



Texas Department of State Health Services

Outpatient Certification (Formerly WebCertification)

Revised October 2024

Document #: 25-15011



Certification



[×]Start Certification Encounter on Demand (EOD) [×] Data Reporting Schedule [×]Logging into Certification **K**Viewing Older Quarters Data Kencounter on Demand **K** Certification Reports Certification File Download \checkmark Certifying Data





Start Certification - System Feature

<u>After the *Cutoff for initial submission</u> the Data Administrator (aka Provider Primary Contact) and Certifier will now receive an email a few days after the "Cutoff for Initial Submission". This email will be sent approximately sixty days after the end of each quarter. The email will have four reports attached to it:

Summary Report – use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity

Claim Count for First Physician Report - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID but will not include patient information.

Claim Count for Second Physician Report - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information

K Error Type List Report - use this to determine if you have made all possible corrections to your data, if needed.

This email will only be sent to facilities that have a 100% accuracy rate on the date of initial submission. This email will suggest that if the Certifier determines that the data is complete and accurate after reviewing the reports, then they should consider choosing the Encounter or Event on Demand (EOD) option on their certification tab for that quarter. If you do not choose to start the EOD option, the certification process will start after the cutoff for corrections as it does now.

*Cutoff for initial submission is the date when the submission data is due in the system.





Certification Due Dates

Data Reporting Schedule



The THCIC reporting schedule is available online at https://www.dshs.texas.gov/texas-health-care-information-collection/facility-reporting-requirements/data-reporting-schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26
Certification/ comments due	1-15-25	4-15-25	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26

The reporting schedule is a rule driven schedule, under <u>Chapter 421</u>, Title 25, Part 1 of the Texas Administrative Code, Subchapter D, <u>RULE §421.66</u>. The due dates are either the 1st or the 15th of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.



Data Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q2 2024	Q3 2024	Q4 2024	
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	Cutoff for initial submission, date when the data is due in the system
Cutoff for corrections	11-1-24	2-3-25	5-1-25	Cutoff for corrections, is when the corrections are due by for that quarter
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	Facilities receive certification files, by this date System13 sends the certification files
Certification/ comments due	1-15-25	4-15-25	7-15-25	Certification/comments due, when the data must be certified and comments (if any) needed to be inputted into the system. If data is less than 100% accurate, comments must be submitted at certification.

The reporting schedule is a rule driven schedule, under <u>Chapter 421</u>, Title 25, Part 1 of the Texas Administrative Code, subchapter D, <u>RULE §421.66</u>. The due dates are either the 1st or the 15th of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.



THCIC System

Image: System 13. com/user_session File Edit View Favorites Tools Help Pavorites System 13, Inc. / THCIC Web	i/new 📃 🗙 🤹 Convert 👻 Select	Log into the System I 3 sy https://thcic.system I 3.co	
		tem13 💽 Lechnology your best friend	
	Prol USERNAME: Iogin PASSWORD: password	blems Logging In?	
		SIGN IN will be terminated after 40 minutes of inactivity.	
	ENROLLMENTS	S REPORTING SCHEDULE	



Log In the System as a Provider

system13						
THCIC Support Center						
Problems Logging In? USERNAME: th0000008						
PASSWORD:						
SIGN IN						
For security reasons your session will be terminated after 40 minutes of inactivity.						
ENROLLMENTS REPORTING SCHEDULE Put in THCIC ID username and password. Click 'sign in'.						



Security Notice

🖉 System13, Inc. / THCIC Web - Windows Internet E	glorer	
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🚖 Favorites 🏾 🏀 System13, Inc. / THCIC Web		🟠 🔹 🔊 👘 🖃 🖶 🍷 Page 🗸 Safety 🗾 Tools 👻 🔞 👻
•	system13 Solution Support Center	
	Problems Logging In? USERNAME: th000005	
Security Notice		
	This is not a public use Web Site.	
chapter 108, and Title 25 Access requires the explici- All activities on this web s Anyone accessing this we pursue criminal prosecuti This web site uses a comp Texas and United States la	operated under the direction of the Texas Health Care Information Council in accordance wi of the Texas Administrative Code, Chapter 421. t consent of the Texas Department of State Health Services. te, including attempted access, are monitored and recorded. o site expressly consents to such monitoring and recording. This information will be provided on if monitoring reveals evidence of criminal activity. uter security system that is designed to prevent unauthorized access. Unauthorized use of th	d to law enforcement agencies to ne system or data is a violation of
1	im an authorized user and I understand and accept the requirements stated in this	notice.
	ACCEPT DECLINE	
	1040 State Patrit Dunievalu - Chlatinitesville, va 2251 1 - 10001 Suc-4355 - 14541 51 (- vu	

A facility must accept the security notice and access to the database will be provided. If a facility declines this notice, access will not be granted to the database.

New Provider Dashboard

- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.
- A graph of historical clam counts and a section with helpful tips.
- The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline for submission, correction and certification,.
- Two views (List and Grid View).



Certification/ Start Certification – Grid View

\ctiv	vity Dashboard 🛄 🔳				тнсіс	:	User Management My Account Logo
	WEB CLAIM ENTRY CORRECT E	RRORS	START CI	ERTIFICATION			
24	SUBMISSION No claims are present for this quarter.		contact Systen	n13 if you still r ct claims for thi ter.		Q4	AT DEADLINE 2019 CERTIFICATION
Q1 020	Submission due 2 Mar 2020 Correction due 1 May 2020 SUBMISSION Outpatient Data is already built into a certification set.	CERTIFICAT	JAN FEB MAR TOTAL ACCURACY nt	2020 Outpatient 1 1 1 3 100% ertification process	255.	2.5	When looking at the home page in grid view the middle row identifies various certification due dates.
22 020	Submission due 1 Jun 2020 Correction due 3 Aug 2020 SUBMISSION No claims are present for this quarter.	CERTIFICAT		t 2020 nt for this quart	er.	0.5 ···· 0 ···· Quick	Q3 2019 Q4 2019 Q1 2020 Q2 2020 Inpatient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good TIP: TIP: ining materials are organized by
	Submission due 1 Sep 2020 Correction due 1 Nov 2020	Certificatio	on due 15 Jan	2021			ining materials are organized by ject on the Help tab.

Certification/ Start Certification – List View

Home Claims	s Claim Correction Reports Data Mgmt Certification	Batches	Help	system13	
Activity Da	ashboard 🎟 🔳	тнск	:	User Management My Account Logout	
WEB	CLAIM ENTRY CORRECT ERRORS START CERTIFICATI	DN			
Q4 2019 SUBMISSION	No claims are present for this quarter. Submission due 2 Mar 2020 Correction due 1 May 2020		NEXT D Q4 2019	PEADLINE 9 CERTIFICATION	
Q4 2019 CERTIFICATION	Please contact System13 if you still need to submit or correct claims for t quarter. Certification due 15 Jul 2020	his	page	n looking at the home in list view the first row	
Q1 2020 SUBMISSION	Outpatient Data is already built into a certification set. Submission due 1 Jun 2020 Correction due 3 Aug 2020		identifies various certification due dates, as well as the accuracy of this data and when it's due.		
Q1 2020 CERTIFICATION	OutpatientOutpatientJAN1FEB1MAR1TOTAL3ACCURACY100%	process.	0.5		
Q2 2020 SUBMISSION	No claims are present for this quarter. Submission due 1 Sep 2020 Correction due 1 Nov 2020			2019 Q4 2019 Q1 2020 Q2 2020 atient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good	
Q2 2020 CERTIFICATION	<i>No claims are present for this quarter.</i> Certification due 15 Jan 2021		quick тір: Training subject	g materials are organized by on the Help tab.	
Realth and number	Texas Department of State Health Services			11	



Go to Certification



The user can go to Certification by the provider tab Certification or by the								
activity dashboard icon	START CERTIFICATION							

Inpatient/ Outpatient Certification^{®®}

Home Claims Claim Correction Reports Data Mgmt Certi	fication Batches Help System13					
THCIC Support Center	THCIC User Management My Account Logout					
Certification						
INPATIENT	OUTPATIENT					
2020	2020					
1st Quarter 135 Encounters start certification	1st Quarter No Data					
2019	2019					
4th Quarter No Data	4th Quarter Eligible Claims Past cut-off date for generation of Cert. Data.					
3rd Quarter No Data	3rd Quarter No Data					
2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Data.	2nd Quarter No Data					
Older Quarters	Older Quarters Select Quarter					
	npatient/outpatient services, this is					

TEXAS Health and Human

Services

Texas Department of State

Health Services

Outpatient Certification



Home Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13	
THCIC Suppo	ort Center				тнсіс		User Management My Account Logout	
Certifica	tion							
OUTPATIENT								
2020								
1st Quarter 3 Events START CERTIFICATION	V							
4th Quarter No Data	in a facility <u>OTTER</u> sublimes outpatient event data this							
3rd Quarter Eligible Claims								
Past cut-off date for	generation of Cert. Dat	ta.						
2nd Quarter No Data								
Older Quarters							v	



Select an older quarters data...

Home Claims C	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13
THCIC Suppor	t Center				тнсіс		User Management My Account Logout
Certificat	ion						
OUTPATIENT							
2020							
1st Quarter 3 Events START CERTIFICATION							
2019							
4th Quarter No Data							
3rd Quarter Eligible Claims Past cut-off date for ge	eneration of Cert. Data	а.					
2nd Quarter No Data Older Quarters	Click set			view ole d at a late	•		rs data. (This
Select Quarter 2019 1st Quarter 2018 4th Quarter 2018 3rd Quarter 2018 2nd Quarter	quarters	s are a	vailable		een. T	hen,	at shows which , a facility will be

Select an older quarters data to view...

Home Claims Claim Cor	rrection Reports	Data Mgmt	Certification	Batches	Help	
THCIC Support Cer	nter			тнсіс		User Management My Account Logout
Certification)					
OUTPATIENT						
2020						
1st Quarter 3 Events START CERTIFICATION						
2019						
4th Quarter No Data						
3rd Quarter Eligible Claims						
Past cut-off date for generation	of Cert. Data.					
2nd Quarter No Data						
Older Quarters 2018 3rd Quarter 321 Events			-			been selected to view older data.

C



<u>Encounter on Demand</u> is the ability for facilities to generate quarterly certification data after the quarter has ended.

Facilities will be able to generate their quarterly certification data and the corresponding certification data reports from the time a quarter ends (example: IqII ends March 31, 2011.) A facility can generate the certification files for this time through the end of the corrections period for that quarter.

<u>PLEASE BE ADVISED</u> when a facility has chosen to begin this process, the facility must ensure the data has been submitted, is complete and accurate. If changes need to be made to this data <u>after</u> the file has been generated, these changes will incur a charge from System 13 to regenerate the data. Also, <u>ANYONE</u> with access to a UserID as a certifier can initiate the EOD and not just the system administrator for the facility.

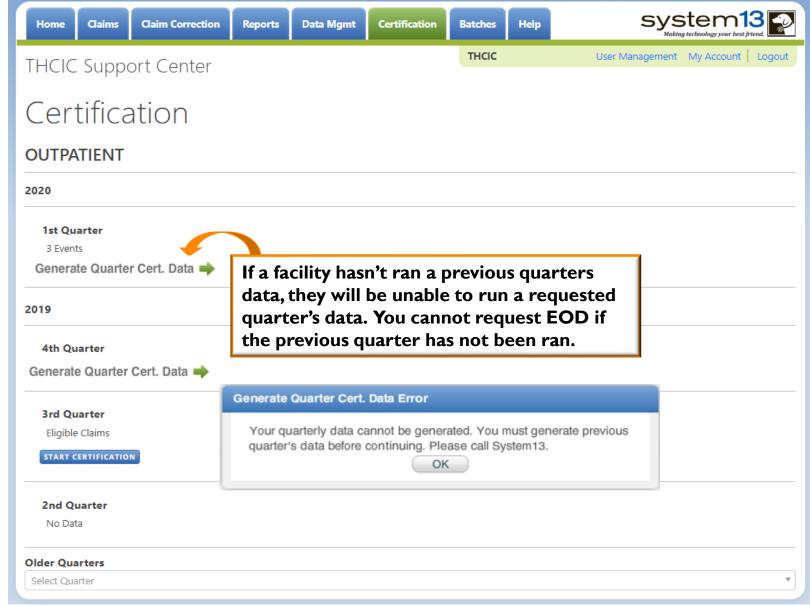


Home Claims (Claim Correction	Reports	Data Mgmt	Certification	Batches Help	system13
THCIC Suppor	t Center				тнсіс	User Management My Account Logout
Certificat	ion					
OUTPATIENT						
2020						
1st Quarter 3 Events Generate Quarter (Cert. Data 📫 🗲	4				
2019		_				
4th Quarter Generate Quarter (Cert. Data 🔶					
3rd Quarter						
Eligible Claims						
2nd Quarter No Data						
Older Quarters						
Select Quarter						



Home Claims Claim Correction	Reports Data Mgmt	Certification	Batches Help	system13
THCIC Support Center			тнсіс	User Management My Account Logout
Certification				
OUTPATIENT				
2020				
1st Quarter 3 Events Generate Quarter Cert. Data	Click 'Genera Data', Generat to generate o	e Quarter Cert.		
4th Quarter Generate Quarter Cert. Data 中	certification correspondir reports.		-	
3rd Quarter Eligible Claims				
START CERTIFICATION				
2nd Quarter No Data				
Older Quarters				
Select Quarter				_







