



Texas Department of State Health Services

Inpatient Certification (Formerly WebCertification)

Revised April 2025

Document #: 25-15002

Inpatient Certification



Start Certification – Encounter on Demand (EOD)
Data Reporting Schedule
Logging in Certification
Viewing Older Quarters Data
Encounter on Demand
Certification Reports
Certification File Download
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 only be sent to facilities that are 100% accurate at the cutoff for initial submission. The 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

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.

Generate Quarter Cert. Data (EOD)

Certification Due Dates



Data Reporting Schedule

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

Texas Health Care Information Collection Center for Health Statistics

| Activity | Q4 2024 | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Q1 2026 | Q2 2026 |
|--|---------|----------|---------|---------|---------|----------|---------|
| Cutoff for initial submission | 3-3-25 | 6-2-25 | 9-2-25 | 12-1-25 | 3-2-26 | 6-1-26 | 9-1-26 |
| Cutoff for corrections | 5-1-25 | 8-1-2025 | 11-3-25 | 2-2-26 | 5-1-26 | 8-3-26 | 11-2-26 |
| Facilities retrieve certification files | 6-2-25 | 9-2-2025 | 12-1-25 | 3-2-26 | 6-1-26 | 9-1-26 | 12-1-26 |
| Certification/ comments due | 7-15-25 | 10-15-25 | 1-15-26 | 4-15-26 | 7-15-26 | 10-15-26 | 1-15-27 |

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 | Q4 2024 | Q1 2025 | Q2 2025 | |
|--|---------|----------|---------|---|
| Cutoff for initial submission | 3-3-25 | 6-2-25 | 9-2-25 | Cutoff for initial submission, date when the data is due in the system |
| Cutoff for corrections | 5-1-25 | 8-1-2025 | 11-3-25 | Cutoff for corrections, is when the corrections are due by for that quarter |
| Facilities retrieve certification files | 6-2-25 | 9-2-2025 | 12-1-25 | Facilities receive certification files , by this date System13 sends the certification files |
| Certification/ comments due | 7-15-25 | 10-15-25 | 1-15-26 | 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

| ✓ System13, Inc. / THCIC Web - Windows ✓ ✓ ✓ ✓ ✓ <th>Internet Explorer r_session/new Log into the System I3 system at x @Convert • Diselect https://thcic.system I3.com</th> <th>• • • ×</th> | Internet Explorer r_session/new Log into the System I3 system at x @Convert • Diselect https://thcic.system I3.com | • • • × |
|---|--|---------|
| | system13 Making technology your best friend THCIC Support Center | |
| | Problems Logging In? USERNAME: | |
| | PASSWORD: password SIGN IN | |
| | For security reasons your session will be terminated after 40 minutes of inactivity. ENROLLMENTS 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 SCHEDULE | | | | | | | |
| Put in THCIC ID username and password. Click 'sign in'. | | | | | | | |



Security Notice

| tem13, Inc. / THCIC Web - Windows Internet I | xplorer | | |
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| | THCIC Support Ce | enter | |
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| | USERNAME: | | |
| | th000005 | | |
| Security Notice | | | |
| | | | |
| | This is not a public use Web | Site. | |
| This information system i | s operated under the direction of the Texas Health Care Information C | Council in accordance with the Texas Health and Safety Code, | |
| chapter 108, and Title 25 Access requires the expli | of the Texas Administrative Code, Chapter 421. it consent of the Texas Department of State Health Services. | | |
| All activities on this web Anyone accessing this we | ite, including attempted access, are monitored and recorded. b site expressly consents to such monitoring and recording. This info | rmation will be provided to law enforcement agencies to | |
| pursue criminal prosecuti This web site uses a com | on if monitoring reveals evidence of criminal activity. outer security system that is designed to prevent unauthorized access. | . Unauthorized use of the system or data is a violation of | |
| Texas and United States I | aws. | ats to safeguard all confidential data | |
| | am an authorized user and Lunderstand and accent the requir | rements stated in this notice | |
| | | | |
| | ACCEPT | | |
| | | | |
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| | | | |
| A facility mus | t accept the security notice and acc | ess to the database will be | |
| provided If a | facility declines this notice access y | will not be granted to the database | 1 |



Multi-Factor Authentication (MFA)

Confirm Your Identity

A code has been sent to the email associated with your account.

Enter your 6-digit code:

| | o aigit code | |
|--------------------|--------------|-------------|
| VERIFY RESEND CODE | VERIFY | RESEND CODE |

Code received via email.

 From:
 System13 Trainer Notifier

 To:
 Your Email Address

 Subject:
 THCIC HCDCS Account Sign In: Confirm Your Identity

 Date:
 Wednesday, April 16, 2025 12:54:16 PM

 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.

Please Confirm Your Identity

Dear THCIC Contact: (Your Name)

To complete the login process for your th******* account, enter this one-time code to confirm your identity: 504057

Please use caution and do not forward or share this information with any unknown third party. To help protect your privacy, this code will expire within 5 minutes.

Neither THCIC nor System13 will call you and ask you for this code, nor will we ask you for a password. Please report any suspicious activity.

Thank you.

-- THCIC/System13 Support

Organization Information:

- Facility Name: THCIC Facility
- Facility Identifier: ******

Multi-Factor Authentication (MFA)

Confirm Your Identity



Scan the QR Code with your preferred Authenticator Application to activate your MFA token. If your token is already activated, input the code below.

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| VERIFY | |

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 Edit
 WatchGuard
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 WATCHGUARD AUTHPOINT
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Check for pending push notifications



Code by scanning the QR Code.



Texas Department of State Health Services

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

| Home | Claims Claim Correction Reports | Data Mgmt Certification Batches | Help System13 |
|-------------------|---|--|--|
| Acti | vity Dashboard 🛄 🔳 | тнск | User Management My Account Logout |
| | WEB CLAIM ENTRY CORRECT E | RRORS START CERTIFICATION | |
| Q4 | SUBMISSION No claims are present for this quarter. | CERTIFICATION Please contact System13 if you still need to submit or correct claims for this quarter. | NEXT DEADLINE Q1 2024 SUBMISSION |
| | Submission due 1 Mar 2024 Correction due 1 May 2024 | Certification due 15 Jul 2024 | 2.5 |
| Q1 2024 | SUBMISSION Inpatient Outpatient DEC 2 - JAN 0 0 FEB 0 0 MAR 1 1 TOTAL 3 1 ACCURACY 0% 0% | CERTIFICATION If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen. | When looking at the home page in grid view the middle row identifies various certification due dates. |
| | Submission due 3 Jun 2024 Correction due 1 Aug 2024 | Certification due 15 Oct 2024 | 0 Q3 2023 Q4 2023 Q1 2024 Q2 2024 |
| 02 | SUBMISSION No claims are present for this quarter. | CERTIFICATION No claims are present for this quarter. | Inpatient - Good Inpatient - Bad Outpatient - Bad QUICK TIP: |
| 2024 | Submission due 2 Cap 2024 | | contact information? Forms are available on the Help tab |
| | Correction due 1 Nov 2024 | Certification due 15 Jan 2025 | |



Certification/ Start Certification – List View

| Home Claim | s Claim Correction Reports Data Mgmt Certification Batche | es Help System13 | | |
|-----------------------------|--|---|--|--|
| Activity D | ashboard 🎟 📃 | IC User Management My Account Logout | | |
| WEE | CORRECT ERRORS START CERTIFICATION | | | |
| Q4 2023 SUBMISSION | No claims are present for this quarter. Submission due 1 Mar 2024 Correction due 1 May 2024 | NEXT DEADLINE Q1 2024 SUBMISSION | | |
| Q4 2023 CERTIFICATION | Please contact System13 if you still need to submit or correct claims for this quarter. Certification due 15 Jul 2024 | Performance History 3.0 When looking at the home | | |
| Q1 2024 SUBMISSION | InpatientOutpatientDEC2-Submission due 3 Jun 2024 JAN00Correction due 1 Aug 2024FEB00MAR11TOTAL31ACCURACY0%0% | page in list view the first row identifies various certification due dates, as well as the accuracy of this data. | | |
| Q1 2024 CERTIFICATION | If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen. Certification due 15 Oct 2024 | 0 Q3 2023 Q4 2023 Q1 2024 Q2 2024 Inpatient - Good Outpatient - Bad Outpatient - Bad | | |
| Q2 2024 SUBMISSION | No claims are present for this quarter. Submission due 2 Sep 2024 Correction due 1 Nov 2024 | QUICK TIP: Need to update provider or submitter contact information? Forms are | | |
| Q2 2024 CERTIFICATION | No claims are present for this quarter. Certification due 15 Jan 2025 | avallable on the Help tab. | | |

Go to Certification



| The user can go to Cert | ification by the p | rovider tab | Certification | or by the |
|-------------------------|---------------------|-------------|---------------|-----------|
| activity dashboard icon | START CERTIFICATION | | | |
| | | | | |

TEXAS Health and Human

Services

Texas Department of State Health Services

Opening Certification



ΓEXAS

Services

Health and Human

Texas Department of State

Health Services

Encounter on Demand (EOD)

Generate Quarter Cert. Data (EOD) \Rightarrow 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: 2q15 ends June 30, 2015.) 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 System13 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.

Generate Quarter Cert. Data (EOD) 📫



| Home Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches | Help | system13 |
|--|---------------------------|---------|-----------|---------------|---------|------|-------------------------------------|
| THCIC Supp | ort Center | | | | тнсіс | | User Management My Account Logout |
| Certifica | tion | | | | | | |
| INPATIENT | | | | | | | |
| 2024 | | | | | | | |
| 1st Quarter Eligible Claims GENERATE QUARTER O | ERT. DATA (EOD) | | | _ | | | |
| 2023 | | | | | | | |
| 4th Quarter Eligible Claims GENERATE QUART | ER CERT. DATA (EOD) | | | | | | |
| 3rd Quarter No Data | | | | | | | |
| 2nd Quarter Eligible Claims Past cut-off date for | generation of Cert. Data. | | | | | | |
| Older Quarters Select Quarter | | | | - | | | |



| Home Claims Claim Correction | Reports Data | Mgmt Cer | rtification | Batches Help | system13 |
|---|--------------|-----------------------|--------------------|--------------|-----------------------------------|
| THCIC Support Center | | | | тнсіс | User Management My Account Logout |
| Certification | | | | | |
| INPATIENT | | | | | |
| 2024 | | | | | |
| 1st Quarter Eligible Claims | | | | | |
| GENERATE QUARTER CERT. DATA (EOD) | Click 'Ge | enerate | Quarter | Cert. | |
| 2023 | Data', GEN | IERATE QUART | TER CERT. DAT | | |
| 4th Quarter | certificat | ate quar tion data | rteriy a and th | | |
| Eligible Claims | correspo | nding co | ertificat | | |
| GENERATE QUARTER CERT. DATA (EOD) | reports. | | | | |
| 3rd Quarter No Data | | | | | |
| 2nd Quarter | | | | | |
| Eligible Claims | | | | | |
| Past cut-off date for generation of Cert. Data. | | | | | |
| Older Quarters | | | | | |
| Select Quarter | | Ψ | | | |



| Home Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches | Help | Sys | stem13 | 9 |
|---------------------------------------|--------------------------|--------------------|-----------------------------------|-------------------------------------|---------------------------------|---------------------------|----------------|---------------------|----|
| THCIC Suppo | ort Center | | | | THCIC | U | ser Management | My Account Logour | it |
| Certificat | tion | | | | | | | | |
| INPATIENT | | | | | | | | | |
| 2024 | | | | | | | | | |
| 1st Quarter Eligible Claims | | | | | | | | | |
| GENERATE QUARTER CI | ERT. DATA (EOD) | lf a fa | cility has | n't ran a p | revious | quarters | | | |
| 2023 | | data, quart | they will er's data | be unable . You cann | to run a ot reque | a requested est EOD if | | | |
| 4th Quarter | | the p | revious q | uarter has | s not bee | en run. | | | |
| Eligible Claims | | | | | | | | | |
| GENERATE QUARTE | R CERT. DATA (EOD) | | | | | | | | |
| | | Generate | Quarter Cert. | . Data Error | | | | | |
| 3rd Quarter No Data | | Your qu quarter | uarterly data c 's data before | annot be genera continuing. Plea | ated. You mus ase call Syste | st generate previ m13. | ous | | |
| 2nd Quarter | | | | | | | | | |
| Eligible Claims | | | | | | | | | |
| Past cut-off date for g | eneration of Cert. Data. | | | | | | | | |
| Older Quarters | | | | | | | | | |
| Select Quarter | | | | • | | | | | |



| Home Claims Claim Correction R | eports Data Mgmt | Certification Batche | s Help | system13 |
|--|-----------------------------|---|--|--------------------------------------|
| THCIC Support Center | | тна | с | User Management My Account Logout |
| Certification | | | | |
| INPATIENT | | | | |
| 2024 | | | | |
| 1st Quarter Eligible Claims GENERATE QUARTER CERT. DATA (EOD) | | | | |
| 2023 | | | | |
| 4th Quarter Eligible Claims GENERATE QUARTER CERT. DATA (EOD) | You m before | nust generate tl e you can run tl | ne 4 th q ne I st q | uarter data, uarter data. |
| 3rd Quarter No Data | You ca quarte certifi | annot choose to ers data until th cation. | o gener 1e quar | ate the following ter shows start |
| 2nd Quarter | | | | |
| Past cut-off date for generation of Cert. Data. | | | | |
| Older Quarters Select Quarter | , | r. | | |

EOD Request Not Allowed

| Home Claims Claim Correction Reports | Data Mgmt Certification Batches Help System13 |
|---|---|
| THCIC Support Center | THCIC Trainee 1 000006 User Management My Account Logout |
| Certification | |
| INPATIENT | OUTPATIENT |
| 2024 | 2024 |
| The system has determined your data is not 100% accur | te. Therefore the EOD request is not allowed. |
| If you feel you received this in error, or require assistant CLOSE 1st Quarter No Data | e with your corrections, please contact the System13 Help Desk at 888-308-4953 or thcichelp@system13.com. 1st Quarter Eligible Claims |
| If you feel you received this in error, or require assistant CLOSE | e with your corrections, please contact the System13 Help Desk at 888-308-4953 or theichelp@system13.com. Ist Quarter Eligible Claims 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 process. |
| If you feel you received this in error, or require assistant CLOSE | e with your corrections, please contact the System13 Help Desk at 888-308-4953 or theichelp@system13.com Ist Quarter Eligible Claims 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 process. Past cut-off date for generation of Cert. Data. |





Generate Quarter Cert. Data =

 Home
 Claims
 Claim Correction
 Reports
 Data Mgmt
 Certification
 Batches
 Help
 System13 Making technology your best friend.

 THCIC
 Support Center
 THCIC
 User Management
 My Account
 Logout

 Certification
 Certification
 End
 Support
 Certification
 Logout

| uarter Analysis | | | | | | | | | Quarter Com | parison | | | |
|-----------------|-------|-----|-----|-----|-----|-----|-----|-----|-------------|---------|-----|------|------|
| Month | Total | xx0 | xx1 | xx2 | xx3 | xx4 | xx5 | xx6 | xx7 | xx8 | ??? | Qtr | Tota |
| Oct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1q15 | 234 |
| Nov | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4q14 | 430 |
| Dec | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3q14 | 321 |
| 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

* Some claims still have errors. Please use Claim Correction to correct these claims. You may also review these errors with the Frequency of Errors Report and the Hardcopy Report, both of which are available on the Reports Tab.

* You may wish to use the Claim Merge function to reduce your claims and obtain a better claim summary.

