TEXAS
Health and Human Services

Texas Department of State Health Services

# Inpatient Certification

## (Formerly WebCertification)

**Revised April 2024**

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

**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 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

**Texas Health Care Information Collection**
**Center for Health Statistics**

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

| Activity | Q4 2023 | Q1 2024 | Q2 2024 | Q3 2024 | Q4 2024 | Q1 2025 | Q2 2025 |
|---|---|---|---|---|---|---|---|
| Cutoff for initial submission | 3-1-24 | 6-3-24 | 9-2-24 | 12-2-24 | 3-3-25 | 6-2-25 | 9-1-25 |
| Cutoff for corrections | 5-1-24 | 8-1-24 | 11-1-24 | 2-3-25 | 5-1-25 | 7-15-25 | 10-15-25 |
| Facilities retrieve certification files | 6-3-24 | 9-2-24 | 12-2-24 | 3-3-25 | 6-2-25 | 9-1-25 | 12-1-25 |
| Certification/ comments due | 7-15-24 | 10-15-24 | 1-15-25 | 4-15-25 | 7-15-25 | 10-1-25 | 1-2-26 |

The reporting schedule is a rule driven schedule, under **Chapter 421**, Title 25, Part 1 of the Texas Administrative Code, Subchapter D, **RULE §421.66.** 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 2023 | Q1 2024 | Q2 2024 |
|---|---|---|---|
| Cutoff for initial submission | 3-1-24 | 6-3-24 | 9-2-24 |
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| Facilities retrieve certification files | 6-3-24 | 9-2-24 | 12-2-24 |
| Certification/ comments due | 7-15-24 | 10-15-24 | 1-15-25 |

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

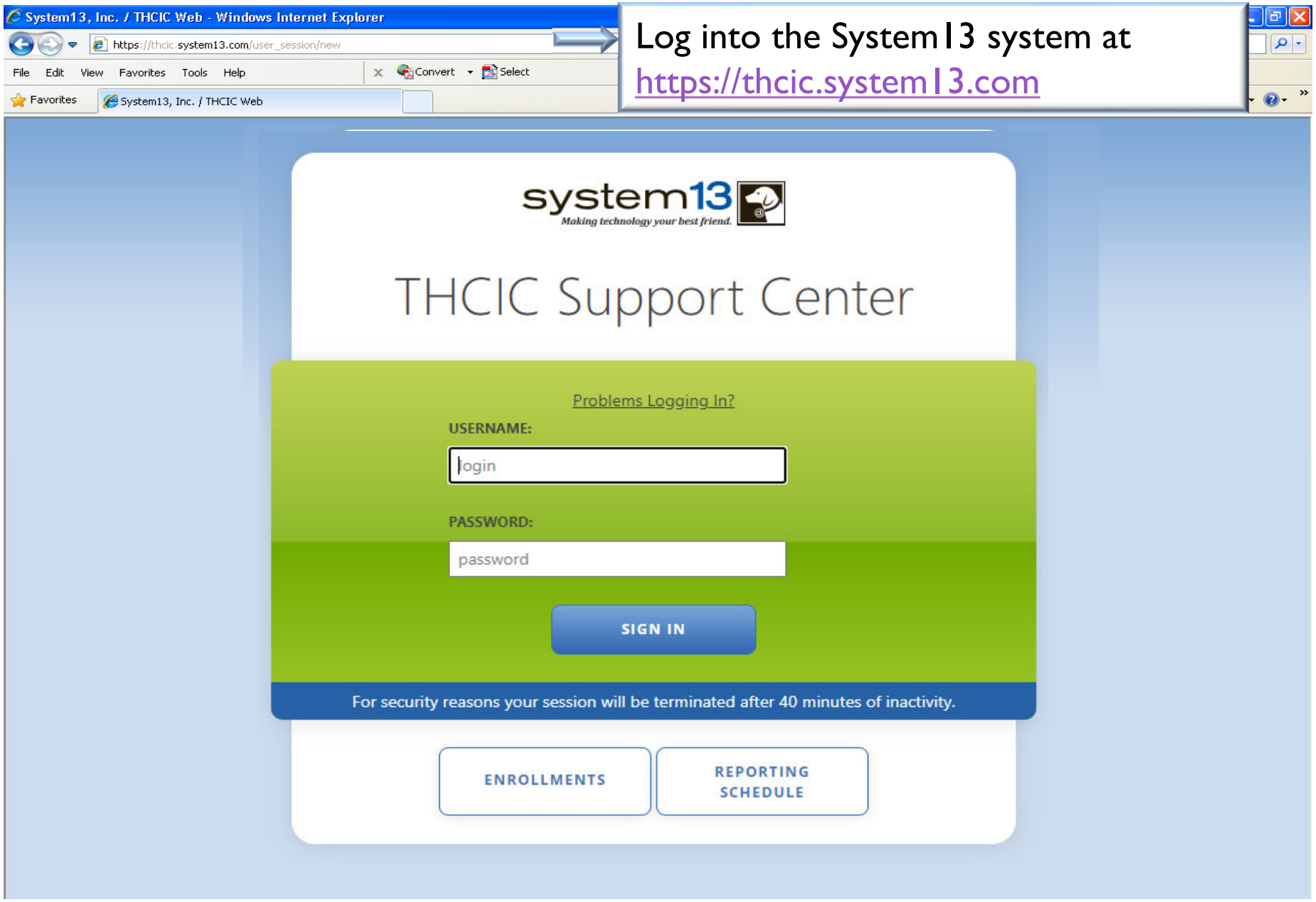
**Cutoff for corrections**, is when the corrections are due by for that quarter

**Facilities receive certification files**, by this date System13 sends the certification files

**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 **Chapter 421**, Title 25, Part 1 of the Texas Administrative Code, subchapter D, RULE §421.66. 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.

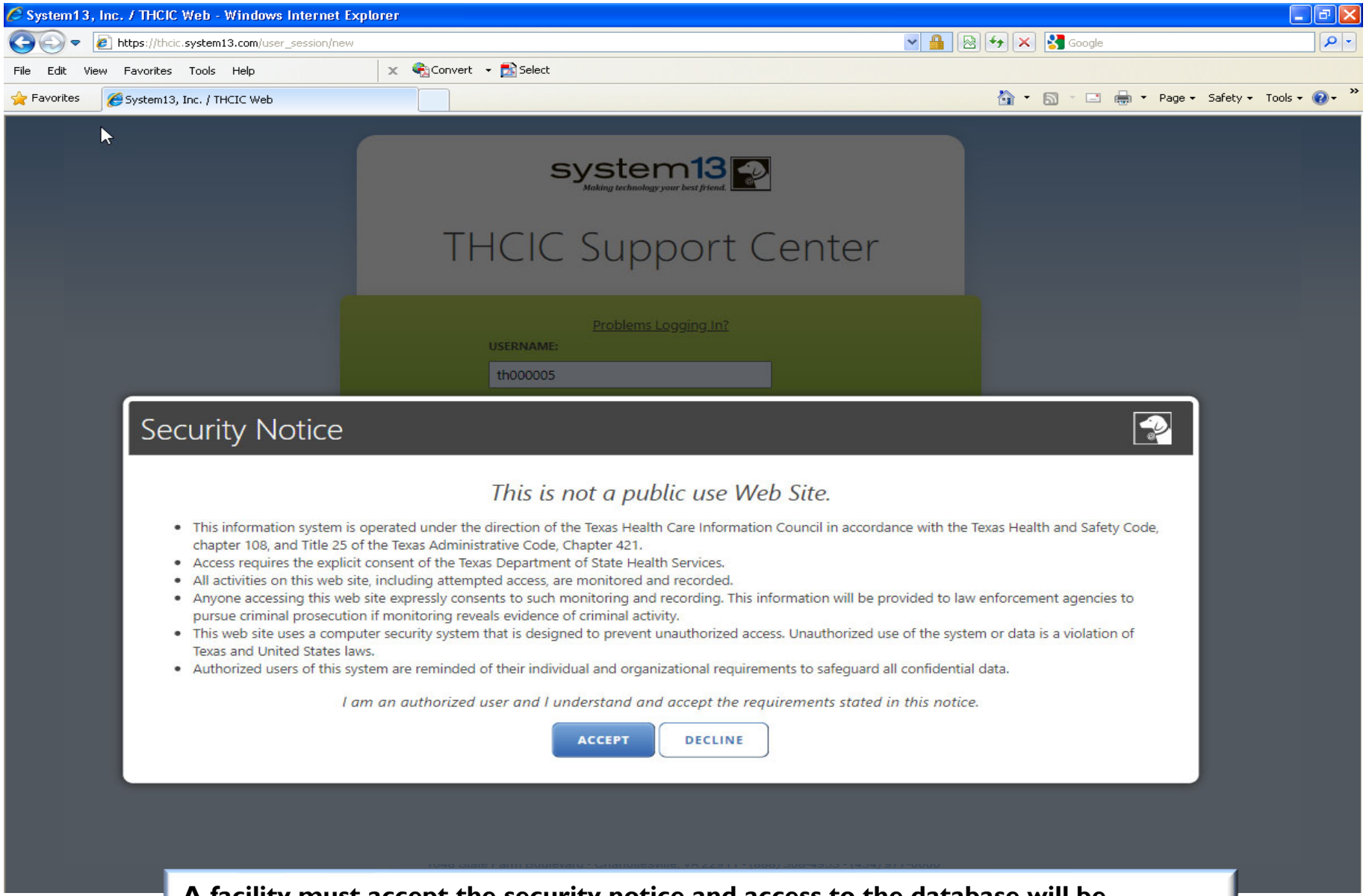
# THCIC System



# Log In the System as a Provider

**Put in THCIC ID username and password. Click 'sign in'.**

# Security Notice

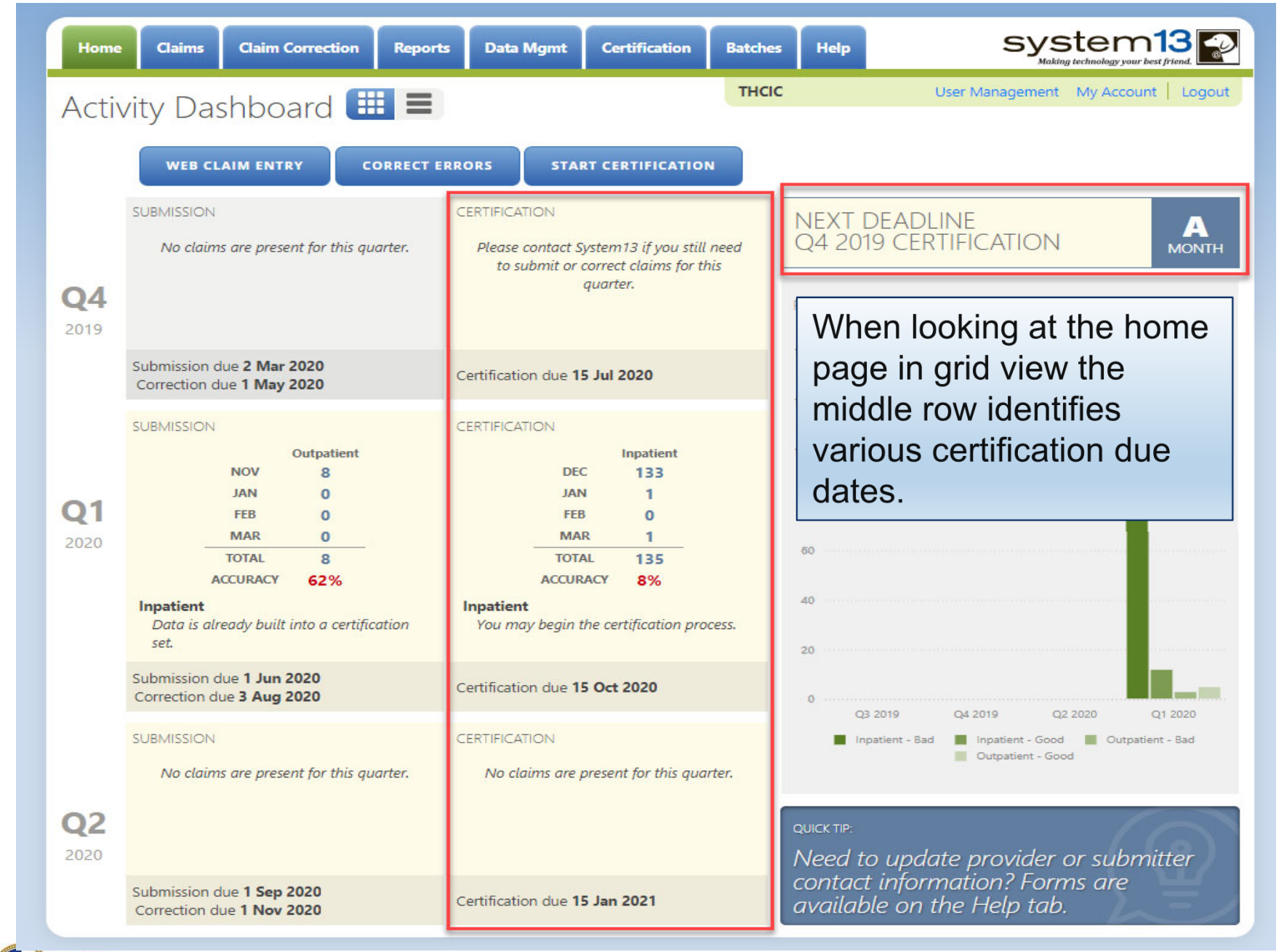



**A facility must accept the security notice and access to the database will be provided. If a facility declines this notice, access will not be granted to the database.**

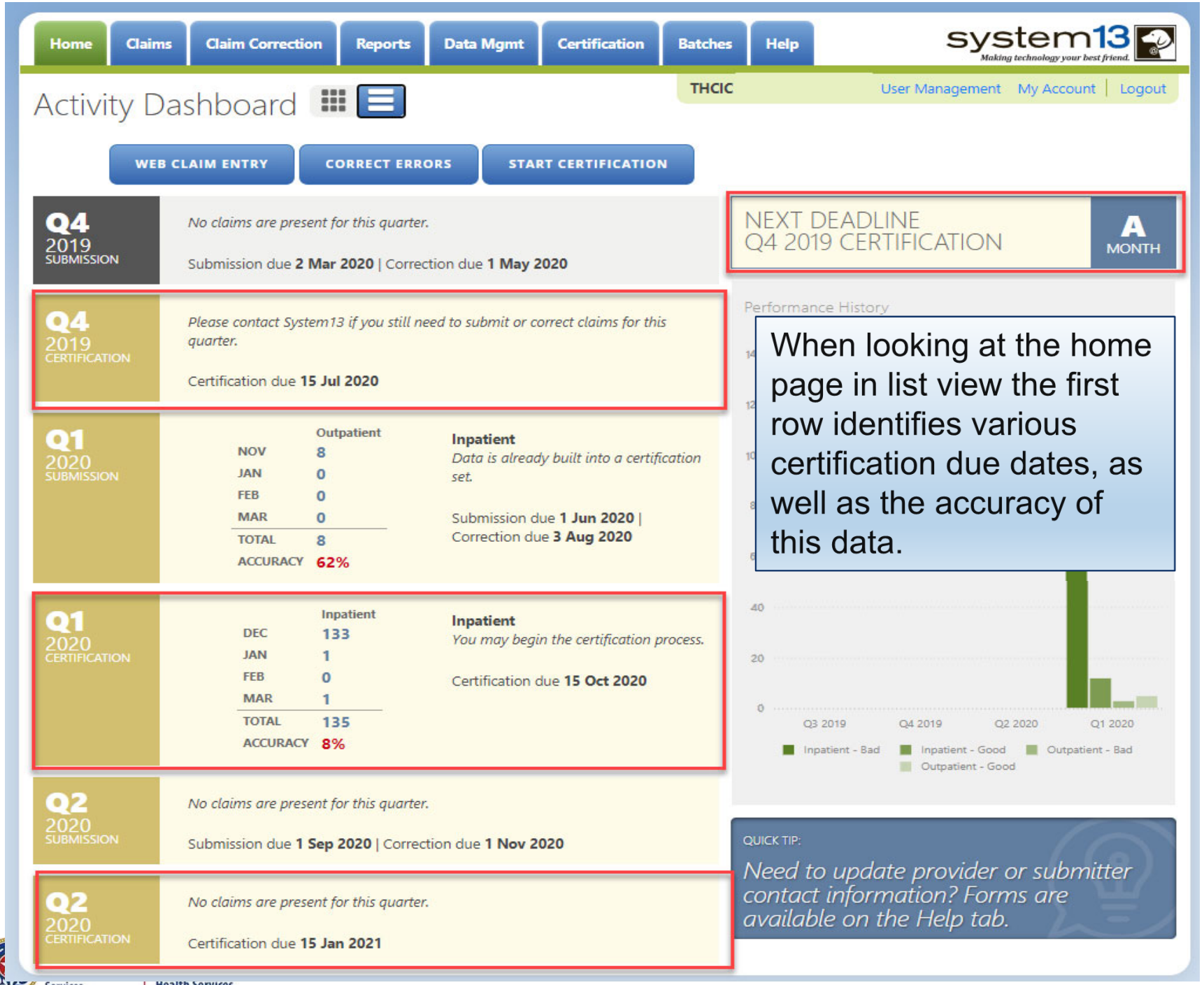
# New Provider Dashboard

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

# Certification/ Start Certification – Grid View



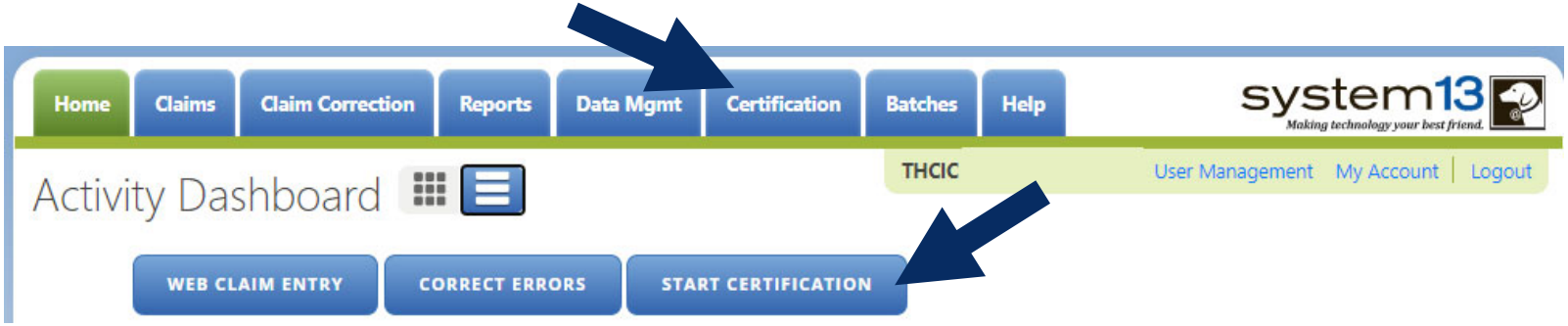
# Certification/ Start Certification – List View




When looking at the home page in list view the first row identifies various certification due dates, as well as the accuracy of this data.

