

Texas Department of State Health Services

Inpatient Certification

(Formerly WebCertification)

Revised June 2022

Document #: 25-15002

Inpatient Certification



- *Start Certification Encounter on Demand (EOD)
- Data Reporting Schedule
- *Logging in Certification
- Viewing Older Quarters Data
- **K** Encounter on Demand
- **K**Certification Reports
- **K** Certification File Download
- Certifying Data





Start Certification - System Feature

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

- X Summary Report use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity
- Claim Count for First Physician Report Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.
- Claim Count for Second Physician Report Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information
- K Error Type List Report use this to determine if you have made all possible corrections to your data. if needed.

The 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.





Data Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

Activity	Q4 2021	Q1 2022	Q2 2022	
Cutoff for initial submission	3-1-22	6-1-22	9-1-22	Cutoff for initial submission, date when the data is due in the system
Cutoff for corrections (Free)	5-2-22	8-1-22	11-1-22	Cutoff for corrections, is when the corrections are due by for that quarte
Facilities retrieve certification files	6-1-22	9-1-22	12-1-22	<u>Facilities receive certification files</u> , by this date System13 sends the certification files
Cutoff for corrections at time of certification (Associated Fees)	7-1-22	10-3-22	1-2-23	Cutoff for corrections at the time of certification, due date for changes made to the certification data at the time of certification. Facility must contact System13 by this date to make changes. There will be a fee.
Certification/comments due	7-15-22	10-17-22	1-17-23	Certification/comments due, when the data has to be certified and comments (if any) needed to be inputted into the system.

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.



Certification Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

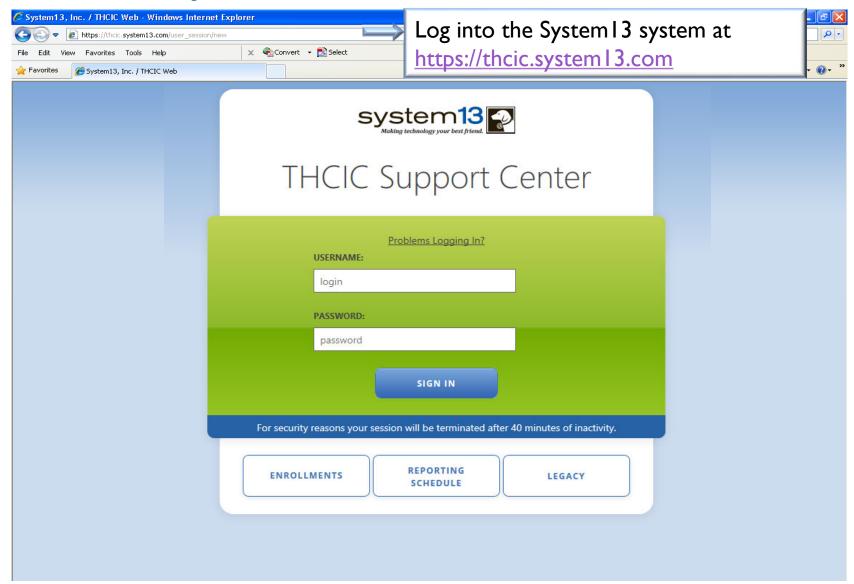
Activity	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023
Cutoff for initial submission	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23	12-1-23
Cutoff for corrections (Free)	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23	11-1-23	2-1-24
Facilities retrieve certification files	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23	12-1-23	3-1-24
**Cutoff for corrections at time of certification (Associated Fees)	7-1-22	10-3-22	1-2-23	4-3-23	7-3-23	10-2-23	1-2-24	4-1-24
Certification/comments due	7-15-22	10-17-22	1-17-23	4-17-23	7-17-23	10-16-23	1-16-24	4-15-24

If changes are to be made to the data after the cutoff for corrections, System 13 will assess a fee.

^{**} Please note, cutoff for corrections at the time of certification is for facilities that make changes to their data at the time of certification. A fee will be assessed through System 13 to make these changes to data at certification.

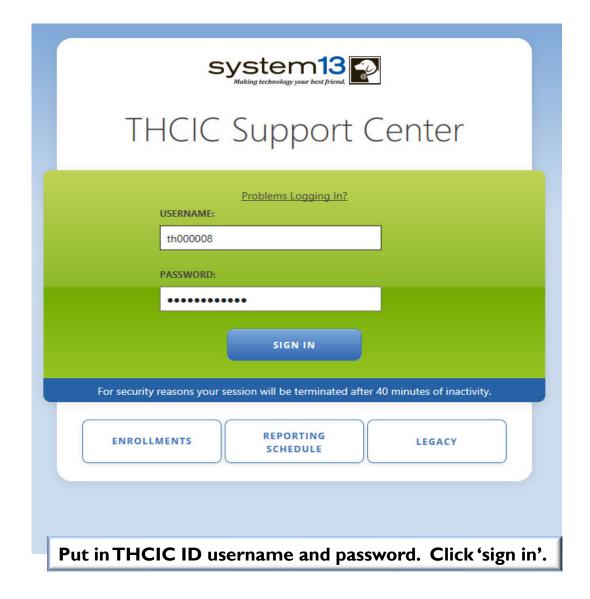


THCIC System



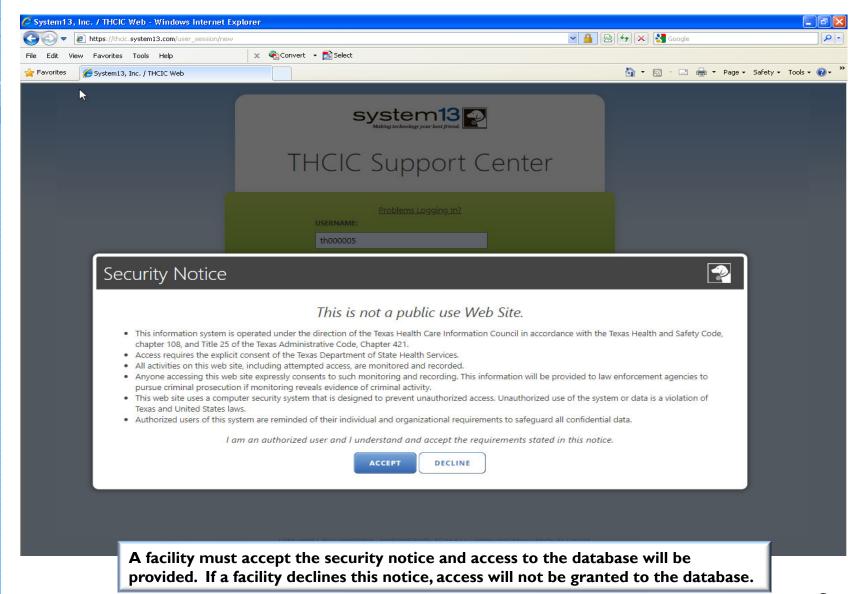


Log In the System as a Provider





Security Notice

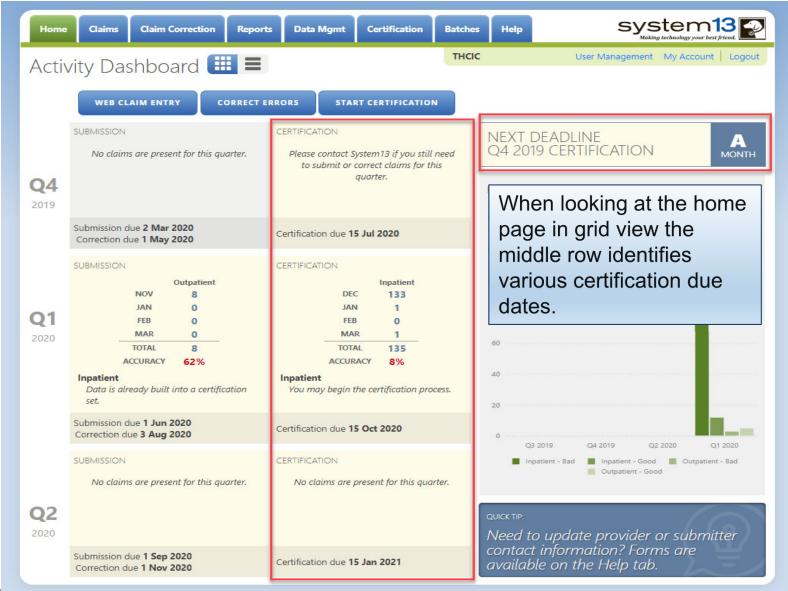


New Provider Dashboard

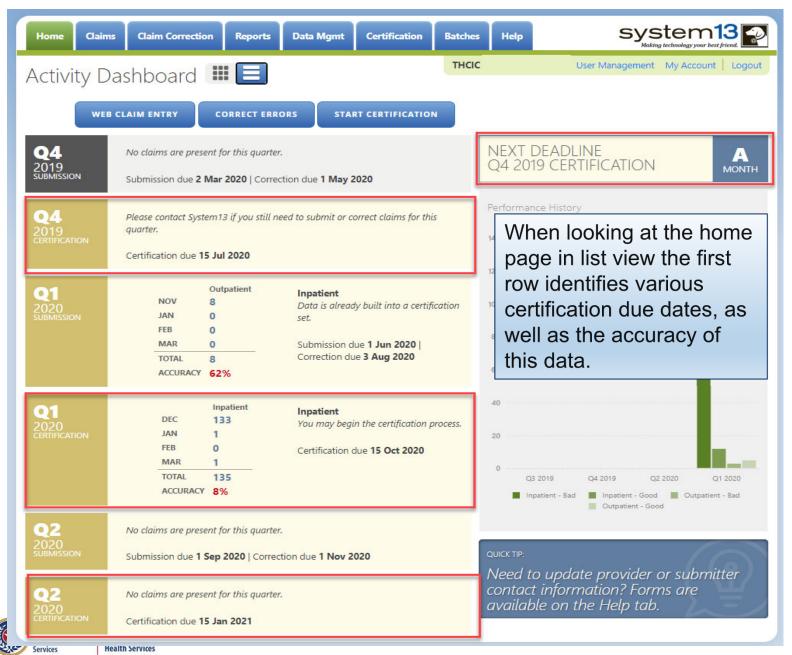
- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.
- A graph of historical clam counts and a section with helpful tips.
- The dashboard also provides key deadlines broken down by quarter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



Certification/ Start Certification — Grid View



Certification/ Start Certification - List View





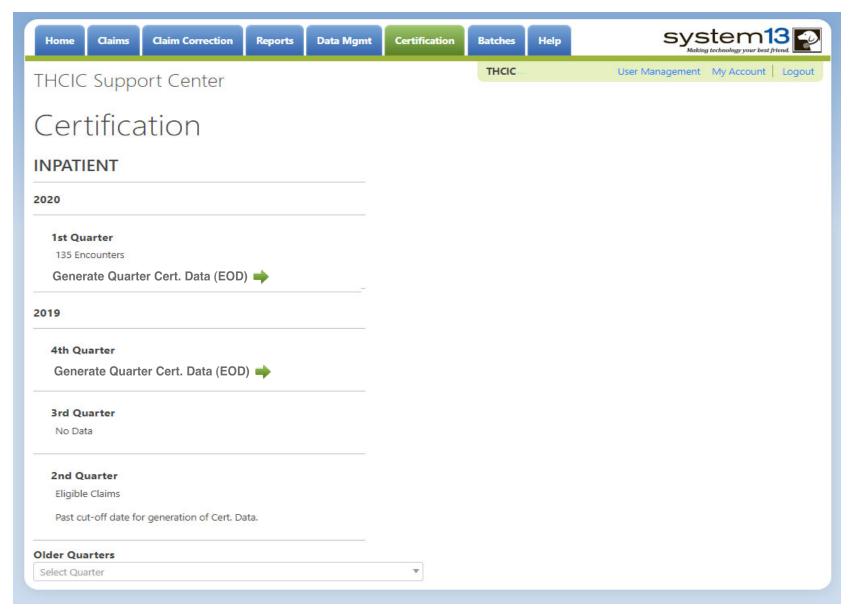
Go to Certification



The user can go to Certification by the provider tab or by the activity dashboard icon start certification



Opening Certification



Generate Quarter Cert. Data (EOD) is the ability for facilities to generate quarterly certification data after the quarter has ended.

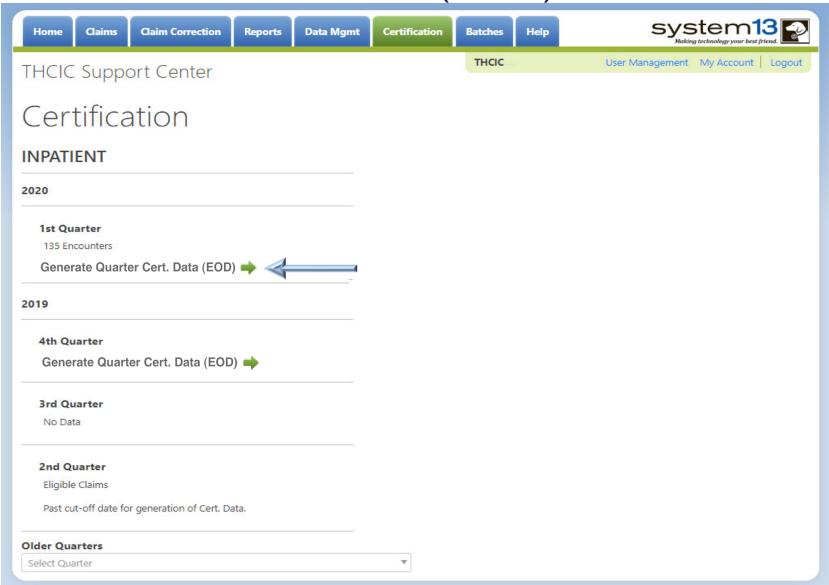
Facilities will be able to generate their quarterly certification data and the corresponding certification data reports from the time a quarter ends (example: 2q15 ends June 30, 2015.) A facility can generate the certification files for this time through the end of the corrections period for that quarter.

<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 System I 3 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) 🗼

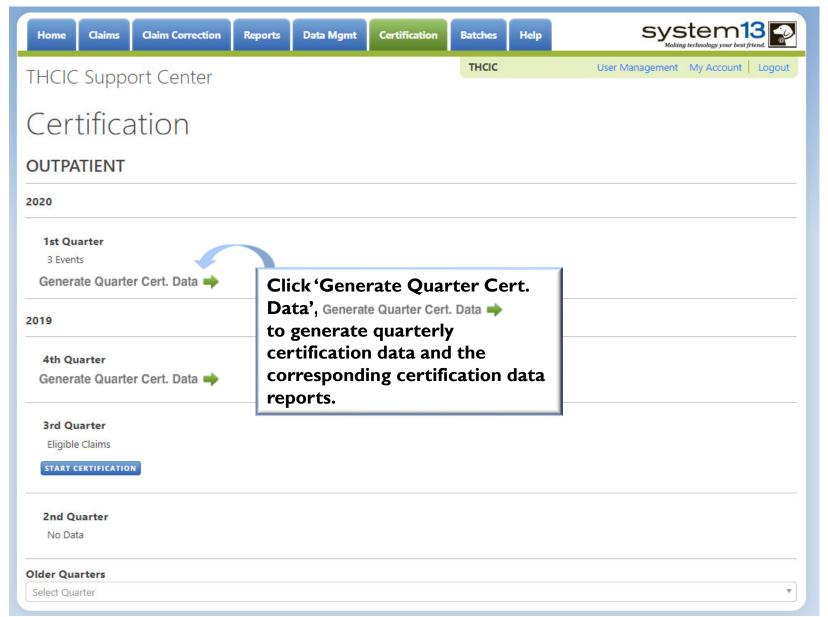


Encounter on Demand (EOD) Generate Quarter Cert. Data (EOD)



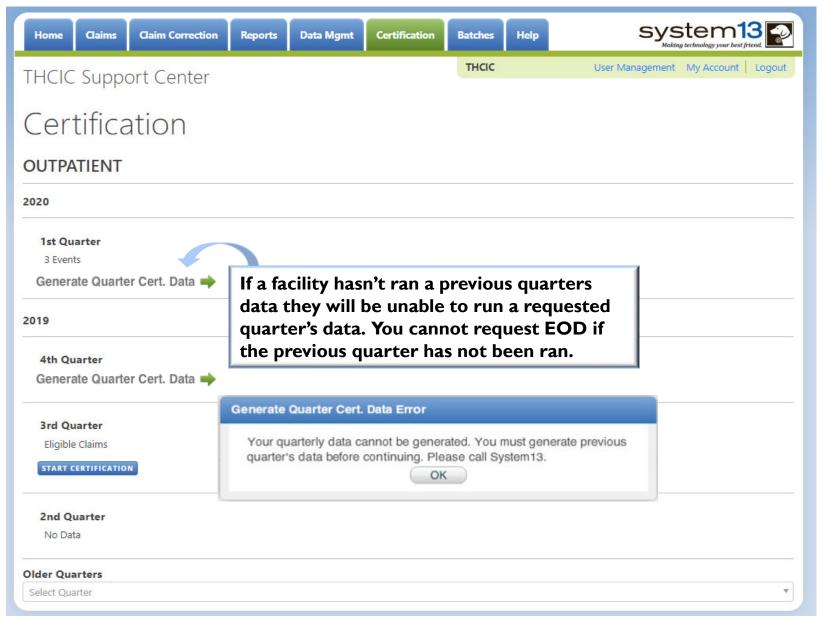


Generate Quarter Cert. Data -



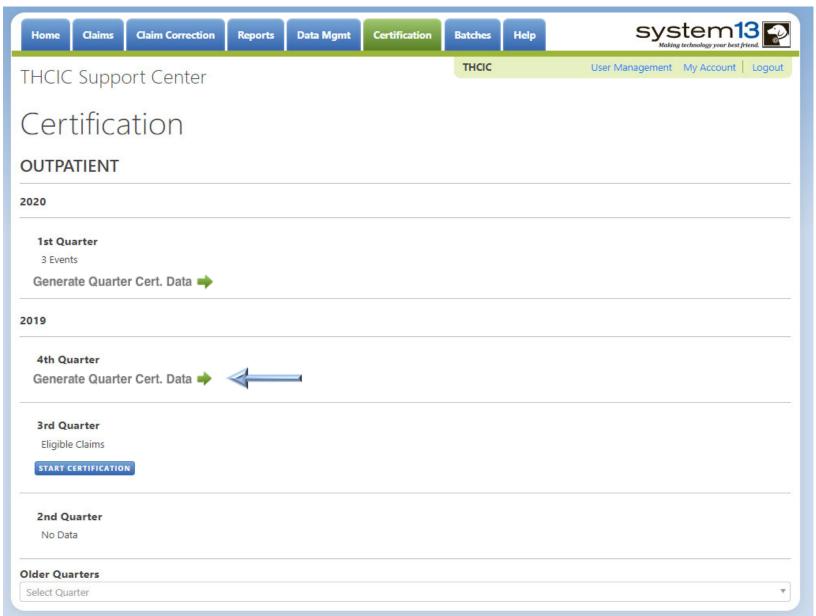


Generate Quarter Cert. Data -





Generate Quarter Cert. Data -





Generate Quarter Cert. Data =





Certification

Quarter A	nalysis										
Month	Total	хх0	xx1	xx2	ххЗ	xx4	xx5	хх6	хх7	xx8	???
Oct	0	0	0	0	0	0	0	0	0	0	0
Nov	0	0	0	0	0	0	0	0	0	0	0
Dec	0	0	0	0	0	0	0	0	0	0	0
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

Quarter Comparison			
Qtr	Total		
1q15	234		
4q14	430		
3q14	321		

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.