Home Claims Claim Correction Reports Data Mgmt Certification	Batches Help	
THCIC Support Center	тнсіс	User Management My Account Logout
Certification		
OUTPATIENT		
2020		
1st Quarter 3 Events Generate Quarter Cert. Data 📫		
2019		
4th Quarter Generate Quarter Cert. Data 🔿		
3rd Quarter Eligible Claims START CERTIFICATION		
2nd Quarter No Data		
Older Quarters Select Quarter		v



Home Claims Claim Correction	Reports Data Mgm	t Certification	Batches Help	system13
THCIC Support Center			тнсіс	User Management My Account Logout
Certification				
OUTPATIENT				
2020				
1st Quarter 3 Events Generate Quarter Cert. Data 🔶				
2019				
4th Quarter Generate Quarter Cert. Data 🔶 ৰ				
3rd Quarter Eligible Claims				
START CERTIFICATION				
2nd Quarter No Data				
Older Quarters				
Select Quarter				Ŧ

EOD Request Not Allowed

Home Claims Claim Correction Reports	Data Mgmt Certification Batches Help System18
THCIC Support Center	THCIC Trainee 1 000006 User Management My Account Logou
Certification	
INPATIENT	OUTPATIENT
2024	2024
The system has determined your data is not 100% accur If you feel you received this in error, or require assistance CLOSE 1st Quarter No Data	te. Therefore the EOD request is not allowed. e with your corrections, please contact the System13 Help Desk at 888-308-4953 or thcichelp@system13.com. 1st Quarter Eligible Claims
2023 4th Quarter	EOD is not allowed if your data isn't 100% accurate as the message indicates. But if you are 100% accurate, you can start this
No Data Older Quarters	Past cut-off date for generation of Cert. Data.



nt Logout

ert. Data 🛛

ТН	CIC Su	pport	Center						TH	ICIC		User N	Vanagement My V	Account
С	ertifi	catio	on											
	Quarter Ar	nalysis											Quarter Com	pariso
	Month	Total	xx0	xx1	xx2	xx3	xx4	xx5	xx6	xx7	xx8	???	Qtr	Tot
ľ	Oct	0	0	0	0	0	0	0	0	0	0	0	1q15	23
	Nov	0	0	0	0	0	0	0	0	0	0	0	4q14	43
	Dec	0	0	0	0	0	0	0	0	0	0	0	3q14	32
	Jan	78	19	11	10	7	16	10	0	5	0	0		
	Feb	81	12	15	14	9	14	11	0	6	0	0		
	Mar	75	11	12	11	7	13	10	0	11	0	0		
	Messages													
			have erro ors Report								~		ese errors with th	10
			use the Cl											
										*			/s data distribution, gender, age, ra	

Based on the above analysis, please verify that there are NO unaddressed data issues prior to continuing with the cert file generation.

No

Do you wish to continue? Yes

Print Data Analysis Report



Generate Quarter Cert. Data 📫

Certification Data Set

The Certification data and reports for your facility will be generated within the next 72 hours once you click 'OK'. This will remove the quarter's data from the Claims and Claims Correction screens (WebClaim, WebCorrect) and prepare the data (This quarter's Certification Data Set) for your review.

Do you wish to continue?

OK

A facility will have to verify twice, that the facility is requesting to generate this file.

Cancel



This is the facility's final message, an email will be sent to the Provider Primary Contact/Data Administrator when the data is available for certification, within 3 business days. The screen will show generation in progress. Once available it will show start certification.



Home Claims Claim Correction Reports Data Mgmt Certification	Batches Help	
THCIC Support Center	тнсіс	User Management My Account Logout
Certification		
OUTPATIENT		
2020		
1st Quarter 3 Events Generate Quarter Cert. Data 🔿 <		
2019		
4th Quarter Eligible Claims START CERTIFICATION		
3rd Quarter		
Eligible Claims		
2nd c Once you get confirmation that the previo No D you can now start the certification for the previous start the	-	-
Older Quarters Select Quarter		•



Start Certification



Home Claims Cla	aim Correction Re	eports Data Mgmt	Certification	Batches	Help	
THCIC Support	Center			тнсіс		User Management My Account Logout
Certificati	on					
OUTPATIENT						
2020						
1st Quarter	←					
2019						
4th Quarter No Data						
3rd Quarter Eligible Claims Past cut-off date for ger	neration of Cert. Data.					
2nd Quarter No Data						
Older Quarters						
Select Quarter						Ψ



List of all Events Generated

Home Claims	Claim Correction	Reports Data M	gmt Certification	Batches Help		system13
THCIC Suppo	ort Center			тнсіс	User Mana	agement My Account Logout
Certifica	ation					
Back to Certification b	y Quarter	Q Enter Control #, M	ledical Record #, Patient o	r Certification #	SEARCH	Reports and Certification
Patient Control # 🗢	Medical Record # 🗢	Event ID	Processed Date	Patient Name	Claims	¢ _{Туре} \$
123	123	12020000011	06/16/2020	DOE, JACKSON	1	OUT-I
147	147	12020000012	06/16/2020	DOE, JENNIFER	1	OUT-I
852	852	12020000013	06/16/2020	DOE, BERRY	1	OUT-I



Encounter View

The events are ordered by event ID specified by System I3. The facility can click a column header and it will modify the list accordingly for that column.

Medical Record # 🗘 Patient Control # 🗘 Event ID Processed Date Patient Name Claims Type The search feature to search your claim listing is also available.

Q Enter Control #, Medical Record #, Patient or Certification #

÷



Search Claim Listings



Once the user opens the claim correction tab, a listing of all claims that need correction will be displayed.

The user can modify the claims by: Control # Medical record # Patient or

Q

Certification #

Once this data has been typed in to modify the list, pressing 'clear' will take the user back to the certification listing.

To close out this search click the X on this field.

X SEARCH

Choose Event Claim to View



Home Claims	Claim Correction	Reports Data	Mgmt	Certification	E	Satches Help			SYS	tem13
THCIC Suppo	ort Center					тнск		' User M	lanagement	My Account Logout
Certifica	ation									
Back to Certification b	oy Quarter	Q Enter Control #,	Medica	l Record #, Patient	or Ce	ertification #		SEARCH	R	eports and Certification 🕨
Patient Control # 🗢	Medical Record # 🗢	Event ID	¢	Processed Date	÷	Patient Name	÷	Claims	¢	Type 🕈
123	123	12020000011		06/16/2020		doe, Jackson		1		OUT-I
147	147	120200000012		06/16/2020		DOE, JENNIFER		1		OUT-I
852	852	12020000013		06/16/2020		DOE, BERRY		1		OUT-I

3 Events for 2020 1st Quarter Outpatient

Event View – Patient Tab



Home Claims Claim C	orrection Reports Data Mg	mt Certification Batches	Help	
THCIC Support Ce	nter	тнсіс		User Management My Account Logou
CERTIFICATION Back to 2020 1st Quarter Outpat	ient Event List		4	120200000011
DOE, JACKSON	Medical Record Number: 12 Number of Claims: 1	3 Patient Control Numb Process Date: 06/16/		Outpatient Institutional
✓ Patient	Personal Informatic	n		
 Diagnoses Situational Codes 	Name JACKSON DOE	Medical Record Number 123		Social Security Number 9999999999
Charges	Address 78780 WILLOW BEND DR			
✓ MedPAR O Warnings	AUSTIN, TX 78741			
Facility				
Warnings will indicate if event warnings.				
t	Back to 2020 1st Quarter O	event listing at an utpatient Event List . Cl rent tabs. The ta	ick the ta	ab to move

Event View – Patient Tab



Home Claims Claim	Correction Reports Data Mgmt	Certification Batches Help	
THCIC Support C	enter	тнсіс	User Management My Account Logout
CERTIFICATION A Back to 2020 1st Quarter Outp			< 12020000011 ▼ →
DOE, JACKSON	Medical Record Number: 123 Number of Claims: 1	Patient Control Number: 123 Process Date: 06/16/2020	Outpatient Institutional
✓ Patient	Personal Information		
 Diagnoses Situational Codes 	Name JACKSON DOE	Medical Record Number 123	Social Security Number 999999999
✓ Charges	Address 78780 WILLOW BEND DR		
 MedPAR Warnings 	AUSTIN, TX 78741		
✓ Facility			
		ID	
	data. If a faci	areas indicate there lity would like to ma	ke changes to their
	will be a cost	ty will have to conta involved to make ch n. The Claim Corre	nanges to their data
		events that are being	



Event View – Diagnosis

Home Claims Claim C	orrection Reports Dat	a Mgmt Certification	Batches Help	system13
THCIC Support Ce	enter		тнсіс	User Management My Account Logout
CERTIFICATION				
Back to 2020 1st Quarter Outpat	tient Event List			 ▲ 12020000011 ▼ ►
DOE, JACKSON	Medical Record Number Number of Claims: 1		ontrol Number: 123 Date: 06/16/2020	Outpatient Institutional
✓ Patient	Diagnoses			
✓ Diagnoses	Principal		Reason For Visit	
 Situational Codes 	D1722 - Benign lipomatou left arm	s neoplasm of skin, subcu	of	
✓ Charges				
✓ MedPAR	Other Diagnosis Codes		E-Codes	
0 Warnings				
✓ Facility				
	The Diagnosi	is/ Procedure ta	ib allows a f	acility to see the principal
	-			for visit and e-codes.
		•		edure codes on the
		Procedure tab.		



Event View – Situational Codes

Home Claims Claim	Correction Reports Data Mgmt	Certification Batches Help	
THCIC Support C	enter	тнсіс	User Management My Account Logout
CERTIFICATION Back to 2020 1st Quarter Outp			▲ 12020000011 ▼ ▶
DOE, JACKSON	Medical Record Number: 123 Number of Claims: 1	Patient Control Number: 123 Process Date: 06/16/2020	Outpatient Institutional
✓ Patient	Conditions	Values	
✓ Diagnoses	conditions	Values	
✓ Situational Codes	Occurrence Spans		
✓ Charges		From	То
✓ MedPAR	Occurrences by Date		
0 Warnings		On	Day
✓ Facility			
	The situational co professional patie		ilable for outpatient





Home Claims Claim	Correction Reports Data	a Mgmt Certification Ba	tches Help		syste	em13
THCIC Support C	enter	ا	нсіс	User Ma	nagement My	/ Account Log
CERTIFICATION Back to 2020 1st Quarter Outp				120200000	011	▼
DOE, JACKSON	Medical Record Numbe Number of Claims: 1	r: 123 Patient Contro Process Date:	ol Number: 123 06/16/2020	Outpat	tient Institutio	nal
✓ Patient	Charges					
Diagnoses Situational Codes	Payment Source Ind ID	Name		Number o	f Charges	
 ✓ Charges 	ZZ	UNKNOWN		1		
✓ MedPAR						
0 Warnings	Description	Procedure	Qty	Rate	Charge N	lon covered
✓ Facility						
	1 0490 HC	01714 ANESTH UPPR ARM TENDON SURG	3 UN	\$45,000.00	\$135,000.00 -	
		01/01/2020 - 01/01/2020				
	•	ab to see the r be reported o				ge

Event View – MedPar



Home Claims Cl	aim Correction Reports Data Mgmt	Certification Batches Help	system13
THCIC Support	Center	THCIC	User Management My Account Logo
CERTIFICATION Back to 2020 1st Quarter (▲ 120200000011
DOE, JACKSON	Medical Record Number: 123	Patient Control Number: 123	Outpatient Institutional
	Number of Claims: 1	Process Date: 06/16/2020	
Patient	MedPAR		
 Diagnoses 			
Situational Codes			
	Other: -	Blood Admin:	-
 Charges 	Pharmacy: -	Operating Roor	m: -
✓ MedPAR	Pharmacy	Lithotripsy:	-
0 Warnings	Medical/Surgery Supply: -	Cardiology:	-
	Durable Medical Equipment: -	Anesthesia:	-
 Facility 		Laboratory:	-
	Used Durable Medical Equip: -	Radiology:	-
	Physical Therapy: -	MRI:	-
		Outpatient Serv	vice: \$135,000.00
	Occup Therapy: -	Emergency Roc	om: -
	Speech Pathology: -	Ambulance:	-
	opecar Pathology.	Professional Fe	es: -
	Inhalation Therapy: -	Organ Acquisiti	ion: -
	Blood: -	ESRD Rev Settir	ng: -
	BIOOD: -	Clinic Visit:	-

The MedPar tab and view the patient's <u>charges rolled into</u> <u>the 30 MedPAR revenue categories.</u>



Event View – Warnings Tab

Home Claims Claim	Correction Reports D	Data Mgmt Certification	Batches Help	
THCIC Support Ce CERTIFICATION			тнсіс	User Management My Account Logout
DOE, JACKSON	Medical Record Num Number of Claims: 1		t Control Number: 123 is Date: 06/16/2020	Outpatient Institutional
 Patient Diagnoses Situational Codes Charges MedPAR Warnings Facility 	Warnings			
	Warnings. are warnir	•	te if event	nt build issues. warnings. If there ust contact





Home Claims Claim	Correction Reports	Data Mgmt	Certification	Batches Help		system13
THCIC Support Ce	enter			тнсіс	User Ma	nagement My Account Logout
CERTIFICATION A Back to 2020 1st Quarter Outp					4 120200000	011 🔻 🕨
DOE, JACKSON	Medical Record Nu	mber: 123	Patient C	Control Number: 123	Outpa	tient Institutional
	Number of Claims:	1	Process	Date: 06/16/2020		
✓ Patient	Facility					
✓ Diagnoses	Provider Information			Facility Speci	alties	
✓ Situational Codes	THCIC			Acute Car	e	Orthopedic
	1100 West 49th Street Austin, TX 78756			Cardiovas	cular	Otolaryngology
 Charges 	EIN:	_		Chiroprac		Pain Management
✓ MedPAR	POA: X - Exempt			ssion (POA) is	Plastic	Pediatric
			a feature for			Psych
0 Warnings	Specialty Units			atient facilities		Rehabilitation/PT
✓ Facility				is shown, but n ince outpatient		Skilled Nursing
• racinty			ity doesn't pr			Teaching
			mation.		ite Care	Thoracic
						Urology
				OB-GYN		Other Long Term Care
				Ophthalm	ology	Other

The Facility tab allows a facility to see the facility information that will be reported and the facility specialty information to be reported for the specified patient.