Services | Health Services

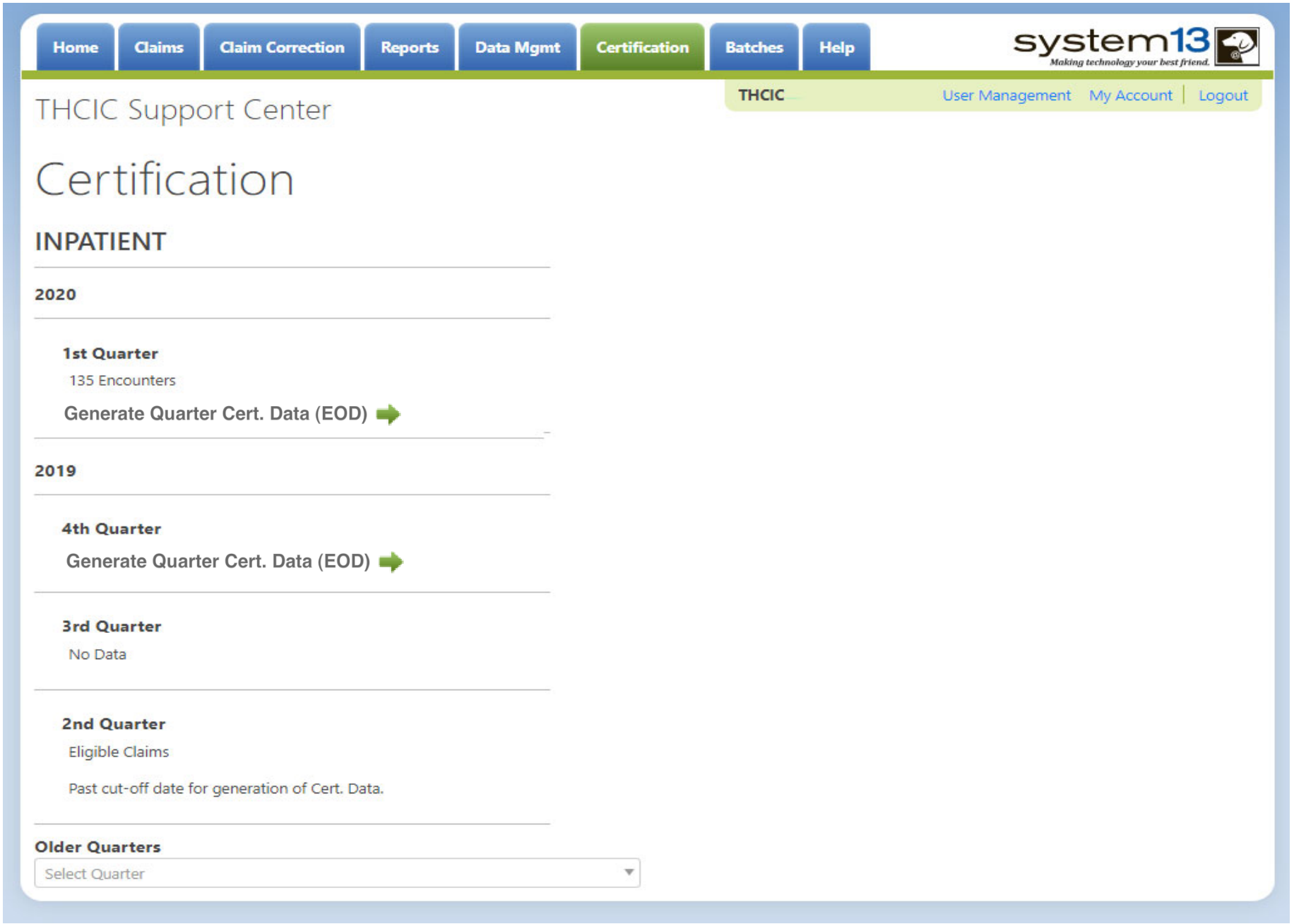
# Go to Certification




The user can go to Certification by the provider tab

or by the activity dashboard icon

# Opening Certification



# Encounter on Demand (EOD)

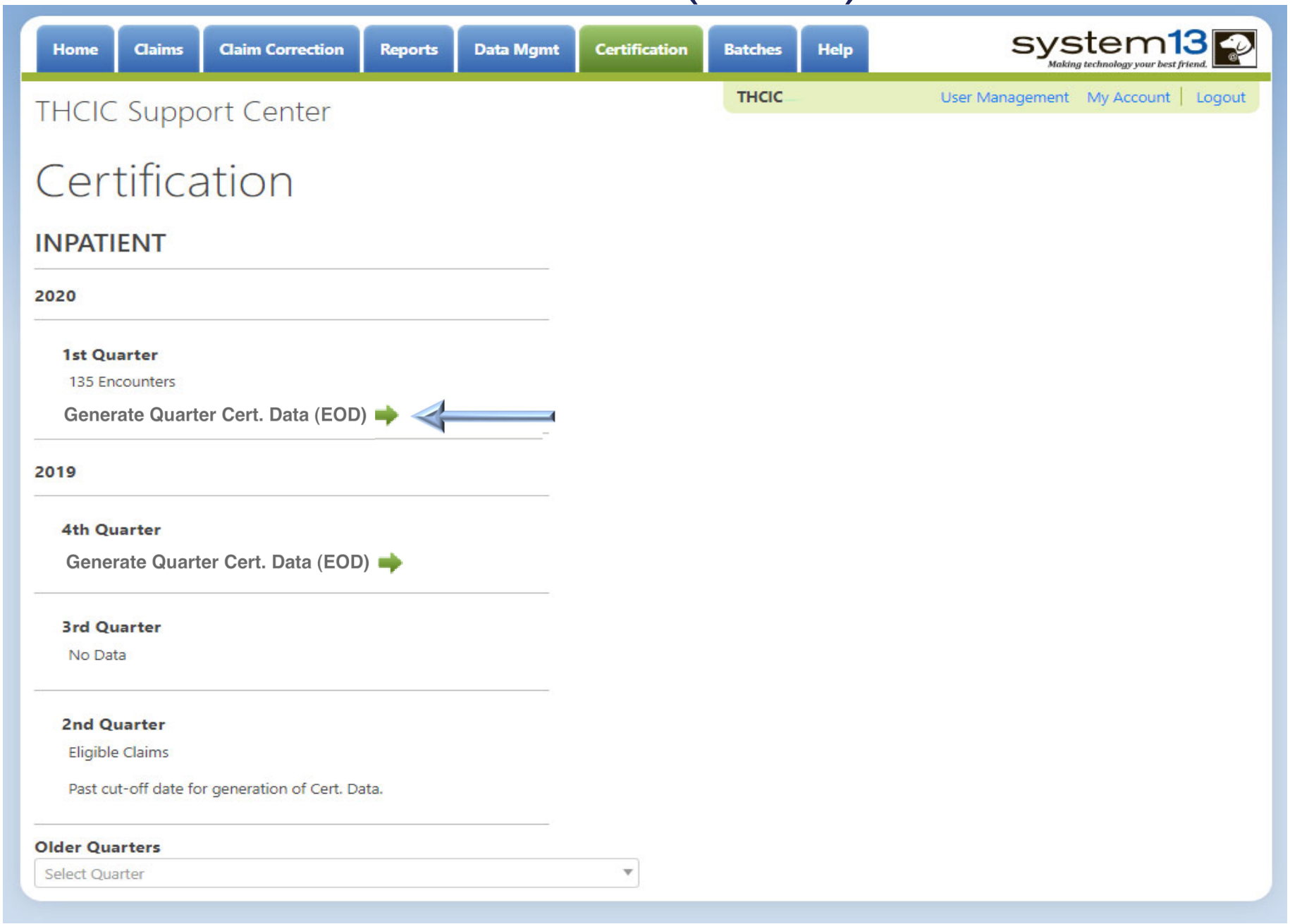
Generate Quarter Cert. Data (EOD) is the ability for facilities to generate quarterly certification data after the quarter has ended.

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.

PLEASE BE ADVISED 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 after the file has been generated, these changes will incur a charge from System13 to regenerate the data. Also, **ANYONE** with access to a UserID as a certifier can initiate the EOD and not just the system administrator for the facility.

# Encounter on Demand (EOD)

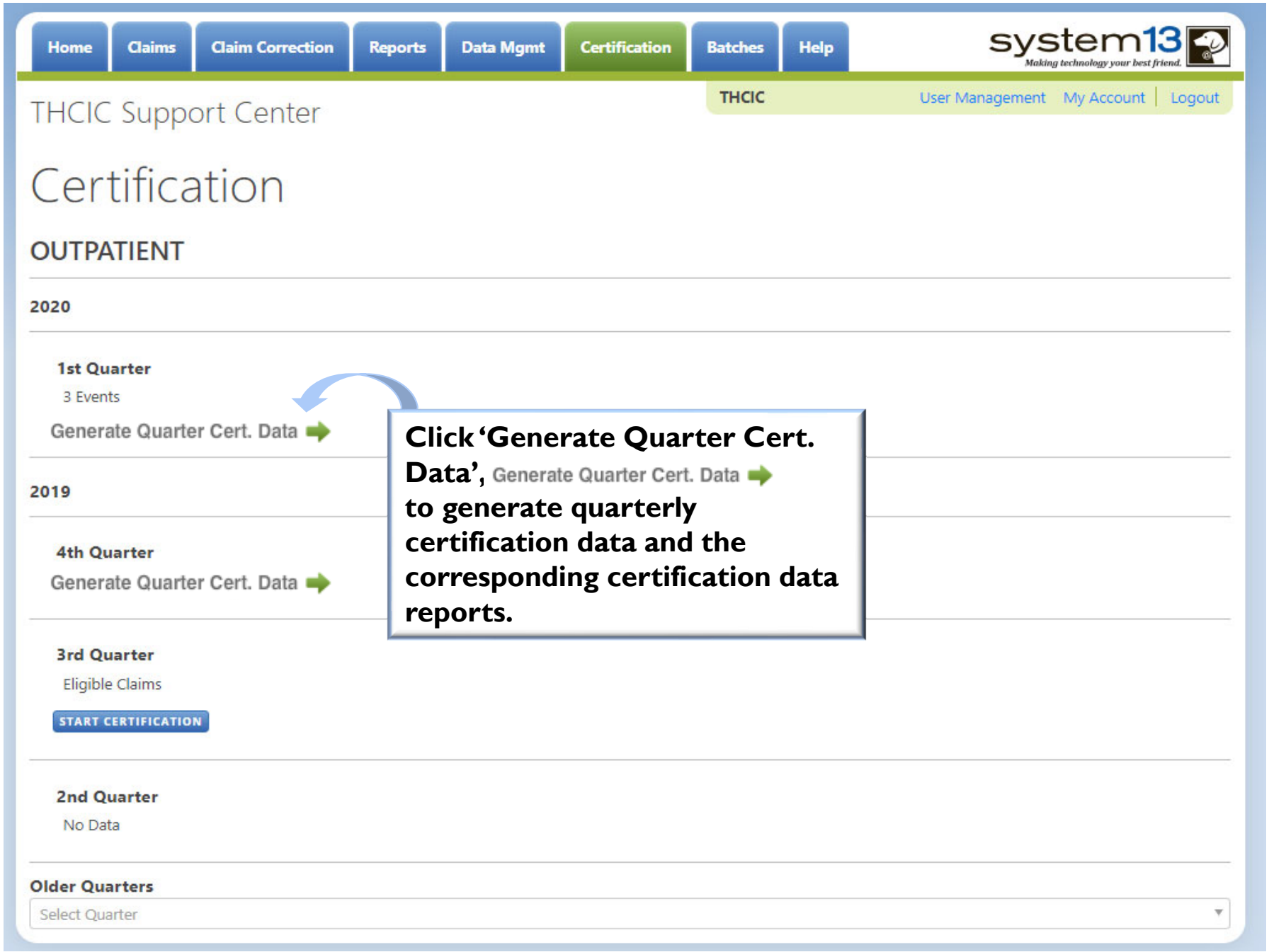
Generate Quarter Cert. Data (EOD)



# Encounter on Demand (EOD)

TEXAS Health and Human Services | Texas Department of State Health Services

Generate Quarter Cert. Data

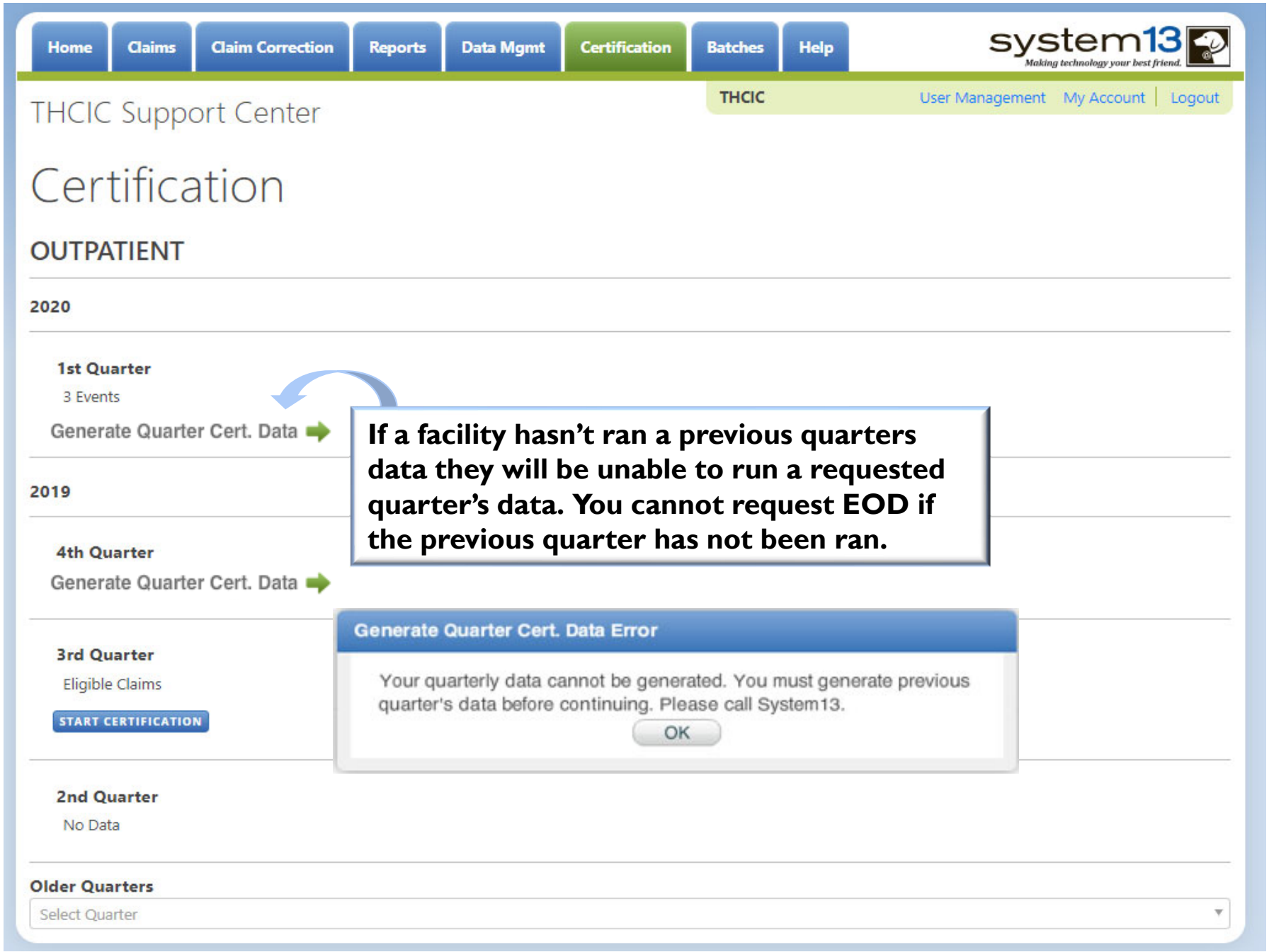



**Click 'Generate Quarter Cert. Data',** Generate Quarter Cert. Data **to generate quarterly certification data and the corresponding certification data reports.**

# Encounter on Demand (EOD)

TEXAS Health and Human Services | Texas Department of State Health Services

Generate Quarter Cert. Data

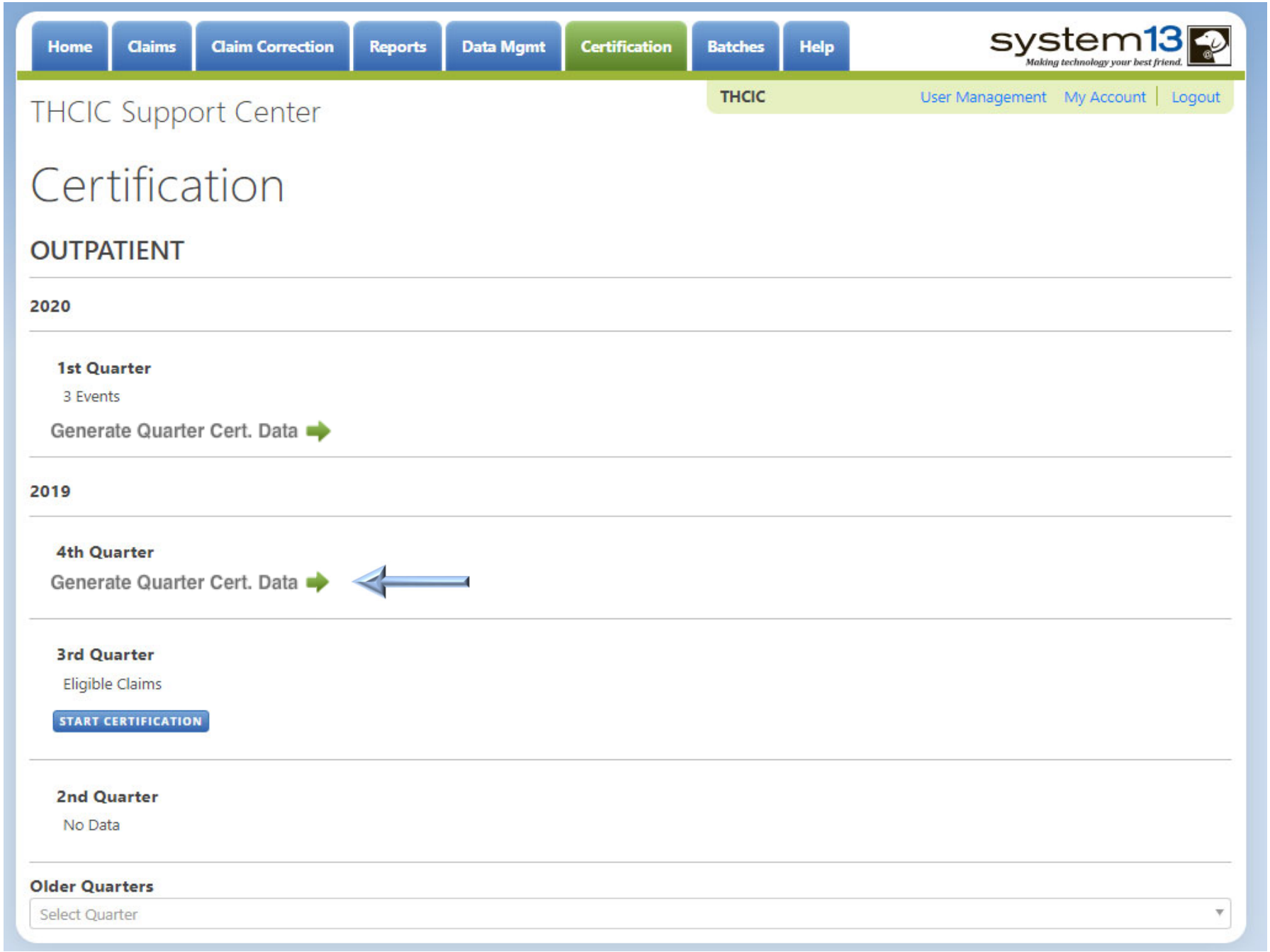



**If a facility hasn't ran a previous quarters data they will be unable to run a requested quarter's data. You cannot request EOD if the previous quarter has not been ran.**