Do you wish to continue? Yes No





Print Data Analysis Report



Generate Quarter Cert. Data 🛶



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

Tab within 72 hos months of Feb, M	ata will be available under the Certification urs. Delays may be experienced during the lay, Aug and Nov. An email will be sent to ontact indicating that the data is available.

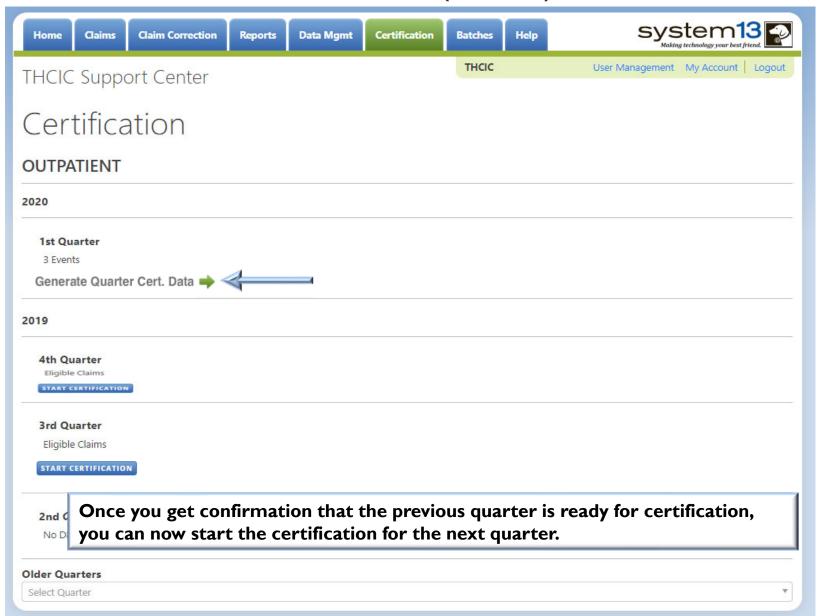
This is the facility's final message, an email will be sent to the Provider Primary Contact/Data Administrator when the data is available for certification, within 3 business days. The screen will show generation in progress. Once available it will show start certification.



Texas Department of State Health Services

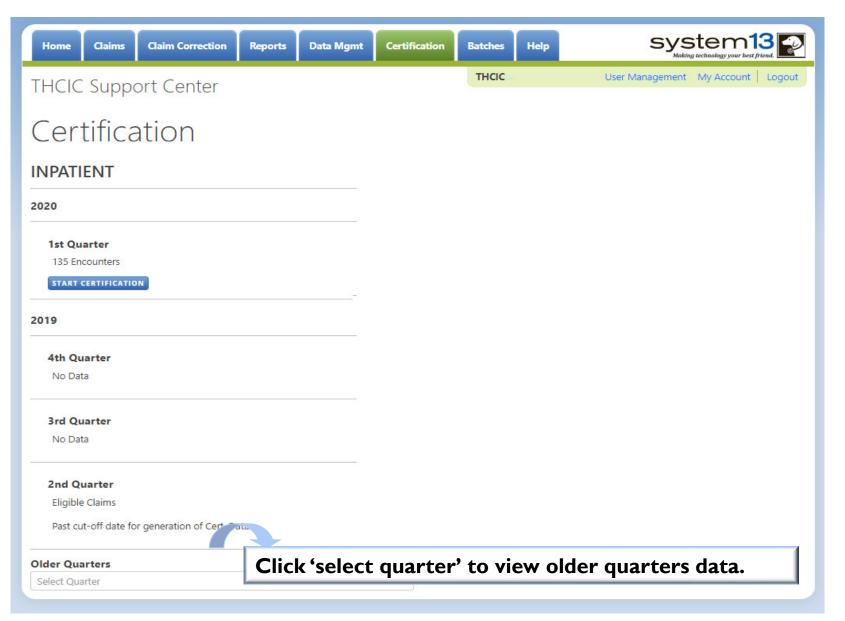
Encounter on Demand (EOD)

Generate Quarter Cert. Data 🛶



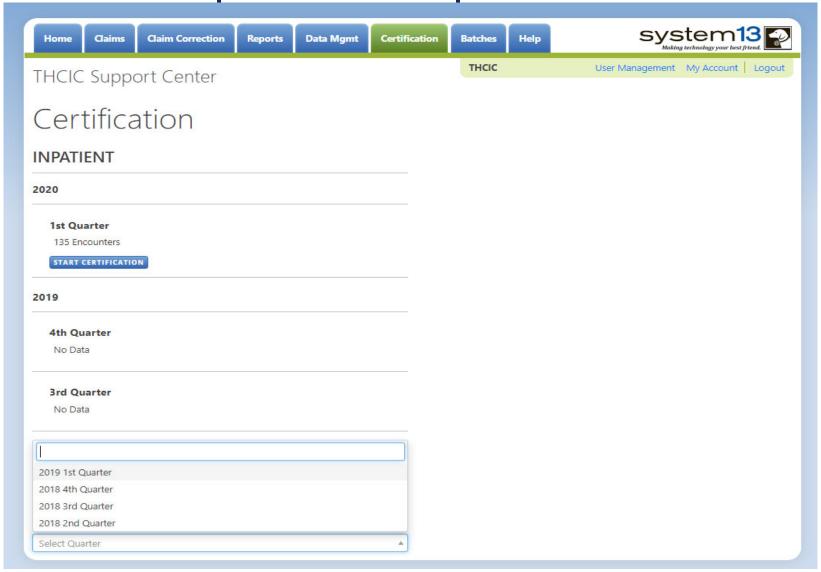


Older Quarters Data

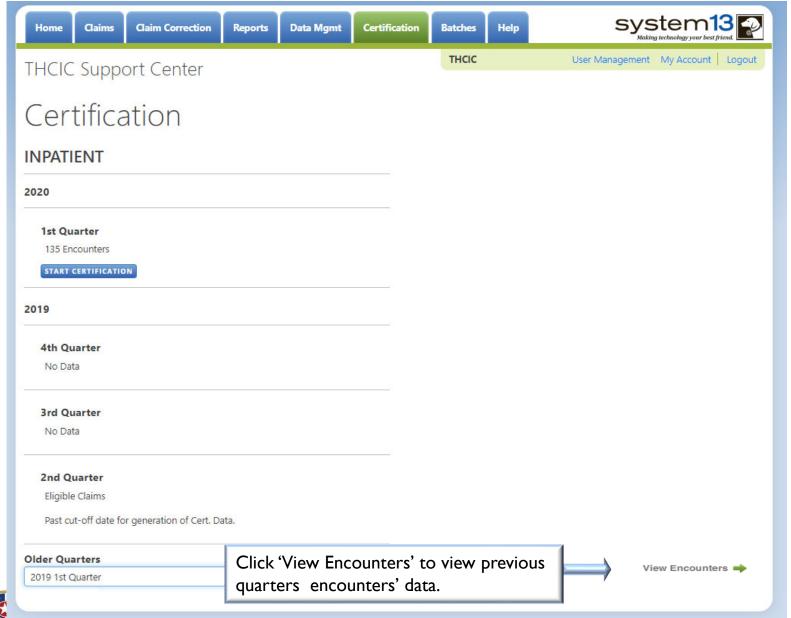




Select the quarter of requested data for...

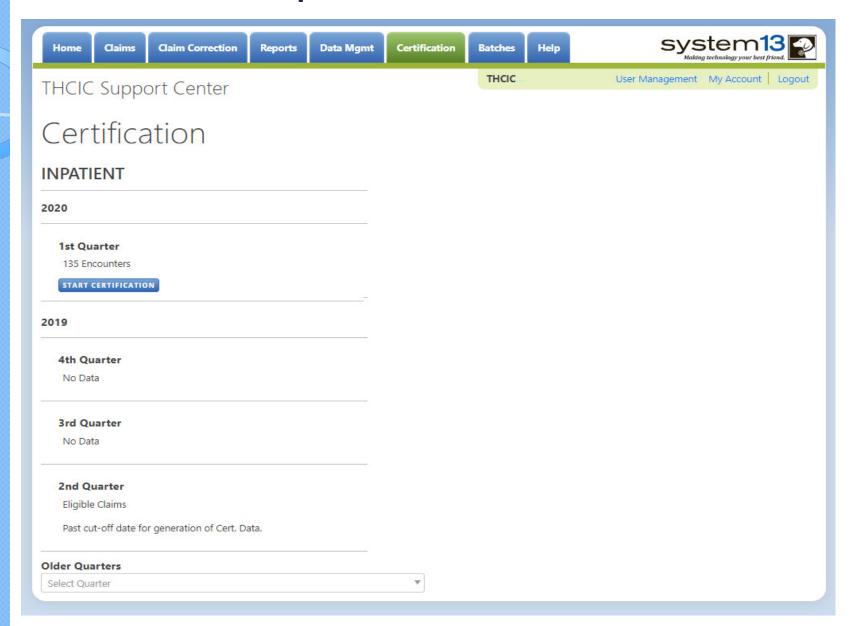


View Encounters for Older Quarters



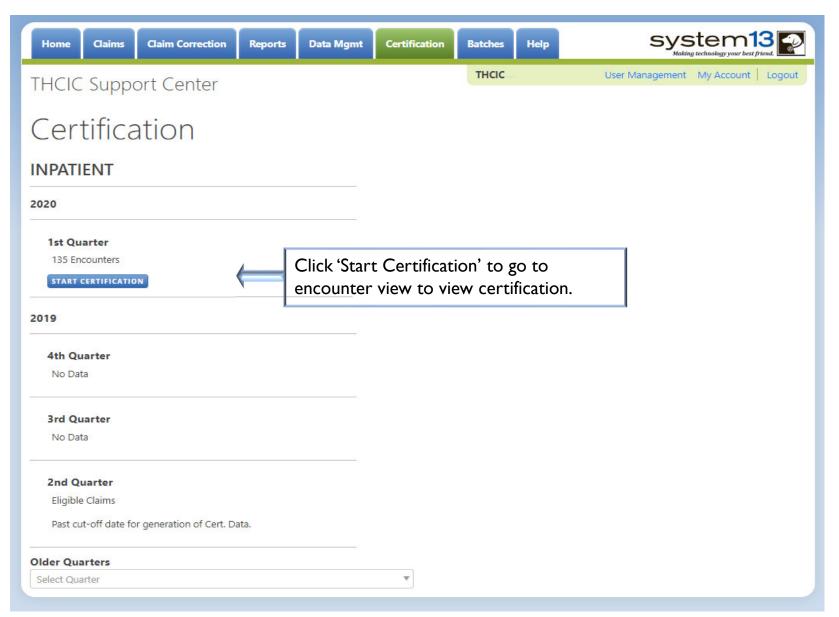


Certification Inpatient



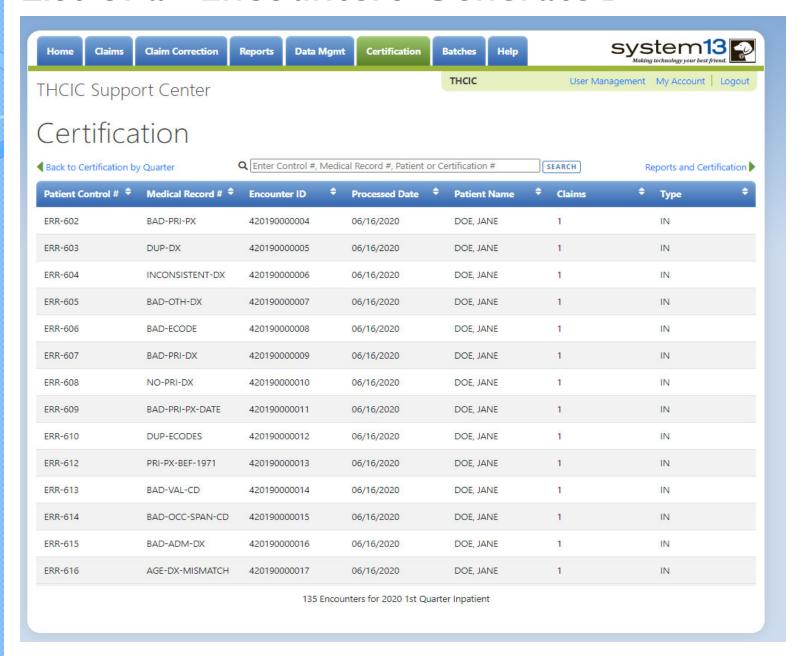


Start Certification





List of all Encounters Generated





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.

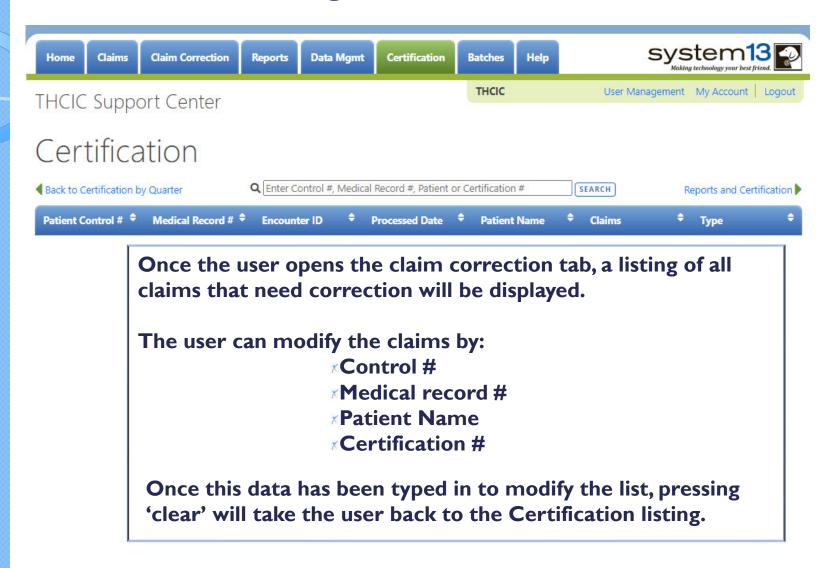


The search feature to search your claim listing is also available.

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

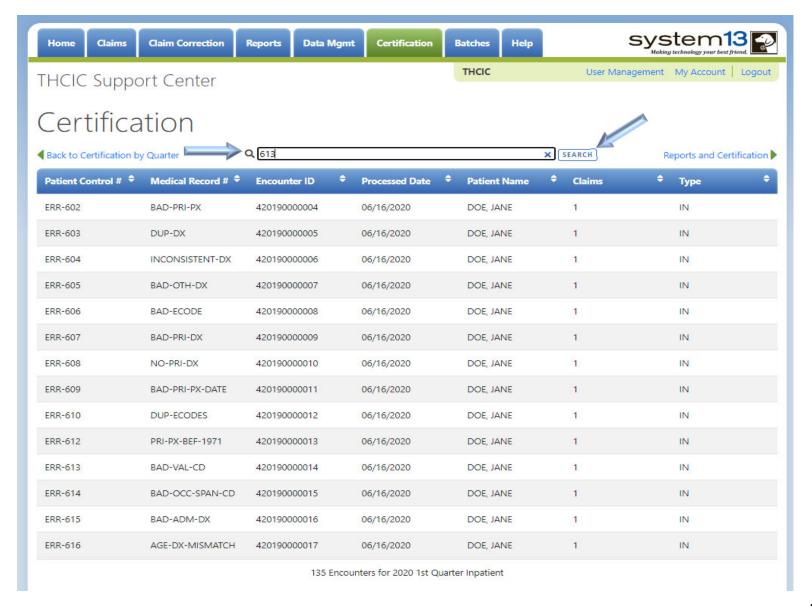


Search for Listing for Claims





Type in search criteria. Click search.