You should use the Summary Report on the Reports tab to obtain a snapshot of your data. This report shows data distribution by month,

* charges, admission type, newborns, discharge status, payer (claim filing indicator), patient geographic origin, gender, age, race, ethnicity, length of stay and diagnosis and procedure counts per claim.

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



Encounter on Demand (EOD)

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.

Encounter on Demand (EOD)



Generate Quarter Cert. Data 🛶

Certification

| INPATIENT | | |
|---------------------------------------|--|-------|
| 2024 | | |
| 1st Quarter Eligible Claims | | |
| GENERATE QUARTER CERT. DA | ATA (EOD) | |
| 2023 | | |
| 4th Quarter | | |
| Eligible Claims Eligible Claims | Once you get confirmation that the previous quart ready for certification, you can now start the | er is |
| 3rd Quarter | certification for the next quarter. | |
| No Data | | |
| 2nd Quarter | | |
| Eligible Claims | | |
| Past cut-off date for general | tion of Cert. Data. | |
| Older Quarters | | |
| Select Quarter | Ψ | |

Older Quarters Data



| Home Claims Claim Correction Report | s Data Mgmt | Certification | Batches | Help | system13 |
|--|-------------|---------------|---------|------|-------------------------------------|
| THCIC Support Center | | | тнсіс | | User Management My Account Logout |
| Certification | | | | | |
| INPATIENT | | | | | |
| 2024 | | | | | |
| 1st Quarter Eligible Claims GENERATE QUARTER CERT. DATA (EOD) | | | | | |
| 2023 | | | | | |
| 4th Quarter Eligible Claims GENERATE QUARTER CERT. DATA (EOD) | | | | | |
| 3rd Quarter No Data | | | | | |
| 2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Data. | | | | | |
| Older Quarters Select Quarter | Click 'sel | ect quar | ter' to | vie | w older quarters data. |



Select the quarter of requested data for...

| Home Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches | Help | system |
|--------------------------|-----------------------|---------|---|---------------|---------|------|--------------------------|
| THCIC Suppor | t Center | | An | Mer 2 | тнсіс | | User Management My Accou |
| | | | | | | | |
| Certificat | ion | | | | | | |
| INPATIENT | | | | | | | |
| 2024 | | | | | | | |
| 1st Quarter | | | | | | | |
| Eligible Claims | | | | | | | |
| GENERATE QUARTER CE | RT. DATA (EOD) | | | | | | |
| 2023 | | | | | | | |
| | | | | | | | |
| 4th Quarter | | | | | | | |
| Eligible Claims | | | | | | | |
| Past cut-off date for g | eneration of Cert. Da | ta. | | | | | |
| 3rd Quarter | | | | | | | |
| No Data | | | | | | | |
| 2nd Quarter | | | | | | | |
| Eligible Claims | | | | | | | |
| Past cut-off date for ge | eneration of Cert. Da | ta. | | | | | |
| Older Quarters | | | | | | | |
| Select Quarter | | | | * | | | |
| 2023 1st Quarter | | | | | | | |
| 2022 4th Quarter | | | | | | | |
| 2022 3rd Quarter | | | | | | | |
| 2022 2nd Quarter | | | | | | | |

View Encounters for Older Quarters

| Home Claims Claim Correction Reports | Data Mgmt Certifi | ication Batches Help | system13 |
|---|-------------------|----------------------|-----------------------------------|
| THCIC Support Center | | THCIC | User Management My Account Logout |
| | | | |
| Certification | | | |
| INPATIENT | | | |
| 2024 | | | |
| 1st Quarter Eligible Claims | | | |
| GENERATE QUARTER CERT. DATA (EOD) | | | |
| 2023 | | | |
| 4th Quarter | | | |
| Eligible Claims | | | |
| Past cut-off date for generation of Cert. Data. | | | |
| 3rd Quarter | | | |
| No Data | | | |
| 2nd Quarter | | | |
| Eligible Claims | | | |
| Past cut-off date for generation of Cert. Data. | | | |
| Older Quarters | | | |
| 2023 1st Quarter | v | Click 'View End | counters' to view previous |
| Eligible Claims | | quarters enco | unters' data |
| Past cut-off date for generation of Cert. Data. | | | |

S.

Certification Inpatient



| THCIC Support Center THCic User Management My Account Logo INPATIENT 2024 1st Quarter Update Claims Texter control control Biglible Claims Texter control control Starter Biglible Claims Texter control control Starter Biglible Claims Texter control control Starter No Data Past cut-off date for generation of Cert. Data. | Home Claims Claim Correction | Reports | Data Mgmt | Certification | Batches | Help | system13 |
|--|--|---------|-----------|---------------|---------|------|-------------------------------------|
| Certification INPATIENT 2024 IstQuarter Eligible Claims Execcentrations Ended conses Execcentrations Ended conses Eligible Claims Execcentrations Eligible Claims Execcentrations Eligible Claims Execcentrations Eligible Claims Eligible Cla | THCIC Support Center | | | | THCIC | | User Management My Account Logout |
| INPATIENT 2024 Ist Quarter Eligible Claims Past cut-off date for generation of Cert. Data. | Certification | | | | | | |
| 2024 | INPATIENT | | | | | | |
| 1st Quarter Bigble Claims 2023 4th Quarter Eligible Claims Evaluate Claims To Data 2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Data. | 2024 | | | | | | |
| 2023 4th Quarter Eligible Claims Tract Convertee Number No Data 2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Data. | 1st Quarter Eligible Claims | | | | | | |
| 4th Quarter Eligible Claims Eligible Claims CARTCENTRECATION 3rd Quarter No Data 2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Data. | 2023 | | | | | | |
| 3rd Quarter No Data 2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Data. | 4th Quarter Eligible Claims Eligible Claims | | | | | | |
| 2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Data. | 3rd Quarter No Data | | | | | | |
| | 2nd Quarter Eligible Claims Past cut-off date for generation of Cert. Dat | ta. | | | | | |
| Older Quarters | Older Quarters | | | | | | |
| Select Quarter | Select Quarter | | | Ŧ | | | |

Certification Inpatient



| Home Claims Claim Correction Reports Data Mgmt Cer | rtification Batches Help | system13 |
|---|--------------------------------------|-------------------------------------|
| THCIC Support Center | THCIC | User Management My Account Logout |
| Certification | | |
| INPATIENT | | |
| 2024 | | |
| 1st Quarter Eligible Claims START CERTIFICATION Click 'Start Certification encounter view to vi | tion' to go to iew certification. | |
| 2023 | | |
| 4th Quarter Eligible Claims | | |
| Eligible Claims | | |
| 3rd Quarter | | |
| No Data | | |
| 2nd Quarter | | |
| Eligible Claims | | |
| Past cut-off date for generation of Cert. Data. | | |
| Older Quarters | | |
| Select Quarter | • | |

List of all Encounters Generated



Texas Department of State

| Home Claims | Claim Correction | Reports Data Mgm1 | Certification | Batches Help | 5 | system13 |
|--------------------------|--------------------|--------------------------|---------------------------|----------------|-----------|----------------------------|
| THCIC Suppo | ort Center | | | тнсіс | User Mana | gement My Account Logout |
| Certifica | ntion | | | | | |
| Back to Certification by | y Quarter | Q Enter Control #, Media | al Record #, Patient or C | ertification # | SEARCH | Reports and Certification |
| Patient Control # 🗢 | Medical Record # 🕈 | Encounter ID 🗘 | Processed Date 🗘 | Patient Name | ¢ Claims | + _{Type} + |
| ERR-602 | BAD-PRI-PX | 42019000004 | 06/16/2020 | DOE, JANE | ī | IN |
| ERR-603 | DUP-DX | 42019000005 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-604 | INCONSISTENT-DX | 42019000006 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-605 | BAD-OTH-DX | 42019000007 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-606 | BAD-ECODE | 42019000008 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-607 | BAD-PRI-DX | 42019000009 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-608 | NO-PRI-DX | 420190000010 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-609 | BAD-PRI-PX-DATE | 420190000011 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-610 | DUP-ECODES | 420190000012 | 06/16/2020 | DOE, JANE | ī | IN |
| ERR-612 | PRI-PX-BEF-1971 | 420190000013 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-613 | BAD-VAL-CD | 420190000014 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-614 | BAD-OCC-SPAN-CD | 420190000015 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-615 | BAD-ADM-DX | 420190000016 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-616 | AGE-DX-MISMATCH | 420190000017 | 06/16/2020 | DOE, JANE | 1 | IN |

135 Encounters for 2020 1st Quarter Inpatient



Encounter View

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

Patient Control # * Medical Record # * Encounter 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

Search for Listing for Claims





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

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

Type in search criteria. Click search.

| Home Claims | Claim Correction | Reports | Data Mgmt | Certification | ŀ | latches Help | | system13 |
|--------------------------|--------------------|--------------|-----------|----------------|---|--------------|---------|------------------------------|
| THCIC Suppo | ort Center | | | | | тнсіс | User Ma | nagement My Account Logout |
| Certifica | tion | | | | | | | |
| Back to Certification by | Quarter | Q 613 | | | | | SEARCH | Reports and Certification |
| Patient Control # 🗢 | Medical Record # 🕈 | Encounter | id 🕈 | Processed Date | ÷ | Patient Name | Claims | ¢ Type ♀ |
| ERR-602 | BAD-PRI-PX | 420190000 | 004 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-603 | DUP-DX | 420190000 | 005 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-604 | INCONSISTENT-DX | 420190000 | 006 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-605 | BAD-OTH-DX | 420190000 | 007 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-606 | BAD-ECODE | 420190000 | 008 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-607 | BAD-PRI-DX | 420190000 | 009 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-608 | NO-PRI-DX | 420190000 | 010 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-609 | BAD-PRI-PX-DATE | 420190000 | 011 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-610 | DUP-ECODES | 420190000 | 012 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-612 | PRI-PX-BEF-1971 | 420190000 | 013 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-613 | BAD-VAL-CD | 420190000 | 014 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-614 | BAD-OCC-SPAN-CD | 420190000 | 015 | 06/16/2020 | | doe, jane | 1 | IN |
| ERR-615 | BAD-ADM-DX | 420190000 | 016 | 06/16/2020 | | DOE, JANE | 1 | IN |
| ERR-616 | AGE-DX-MISMATCH | 420190000 | 017 | 06/16/2020 | | DOE, JANE | 1 | IN |

135 Encounters for 2020 1st Quarter Inpatient

TEXAS Health and Human

Services

Texas Department of State Health Services

Modified Search



| Home | Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches Help | | system13 |
|---|--|---|---|--|--|---|--|---|
| THCIC | Suppo | ort Center | | | | THCIC | User M | anagement My Account Logout |
| Cert | ifica | tion | | | | | | |
| Back to Cer | rtification by | / Quarter | Q 613 | | | | SEARCH | Reports and Certification |
| Patient Cor | ntrol # 🗢 | Medical Record # | Encounte | er ID 🗘 Pi | rocessed Date | Patient Name | Claims | ¢ _{Type} ¢ |
| Coading I | Encounters | | | | | | | |
| | The from | facility will g the modifi | get a m ed list i | odified s | search list light and d | ing. If an e click the cl | ncounter aim to or | is chosen Den. To |
| | The f from retur | facility will g the modifie n to the re | get a m ed list j gular li: ৭লা | odified s ust highl sting iust | search list light and o t click the | ing. If an e click the cl x in the r | ncounter aim to op nodified r | is chosen ben. To menu box. |
| Home | The f from retur | facility will g the modifie n to the re Claim Correction | get a m ed list j gular lis ्रब्ल्य Reports | odified s ust highl sting iust | search list light and o t click the Certification | ing. If an e click the cl x in the r Batches H | ncounter aim to op nodified r | is chosen ben. To menu box. system13 |
| Home | The f from retur | facility will g the modifie on to the re Claim Correction | get a m ed list j gular lis ्रब्ला | odified s ust highl sting iust | search list light and o t click the Certification | Ling. If an e click the cl e x in the r Batches H THCIC | encounter laim to op modified r | ser Management My Account Logor |
| Home THCIC Cert | The f from retur | facility will g the modifie on to the re Claim Correction Ort Center | get a m ed list j gular lis ् व ताः Reports | Data Mgmt | search list light and o t click the Certification | ing. If an e click the cl x in the r Batches H | encounter laim to op modified r | ser Management My Account Logor |
| Home THCIC Cert | The f from retur | facility will g the modifie on to the re Claim Correction Ort Center | get a m ed list j gular lis Q 613 Q 613 | odified s ust highl sting iust | search list light and o t click the Certification | Ling. If an e click the cl x in the r Batches H THCIC | encounter laim to op modified r search telp | is chosen ben. To menu box. System13 Making technology your best fried Ser Management My Account Logor |
| Home THCIC Cert Back to Ce Patient Co | The f from retur claims Support tification l ontrol # \$ | facility will g the modifie on to the re Claim Correction Ort Center OtiON by Quarter Medical Record # | get a m ed list j gular lis Q 613 Ceports | nodified s sust highl sting iust | search list light and o t click the Certification | ing. If an e click the cl x in the r x Batches H THCIC | encounter laim to op modified r search telp ielp i U | ser Management My Account Logour |

1 Encounter for 2020 1st Quarter Inpatient

Choose an Encounter File to View

| Home Claims | Claim Correction | Reports Data Mg | mt Certification | Batches Help | | system13 |
|--------------------------|-----------------------|------------------------------|------------------------------|-----------------|-----------|-------------------------------|
| THCIC Suppo | ort Center | | | тнсіс | User Ma | anagement My Account Logout |
| Certifica | tion | | | | | |
| Back to Certification by | / Quarter | Q Enter Control #, Me | dical Record #, Patient or (| Certification # | SEARCH | Reports and Certification |
| Patient Control # 🗢 | Medical Record # 🗢 | Encounter ID | Processed Date | Patient Name | Claims | ¢ _{Type} ¢ |
| 741 | 741 | 12020000009 | 06/16/2020 | DOE, HENRY | 1 _Ռոլ | IN |
| 963 | 963 | 12020000010 | 06/16/2020 | DOE, WANDA | 1 | IN |
| | NO-PCN-726 | 420190000001 | 06/16/2020 | ERR-726, NO-PCN | 1 | IN |
| ERR-600 | NO-PRI-PX-DATE | 42019000002 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-601 | NO-PX-WHEN-OTH- PX | 420190000003 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-602 | BAD-PRI-PX | 420190000004 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-603 | DUP-DX | 420190000005 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-604 | INCONSISTENT-DX | 420190000006 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-605 | BAD-OTH-DX | 420190000007 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-606 | BAD-ECODE | 42019000008 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-607 | BAD-PRI-DX | 420190000009 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-608 | NO-PRI-DX | 420190000010 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-609 | BAD-PRI-PX-DATE | 420190000011 | 06/16/2020 | DOE, JANE | 1 | IN |
| FRR-610 | DUP-ECODES | 420190000012 | 06/16/2020 | DOF IANE | 1 | IN |

135 Encounters for 2020 1st Quarter Inpatient

TEXAS Health and Human

Services

Texas Department of State Health Services

Encounter View – Patient Tab



| Home Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches | Help | system13 |
|--|--|------------|-----------|---|---------|------|--|
| THCIC Suppo | rt Center | | | | тнсіс | | User Management My Account Logout |
| CERTIFICATION Back to 2020 1st Quart | er Inpatient Encounter | List | | | | | ▲ 12020000009 ▼ ► |
| DOE, HENRY | , HENRY Medical Record Number: 741 Number of Claims: 1 | | | Patient Control Number: 741 Process Date: 06/16/2020 | | | Inpatient |
| ✓ Patient | Persor | nal Info | rmation | | | | |
| Diagnoses & Procs Situational Codes | Name HENRY DO | DE | | Medical Record 741 | Number | | Social Security Number 999999999 |
| ✓ Charges | Address 7878 CRO | SSING SWO | RD | | | | |
| MedPAR Warnings | DEL VALLE | , TX 78617 | | | | | |
| ✓ Facility | | | | | | | |
| Warnings will indicate if there are encounter warnings. | | | | | | | |

To return to the encounter listing at any time click < Back to 2020 1st Quarter Inpatient Encounter List Click the tab to move through the different tabs. The tab that is being viewed will be highlighted in blue.
Encounter View – Claim Errors



| Home Claims Cla | aim Correction Reports Data Mgmt | Certification Batches Help | system13 |
|---|---|---|-------------------------------------|
| THCIC Support | Center | тнсіс | User Management My Account Logout |
| CERTIFICATION Back to 2020 1st Quarter I | npatient Encounter List | | 120200000009 |
| DOE, HENRY | Medical Record Number: 741 Number of Claims: 1 | Patient Control Number: 741 Process Date: 06/16/2020 | Inpatient |
| ✓ Patient | Personal Information | | |
| ✓ Diagnoses & Procs | Name | Medical Record Number | Social Security Number |
| Situational Codes | HENRY DOE | 741 | 99999999 |
| Charges | Address 7878 CROSSING SWORD | | |
| ✓ MedPAR | DEL VALLE, TX 78617 | | |
| 0 Warnings | Admission Type | | |
| ✓ Facility | 4 - Newborn | | |

The **PINK** areas indicate where errors are on the data. If a facility would like to make changes to their data at the time of certification, the facility will have to contact System I3. There will be a cost involved to make changes to the facility's data at the time of certification. The Claim Correction feature is not available for claims that are being certified.