# Encounter on Demand (EOD)

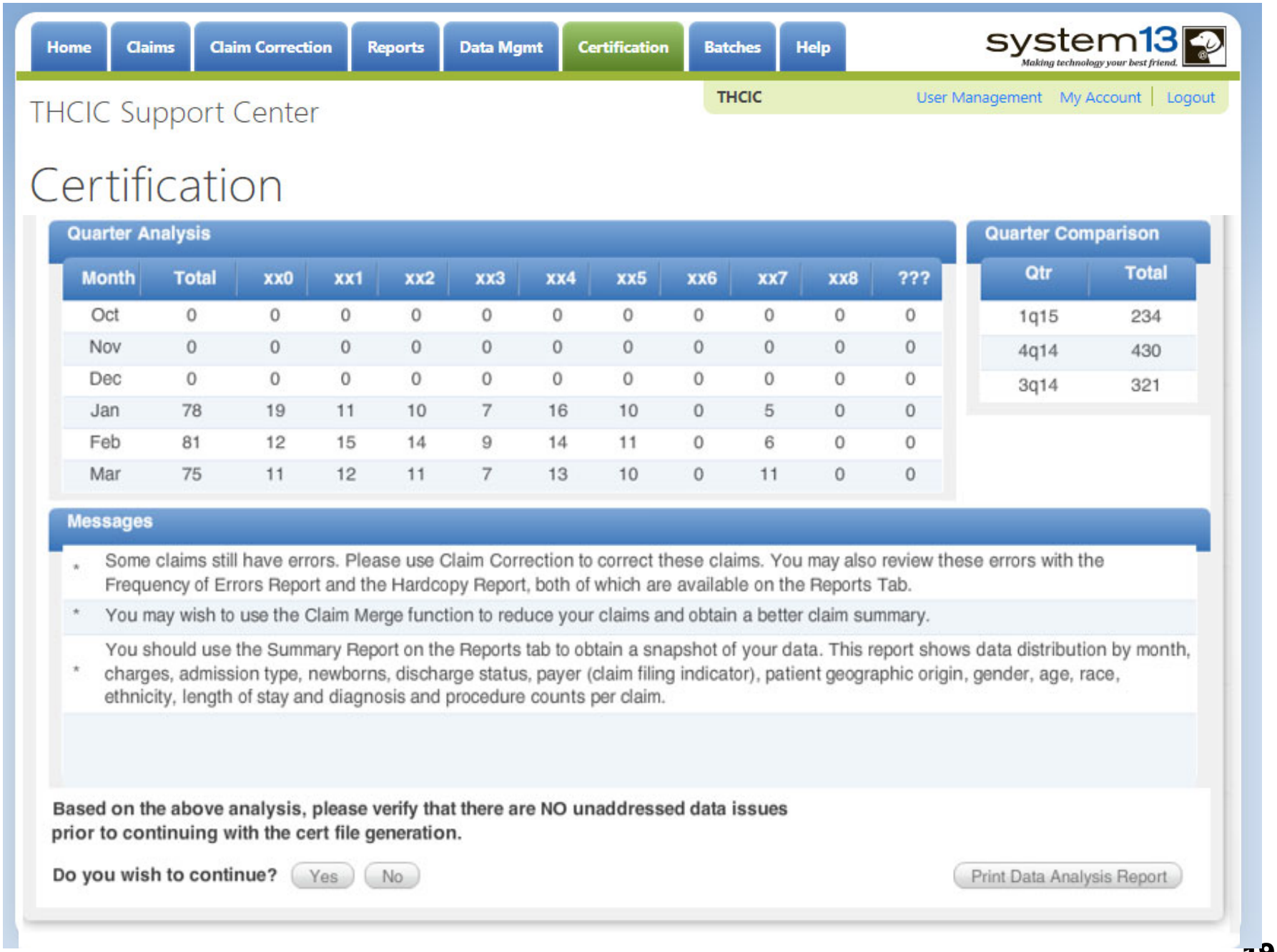
TEXAS Health and Human Services | Texas Department of State Health Services

Generate Quarter Cert. Data



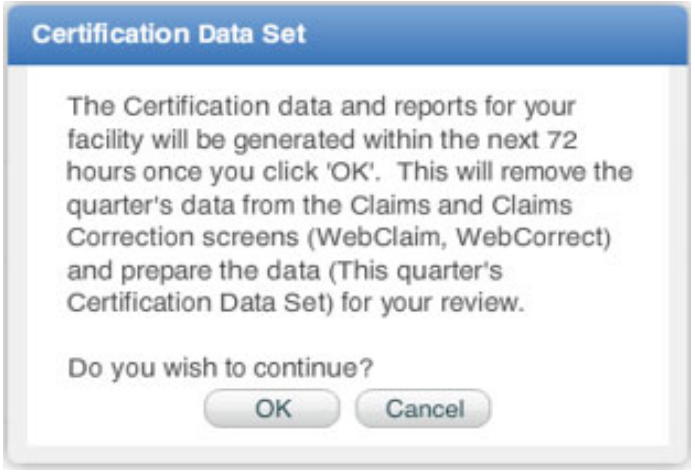
# Encounter on Demand (EOD)

Generate Quarter Cert. Data



# Encounter on Demand (EOD)

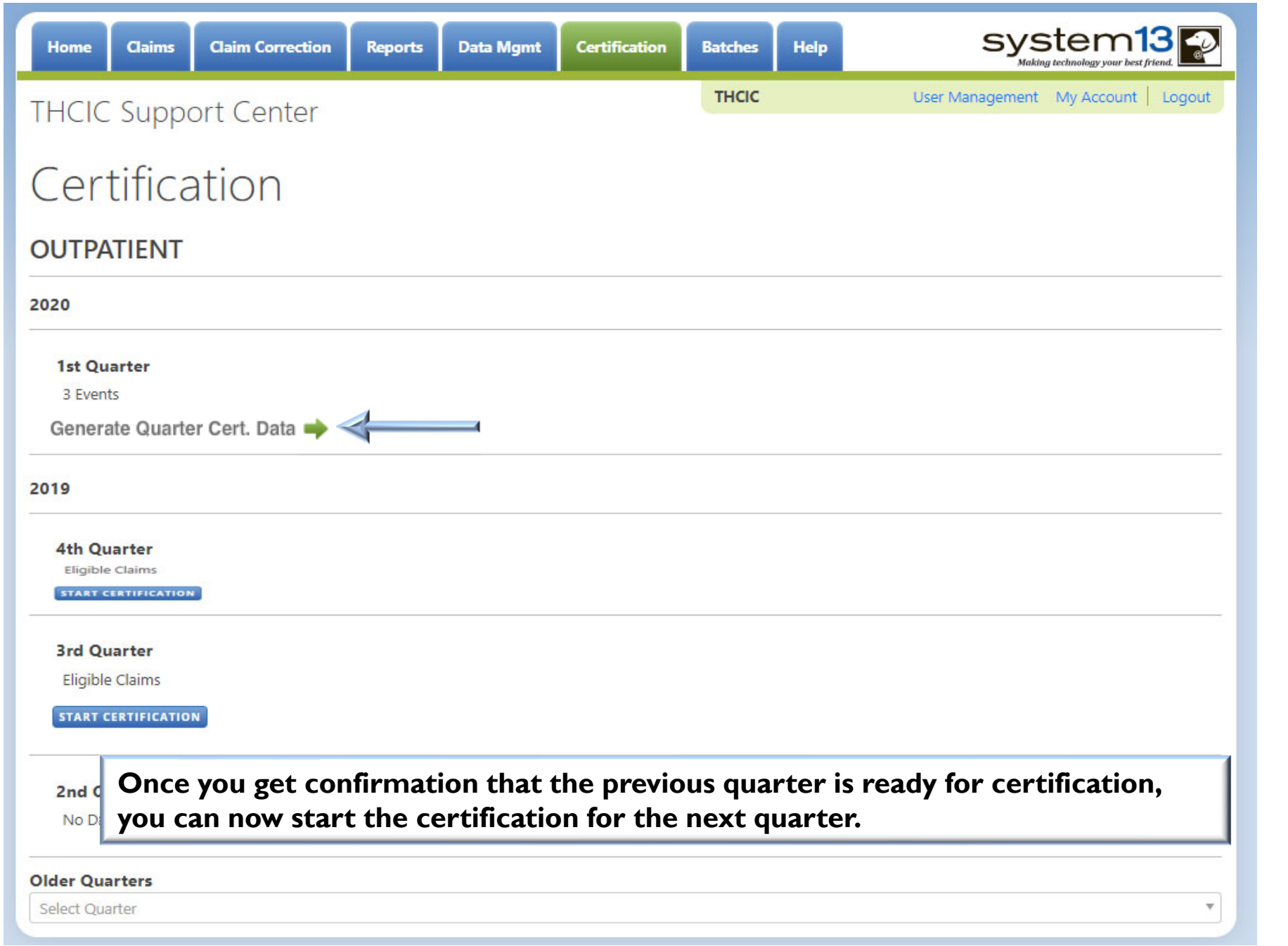
Generate Quarter Cert. Data



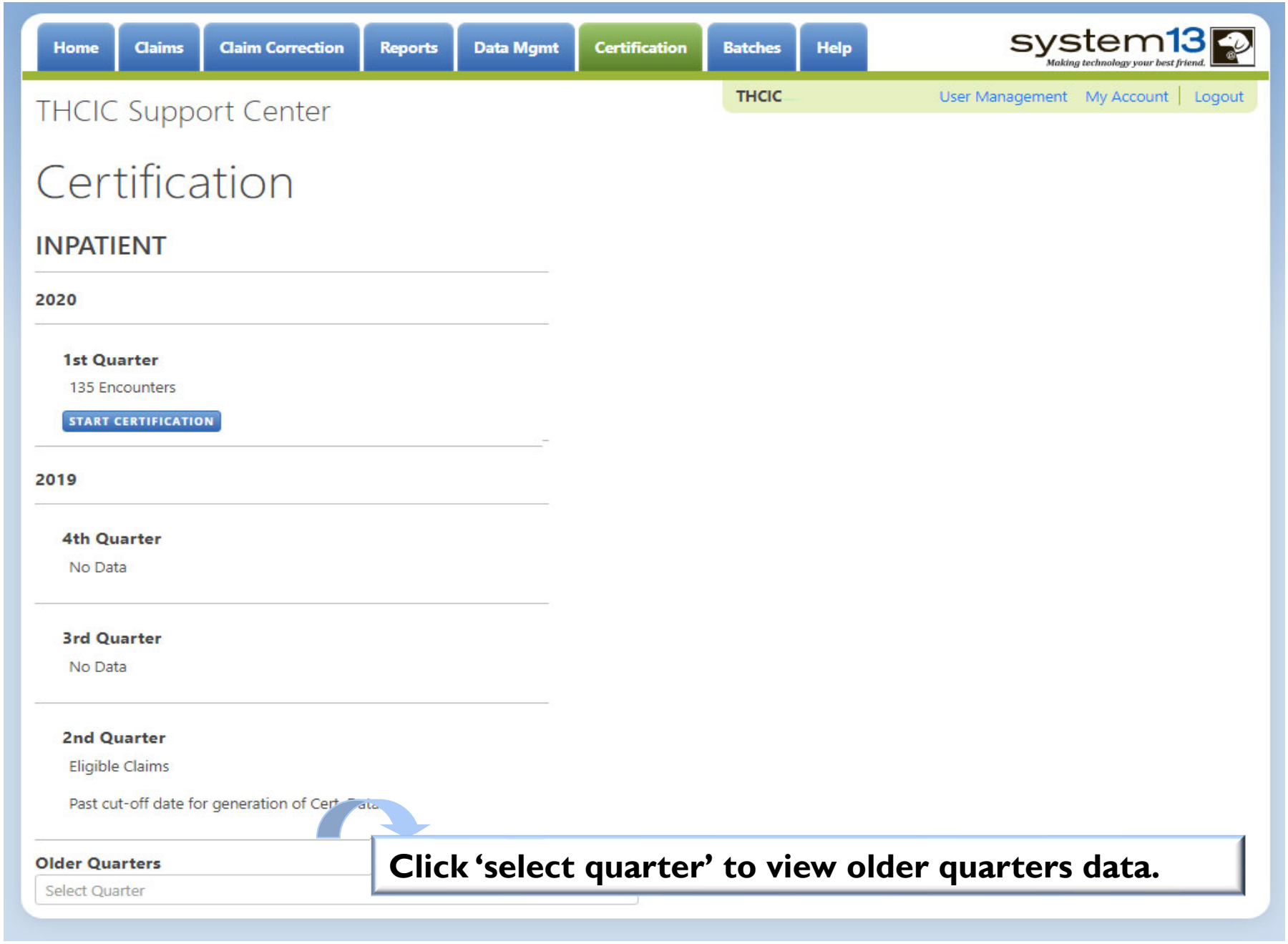

**A facility will have to verify twice, that the facility is requesting to generate this file.**

**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.**

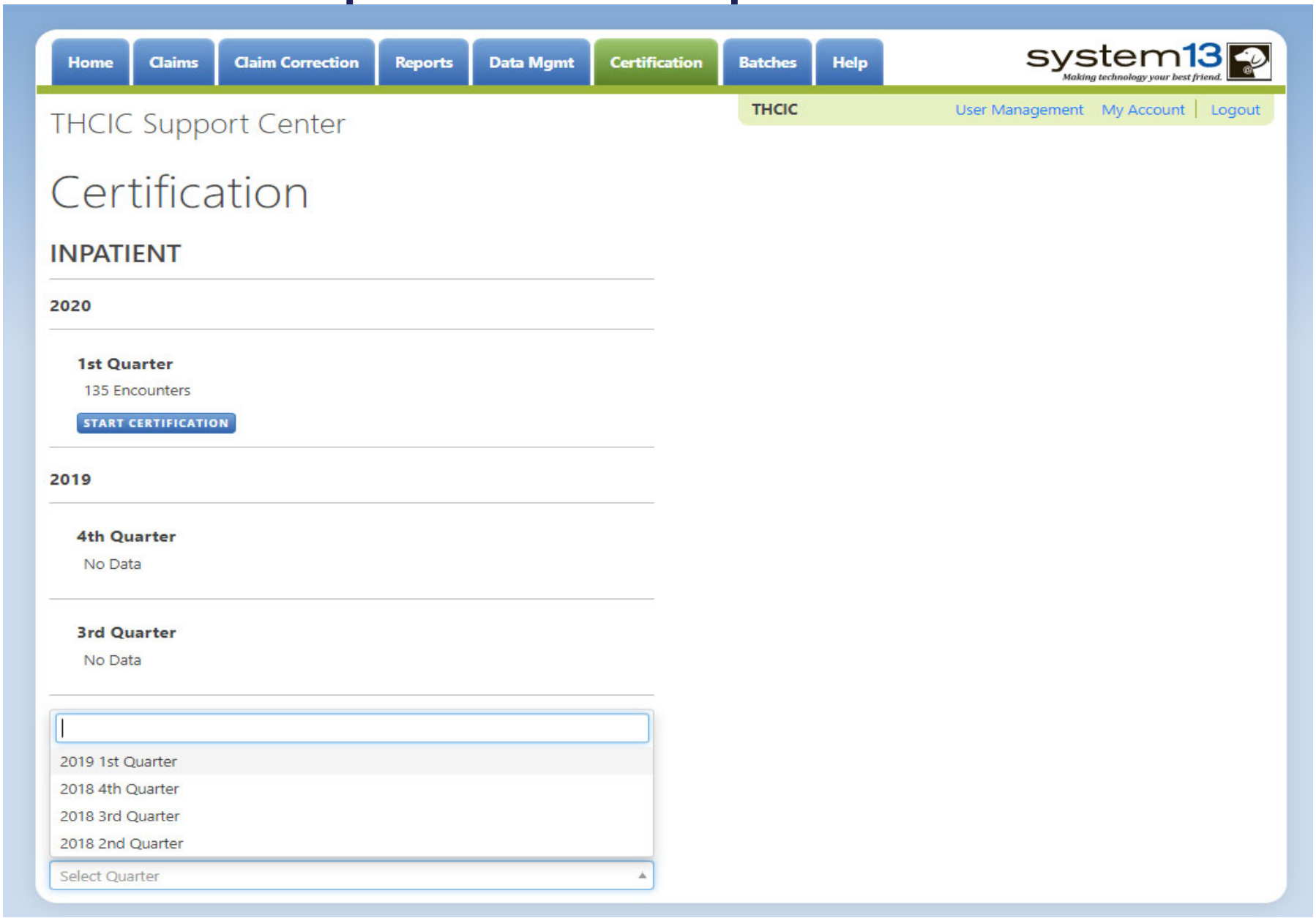
# Encounter on Demand (EOD)



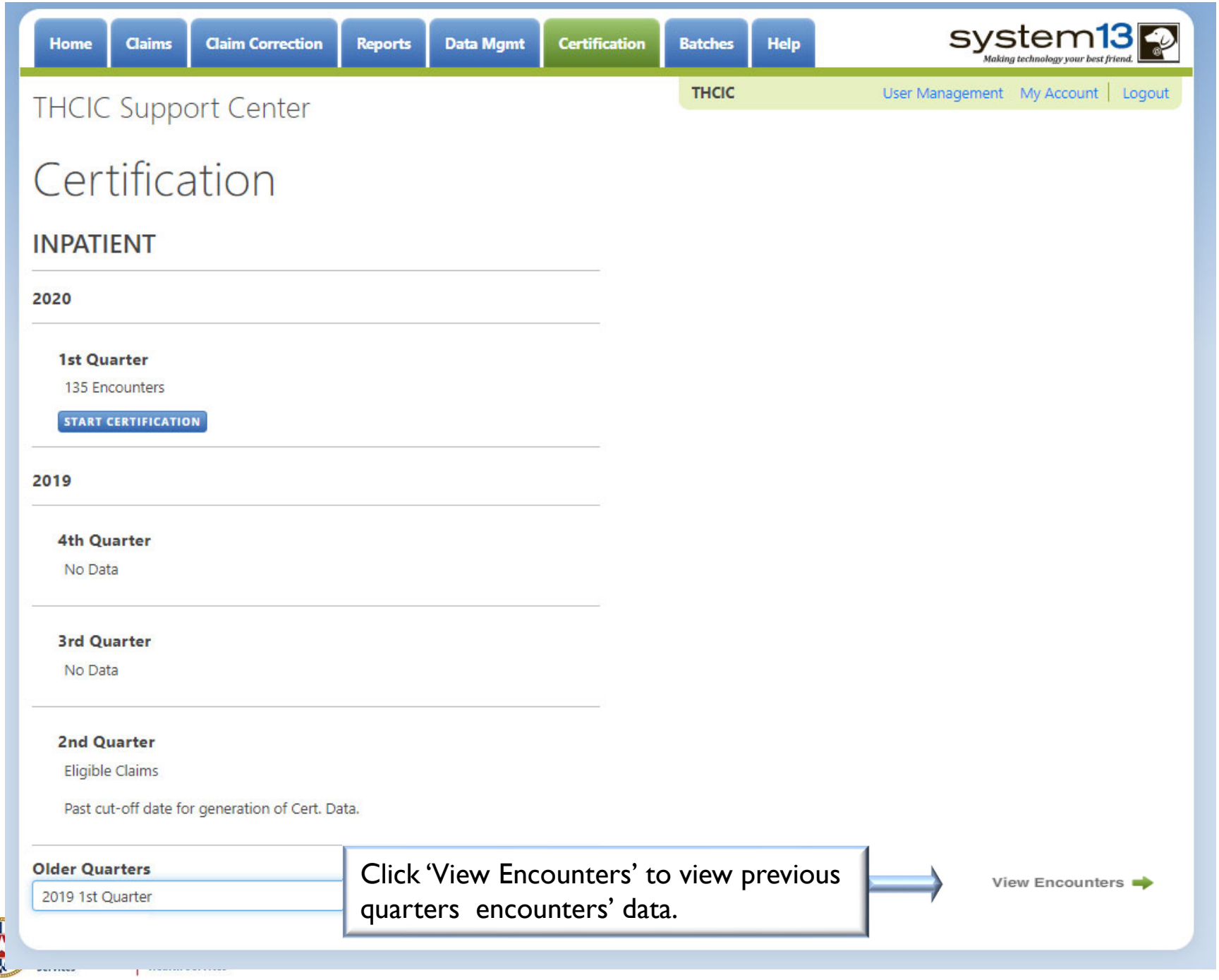
# Older Quarters Data



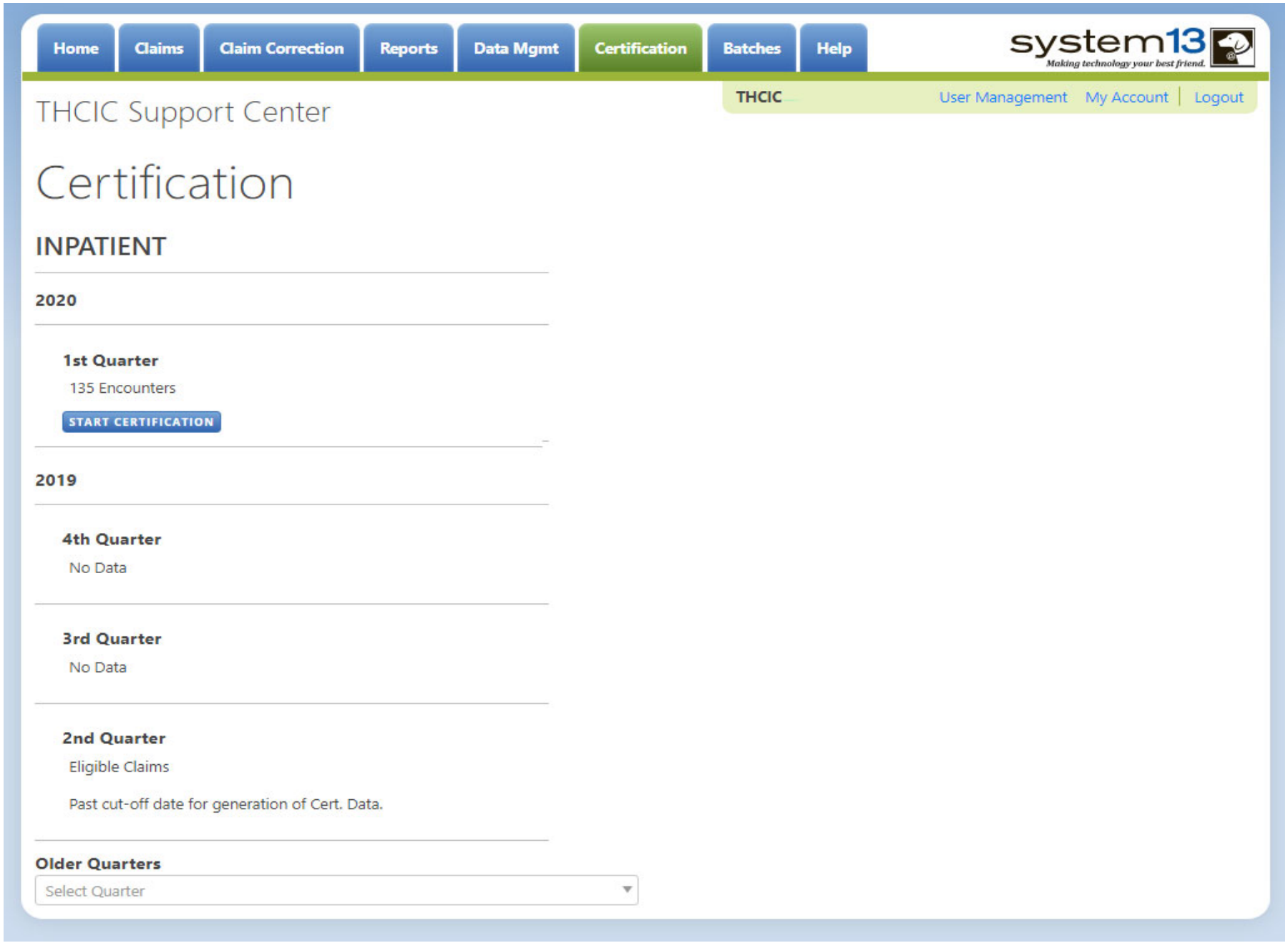
# Select the quarter of requested data for…