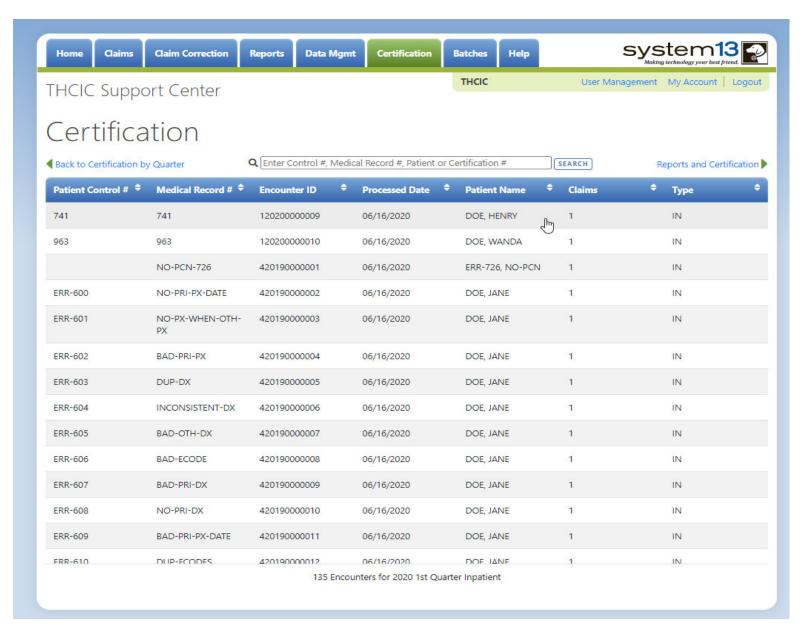
Modified Search





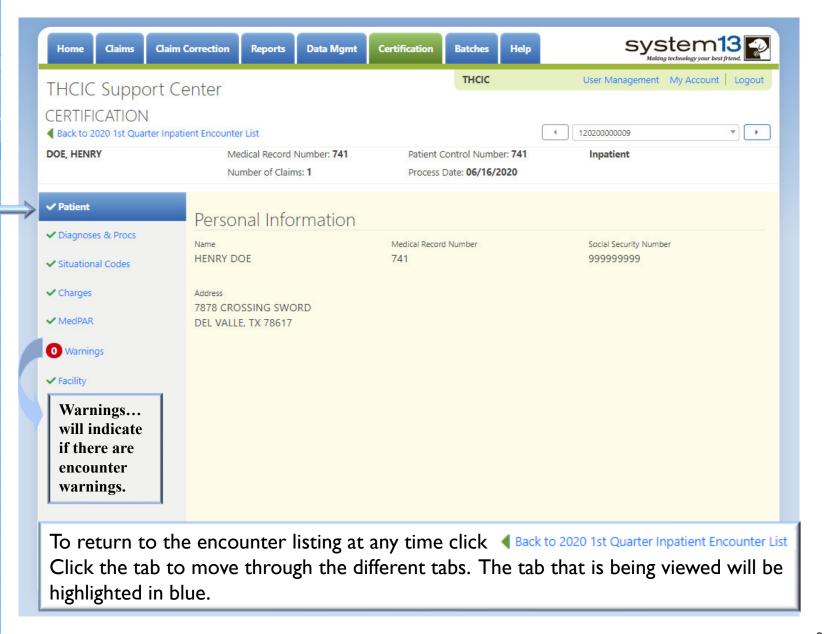






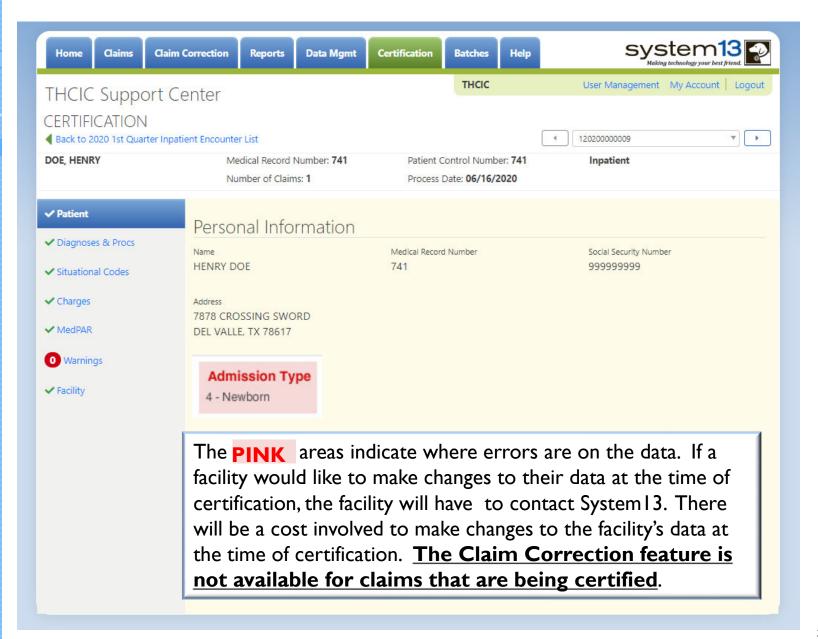




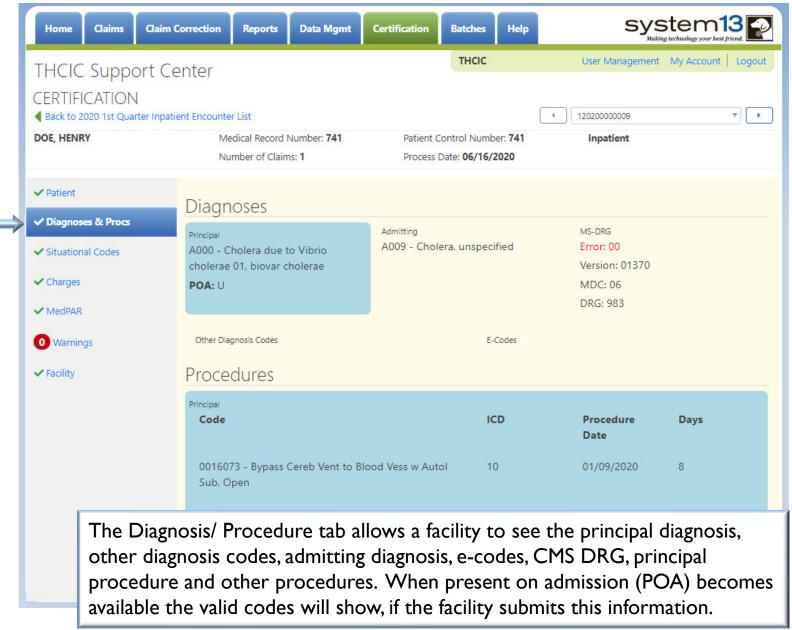




Encounter View – Claim Errors

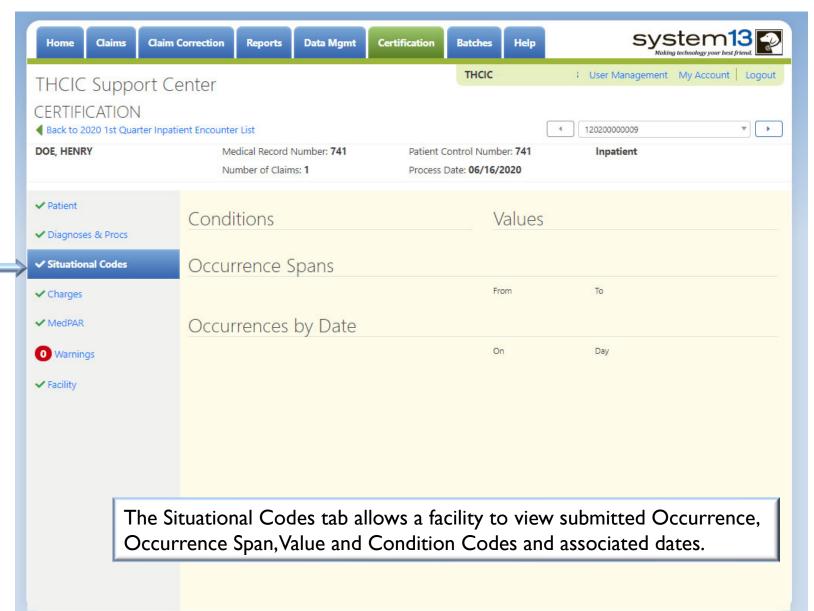


Encounter View – Diagnosis/Procedure



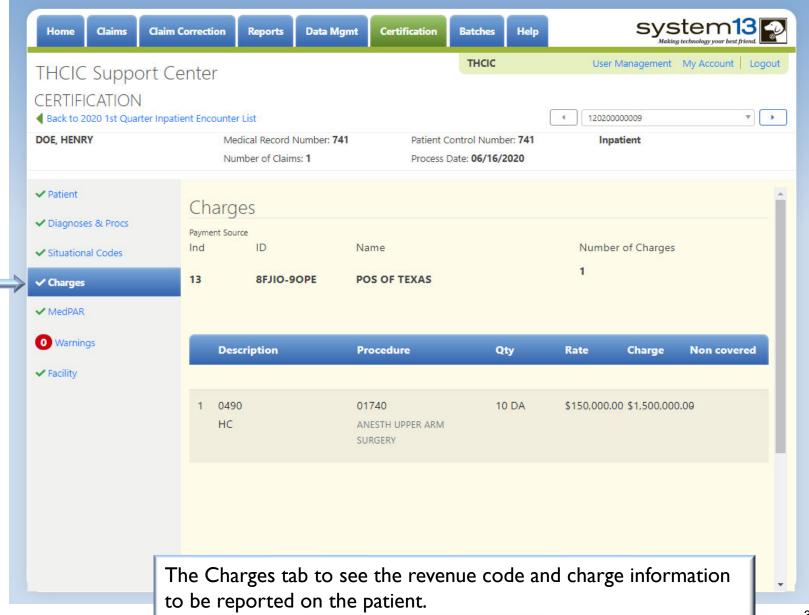


Encounter View - Situational Codes



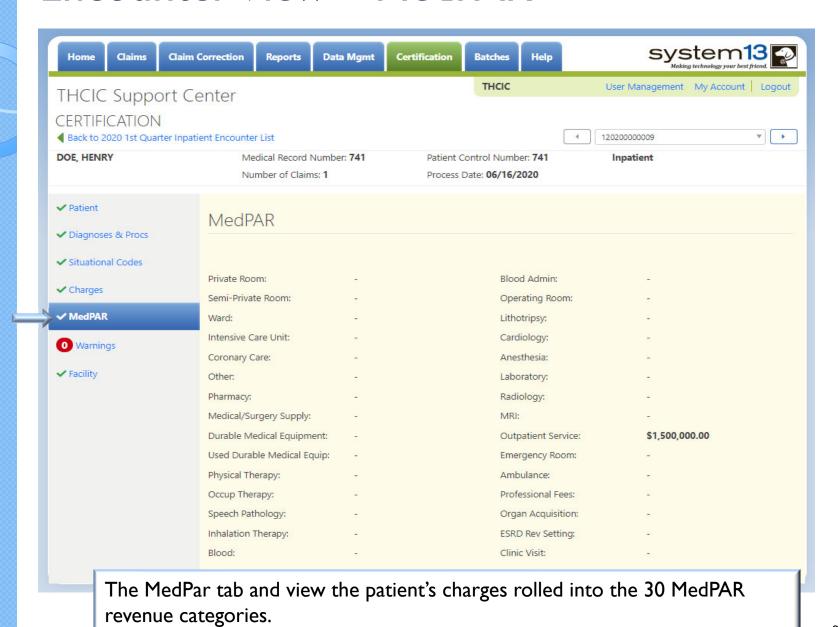


Encounter View – Charges



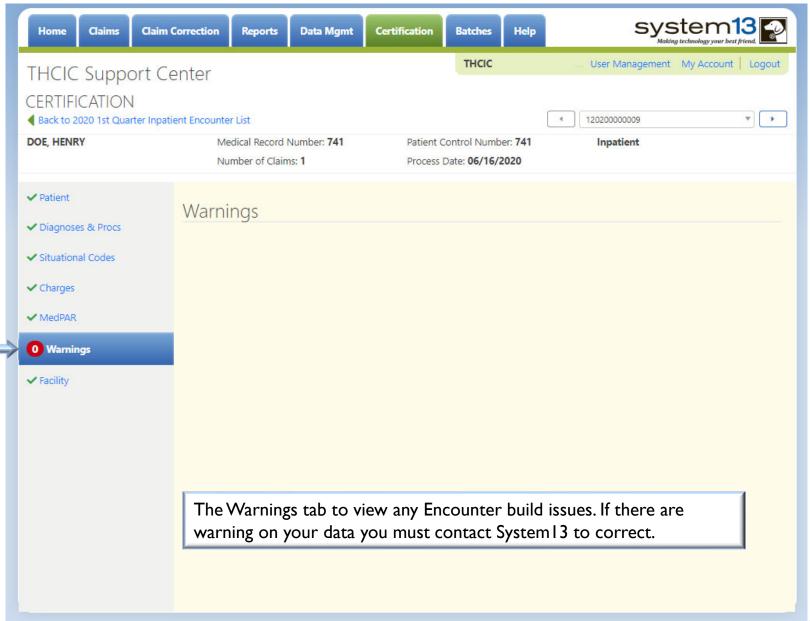


Encounter View - MedPAR



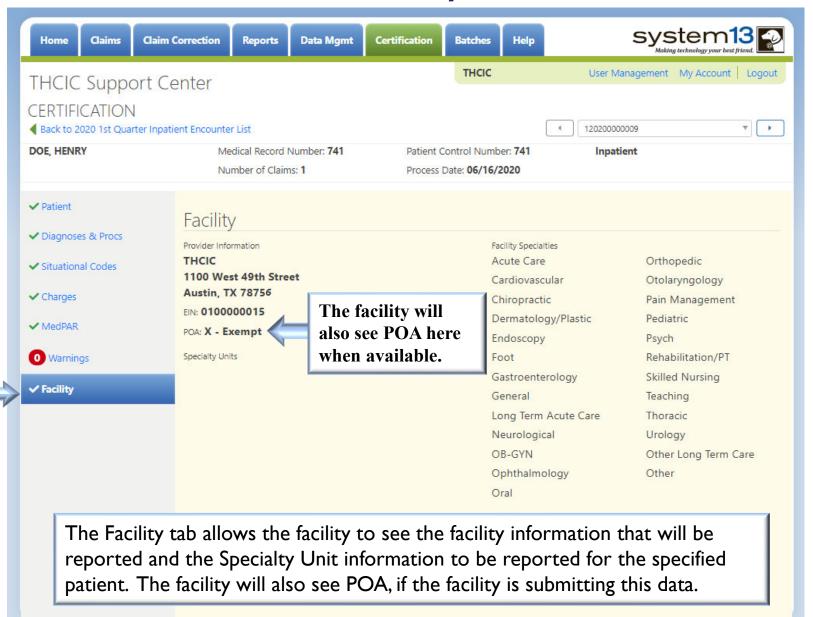


Encounter View – Warnings



Encounter View – Facility





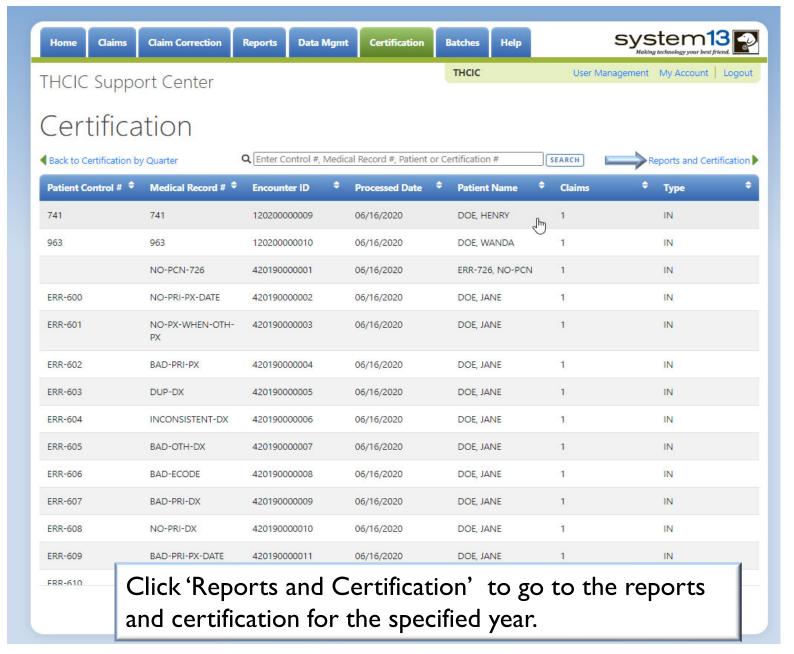


Back to Encounter Listing

- 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

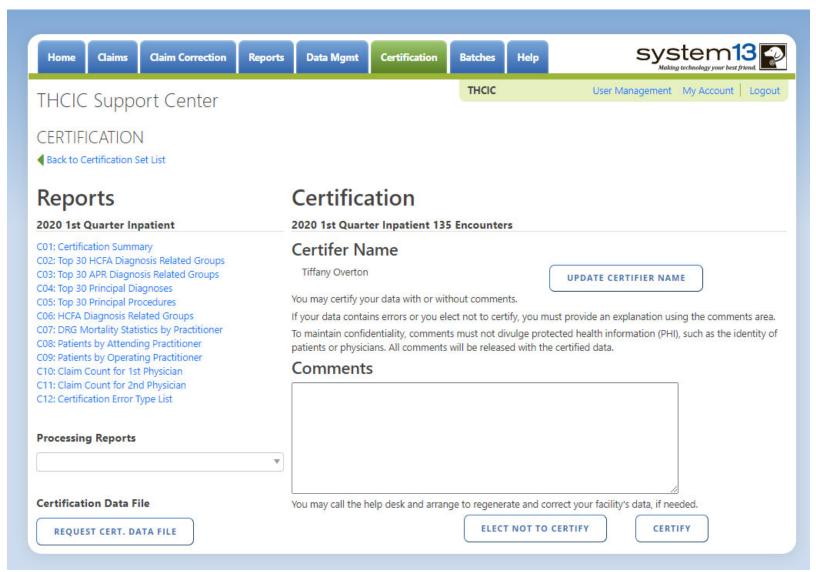




Provider Review of Data

- Mospitals 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!
- 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
 - 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





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

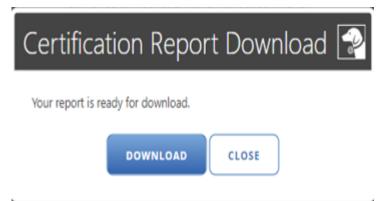
C09: Patients by Operating Practitioner

C10: Claim Count for 1st Physician

C11: Claim Count for 2nd Physician

C12: Certification Error Type List

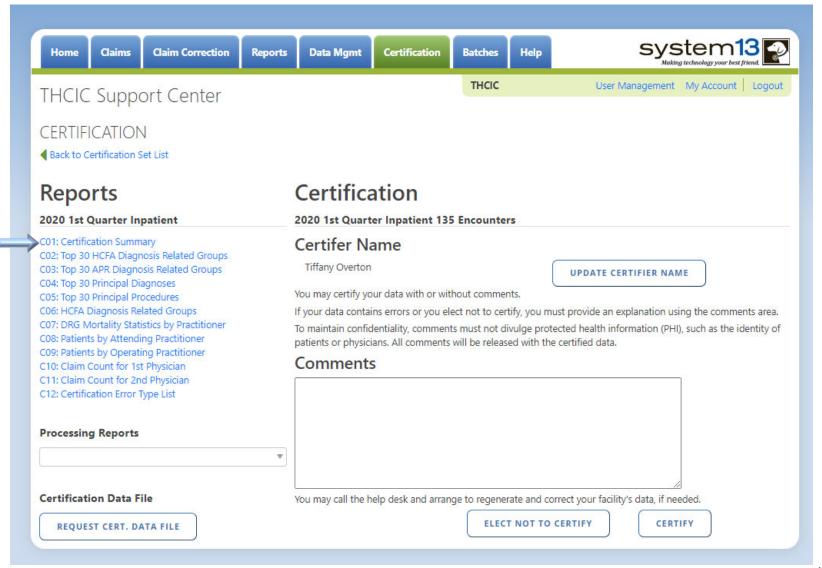




The Reports will be a downloadable PDF files.



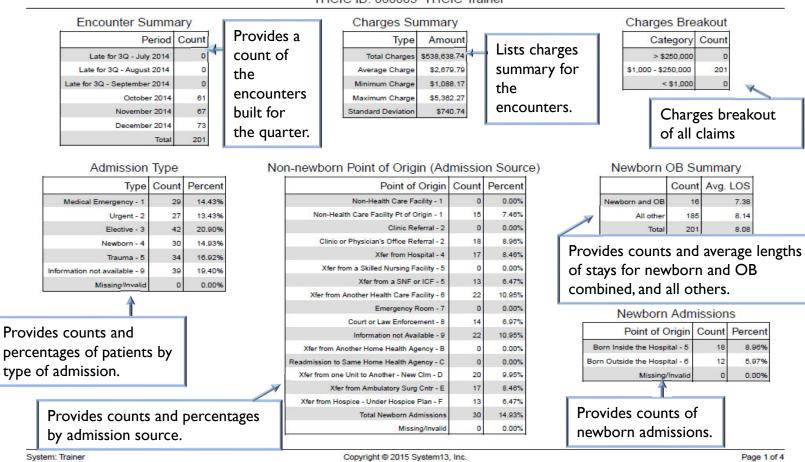
Reports C01 Certification Summary





Reports C01 Certification Summary (Page 1)

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







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 - 08	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 Moare 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.

System: Trainer Copyright © 2015 System13, Inc. Page 2 of 4

www.system13.com



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
Disch/xfer to Fac Prov Custod/Supp planned readmis - 84	1	0.50%
Dischg/xfer to cancer or child hosp planned readmis - 85	4	1.99%
Dischg/xfer to home health planned readmis - 86	9	4.48%
Dischg/xfer to Court/Law Enforc planned readmis - 87	11	5.47%
Dischg/xfer to Fed health care facility planned readmis - 88	2	1.00%
Dischg/xfer hosp Mcare appr swing bed planned readmis - 89	6	2.99%
Dischg/xfer to inpatient rehab facility planned readmis - 90	3	1.49%
Dischg/xfer to long term care hosp planned readmis - 91	6	2.99%
Dischg/xfer to Moaid SNF, not Moare planned readmis - 92	8	3.98%
Dischg/xfer to psyc - hosp psyc unit planned readmis - 93	3	1.49%
Dischg/xfer to critical access hosp planned readmis - 94	3	1.49%
Dischg/xfer to other undefined fac planned readmis - 95	3	1.49%
Missing/Invalid	0	0.00%

Provides counts and percentages of discharges by type of discharge.

Claim Filing Indicator Code

Code	Primary	Percent	Second	Percent
Selfpay - 09	0	0.00%	0	0.00%
Central Certification - 10	0	0.00%	0	0.00%
Other NonFederal Programs - 11	9	4.48%	0	0.00%
Preferred Provider Organization (PPO) - 12	6	2.99%	0	0.00%
Point of Service (POS) - 13	12	5.97%	0	0.00%
Exclusive Provider Organization (EPO) - 14	14	6.97%	0	0.00%
Indemnity Insurance - 15	9	4.48%	0	0.00%
Health Maintenance Organization (HMO) Medicare Ris - 16	7	3.48%	0	0.00%
Dental Maintenance Organization - 17	9	4.48%	0	0.00%
Automobile Medical - AM	9	4.48%	0	0.00%
Blue Cross/Blue Shield - BL	4	1.99%	0	0.00%
CHAMPUS - CH	3	1.49%	0	0.00%
Commercial Insurance Co CI	9	4.48%	0	0.00%
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%
Liability - LI	0	0.00%	0	0.00%
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.