Encounter View – Diagnosis/Procedure

| Home Claims Claim C | orrection Reports Data Mgmt | Certification Batches Help | system13 |
|---|---|---|---------------------------------------|
| THCIC Support Ce CERTIFICATION | nter ent Encounter List | THCIC | User Management My Account Logout |
| DOE, HENRY | Medical Record Number: 741 Number of Claims: 1 | Patient Control Number: 741 Process Date: 06/16/2020 | Inpatient |
| ✓ Patient | Diagnoses | | |
| Diagnoses & Procs Situational Codes | Principal A000 - Cholera due to Vibrio cholerae 01, biovar cholerae | Admitting A009 - Cholera, unspecified | MS-DRG Error: 00 Version: 01370 |
| ✓ Charges ✓ MedPAR | POA: U | | MDC: 06 DRG: 983 |
| 0 Warnings | Other Diagnosis Codes | E-Codes | |
| ✓ Facility | Procedures | | |
| | Principal Code | ICD | Procedure Days Date |
| | 0016073 - Bypass Cereb Vent to Blo Sub, Open | od Vess w Autol 10 | 01/09/2020 8 |

The Diagnosis/ Procedure tab allows a facility to see the principal diagnosis, other diagnosis codes, admitting diagnosis, e-codes, CMS DRG, principal procedure and other procedures. When present on admission (POA) becomes available the valid codes will show, if the facility submits this information.

Encounter View – Situational Codes

| Home Claims Claim C | Correction Reports Data Mgmt | Certification Batches Help | system13 |
|--|---|---|---|
| THCIC Support Ce | enter | тнсіс | User Management My Account Logout |
| | ant Encounter List | | |
| DOE, HENRY | Medical Record Number: 741 Number of Claims: 1 | Patient Control Number: 741 Process Date: 06/16/2020 | Inpatient |
| ✓ Patient ✓ Diagnoses & Procs | Conditions | Values | |
| ✓ Situational Codes | Occurrence Spans | | |
| ✓ Charges | | From | То |
| ✓ MedPAR | Occurrences by Date | | |
| 0 Warnings | | On | Day |
| ✓ Facility | | | |
| | | | |
| | | | |
| | | | |
| The Sin Occur | tuational Codes tab all rence Span,Value and C | ows a facility to view Condition Codes an | w submitted Occurrence, d associated dates. |
| <u></u> | · | | |

Health and Human Services

Texas Department of State Health Services

Encounter View – Charges



| Home Claims Claim C | orrection Reports Data Mg | gmt Certification Batches | s Help | system Making technology your | 13 best friend. | | |
|--|--|---|---------------------|----------------------------------|--------------------|--|--|
| THCIC Support Ce | enter | тнск | : | User Management My Accou | int Logou | | |
| CERTIFICATION Back to 2020 1st Quarter Inpatie | ent Encounter List | | | 12020000009 | v] | | |
| DOE, HENRY | Medical Record Number: 74 Number of Claims: 1 | Patient Control Nur Process Date: 06/1 | mber: 741 6/2020 | Inpatient | | | |
| ✓ Patient | Charges | | | | | | |
| Clagnoses & Procs Situational Codes | Payment Source Ind ID | Name | | Number of Charges | | | |
| ✓ Charges | 13 8FJIO-9OPE | POS OF TEXAS | | 1 | | | |
| Warnings | Description | Procedure | Qty | Rate Charge Non co | overed | | |
| ✓ Facility | | | | | â | | |
| | 1 0490 HC | 01740 ANESTH UPPER ARM SURGERY | 10 DA | \$150,000.00 \$1,500,000.00 | | | |
| | | | | | | | |
| | | | | | | | |
| The Charges tab to see the revenue code and charge information | | | | | | | |
| to | be reported on th | ne patient. | | | | | |

Encounter View – MedPAR



| Texas Department of State |
|---------------------------|
| Health Services |

| Home Claims Claim | Correction Reports Da | ata Mgmt | Certification | Batches Help | system13 |
|---|---|-----------------|------------------------|---|-----------------------------------|
| THCIC Support C | enter | | | тнсіс | User Management My Account Logout |
| CERTIFICATION A Back to 2020 1st Quarter Inpar | tient Encounter List | | | | 12020000009 |
| DOE, HENRY | Medical Record Numl Number of Claims: 1 | ber: 741 | Patient C Process I | Control Number: 741 Date: 06/16/2020 | Inpatient |
| ✓ Patient | MedPAR | | | | |
| ✓ Diagnoses & Procs | | | | | |
| ✓ Situational Codes | Drivete Deserv | | | Dis ed Admini | |
| ✓ Charges | Semi-Private Room: | - | | Operating Roo | - m: - |
| ✓ MedPAR | Ward: | - | | Lithotripsy: | - |
| 0 Warnings | Intensive Care Unit: | 7 | | Cardiology: | - |
| ✓ Facility | Coronary Care: Other: | - | | Anesthesia: Laboratory: | - |
| | Pharmacy: | 2 | | Radiology: | - |
| | Medical/Surgery Supply: | - | | MRI: | - |
| | Durable Medical Equipment: | 5 | | Outpatient Ser | vice: \$1,500,000.00 |
| | Used Durable Medical Equip: | - | | Emergency Roo | |
| | Physical Therapy: | 7 | | Ambulance: | - |
| | Occup Therapy: | - | | Professional Fe | es: - |
| | Speech Pathology: | 7 0 | | Organ Acquisit | ion: - |
| | Inhalation Therapy: | - | | ESRD Rev Setti | ng: - |
| | Blood: | 7 | | Clinic Visit: | |

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

Encounter View – Warnings



| Home Claims Claim | Correction Reports Data Mgmt | Certification Batches Help | system13 |
|-----------------------------------|------------------------------|--|-----------------------------------|
| THCIC Support Ce | enter | THCIC | User Management My Account Logout |
| CERTIFICATION | | | |
| d Back to 2020 1st Quarter Inpati | ent Encounter List | | 120200000009 |
| DOE, HENRY | Medical Record Number: 741 | Patient Control Number: 741 | Inpatient |
| | Number of Claims, 1 | Process Date. 00/10/2020 | |
| ✓ Patient | Warnings | | |
| ✓ Diagnoses & Procs | warnings | | |
| ✓ Situational Codes | | | |
| ✓ Charges | | | |
| ✓ MedPAR | | | |
| 🔶 🧿 Warnings | | | |
| ✓ Facility | | | |
| | | | |
| | | | |
| | | | |
| | The Manual and the first | and and Frank and a state | in an an If the set of the |
| | warning on your data v | ew any Encounter build ou must contact Systen | 13 to correct. |
| | | | |
| | | | |
| | | | |

Encounter View – Facility



| Home Claims Claim | Correction Reports | Data Mgmt | Certification | Batches | Help | S | system13 |
|---|----------------------|------------|---------------|----------------|---------------|---|---------------------------|
| THCIC Support C | enter | | | THCIC | | User Manag | ement My Account Logout |
| CERTIFICATION Back to 2020 1st Quarter Inpai | tient Encounter List | | | | | 12020000009 | ▼ |
| DOE, HENRY | Medical Record Nu | imber: 741 | Patient C | ontrol Numbe | er: 741 | Inpatient | |
| | Number of Claims: | 1 | Process I | Date: 06/16/20 | 020 | | |
| ✓ Patient | Facility | | | | | | |
| ✓ Diagnoses & Procs | Provider Information | | | Faci | ility Special | ties | |
| ✓ Situational Codes | THCIC | | | Ac | ute Care | | Orthopedic |
| | Austin TX 78756 | | | Ca | rdiovasc | ular | Otolaryngology |
| ✓ Charges | EIN: 010000015 | The f | acility will | Ch | iropracti | c | Pain Management |
| ✓ MedPAR | POA: X - Exempt | alsos | ρο ΡΟΔ he | re | rmatolo | gy/Plastic | Pediatric |
| | | aisu su | availabla | IC En | doscopy | | Psych |
| 0 Warnings | Specialty Units | when | avallable. | For | ot | 100 m 200 | Rehabilitation/PT |
| ✓ Facility | | | | Ga | stroente | rology | Skilled Nursing |
| | | | | Ge | nerai | A cuto Caro | Theresis |
| | | | | LO | ng term | Acute Care | Urology |
| | | | | OR | -GVN | ai | Other Long Term Care |
| | | | | 00 | hthalmo | logy | Other |
| | | | | Or | al | | |

The Facility tab allows the facility to see the facility information that will be reported and the Specialty Unit information to be reported for the specified patient. The facility will also see POA, if the facility is submitting this data.



Back to Encounter Listing

Click A Back to 2020 1st Quarter Inpatient Encounter List to go back to Encounter listing.

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

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

Click Reports and Certification



| Home Claims | Claim Correction | Reports Data M | Igmt Certification | Batches Help | | system13 | |
|-------------------------|----------------------------|-----------------------|-----------------------------|--------------------------|--------------|-------------------------------|--|
| THCIC Suppo | ort Center | | | THCIC | User Ma | anagement My Account Logout | |
| Certification | | | | | | | |
| Back to Certification b | y Quarter | Q Enter Control #, N | 1edical Record #, Patient (| or Certification # | SEARCH | Reports and Certification | |
| Patient Control # 🗘 | Medical Record # 🗘 | Encounter ID | Processed Date | Patient Name | Claims | ¢ Type ¢ | |
| 741 | 741 | 120200000009 | 06/16/2020 | DOE, HENRY | _[hm] 1 | IN | |
| 963 | 963 | 120200000010 | 06/16/2020 | DOE, WANDA | 1 | IN | |
| | NO-PCN-726 | 420190000001 | 06/16/2020 | ERR-726, NO-PCN | 1 | IN | |
| ERR-600 | NO-PRI-PX-DATE | 42019000002 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-601 | NO-PX-WHEN-OTH- PX | 420190000003 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-602 | BAD-PRI-PX | 420190000004 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-603 | DUP-DX | 420190000005 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-604 | INCONSISTENT-DX | 420190000006 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-605 | BAD-OTH-DX | 420190000007 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-606 | BAD-ECODE | 42019000008 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-607 | BAD-PRI-DX | 420190000009 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-608 | NO-PRI-DX | 420190000010 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-609 | BAD-PRI-PX-DATE | 420190000011 | 06/16/2020 | DOE, JANE | 1 | IN | |
| ERR-610 C | Click 'Repo nd certific | orts and cation fo | Certificat r the spec | ion'to go cified year | o to th : | e reports | |



Provider Review of Data

- K Hospitals should provide their health practitioners an opportunity to review, request correction of, and comment on records of patients for whom they are shown as attending or operating.
- This is probably the most difficult part of certification!
- X 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 practitioners
 - X Teaching facility
 - X Location of practitioners
 - Interest of practitioners
- Each hospital is responsible for developing the process and methods for collecting comments and corrections from practitioners, and for ensuring that their concerns are acted upon.
- Use of the physician reports is not required.

Reports, Processing Reports, Certification File Download and Certification

| 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 | Certific | ation | | |
| 2020 1st Quarter Inpatient | 2020 1st Quar | ter Inpatient 135 | Encounters | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List | Certifer N Tiffany Overton You may certify y If your data contra To maintain confi patients or physic Comment | ame our data with or with ains errors or you ele dentiality, comments cians. All comments o :S | out comments. ct not to certify, you m s must not divulge prot will be released with the | UPDATE CERTIFIER NAME ust provide an explanation using the comments area. ected health information (PHI), such as the identity of e certified data. |
| Processing Reports | | | | |
| Certification Data File REQUEST CERT. DATA FILE | You may call the | help desk and arran <u>c</u> | e to regenerate and co | CERTIFY CERTIFY |



Reports Available

Reports

2020 1st Quarter Inpatient

C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List

y

Certification Report Download

You have requested a certification report. Your report will be available shortly.

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Reports C01 Certification Summary

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| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List | Certifer N Tiffany Overtor You may certify yo If your data conta To maintain confi patients or physic Comment | ame our data with or with ains errors or you elec dentiality, comments cians. All comments v S | out comments. ct not to certify, you n must not divulge pro vill be released with th | UPDATE CERTIFIER NAME nust provide an explanation using the comments area. stected health information (PHI), such as the identity of he certified data. |
| Processing Reports | | | | |
| Certification Data File | You may call the l | help desk and arrang | e to regenerate and c | correct your facility's data, if needed. |
| downloaded and saved b | efore you ca | <u>n</u> | | |



Reports C01 Certification Summary (Page 1)



System: Trainer

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Reports C01 Certification Summary (Page 2)

THCIC Report C01: Certification Summary (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| Patient Discharge Status | | |
|--|----------|---------|
| Status | Patients | Percent |
| Dischg to home or self care - 01 | 8 | 3.98% |
| Dischg/xfer to short term gen. hosp - 02 | 6 | 2.99% |
| Dischg/xfer to SNF - 03 | 4 | 1.99% |
| Dischg/xfer to cancer or child hosp - 05 | 7 | 3.48% |
| Dischg/xfer to home health - 06 | 4 | 1.99% |
| Left AMA, discontinued care - 07 | 6 | 2.99% |
| Admitted as an inpatient - 09 | 1 | 0.50% |
| Expired - 20 | 4 | 1.99% |
| Still patient - 30 | 4 | 1.99% |
| Expired at home - 40 | 4 | 1.99% |
| Expired in medical facility - 41 | 5 | 2.49% |
| Expired, place unknown - 42 | 5 | 2.49% |
| Dischg/xfer to Fed health care facility - 43 | 5 | 2.49% |
| Hospice/home - 50 | 8 | 3.98% |
| Hospice/medical facility - 51 | 6 | 2.99% |
| Dischg/xfer hosp Mcare appr swing bed - 61 | 1 | 0.50% |
| Dischg/xfer to inpatient rehab facility - 62 | 1 | 0.50% |
| Dischg/xfer to long term care hosp - 63 | 6 | 2.99% |
| Dischg/xfer to Mcaid SNF, not Mcare - 64 | 8 | 3.98% |
| Dischg/xfer to psyc - hosp psyc unit - 65 | 4 | 1.99% |
| Dischg/xfer to critical access hosp - 66 | 5 | 2.49% |
| Dischg/xfer to other undefined fac - 70 | 3 | 1.49% |
| Dischg/xfer to Court/Law Enforc - 21 | 8 | 3.98% |
| Disch/xfer to Fac Prov Custod/Supp - 04 | 6 | 2.99% |
| Dischg/xfer to desig disaster alt site - 69 | 6 | 2.99% |
| Dischg to home/self care planned readmis - 81 | 8 | 3.98% |
| Dischg/xfer to short term gen. hosp planned readmis - 82 | 5 | 2.49% |
| Dischg/xfer to SNF planned readmis - 83 | 4 | 1.99% |

Provides counts and percentages of discharges by type of discharge.