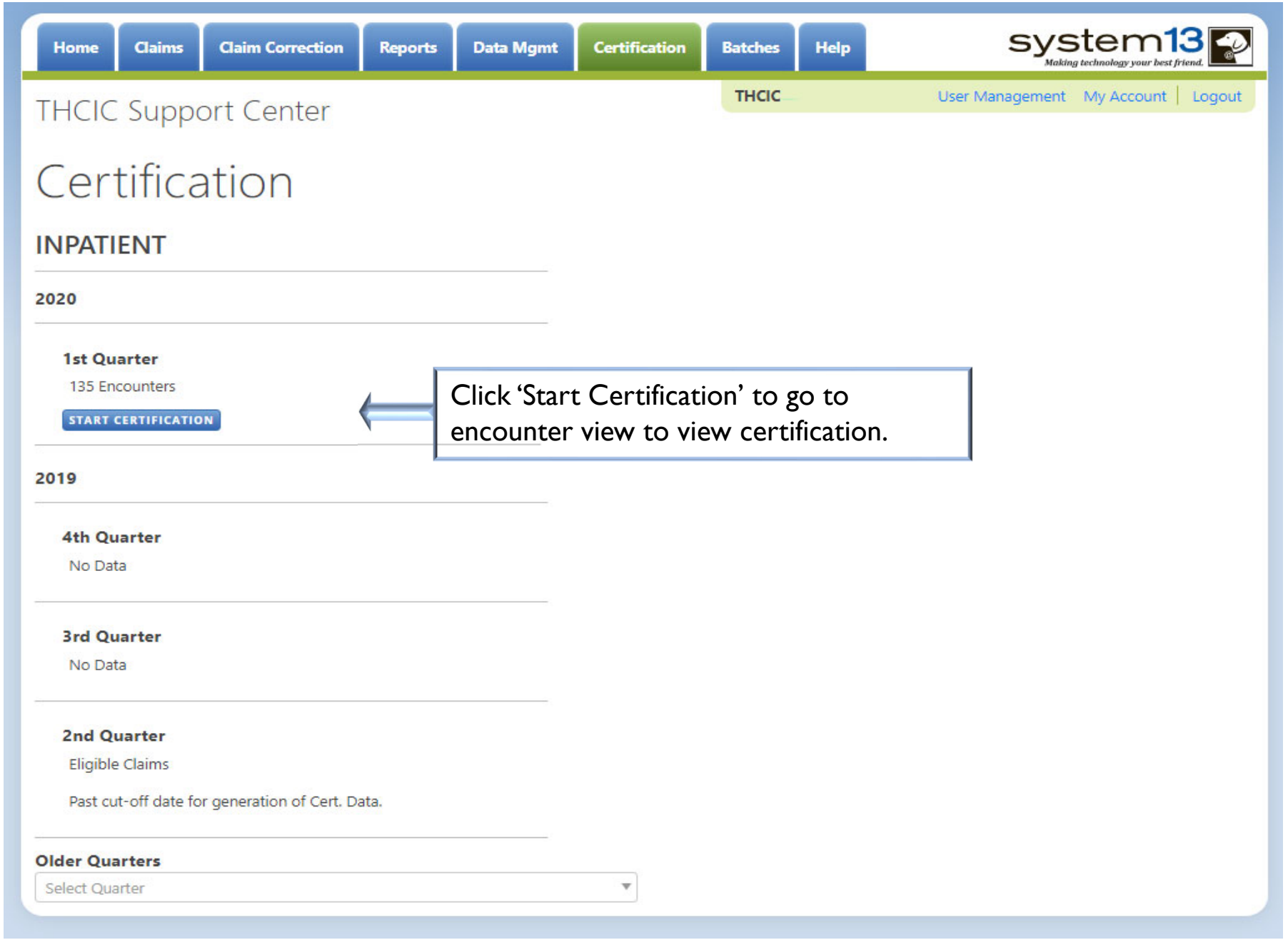
# View Encounters for Older Quarters



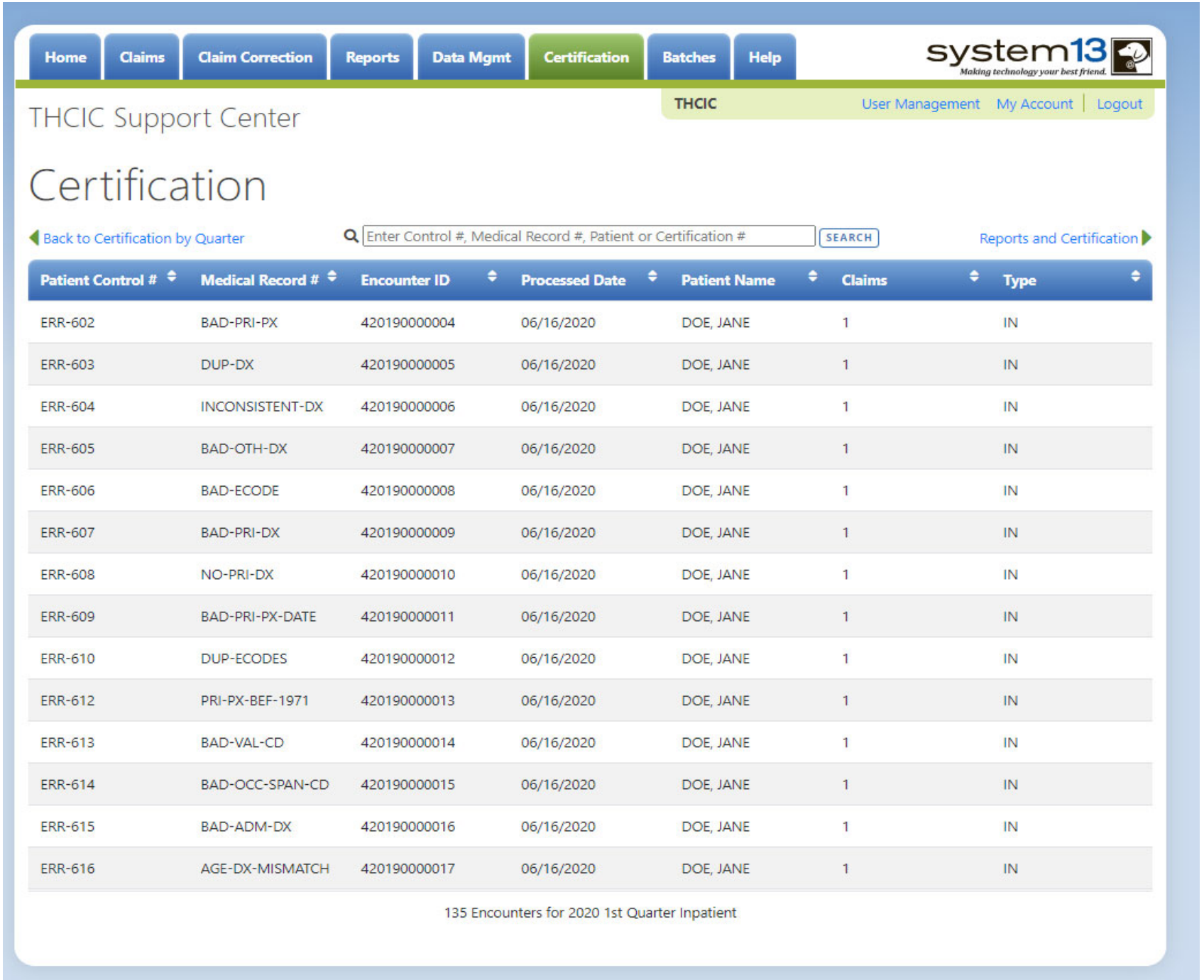
# Certification Inpatient



# Start Certification



# List of all Encounters Generated

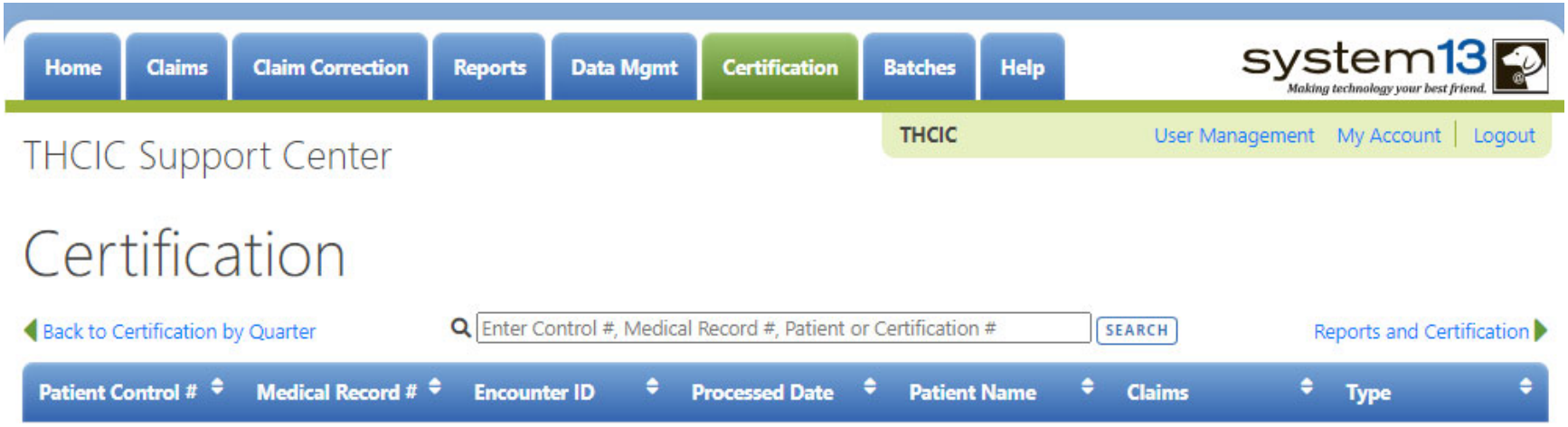


# Encounter View

- The encounters are ordered by encounter ID specified by System13. 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.

# Search for Listing for Claims



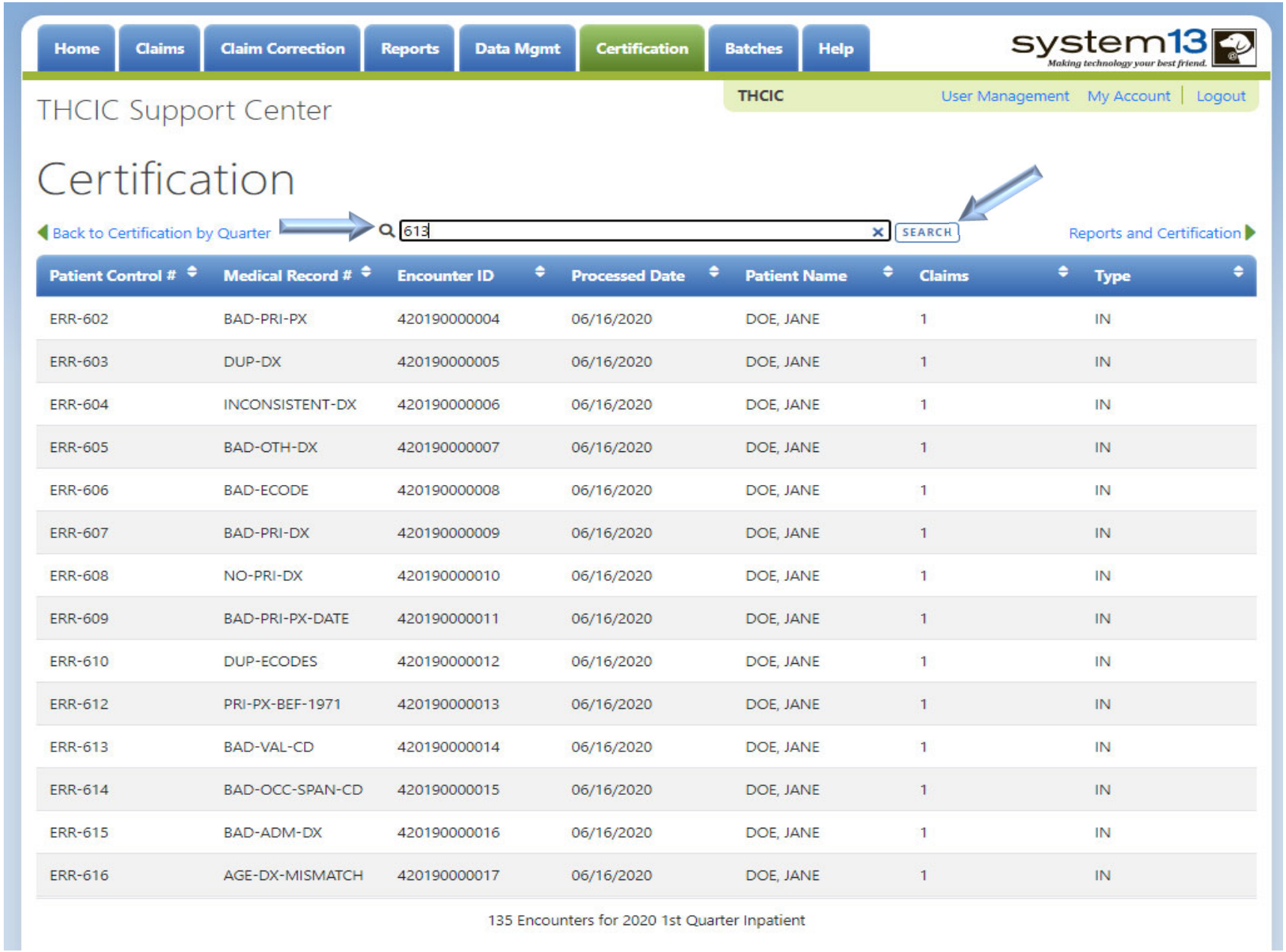

**Once the user opens the claim correction tab, a listing of all claims that need correction will be displayed.**

**The user can modify the claims by:**

- **Control #**
- **Medical record #**
- **Encounter ID**
- **Patient Name**

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

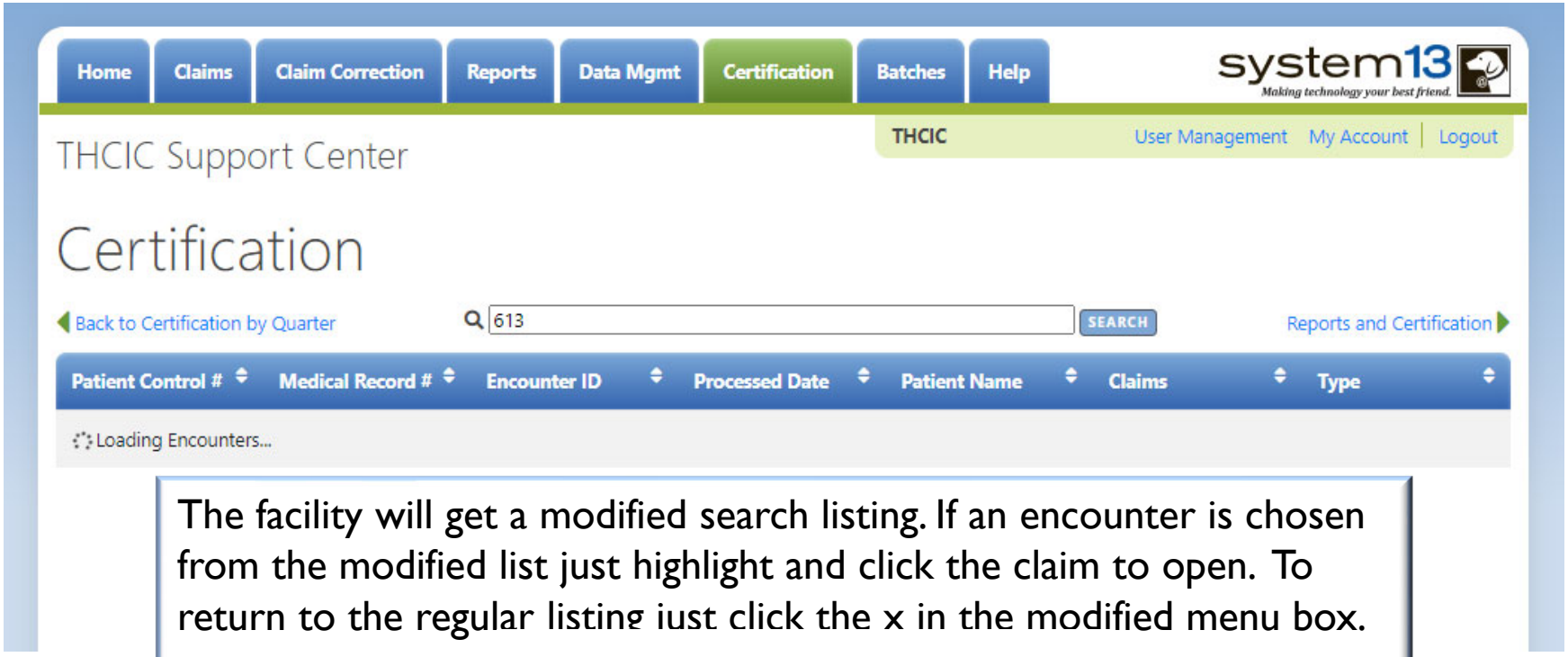
# Type in search criteria. Click search.



