every hospital, ASC, and FEMC should have an assigned Provider Primary Contact that is designated by the facility CEO/Administrator.

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

Provider Primary Contacts are expected to know and understand the THCIC reporting, correction, and certification processes; and how to generate and review critical reports including the **Summary Report and Frequency of Error Report (FER)**.

Provider Primary Contacts should **share** THCIC and System13 **newsletters and reports** with internal staff and their software vendor, as necessary.

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

Provider 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.

Provider Primary Contacts are responsible to set up internal staff in our system so they may receive their own Provider Login username to access our system. This information was emailed to all Provider Primary Contacts.

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

**CEO/Administrators:** To update 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 see who the currently assigned Provider Primary Contact is at your facility at: <https://www.dshs.texas.gov/thcic/hospitals/FacilityList.xls>

## **Accuracy Rate Clarification**

THCIC expects all data to be as accurate as possible in accordance with Texas Health and Safety Code, Chapter 108.

Data that have been submitted and contain errors should be corrected to **100% accuracy**, if possible. THCIC does not have a "threshold" for data error acceptance.

## **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 user 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 Claim Correction Tab, or by submitting a corrected claim batch file through the system.

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For help or general questions on Submission, Correction, and Certification please contact:

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## Upcoming Due Dates

Activity	Q12020	Q2 2020
Cutoff for initial submission	<del>6-1-2020</del>	9-1-2020
Cutoff for corrections (Free)	<del>8-3-2020</del>	11-2-2020
Facilities retrieve certification files	<del>9-1-2020</del>	12-1-2020
Cutoff for corrections at time of certification (Associated Fees)	10-1-2020	1-4-2021
Certification/comments due	10-15-2020	1-15-2021

A schedule of **all** due dates may be found at  
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[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)

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