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Reports C01 Certification Summary (Page 3)

THCIC Report C01: Certification Summary (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| Status Patients Percent Claim Filing Indicator Code | | | | | | | |
|--|---------|-------|---|---------|---------|--------|---------|
| Disch/xfer to Fac Prov Custod/Supp planned readmis - 84 | 1 | 0.50% | Code | Primary | Percent | Second | Percent |
| Dischg/xfer to cancer or child hosp planned readmis - 85 | 4 | 1.99% | Selfpay - 09 | 0 | 0.00% | 0 | 0.00% |
| Dischg/xfer to home health planned readmis - 86 | 9 | 4.48% | Central Certification - 10 | 0 | 0.00% | 0 | 0.00% |
| Dischg/xfer to Court/Law Enforc planned readmis - 87 | 11 | 5.47% | Other NonFederal Programs - 11 | 9 | 4.48% | 0 | 0.00% |
| Dischg/xfer to Fed health care facility planned readmis - 88 | 2 | 1.00% | Preferred Provider Organization (PPO) - 12 | 6 | 2.99% | 0 | 0.00% |
| schg/xfer hosp Mcare appr swing bed planned readmis - 89 | 6 | 2.99% | Point of Service (POS) - 13 | 12 | 5.97% | 0 | 0.00% |
| Dischg/xfer to inpatient rehab facility planned readmis - 90 | 3 | 1.49% | Exclusive Provider Organization (EPO) - 14 | 14 | 6.97% | 0 | 0.00% |
| Dischg/xfer to long term care hosp planned readmis - 91 | 6 | 2.99% | Indemnity Insurance - 15 | 9 | 4.48% | 0 | 0.00% |
| Dischg/xfer to Mcaid SNF, not Mcare planned readmis - 92 | 8 | 3.98% | Health Maintenance Organization (HMO) Medicare Ris - 16 | 7 | 3.48% | 0 | 0.00% |
| Dischg/xfer to psyc - hosp psyc unit planned readmis - 93 | 3 | 1.49% | Dental Maintenance Organization - 17 | 9 | 4.48% | 0 | 0.00% |
| Dischg/xfer to critical access hosp planned readmis - 94 | 3 | 1.49% | Automobile Medical - AM | 9 | 4.48% | 0 | 0.00% |
| Dischg/xfer to other undefined fac planned readmis - 95 | 3 | 1.49% | Blue Cross/Blue Shield - BL | 4 | 1.99% | 0 | 0.00% |
| Missing/Invalid | 0 | 0.00% | CHAMPUS - CH | 3 | 1.49% | 0 | 0.00% |
| | | | Commercial Insurance Co Cl | 9 | 4.48% | 0 | 0.00% |
| 1 | | | Disability - DS | 3 | 1.49% | 0 | 0.00% |
| | | | Federal Employees Program - FI | 11 | 5.47% | 0 | 0.00% |
| | | | Health Maintenance Organization - HM | 10 | 4.98% | 0 | 0.00% |
| Provides counts and percent | ages of | | Liability - Ll | 0 | 0.00% | 0 | 0.00% |
| discharges by type of dischar | ge. | | Liability Medical - LM | 8 | 3.98% | 0 | 0.00% |
| | | | Medicare Part A - MA | 6 | 2.99% | 0 | 0.00% |
| | | | Medicare Part B - MB | 10 | 4.98% | 0 | 0.00% |
| | | | Medicaid - MC | 9 | 4.48% | 0 | 0.00% |
| | | | Other Federal Program - OF | 16 | 7.96% | 0 | 0.00% |
| | | | Title V - TV | 7 | 3.48% | 0 | 0.00% |
| | | | Veteran Administration Plan - VA | 10 | 4.98% | 0 | 0.00% |
| | | | Workers Compensation Health Claim - WC | 9 | 4.48% | 0 | 0.00% |
| | | | Mutually Defined - ZZ | 0 | 0.00% | 0 | 0.00% |
| | | | Mutually Defined, Or SelfPay, Or Unknown, Or Charity - ZZ | 11 | 5.47% | 0 | 0.00% |
| | | | Missing/Invalid | 0 | 0.00% | 201 | 100.00% |

Provides counts and percentages by payment source, both primary and secondary.

System: Trainer

Disch/xfer to Fac Prov Dischq/xfer to cancer Dischg/xfer to Dischg/xfer to Cour Dischg/xfer to Fed health Dischg/xfer hosp Mcare ap Dischg/xfer to inpatient

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Reports C01 Certification Summary (Page 4)

THCIC Report C01: Certification Summary (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| | Patien | t Loca | tion | £ | Patie | nt Race | | 7 | 31 | Patient Ag | e Brea | kdown |
|------------|--|----------|------------|--------------|--|------------------|-----------------|---------|----------------|-------------------------------|----------|-----------|
| | Location | Count | Percent | | | Race | Count | Percent | t | Age | Count | Percent |
| | In state | 2 | 1.00% | | American Indian/Es | kimo/Aleut - 1 | 40 | 19.90% | 6 | Less than 1 year | 201 | 100.00% |
| | Out of state | 199 | 99.00% | | Asian, Native Hawaiian or Paci | fic Islander - 2 | 38 | 18.91% | | 1 - 17 | 0 | 0.00% |
| | Out of country | 0 | 0.00% | | Black or Africar | American - 3 | 47 | 23.38% | , | 18 - 44 | 0 | 0.00% |
| | Missing/invalid | 0 | 0.00% | | | White - 4 | 38 | 18.91% | | 45 - 64 | 0 | 0.00% |
| | | | | | | Other Race - 5 | 38 | 18.91% | | 65 - 74 | 0 | 0.00% |
| Provides o | ounts of pa | tients (| that resid | de in Texas. | | Missing/invalid | 0 | 0.00% | R | > 74 | 0 | 0.00% |
| outside of | the state. o | or outs | ide of th | e country. | | | Missing/invalid | 0 | 0.00% | | | |
| 0410120 01 | | | | | | | | | Provides | 1 | Î | |
| | Patier | nt Gen | der | | | Ethnicity | | - I | counts and | | | |
| | Gender | Count | Percent | | Ethni | city Count | Percer | nt | | Prov | ides co | unts |
| | Female - F | 98 | 48.76% | | Hispanic origin | 1 - 1 110 | 54.739 | ю | of patients by | and p | percent | ages of |
| | Male - M | 103 | 51.24% | | Not of Hispanic origin | 1 - 2 91 | 45.279 | % | race code. | patie | nts by a | age. |
| | Unknown - U | 0 | 0.00% | | Missing/in | valid 0 | 0.00 | 6 | | | | |
| | Missing/invalid | 0 | 0.00% | | / | | | | 7 | | | |
| | | | | _ | Provides counts and | percentag | es of p | atients | | | | |
| Prov | vides counts | s and p | ercentag | es | by ethnicity. | | - | | | | | |
| of pa | atients by g | ender. | | | | | | | | | | |
| | Lengt | th of St | av | | | | | | | Sovori | ity Inde | X |
| | Long | Count | Descent | | | | | | Ē | Seven | ity inde | |
| | Length | Count | Percent | | | | | | | Severit | ty Coun | t Percent |
| | 1 day | 33 | 16.42% | | | . | 0 | | | Level 0 (no class | s) | 0 0.00% |
| | 2-9 | 97 | 48.26% | | Diagnosis & Procedu | re Codes | Sumn | hary | | Level 1 (mino | or) | 0 0.00% |
| | 10 - 29 | /1 | 30.32% | | Category | Diagnosis | Procee | lure | | Level 2 (moderate | e) | 0 0.00% |
| | 80.00 | 0 | 0.00% | | Avg. code count per encounter | 6.00 | 1 | 1.00 | | Level 3 (majo | or) | 0 0.00% |
| | Over 100 days | 0 | 0.00% | | Principal code only | 0 | | o | | evel 4 (catastrophi | c) | 0.00% |
| 1 | Missing/invalid | 0 | 0.00% | | No principal code | 0 | | 0 | | | | |
| | and a state of the | | 0.00 % | | 1 | | | | Provid | wides counts of encounters by | | |
| Provides | s counts and | d perce | entages b | y ranges 📗 | Provides counts and percentages for both | | | | level | of severity of | fillness | |
| of days f | for patient l | engths | of stay. | | diagnoses and procedu | ra codos | | | | | | - |
| | | | | | ulagiloses allu pi ocedu | | | | | | | |

Reports C02 Top 30 HCFA Diagnosis Related Groups (DRG's)

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| Reports | Certification | |
| 2020 1st Quarter Inpatient | 2020 1st Quarter Inpatient 135 Encounters | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner 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, yo To maintain confidentiality, comments must not divulge patients or physicians. All comments will be released with Comments | UPDATE CERTIFIER NAME u must provide an explanation using the comments area. protected health information (PHI), such as the identity of h the certified data. |
| Processing Reports | | |
| Certification Data File REQUEST CERT. DATA FILE | You may call the help desk and arrange to regenerate an | d correct your facility's data, if needed. |

Reports C02 Top 30 HCFA Diagnosis Related Groups (DRG's)

THCIC Report C02: Top 30 HCFA Diagnosis Related Groups (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| | | 10 C | 1 | | | | | 23. St. | | |
|-------------|--|-------------|---------------------|------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| HCFA DRG | Description | Perc ent | 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 |
| 147 | Ear, nose, mouth & throat mailgnancy w CC | 1.49% | 14.7 | 3 \$2,625.82 | | | | | Chin Carlos an U.S. | 1874 - Mar 1974 |
| 919 | Complications of treatment w MCC | 1.00% | 5.0 | 2 \$3,130.22 | 1 \$3,563.15 | | | | | |
| 029 | Spinal procedures w CC or spinal neurostimulators | 1.00% | 5.5 | 2 \$2,011.48 | | | | | | |
| 950 | Aftercare w/o CC/MCC | 1.00% | 4.5 | 2 \$3,590.53 | 1 \$4,076.08 | | | | | |
| 344 | Minor small & large bowel procedures w MCC | 1.00% | 6.5 | 2 \$3,250.06 | 1 \$3,525.21 | | | | | |
| 075 | Viral meningitis w CC/MCC | 1.00% | 15.0 | 2 \$2,370.34 | | | | | | |
| 604 | Trauma to the skin, subcut tiss & breast w MCC | 1.00% | 8.0 | 2 \$2,537.86 | | | | | | |
| 467 | Revision of hip or knee replacement w CC | 1.00% | 13.0 | 2 \$3,092.46 | | | | | | |
| 822 | Lymphoma & leukemia w major O.R. procedure w/o CC/MCC | 1.00% | 3.5 | 2 \$2,722.27 | 1 \$3,174.06 | | | | | |
| 857 | Postoperative or post-traumatic infections w O.R. proc w CC | 1.00% | 13.0 | 2 \$2,071.19 | | | | | | |
| 185 | Major chest trauma w/o CC/MCC | 1.00% | 12.5 | 2 \$2,470.79 | | | | | | |
| 134 | Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC | 1.00% | 16.5 | 2 \$3,904.21 | | | | | | |
| 304 | Hypertension w MCC | 1.00% | 4.0 | 2 \$2,668.12 | 1 \$3,211.15 | | | | | |
| 136 | Sinus & mastoid procedures w/o CC/MCC | 1.00% | 10.5 | 2 \$2,633.46 | | | | | | |
| 373 | Major gastrointestinal disorders & peritoneal infections w/o CC/MCC | 1.00% | 2.5 | 2 \$1,710.32 | 1 \$1,501.15 | | | | | |
| 483 | Major joint & limb reattachment proc of upper extremity w CC/MCC | 1.00% | 7.5 | \$2,752.41 | 1 \$2,496.74 | | | | | |
| 100 | Selzures w MCC | 1.00% | 2.0 | 2 \$2,549.66 | 1 \$2,464.70 | | | | | |
| 738 | Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC | 1.00% | 11.5 | 2 \$3,321.26 | | | | | | |
| 472 | Cervical spinal fusion w CC | 1.00% | 5.0 | 2 \$1,827.25 | 1 \$2,031.15 | | | | | |
| 336 | Periton | | • | | | | | | , , | |
| 207 | Respiratory system | ерс | ort is p | presente | d in desc | ending o | rder by t | otal char | ges for | |
| | each c | of tl | he tor | 30 HCI | FA DRG's | 5. | | | | |

Reports C03 Top 30 APR Diagnosis Related Groups

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| CERTIFI Back to C | ICATION ertification S | l et List | | | | | |
| Repo | rts | | | Certifica | ation | | |
| 2020 1st (| Quarter Inj | patient | | 2020 1st Quart | er Inpatient 13 | 5 Encounters | |
| C01: Certific C02: Top 30 C03: Top 30 C04: Top 30 C05: Top 30 C05: Top 30 C06: HCFA I C07: DRG M C08: Patient C09: Patient C10: Claim C C11: Claim C C12: Certific | Arrian Summ HCFA Diagno APR Diagno Principal Dia Principal Pro Diagnosis Rel Iortality Stati Is by Attendii Is by Operati Count for 1st Count for 2nd Principal Pro Diagnosis Rel Iortality Stati | ary osis Related Groups sis Related Groups agnoses ocedures ated Groups stics by Practitioner ng Practitioner Physician d Physician ype List | | Certifer Na Tiffany Overton You may certify you If your data contai To maintain confic patients or physici Comments | ame our data with or wit ins errors or you el dentiality, comment ians. All comments S | hout comments. ect not to certify, yo ts must not divulge j will be released with | UPDATE CERTIFIER NAME u must provide an explanation using the comments area. protected health information (PHI), such as the identity of the certified data. |
| Processing | g Reports | | Ŧ | | | | |
| Certificati | ion Data Fi | | | You may call the h | elp desk and arran | ge to regenerate an | d correct your facility's data, if needed. |
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Texas Department of State

Health Services



Reports C03 Top 30 APR Diagnosis Related Groups

THCIC Report C03: Top 30 APR Diagnosis Related Groups (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| APR DRG | Description | Percent | 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 |
|------------|---|---------|---------------------|------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| 861 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 21.19% | 5.9 | 25 \$11,426.56 | | | 1 \$27,582.00 | 3 \$17,697.00 | 6 \$13,363.65 | 15 \$8,320.61 |
| 463 | KIDNEY & URINARY TRACT INFECTIONS | 11.02% | 3.5 | 13 \$9,037.96 | | | 5 \$6,094.56 | 3 \$10,474.57 | | 5 \$11,119.40 |
| 140 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 4.24% | 2.8 | 5 \$6,187.40 | | |). ().)?A | 1 \$11,416.00 | 1 \$6,375.00 | 3 \$4,382.00 |
| 139 | OTHER PNEUMONIA | 4.24% | 4.2 | 5 \$8,410.35 | | | | | 1 \$14,212.76 | 4 \$6,959.75 |
| 194 | HEART FAILURE | 4.24% | 3.6 | 5 \$9,962.78 | | | | 3 \$10,868.33 | 1 \$9,553.00 | 1 \$7,655.92 |
| 198 | ANGINA PECTORIS & CORDNARY ATHEROSCLEROSIS | 3.39% | 3.8 | 4 \$8,829.50 | | | | 1 \$10,566.00 | | 3 \$8,250.67 |
| 383 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS | 3.39% | 4.2 | 4 \$9,303.68 | | | 2 \$9,097.35 | | | 2 \$9,510.00 |
| 720 | SEPTICEMIA & DISSEMINATED INFECTIONS | 3.39% | 4.0 | 4 \$9,416.75 | | | 1 \$3,572.00 | 1 \$22,983.00 | 2 \$5,556.00 | |
| 203 | CHEST PAIN | 2.54% | 1.3 | 3 \$4,242.00 | | | | 1 \$4,833.00 | 1 \$3,253.00 | 1 \$4,640.00 |

This report is presented in descending order by total charges for each of the top 30 APR DRG's.