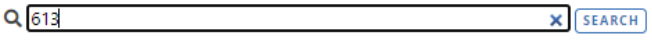

| Patient Control # | Medical Record # | Encounter ID | Processed Date | Patient Name | Claims | Type |
|---|---|---|---|---|---|---|
| ERR-602 | BAD-PRI-PX | 420190000004 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-603 | DUP-DX | 420190000005 | 06/16/2020 | DOE, JANE | 1 | IN |
| ERR-604 | INCONSISTENT-DX | 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 | 420190000008 | 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 | DUP-ECODES | 420190000012 | 06/16/2020 | DOE, JANE | 1 | 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 |

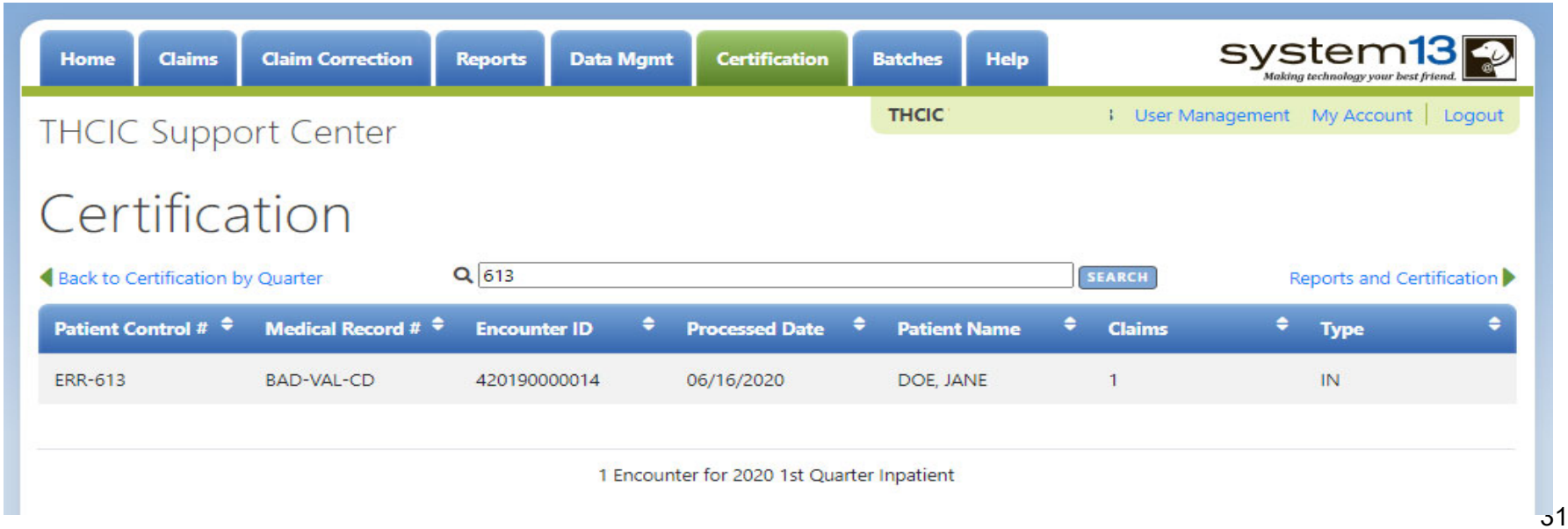
135 Encounters for 2020 1st Quarter Inpatient

# Modified Search

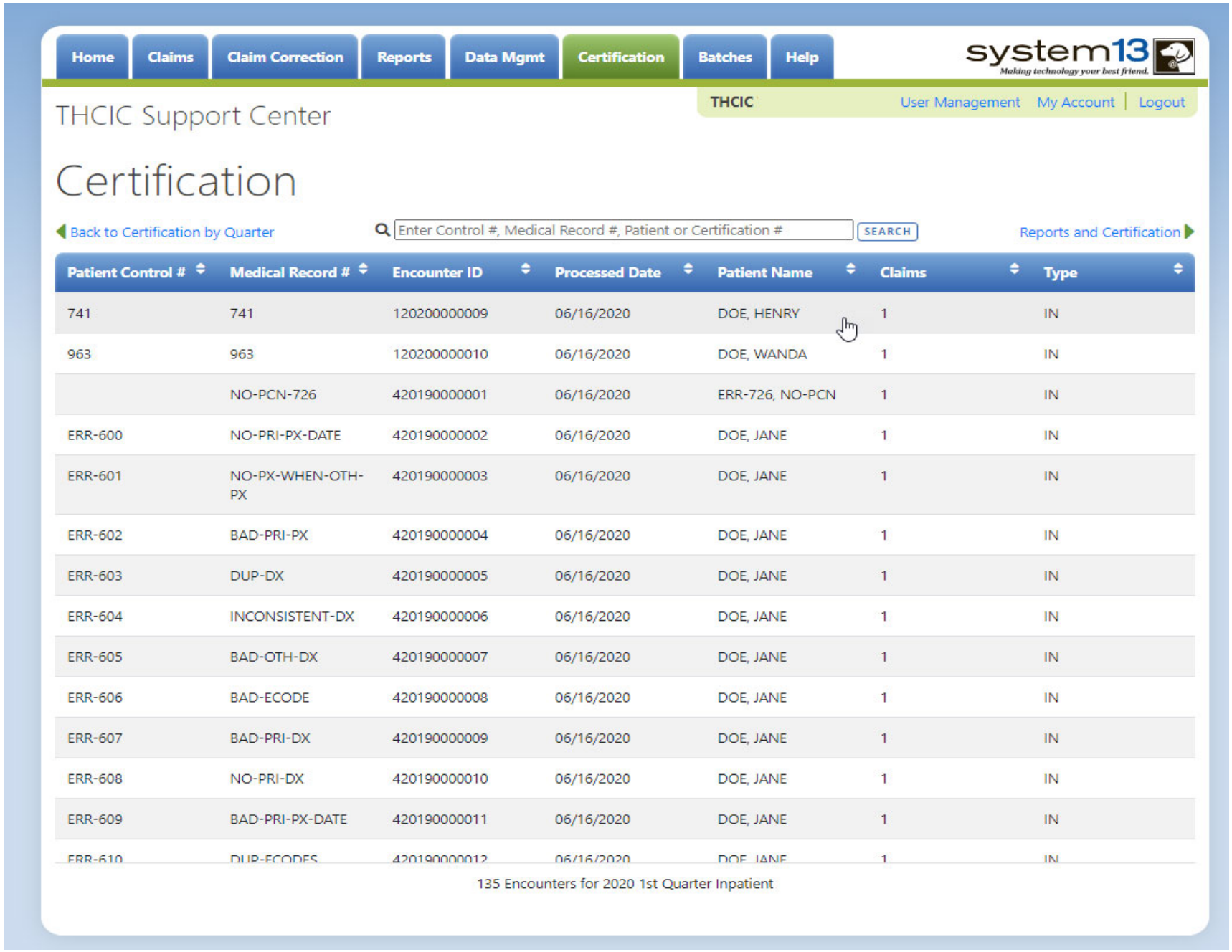



The facility will get a modified search listing. If an encounter is chosen from the modified list just highlight and click the claim to open. To return to the regular listing just click the x in the modified menu box.

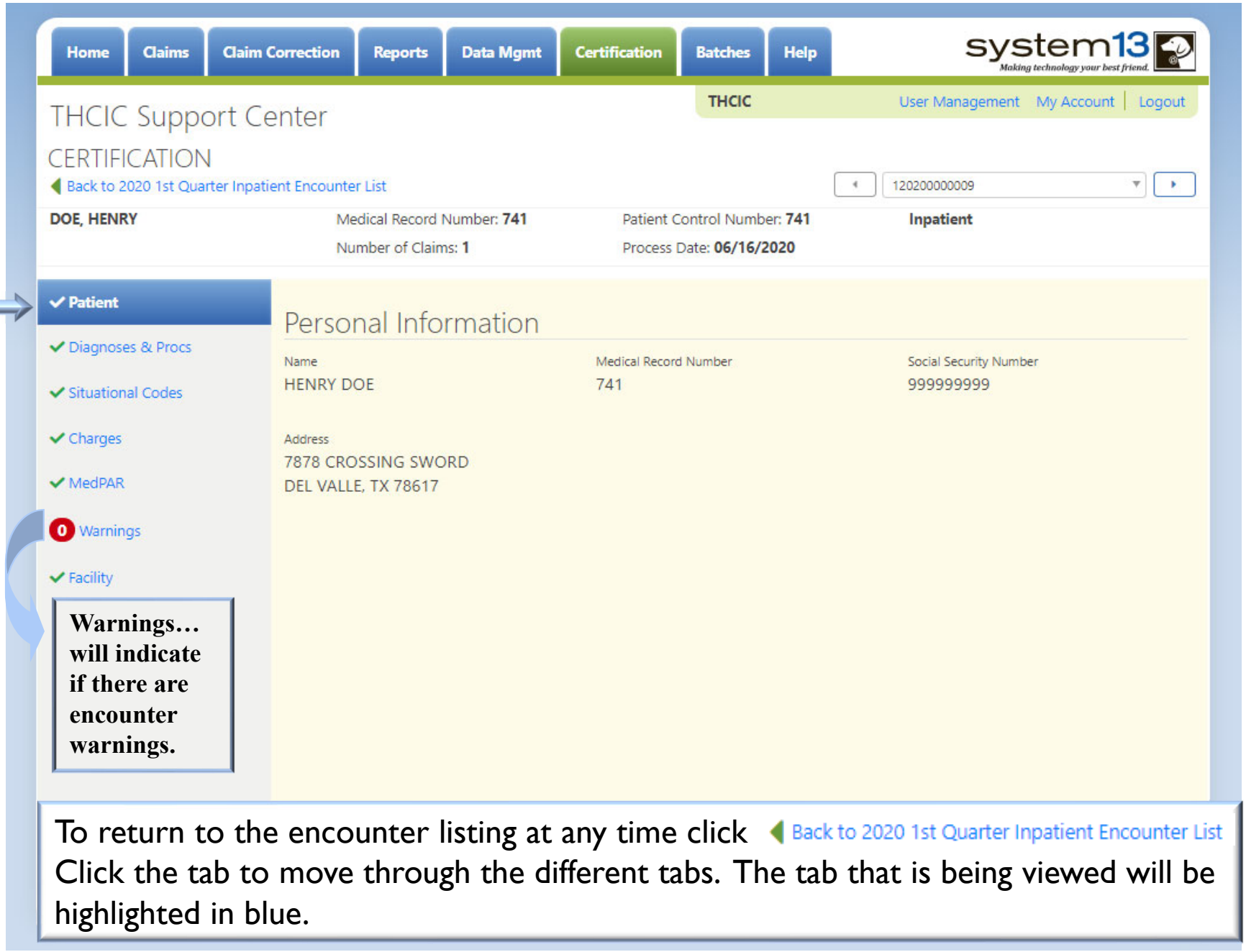


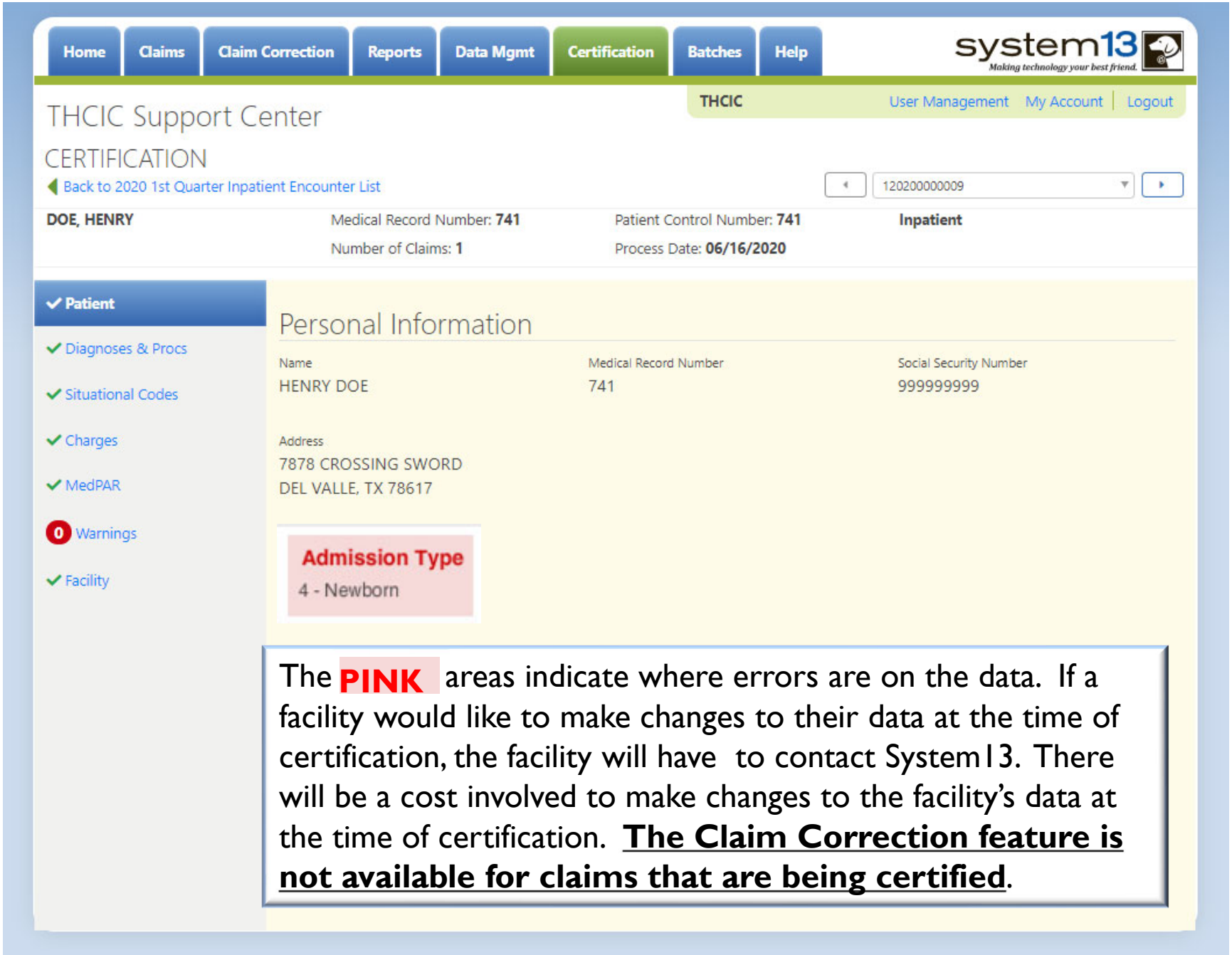
# Choose an Encounter File to View



# Encounter View – Patient Tab

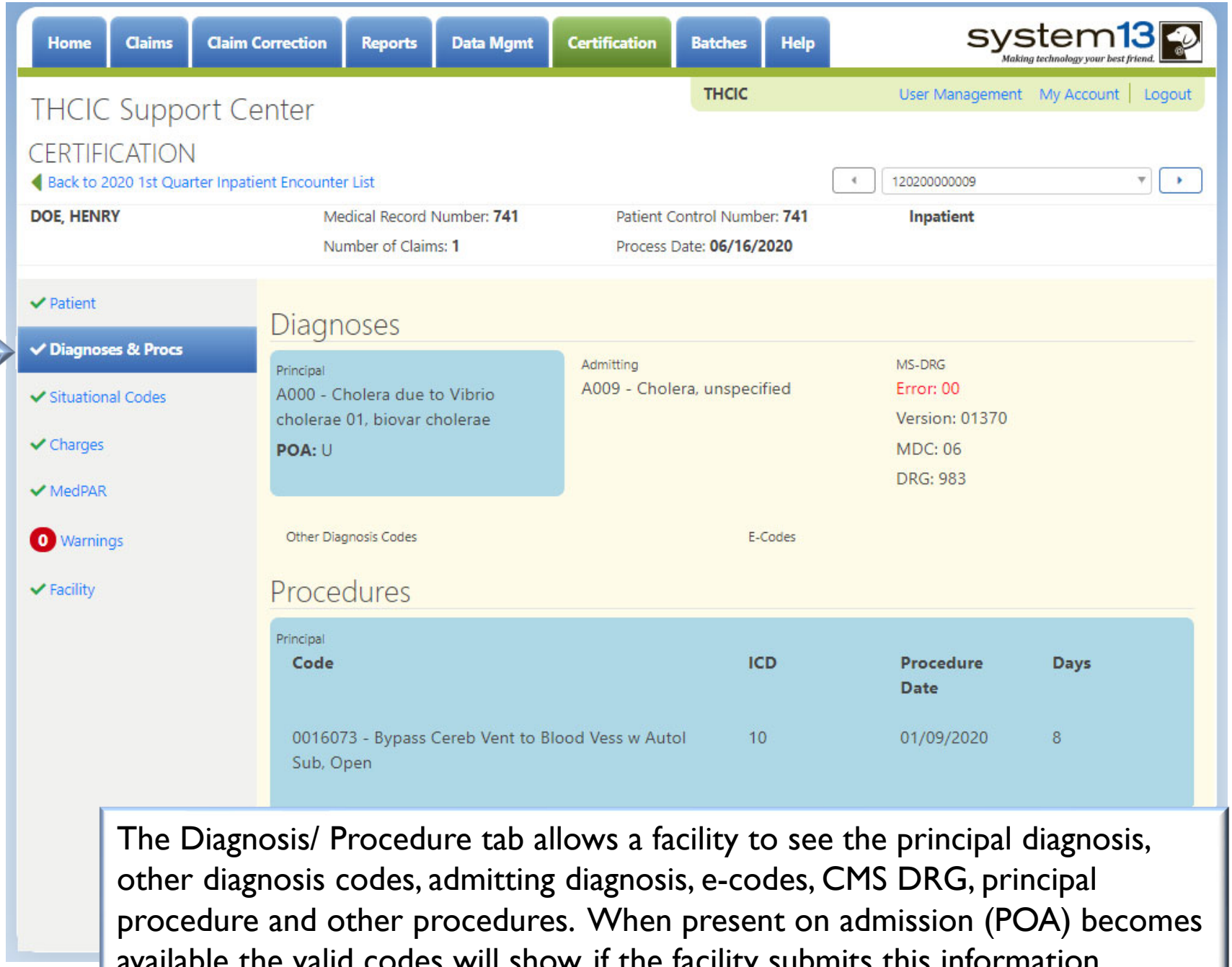


# Encounter View – Claim Errors



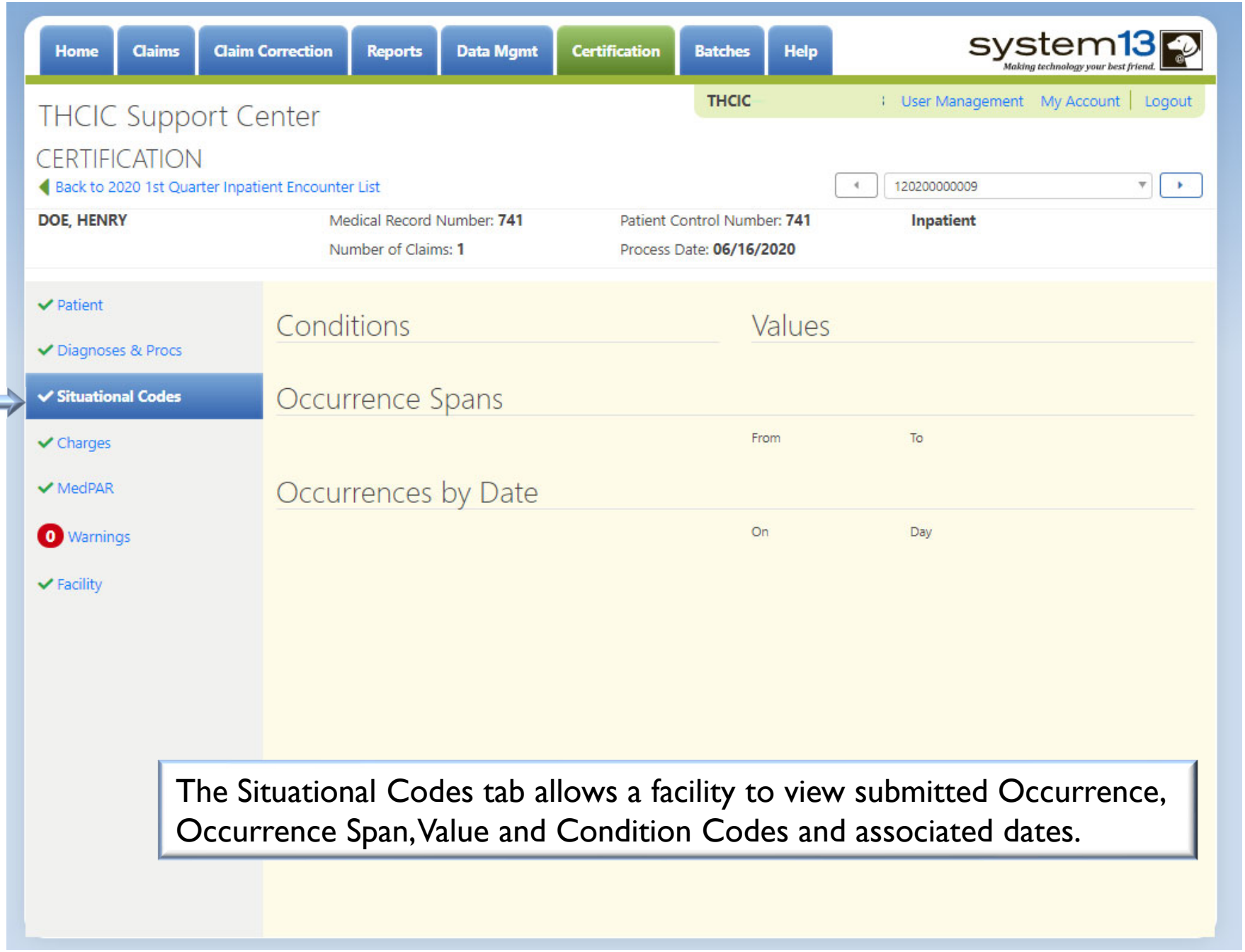

The **PINK** areas indicate where errors are on the data. If a facility would like to make changes to their data at the time of certification, the facility will have to contact System13. There will be a cost involved to make changes to the facility's data at the time of certification. **The Claim Correction feature is not available for claims that are being certified**.