Back to Event Listing

Click A Back to 2020 1st Quarter Outpatient Event List to go back to Event listing.

A facility will be able to view another patient's event file or go to reports and certification.

A facility will also be able to go to certification by quarter.



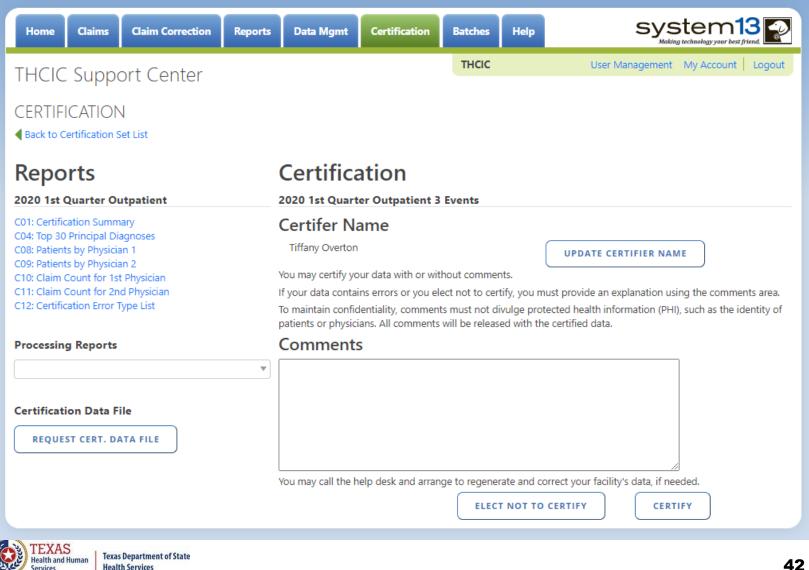
Reports and Certification

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	в	atches Help		system13	
THCIC	Suppo	ort Center					тнсіс	User I	Management My Account Logout	
Cer	Certification									
Back to C	ertification b	y Quarter	Q Enter Co	ntrol #, Medical	Record #, Patient	or Ce	rtification #	SEARCH	Reports and Certification	
Patient C	ontrol # 🗢	Medical Record #	• Event ID	÷	Processed Date	÷	Patient Name	Claims	¢ _{Type} ¢	
123		123	12020000	0011	06/16/2020		DOE, JACKSON	1	OUT-I	
147		147	12020000	0012	06/16/2020		DOE, JENNIFER	1	OUT-I	
852		852	12020000	0013	06/16/2020		DOE, BERRY	1	OUT-I	

Click Reports and Certification > to go to the reports and certification for the specified quarter.

3 Events for 2020 1st Quarter Outpatient

Reports, Processing Reports, Certification File Download and Certification





Provider Review of Data

- Facilities must provide their operating/ rendering physicians an opportunity to review, request correction of, and comment on records of patients for whom they are shown as rendering or operating.
- X This is probably the most difficult part of certification!
- The process that facility follows is dependent upon the organizational and logistical structure of the facility.
- × Factors that affect the process or amount of time involved include:
 - × Number of operating/ rendering physicians
 - ✗ Location of practitioners
 - ✗ Interest of practitioners
- Each facility is responsible for developing the process and methods for collecting comments and corrections from operating/ rendering physicians, and for ensuring that their concerns are acted upon.
- ∑ Use of the outpatient reports is not required.

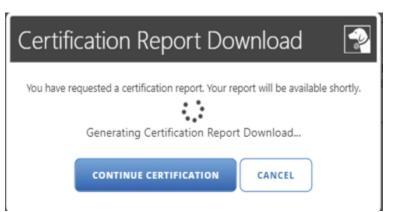


Reports Available

Reports

2020 1st Quarter Outpatient

C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List





The Reports will be a downloadable PDF files.

Reports C01 **Certification Summary**



Home Claims Claim Correction R	eports Data Mgmt	Certification	Batches Help		
THCIC Support Center			тнсіс	User Management My Account Logout	
CERTIFICATION A Back to Certification Set List					
Reports	Certific	ation			
2020 1st Quarter Outpatient	2020 1st Qua	rter Outpatient 3 I	vents		
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List C12: Certification Error Type List C13: Certification Error Type List C14: Certification Error Type List C15: Certification Error Type List C15: Certification Error Type List C15: Certification Error Type List C16: Certification Error Type List C17: Certificatio					
Processing Reports	Commen	ts			
Certification Data File REQUEST CERT. DATA FILE	•				
	You may call the	help desk and arrang	e to regenerate and c	orrect your facility's data, if needed.	
The C01: Certification su	mmary must	be	ELECT NOT TO	CERTIFY	
downloaded and saved b	<u>efore you ca</u>	<u>n</u>			
<u>certify your data.</u>				4	

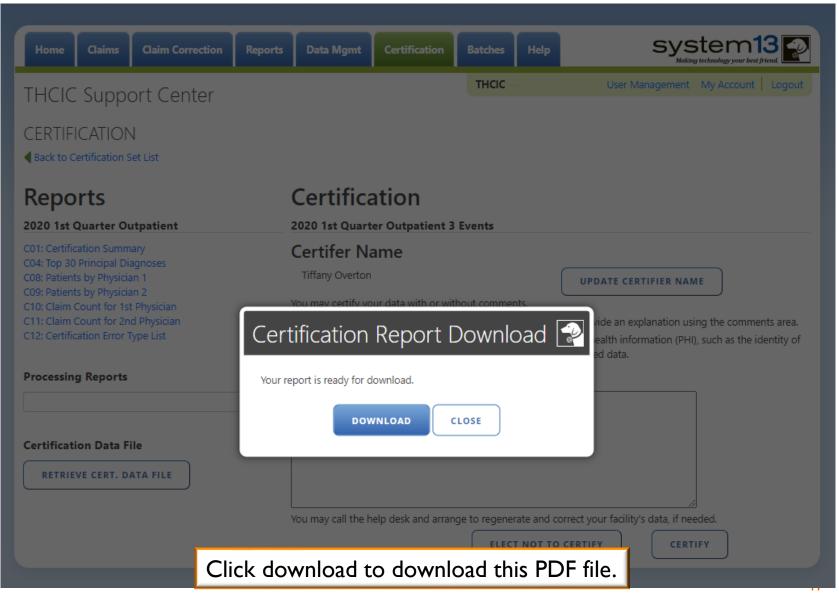
Reports C01 Certification Summary



system13 THCIC THCIC Support Center Back to Certification Set List Certification Reports 2020 1st Quarter Outpatient 2020 1st Quarter Outpatient 3 Events **Certifer Name** UPDATE CERTIFIER NAME Certification Report Download an explanation using the comments area. information (PHI), such as the identity of You have requested a certification report. Your report will be available shortly. **Processing Reports** Generating Certification Report Download... CONTINUE CERTIFICATION CANCEL **Certification Data File RETRIEVE CERT. DATA FILE** You may call the help desk and arrange to regenerate and correct your facility's data, if needed. **ELECT NOT TO CERTIFY** CERTIFY

Reports C01 Certification Summary





Reports C01 Certification Summary (Page 1)



THCIC Report C01: Certification Summary (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

	Event Summary		Provides a	Claim Filing Indica	ator Coo	le				
	Period Cou	unt 📈	count of the	Code	Primary	Percent	Second	Percent		
	Late for 3Q - July 2014	0	events built for	Selfpay - 09	0	0.00%	0	0.00%		
	Late for 3Q - August 2014	0		Central Certification - 10	0	0.00%	0	0.00%		
La	ate for 3Q - September 2014	0	the quarter.	Other NonFederal Programs - 11	20	4.65%	0	0.00%		
	October 2014	145		Preferred Provider Organization (PPO) - 12	20	4.65%	0	0.00%		
	November 2014	132		Point of Service (POS) - 13	12	2.79%	0	0.00%		
	December 2014	153		Exclusive Provider Organization (EPO) - 14	18	4.19%	0	0.00%		
	Total	430		Indemnity Insurance - 15	16	3.72%	0	0.00%		
				Health Maintenance Organization (HMO) Medicare Ris - 16	19	4.42%	0	0.00%		
	Charges Summary			Dental Maintenance Organization - 17	15	3.49%	0	0.00%		
ſ	Type Amoun	t		Automobile Medical - AM	26	6.05%	0	0.00%		
- F	Total Charges \$1,149,356.24		ists charges	Blue Cross/Blue Shield - BL	20	4.65%	0	0.00%		
	Average Charge \$2,672.9		ummary for	CHAMPUS - CH	18	4.19%	0	0.00%		
	Minimum Charge \$1,048.22		· · ·	Commercial Insurance Co Cl	19	4.42%	0	0.00%		
	Maximum Charge \$5,182.00		ne events.	Disability - DS	19	4.42%	0	0.00%		
	Standard Deviation \$687.60					Federal Employees Program - FI	14	3.26%	0	0.00%
L	Standard Deviation \$007.00			Health Maintenance Organization - HM	16	3.72%	0	0.00%		
	N .			Liability - Ll	0	0.00%	0	0.00%		
Lists	Δ		X	Liability Medical - LM	17	3.95%	0	0.00%		
charges	Charges Breakout			Medicare Part A - MA	23	5.35%	0	0.00%		
•				Medicare Part B - MB	15	3.49%	0	0.00%		
summary	Category Count	Provi	des counts and	Medicaid - MC	27	6.28%	0	0.00%		
for the	> \$250,000 0	Derce	ntages by payment	Other Federal Program - OF	19	4.42%	0	0.00%		
events.	\$1,000 - \$250,000 430		e, both primary	Title V - TV	19	4.42%	0	0.00%		
	< \$1,000 0		• •	Veteran Administration Plan - VA	21	4.88%	0	0.00%		
		and so	econdary.	Workers Compensation Health Claim - WC	23	5.35%	0	0.00%		
		,		Mutually Defined - ZZ	0	0.00%	0	0.00%		
				Mutually Defined, Or SelfPay, Or Unknown, Or Charity - ZZ	14	3.26%	0	0.00%		
				Missing/Invalid	0	0.00%	430	100.00%		

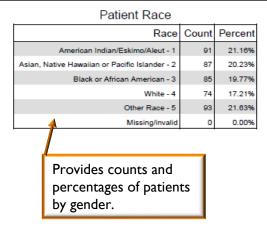
Reports C01 Certification Summary (Page 2)



THCIC Report C01: Certification Summary (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

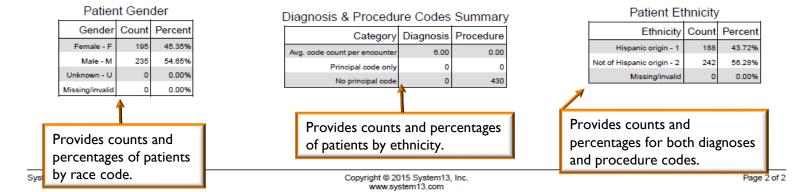
	Patient Location								
	Location Count Percent								
	In state	6	1.40%						
	Out of state	424	98.60%						
	Out of country	0	0.00%						
×	Missing/invalid	0	0.00%						

Provides counts of patients that reside in Texas, outside of the state, or outside of the country.



Patient Age Breakdown								
Age	Count	Percent						
Less than 1 year	430	100.00%						
1 - 17	0	0.00%						
18 - 44	0	0.00%						
45 - 64	0	0.00%						
65 - 74	0	0.00%						
> 74	0	0.00%						
Missing/invalid	0	0.00%						

Provides counts and percentages of patients by age.