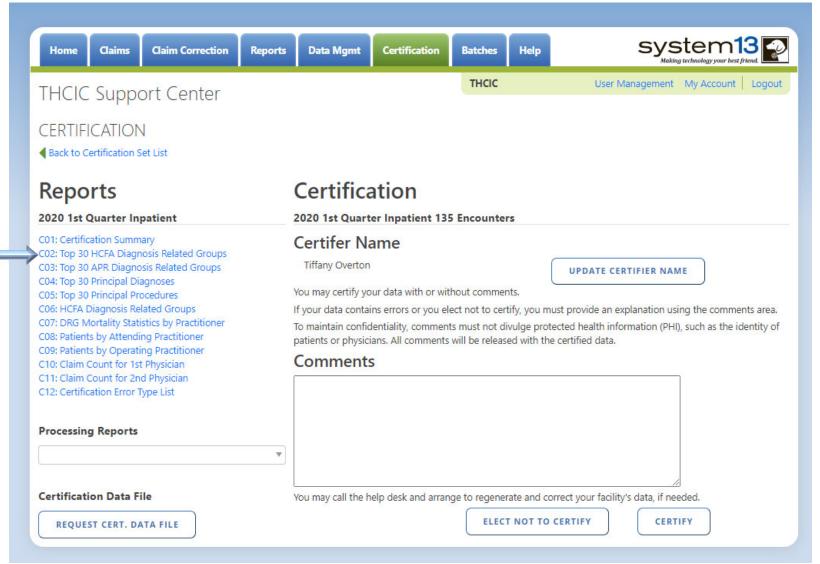
Texas Department of State

Reports C01 Certification Summary (Page 4)

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

Patient Location Patient Race Patient Age Breakdown Age Count Percent Location Count Percent Race Count Percent 1.00% American Indian/Eskimo/Aleut - 1 19.90% 100.00% Out of state 199 99.00% Asian, Native Hawaiian or Pacific Islander - 2 38 18.91% 0.00% 0.00% Black or African American - 3 23.38% 18 - 44 0.00% Missing/invalid 0.00% 18.91% 45 - 64 0.00% White - 4 18.91% 0.00% Missing/invalid 0.00% 0.00% Provides counts of patients that reside in Texas, 0.00% Missing/invalid outside of the state, or outside of the country. **Provides** Patient Gender Ethnicity counts and Gender Count Percent Ethnicity Count Percent Provides counts percentages Female - F 48.76% 54.73% Hispanic origin - 1 and percentages of of patients by 103 51.24% Male - M Not of Hispanic origin - 2 45.27% patients by age. race code. 0.00% Missing/invalid 0.00% Missing/invalid 0.00% Provides counts and percentages of patients Provides counts and percentages by ethnicity. of patients by gender. Length of Stay Severity Index Count Percent Length Severity Count Percent 1 day 33 16.42% Level 0 (no class) 0.00% 48.26% 2 - 9 Diagnosis & Procedure Codes Summary 0.00% Level 1 (minor) 10 - 29 35.32% Level 2 (moderate) 0.00% Category Diagnosis Procedure 30 - 59 0.00% 0.00% Level 3 (major 6.00 11.00 Avg. code count per encounter 60 - 99 0.00% Level 4 (catastrophic) 0.00% Principal code only Over 100 days 0.00% No principal code 0.00% Missing/invalid Provides counts of encounters by Provides counts and percentages by ranges level of severity of illness. Provides counts and percentages for both of days for patient lengths of stay. diagnoses and procedure codes.

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



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

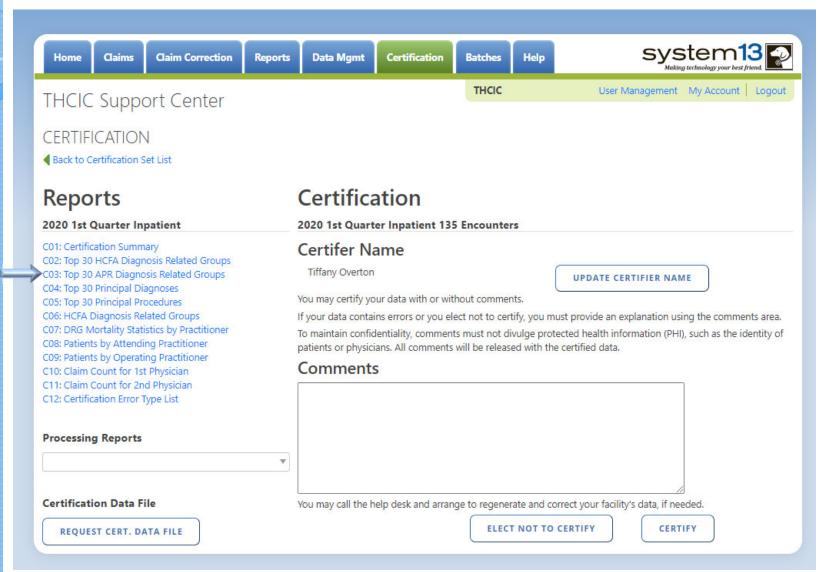
THCIC Report C02: Top 30 HCFA Diagnosis Related Groups (Inpatient) Q4 2014
Report Date: 08-Jul-2015
THCIC ID: 000005 THCIC Trainer

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 Discharge Avg. Charge
147	Ear, nose, mouth & throat malignancy w CC	1.49%	14.7	\$2,625.82						
919	Complications of treatment w MCC	1.00%	5.0	\$3,130.22	\$3,563.15					
029	Spinal procedures w CC or spinal neurostimulators	1.00%	5.5	\$2,011.48						
950	Aftercare w/o CC/MCC	1.00%	4.5	\$3,590.53	\$4,076.08					
344	Minor small & large bowel procedures w MCC	1.00%	6.5	\$3,250.06	\$3,525.21					
075	Viral meningitis w CC/MCC	1.00%	15.0	\$2,370.34						
604	Trauma to the skin, subcut tiss & breast w MCC	1.00%	8.0	\$2,537.86						
467	Revision of hip or knee replacement w CC	1.00%	13.0	\$3,092.46						
822	Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.00%	3.5	\$2,722.27	\$3,174.06		1			
857	Postoperative or post-traumatic infections w O.R. proc w CC	1.00%	13.0	\$2,071.19						
185	Major chest trauma w/o CC/MCC	1.00%	12.5	\$2,470.79						
134	Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	1.00%	(16.5	\$3,904.21						
304	Hypertension w MCC	1.00%	4.0	\$2,668.12	1 \$3,211.15					
136	Sinus & mastoid procedures w/o CC/MCC	1.00%	10.5	\$2,633.46						
373	Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	1.00%	2.5	\$1,710.32	\$1,501.15					
483	Major joint & limb reattachment proc of upper extremity w CC/MCC	1.00%	7.5	\$2,752.41	\$2,496.74					
100	Selzures w MCC	1.00%	2.0	\$2,549.66	1 \$2,464.70					
738	Uterine & adnexa proc for ovarian or adnexal mailgnancy w/o CC/MCC	1.00%	11.5	\$3,321.26						
472	Cervical spinal fusion w CC	1.00%	5.0	\$1,827.25	\$2,031.15					
336	Periton		,	resented	_					

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



Reports C03 Top 30 APR Diagnosis Related Groups





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

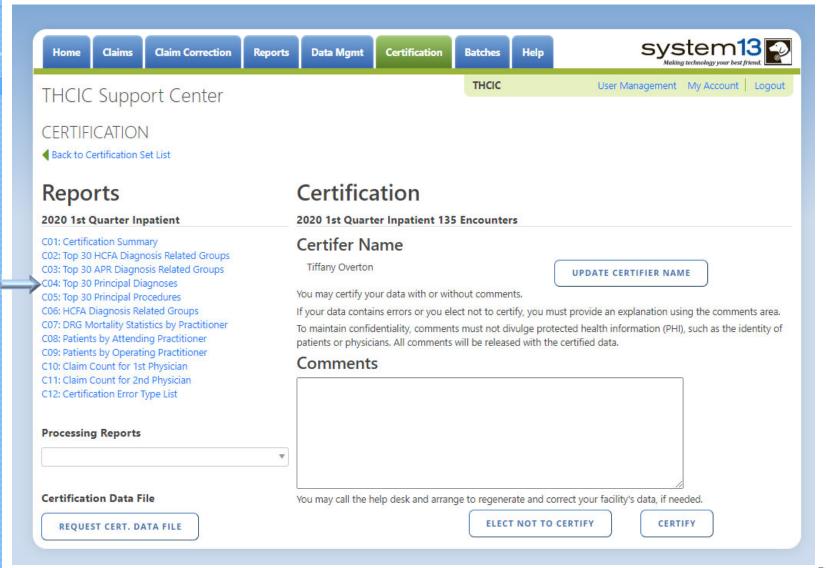
THCIC ID: 000005 THCIC Trainer

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			0.00	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 & CORONARY ATHEROSCLEROSIS	3.39%	3.8	4 \$8,829.50				1 \$10,566.00		3 \$8,250.67
383	CELLULTIS & 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





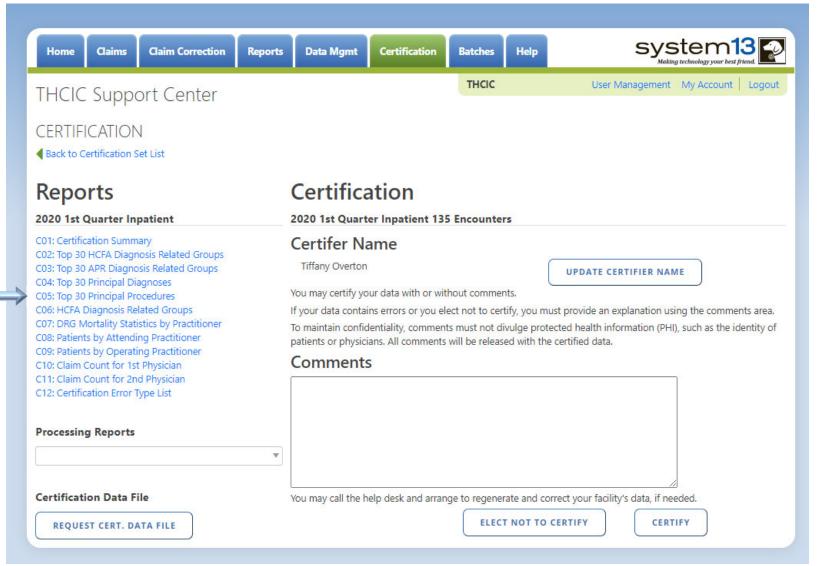
Reports C04 Top 30 Principal Diagnosis

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

Diag Code	Description	Perce nt	Avg. LOS in days	Total Discharges Avg. Charge	Under 1 Discharges Avg. Charge	1-17 Discharges Avg. Charge	18-44 Discharges Avg. Charge	45-64 Discharges Avg. Charge	65-74 Discharges Avg. Charge	Over 74 Discharges Avg. Charge	
64864	CV DIS NEC- POSTPARTUM	1.00%	21.0	\$2,091.81							
4401	RENAL ARTERY ATHEROSCLER	0.50%	10.0	\$2,840.96							
83816	DIS INTERPHALAN FOOT-OPN	0.50%	10.0	\$2,962.45							
52456	NON-WORKNG SIDE INTERFRN	0.50%	16.0	\$2,437.23							
55842	EOSINOPHILIC COLITIS	0.50%	14.0	\$2,521.13							
8793	OPN WND ANT ABDOMEN-COMP	0.50%	8.0	\$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	\$1,619.87							
92801	CRUSHING INJURY	0.50%	7.0	\$4,258.88							
64702	SYPHILIS-DELIVERED W P/P	0.50%	1.0	1 \$3,375.30	1 \$3,375.30						
11505	HISTOPLASM CAPS PNEUMON	0.50%	2.0	\$3,617.62	\$3,617.62						
94416	1 DEG BURN BACK OF HAND	0.50%	1.0	\$2,430.21	\$2,430.21						
65500	FETAL CNS MALFORM-UNSPEC	0.50%	1.0	\$3,906.02	\$3,906.02						
1941	MALIG NEO PARATHYROID	0.50%	22.0	\$1,678.70							
9809	TOXIC EFFECT ALCOHOL NOS	0.50%	6.0	\$2,270.47							
6823	CELLULITIS OF ARM	0.50%	9.0	\$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	\$2,534.94							
71685	ARTHROPATHY NEC- PELVIS	0.50%	1.0	\$2,986.35	\$2,986.35						
3149	HYPERKINETIC SYND NOS	0.50%					•-			1	
74402	EX EAR ANM NEC- IMPR HEAR	0.50%		This report is presented in descending order by total							
charges for each of the top 30 principal diagnosis.											



Reports C05 Top 30 Principal Procedures





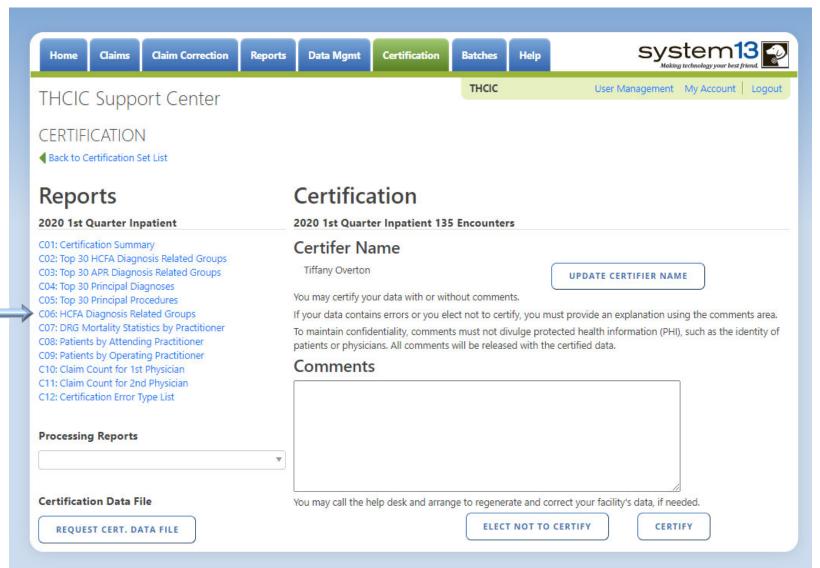
Reports C05 Top 30 Principal Procedures

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

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	\$2,442.68						
77525	1.00,000	1.00%	5.5	\$1,952.34	\$1,251.52					
0833	PTOSIS REP-LEVAT MUS ADV	1.00%	7.0	\$2,483.88						
88749		1.00%	13.5	\$1,649.29						
1741	OPEN ROBOTIC ASSISTED PX	1.00%	9.5	\$2,890.55						
44720		0.50%	2.0	\$3,617.62	\$3,617.62					
9705	REPL STENT TUBE	0.50%	2.0	\$3,173.34	1 \$3,173.34					
543	DESTRUCT ABD WALL LESION	0.50%	15.0	\$1,979.13						
A4480		0.50%	8.0	\$1,623.35						
64795		0.50%	1.0	\$2,986.35	1 \$2,986.35					
0475	POSTOP REVIS PER NERV OP	0.50%	1.0	\$2,983.71	\$2,983.71					
D6780		0.50%	1.0	\$2,430.21	\$2,430.21					
6822	INCISION UTERINE SEPTUM	0.50%	1.0	\$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	\$2,505.62						
L2038		0.50%	16.0	\$1,533.39						
7892	OTHER OPS ON HUMERUS	0.50%	2.0	\$2,415.96	\$2,415.96					
22612	70-241,100	0.50%		_J_					. 1	
S0280		0.50%	Thi	is report	is presente	ed in des	cending o	rder by to	otal	
stem: T	rainer		cha	rges for	each of the	e top 30	principal	procedure	es.	Page 1 of 2



Reports C06 HCFA Diagnosis Related Groups





Texas Department of State

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

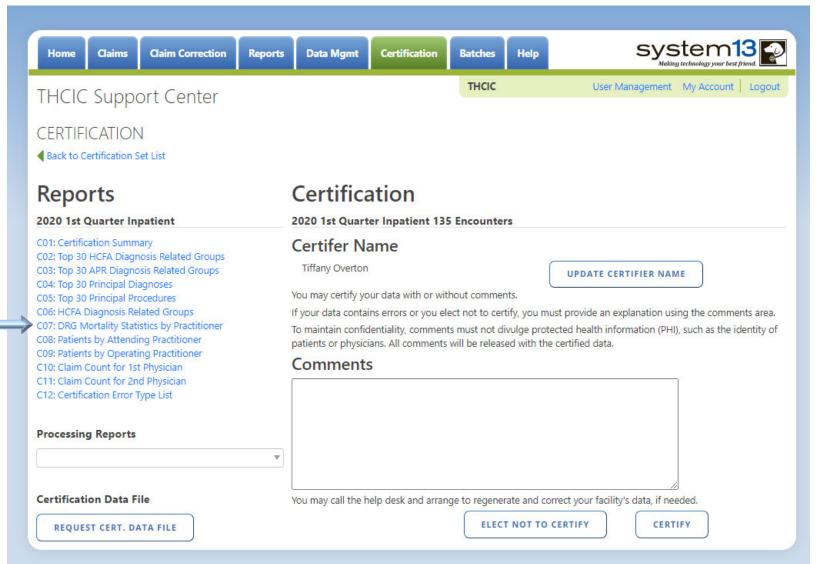
DRG ent in days Discharges Discharges Discharges Discharges Discharges Discharges Discharges Discharges											
State motified Review Intelligence Control State Control		Description			Discharges	Discharges	Discharges	Discharges	Discharges	Discharges	Over 74 Discharges Avg. Charge
SaleSe209 Sale	003		0.50%	16.0	\$3,205.33						
S1-678-70	011	Tracheostomy for face,mouth & neck diagnoses w MCC	0.50%	10.0	\$3,252.09		1				
Chimac Spinal procedures w CC for spinal 1,00% 5.5 \$2,011.46	014	Allogeneic bone marrow transplant	0.50%	22.0	1 \$1,678.70						
Description	016		0.50%	11.0	1 \$4,338.15						
O64	029	Spinal procedures w CC or spinal neurostimulators	1.00%	5.5							
Infaircing w MCC	042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC	0.50%	19.0	\$2,823.21						
S2,370.34	064		0.50%	8.0	\$2,185.17						
S3,375,45 S2,473,72 S2,473,73 S2,	075	Viral meningitis w CC/MCC	1.00%	15.0	\$2,370.34						
S2,473.72 S2,473.63 S2,473.72 S2,473.63 S2,4	083	Traumatic stupor & coma, coma >1 hr w CC	0.50%	12.0	\$3,375.45						
Miles Mile	084		0.50%	6.0	1 \$2,473.72						
CC/MCC S3,205.63	085	Traumatic stupor & coma, coma <1 hr w MCC	0.50%	6.0	1 \$2,497.96						
Non-bacterial infect of nervous system w MCC S1,735.55	087	Traumatic stupor & coma, coma <1 hr w/o CC/MCC	0.50%	19.0	\$3,205.63						
100 Seizures w MCC 1.00% 2.0	094		0.50%	11.0	1 \$1,735.55						
102 Headaches w MCC 0.50% 3.0 1 51,658.68 114 Orbital procedures w/o CC/MCC 0.50% 1.0 1 1 1 1 1 1 1 1 1	099	Non-bacterial infect of nervous sys exc viral meningits w/o CC/MCC	0.50%	3.0	\$3,900.91						
114 Orbital procedures w/o CC/MCC 0.50% 1.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	Selzures w MCC	1.00%	2.0	2 \$2,549.66	1 \$2,464.70					
\$1,681.53 \$1,681	102	Headaches w MCC	0.50%	3.0	1 \$1,658.68						
\$2,415.96 \$2,415	114	Orbital procedures w/o CC/MCC	0.50%	1.0	1 \$1,681.53	1 \$1,681.53					
or major device \$3,305.50 \$3,305.50 \$134 Other ear, nose, mouth & throat O.R. procedures with O.C./MCC \$3,904.21 \$135 Sinus & mastel of procedures w CC/MCC 0.50% 14.0 1	115	Extraocular procedures except orbit	0.50%	2.0	1 \$2,415.96	\$2,415.96					
procedures w/o CC/MCC \$3,904.21 135 Sinus & masfold procedures w CC/MCC 0.50% 14.0 1	129	Major head & neck procedures w CC/MCC or major device	0.50%	2.0	\$3,305.50	1 \$3,305.50					
135 Sinus & mastold procedures w CC/MCC 0.50% 14.0 1 52,521.13	134		1.00%	16.5	2 \$3,904.21						
	135	Sinus & mastold procedures w CC/MCC	0.50%	14.0	1 \$2,521.13)						4

System: Trainer

Contains information on all encounters by HCFA DRG's.