# Encounter View – Diagnosis/Procedure



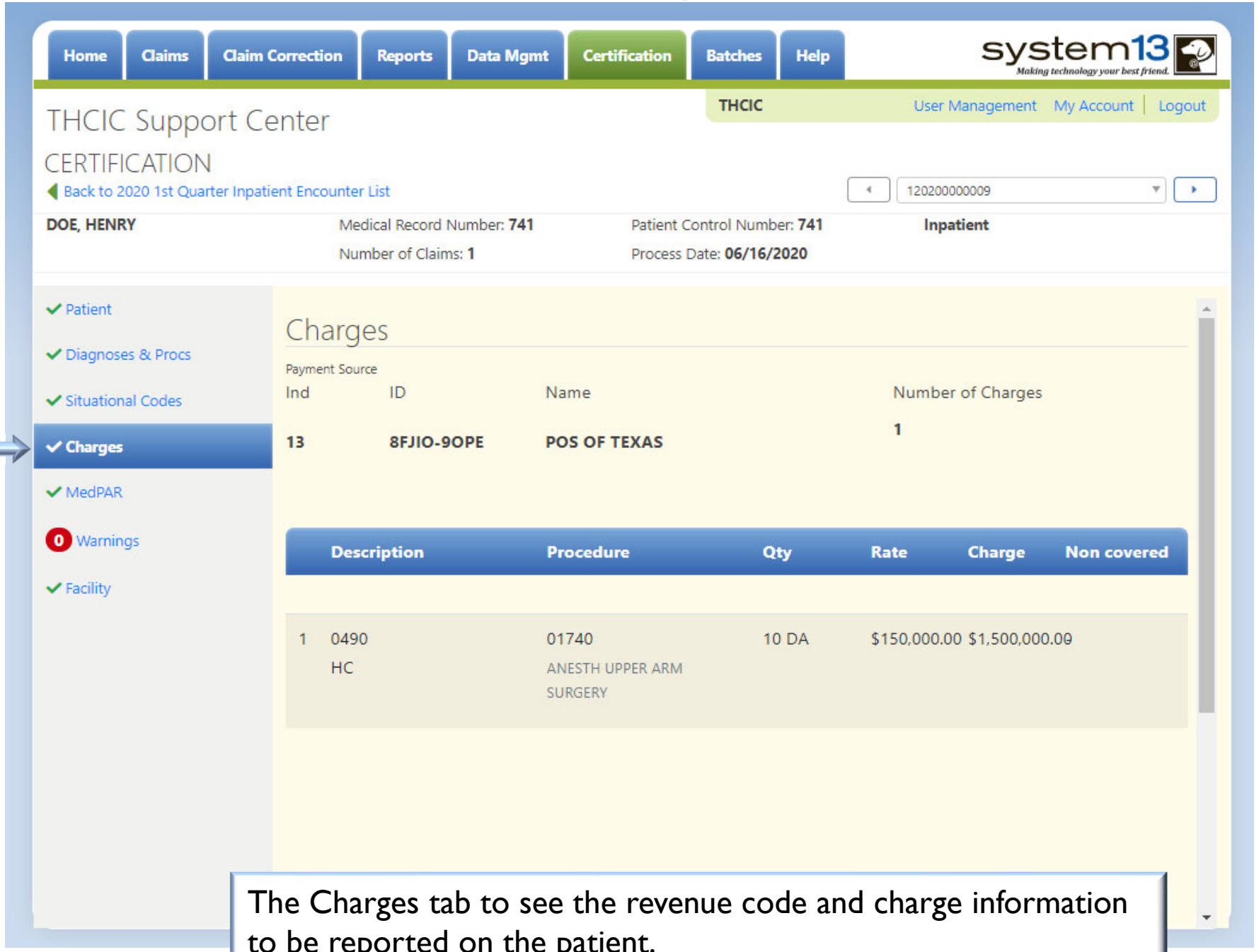

The Diagnosis/ Procedure tab allows a facility to see the principal diagnosis, other diagnosis codes, admitting diagnosis, e-codes, CMS DRG, principal procedure and other procedures. When present on admission (POA) becomes available the valid codes will show, if the facility submits this information.

# Encounter View – Situational Codes



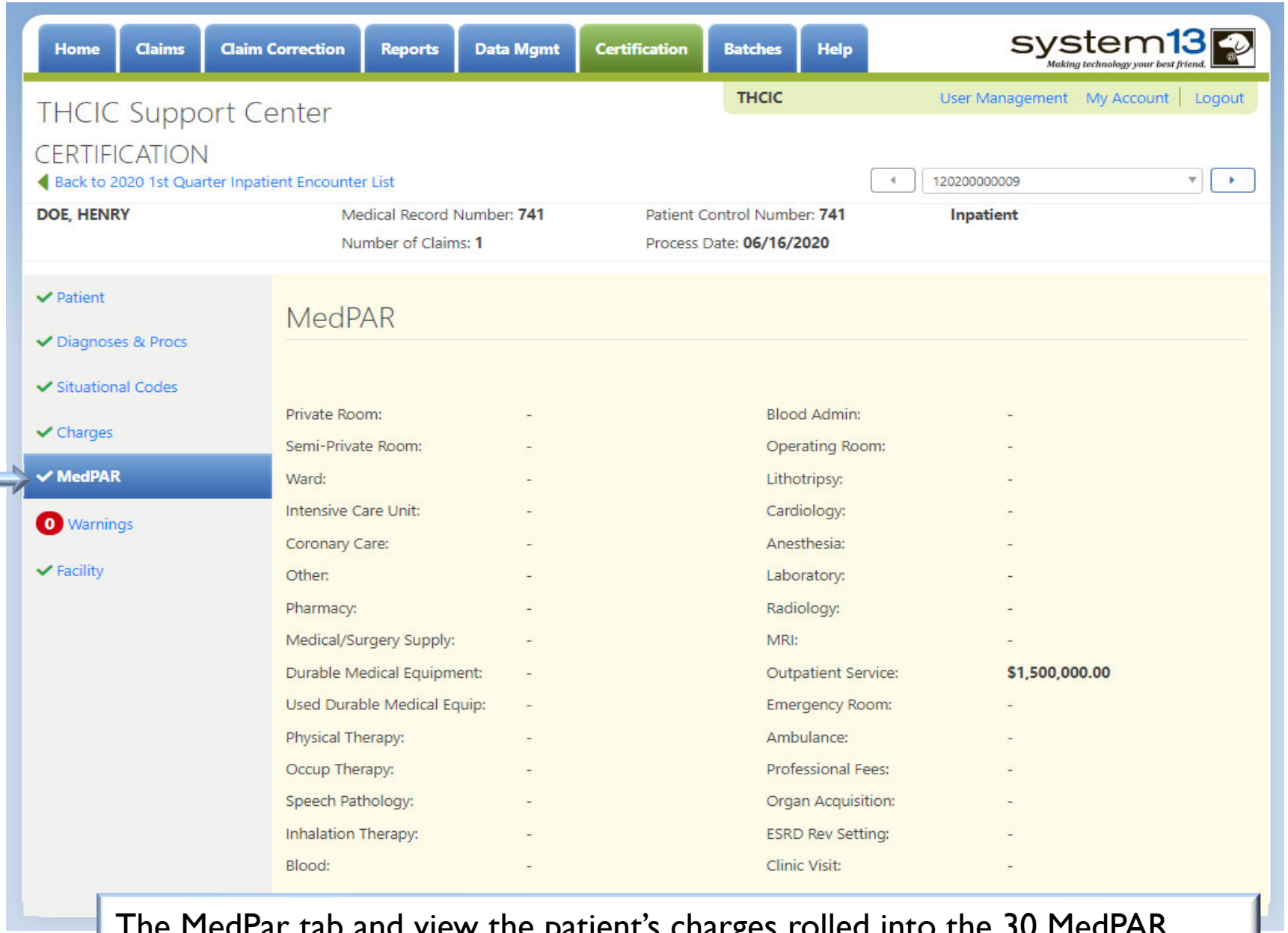

The Situational Codes tab allows a facility to view submitted Occurrence, Occurrence Span, Value and Condition Codes and associated dates.

# Encounter View – Charges



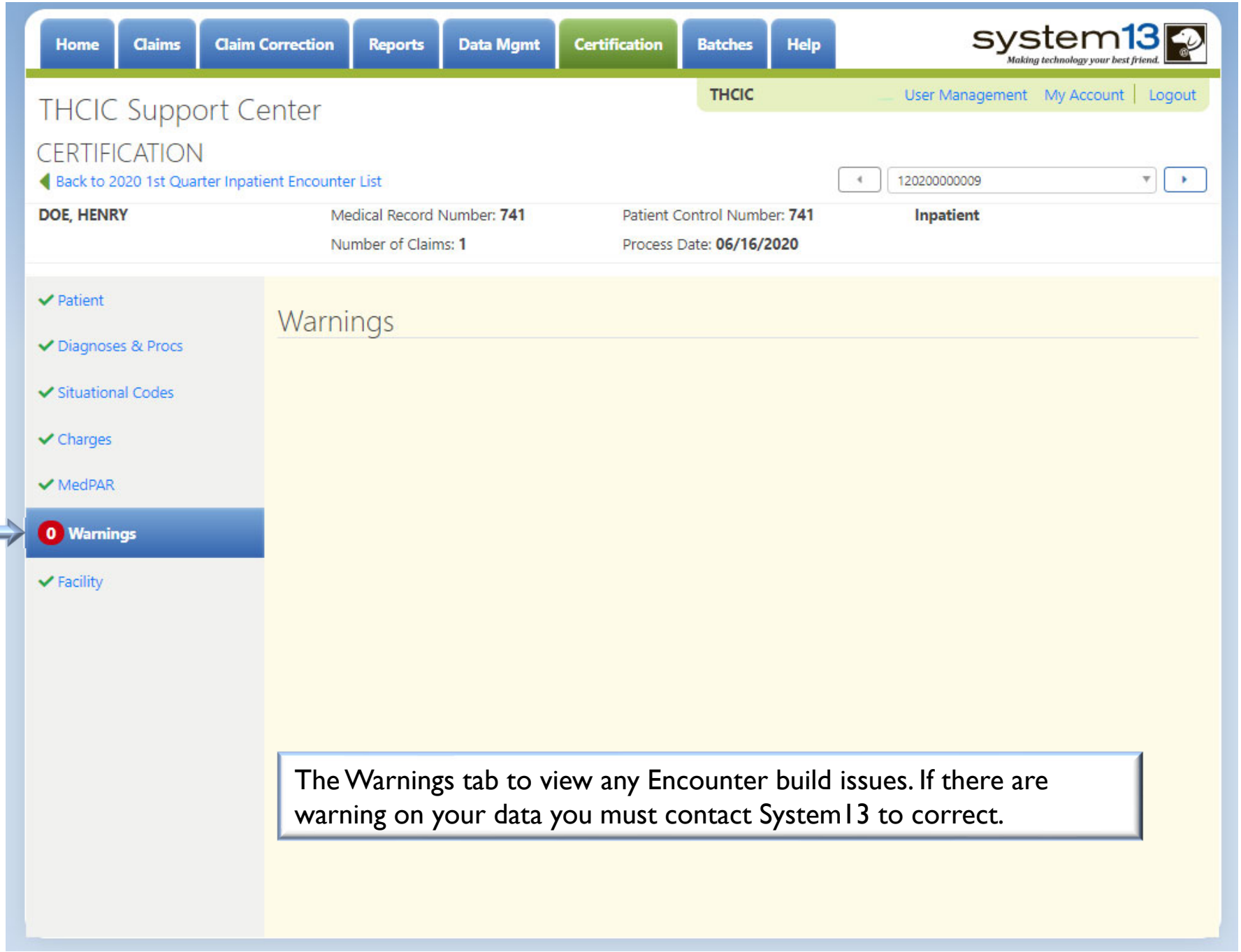

The Charges tab to see the revenue code and charge information to be reported on the patient.

# Encounter View – MedPAR

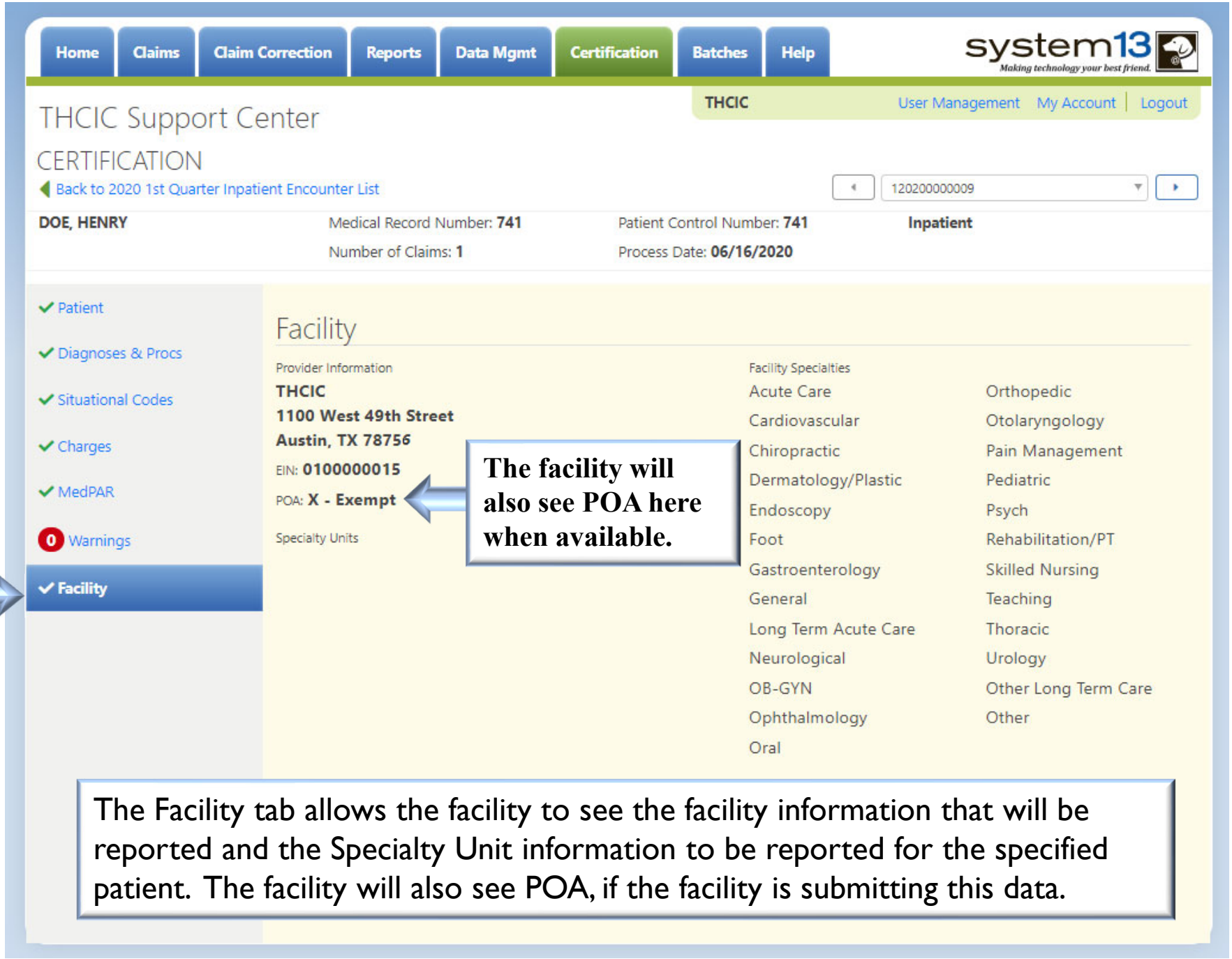



The MedPar tab and view the patient's charges rolled into the 30 MedPAR revenue categories.