Reports C04 Top 30 Principal Diagnoses



Home Claims Claim Correction Reports	Data Mgmt Certification	Batches Help	system13		
THCIC Support Center		тнсіс	User Management My Account Logout		
CERTIFICATION A Back to Certification Set List					
Reports	Certification				
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3	Events			
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton Vou may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.				
Processing Reports	Comments				
Certification Data File REQUEST CERT. DATA FILE	You may call the help desk and arrang	ge to regenerate and contract of the second se			

Reports C04 Top 30 Principal Diagnoses



THCIC Report C04: Top 30 Principal Diagnoses (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

Diag Code	Description	Perce nt	Avg. LOS in days	Total Discharges Avg. Charge	Under 1 Discharges Avg. Charge	1-17 Discharges Avg. Charge	18-44 Discharges Avg. Charge	45-64 Discharges Avg. Charge	65-74 Discharges Avg. Charge	Over 74 Discharges Avg. Charge
04619	OTHER CREUTZFELDT- JAKOB	0.70%	10.0	3 \$2,705.78	1 \$3,121.94					
94877	70-79% BDY BRN/70- 79% 3D	0.47%	6.5	2 \$3,127.20	1 \$3,047.50					
33921	ACUT POST-TRAUMA HEADACH	0.47%	3.0	2 \$1,766.40	1 \$2,038.28					
66581	OB TRAUMA NEC- DELIVERED	0.47%	8.5	2 \$2,623.85						
9409	BURN EYE & ADNEXA NOS	0.47%	4.0	2 \$2,193.31						
9781	POIS- TYPH/PARATYPH VACC	0.23%	20.0	1 \$4,208.88						
36854	ACHROMATOPSIA	0.23%	10.0	1 \$2,723.53						
23872	LOW GRD MYELODYSPLST SYN	0.23%	7.0	1 \$3,261.14						
9985	POSTOPERATIVE INFECTION	0.23%	16.0	1 \$2,610.76						
37481	HEMORRHAGE OF EYELID	0.23%	8.0	1 \$3,101.55						
25514	OTH SECOND ALDOSTERONISM	0.23%	17.0	1 \$2,656.08						
V1324	PERSNL HIST VULVR DYSPLA	0.23%	17.0	1 \$1,699.15						
38651	HYPRACT LABYRINTH UNILAT	0.23%	9.0	1 \$3,076.80						
28801	CONGENITAL NEUTROPENIA	0.23%	14.0	1 \$2,088.94						
V159	HX-HEALTH HAZARD NOS	0.23%	5.0	1 \$2,895.50						
80513	FX C3 VERTEBRA- OPEN	0.23%	10.0	1 \$1,712.03						
29626	DEPR PSYCHOS- FULL REMISS	0.23%	7.0	1 \$2,693.25						
V494	DISFIGUREMENTS OF LIMBS	0.23%	22.0	1 \$2,605.61						
01110	TB LUNG NODULAR- UNSPEC	0.23%	23.0	1 \$2,723.36						
82010	This report is presented in descending order by total									

System: Trainer

This report is presented in descending order by total charges for each of the top 30 principal diagnosis.

age 1 of 2

Reports C08 Patients by Operating/Rendering I Physician

Home Claims Claim Correction Reports	Data Mgmt Certification Batches Help	system13
THCIC Support Center	тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List		
Reports	Certification	
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you m To maintain confidentiality, comments must not divulge pro patients or physicians. All comments will be released with th	tected health information (PHI), such as the identity of
Processing Reports	Comments	e certified data.
Certification Data File REQUEST CERT. DATA FILE	You may call the help desk and arrange to regenerate and c	

Reports C08 Patients by Operating/Rendering | Physician

THCIC Report C08: Patients by Physician 1 (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

•	ng/Rendering1 Physicia NT, SVCDATES	in:, 5065			
MRN:	L241ANDC241 12345678A 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: , 5085 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 71966 JOINT SYMP	TOM NEC-L/LEG	Other DX2: 71906 JOINT EFFUSION-L/LEG	
GOOD, A	LLEN				
MRN:	C241ANDC247 12345678A 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: , 5085 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 71906 JOINT EFFU	SION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING
GOOD, H	IARRY				
MRN:	C241 12345678A 4 White	From: 2009-10-30 Thru: 2009-10-30	Sex: F Age: 54 LOS: 1	Operating/Rendering1: , 5085 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Race:	4 white	Eth: 2 Not of Hispanic origin	105: 1		
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 71906 JOINT EFFU	SION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING

This report is presented by patients by operating/ rendering physician.

Reports C09 Patients by Operating/Rendering 2 Physician

Home Claims Claim Correction Reports	Data Mgmt Certification Batches Help	system13
THCIC Support Center	ТНСІС	User Management My Account Logout
CERTIFICATION Back to Certification Set List		
Reports	Certification	
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you m	
	To maintain confidentiality, comments must not divulge prot patients or physicians. All comments will be released with the	
Processing Reports Certification Data File REQUEST CERT. DATA FILE 	Comments You may call the help desk and arrange to regenerate and concernation ELECT NOT TO	

Reports C09 Patients by Operating/Rendering 2 Physician

THCIC Report C09: Patients by Physician 2 (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

Other/R ADJUST,	endering2 Physician: , ROSS	5065			
MRN:	C240C247 12345678A 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: BURNET, BROOKS 5065 Other/Rendering2: , 5065	Ancil Chg: \$0.00
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 7197 DIFFICULTY IN	WALKING	Other DX2: 71946 JOINT PAIN-L/LEG	
GOOD, R	ROSS			-	
MRN:	C240 12345678A 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: BURNET, BROOKS 5065 Other/Rendering2: , 5065	Ancil Chg: \$0.00
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 71906 JOINT EFFUS	ION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING
LATE, RO	DBERT				
	L240 12345678A	From: 2009-10-30 Thru: 2009-10-30	Sex: F Age: 54	Operating/Rendering1: BURNET, BROOKS 5065 Other/Rendering2: , 5065	Ancil Chg: \$0.00
Race:	4 White	Eth: 2 Not of Hispanic origin	LOS: 1		
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 71906 JOINT EFFUS	ION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING

This report is presented by patients by operating/ rendering 2 physician.

Reports CI0 Claim Count for Ist Physician



Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13	
THCIC	Suppo	ort Center				тнсіс		User Management My Account Logout	
	ICATION Certification S								
Repo	orts			Certifica	ation				
2020 1st	Quarter Ou	Itpatient		2020 1st Quart	er Outpatient 3	Events			
C04: Top 30 C08: Patien C09: Patien C10: Claim C11: Claim	cation Summ D Principal Dia ts by Physicia ts by Physicia Count for 1st Count for 2n cation Error 1	agnoses in 1 in 2 ! Physician d Physician		Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comm To maintain confidentiality, comments must not divulge protected health information (PHI), such as the in patients or physicians. All comments will be released with the certified data.					
Processin	ig Reports		V	Comment	5				
	tion Data F								
				You may call the h	elp desk and arrang		ate and co	CERTIFY CERTIFY	

Reports CI0 Claim Count for Ist Physician



THCIC Report C10: Claim Count for 1st Physician (Outpatient - Institutional) Q1 2020 Report Date: 24-Jun-2020 THCIC ID:

	-	
Name	License Number	Count
Fake, Doctor 1	1111111111	98
Fake, Doctor 2	1111111112	121
Fake, Doctor 3	111111113	1
Fake, Doctor 4	1111111114	97
Fake, Doctor 5	1111111115	120
Fake, Doctor 6	1111111116	113
Fake, Doctor 7	1111111117	122
Total Claim Count		672

Claim Count for First Physician

Reports CII Claim Count for 2nd Physician



Home Claims Claim Correction Report	s Data Mgmt Certification	Batches Help	system13				
THCIC Support Center		тнсіс	User Management My Account Logout				
CERTIFICATION A Back to Certification Set List							
Reports	Certification						
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient	3 Events					
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician		Tiffany Overton UPDATE CERTIFIER NAME You may certify your data with or without comments.					
C12: Certification Error Type List		nts must not divulge pro	nust provide an explanation using the comments area. tected health information (PHI), such as the identity of e certified data.				
Processing Reports	Comments						
Certification Data File REQUEST CERT. DATA FILE	You may call the help desk and array	nge to regenerate and co					

Reports CII Claim Count for 2nd Physician



THCIC Report C11: Claim Count for 2nd Physician (Outpatient - Institutional) Q1 2020 Report Date: 24-Jun-2020 THCIC ID:

Name	License Number	Count
Fake, Doctor 8	0111111108	98
Fake, Doctor 9	011111109	121
Fake, Doctor 10	0111111110	1
Fake, Doctor 11	011111111	97
Fake, Doctor 12	0111111112	120
Fake, Doctor 13	011111113	113
Fake, Doctor 14	0111111114	122
Total Claim Count		672

Claim Count for Second Physician

Reports CI2 Certification Error Type List



Home Claims Claim Correction Reports	Data Mgmt Certification	Batches Help			
THCIC Support Center		тнсіс	User Management My Account Logout		
CERTIFICATION A Back to Certification Set List					
Reports	Certification				
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3	Events			
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments an To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identit patients or physicians. All comments will be released with the certified data.				
Processing Reports	Comments				
Certification Data File REQUEST CERT. DATA FILE	You may call the help desk and arrang	ge to regenerate and co			

Reports CI2 Certification Error Type List



THCIC Report C12: Certification Error Type List (Outpatient - Institutional) Q1 2020 Report Date: 24-Jun-2020 THCIC ID:

There are no errors for the specified events.

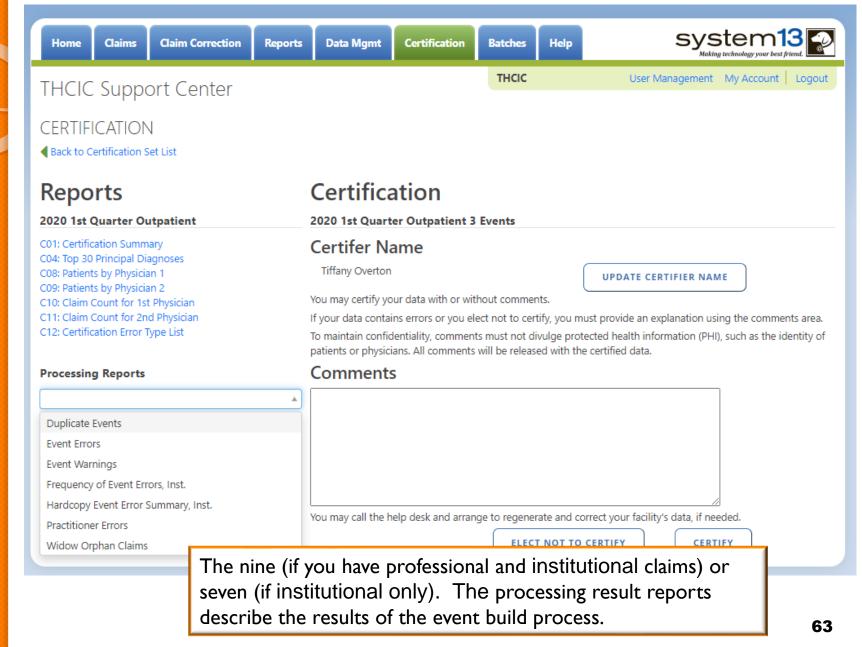


Processing Reports

Home Claims Claim Correction Reports	Data Mgmt Certification Batches H	lelp system13			
THCIC Support Center	тнсіс	User Management My Account Logout			
CERTIFICATION Back to Certification Set List					
Reports 2020 1st Quarter Outpatient	Certification 2020 1st Quarter Outpatient 3 Events				
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments To maintain confidentiality, comments must not divulge protected health information (PHI), such as the iden patients or physicians. All comments will be released with the certified data.				
Processing Reports	Comments				
Certification Data File REQUEST CERT. DATA FILE					
	You may call the help desk and arrange to regenerate a	and correct your facility's data, if needed.			

Processing Reports





Processing Reports Duplicate Events



Home Claims Claim Correction	Reports	Data Mgmt	Certification	Batches Help	system13		
THCIC Support Center				тнсіс	User Management My Account Logout		
CERTIFICATION Back to Certification Set List							
Reports		Certifica	ation				
2020 1st Quarter Outpatient		2020 1st Quart	ter Outpatient 3	Events			
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	, -	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments an To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity patients or physicians. All comments will be released with the certified data.					
Processing Reports		Comment	s				
Duplicate Events Event Errors Event Warnings	*						
Frequency of Event Errors, Inst. Hardcopy Event Error Summary, Inst. Practitioner Errors Widow Orphan Claims		You may call the h	nelp desk and arrar	ige to regenerate and	correct your facility's data, if needed.		



Processing Reports Duplicate Events

Texas Health Care Information Collection Duplicate Events Summary Report - Outpatient Date: Date Report Ran

THCIC: 000005 System13

THCIC# 000002 System13 QA 2

E										STMT	STMT
R	ENCOUNTER		LAST NAME		BIRTH		PATIENT	MEDICAL	ADMIT	FROM	THRU
R	ID		8	SSAN	DATE		CONTROL NUMBER	RECORD NUMBER	DATE	DATE	DATE
1.1	l i i i	1.1	FIRST INITIAL	1.1	1.1	1.1		1.1	YYYYMMDD	YYYYMMDD	YYYYMMDD

NO DUPLICATE or CROSS-OVER ENCOUNTERS DETECTED.

The "Duplicate Report" will list duplicate event errors that have occurred. If a facility has duplicate event errors, these errors should be corrected. The facility will have to contact System 13 to make these changes.