Reports C04 Top 30 Principal Diagnosis

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| Processing Reports | | | |
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Reports C04 Top 30 Principal Diagnosis

THCIC Report C04: Top 30 Principal Diagnoses (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| 10000 | | | and a state of the second | Concernance and a | | | | | | Charles and an and an | | |
|--------------|------------------------------|-------|---------------------------|------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|---|--|--|
| Diag Code | Description | Perce | 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 | | |
| 64864 | CV DIS NEC- POSTPARTUM | 1.00% | 21.0 | 2 \$2,091.81 | | | | | | | | |
| 4401 | RENAL ARTERY ATHEROSCLER | 0.50% | 10.0 | 1 \$2,840.96 | | | | | | | | |
| 83816 | DIS INTERPHALAN FOOT-OPN | 0.50% | 10.0 | 1 \$2,962.45 | | | | | | | | |
| 52456 | NON-WORKNG SIDE | 0.50% | 16.0 | 1 \$2,437.23 | | | | | | | | |
| 55842 | EOSINOPHILIC COLITIS | 0.50% | 14.0 | 1 \$2,521.13 | | | | | | | | |
| 8793 | OPN WND ANT ABDOMEN-COMP | 0.50% | 8.0 | 1 \$2,669.57 | | | | | | | | |
| 6023 | DYSPLASIA OF PROSTATE | 0.50% | 2.0 | 1 \$2,189.72 | 1 \$2,189.72 | | | | | | | |
| 01483 | INTESTIN TB NEC- MICRO DX | 0.50% | 5.0 | 1 \$1,619.87 | | | | | | | | |
| 92801 | CRUSHING INJURY HIP | 0.50% | 7.0 | 1 \$4,258.88 | | | | | | | | |
| 64702 | SYPHILIS-DELIVERED | 0.50% | i1.0 | 1 \$3,375.30 | 1 \$3,375.30 | | | | | | | |
| 11505 | HISTOPLASM CAPS PNEUMON | 0.50% | 2.0 | 1 \$3,617.62 | 1 \$3,617.62 | | | | | | | |
| 94416 | 1 DEG BURN BACK OF HAND | 0.50% | 1.0 | 1 \$2,430.21 | 1 \$2,430.21 | | | | | | | |
| 65500 | FETAL CNS MALFORM-UNSPEC | 0.50% | 1.0 | 1 \$3,906.02 | 1 \$3,906.02 | | | | | | | |
| 1941 | MALIG NEO PARATHYROID | 0.50% | 22.0 | \$1,678.70 | | | | | | | | |
| 9809 | TOXIC EFFECT ALCOHOL NOS | 0.50% | 6.0 | 1 \$2,270.47 | | | | | | | | |
| 6823 | CELLULITIS OF ARM | 0.50% | 9.0 | 1 \$1,870.93 | | | | | | | | |
| 29563 | SCHIZO RESID SUBCHR/EXAC | 0.50% | 16.0 | 1 \$3,205.33 | | | | | | | | |
| V286 | ANTENAT SCREEN STREPT B | 0.50% | 3.0 | 1 \$2,534.94 | | | | | | | | |
| 71685 | ARTHROPATHY NEC- PELVIS | 0.50% | 1.0 | 1 \$2,986.35 | 1 \$2,986.35 | | | | | | | |
| 3149 | 3149 HYPERKINETIC SYND 0.50% | | | | | | | | | | | |
| 74402 | EX EAR ANM NEC- IMPR HEAR | 0.50% | In | is report | is present | ea in aes | cenaing o | raer by to | otal | | | |
| | | | 🗌 cha | arges for | each of th | e top 30 | principal o | diagnosis. | | | | |



Reports C05 Top 30 Principal Procedures

| Home Claims Claim Correction Repo | rts Data Mgmt Certification Batches Help | system13 |
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Reports C05 **Top 30 Principal Procedures**

THCIC Report C05: Top 30 Principal Procedures (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| | 0 | | | | | | | | 50 a | | |
|--------------|------------------------------|-------------|---------------------|------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|--|
| Proc 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 | |
| 5798 | REMOVE BLADDER STIMULAT | 1.00% | 18.0 | 2 \$2,442.68 | | | | | | | |
| 77525 | | 1.00% | 5.5 | 2 \$1,952.34 | \$1,251.52 | | | | | | |
| 0833 | PTOSIS REP-LEVAT MUS ADV | 1.00% | 7.0 | 2 \$2,483.88 | | | | | | | |
| 88749 | | 1.00% | 13.5 | 2 \$1,649.29 | | | | | | | |
| 1741 | OPEN ROBOTIC ASSISTED PX | 1.00% | 9.5 | 2 \$2,890.55 | | | | | | | |
| 44720 | | 0.50% | 2.0 | \$3,617.62 | \$3,617.62 | | | | | | |
| 9705 | REPL STENT TUBE | 0.50% | 2.0 | 1 \$3,173.34 | 1 \$3,173.34 | | | | | | |
| 543 | DESTRUCT ABD WALL LESION | 0.50% | 15.0 | \$1,979.13 | | | | | | | |
| A4480 | | 0.50% | 8.0 | 1 \$1,623.35 | | | | | | | |
| 64795 | | 0.50% | 1.0 | 1 \$2,986.35 | 1 \$2,986.35 | | | | | | |
| 0475 | POSTOP REVIS PER | 0.50% | 1.0 | 1 \$2,983.71 | 1 \$2,983.71 | | | | | | |
| D6780 | | 0.50% | 1.0 | 1 \$2,430.21 | 1 \$2,430.21 | | | | | | |
| 6822 | INCISION UTERINE SEPTUM | 0.50% | 1.0 | 1 \$2,437.93 | 1 \$2,437.93 | | | | | | |
| 0920 | EXC LACRIMAL GLAND NOS | 0.50% | 1.0 | \$2,539.02 | \$2,539.02 | | | | | | |
| G8338 | | 0.50% | 1.0 | \$3,211.15 | \$3,211.15 | | | | | | |
| 7744 | METACARPAL/CARP AL BIOPSY | 0.50% | 15.0 | \$2,780.96 | | | | | | | |
| 1770 | NTRAV INFSN CLOFARABINE | 0.50% | 17.0 | 1 \$2,505.62 | | | | | | | |
| L2038 | | 0.50% | 16.0 | 1 \$1,533.39 | | | | | | | |
| 7892 | OTHER OPS ON HUMERUS | 0.50% | 2.0 | 1 \$2,415.96 | \$2,415.96 | | | | | | |
| 22612 | | 0.50% | | | | | | | | | |
| S0280 | | 0.50% | Thi | is report i | s presente | ed in des | cending o | rder by to | otal | | |
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charges for each of the top 30 principal procedures.

Reports C06 HCFA Diagnosis Related Groups



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| Repo | rts | | | Certifica | ation | | | |
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| C01: Certific C02: Top 30 C03: Top 30 C04: Top 30 C05: Top 30 C05: Top 30 C06: HCFA I C07: DRG M C08: Patient C09: Patient C10: Claim (C11: Claim (C12: Certific | Arran Summa HCFA Diagno APR Diagno Principal Dia Principal Pro Diagnosis Rel tortality Statists by Attendir ts by Operatin Count for 1st Count for 2nd Cation Error Ty | ary osis Related Groups sis Related Groups gnoses deedures ated Groups stics by Practitioner ng Practitioner Physician d Physician ype List | | Certifer Na Tiffany Overton You may certify you If your data conta To maintain confic patients or physic Comments | ame our data with or with ins errors or you ele dentiality, comments ians. All comments o S | out comment ct not to certi s must not div vill be release | ts. fy, you mus ulge protec d with the c | UPDATE CERTIFIER NAME st provide an explanation using the comments area. cted health information (PHI), such as the identity of certified data. |
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Reports C06 HCFA Diagnosis Related Groups

THCIC Report C06: HCFA Diagnosis Related Groups (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| HCFA DRG | Description | Perc ent | 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 |
|-------------|--|-------------|---------------------|------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| 003 | ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R. | 0.50% | 16.0 | \$3,205.33 | | | | | | |
| 011 | Tracheostomy for face,mouth & neck diagnoses w MCC | 0.50% | 10.0 | \$3,252.09 | | | | | | |
| 014 | Allogeneic bone marrow transplant | 0.50% | 22.0 | \$1,678.70 | | | | | | |
| 016 | Autologous bone marrow transplant w CC/MCC | 0.50% | 11.0 | 1 \$4,338.15 | | | | | | |
| 029 | Spinal procedures w CC or spinal neurostimulators | 1.00% | 5.5 | 2 \$2,011.48 | | | | | | |
| 042 | Periph/cranial nerve & other nerv syst proc w/o CC/MCC | 0.50% | 19.0 | \$2,823.21 | | | | | | |
| 064 | Intracranial hemorrhage or cerebrai Infarction w MCC | 0.50% | 8.0 | 1 \$2,185.17 | | | | | | |
| 075 | Viral meningitis w CC/MCC | 1.00% | 15.0 | 2 \$2,370.34 | | | | | | |
| 083 | Traumatic stupor & coma, coma >1 hr w CC | 0.50% | 12.0 | 1 \$3,375.45 | | | | | | |
| 084 | Traumatic stupor & coma, coma >1 hr w/o CC/MCC | 0.50% | 6.0 | 1 \$2,473.72 | | | | | | |
| 085 | Traumatic stupor & coma, coma <1 hr w MCC | 0.50% | 6.0 | 1 \$2,497.96 | | | | | | |
| 087 | Traumatic stupor & coma, coma <1 hr w/o CC/MCC | 0.50% | 19.0 | \$3,205.63 | | | | | | |
| 094 | Bacterial & tuberculous infections of nervous system w MCC | 0.50% | 11.0 | 1 \$1,735.55 | | | | | | |
| 099 | Non-bacterial infect of nervous sys exc viral meningits w/o CC/MCC | 0.50% | 3.0 | 1 \$3,900.91 | | | | | | |
| 100 | Selzures w MCC | 1.00% | 2.0 | 2 \$2,549.66 | 1 \$2,464.70 | ç | | | | |
| 102 | Headaches w MCC | 0.50% | 3.0 | \$1,658.68 | | | | | | |
| 114 | Orbital procedures w/o CC/MCC | 0.50% | 1.0 | 1 \$1,681.53 | 1 \$1,681.53 | | | | | |
| 115 | Extraocular procedures except orbit | 0.50% | 2.0 | \$2,415.96 | \$2,415.96 | | | | | |
| 129 | Major head & neck procedures w CC/MCC or major device | 0.50% | 2.0 | \$3,305.50 | 1 \$3,305.50 | | | | | |
| 134 | Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC | 1.00% | 16.5 | 2 \$3,904.21 | | | | | | |
| 135 | Sinus & mastold procedures w CC/MCC | 0.50% | 14.0 | 1 \$2,521.13 | | | | | | |

System: Trainer

Contains information on all encounters by HCFA DRG's.

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Reports C07 Mortality Statistics by Practitioner



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Reports C07 Mortality Statistics by Practitioner

THCIC Report C07: DRG Mortality Statistics by Practitioner (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

NPI #, Doctor's Name

| DRG | Description | Cases | Deaths | Percent | Avg. LOS | Avg. Charges |
|-----|---|-------|--------|---------|-----------------|--------------|
| 057 | Degenerative nervous system disorders w/o MCC | 3 | 0 | 0.00% | 2.6666666666667 | \$77,863.71 |
| 064 | Intracranial hemorrhage or cerebral infarction w MCC | 4 | 0 | 0.00% | 4.0 | \$95,969.12 |
| 065 | Intracranial hemorrhage or cerebral infarction w CC | 1 | 0 | 0.00% | 3.0 | \$67,785.00 |
| 066 | Intracranial hemorrhage or cerebral infarction w/o CC/MCC | 2 | 0 | 0.00% | 1.5 | \$54,381.78 |
| 073 | 3 Cranial & peripheral nerve disorders w MCC | | 0 | 0.00% | 6.0 | \$123,819.16 |
| 078 | B Hypertensive encephalopathy w CC | | 0 | 0.00% | 5.0 | \$81,412.74 |
| 087 | Traumatic stupor & coma, coma <1 hr w/o CC/MCC | 1 | 0 | 0.00% | 1.0 | \$64,833.33 |
| 101 | Seizures w/o MCC | 1 | 0 | 0.00% | 1.0 | \$63,625.00 |
| 149 | Dysequilibrium | 2 | 0 | 0.00% | 2.5 | \$82,328.73 |
| 151 | Epistaxis w/o MCC | 1 | 0 | 0.00% | 1.0 | \$39,500.00 |
| 153 | Otitis media & URI w/o MCC | 2 | 0 | 0.00% | 1.5 | \$48,218.96 |
| 177 | Respiratory infections & inflammations w MCC | 3 | 0 | 0.00% | 2.6666666666667 | \$80,405.26 |
| 179 | Respiratory infections & inflammations w/o CC/MCC | 1 | 0 | 0.00% | 2.0 | \$72,723.64 |

Most practitioners are interested in this report, but please verify the number of pages before printing. This report can be voluminous.