Reports C07 Mortality Statistics by Practitioner





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

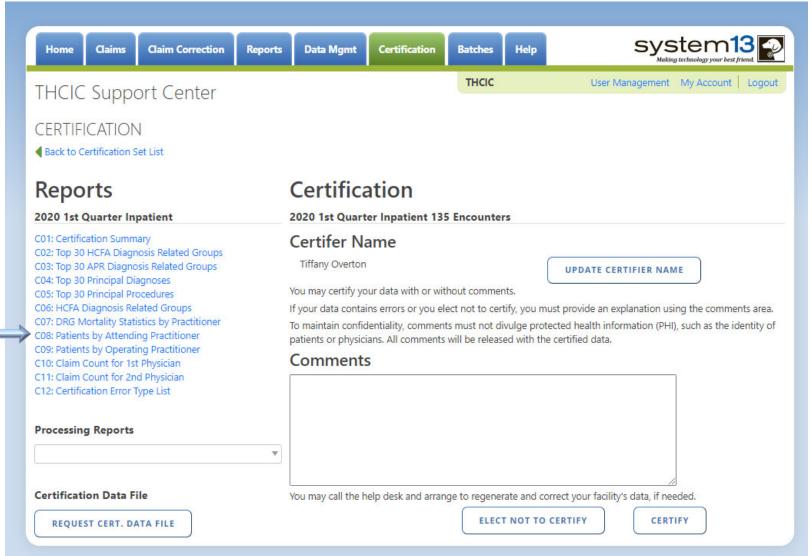
NPI #, Doctor's Name

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	Cranial & peripheral nerve disorders w MCC	1	0	0.00%	6.0	\$123,819.16
078	Hypertensive encephalopathy w CC	1	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





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

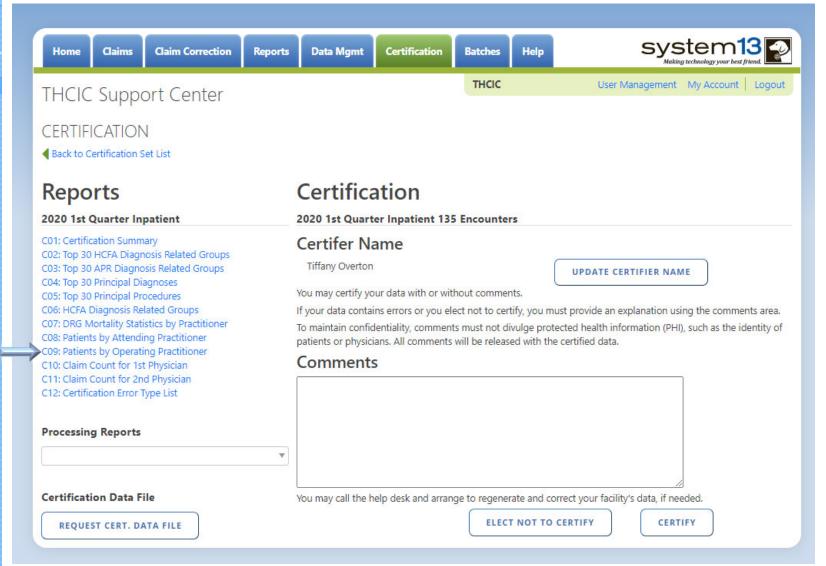
PCN:	THXB1545697912	From: 2008-12-17	Sex: F	Attending i	Practitic Day	ctor's Name	NPI#	3 Accom Ch	g: \$13,717.00
MRN:	THM3092976269872	Thru: 2008-12-24	Age: 89	Operating F	Practitic Practi	cor 3 name	HEX #	8 Ancil Ch	g: \$13,047.00
Race:	4 White	Eth: 2 Not of Hispanic origin	LOS: 7	1	Admit Type:	1 Medical Emergency	Admit Source	e: 7 Emergency Roo	m
Pat Stat:	51 Hospice/medical facility			H	ICFA DRG:	871 Septicemia w/o MV	96+ hours w	MCC	
				F	ICFA MDC:	18 Infectious & parasition	diseases, sy	stemic	
Princ. DX:	03819 OTH STAPHYLOCOCC SEPT	Other DX1: 78009 OTHER ALT	ER CONSCIOUSNES	Other DX2:	5849 ACUT	E RENAL FAILURE NOS	Other DX3:	78552 SEPTIC SHOCK	(
Other DX4:	2781 HYPOSMOLALITY	Other DX5: 5990 URIN TRACT	INFECTION NOS	Other DX6:	2639 PROT	EIN-CAL MALNUTR NOS	Other DX7:	99592 SEVERE SEPS	IS
Other DX8:	2859 ANEMIA NOS	Other DX9: 04104 STREPTOC	OCCUS GROUP D	Other DX10:	7837 ADUL	T FAILURE TO THRIVE	Other DX11:	27652 HYPOVOLEMIA	1
Other DX12:	4280 CONGESTIVE HRT FAIL UNSP	Other DX13: 9331 FOREIGN BO	DY IN LARYNX	Other DX14:	0413 KLEBS	SIELLA INFECT NOS	Other DX15:	4019 HYPERTENSION	NOS
Other DX16:	7821 NONSPECIF SKIN ERUPT NEC	Other DX17: 53011 REFLUX ES	OPHAGITIS	Other DX18:	4168 CHR F	PULMON HEART DIS NEC	Other DX19:	2900 SENILE DEMEN	TIA UNCOMP
Other DX20:	V441 GASTROSTOMY STATUS	Other DX21: V4501 CARDIAC P	ACE IN SITU	Other DX22:	V5866 LON	G-TRM CURRNT ASPIRIN			
Princ. PX:	3893 VEN CATH, NOS	Other PX1:		Other PX2:			Other PX3:		
Other PX4:		Other PX5:		Other PX6:			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:		

This report can be printed for an individual practitioners or for all. To print one practitioner at a time, use the print command to select the pages to print.

Page 1 of 69



Reports C09 Patients by Operating Practitioner





Reports C09 Patients by Operating Practitioner

THCIC Report C09: Patients by Operating Practitioner (Inpatient) Q4 2014

Report Date: 08-Jul-2015

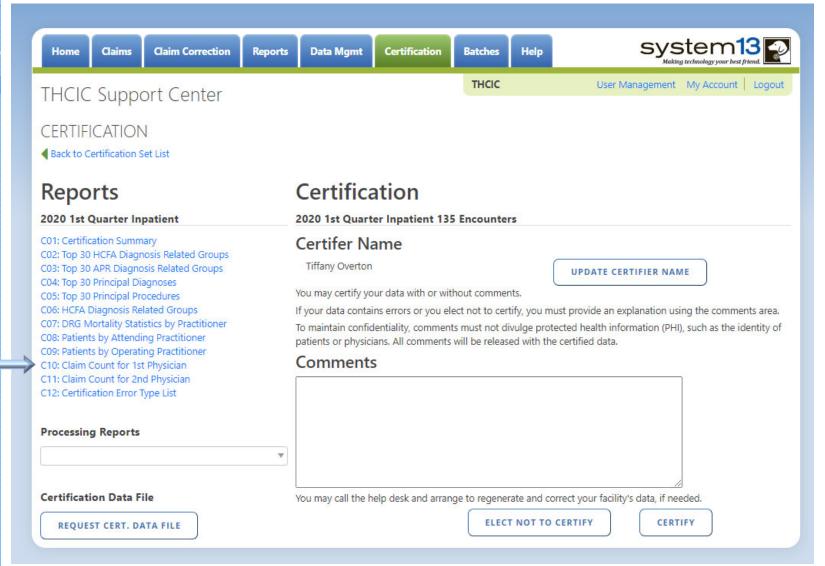
THCIC ID: 000005 THCIC Trainer

PCN: THGC1711757	From: 2008-10-08	Sex: R	Attending Practiti Doctor's Name	NPI #	Accom Chg: \$1,525.00
MRN: THM364631883476	Thru: 2008-10-09	Age: 84	Operating Practitioner: Unassigned		Ancil Chg: \$6,037.00
Race: 4 White	Eth: 2 Not of Hispanic origin	LOS: 1	Admit Type: 1 Medical Emer	gency Admit Source: 7	Emergency Room
Pat Stat: 04 Dischg/xfer to ICF			HCFA DRG: 282 Acute myo	cardial infarction, discharge	ed al
			HCFA MDC: 05 Diseases &	disorders of the circulatory	sy
Princ. DX: 41071 INIT SUBENDO MI	Other DX1: 41071 INIT SUBEN	IDO MI	Other DX2: 42731 ATRIAL FIBRILLATION	Other DX3: 428	CONGESTIVE HRT FAIL UNSP
Other DX4: 4019 HYPERTENSION NO	Other DX5: 2724 HYPERLIPID	EMIA NEC/NOS	Other DX8: 3310 ALZHEIMER'S DISEASE	Other DX7: 294	10 DMNTIA CLAS ELSE W/O BEI
Other DX8: 34590 EPILEPSY, UNSPE	C Other DX9: V5881 LONG-TER	M ANTICOAGULANT	S Other DX10: V1046 HX-PROSTATIC MALIG	NANCY	
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:					

This report can be printed for an individual practitioners or for all. To print one practitioner at a time, use the print command to select the pages to print.



Reports C10 Claim Count for 1st Physician





Reports C10 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

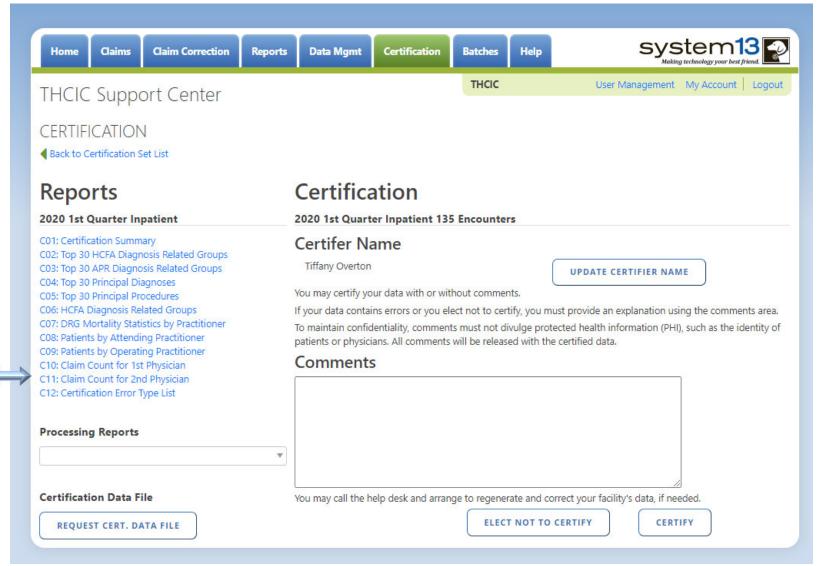
THCIC ID: 000004 MB - THCIC

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	1111111115	120
Fake, Doctor 6	1111111116	113
Fake, Doctor 7	1111111117	122
Total Claim Count		672



Reports CIII Claim Count for 2nd Physician





Reports CIII 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

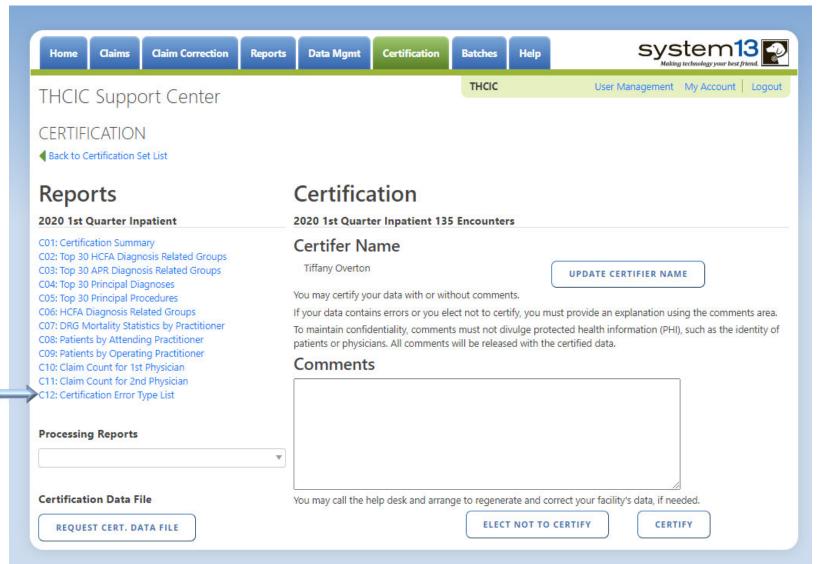
THCIC ID: 000004 MB - THCIC

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 C12 Certification Error Type List





Reports C12 Certification Error Type List

THCIC Error Type List Report (Inpatient)

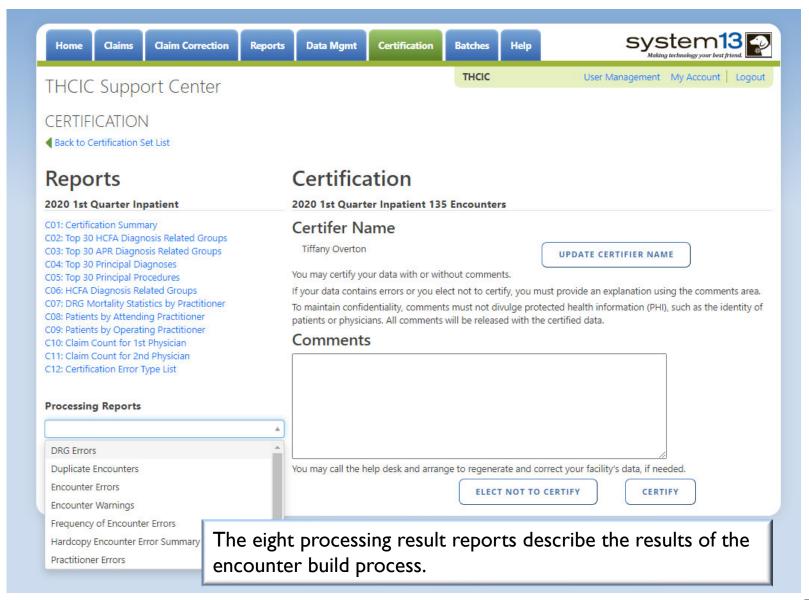
Report Date: 28-Aug-2015 THCIC ID: 000004 MB - THCIC

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

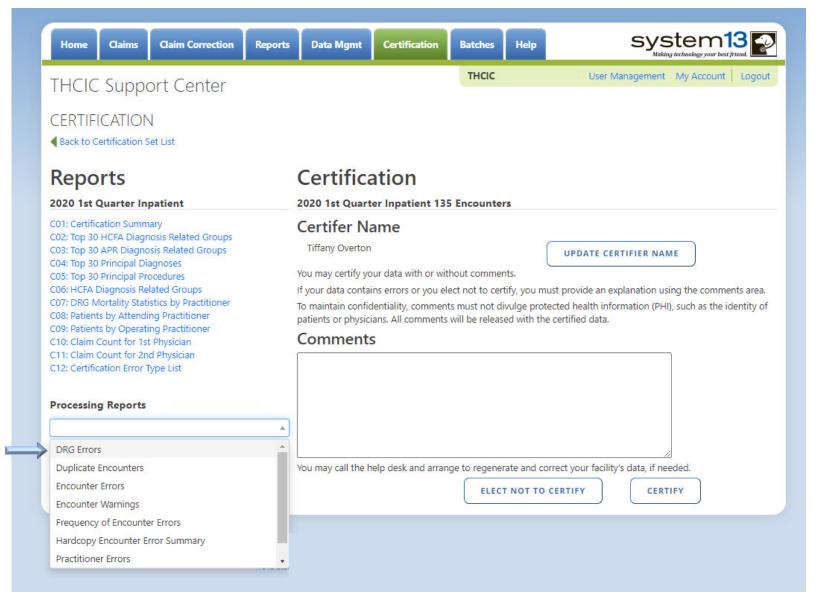


Processing Reports





Processing Reports DRG Errors





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 ERROR REPORT 4th Quarter 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)

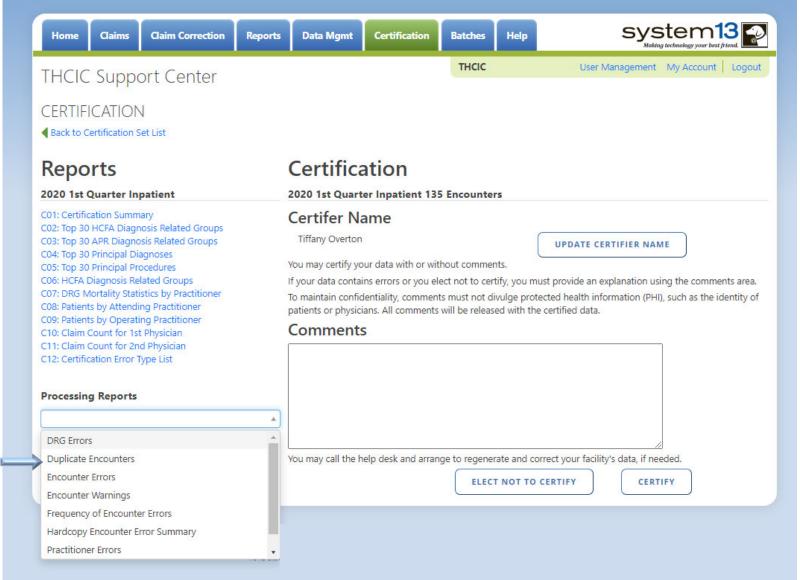
HCFA Grouper Version: 260 APR Grouper Version: 261

Encounter ID	PCN	MRN	Patient Last Name	Patient First Name	M I	Admission	Stmt From	Stmt	B111 Type	APR	HCFA
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	ZIA	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