Processing Reports Event Errors



Home Claims Claim Correction Reports	Data Mgmt Certification	Batches Help	system13				
THCIC Support Center		тнсіс	User Management My Account Logout				
CERTIFICATION Back to Certification Set List							
Reports	Certification						
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3	Events					
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	If your data contains errors or you ele To maintain confidentiality, comment						
Processing Reports	Comments						
Duplicate Events							
Event Warnings Frequency of Event Errors, Inst.							
Hardcopy Event Error Summary, Inst. Practitioner Errors	You may call the help desk and arran	help desk and arrange to regenerate and correct your facility's data, if needed.					
Widow Orphan Claims		ELECT NOT TO	CERTIFY				



Texas Health Care Information Collection Encounter Edit Report System13

THCIC: 000005

Date: Date Report Ran

Date: 06/11/10

Encounter East Report System13 QA 2

THCIC:000002

MedRec#	PatCtrl#	SSN#	Admission	ErrCode
12345678A	L131	444024323	20090730	813
	L131	444024323	20090730	813

The "Event Edit Report" lists errors that prevented events from being built. Events were <u>NOT</u> created for these events, and errors on this report should be corrected.

Processing Reports Event Warnings



Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13
THCIC Support Center						тнсіс		User Management My Account Logout
CERTIFICATION Back to Certification Set List								
Reports				Certification				
2020 1st	Quarter Ou	utpatient		2020 1st Quart	er Outpatient 3	Events		
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List			I T	Certifer Name Tiffany Overton Vou may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.				
Processing Reports			(Comments				
Duplicate Events Event Errors Event Warnings Frequency of Event Errors, Inst. Hardcopy Event Error Summary, Inst. Practitioner Errors Widow Orphan Claims								
			Ň	You may call the help desk and arrange to regenerate and correct your facility's data, if needed. ELECT NOT TO CERTIFY CERTIFY				



Processing Reports Event Warnings

Texas Health Care Information Collection

Encounter Warning Summary Report For (Quarter Year) Data System13 Provider 000005

The following encounters were flagged with warnings during the process of building the encounter. Encounter # Med Rec No. Pat Cntrl No. Patient Name

Admit Date Warning Code(s)

No Encounter warnings flagged for this provider

Events listed on the "Event Warnings" report may be in error and if it is in error it should be corrected.

Processing Reports - Frequency of Event Errors, Institutional /Professional

Home Claims Claim Correction Report	ts Data Mgmt Certification	Batches Help	system13			
THCIC Support Center		тнсіс	User Management My Account Logout			
CERTIFICATION A Back to Certification Set List						
Reports	Certification					
2020 1st Quarter Outpatient C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	2020 1st Quarter Outpatient 3 Events Certifer Name Tiffany Overton Vou may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of					
Processing Reports The Frequency of Event Error, Institutional (Inst.) as indicated here is shown. Professional (Prof) will show if professional claims were entered. The claims are separated by the type of event submitted (Institutional/ Professional).						
Frequency of Event Errors, Inst. Hardcopy Event Error Summary, Inst. Practitioner Errors Widow Orphan Claims	You may call the help desk and arrange to regenerate and correct your facility's data, if needed. ELECT NOT TO CERTIFY CERTIFY					

Processing Reports - Frequency of Event Errors, Institutional /Professional

Frequency of Errors Report ((Outpatient-Institutional) Date: Date Report Ran

THCIC: 000005

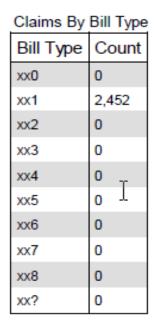
System13

A frequency of event error report that will provide the facility information regarding the number of events received, month received and the bill type.

Batch Information

Field	Value
Claims Period	01/01/2014 thru 12/31/2016
Service Period	01/02/2015 thru 01/05/2015
Claims Received	2,452
Claims Rejected	0
Claims Processed	2,452
Emergency Department Claims	359
Claims In Error w/o Race + Ethnicity Errors	1
Claims In Error	1
Fields In Error	4
Accuracy Rate w/o Race + Ethnicity Errors	97.40%
Accuracy Rate	97.40%

Claims By Month						
	2014	2015	2016			
Jan	0	2,002	0			
Feb	0	450	0			
Mar	0	0	0			
Apr	0	0	0			
Мау	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			



Processing Reports - Frequency of Event Errors, Institutional /Professional

Frequency of Errors Report ((Outpatient-Institutional) Date: Date Report Ran

THCIC: 000005

System13

Field	Valid	Blank/Zero	Failed / Invalid	Passed
Patient control number	121	0	0	100.0%
Patient sex	121	0	0	100.0%
Patient birth date	121	0	0	100.0%
Statement from date	121	0	0	100.0%
Statement thru date	121	0	0	100.0%
Medical record number	121	0	0	100.0%
Total claim charges	121	0	0	100.0%
Facility type	121	0	0	100.0%
Claim frequency type	121	0	0	100.0%
Patient Last Name	121	0	0	100.0%
Patient First Name	121	0	0	100.0%
SSN	121	0	0	100.0%
Patient race	121	0	0	100.0%
Patient ethnicity	121	0	0	100.0%
Address line 1	121	0	0	100.0%
Patient city	121	0	0	100.0%
State of residence	121	0	0	100.0%
Zip code	121	0	0	100.0%
Patient country	42	79	0	100.0%

Errors By Field

Claim Accuracy Rate: 83.47%

The facility error listing will be two pages (Pages 2 & 3). It is a complete listing of all the errors by field.

Processing Reports - Frequency of Event Errors, Institutional /Professional

Frequency of Errors Report ((Outpatient-Institutional) Date: Date Report Ran

THCIC: 000005

System13

The 837 format utilizes 'Qualifier' codes to identify or characterize various health information data elements. Invalid or missing Qualifier codes may cause data to be omitted from a claim or result in improper placement of the data.

Count	Error Code	Error Message
6	W-696	Invalid Operating Practitioner Name Match
17	E-697	Missing Claim Filing Indicator Code for Subscriber
29	E-735	Invalid Procedure Date

Error Summary

Page 4 (or it may be more pages depending on how many errors their claim events have) will be a complete listing of the error count(s), error code(s) and error message(s).

Processing Reports - Hardcopy Error Report, Institutional /Professional

Home Claims Claim Correction Report	s Data Mgmt	Certification	Batches Help	system13
THCIC Support Center			тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List				
Reports 2020 1st Quarter Outpatient	Certifica		Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1	Certifer Na Tiffany Overton			UPDATE CERTIFIER NAME
C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	-	ns errors or you ele	ct not to certify, you m	ust provide an explanation using the comments area. tected health information (PHI), such as the identity of
	• •	•		al (Inst.) as indicated have the same
		x <i>y</i>		vpe of event submitted
Event Errors Event Warnings (Institutio		•	, ,	
Frequency of Event Errors, Inst. Hardcopy Event Error Summary, Inst. Practitioner Errors Widow Orphan Claims	You may call the he	elp desk and arran <u>c</u>	ge to regenerate and control of the second sec	orrect your facility's data, if needed.



Texas Department of State Health Services

Processing Reports - Hardcopy Error Report, Institutional /Professional

Hardcopy Claims Error Summary Report (Outpatient-Professional) Date: Date Report Ran

THCIC: 000005

System13

	1	1					
Med. Rec. #	PCN	Service	Rec. #	Field	Value of field	Err #	EW
M735942562	193227481	20100203		Claim Filing Indicator code		697	Error
M035692904986	1125429652	20100204		Operating practitioner ID	1245284801	696	Warning
M2392108941	1413739086	20100204		Claim Filing Indicator code		697	Error
M917724874	1598668	20100204		Procedure Date		735	Error
				Procedure Date		735	Error
M87029512928	12684278	20100209		Claim Filing Indicator code		697	Error
M96352916	1424987174	20100209		Operating practitioner ID	1245284801	696	Warning
M88997142	1434919505	20100210		Operating practitioner ID	1245284801	696	Warning
M60249996200	1684664570	20100211		Claim Filing Indicator code		697	Error
				Operating practitioner ID	1245284801	696	Warning
M1017122073	10937714	20100211		Claim Filing Indicator code		697	Error
M3506582068	1851381	20100211		Claim Filing Indicator code		697	Error
M14707575	11426741	20100216		Claim Filing Indicator code		697	Error
M1913489390	10614083	20100217		Claim Filing Indicator code		697	Error
M0368784240	1043789	20100218		Operating practitioner ID	1659496180	696	Warning
M368672022574	1774987857	20100218		Procedure Date		735	Error
				Procedure Date		735	Error
				Procedure Date		735	Error

Error List

Hardcopy error summary report shows every error and warning on each event. Report is run separately for institutional and professional events.

Processing Reports Practitioner Errors



Home Claims Claim Correction Reports	Data Mgmt Certification Batches Help	system13
THCIC Support Center	тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List		
Reports	Certification	
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you not To maintain confidentiality, comments must not divulge pro- patients or physicians. All comments will be released with the	otected health information (PHI), such as the identity of
Processing Reports	Comments	
A		
Duplicate Events		
Event Errors		
Event Warnings		
Frequency of Event Errors, Inst.		
Hardcopy Event Error Summary, Inst.	You may call the help desk and arrange to regenerate and d	correct your facility's data, if needed.
Practitioner Errors		
Widow Orphan Claims	ELECT NOT TO	D CERTIFY CERTIFY



Processing Reports Practitioner Errors

L

Texas Health Care Information Collection Unidentified Physician ID Summary Report System13 Date: Date Report Ran

THCIC: 000005

System13

There are NO Unidentified Attending or Operating Practitioners for this Provider.

"Practitioner Error" report lists unidentified attending or operating practitioners.

Processing Reports Widow Orphan Claims



Home Claims Claim Correction Reports	5 Data Mgmt Certification	Batches Help	system13
THCIC Support Center		тнсіс	Making technology your best friend.
Back to Certification Set List			
Reports	Certification		
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		ect not to certify, you m is must not divulge prot	UPDATE CERTIFIER NAME nust provide an explanation using the comments area. tected health information (PHI), such as the identity of the certified data.
Processing Reports	Comments		
A			
Duplicate Events			
Event Errors			
Event Warnings			
Frequency of Event Errors, Inst.			
Hardcopy Event Error Summary, Inst. Practitioner Errors	You may call the help desk and arran	ge to regenerate and co	orrect your facility's data, if needed.
Widow Orphan Claims		ELECT NOT TO	CERTIFY



Processing Reports Widow Orphan Claims

Texas Health Care Information Collection Incomplete Events and Deleted Claims Report System13

THCIC: 000005

Date: Date Report Ran

The claims listed below were not included in an encounter because one or more claims necessary to complete the encounter was not present or the claims were marked for deletion by submission of an void claim (xx8). The reason for claims not being included in the encounter are that there is no discharge claim.

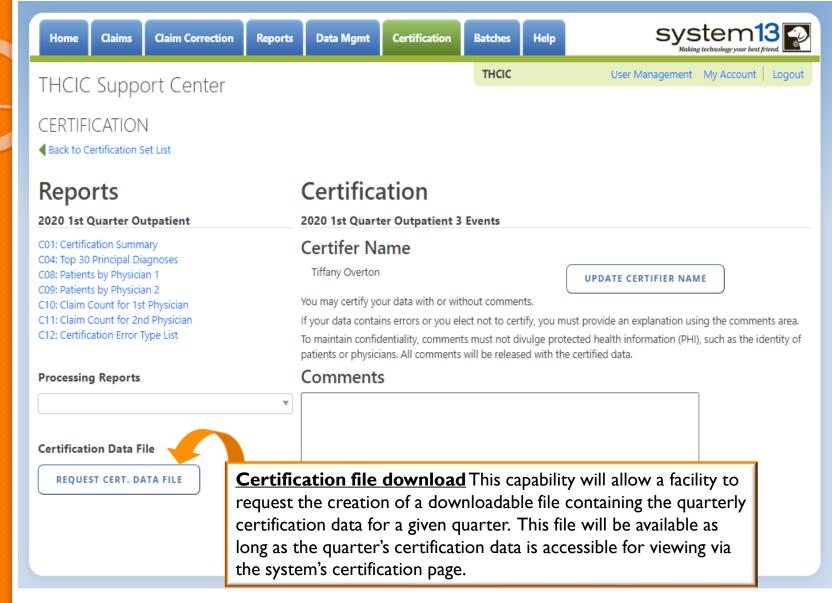
A message code is listed beside each claim indicating the reason that the encounter was not completed. Actions to be taken regarding these messages: If the patient was not discharged during the quarter, then nothing needs to be done. If the patient was discharged during the quarter, please ensure that the missing information is supplied. Contact the THCIC Help Desk if assistance is required in making the correction.

Void/cancel claims (xx8) will be listed after the claim that has been deleted. There will be no error code associated with these claims. These claims are listed for informational purposes only.

MedRec#		SSN#				BillType	
12345678B	C131ANDC138				20091030		
	C131ANDC138	444024321	20091030	20091030	20091030	131	
	C131ANDC138	444024321	20091030	20091030	20091030	131	
	C131ANDC138	444024321	20091030	20091030	20091030	138	
	C241ANDC248	444024321		20091030	20091030	248	
	C241ANDC248	444024321		20091030	20091030	241	
	C241ANDC248	444024321		20091030	20091030	241	
	C241ANDC248	444024321		20091030	20091030	248	
12345678A	L130L138L130	444024323	20090730	20090730	20090730	138	
	L130L138L130	444024323	20090730	20090730	20090730	130	
	L131ANDL137	444024328	20090730	20090730	20090730	137	814
12345678F	L138	444024333	20090730	20090730	20090730	138	814
12345678A	L240L248L241	444024323		20091030	20091030	248	
	L240L248L241	444024323		20091030	20091030	240	
12345678E	L241ANDL248	444024333		20090730	20090730	248	
	L241ANDL248	444024333		20090730	20090730	241	
	L241ANDL248	444024333		20090730	20090730	241	
	L241ANDL248	444024333		20090730	20090730	248	
12345678F	L248	444024333		20090730	20090730	248	814
12345678A	UPLOADEDL137COR	444024330	20090730	20090730	20090730	137	814
	UPLOADEDL247COR	444024330		20090730	20090730	247	814
			Page 1				

Events on the "Incomplete Event and Deleted Claims Report" are either a voided event (xx8) or incomplete event - admission event (xx2) with no discharge event.