Reports C08 Patients by Attending Practitioner

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Reports C08 Patients by Attending Practitioner

THCIC Report C08: Patients by Attending Practitioner (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

| Attendin Patient's | g Practitioner: | Doctor's Name | NPI # | | |
|---|--|--|---|--|---|
| PCN: MRN: Race: | THXB1545697912 THM3092976269872 4 White | From: 2008-12 Thru: 2008-12 Eth: 2 Notio | 2-17 Sex: F 2-24 Age: 89 f Hispanic origin LOS: 7 | Attending Practitik Doctor's Name Operating Practitik Admit Type: 1 Medical Emergency | Impl # I3 Accom Chg: \$13,717.00 I8 Ancil Chg: \$13,047.00 Admit Source: 7 Emergency Room |
| Pat Stat: | 51 Hospice/medical faci | ility | | HCFA DRG: 871 Septicemia w/o MV HCFA MDC: 18 Infectious & parasiti | / 98+ hours w MCC c diseases, systemic |
| Princ. DX: Other DX4: Other DX8: | 03819 OTH STAPHYLOCO 2761 HYPOSMOLALITY 2859 ANEMIA NOS 4280 CONGESTIVE HTT | OCC SEPT Other DX1: Other DX5: Other DX9: EAULUNISE Other DX12: | 78009 OTHER ALTER CONSCIOUSNI 5990 URIN TRACT INFECTION NOS 04104 STREPTOCOCCUS GROUP D | S Other DX2: 5849 ACUTE RENAL FAILURE NOS Other DX8: 2639 PROTEIN-CAL MALNUTR NOS Other DX10: 7837 ADULT FAILURE TO THRIVE | Other DX3: 78552 SEPTIC SHOCK Other DX7: 99592 SEVERE SEPSIS Other DX11: 27652 HYPOVOLEMIA |
| Other DX18: Other DX20: Princ, PX: | 7821 NONSPECIF SKIN E V441 GASTROSTOMY ST 3893 VEN CATH NOS | RUPT NEC Other DX17: ATUS Other DX21: Other PX1: | 53011 REFLUX ESOPHAGITIS V4501 CARDIAC PACE IN SITU | Other DX18: 4168 CHR PULMON HEART DIS NEC Other DX22: V5866 LONG-TRM CURRNT ASPIRIN Other PX2- | Other DX19: 2000 SENILE DEMENTIA UNCOMP |
| Other PX4: Other PX8: Other PX12: | | Other PX5: Other PX9: Other PX13: | | Other PX8: Other PX10: Other PX14: | Other PX7: Other PX11: Other PX15: |
| Other PX16: Other PX20: Other PX24: | | Other PX17: Other PX21: | | Other PX18: Other PX22: | Other PX19: Other PX23: |

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Reports C09 Patients by Operating Practitioner



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Reports C09 Patients by Operating Practitioner

THCIC Report C09: Patients by Operating Practitioner (Inpatient) Q4 2014 Report Date: 08-Jul-2015 THCIC ID: 000005 THCIC Trainer

Operating Practitioner: Operating Practitioner's Name

| Patient's | s Name | | | - | | | |
|-------------|------------------------|-----------------------------|--------------------|---------------|---------------------------------|-------------------|--------------------------------|
| PCN: | THGC1711757 | From: 2008-10-08 | Sex: R | Attending F | Practiti Doctor's Name | NPI # | Accom Chg: \$1,525.00 |
| MRN: | THM364631883476 | Thru: 2008-10-09 | Age: 84 | Operating F | Practitioner: Unassigned | | Ancil Chg: \$6,037.00 |
| Race: | 4 White | Eth: 2 Not of Hispanic orig | jin LOS: 1 | ŀ | Admit Type: 1 Medical Emergency | Admit Source | e: 7 Emergency Room |
| Pat Stat: | 04 Dischg/xfer to ICF | | | i H | ICFA DRG: 282 Acute myocardial | infarction, disc | harged al |
| | | | | н | ICFA MDC: 05 Diseases & disorde | ers of the circul | atory sy |
| Princ. DX: | 41071 INIT SUBENDO MI | Other DX1: 41071 INIT SU | IBENDO MI | Other DX2: | 42731 ATRIAL FIBRILLATION | Other DX3: | 4280 CONGESTIVE HRT FAIL UNSP |
| Other DX4: | 4019 HYPERTENSION NOS | Other DX5: 2724 HYPERL | IPIDEMIA NEC/NOS | Other DX8: | 3310 ALZHEIMER'S DISEASE | Other DX7: | 29410 DMNTIA CLAS ELSE W/O BEH |
| Other DX8: | 34590 EPILEPSY, UNSPEC | Other DX9: V5861 LONG- | TERM ANTICOAGULANT | S Other DX10: | V1046 HX-PROSTATIC MALIGNANCY | (| |
| Princ. PX: | | Other PX1: | | Other PX2: | | Other PX3: | |
| Other PX4: | | Other PX5: | | Other PX8: | | Other PX7: | |
| Other PX8: | | Other PX9: | | Other PX10: | | Other PX11: | |
| Other PX12: | | Other PX13: | | Other PX14: | | Other PX15: | |
| Other PX16: | | Other PX17: | | Other PX18: | | Other PX19: | |
| Other PX20: | | Other PX21: | | Other PX22: | | Other PX23: | |
| Other PX24: | | | | | | | |
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Reports CI0 Claim Count for Ist Physician

THCIC Claim Count for 1st Phys Report (Inpatient) 01/01/2015 thru 06/28/2015 Report Date: 28-Aug-2015 THCIC ID: 000004 MB - THCIC

Claim Count for First Physician

| Name | License Number | Count |
|-------------------|----------------|-------|
| Fake, Doctor 1 | 1111111111 | 98 |
| Fake, Doctor 2 | 1111111112 | 121 |
| Fake, Doctor 3 | 1111111113 | 1 |
| Fake, Doctor 4 | 1111111114 | 97 |
| Fake, Doctor 5 | 111111115 | 120 |
| Fake, Doctor 6 | 1111111116 | 113 |
| Fake, Doctor 7 | 1111111117 | 122 |
| Total Claim Count | | 672 |





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Reports CII Claim Count for 2nd Physician



THCIC Claim Count for 2nd Phys Report (Inpatient) 01/01/2015 thru 06/28/2015 Report Date: 28-Aug-2015 THCIC ID: 000004 MB - THCIC

Claim Count for Second Physician

| Name | License Number | Count |
|-------------------|----------------|-------|
| Fake, Doctor 8 | 0111111108 | 98 |
| Fake, Doctor 9 | 0111111109 | 121 |
| Fake, Doctor 10 | 0111111110 | 1 |
| Fake, Doctor 11 | 0111111111 | 97 |
| Fake, Doctor 12 | 0111111112 | 120 |
| Fake, Doctor 13 | 0111111113 | 113 |
| Fake, Doctor 14 | 0111111114 | 122 |
| Total Claim Count | | 672 |



Reports CI2 Certification Error Type List

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Reports CI2 Certification Error Type List

THCIC Error Type List Report (Inpatient) Report Date: 28-Aug-2015 THCIC ID: 000004 MB - THCIC

Error Summary

| Count | Error Code | Error Message |
|-------|------------|--|
| 25 | E-610 | Duplicate E-Codes |
| 6 | E-637 | Invalid Patient SSN |
| 105 | E-652 | Admission Type = Newborn and Principal Diagnosis Not = Newborn |
| 21 | E-657 | Invalid Facility Type Code |
| 2 | E-729 | Missing Patient City |



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| Reports | Certification | | | | | |
| 2020 1st Quarter Inpatient | 2020 1st Quarter Inpatie | ent 135 Encounters | | | | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner 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 or patients or physicians. All comments will be released with the certified data. Comments | | | | | |
| Processing Reports DRG Errors Duplicate Encounters Encounter Errors Encounter Warnings | You may call the help desk ar | nd arrange to regenerate and c | orrect your facility's data, if needed. | | | |
| Frequency of Encounter Errors Hardcopy Encounter Error Summary Practitioner Errors encourt | ght processing renter build proces | esult reports de s. | escribe the results of the | | | |
| | | | | | | |

Processing Reports DRG Errors



| Home Claims Claim Correction R | eports Data Mgmt | Certification | Batches Helj | system13 |
|---|--------------------|--------------------------|----------------------|---|
| THCIC Support Center | | | тнсіс | User Management My Account Logout |
| | | | | |
| | | | | |
| Back to Certification Set List | | | | |
| Reports | Certifica | ation | | |
| 2020 1st Quarter Inpatient | 2020 1st Quart | ter Inpatient 135 I | Encounters | |
| 201: Certification Summary | Certifer N | ame | | |
| CO2: Top 30 HCFA Diagnosis Related Groups CO3: Top 30 APR Diagnosis Related Groups | Tiffany Overtor | 1 | | HEDATE CERTIFIED NAME |
| C04: Top 30 Principal Diagnoses | You may cortify w | our data with or witho | ut commonts | OF DATE CERTIFIER NAME |
| C05: Top 30 Principal Procedures C06: HCEA Diagnosis Related Groups | If your data conta | ains errors or you elect | t not to certify you | must provide an evplanation using the comments area |
| C07: DRG Mortality Statistics by Practitioner | To maintain confi | dentiality, comments | must not divulge p | protected health information (PHI), such as the identity of |
| C08: Patients by Attending Practitioner | patients or physic | cians. All comments wi | ill be released with | the certified data. |
| C10: Claim Count for 1st Physician | Comment | S | | |
| C11: Claim Count for 2nd Physician | | | | |
| cr2: Certification Error Type List | | | | |
| Processing Reports | | | | |
| Toccosing Reports | | | | |
| | A . | | | |
| DRG Errors | | | | |
| Encounter Errors | You may call the r | neip desk and arrange | to regenerate and | G correct your facility's data, if needed. |
| Encounter Errors | | | ELECT NOT | TO CERTIFY CERTIFY |
| Frequency of Encounter Errors | | | | |
| Hardcopy Encounter Error Summary | | | | |
| | | | | |



Processing Reports DRG Errors

DRG Error Report Report Date: Date Report Was Ran THCID ID: 000005 System13 QA 2

| TEXAS | HEALTH CARE | INFORMATION | COLLECTION |
|-------|-------------|-------------|------------|
| | DRG ER | ROR REPORT | |
| | 4th Qu | arter 2008 | |

System13 QA 2 THCIC: 000002 ENCOUNTER BUILT DATE: 20091214

- Error Code Legend 01 = Diagnosis code cannot be used as principle Dx (valid as of Grouper Version 8.0) 02 = Record does not meet criteria for DRG
- 03 = Invalid Age
- 04 = Invalid Sex
- 05 Invalid Discharge Disposition
- 06 Invalid Birth Weight (APR ERROR ONLY)
- 09 Invalid Discharge Age in Days (APR ERROR ONLY)
- 10 Illogical Principal Diagnosis
- 11 Invalid Principal Diagnosis
- 12 Gestational Age/Birth Weight Conflict (APR ERROR ONLY)

HCFA Grouper Version: 260 APR Grouper Version: 261

| Encounter ID | PCN | MRN | Patient Last Name | Patient First Name | M | Admission | Stmt From | Stmt Thru | Bill Type | APR | HCFA Err |
|--------------|---------------|------------------|----------------------|-----------------------|---|-----------|--------------|--------------|--------------|-----|-------------|
| | | | | | | | | | | | |
| 420080800009 | THA2 | THM59001988843 | SCHWARTZ | YORDAN | L | 20081115 | 20081115 | 20081119 | 111 | 02 | 02 |
| 420080800010 | THA4 | THM3035857081031 | SHEPHERD | RONNIE | | 20081015 | 20081015 | 20081016 | 111 | 03 | 00 |
| 420080800043 | THE144053129 | THM1434865116860 | WALLER | LANE | | 20081022 | 20081022 | 20081024 | 111 | 03 | 00 |
| 420080800249 | THWB12625907 | THM2392706369 | FUENTES | AIZ | R | 20081003 | 20081003 | 20081005 | 111 | 03 | 00 |
| 420080800273 | THY1124383628 | THM59933819 | GAINES | CHANCE | R | 20081005 | 20081005 | 20081008 | 111 | 11 | 11 |

The "DRG Error Report" identifies any errors that occurred during the assignment of HCFA DRG's and APR-DRG's.

Processing Reports Duplicate Encounters



system13 Claims Help Home **Claim Correction** Reports Data Mgmt Certification Batches THCIC User Management My Account Logout THCIC Support Center CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Inpatient 135 Encounters 2020 1st Quarter Inpatient C01: Certification Summary Certifer Name C02: Top 30 HCFA Diagnosis Related Groups Tiffany Overton C03: Top 30 APR Diagnosis Related Groups **UPDATE CERTIFIER NAME** C04: Top 30 Principal Diagnoses You may certify your data with or without comments. C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C07: DRG Mortality Statistics by Practitioner To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of C08: Patients by Attending Practitioner patients or physicians. All comments will be released with the certified data. C09: Patients by Operating Practitioner Comments C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List **Processing Reports** A **DRG Errors Duplicate Encounters** You may call the help desk and arrange to regenerate and correct your facility's data, if needed. **Encounter Errors ELECT NOT TO CERTIFY** CERTIFY **Encounter Warnings** Frequency of Encounter Errors Hardcopy Encounter Error Summary Practitioner Errors

Processing Reports Duplicate Encounters



Duplicate Encounters Report Report Date: Date Report Was Ran THCID ID: 000005 System13 QA 2

Texas Health Care Information Collection Duplicated Encounters Summary Report Date: 14-Dec-2009

THCIC# 000002 System13 QA 2

| E | | | | | | | | | | | | | | | STMT | STMT |
|---|-----------|-------|---------|-----|-----|----|-------|----|---------|--------|----|--------|--------|----------|----------|----------|
| R | ENCOUNTER | LAS | T NAME | | | 3 | BIRTH | | PATIE | TT . | | MEDI | CAL | ADMIT | FROM | THRU |
| R | ID | | ða: | 5 | SAN | | DATE | | CONTROL | NUMBER | | RECORD | NUMBER | DATE | DATE | DATE |
| | | FIRST | INITIAL | 1.1 | | 11 | | 11 | | | 11 | | | YYYYMMDD | YYYYMMDD | YYYYMMDD |
| | | | | | | | | | | | | | | | | |

NO DUPLICATE OF CROSS-OVER ENCOUNTERS DETECTED.

The "Duplicate Report" will list duplicate claim errors that have occurred. If a facility has duplicate claim errors, these errors should be corrected.

Processing Reports Encounter Errors



| Home Claims Claim Correction Re | ports 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 Inpatient | 2020 1st Quart | er Inpatient 135 | Encounter | s | | | | | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List Processing Reports | Certifer Na Tiffany Overton You may certify you If your data conta To maintain confice patients or physic Comments | ame our data with or witi ins errors or you ele dentiality, comment ians. All comments S | hout commen ect not to cert s must not div will be release | ts. ify, you m vulge prot ed with the | UPDATE CERTIFIER NAME ust provide an explanation using the comments area. ected health information (PHI), such as the identity of e certified data. | | | | |
| DRG Errors Duplicate Encounters Encounter Errors | You may call the h | You may call the help desk and arrange to regenerate and correct your facility's data, if needed. | | | | | | | |
| Encounter Warnings | | | | | | | | | |
| Frequency of Encounter Errors | | | | | | | | | |
| Hardcopy Encounter Error Summary | | | | | | | | | |
| Practitioner Errors | * | | | | | | | | |





Processing Reports Encounter Errors

Encounter Edit Report Report Date: Date Report Was Ran THCID ID: 000005 System13 QA 2

TH

Texas Health Care Information Collection Encounter Edit Report System13 QA 2

THCIC:000002 Date: 12/14/09

| MedRec# | PatCtrl# | SSN# | Admission | ErrCode |
|---------------------|----------|-----------|-----------|---------|
| THM038603785867 | THA3 | 208205586 | 20081205 | 813 |

The "Encounter Edit Report" lists errors that prevented encounters from being built. Encounters were NOT created for these claims, and errors on this report should be corrected.