Processing Reports Duplicate Encounters

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

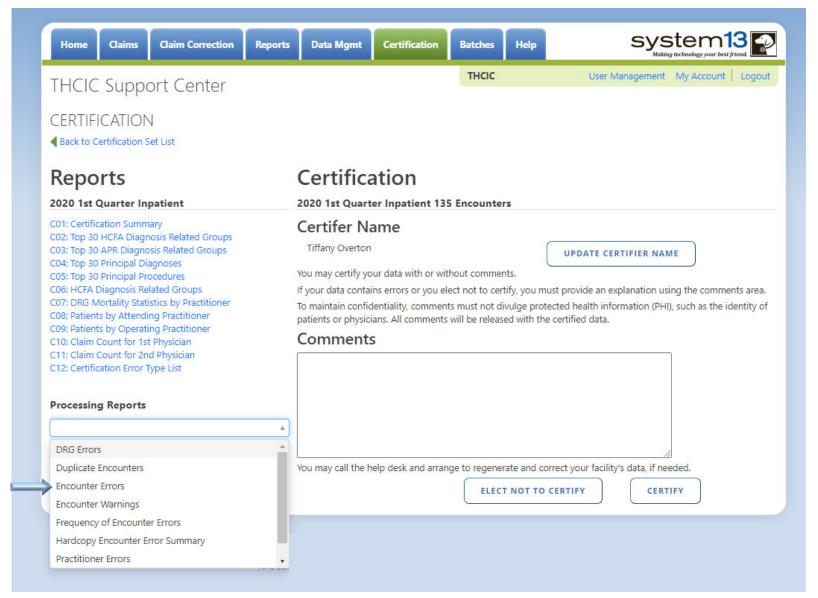
NO DUPLICATE or CROSS-OVER ENCOUNTERS DETECTED

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





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

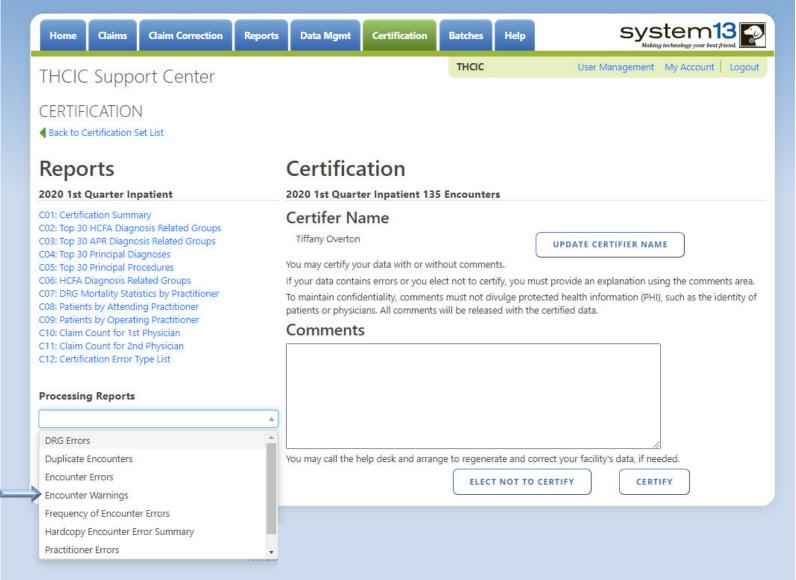
THCIC:000002 Date: 12/14/09

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

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



Processing Reports Encounter Warnings





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

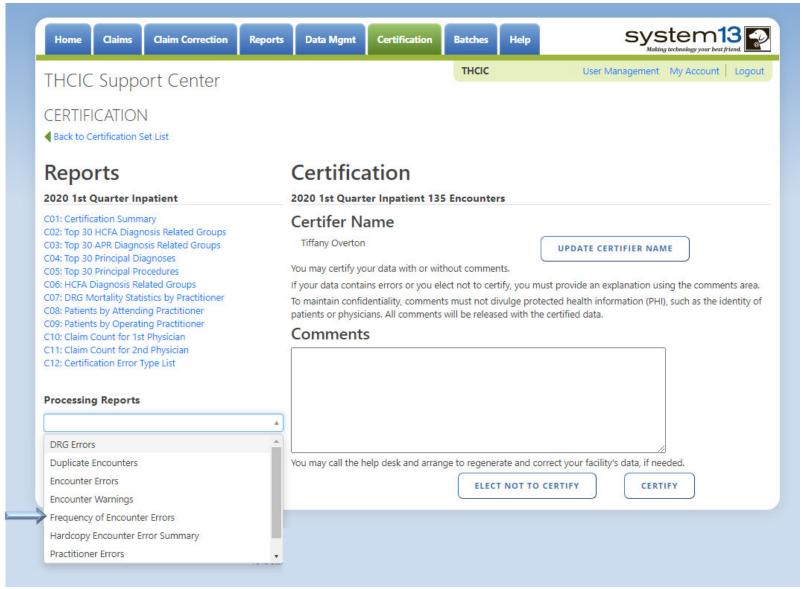
The following encounters were flagged with warnings during the process of building the encounter. Encounter # Med Rec No. Pat Cntrl No. Patient Name
Admit Date Warning Code(s)

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.









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

Batch Information

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%

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
хх3	0
xx4	0
xx5	0
xx6	0
хх7	0
xx8	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

Errors By Field

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%

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.

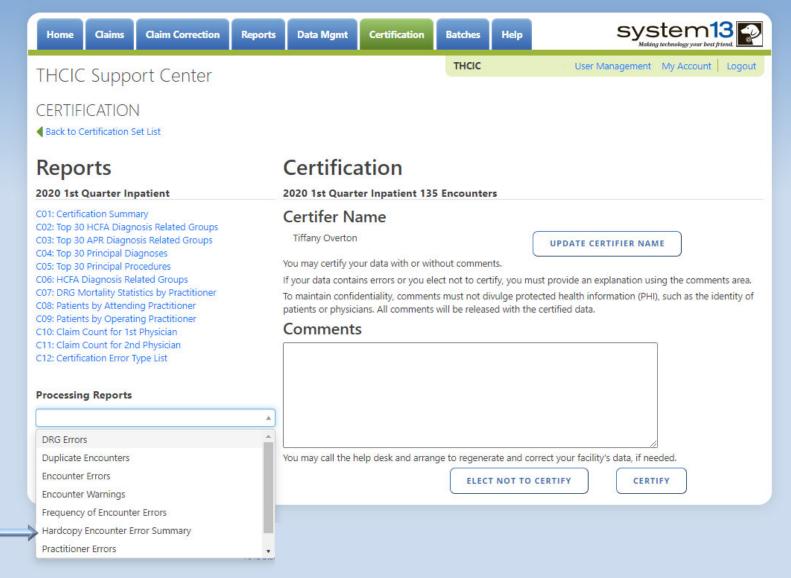
Error Summary

		10.00
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





Processing Reports Hardcopy Error Report

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

Error List

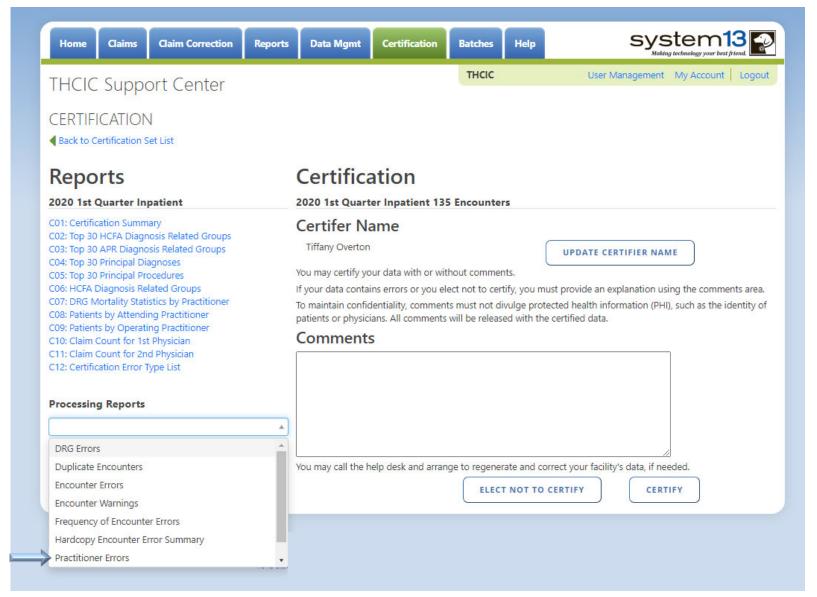
Med. Rec. #	PCN	Discharge	Rec. #	Field	Value of field	Err#	EW
THM861341088	THSF19799359	20081001		Practitioner Id	1821160938	695	Warning
THM60734596	THVF164651033	20081002		Practitioner Id	1821160938	695	Warning
THM3822809385009	THMF10518349	20081002		Practitioner Id	1821160938	695	Warning
THM8196965841791	THG1412017999	20081003		Ethnicity		635	Error
THM88891334786	THBG166232501	20081003		Practitioner Id	1538136486	696	Warning
			1	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

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





Processing Reports Practitioner Errors





Processing Reports Practitioner Errors

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

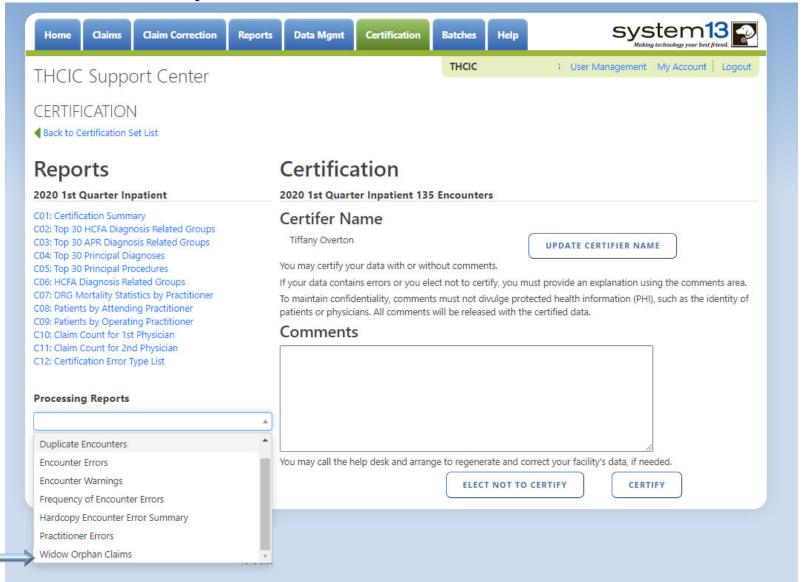
Texas Health Care Information Collection Unidentified Physician ID Summary Report Date: 14-Dec-2009

THCIC# 000002 System13 QA 2

PATIENT CONTROL #	CODE	PHYSICIAN ID	PRACTITIONER Last Name	PRACTITIONER First Name	MI 	POSITION
	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
THA1	XX		ELMER	. EDWARD	M	ATTENDING
THA2	XX	1234567	DIAZ	JAIME	A	ATTENDING
THA4	XX	1093742470	FRYE	EMILY		ATTENDING
THAS	XX	1821160938	MARASINGHE	THILINA		ATTENDING
THA6	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





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.

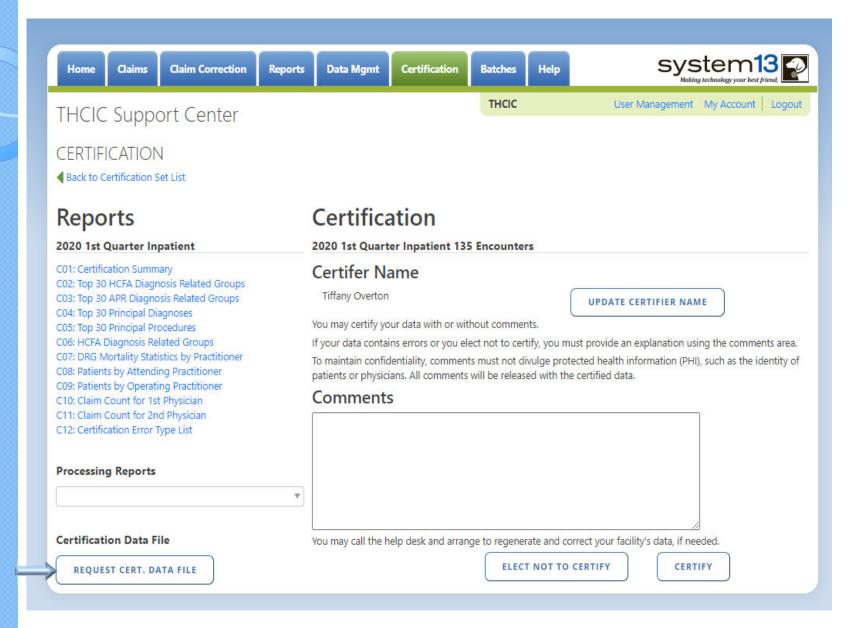
Void/cancel claims (xx8) will be listed after the claim that has been deleted. There will be no error code associated with

these claims. These claims are listed for informational purposes only.

MedRec#		PatCtrl#	SSN#	Admission	StmtFrom	StmtThru	BillType
ErrCode	InfCode						
	5017669676	THVB1236281831	306314456	20081213	20081213	20081217	116
814				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.







<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.

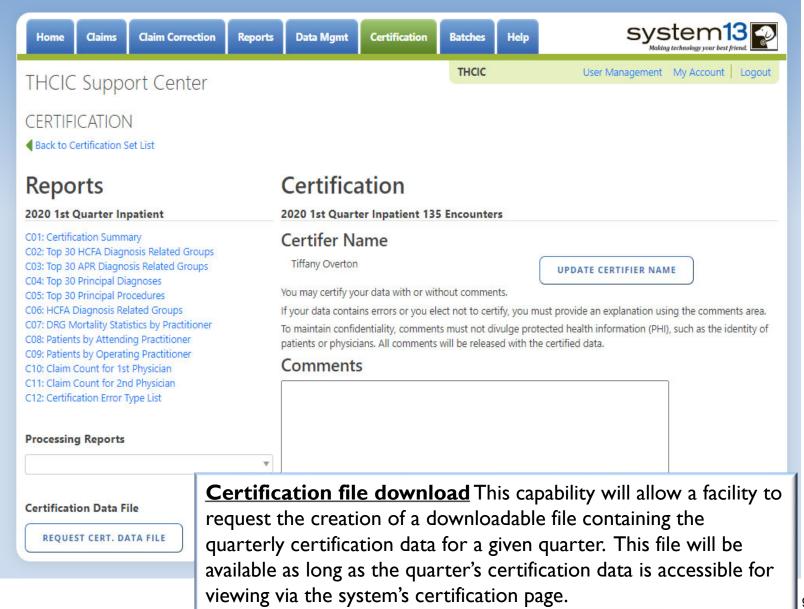
The file will be in a fixed length format and the data layout will be downloaded with the file. This will allow a facility to analyze the data with software analysis tools of the facilities choice.

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, **ANYONE** 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.

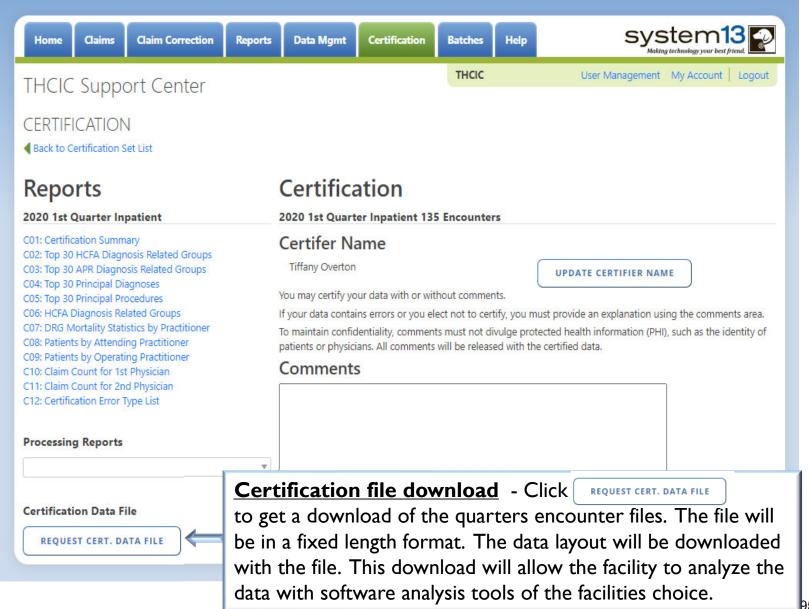
The file will be available for downloading for 30 days. The download file will be removed from the system after 30 days from the date of the download file creation.

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.