<u>Certification File Download</u> is the capability for facilities to request the creation of a downloadable file containing the quarterly certification data for a given quarter as long as the quarter's certification data is accessible for viewing via the system's certification page.

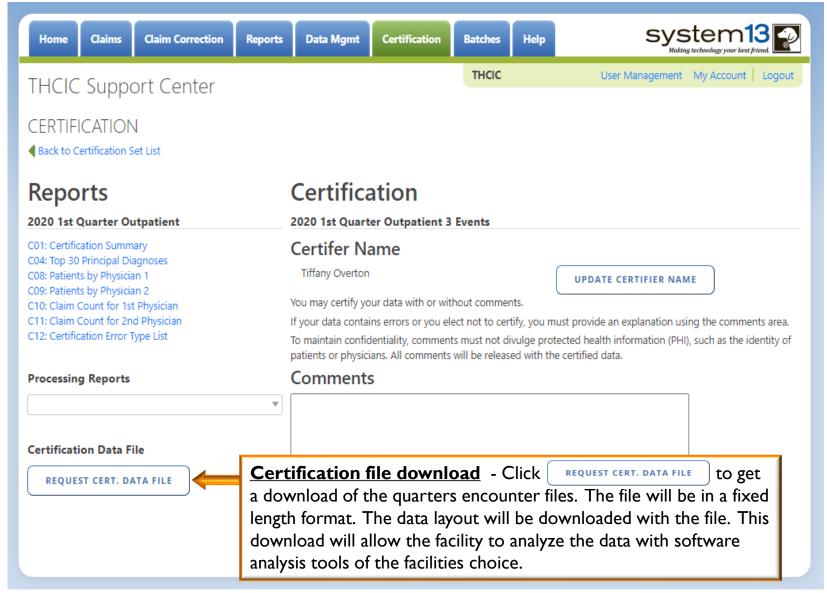
The file will be in a fixed length format and the data layout will be downloaded with the file. This will allow a facility to analyze the data with software analysis tools of the facilities choice.

BEAWARE that once this file has been requested, it should be available within 24 hours. An e-mail will be sent to the provider primary contact/data administrator on file when this data is available for download. Please be advised, **ANYONE** with access as a facility administrator or a certifier specification can initiate the certification file download and not just the provider primary contact/data administrator for the facility.

The file will be available for downloading for 30 days. The download file will be removed from the system after 30 days from the date of the download file creation.

There will be a fee if a facility requests this file again after the 30 day review period. If a facility would like another creation of this file, there will be a fee accessed through System 13. It is important that the file is downloaded within 30 days of requesting its creation to avoid any fees.



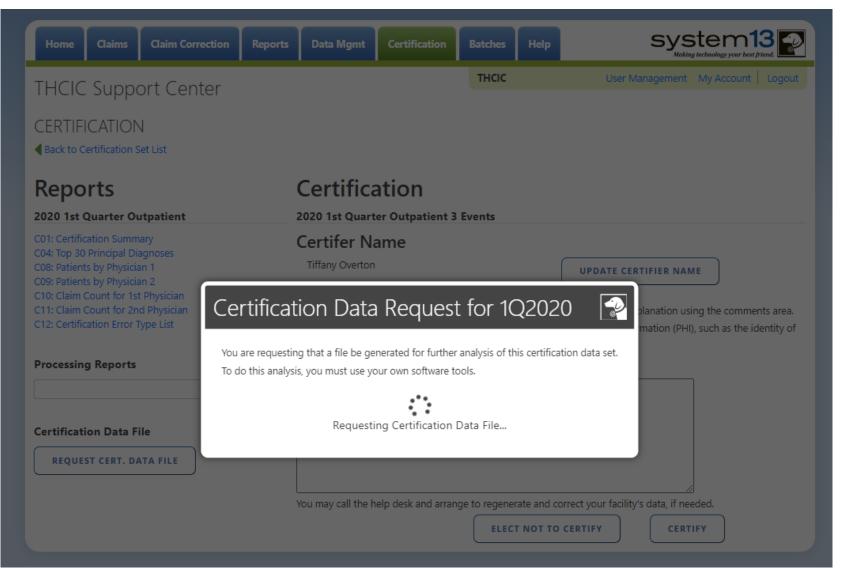




Home Claims Claim Correction	n Reports Data Mgm	t Certification	Batches Hel	Alp System13 2
THCIC Support Center			THCIC	User Management My Account Logout
CERTIFICATION Back to Certification Set List				
Reports	Certifi	cation		
2020 1st Quarter Outpatient	2020 1st Qu	arter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2	Certifer Tiffany Over			UPDATE CERTIFIER NAME
C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	ertification Da	ta Reques	t for 1Q20	020 planation using the comments area. mation (PHI), such as the identity of
Processing Reports	ou are requesting that a file be o do this analysis, you must use	-	-	tification data set.
Certification Data File	c		INCEL	
REQUEST CERT. DATA FILE				
	You may call th	e help desk and arrar	ige to regenerate an	nd correct your facility's data, if needed.
			ELECT NOT	T TO CERTIFY CERTIFY











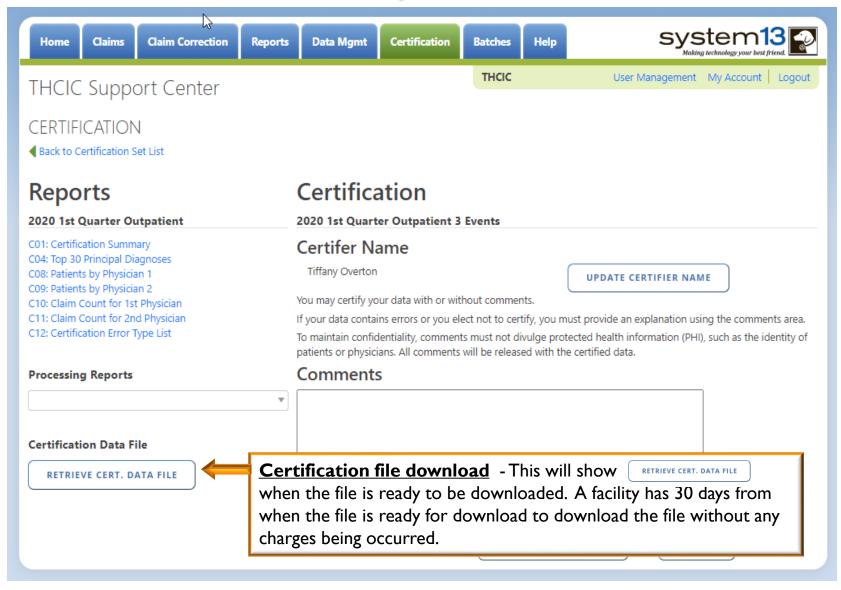
Home Claims Claim Correctio	n Reports Data Mgmt	Certification	Batches Help	system13
THCIC Support Center			тнсіс	User Management My Account Logout
CERTIFICATION A Back to Certification Set List				
Reports 2020 1st Quarter Outpatient C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1	Certifie 2020 1st Qua Certifer I Tiffany Overt	nter Outpatient 3 Name	Events	UPDATE CERTIFIER NAME
C09: Patients by Physician 2				
Processing Reports Your reque	cation Data Red st has been submitted. Please ch onfirming the availability of the c	eck back in 24 hours.		sing the comments area. I), such as the identity of
C10: Claim Count for 1st Pr C11: Claim Count for 2nd P C12: Certification Error Type Processing Reports	st has been submitted. Please ch	eck back in 24 hours.		sing the comments area.



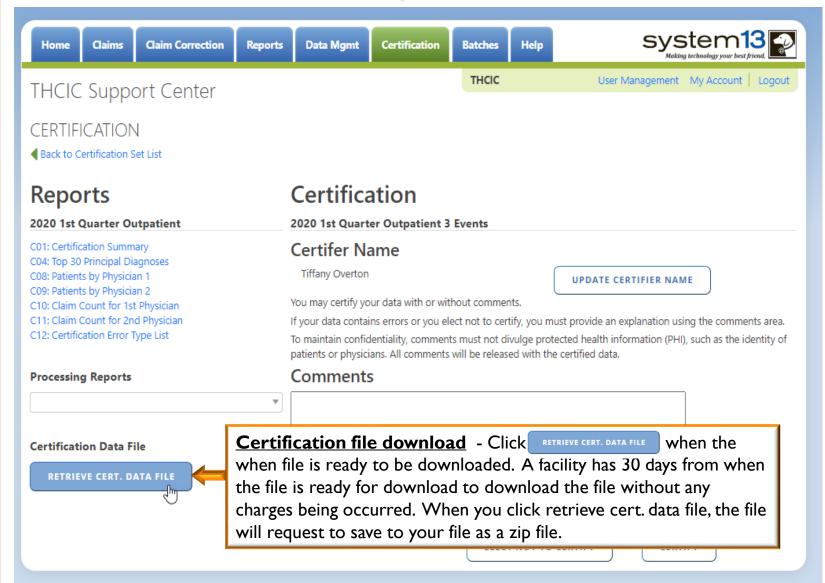


Home Claims Claim Correction Reports	Data Mgmt Certification	Batches Help	system13
THCIC Support Center		тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List			
Reports	Certification		
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient	3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		elect not to certify, you n ents must not divulge pro	UPDATE CERTIFIER NAME nust provide an explanation using the comments area. stected health information (PHI), such as the identity of the certified data.
Processing Reports	Comments		
Certification Data File Your request has been submitted. It should be available within 24 hours. An email confirming the availability of the certification data file will be sent to the primary contact of this facility.	You may call the help desk and arra	ange to regenerate and c	orrect your facility's data, if needed.













system13 Data Mgmt Help Claims Claim Correction Certification Batches Home Reports User Management My Account Logout THCIC THCIC Support Center CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Outpatient 3 Events 2020 1st Quarter Outpatient C01: Certification Summary Certifer Name C04: Top 30 Principal Diagnoses Tiffany Overton C08: Patients by Physician 1 UPDATE CERTIFIER NAME C09: Patients by Physician 2 You may certify your data with or without comments. C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C12: Certification Error Type List To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data. Comments **Processing Reports** w **Certification Data File** LOADING You may call the help desk and arrange to regenerate and correct your facility's data, if needed. **ELECT NOT TO CERTIFY** CERTIFY

Certification File Download Zip File Download

Home Cla	aims Claim Correction Re	ports Data Mgmt Cert	tification Batches Help	system	13 P		
THCIC Su	Ipport Center		тнсіс	User Management My Accour	nt Logout		
CERTIFICA Back to Certific							
Reports	📓 📝 🔜 🔻	Compressed Folder Tools iew Extract	TH000029_1q20_OUTPATIENT_DOWN.ZIP			- 0	× ~ 0
C01: Certification	← → ✓ ↑ 🦉 → This PC	> Downloads > TH000029_1q20_	_OUTPATIENT_DOWN.ZIP		✓ Ö Sea	arch TH000029_1q20_OUTP	<i>р</i>
C04: Top 30 Princ	Documents	* ^	Name	Type Com	npressed size	Password Size	
C08: Patients by I C09: Patients by I	🖶 Downloads	*	Dutpatient_Layout.csv	Microsoft Excel Comma S	5 KB	No	23
C10: Claim Count	Pictures	*	TH000029_1q20_OUTPAT_ENC.TXT	Text Document	1 KB	No	5
C11: Claim Count C12: Certification	, Cert		TH000029_1q20_OUTPAT_PRV.TXT	Text Document	1 KB	No	1
C12: Certification	Documents		TH000029_1q20_OUTPAT_REV.TXT	Text Document	1 KB	No	1
	THCIC WebPage						
Processing Re	Training Documents						
	len OneDrive						
	💻 This PC	The download	l zip file will consist	of the following:			
Certification D	Apple iPhone		i zip nie win consisc	of the following.			
RETRIEVE CI	📃 Desktop						
	🛗 Documents	Your file containi	ing the Certification Da	ata (in a fixed length	format –	for saving/pro	cessing
	🕂 Downloads		is available for downloa	· ·		0.	•
	💭 Galaxy S8+			-			-
	b Music		fter 30 days the file wil	i be removed and th	iere will D	e a tee charge	u for the
	Pictures	regeneration of t	the file.				
	Videos						
	Local Disk (C:)	Please Note: The	e record structure of t	he files has changed	beginning	with 4a15 dat	a.The
	CHSShare (\\dshshqhc01.c		is located in the CSV	•		•	
	CHS users (\\dshs4dvchsfs			me. Thease mouny ally	one using	uns data of ti	115
	COO apps (\\dshshqhc01.c	change.					
	🛖 CHS share (\\dshs4dvchsfs						
	4 items						

TEXAS

Services

Health and Human

Texas Department of State



The download zip file will consist of the following:

Your file containing the Certification Data (in a fixed length format – for saving/processing with your tools) is available for downloading. You must download the file to your computer within 30 days. After 30 days the file will be removed and there will be a fee charged for the regeneration of the file.