Processing Reports Encounter Warnings



system13 Claims **Claim Correction** Certification Help Home Reports Data Mgmt Batches THCIC User Management My Account Logout **THCIC Support Center** CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Inpatient 135 Encounters 2020 1st Quarter Inpatient C01: Certification Summary Certifer Name C02: Top 30 HCFA Diagnosis Related Groups Tiffany Overton C03: Top 30 APR Diagnosis Related Groups **UPDATE CERTIFIER NAME** C04: Top 30 Principal Diagnoses You may certify your data with or without comments. C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C07: DRG Mortality Statistics by Practitioner To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of C08: Patients by Attending Practitioner patients or physicians. All comments will be released with the certified data. C09: Patients by Operating Practitioner Comments C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List **Processing Reports** A **DRG Errors Duplicate Encounters** You may call the help desk and arrange to regenerate and correct your facility's data, if needed. **Encounter Errors ELECT NOT TO CERTIFY** CERTIFY **Encounter Warnings** Frequency of Encounter Errors Hardcopy Encounter Error Summary Practitioner Errors

Processing Reports Encounter Warnings



Encounter Warning Summary Report Report Date: Date Report Was Ran THCID ID: 000005 System13 QA 2

Texas Health Care Information Collection

Encounter Warning Summary Report For 4th. Quarter 2008 Data System13 QA 2 Provider 000002

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

Claims listed on the "Encounter Warning Summary Report" may be in error and if it is in error should be corrected.



| Home Claims Claim Correction Repo | orts Data Mgmt | Certification | Batches Hel | system13 |
|---|--|--|--|---|
| THCIC Support Center CERTIFICATION Back to Certification Set List | | | тнсіс | User Management My Account Logout |
| Reports 2020 1st Quarter Inpatient | Certifica 2020 1st Quart | ation ter Inpatient 135 | Encounters | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List Processing Reports | Certifer N Tiffany Overton You may certify yo If your data conta To maintain confid patients or physic Comment | ame our data with or with ins errors or you ele dentiality, comment ians. All comments o S | nout comments. Act not to certify, you s must not divulge p will be released with | UPDATE CERTIFIER NAME a must provide an explanation using the comments area. protected health information (PHI), such as the identity of the certified data. |
| DRG Errors Duplicate Encounters Encounter Errors Encounter Warnings Frequency of Encounter Errors Hardcopy Encounter Error Summary Practitioner Errors | You may call the h | nelp desk and arrang | ge to regenerate and | d correct your facility's data, if needed. TO CERTIFY CERTIFY |



Frequency of Errors Report (Inpatient) Report Date: Date Report Was Ran THCIC: 0000005

| | alion |
|---|----------------------------|
| Field | Value |
| Claims Period | 01/01/2010 thru 12/31/2012 |
| Discharge Period | 01/05/2010 thru 03/30/2010 |
| Claims Received | 118 |
| Claims Rejected | 0 |
| Claims Processed | 118 |
| Claims In Error w/o Race + Ethnicity Errors | 1 |
| Claims In Error | 3 |
| Fields In Error | 3 |
| Accuracy Rate w/o Race + Ethnicity Errors | 99.15% |
| Accuracy Rate | 97.45% |

Datab Information

Claims By Month

| | 2010 | 2011 | 2012 |
|-----|------|------|------|
| Jan | 36 | 0 | 0 |
| Feb | 42 | 0 | 0 |
| Mar | 40 | 0 | 0 |
| Apr | 0 | 0 | 0 |
| May | 0 | 0 | 0 |
| Jun | 0 | 0 | 0 |
| Jul | 0 | 0 | 0 |
| Aug | 0 | 0 | 0 |
| Sep | 0 | 0 | 0 |
| Oct | 0 | 0 | 0 |
| Nov | 0 | 0 | 0 |
| Dec | 0 | 0 | 0 |

Claims By Bill Type

| Bill Type | Count |
|-------------|-------|
| xx0 | 0 |
| xx1 | 118 |
| xx2 | 0 |
| xx3 | 0 |
| xx4 | 0 |
| xx5 | 0 |
| xx6 | 0 |
| xx7 | 0 |
| xx 8 | 0 |
| xx? | 0 |

This is the first page of the frequency of encounter error report regarding the number of claims received, month received and the bill type.



Frequency of Errors Report (Inpatient) Report Date: Date Report Was Ran THCIC: 0000005

| | - | | | |
|------------------------|-------|------------|------------------|--------|
| Field | Valid | Blank/Zero | Failed / Invalid | Passed |
| Patient control number | 118 | 0 | 0 | 100.0% |
| Patient sex | 118 | 0 | 0 | 100.0% |
| Patient birth date | 118 | 0 | 0 | 100.0% |
| Admission type | 118 | 0 | 0 | 100.0% |
| Admission source | 117 | 0 | 1 | 99.15% |
| Admission date | 118 | 0 | 0 | 100.0% |
| Admission hour | 118 | 0 | 0 | 100.0% |
| Statement from date | 118 | 0 | 0 | 100.0% |
| Statement thru date | 118 | 0 | 0 | 100.0% |
| Patient status | 118 | 0 | 0 | 100.0% |
| Discharge hour | 118 | 0 | 0 | 100.0% |

Errors By Field

Claim Accuracy Rate: 97.45%

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



Frequency of Errors Report (Inpatient) Report Date: Date Report Was Ran THCIC: 0000005

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.

Error Summary

| Count | Error Code | Error Message |
|-------|------------|--------------------------|
| 2 | E-634 | Missing Patient Race |
| 1 | E-655 | Invalid Admission Source |

Page 4 (or it may be more pages it will depend on how many errors the facility's claim encounters have) A complete listing of the error count, error code and error message will be included in the error summary.

Processing Reports Hardcopy Error Report



system13 Help Home Claims **Claim Correction** Reports Data Mgmt Certification Batches THCIC User Management My Account Logout THCIC Support Center CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Inpatient 135 Encounters 2020 1st Quarter Inpatient C01: Certification Summary Certifer Name C02: Top 30 HCFA Diagnosis Related Groups Tiffany Overton C03: Top 30 APR Diagnosis Related Groups **UPDATE CERTIFIER NAME** C04: Top 30 Principal Diagnoses You may certify your data with or without comments. C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C07: DRG Mortality Statistics by Practitioner To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of C08: Patients by Attending Practitioner patients or physicians. All comments will be released with the certified data. C09: Patients by Operating Practitioner Comments C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List **Processing Reports** A **DRG Errors Duplicate Encounters** You may call the help desk and arrange to regenerate and correct your facility's data, if needed. Encounter Errors **ELECT NOT TO CERTIFY** CERTIFY **Encounter Warnings** Frequency of Encounter Errors Hardcopy Encounter Error Summary Practitioner Errors



Processing Reports Hardcopy Error Report

Hardcopy Claims Error Summary Report (Inpatient) Report Date: Date Report Was Ran THCID ID: 000005 System13 QA 2

| | | | | Enter Elec | | | |
|------------------|----------------|-----------|--------|-----------------------|----------------|-------|---------|
| Med. Rec. # | PCN | Discharge | Rec. # | Field | Value of field | Err # | EW |
| THM861341088 | THSF19799359 | 20081001 | | Practitioner Id | 1821160938 | 695 | Warning |
| THM60734596 | THVF164651033 | 20081002 | - | Practitioner Id | 1821160938 | 695 | Warning |
| THM3822809385009 | THMF10518349 | 20081002 | | Practitioner Id | 1821160938 | 695 | Warning |
| THM8196965841791 | THG1412017999 | 20081003 | | Ethnicity | | 635 | Error |
| THM88891334786 | THBG166232501 | 20081003 | | Practitioner Id | 1538136486 | 696 | Warning |
| | | | | Practitioner Id | 1821160938 | 695 | Warning |
| THM134586623 | THA1 | 20081003 | | Practitioner Id | | 689 | Error |
| | | | | Practitioner Id | | 690 | Error |
| THM75089867 | THM11922362 | 20081003 | | Practitioner Id | 1821160938 | 695 | Warning |
| | | | | Birth Date | 20081004 | 632 | Error |
| | | | | Statement Period From | 20080927 | 642 | Error |
| THM6470621132 | THZD1545963443 | 20081003 | | Practitioner Id | 1821160938 | 695 | Warning |
| | | | | | | | |

Error List

Hardcopy error summary report shows every error and warning on each claim.

Processing Reports Practitioner Errors



system13 Home Claims **Claim Correction** Certification Batches Help Reports Data Mgmt THCIC User Management My Account Logout **THCIC Support Center** CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Inpatient 2020 1st Quarter Inpatient 135 Encounters C01: Certification Summary Certifer Name C02: Top 30 HCFA Diagnosis Related Groups Tiffany Overton C03: Top 30 APR Diagnosis Related Groups **UPDATE CERTIFIER NAME** C04: Top 30 Principal Diagnoses You may certify your data with or without comments. C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C07: DRG Mortality Statistics by Practitioner To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of C08: Patients by Attending Practitioner patients or physicians. All comments will be released with the certified data. C09: Patients by Operating Practitioner Comments C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List **Processing Reports DRG Errors Duplicate Encounters** You may call the help desk and arrange to regenerate and correct your facility's data, if needed. Encounter Errors **ELECT NOT TO CERTIFY** CERTIFY **Encounter Warnings** Frequency of Encounter Errors Hardcopy Encounter Error Summary Practitioner Errors

91

Processing Reports Practitioner Errors



Unidentified Physician ID Summary Report Report Date: Date Report Was Ran THCID ID: 000005 System13 QA 2

Texas Health Care Information Collection Unidentified Physician ID Summary Report Date: 14-Dec-2009

THCIC# 000002 System13 QA 2

| | QUAL | | | | | |
|-------------------|------|--------------|--------------|---------------|----|-----------|
| PATIENT CONTROL # | CODE | PHYSICIAN ID | PRACTITIONER | PRACTITIONER | | POSITION |
| | | | Last Name | First Name | MI | |
| | | | 1 | I | 1 | |
| | XX | 1124009063 | NAYAK | , DEVRAJ | U | ATTENDING |
| PCN12345 | XX | 1427036490 | MICHAELS | , LEE | x | ATTENDING |
| | XX | 1912101361 | VANHUSEN | , RUSSELL | Z | OPERATING |
| TH0B1825546 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1821160938 | MARASINGHE | THILINA | | OPERATING |
| THAL | XX | | ELMER | , EDWARD | M | ATTENDING |
| THA2 | XX | 1234567 | DIAZ | , JAIME | A | ATTENDING |
| THA4 | XX | 1093742470 | FRYE | , EMILY | | ATTENDING |
| THAS | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| THAG | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1235237595 | MAXENDE | HECTOR | D | OPERATING |
| THB1110699 | XX | 1962538439 | DIAZ | , JAIME | A | ATTENDING |
| THBB1303990033 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| THBC1443634 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1750329140 | KIZZART | , JEROME | D | OPERATING |
| THBE1302078 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| THBF15778068 | XX | 1962538439 | DIAZ | , JAIME | A | ATTENDING |
| THBG166232501 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1538136486 | HAMMET | , CHRISTOPHER | G | OPERATING |
| THBH128997825 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1851368302 | ELMER | , EDWARD | M | OPERATING |
| THBJ9891086 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| THBK139616563 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| THBK197426639 | XX | 1962538439 | DIAZ | , JAIME | A | ATTENDING |
| THC149652734 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1699740951 | PALAFOX | , MARIA | | OPERATING |
| THCB16606540 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| THCC1760552100 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1821160938 | MARASINGHE | , THILINA | | OPERATING |
| THCD1840658 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| THCF16917399 | XX | 1821160938 | MARASINGHE | , THILINA | | ATTENDING |
| | XX | 1538136486 | HAMMET | CHRISTOPHER | G | OPERATING |

Processing Reports Widow Orphan Claims



| Home Claims Claim Correction R | eports Data Mgmt | Certification Batcl | es Help | system13 |
|---|--|---|--|--|
| THCIC Support Center | | тн | IC | User Management My Account Logout |
| CERTIFICATION A Back to Certification Set List | | | | |
| Reports 2020 1st Quarter Inpatient | Certifica 2020 1st Quart | ation ter Inpatient 135 Encou | nters | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List Processing Reports | Certifer N Tiffany Overton You may certify yo If your data conta To maintain confic patients or physic Comment | ame bur data with or without con ins errors or you elect not t dentiality, comments must n ians. All comments will be r S | nments. o certify, you i ot divulge pro leased with t | UPDATE CERTIFIER NAME must provide an explanation using the comments area. otected health information (PHI), such as the identity of he certified data. |
| Duplicate Encounters Encounter Errors Encounter Warnings Frequency of Encounter Errors Hardcopy Encounter Error Summary Practitioner Errors Widow Orphan Claims | You may call the P | help desk and arrange to re | enerate and o | correct your facility's data, if needed. |



Processing Reports Widow Orphan Claims

Widow Orphan Claims Report Report Date : Date Report Was Ran THCID ID : 000005 System13 QA 2

> Texas Health Care Information Collection Incomplete Encounters and Deleted Claims Report System13 QA 2

Date: 12/14/09

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‡ ErrCode | ‡ InfCode | PatCtrl# | SSN# | Admission | StmtFrom | StmtThru | BillType |
|--------------------|--------------|----------------|-----------|-----------|----------|----------|----------|
| THM1660 |)17669676 | THVB1236281831 | 306314456 | 20081213 | 20081213 | 20081217 | 116 |
| 014 | | | | Page 1 | | | |

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



| Home Claims Claim Correction Repo | orts Data Mgmt | Certification | Batches Help | system13 |
|---|--|---|---|---|
| THCIC Support Center | | | тнсіс | User Management My Account Logout |
| CERTIFICATION Back to Certification Set List | | | | |
| Reports | Certific | ation | | |
| 2020 1st Quarter Inpatient | 2020 1st Quar | ter Inpatient 135 | Encounters | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List | Certifer N Tiffany Overtor You may certify you If your data conta To maintain confi patients or physic Comment | ame our data with or with ins errors or you ele dentiality, comment cians. All comments S | hout comments. ect not to certify, you s must not divulge pr will be released with t | UPDATE CERTIFIER NAME must provide an explanation using the comments area. otected health information (PHI), such as the identity of the certified data. |
| Processing Reports | v | | | |
| Certification Data File REQUEST CERT. DATA FILE | You may call the l | help desk and arran | ge to regenerate and | correct your facility's data, if needed. |



<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.