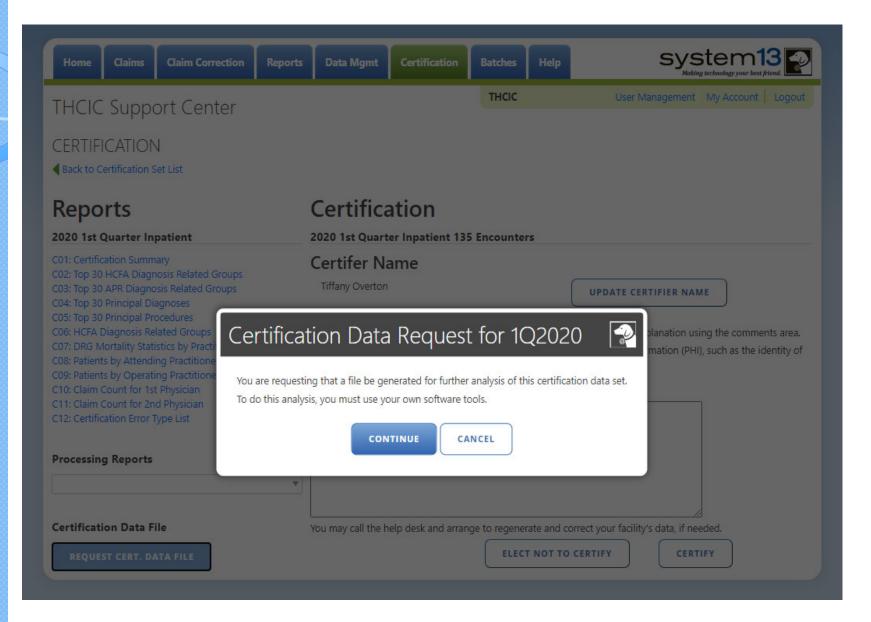




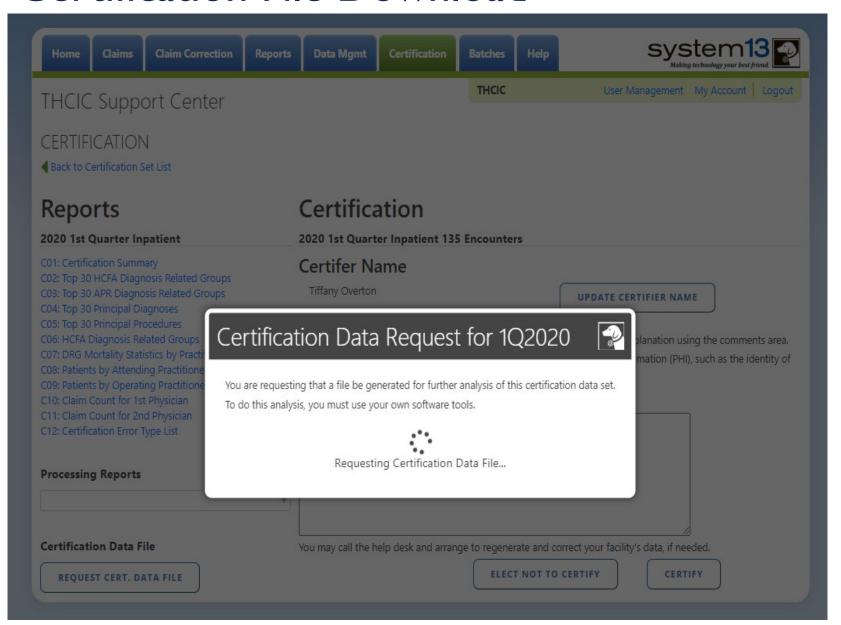




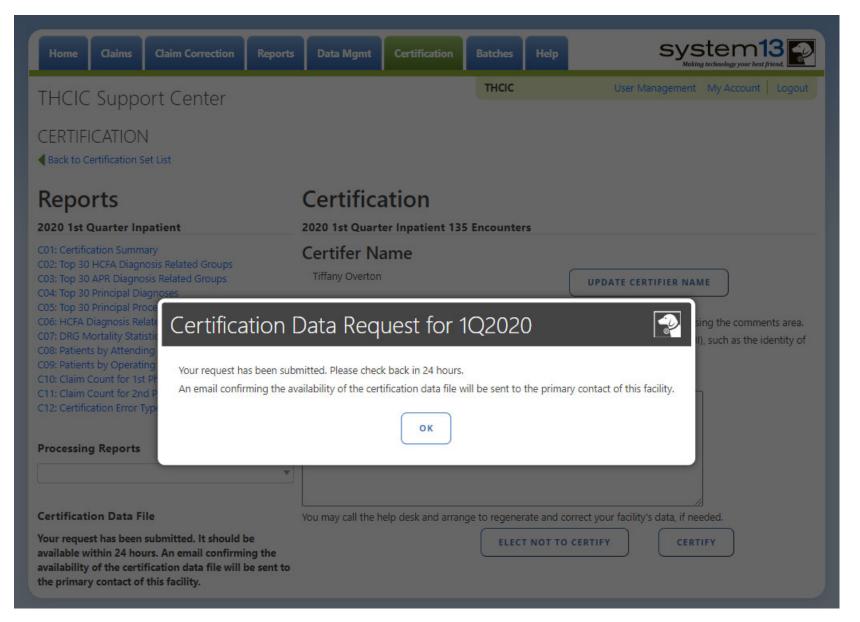






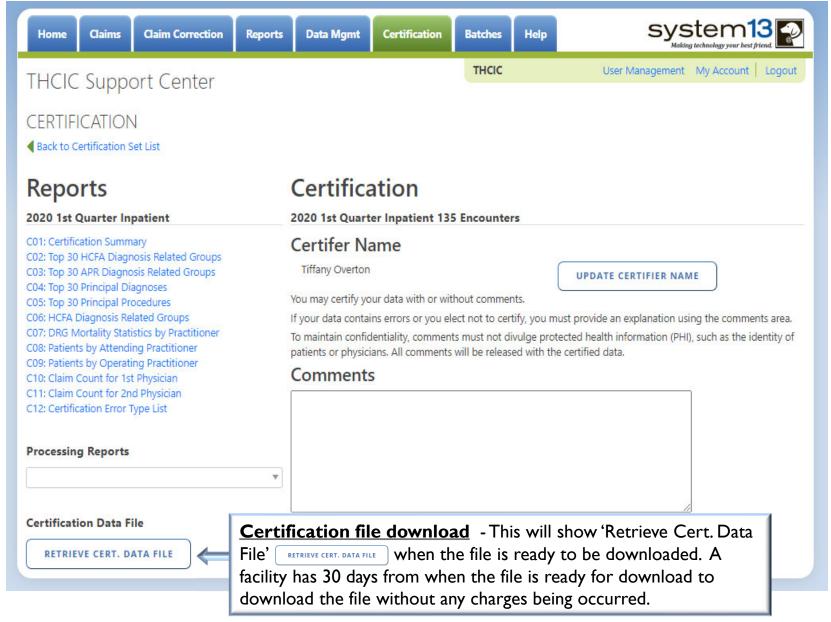




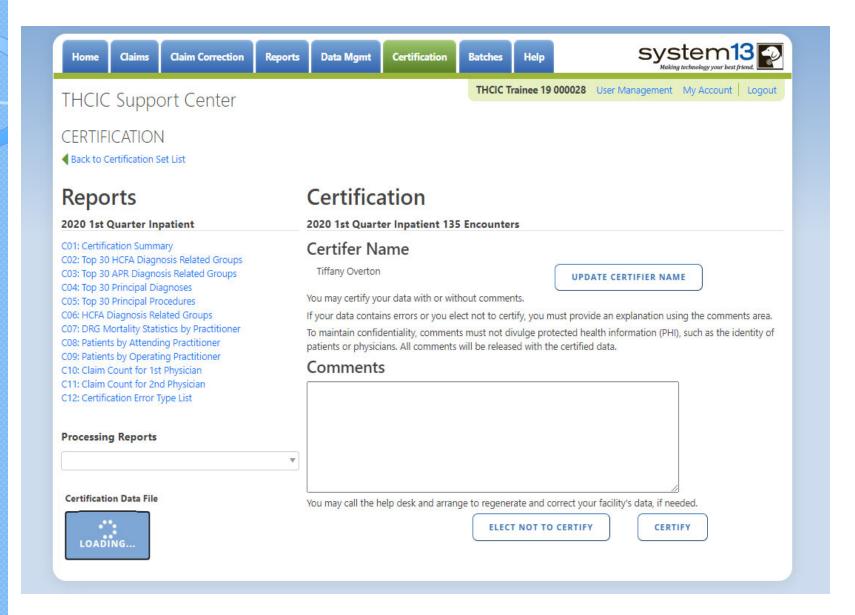




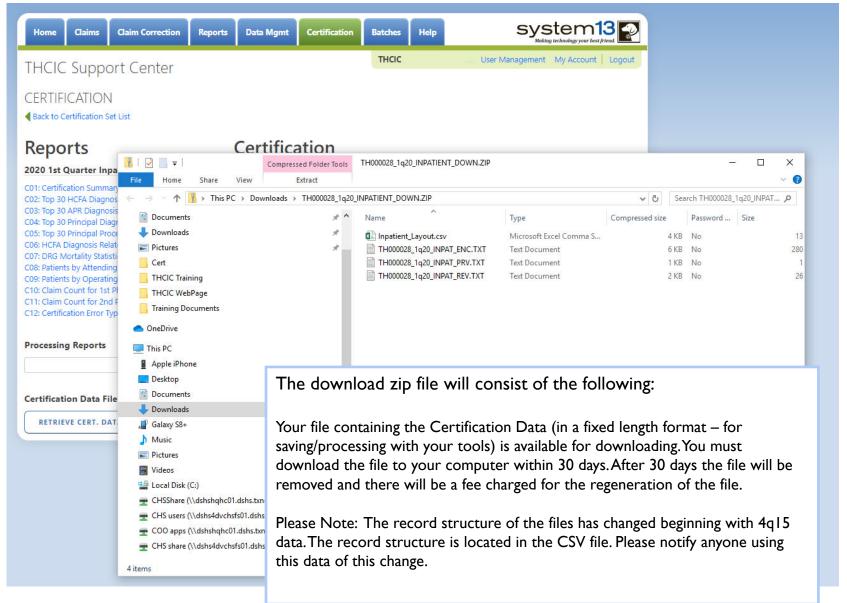














The download zip file will consist of the following:

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

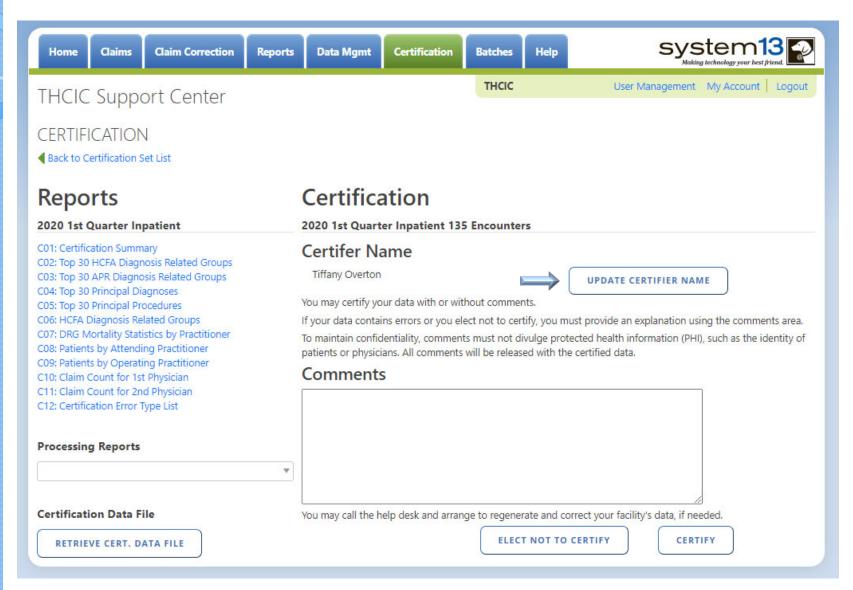
If a facility would like to make changes to their data at the time of certification, the facility will have to contact System 13 at 1-888-308-4953.

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

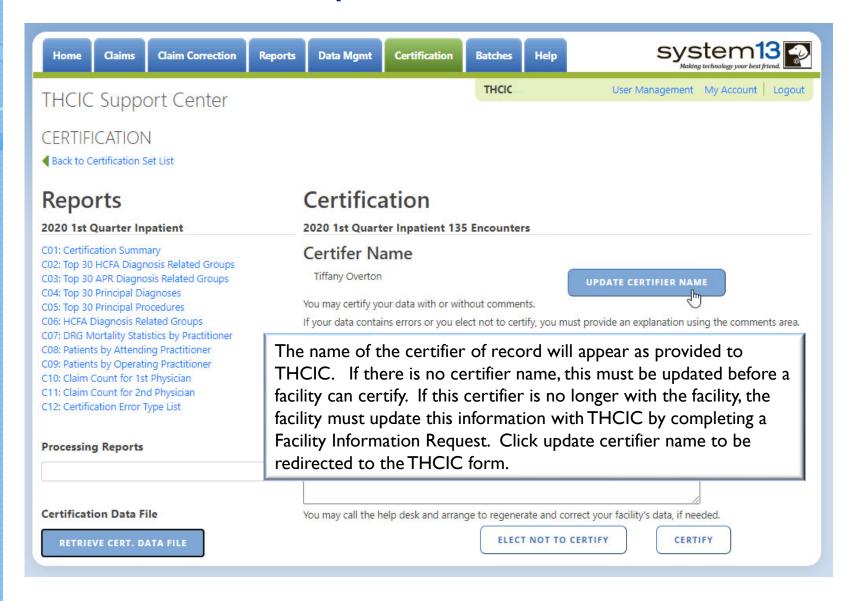




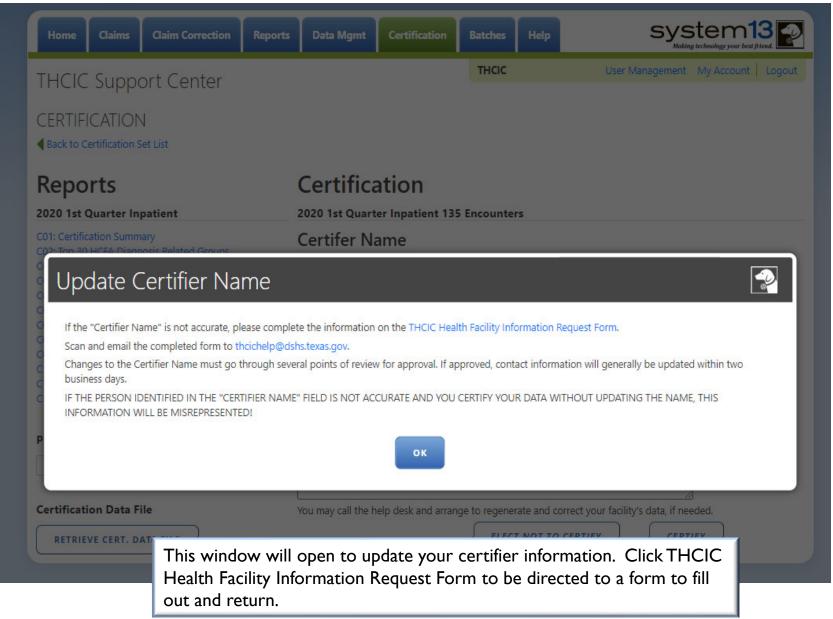
Certification



Certification – Update Certifier



Update Certifier Name





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.

ELECT NOT TO CERTIFY

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.
- Certified with comments. Certifies the data is accurate "as is" with comments attached with the release of the data.



DO NOT SEND COMMENTS ON PAPER, FAX OR E-MAIL. THCIC CANNOT RETYPE FACILITY

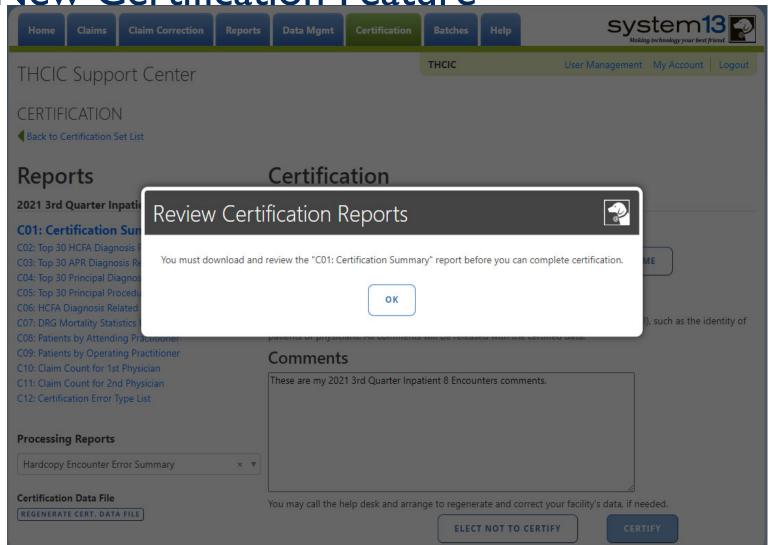
COMMENTS. PLEASE TYPE FACILITY COMMENTS
IN THE COMMENT ON THE CERTIFICATION PAGE.

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

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



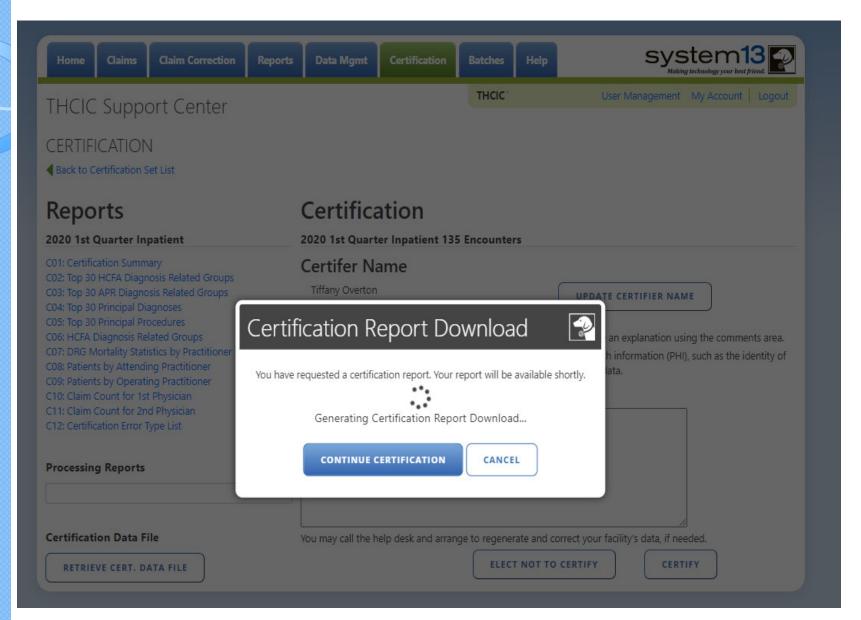
New Certification Feature



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

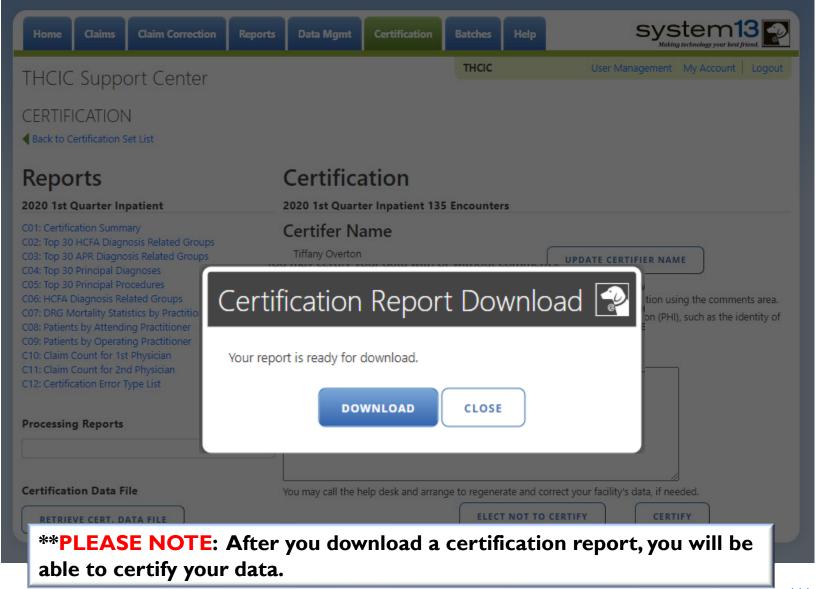


New Certification Feature





New Certification Feature



Certification - Elect Not to Certify

Certification

2020 1st Quarter Inpatient 135 Encounters

Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

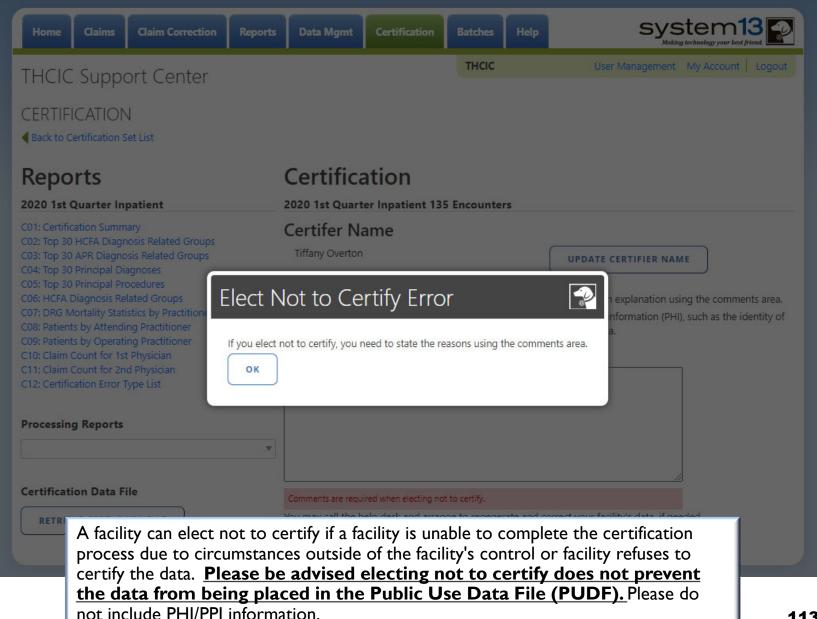
You may certify your data with or without comments.