Please Note: The record structure of the files has changed beginning with 4q15 data. The record structure is located in the CSV file. Please notify anyone using this data of this change.

This will allow the facility to analyze the data with software analysis tools of the facilities choice.

<u>Please be advised</u> that once a facility requests this file, the file will be created and available for downloading for 30 days. The download file will be removed from the system after 30 days from the date of the download file creation.

There will be a fee for each additional time the file is created; therefore, download the file and save the file within 30 days of requesting its creation to avoid any fees.



Certification

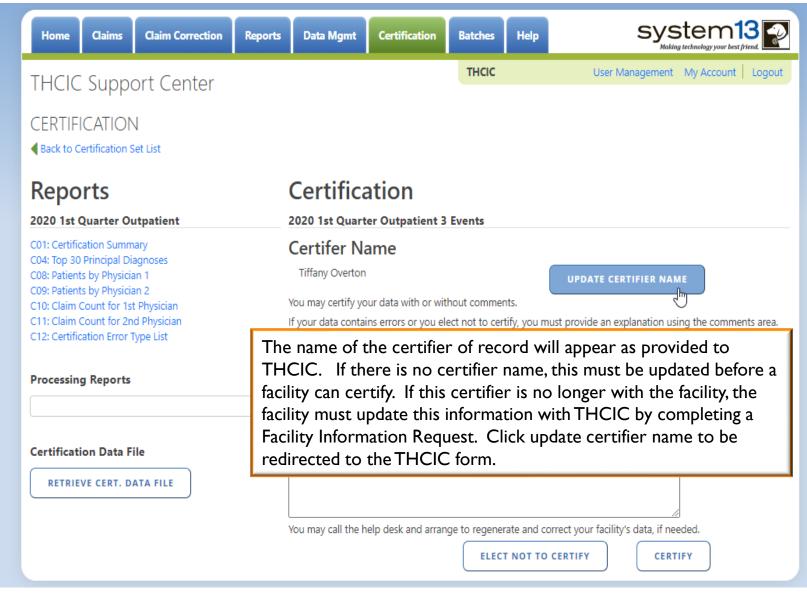


system13 **Claim Correction** Help Claims Data Mgmt Batches Home Reports Certification THCIC User Management My Account Logout THCIC Support Center CERTIFICATION Back to Certification Set List Reports Certification 2020 1st Quarter Outpatient 2020 1st Quarter Outpatient 3 Events C01: Certification Summary Certifer Name C04: Top 30 Principal Diagnoses Tiffany Overton C08: Patients by Physician 1 UPDATE CERTIFIER NAME C09: Patients by Physician 2 You may certify your data with or without comments. C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C12: Certification Error Type List To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data. Comments Processing Reports w **Certification Data File** LOADING You may call the help desk and arrange to regenerate and correct your facility's data, if needed. **ELECT NOT TO CERTIFY** CERTIFY



Certification







Update Certifier Name

out and return.



THCIC Support Center	THCIC User Management My Account Logo
CERTIFICATION	
Reports	Certification
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3 Events
201: Certification Summary 204: Ton 30 Principal Diagnoses	Certifer Name
Update Certifier Na	me
Scan and email the completed form to the Changes to the Certifier Name must go to business days.	ease complete the information on the THCIC Health Facility Information Request Form. Incichelp@dshs.texas.gov. hrough several points of review for approval. If approved, contact information will generally be updated within two TIFIER NAME" FIELD IS NOT ACCURATE AND YOU CERTIFY YOUR DATA WITHOUT UPDATING THE NAME, THIS



Changes at the time of Certification

If a facility would like to make changes to their data at the time of certification, the facility will have to contact System I 3 at I-888-308-4953.

There may be a fee involved to make changes at the time of certification. These fees will be between the facility and System 13.





- **Certification Options**
 - Certified without comments. Certifies that the data is accurate "as is" and comments are not required to be attached with the release of the data.
 - Certified with comments. Certifies the data is accurate "as is" with comments attached with the release of the data.



DO NOT SEND COMMENTS ON PAPER, FAX OR E-MAIL. THCIC CANNOT RETYPE FACILITY COMMENTS. PLEASE TYPE FACILITY COMMENTS IN THE COMMENT ON THE CERTIFICATION PAGE.

Elects not to certify*. Unable to complete the certification process due to circumstances outside of the facility's control or facility refuses to certify the data.

*Note: Electing not to certify does not prevent the data from being placed in the Public Use Data File (PUDF).



New Certification Feature

Home Claims Claim Correction Reports	Data Mgmt	Certification	Batches	Help	system13
THCIC Support Center			тнсіс		User Management My Account Logout
CERTIFICATION Back to Certification Set List					
Reports	Certifica	ation			
2021 3rd Quarter Inpatie C01: Certification Sur	ification I	Reports			
C02: Top 30 HCFA Diagnosis F C03: Top 30 APR Diagnosis Re You must download and	l review the "C01: C	ertification Summa	ary" report bef	ore you ca	an complete certification.
C04: Top 30 Principal Diagnos C05: Top 30 Principal Procedu		ок			
C06: HCFA Diagnosis Related C07: DRG Mortality Statistics					l), such as the identity of
C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner	Comment	s		ca with th	e certifica data.
C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician		21 3rd Quarter Inpa	atient 8 Encour	nters com	ments.
C12: Certification Error Type List					
Processing Reports					
Hardcopy Encounter Error Summary × 🔻					
Certification Data File	You may call the H	nelp desk and arrar	nge to regener	rate and c	
REGENERATE CERT, DATA FILE			ELECT	г нот то	CERTIFY

****PLEASE NOTE:** Before a facility can certify or elect not to certify, you are required to download the report C01: Certification Summary.

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

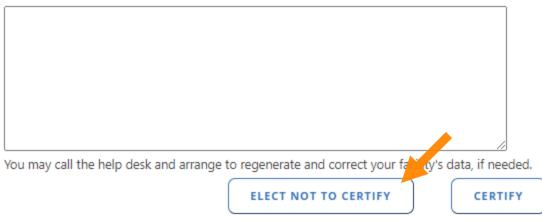
UPDATE CERTIFIER NAME

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area.

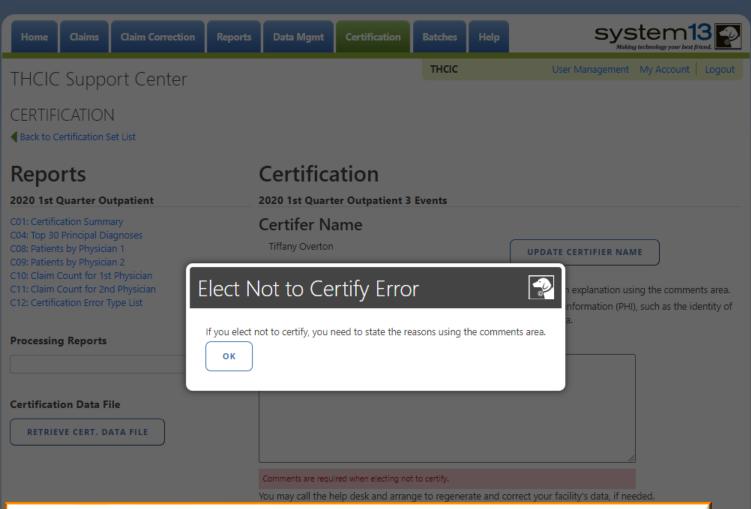
To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments



A facility can elect not to certify if a facility is unable to complete the certification process due to circumstances outside of the facility's control or facility refuses to certify the data. <u>Please be advised electing not to certify does not prevent</u> the data from being placed in the Public Use Data File (PUDF). Please do not include PHI/PPI information.

Texas Department of State



Please note: If you elect not to certify, you must provide a statement as to why you are electing not to certify this data. You may call the help desk and arrange to regenerate and correct your facility's data, if needed. Please do not include PHI/PPI information.

TEXAS

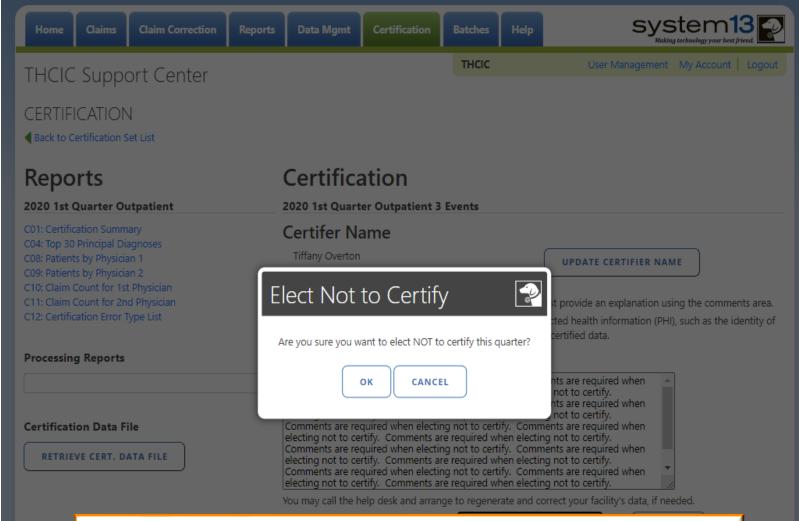
Texas Department of State

Home Claims Claim Correction Repo	rts Data Mgmt Certification	Batches Help	
THCIC Support Center CERTIFICATION		THCIC	User Management My Account Logout
Reports 2020 1st Quarter Outpatient	Certification 2020 1st Quarter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		ect not to certify, you mu ts must not divulge prote	UPDATE CERTIFIER NAME ust provide an explanation using the comments area. ected health information (PHI), such as the identity of certified data.
Processing Reports	Comments		
Certification Data File			
	Comments are required when electing no You may call the help desk and arran		

TEXAS Health and Human

Services

Texas Department of State



When a facility elects not to certify, a statement must be entered into the comment section stating the reason for not certifying the data. ****Elect not to certify is not a valid statement. To maintain confidentiality, comments must not disclose the identity of patients or physicians.** Please do not include PHI/PPI information. After the comments are entered, click elect not to certify again.

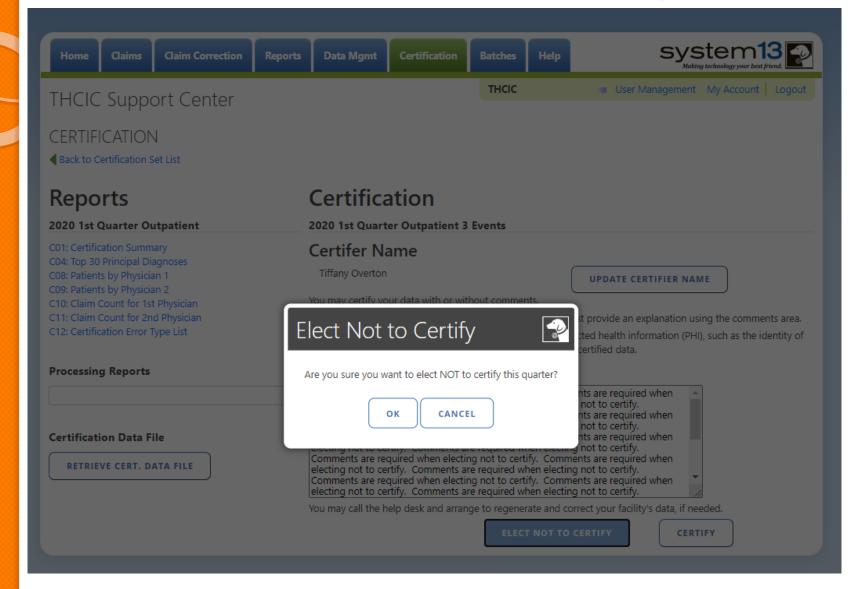
TEXAS

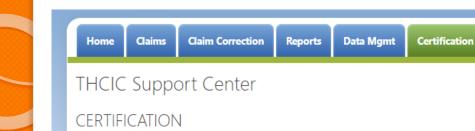
ealth and Human

Texas Department of State

TEXAS

Health and Human





Back to Certification Set List

Reports

2020 1st Quarter Outpatient

C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List

Processing Reports

Certification Data File

RETRIEVE CERT. DATA FILE

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

TEXAS

system13

User Management My Account Logout

Health and Human

Texas Department of State

Health Services

Comments

v

Comments are required when electing not to certify. You may call the help desk and arrange to regenerate and correct your facility's data, if needed,

Batches

THCIC

Help

Confirmation - Elect Not to Certify



Certification Confirmation

✓ You have elected not to certify the events for 2020 1st Quarter Outpatient

Certifer Name

Tiffany Overton

Comments

Comments are required when electing not to certify. Comments are requi

ОК

This is the confirmation page that the data has been elected not to certify. A confirmation email will also go to the certifier of record.

TEXAS

Texas Department of State Health Services

Confirmation - Elect Not to Certify Email Confirmation

Wed 6/17/2020 9:45 AM

DSHS - Center for Health Statistics <noreply@system13.com> THCIC Outpatient 1Q2020 Data Certification for 000029 [G1] To © Overton, Tiffany (DSHS) We removed extra line breaks from this message.