# Encounter View – Warnings



# Encounter View – Facility




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

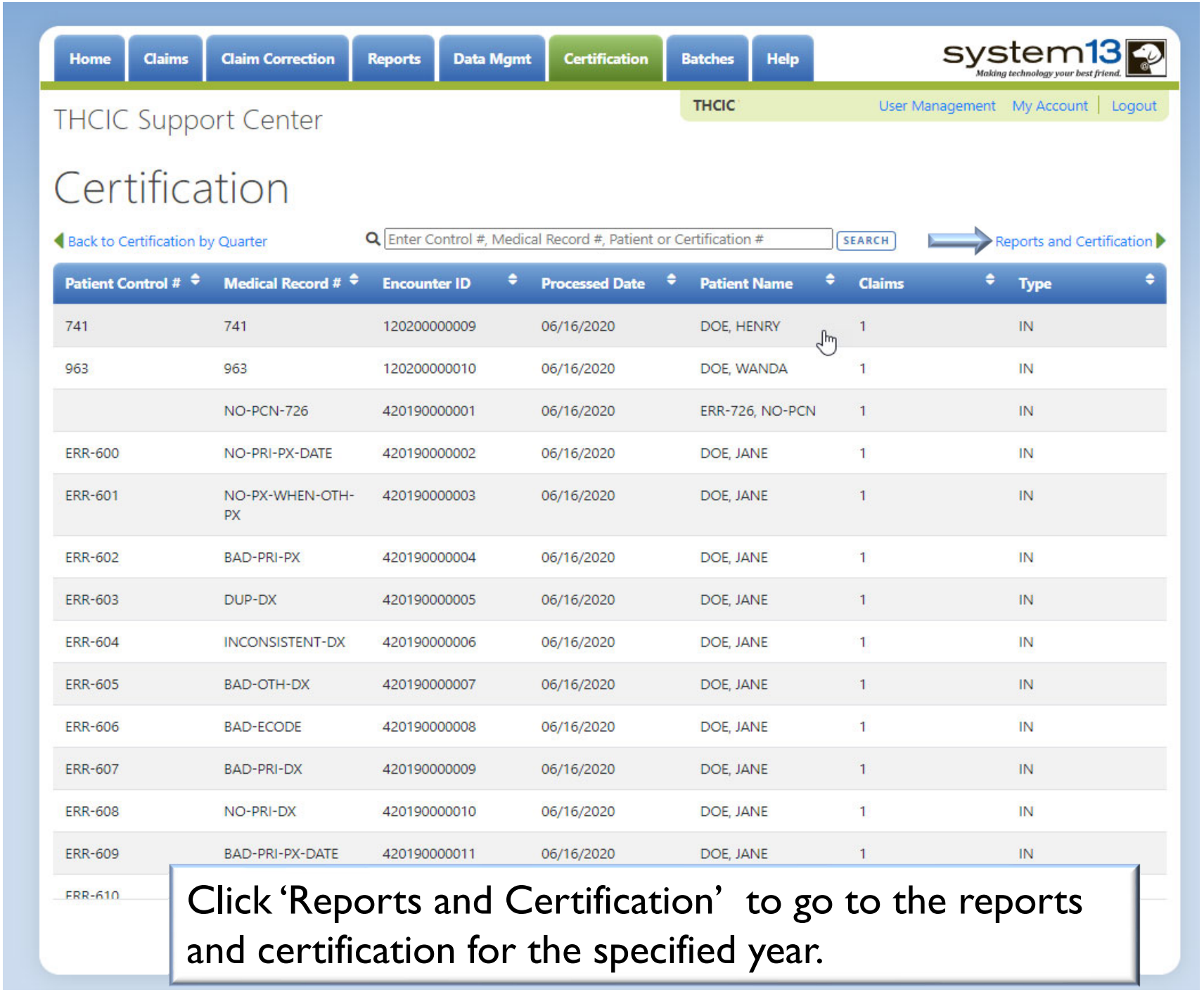
- Click

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



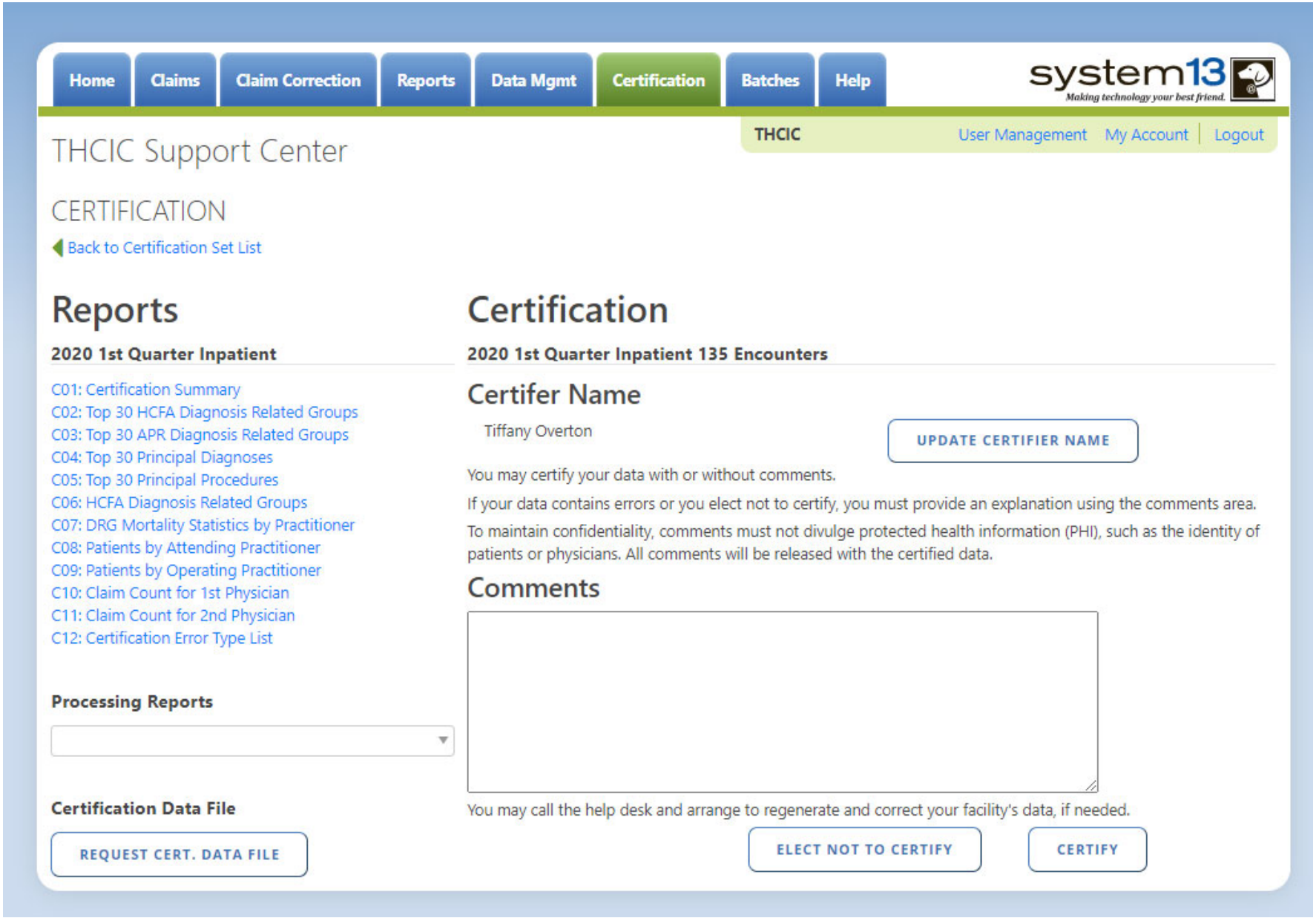

| Patient Control # | Medical Record # | Encounter ID | Processed Date | Patient Name | Claims | Type |
|---|---|---|---|---|---|---|
| 741 | 741 | 120200000009 | 06/16/2020 | DOE, HENRY | 1 | IN |
| 963 | 963 | 120200000010 | 06/16/2020 | DOE, WANDA | 1 | IN |
| | NO-PCN-726 | 420190000001 | 06/16/2020 | ERR-726, NO-PCN | 1 | IN |
| ERR-600 | NO-PRI-PX-DATE | 420190000002 | 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 | 420190000008 | 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 | | | | | | |

Click 'Reports and Certification' to go to the reports and certification for the specified year.

# Provider Review of Data

- 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!
- 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
  - 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

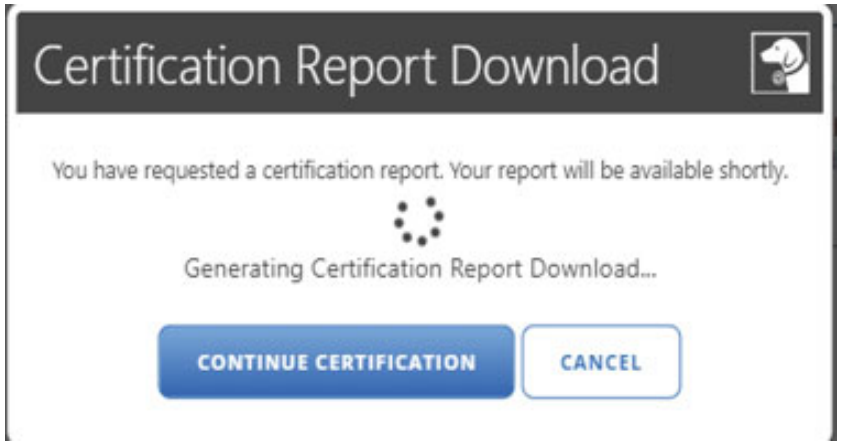


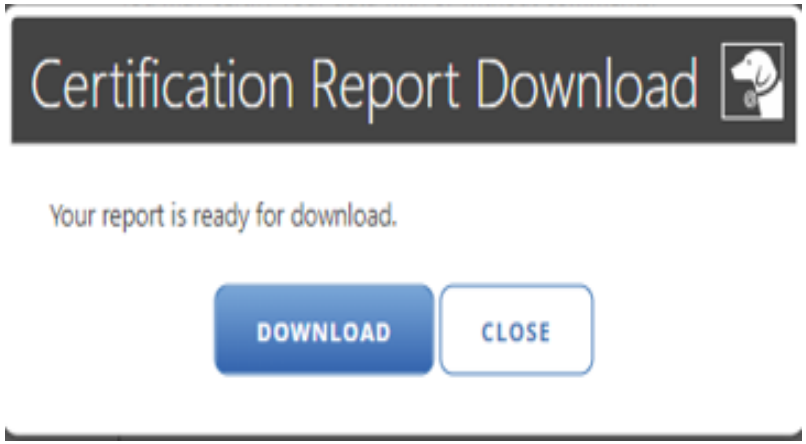
# Reports Available

## Reports

**2020 1st Quarter Inpatient**

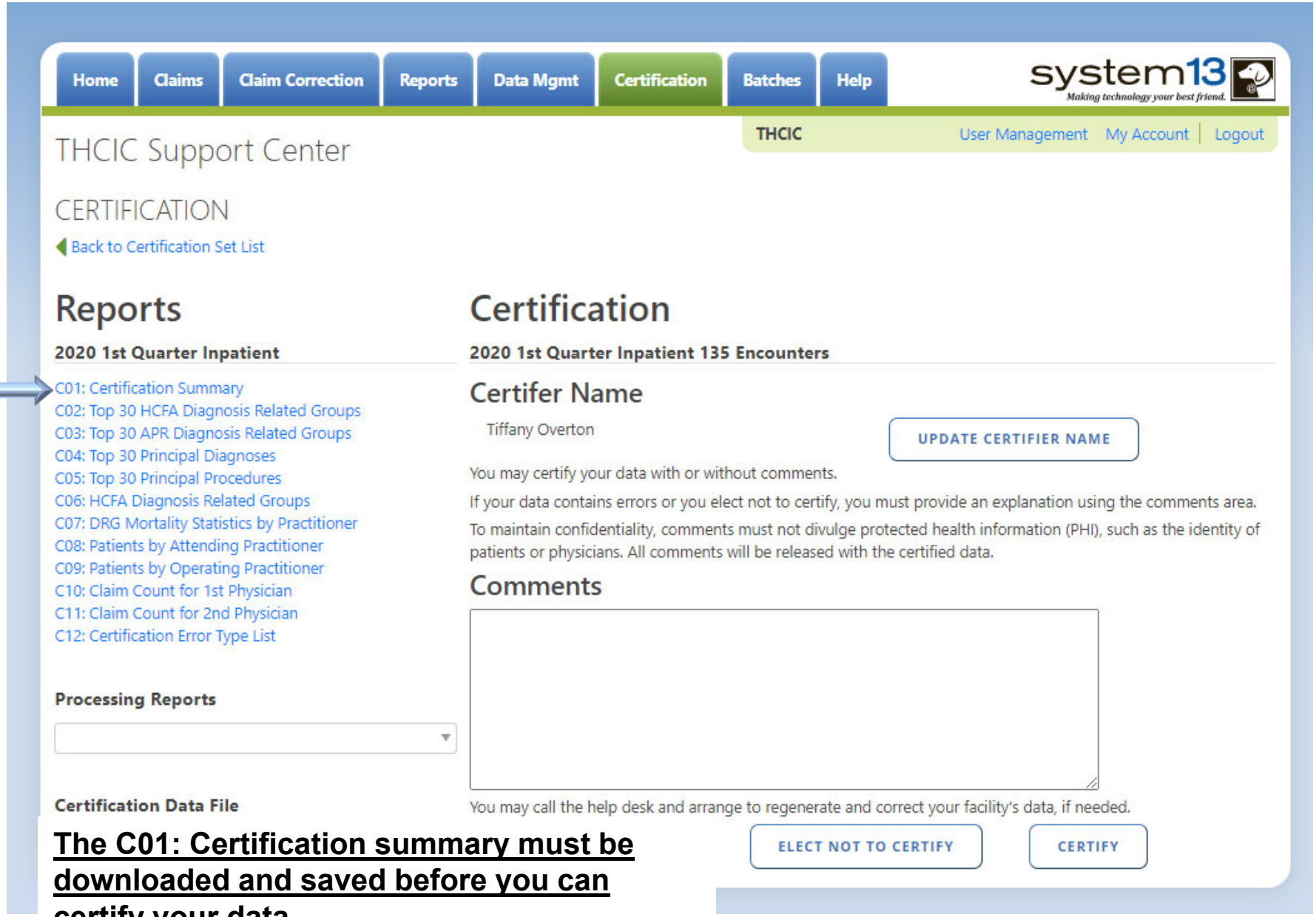
C01: Certification Summary
C02: Top 30 HCFA Diagnosis Related Groups
C03: Top 30 APR Diagnosis Related Groups
C04: Top 30 Principal Diagnoses
C05: Top 30 Principal Procedures
C06: HCFA Diagnosis Related Groups
C07: DRG Mortality Statistics by Practitioner
C08: Patients by Attending Practitioner
C09: 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




**The C01: Certification summary must be downloaded and saved before you can certify your data.**

# Reports C01
# Certification Summary (Page 1)

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

### Encounter Summary

| Period | Count |
|---|---|
| Late for 3Q - July 2014 | 0 |
| Late for 3Q - August 2014 | 0 |
| Late for 3Q - September 2014 | 0 |
| October 2014 | 61 |
| November 2014 | 67 |
| December 2014 | 73 |
| Total | 201 |

Provides a count of the encounters built for the quarter.

### Charges Summary

| Type | Amount |
|---|---|
| Total Charges | $538,638.74 |
| Average Charge | $2,679.79 |
| Minimum Charge | $1,088.17 |
| Maximum Charge | $5,362.27 |
| Standard Deviation | $740.74 |

Lists charges summary for the encounters.

### Charges Breakout

| Category | Count |
|---|---|
| > $250,000 | 0 |
| $1,000 - $250,000 | 201 |
| < $1,000 | 0 |

Charges breakout of all claims

### Admission Type

| Type | Count | Percent |
|---|---|---|
| Medical Emergency - 1 | 29 | 14.43% |
| Urgent - 2 | 27 | 13.43% |
| Elective - 3 | 42 | 20.90% |
| Newborn - 4 | 30 | 14.93% |
| Trauma - 5 | 34 | 16.92% |
| Information not available - 9 | 39 | 19.40% |
| Missing/Invalid | 0 | 0.00% |

Provides counts and percentages of patients by type of admission.

### Non-newborn Point of Origin (Admission Source)

| Point of Origin | Count | Percent |
|---|---|---|
| Non-Health Care Facility - 1 | 0 | 0.00% |
| Non-Health Care Facility Pt of Origin - 1 | 15 | 7.46% |
| Clinic Referral - 2 | 0 | 0.00% |
| Clinic or Physician's Office Referral - 2 | 18 | 8.96% |
| Xfer from Hospital - 4 | 17 | 8.46% |
| Xfer from a Skilled Nursing Facility - 5 | 0 | 0.00% |
| Xfer from a SNF or ICF - 5 | 13 | 6.47% |
| Xfer from Another Health Care Facility - 6 | 22 | 10.95% |
| Emergency Room - 7 | 0 | 0.00% |
| Court or Law Enforcement - 8 | 14 | 6.97% |
| Information not Available - 9 | 22 | 10.95% |
| Xfer from Another Home Health Agency - B | 0 | 0.00% |
| Readmission to Same Home Health Agency - C | 0 | 0.00% |
| Xfer from one Unit to Another - New Clm - D | 20 | 9.95% |
| Xfer from Ambulatory Surg Cntr - E | 17 | 8.46% |
| Xfer from Hospice - Under Hospice Plan - F | 13 | 6.47% |
| Total Newborn Admissions | 30 | 14.93% |
| Missing/Invalid | 0 | 0.00% |

Provides counts and percentages by admission source.

### Newborn OB Summary

| | Count | Avg. LOS |
|---|---|---|
| Newborn and OB | 16 | 7.38 |
| All other | 185 | 8.14 |
| Total | 201 | 8.08 |

Provides counts and average lengths of stays for newborn and OB combined, and all others.

### Newborn Admissions

| Point of Origin | Count | Percent |
|---|---|---|
| Born Inside the Hospital - 5 | 18 | 8.96% |
| Born Outside the Hospital - 6 | 12 | 5.97% |
| Missing/Invalid | 0 | 0.00% |

Provides counts of newborn admissions.

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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 |
|---|---|---|
| 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 Mcaid SNF, not Mcare 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.

System: Trainer

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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

### Patient Location

| Location | Count | Percent |
|---|---|---|
| In state | 2 | 1.00% |
| Out of state | 199 | 99.00% |
| Out of country | 0 | 0.00% |
| Missing/invalid | 0 | 0.00% |

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

### Patient Race

| Race | Count | Percent |
|---|---|---|
| American Indian/Eskimo/Aleut - 1 | 40 | 19.90% |
| Asian, Native Hawaiian or Pacific Islander - 2 | 38 | 18.91% |
| Black or African American - 3 | 47 | 23.38% |
| White - 4 | 38 | 18.91% |
| Other Race - 5 | 38 | 18.91% |
| Missing/invalid | 0 | 0.00% |

Provides counts and percentages of patients by race code.

### Patient Age Breakdown

| Age | Count | Percent |
|---|---|---|
| Less than 1 year | 201 | 100.00% |
| 1 - 17 | 0 | 0.00% |
| 18 - 44 | 0 | 0.00% |
| 45 - 64 | 0 | 0.00% |
| 65 - 74 | 0 | 0.00% |
| > 74 | 0 | 0.00% |
| Missing/invalid | 0 | 0.00% |

Provides counts and percentages of patients by age.

### Patient Gender

| Gender | Count | Percent |
|---|---|---|
| Female - F | 98 | 48.76% |
| Male - M | 103 | 51.24% |
| Unknown - U | 0 | 0.00% |
| Missing/invalid | 0 | 0.00% |

Provides counts and percentages of patients by gender.

### Ethnicity

| Ethnicity | Count | Percent |
|---|---|---|
| Hispanic origin - 1 | 110 | 54.73% |
| Not of Hispanic origin - 2 | 91 | 45.27% |
| Missing/invalid | 0 | 0.00% |

Provides counts and percentages of patients by ethnicity.

### Length of Stay

| Length | Count | Percent |
|---|---|---|
| 1 day | 33 | 16.42% |
| 2 - 9 | 97 | 48.26% |
| 10 - 29 | 71 | 35.32% |
| 30 - 59 | 0 | 0.00% |
| 60 - 99 | 0 | 0.00% |
| Over 100 days | 0 | 0.00% |
| Missing/invalid | 0 | 0.00% |

Provides counts and percentages by ranges of days for patient lengths of stay.

### Diagnosis & Procedure Codes Summary

| Category | Diagnosis | Procedure |
|---|---|---|
| Avg. code count per encounter | 6.00 | 11.00 |
| Principal code only | 0 | 0 |
| No principal code | 0 | 0 |

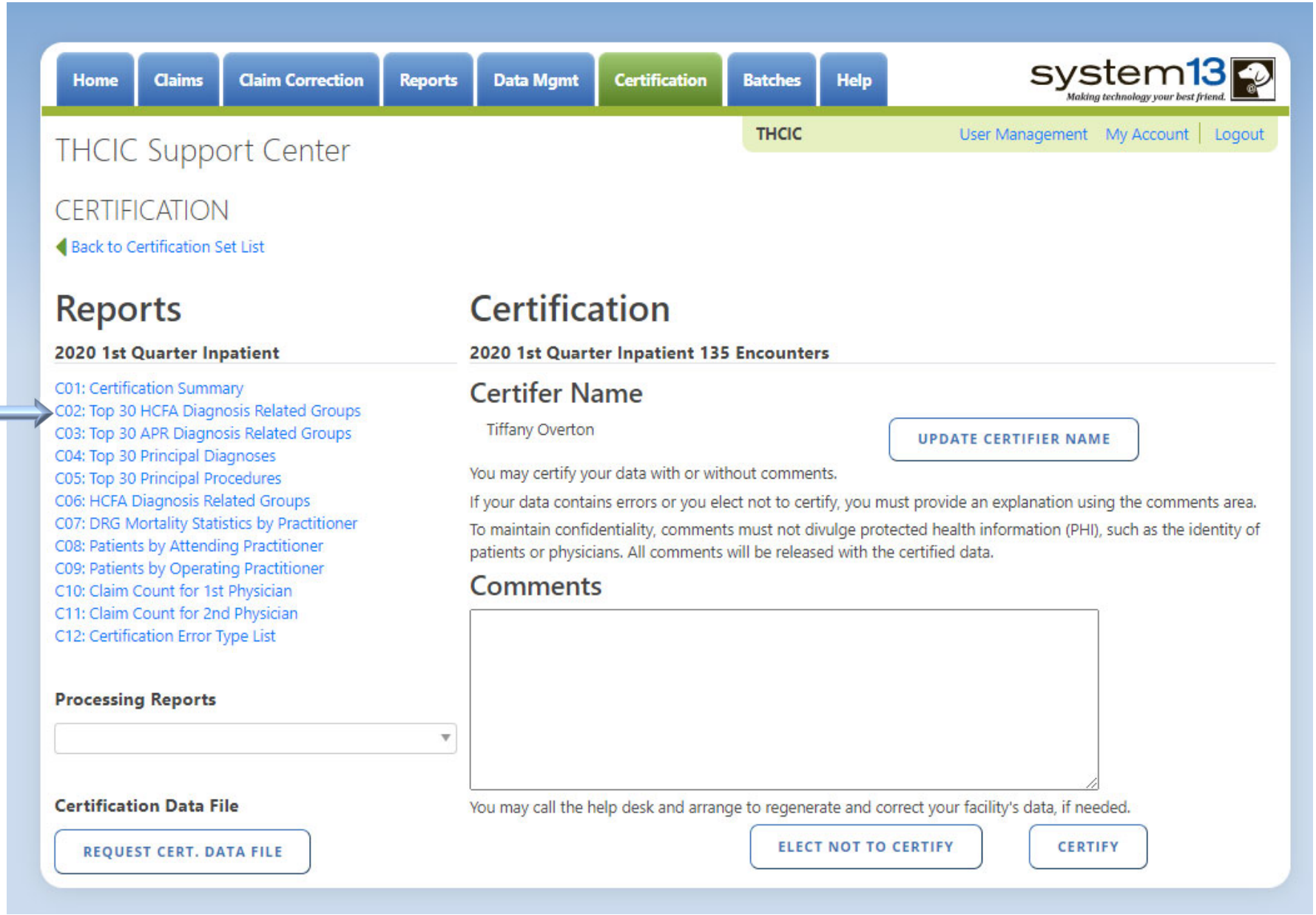
Provides counts and percentages for both diagnoses and procedure codes.