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

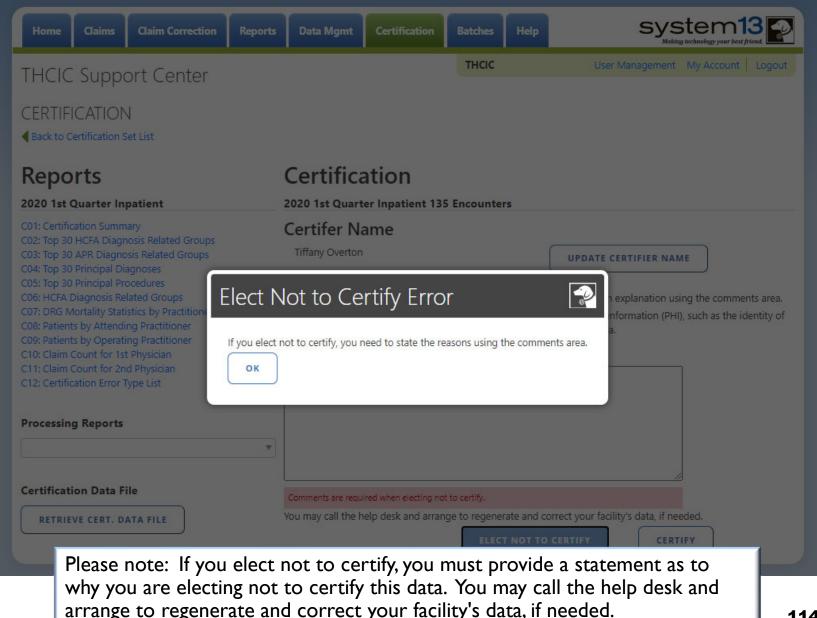
To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

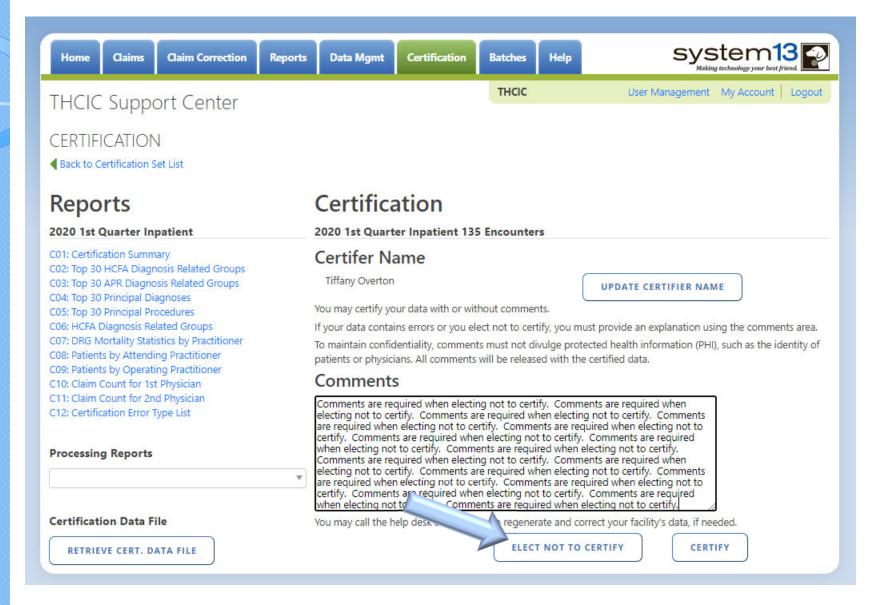
Comments

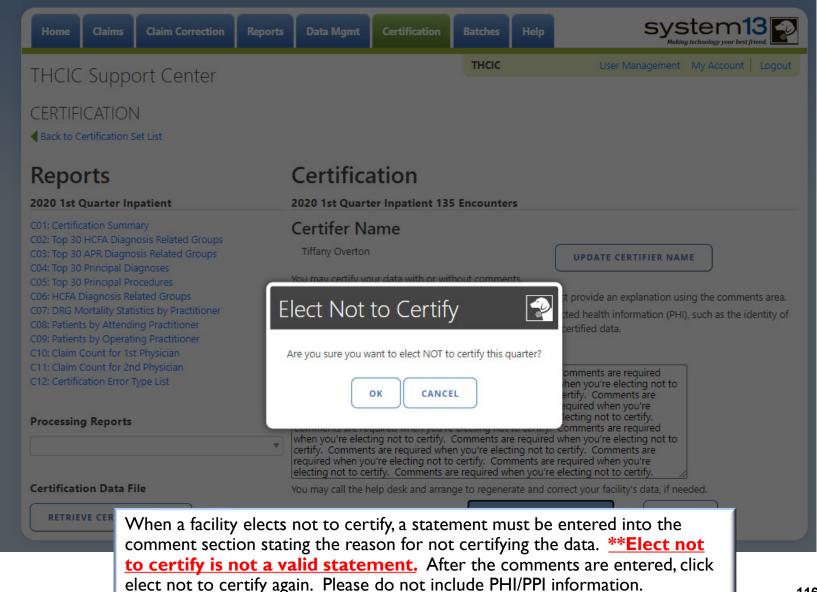




Texas Department of State

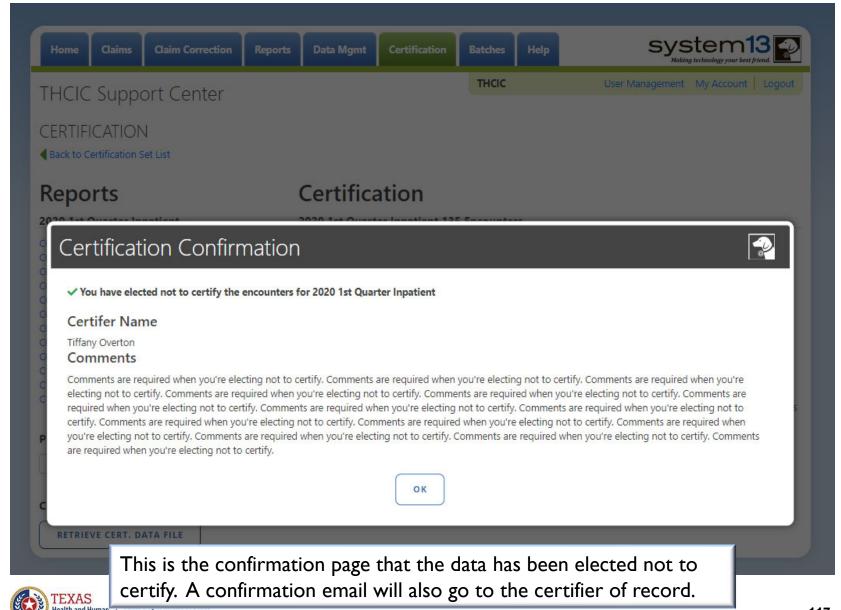






Confirmation - Elect Not to Certify

Health Services



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]

To Overton Tiffany (DSHS

1 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 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

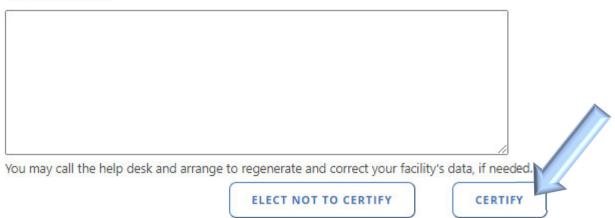
Tiffany Overton

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

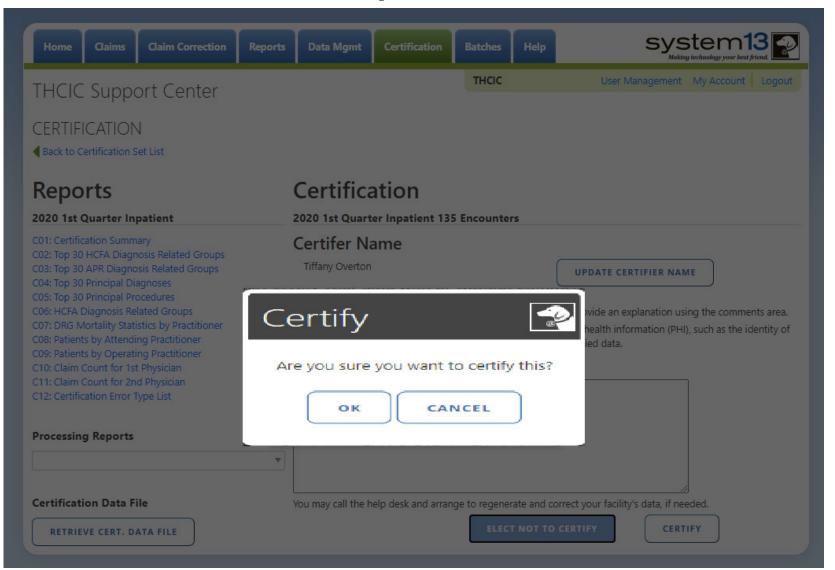


Click certify to certify the data is accurate "as is".



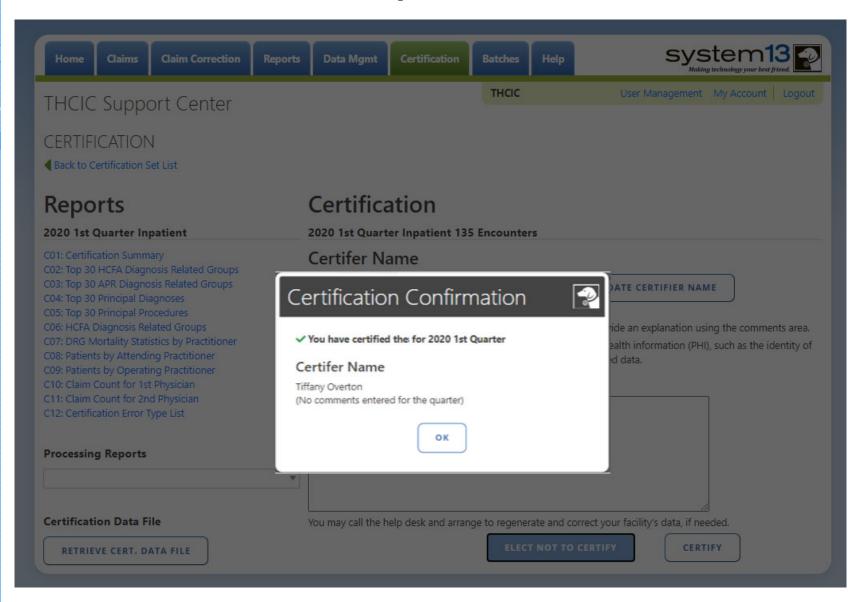


Certification - Certify





Certification - Certify



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]

To Overton, Tiffany (DSHS)

1 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.



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

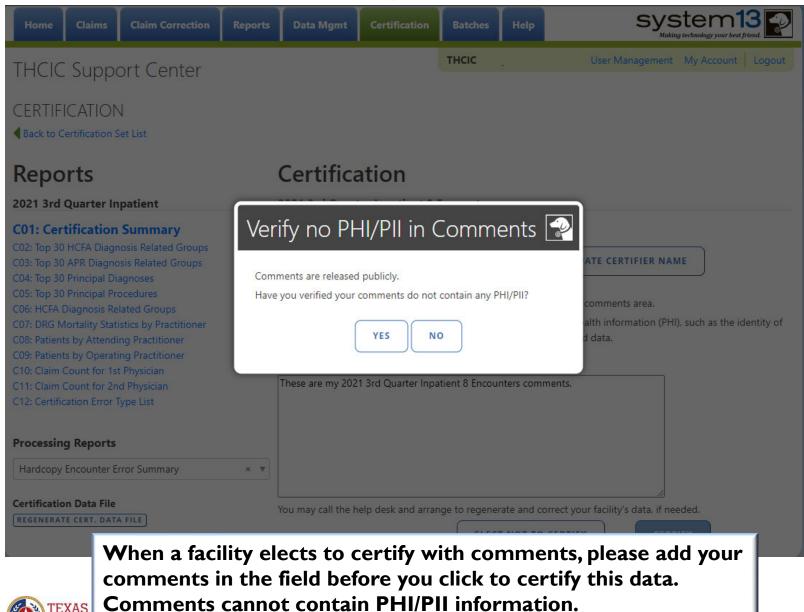
ELECT NOT TO CERTIFY

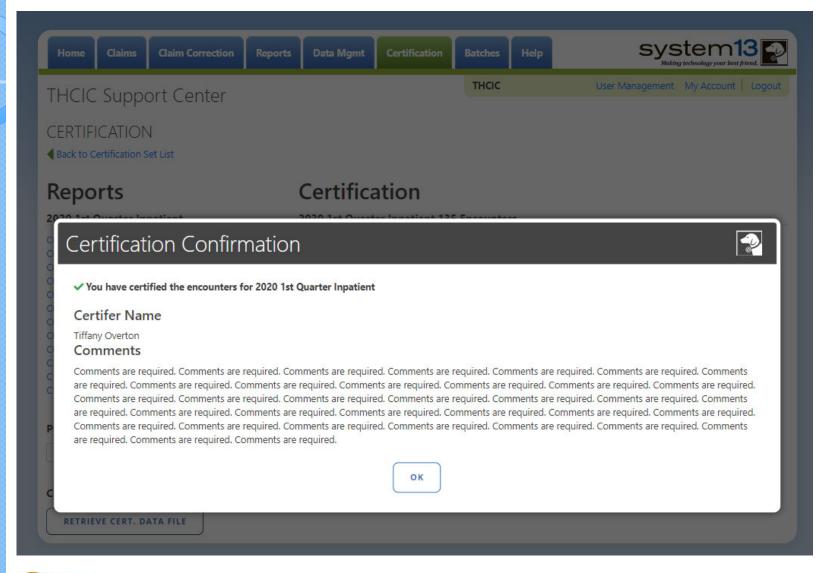
CERTIFY

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

PLEASE NOTE:

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





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.

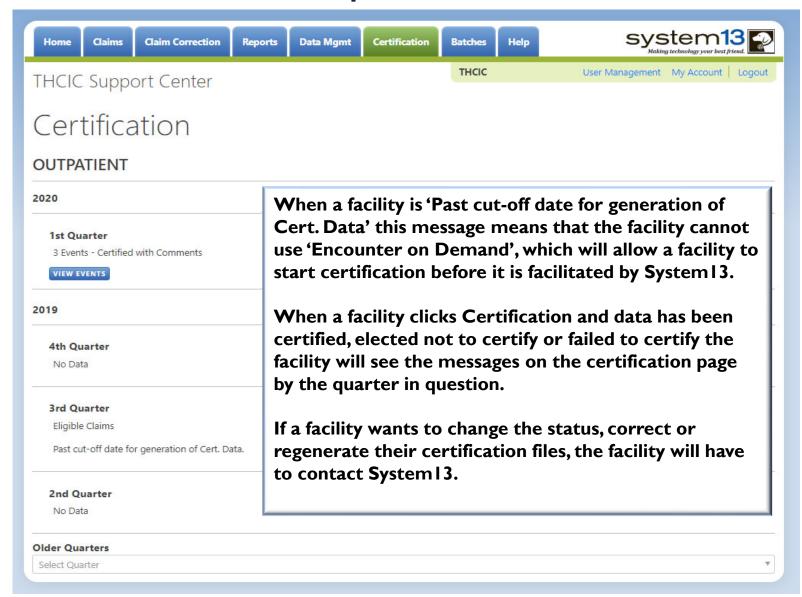
Thank you.

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





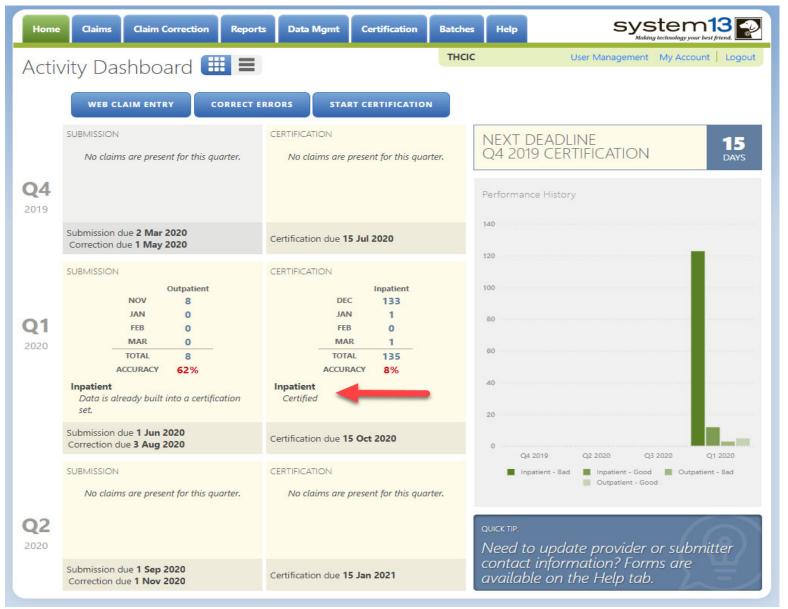
Certification Completed/ Status





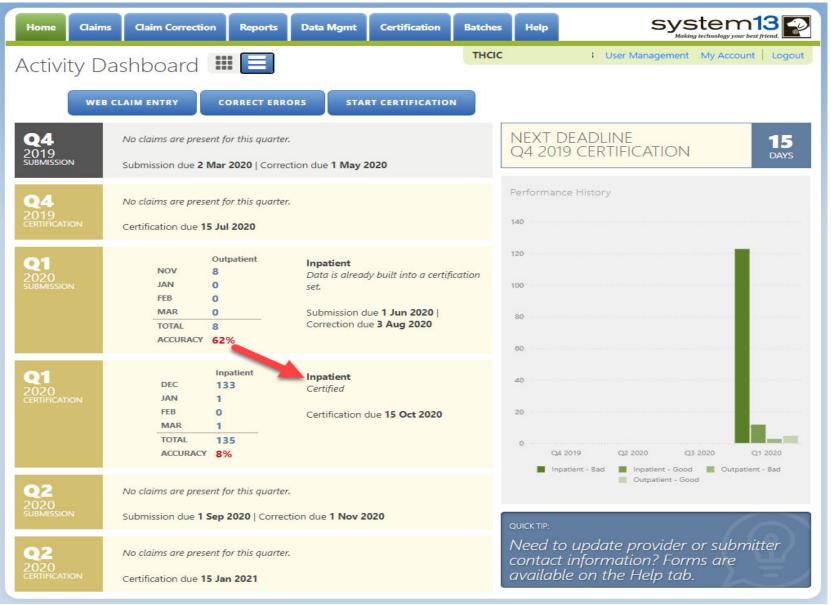


Certification Completed/ Activity Dashboard – Grid View



Certification Completed/ Activity Dashboard – List View









Certification Information

What does it mean to "certify" the data?

- It 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?

• 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



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



THCIC Contact

Maddress:

Texas Health Care Information Collection
Dept of State Health Services – Center for Health
Statistics
I 100 W 49th St, Ste M-660
Austin, TX 78756

Phone: 512- 776-7261

Fax: 512- 776-7740

E-mail: THCIChelp@dshs.texas.gov

Web site: http://www.dshs.texas.gov/THCIC



THCIC Contact

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



Address:

System I 3, Inc I 648 State Farm Blvd. Charlottesville, VA 229 I I

Phone: I-888-308-4953

🏂 Fax: 434-979-1047

E-mail: THCIChelp@system I 3.com

Web site: https://thcic.system13.com

Document #: 25-15002