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

Your facility, THCIC Id 000029, has completed the certification of their Outpatient 1Q2020 data and has elected "not to certify".

Thank you.

The certifier of record will get this email when the data has been elected not to certify.





Certification – Certify

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

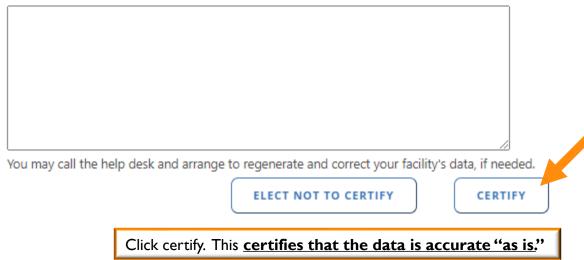
Tiffany Overton

UPDATE CERTIFIER NAME

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments





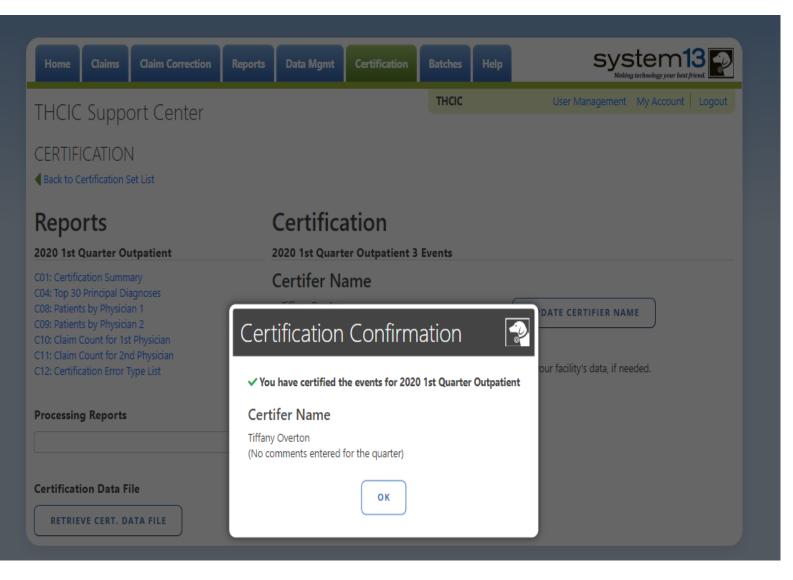




Home Claims Claim Correction Report	s Data Mgmt Certification	Batches Help	
THCIC Support Center		тнсіс	User Management My Account Logout
CERTIFICATION A Back to Certification Set List			
Reports	Certification		
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient	3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You If you To m patie Are you sure you want to	ulge prote	UPDATE CERTIFIER NAME st provide an explanation using the comments area. cted health information (PHI), such as the identity of certified data.
Processing Reports	ОК САНС	EL	
Certification Data File RETRIEVE CERT. DATA FILE			<i>h</i>
	You may call the help desk and arra	nge to regenerate and cor	







Confirmation - Certify Email Confirmation

Wed 6/17/2020 9:46 AM

DSHS - Center for Health Statistics <noreply@system13.com>

THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

To 🛛 🛛 Overton, Tiffany (DSHS)

f We removed extra line breaks from this message.

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

Your facility, THCIC Id 000029, has completed the certification of their Outpatient 1Q2020 data.

Thank you.

The certifier of record will get this email when the data has been certified.



Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

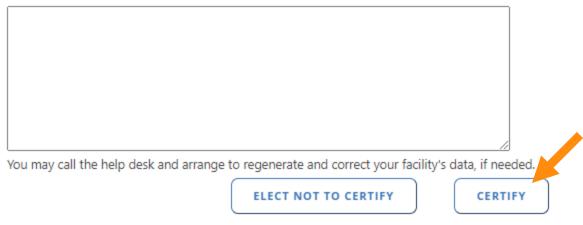
UPDATE CERTIFIER NAME

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area.

To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments



Please put comments in the comments field, if you are certifying your data is **accurate "as is."** and releasing comments with your data. Once you have entered your comments, click certify.





Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area.

To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments

	-

You may call the help desk and arrange to regenerate and correct your facility's data, if needed.

ELECT NOT TO CERTIFY

CERTIFY

Type in comments to be released with the facility's data, in this section. The comments can be typed in a word document (or other document), cut and pasted in the comment section.

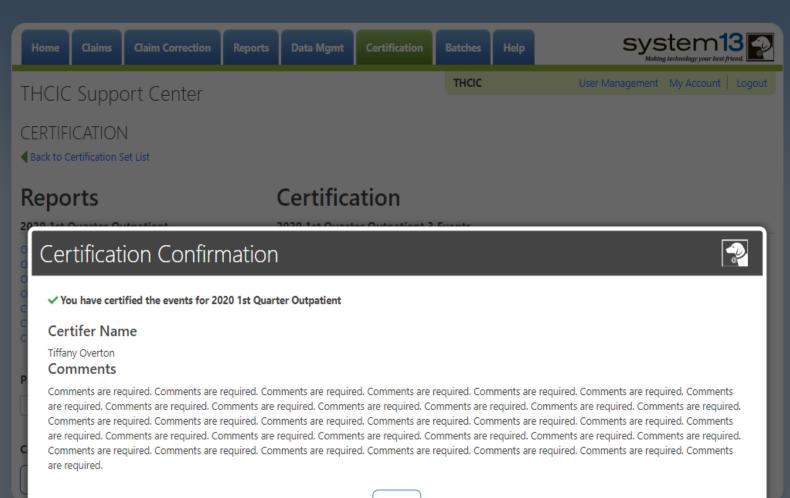
PLEASE NOTE:

To maintain confidentiality, comments must not disclose the identity of patients or physicians. Please do not include PHI/PPI information.

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches H	elp	sy	/stem1 Making technology your best fr	3
THCIC	Supp	ort Center				THCIC .		User Managem	ent My Account	Logout
	ICATION Certification									
Repo	orts			Certifica	ation					
C02: Top 30 C03: Top 30 C04: Top 30 C05: Top 30 C06: HCFA I C07: DRG M C08: Patient C09: Patient C10: Claim (C11: Claim (tification HCFA Diago Principal Di Principal Di Principal Pr Diagnosis Re Iortality Stat ts by Attend ts by Operat Count for 1s	A Summary nosis Related Groups osis Related Groups iagnoses rocedures elated Groups tistics by Practitioner ing Practitioner ting Practitioner et Physician ad Physician	Comr Have	ments are released you verified your	HI/PII in C d publicly. comments do not YES No 21 3rd Quarter Inpa	contain any PHI/PI	11?	ATE CERTIFIER I comments area. alth information i d data.	NAME (PHI), such as the ide	entity of
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	on Data File		,	You may call the h	elp desk and arrar		and correct y	our facility's data, it	f needed.	
		When a fac comments Comments	in the	field be	fore you	click to	certify	this dat	-	

Health and Huma

Services



ОК

Texas Department of State Health Services

Confirmation - Certify With Comments Email Confirmation

Wed 6/17/2020 9:46 AM

DSHS - Center for Health Statistics <noreply@system13.com>

) THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

To 🛛 🛛 Overton, Tiffany (DSHS)

🚹 We removed extra line breaks from this message.

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

Your facility, THCIC Id 000029, has completed the certification of their Outpatient 1Q2020 data.

Thank you.

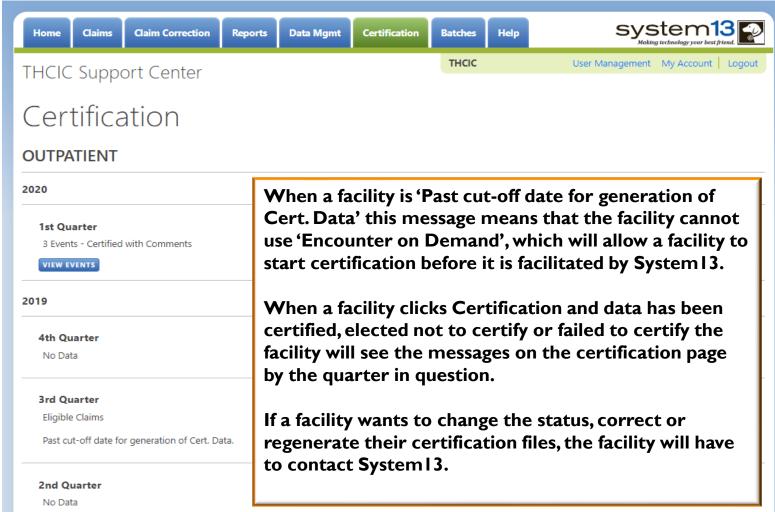
The certifier of record will get this email when the data has been certified with comments.





Certification Completed/ Status





Older Quarters

Select Quarter

Certification Completed/ Activity Dashboard – Grid View



Home	Claims Claim Correction Report	s Data Mgmt Certification Batch	Help system13			
Activ	vity Dashboard 🎹 🔳	тно	Making technology your best friend.			
	WEB CLAIM ENTRY CORRECT E	RRORS START CERTIFICATION				
	SUBMISSION No claims are present for this quarter.	CERTIFICATION No claims are present for this quarter.	NEXT DEADLINE Q4 2019 CERTIFICATION 15 DAYS			
Q4 2019			Performance History			
	Submission due 2 Mar 2020 Correction due 1 May 2020	Certification due 15 Jul 2020	2.5			
	SUBMISSION	CERTIFICATION	En 2			
Q1 2020	Outpatient Data is already built into a certification set.	Outpatient JAN 1 FEB 1 MAR 1 TOTAL 3 ACCURACY 100% Outpatient Certified	2			
	Submission due 1 Jun 2020 Correction due 3 Aug 2020	Certification due 15 Oct 2020	0.5			
	SUBMISSION No claims are present for this quarter.	CERTIFICATION No claims are present for this quarter.	0 Q4 2019 Q1 2020 Q2 2020 Q3 2020 Inpatient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good			
Q2 2020			QUICKTIP:			
	Submission due 1 Sep 2020 Correction due 1 Nov 2020	Certification due 15 Jan 2021	To protect your data, THCIC requires passwords to be reset every 60 days.			

Certification Completed/ Activity Dashboard – List View



Home Claims	Claim Correction Reports Data Mgmt Certification	Batches	Help	system13
Activity Da	ashboard 🎟 🔳	тнск		User Management My Account Logout
WEB	CLAIM ENTRY CORRECT ERRORS START CERTIFICATIO	N		
Q4 2019 SUBMISSION	<i>No claims are present for this quarter.</i> Submission due 2 Mar 2020 Correction due 1 May 2020		NEXT DEAD Q4 2019 CE	RTIFICATION 15
Q4 2019 certification	<i>No claims are present for this quarter.</i> Certification due 15 Jul 2020		Performance Histo	pry
Q1 2020 SUBMISSION	Outpatient Data is already built into a certification set. Submission due 1 Jun 2020 Correction due 3 Aug 2020		2	
Q1 2020 CERTIFICATION	OutpatientOutpatientJAN1FEB1MAR1TOTAL3ACCURACY100%		0.5	
Q2 2020 SUBMISSION	<i>No claims are present for this quarter.</i> Submission due 1 Sep 2020 Correction due 1 Nov 2020		0 Q4 2019	Q1 2020 Q2 2020 Q3 2020 ad Inpatient - Good Uutpatient - Bad Outpatient - Good
Q2 2020 CERTIFICATION	<i>No claims are present for this quarter.</i> Certification due 15 Jan 2021		quick тір: To protect y passwords to	our data, THCIC requires o be reset every 60 days.



Helpful Tips

Certification Tips

Suggestions on how to provide physician certification review.

- Involve physicians sooner in the data review process.
- Provide reports to physicians when data is submitted to THCIC or sooner.
- 🛛 Recruit physician advocates.
- × Develop reports that better fit the facility organization's personality.

Suggestions on researching mapping problems.

- If a facility is using a vendor, contact the vendor to see if problem has already been reported.
- If a facility is not using a vendor, the facility must check with their Information Systems department and have them check their programs.
- X Look at submission reports for skews.



Certification



Questions, comments or need clarification please e-mail

<u>thcichelp@dshs.state.tx.us</u>

The e-mail should include the facility's THCIC ID.



THCIC Contact



Texas Health Care Information Collection Dept of State Health Services – Center for Health Statistics 1100 W 49th St, Ste M-660 Austin, TX 78756

Phone: 512- 776-7261

- E-mail: THCIChelp@dshs.texas.gov
 - Web site: <u>https://www.dshs.texas.gov/texas-health-</u> <u>care-information-collection</u>



THCIC Contact

- Contact Tiffany Overton at email <u>Tiffany.Overton@dshs.texas.gov</u> if a facility has questions concerning the submission, correction, or certification of data.
- Contact Dee Roes at email <u>Dee.Roes@dshs.texas.gov</u> if submitter test/production files reject due to a submission address or EIN/NPI number.
- For general questions or to request information about THCIC please e-mail to <u>thcichelp@dshs.texas.gov</u>.







System I 3, Inc I 648 State Farm Blvd. Charlottesville, VA 22911

Phone: I-888-308-4953
 Fax: 434-979-1047
 E-mail: THClChelp@system13.com
 Web site: https://thcic.system13.com