BE AWARE 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, <u>ANYONE</u> with access to the provider login/ password 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 | Reports | Data Mgmt | Certification | Batches | system13 Making technology your best friend. | |
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| 2020 1st Quarter Inpat | tient | | 2020 1st Quart | er Inpatient 13 | Encounters | | |
| C01: Certification Summary C02: Top 30 HCFA Diagnosis C03: Top 30 APR Diagnosis C04: Top 30 Principal Diagn C05: Top 30 Principal Procee C06: HCFA Diagnosis Relate C07: DRG Mortality Statistic C08: Patients by Attending I C09: Patients by Operating C10: Claim Count for 1st Ph C11: Claim Count for 1st Ph C12: Certification Error Type Processing Reports | s Related Groups Related Groups loses dures ed Groups is by Practitioner Practitioner Practitioner hysician hysician e List | | 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 | | | | |
| Certification Data File REQUEST CERT. DATA FILE Certification file download Data This capability will allow a facility of the containing the quarterly certification of a download able file containing the quarterly certification data for a given quarter. This file will be available as long as the quarter's certification data is accessible for viewing via the system's certification page. | | | | | | capability will allow a facility to ble file containing the en quarter. This file will be tification data is accessible for page. | |



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svstem13 Claims Claim Correction Reports Data Mgmt Certification Batches Help Home THCIC User Management My Account Logout THCIC Support Center CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Inpatient 2020 1st Quarter Inpatient 135 Encounters C01: Certification Summary Certifer Name C02: Top 30 HCFA Diagnosis Related Groups Tiffany Overton C03: Top 30 APR Diagnosis Related Groups UPDATE CERTIFIER NAME C04: Top 30 Principal Diagnoses You may certify your data with or without comments. C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C07: DRG Mortality Statistics by Practitioner To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of C08: Patients by Attending Practitioner patients or physicians. All comments will be released with the certified data. C09: Patients by Operating Practitioner Comments C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List **Processing Reports Certification file download** - Click **REQUEST CERT. DATA FILE Certification Data File** to get a download of the quarters encounter files. The file will be in a fixed length format. The data layout will be downloaded **REQUEST CERT. DATA FILE** with the file. This download will allow the facility to analyze the data with software analysis tools of the facilities choice.



system13 Claim Correction **Data Mgmt** THCIC **THCIC Support Center** CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Inpatient 2020 1st Quarter Inpatient 135 Encounters Certifer Name Tiffany Overton UPDATE CERTIFIER NAME P Certification Data Request for 1Q2020 anation using the comments area. nation (PHI), such as the identity of You are requesting that a file be generated for further analysis of this certification data set. To do this analysis, you must use your own software tools. CONTINUE CANCEL **Processing Reports Certification 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











| Home Claims Claim Correction Re | ports Data Mgmt Certificatio | n Batches Help | |
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| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner 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 ou If your data contains errors or you To maintain confidentiality, comm patients or physicians. All comments | r without comments. ou elect not to certify, you mu: ments must not divulge prote ents will be released with the | UPDATE CERTIFIER NAME st provide an explanation using the comments area. cted health information (PHI), such as the identity of certified data. |
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| CERTIFICATION Back to Certification Set List | |
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| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner 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. Comments |
| Processing Reports Certification Data File | You may call the help desk and arrange to regenerate and correct your facility's data, if needed. |



| Home Claims Claim Correction Reports Data | Mgmt Certification | Batches Help | system13 Making technology your best friend | | | | |
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| C09: Patients by Attending | | TH000028_1q20_INPAT_REV.TXT | Text Document | 2 | KB No | 26 | |
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| Downloads | | | | | | | |
| RETRIEVE CERT. DAT. 📲 Galaxy S8+ | Your file containing the Certification Data (in a fixed length format – for saving/processing with your tools) is available for downloading. You must | | | | | | |
| J Music | | | | | | | |
| Note Pictures | | | | | | | |
| Videos | download the file to your computer within 30 days. After 30 days the file will be | | | | | | |
| 🖆 Local Disk (C:) | removed and there will be a fee charged for the regeneration of the file. | | | | | | |
| 👳 CHSShare (\\dshshqhc01.dshs.txn | | | | | | | |
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| 👳 COO apps (\\dshshqhc01.dshs.txn | data. The record structure is located in the CSV file. Please notify anyone using | | | | | | |
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| 4 items | this data of t | his change. | | | | | |
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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.



Changes to Data 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

| Home Claims Claim Correction Rep | orts Data Mgmt Certification | Batches Help | system13 | | |
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| THCIC Support Center | | тнсіс | User Management My Account Logout | | |
| CERTIFICATION Back to Certification Set List | | | | | |
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| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner 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 wit If your data contains errors or you el To maintain confidentiality, comment patients or physicians. All comments Comments | hout comments. ect not to certify, you mu ts must not divulge prote will be released with the | UPDATE CERTIFIER NAME st provide an explanation using the comments area. cted health information (PHI), such as the identity of certified data. | | |
| Processing Reports | • | | | | |
| Certification Data File RETRIEVE CERT. DATA FILE | You may call the help desk and arran | ge to regenerate and cor | rect your facility's data, if needed. | | |

Certification – Update Certifier

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| C01: Certification Summary C02: Top 30 HCFA Diagnosis Related Groups C03: Top 30 APR Diagnosis Related Groups C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups | UPDATE CERTIFIER NAME Iffany 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. | | | | | |
| C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List | The name of the certific THCIC. If there is no facility can certify. If the facility must update this | ier of record will a certifier name, th is certifier is no lo s information with | appear as provided to is must be updated before a onger with the facility, the nTHCIC by completing a | | | |
| Processing Reports | Facility Information Re redirected to the THC | quest. Click upda [.] IC form. | te certifier name to be | | | |
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Update Certifier Name

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| 2020 1st Quarter Inpatient | 2020 1st Quarter Inpatient 135 | Encounters | | | | | | |
| Update Certifier Name If the "Certifier Name" is not accurate, please comp Scan and email the completed form to thcichelp@ Changes to the Certifier Name must go through se business days. IF THE PERSON IDENTIFIED IN THE "CERTIFIER NAM INFORMATION WILL BE MISREPRESENTED! | olete the information on the THCIC Heal dshs.texas.gov. veral points of review for approval. If ap ME" FIELD IS NOT ACCURATE AND YOU OK | th Facility Information R proved, contact informa CERTIFY YOUR DATA WI | equest Form. ation will generally be updated within two THOUT UPDATING THE NAME, THIS | | | | | |
| Certification Data File RETRIEVE CERT. DAT This window wil Health Facility Ir | You may call the help desk and arran I open to update your oformation Request For | certifier inform | mation. Click THCIC | | | | | |
| out and return. | | | | | | | | |



Certification

Certification

2020 1st Quarter Inpatient 135 Encounters

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.



CERTIFY



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. You can only certify without comments if you submitted 100 percent accurate data.
- Certified with comments. Certifies the data is accurate "as is" with comments attached with the release of the data. Comments must be provided if the data was less than 100 percent accurate.



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 Cla | aim Correction | Reports | Data Mgmt | Certification | Batches Hel | system13 |
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| C01: Certification Summary C02: Top 30 HCFA Diagnosis F C03: Top 30 APR Diagnosis Re C04: Top 30 Principal Diagnos C05: Top 30 Principal Procedu C06: HCFA Diagnosis Related C07: DRG Mortality Statistics E C08: Patients by Attending Pra C09: Patients by Operating Pra C10: Claim Count for 1st Phys C11: Claim Count for 2nd Phy. C12: Certification Error Type L | Related Groups elated Groups ses Group by Pra actitio actitio ician sician ist | ew Ce | Certifer Na Tiffany Overton Ou may certify yo rtificatio and review your o | ame ur data with or wit n Report certification reports ок | nout comments. S before you can cor | UPDATE CERTIFIER NAME nation using the comments area. ation (PHI), such as the identity of |
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New Certification Feature



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| C04: Top 30 Principal Diagnoses C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner | Certifi | cation R | eport Do | ownload | an explanation using the comments area. | | | | | |
| C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician | You have re | have requested a certification report. Your report will be available shortly. Generating Certification Report Download | | | | | | | | |
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New Certification Feature



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| C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List Processing Reports | Your repo | t is ready for o | download. WNLOAD | CLOSE | | |
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will be able to certify your data.

Texas Department of State Health Services

TEXAS Health and Human

Certification

2020 1st Quarter Inpatient 135 Encounters

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



Texas Department of State Health Services

TEXAS Health and Human Services

| Certification Batches Help Making technology your best fried THCIC User Management My Account Logo tion r Inpatient 135 Encounters me UPDATE CERTIFIER NAME tify Error explanation using the comments area normation (PHI), such as the identity of |
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Texas Department of State Health Services

TEXAS Health and Human

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| 09: Patients by Operating Practitioner If you | elect not to certify, you need to state th | he reasons using the commer | a. hts area. |
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arrange to regenerate and correct your facility's data, if needed.

Texas Department of State Health Services

TEXAS

Health and Human



TEXAS Health and Human Services Health Services



comment section stating the reason for not certifying the data. ****Elect not** to certify is not a valid statement. After the comments are entered, click elect not to certify again.

Confirmation - Elect Not to Certify

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certify. A confirmation email will also go to the certifier of record.

Confirmation - Elect Not to Certify Email

Wed 6/17/2020 1:50 PM

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

THCIC Inpatient 1Q2020 Data Certification for 000028 [G1]

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 000028, has completed the certification of their Inpatient 102020 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 Inpatient 135 Encounters 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



Click certify to certify the data is accurate "as is".



Certification - Certify



| Home Claims Claim Correction | Reports Data Mgmt Certification | Batches Help | system13 |
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| THCIC Support Center | | тнсіс | User Management My Account Logout |
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| C05: Top 30 Principal Procedures C06: HCFA Diagnosis Related Groups C07: DRG Mortality Statistics by Practitioner C08: Patients by Attending Practitioner C09: Patients by Operating Practitioner | Certify | | wide an explanation using the comments area. health information (PHI), such as the identity of ied data. |
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Certification - Certify



| Home | Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches He | P System13 |
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| Certificati | ion Data Fi VE CERT. D | ATA FILE | ļ | ou may call the h | elp desk and arran | ge to regenerate ar | id correct your facility's data, if needed. |

Confirmation - Certify Email Confirmation

Thu 6/18/2020 3:29 PM

DSHS - Center for Health Statistics <noreply@system13.com> THCIC Inpatient 1Q2020 Data Certification for 000028 [G1] 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 000028, has completed the certification of their Inpatient 1Q2020 data.

Thank you.

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



Certification

2020 1st Quarter Inpatient 135 Encounters

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.

| Home | Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches | Help | system13 |
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Confirmation - Certify With Comments Email Confirmation

Thu 6/18/2020 2:21 PM

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

THCIC Inpatient 1Q2020 Data Certification for 000028 [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 000028, has completed the certification of their Inpatient 1Q2020 data.

Thank you.

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



Certification Completed/ Status



| Home Claims Claim Correction Rep | orts Data Mgmt Certification | Batches Help | |
|--|---|---|--|
| THCIC Support Center | | тнсіс | User Management My Account Logo |
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| DUTPATIENT | | | |
| 020 | When a facility is 'I | Past cut-off da | te for generation of |
| 1st Quarter 3 Events - Certified with Comments VIEW EVENTS | Cert. Data' this me use 'Encounter on start certification b | essage means Demand', whi before it is faci | that the facility cannot ch will allow a facility to ilitated by System13. |
| 019 | When a facility clic | ks Certificatio | on and data has been |
| 4th Quarter No Data | certified, elected no facility will see the by the quarter in q | ot to certify o messages on t uestion. | r failed to certify the the certification page |
| 3rd Quarter | | | |
| Eligible Claims Past cut-off date for generation of Cert. Data. | If a facility wants to regenerate their ce | o change the s ertification file | tatus, correct or es, the facility will have |
| 2nd Quarter No Data | to contact System | 13. | |

Certification Completed/ Activity Dashboard – Grid View



| Home | Claims Claim Correction Reports | s Data Mgmt Certification Batche | Help System13 |
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| | WEB CLAIM ENTRY CORRECT E | RRORS START CERTIFICATION | |
| | SUBMISSION | CERTIFICATION | NEXT DEADLINE 04 2019 CERTIFICATION |
| 04 | No clains are present for this quarter. | no clains de present for ans quarter. | |
| 2019 | | | 140 |
| | Submission due 2 Mar 2020 Correction due 1 May 2020 | Certification due 15 Jul 2020 | 120 |
| | SUBMISSION Outpatient NOV 8 | CERTIFICATION | 100 |
| Q1 | JAN 0 FEB 0 | JAN 1 FEB 0 | 80 |
| 2020 | TOTAL 8 ACCURACY 62% | MAR 1 TOTAL 135 ACCURACY 8% | 60 |
| | Inpatient Data is already built into a certification set. | Certified | 40 |
| | Submission due 1 Jun 2020 Correction due 3 Aug 2020 | Certification due 15 Oct 2020 | 0 |
| | SUBMISSION | CERTIFICATION | Q4 2019 Q2 2020 Q3 2020 Q1 2020 Inpatient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good |
| 00 | No claims are present for this quarter. | No claims are present for this quarter. | |
| 2020 | | | QUICK TIP: Need to update provider or submitter |
| | Submission due 1 Sep 2020 Correction due 1 Nov 2020 | Certification due 15 Jan 2021 | contact information? Forms are available on the Help tab. |

Certification Completed/ Activity Dashboard – List View



| Home Claim | s Claim Correction | n Reports | Data Mgmt | Certification | Batches | Help | | syster | m13 vour best friend. |
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| WEB | CLAIM ENTRY | CORRECT ERRO | RS | RT CERTIFICATION | | | | | |
| Q4 2019 SUBMISSION | <i>No claims are preser</i> Submission due 2 M | nt for this quarter. 1ar 2020 Correct | ion due 1 May 2 | 2020 | | NEXT E Q4 201 | DEADLINE 9 CERTIFIC | ATION | 15 DAYS |
| Q4 2019 certification | No claims are preser Certification due 15 | nt for this quarter. Jul 2020 | | | | Performan | ce History | | |
| Q1 2020 SUBMISSION | NOV 3 JAN 6 FEB 6 MAR 6 TOTAL 3 ACCURACY 6 | Outpatient 8 0 0 0 8 62% | Inpatient Data is alread set. Submission d Correction du | dy built into a certific due 1 Jun 2020 ue 3 Aug 2020 | ration | 120 100 80 | | | |
| Q1 2020 CERTIFICATION | DEC JAN FEB MAR TOTAL ACCURACY | Inpatient 133 1 0 1 135 8% | Inpatient Certified Certification | due 15 Oct 2020 | | 40 20 0Q4 | 2019 Q2 202 | 20 Q3 2020 | Q1 2020 |
| Q2 2020 SUBMISSION | No claims are present for this quarter. Submission due 1 Sep 2020 Correction due 1 Nov 2020 | | | | | QUICK TIP: | | utpatient - Good | spearent, - odu |
| Q2 2020 CERTIFICATION | No claims are preser Certification due 15 | nt for this quarter. Jan 2021 | | | | Need to contact availab | o update pr informatio le on the H | ovider or sul n? Forms are elp tab. | bmitter e |



Help-ful Tips

Certification Information

What does it mean to "certify" the data?

- lt indicates that your facility confirms that:
 - policies and procedures are in place within the facility's processes to validate and assure the accuracy of the data and any corrections submitted; and
 - all errors and omissions known to the facility have been corrected or the facility has provided comments describing the errors and the reasons why they could not be corrected; and
 - to the best of their knowledge and belief, the data submitted accurately represents the facility's administrative status of data for the reporting quarter; and
 - the facility has provided physicians and other health professionals that were reported in the data a reasonable opportunity to review and comment on the data.

If a facility does not certify the data, will it be penalized?

8. No; however, when the data are released, documentation created by THCIC will indicate your facility "Failed to Certify". It would be public interpretation as to what "Failed to Certify" means.

What if facility selects the "Elects Not to Certify" method?

Detailed written justification must be provided in the "comment" area explaining the decision to not certify the data. The written justification will be released to the public.

NOTE: Any certification comment or written justification must NOT reveal the identity of a patient or physician. All certification comments and written justifications will be released to the public.

What happens if a facility misses a certification due date?

There are no extensions to the certification due date.



Certification



Questions, comments or need clarification please e-mail <u>thcichelp@dshs.texas.gov</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- 776-726

E-mail: THCIChelp@dshs.texas.gov

Web site: https://www.dshs.texas.gov/texas-health- care-information-collection



THCIC Contact

Contact Tiffany Overton at 512-776-2352 or
 <u>Tiffany.Overton@dshs.texas.gov</u> if a facility has questions concerning the submission, correction, or certification of data.

- Contact Dee Roes at 512-776-3374 or <u>Dee.Roes@dshs.texas.gov</u> if submitter test/production files reject due to a submission address or EIN/NPI number.
- K For general questions or to request information about THCIC please e-mail to <u>thcichelp@dshs.texas.gov</u>.





System13 Formerly Commonwealth Clinical Systems and Computer Services Contact



Address: System I 3, Inc I 648 State Farm Blvd.

Charlottesville, VA 22911

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Fax: 434-979-1047
E-mail: THClChelp@system13.com
Web site: https://thcic.system13.com