



Texas Health Care Information Collection • 512-776-7261

P.O. Box 149347, Mail Code 1898, Austin, Texas 78714-9347 • www.dshs.texas.gov/thcic

THCIC Facility Contact Information Form

In order to facilitate the implementation and operation of the Department of State Health Services data reporting program under Chapter 108, Texas Health and Safety Code, it is necessary for each reporting health facility to provide the name and contact information for its designated THCIC liaisons. Please complete the information below and **fax** the completed form to THCIC at **512-776-7740** or **email** it to thcichelp@dshs.texas.gov

***Required**

*Assigned THCIC ID: _____

*Facility Name: _____

*Facility Type (Check only one) Hospital ASC FEMC

**Physical Street Address (see below): _____

*City: _____

*ZIP Code: _____

*County: _____

*State License #: _____

***Facility NPI or EIN (Provide **one** number only. See below): _____

Medicare ID (if available): _____

Submitter ID (if applicable): To update a Submitter Contact, contact System13 at 888-308-4953

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

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



THCIC ID: _____

***Provider Primary Contact (aka Data Administrator/THCIC Liaison):**

*Required

*First Name: _____ *Last Name: _____

*Title: _____

*Address: _____

*City _____ *State: _____ *ZIP: _____

*Telephone: _____ *Fax: _____

*Email: _____

***Provider Alternate Contact (must be different from Primary):**

*First Name: _____ *Last Name: _____

*Title: _____

*Telephone: _____ *Fax: _____

*Email: _____

***Certifier of Record:**

*First Name: _____ *Last Name: _____

*Title: _____

*Telephone: _____ *Fax: _____

*Email: _____



THCIC ID: _____

Name of Billing Software Provider (optional): _____

Name of Billing Software (optional): _____

*Please check all that apply only to the facility listed one page one (1):

Inpatient Service Type	
<input type="checkbox"/>	Acute Care
<input type="checkbox"/>	Children/Pediatric
<input type="checkbox"/>	LTAC
<input type="checkbox"/>	Other LTAC
<input type="checkbox"/>	Psych
<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Skilled Nursing
<input type="checkbox"/>	Teaching

Outpatient Service Type			
<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Chiropractic	<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Dermatology/Plastic	<input type="checkbox"/>	Oral
<input type="checkbox"/>	Endoscopy	<input type="checkbox"/>	Orthopedic
<input type="checkbox"/>	Emergency Department	<input type="checkbox"/>	Other Services
<input type="checkbox"/>	Foot	<input type="checkbox"/>	Otolaryngology
<input type="checkbox"/>	Gastroenterology	<input type="checkbox"/>	Pain Management
<input type="checkbox"/>	General	<input type="checkbox"/>	Thoracic
<input type="checkbox"/>	Neurological	<input type="checkbox"/>	Urology
<input type="checkbox"/>	OB-GYN		

*Required

*Name of Facility CEO/Administrator (Print): _____

*Telephone: _____ *Fax: _____

*Email: _____

*CEO/Administrator Signature

Date

This form **DOES NOT** update the **Submitter Contact** information. To update a Submitter Contact information, please contact the System13 helpdesk at 888-308-4953.

Fax or **email** the completed form to **512-776-7740** or thcichelp@dshs.texas.gov



Contact Role Definitions

Please ensure all Contacts and Email addresses are kept up-to-date with THCIC as this is the primary source for communication.

We recommend all assigned THCIC Contacts add *@system13.com and *@dshs.texas.gov to their email whitelisted domains so that email notifications from System13 and THCIC do not bounce.

All Primary Contact, Data Manager, and Data Certifier login passwords MUST be reset every 60 days.

A listing of current contact information for each provider is posted on the THCIC website at

<http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls>

Provider Primary Contact (aka Data Administrator/THCIC Liaison)

- Is assigned the main Provider Login Username for accessing our system
- Access to the User Management screen to assign staff user roles for accessing the system; Data Manager or Data Certifier
 - Disables user "role" access to the System
 - Clears Intrusion Locks for an assigned Data Manager or Data Certifier
- Authorized all functions same as Data Manager and Data Certifier (see below)
- Access to the Data Management tab
 - Authorized to run data claim "clean-up" actions "MRR" (Modify/Replace/Remove function) & "DR" (Duplicate Removal function)
- Authorized to "delete" batch data (electronic submission files)
- Receives THCIC email notifications; such as the newsletters, general correspondence, and compliance issues.
- Receives all system email notifications
 - Count of rejected claims from file submissions notification
 - Frequency of Error Report (FER)
 - Notified if "generate certification" is selected by the "Data Certifier"
 - Notified when quarterly certification data is ready for review
 - Notified when quarterly certification has been completed
 - Special notifications



Data Manager (assigned by the Provider Primary Contact)

- Authorized to add new claims (Claim Tab)
- Authorized to correct claims (Correction Tab)
- Authorized to delete individual claims
- Authorized to view batch submissions
- May run all of the reports on the Report Tab
- Authorized to perform advance searches

Data Certifier (assigned by the Provider Primary Contact)

- Authorized all accesses as a Data Manager (above)
- Authorized to generate Certification Data (Encounter on Demand)
- Authorized to download Certification Files
- Authorized to download Certification reports
- Authorized to certify quarterly data

Alternate Contact

- Receives all system email notifications and some THCIC notifications sent to the Provider Primary Contact.

May be assigned a "user role" (Data Manager or Data Certifier) by the Provider Primary Contact/Data Administrator for "backup" access to the System. (Recommended)

Certifier of Record Contact

Receives system email notifications when:

- "Generate Certification" is selected by Provider Primary Contact or by a Data Certifier
- Quarterly certification data is ready for review
- Quarterly certification has been completed

The Certifier of Record Contact "Name" is recorded on the "Certification Screen" and is usually the person authorizing how the quarterly data is certified. The Certifier of Record Contact may be assigned a "user role" (Data Certifier) by the Provider Primary Contact/Data Administrator, if they require access to the System to certify the data. (The assigning of a "user role" is not necessary if the Provider Primary Contact/Data Administrator and the Certifier of Record Contact is the same person.)