### Severity Index

| Severity | Count | Percent |
|---|---|---|
| Level 0 (no class) | 0 | 0.00% |
| Level 1 (minor) | 0 | 0.00% |
| Level 2 (moderate) | 0 | 0.00% |
| Level 3 (major) | 0 | 0.00% |
| Level 4 (catastrophic) | 0 | 0.00% |

Provides counts of encounters by level of severity of illness.

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



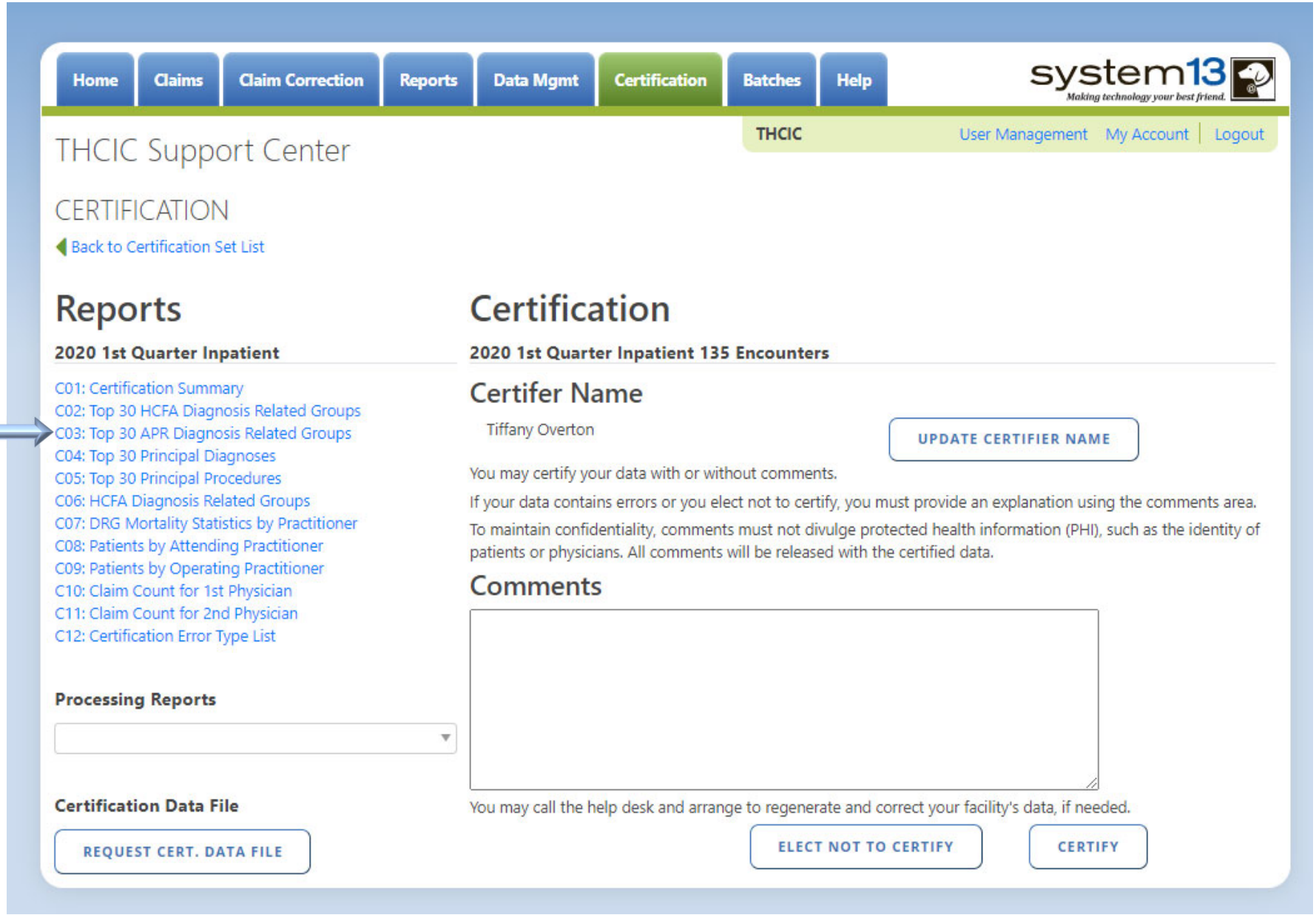
# Reports C02 Top 30 HCFA Diagnosis Related Groups (DRG's)

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 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 147 | Ear, nose, mouth & throat malignancy w CC | 1.49% | 14.7 | 3<br>$2,625.82 | | | | | | |
| 919 | Complications of treatment w MCC | 1.00% | 5.0 | 2<br>$3,130.22 | 1<br>$3,563.15 | | | | | |
| 029 | Spinal procedures w CC or spinal neurostimulators | 1.00% | 5.5 | 2<br>$2,011.48 | | | | | | |
| 950 | Aftercare w/o CC/MCC | 1.00% | 4.5 | 2<br>$3,590.53 | 1<br>$4,076.08 | | | | | |
| 344 | Minor small & large bowel procedures w MCC | 1.00% | 6.5 | 2<br>$3,250.06 | 1<br>$3,525.21 | | | | | |
| 075 | Viral meningitis w CC/MCC | 1.00% | 15.0 | 2<br>$2,370.34 | | | | | | |
| 604 | Trauma to the skin, subcut tiss & breast w MCC | 1.00% | 8.0 | 2<br>$2,537.86 | | | | | | |
| 467 | Revision of hip or knee replacement w CC | 1.00% | 13.0 | 2<br>$3,092.46 | | | | | | |
| 822 | Lymphoma & leukemia w major O.R. procedure w/o CC/MCC | 1.00% | 3.5 | 2<br>$2,722.27 | 1<br>$3,174.06 | | | | | |
| 857 | Postoperative or post-traumatic infections w O.R. proc w CC | 1.00% | 13.0 | 2<br>$2,071.19 | | | | | | |
| 185 | Major chest trauma w/o CC/MCC | 1.00% | 12.5 | 2<br>$2,470.79 | | | | | | |
| 134 | Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC | 1.00% | 16.5 | 2<br>$3,904.21 | | | | | | |
| 304 | Hypertension w MCC | 1.00% | 4.0 | 2<br>$2,668.12 | 1<br>$3,211.15 | | | | | |
| 136 | Sinus & mastoid procedures w/o CC/MCC | 1.00% | 10.5 | 2<br>$2,633.46 | | | | | | |
| 373 | Major gastrointestinal disorders & peritoneal infections w/o CC/MCC | 1.00% | 2.5 | 2<br>$1,710.32 | 1<br>$1,501.15 | | | | | |
| 483 | Major joint & limb reattachment proc of upper extremity w CC/MCC | 1.00% | 7.5 | 2<br>$2,752.41 | 1<br>$2,496.74 | | | | | |
| 100 | Seizures w MCC | 1.00% | 2.0 | 2<br>$2,549.66 | 1<br>$2,464.70 | | | | | |
| 738 | Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC | 1.00% | 11.5 | 2<br>$3,321.26 | | | | | | |
| 472 | Cervical spinal fusion w CC | 1.00% | 5.0 | 2<br>$1,827.25 | 1<br>$2,031.15 | | | | | |
| 336 | Periton | | | | | | | | | |
| 207 | Respiratory system | | | | | | | | | |

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



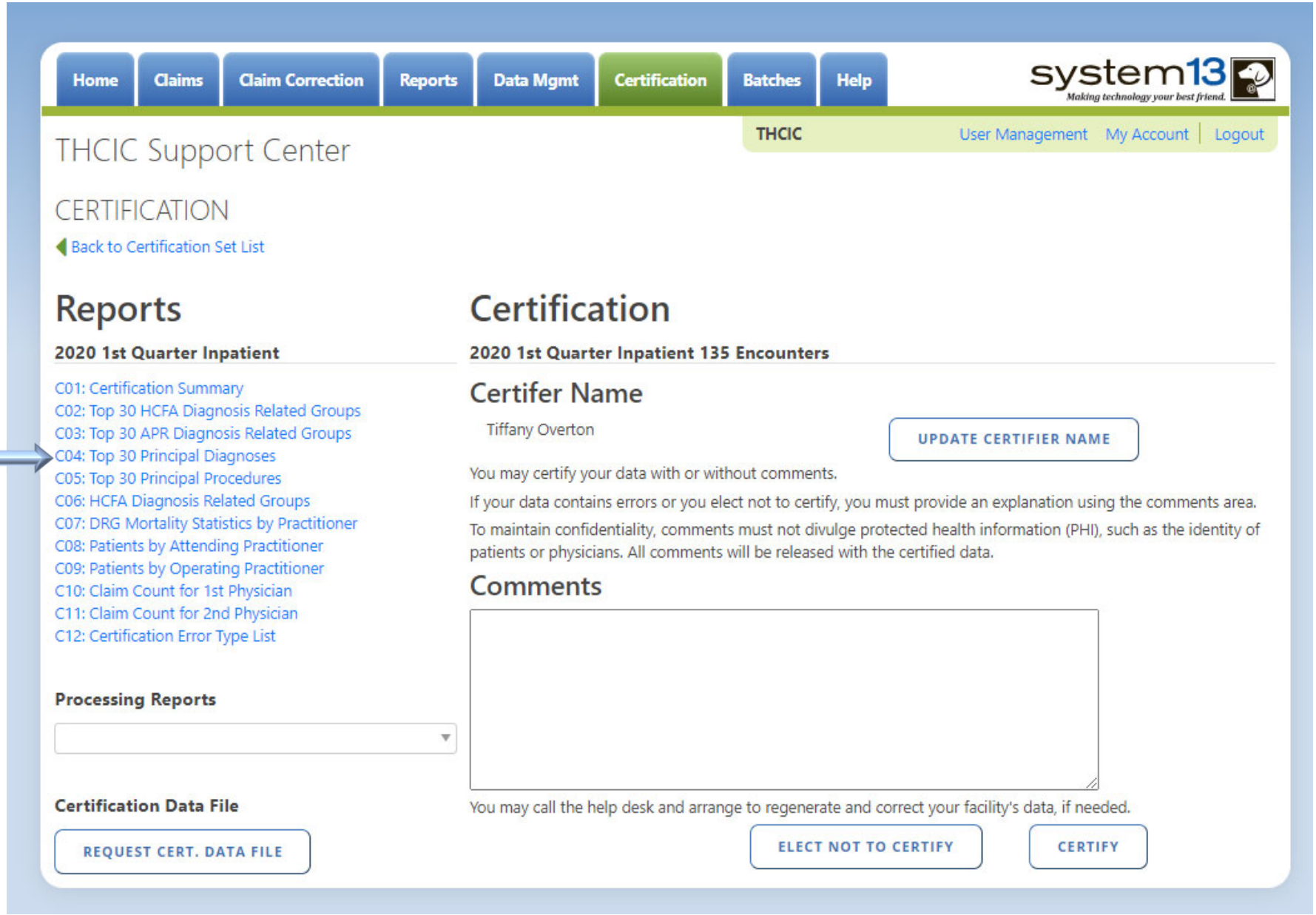
# Reports C03
# Top 30 APR Diagnosis Related Groups

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<br>$11,426.56 | | | 1<br>$27,582.00 | 3<br>$17,697.00 | 6<br>$13,363.65 | 15<br>$8,320.61 |
| 463 | KIDNEY & URINARY TRACT INFECTIONS | 11.02% | 3.5 | 13<br>$9,037.96 | | | 5<br>$6,094.56 | 3<br>$10,474.57 | | 5<br>$11,119.40 |
| 140 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 4.24% | 2.8 | 5<br>$6,187.40 | | | | 1<br>$11,416.00 | 1<br>$6,375.00 | 3<br>$4,382.00 |
| 139 | OTHER PNEUMONIA | 4.24% | 4.2 | 5<br>$8,410.35 | | | | | 1<br>$14,212.76 | 4<br>$6,959.75 |
| 194 | HEART FAILURE | 4.24% | 3.6 | 5<br>$9,962.78 | | | | 3<br>$10,866.33 | 1<br>$9,553.00 | 1<br>$7,655.92 |
| 198 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 3.39% | 3.8 | 4<br>$8,829.50 | | | | 1<br>$10,566.00 | | 3<br>$8,250.67 |
| 383 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS | 3.39% | 4.2 | 4<br>$9,303.68 | | | 2<br>$9,097.35 | | | 2<br>$9,510.00 |
| 720 | SEPTICEMIA & DISSEMINATED INFECTIONS | 3.39% | 4.0 | 4<br>$9,416.75 | | | 1<br>$3,572.00 | 1<br>$22,963.00 | 2<br>$5,556.00 | |
| 203 | CHEST PAIN | 2.54% | 1.3 | 3<br>$4,242.00 | | | | 1<br>$4,833.00 | 1<br>$3,253.00 | 1<br>$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



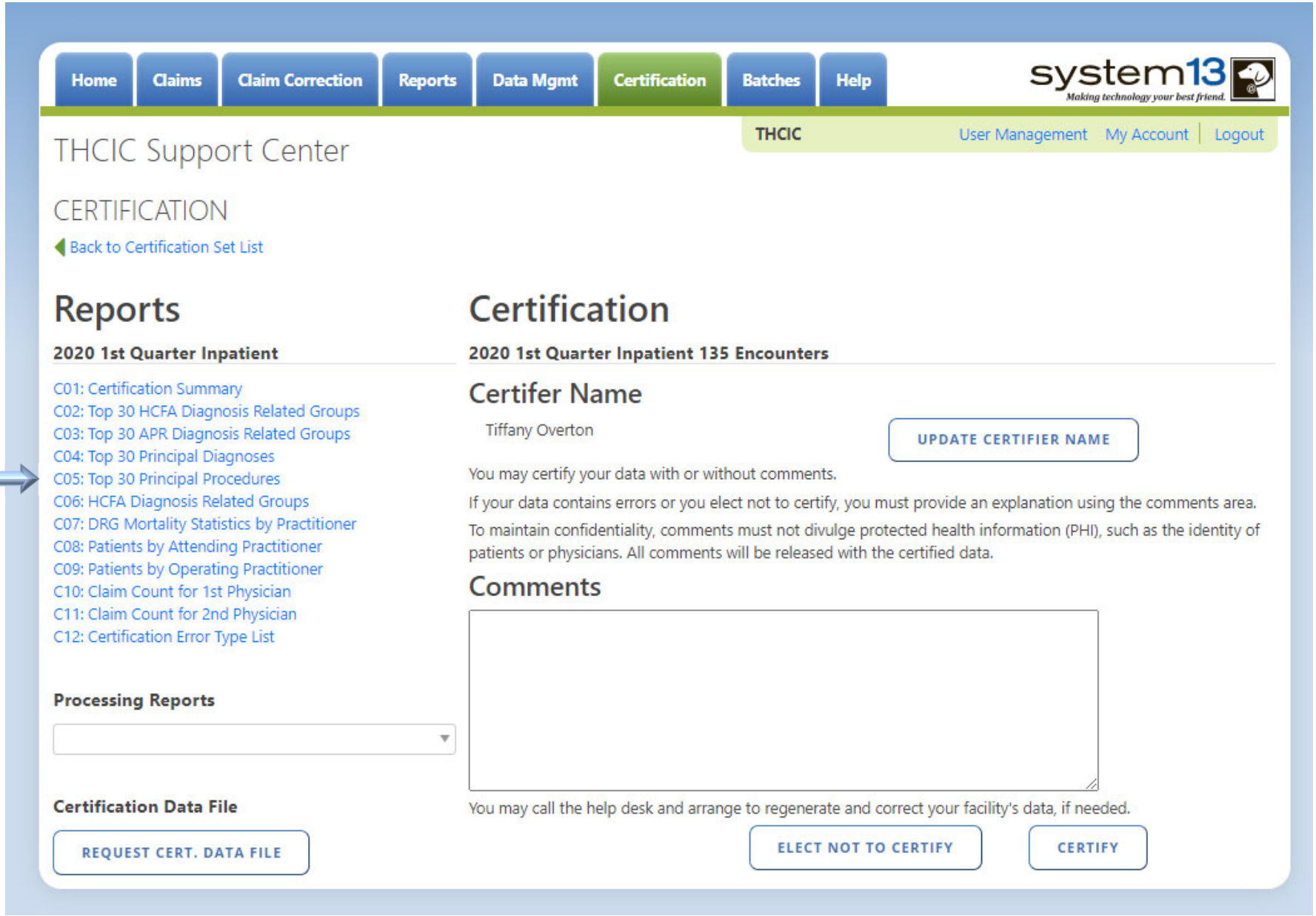
# Reports C04
# Top 30 Principal Diagnosis

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

| Diag Code | Description | 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 64864 | CV DIS NEC-POSTPARTUM | 1.00% | 21.0 | 2<br>$2,091.81 | | | | | | |
| 4401 | RENAL ARTERY ATHEROSCLER | 0.50% | 10.0 | 1<br>$2,840.96 | | | | | | |
| 83816 | DIS INTERPHALAN FOOT-OPN | 0.50% | 10.0 | 1<br>$2,962.45 | | | | | | |
| 52456 | NON-WORKNG SIDE INTERFRN | 0.50% | 16.0 | 1<br>$2,437.23 | | | | | | |
| 55842 | EOSINOPHILIC COLITIS | 0.50% | 14.0 | 1<br>$2,521.13 | | | | | | |
| 8793 | OPN WND ANT ABDOMEN-COMP | 0.50% | 8.0 | 1<br>$2,669.57 | | | | | | |
| 6023 | DYSPLASIA OF PROSTATE | 0.50% | 2.0 | 1<br>$2,189.72 | 1<br>$2,189.72 | | | | | |
| 01483 | INTESTIN TB NEC-MICRO DX | 0.50% | 5.0 | 1<br>$1,619.87 | | | | | | |
| 92801 | CRUSHING INJURY HIP | 0.50% | 7.0 | 1<br>$4,258.88 | | | | | | |
| 64702 | SYPHILIS-DELIVERED W P/P | 0.50% | 1.0 | 1<br>$3,375.30 | 1<br>$3,375.30 | | | | | |
| 11505 | HISTOPLASM CAPS PNEUMON | 0.50% | 2.0 | 1<br>$3,617.62 | 1<br>$3,617.62 | | | | | |
| 94416 | 1 DEG BURN BACK OF HAND | 0.50% | 1.0 | 1<br>$2,430.21 | 1<br>$2,430.21 | | | | | |
| 65500 | FETAL CNS MALFORM-UNSPEC | 0.50% | 1.0 | 1<br>$3,906.02 | 1<br>$3,906.02 | | | | | |
| 1941 | MALIG NEO PARATHYROID | 0.50% | 22.0 | 1<br>$1,678.70 | | | | | | |
| 9809 | TOXIC EFFECT ALCOHOL NOS | 0.50% | 6.0 | 1<br>$2,270.47 | | | | | | |
| 6823 | CELLULITIS OF ARM | 0.50% | 9.0 | 1<br>$1,870.93 | | | | | | |
| 29563 | SCHIZO RESID SUBCHR/EXAC | 0.50% | 16.0 | 1<br>$3,205.33 | | | | | | |
| V286 | ANTENAT SCREEN STREPT B | 0.50% | 3.0 | 1<br>$2,534.94 | | | | | | |
| 71685 | ARTHROPATHY NEC-PELVIS | 0.50% | 1.0 | 1<br>$2,986.35 | 1<br>$2,986.35 | | | | | |
| 3149 | HYPERKINETIC SYND NOS | 0.50% | | | | | | | | |
| 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

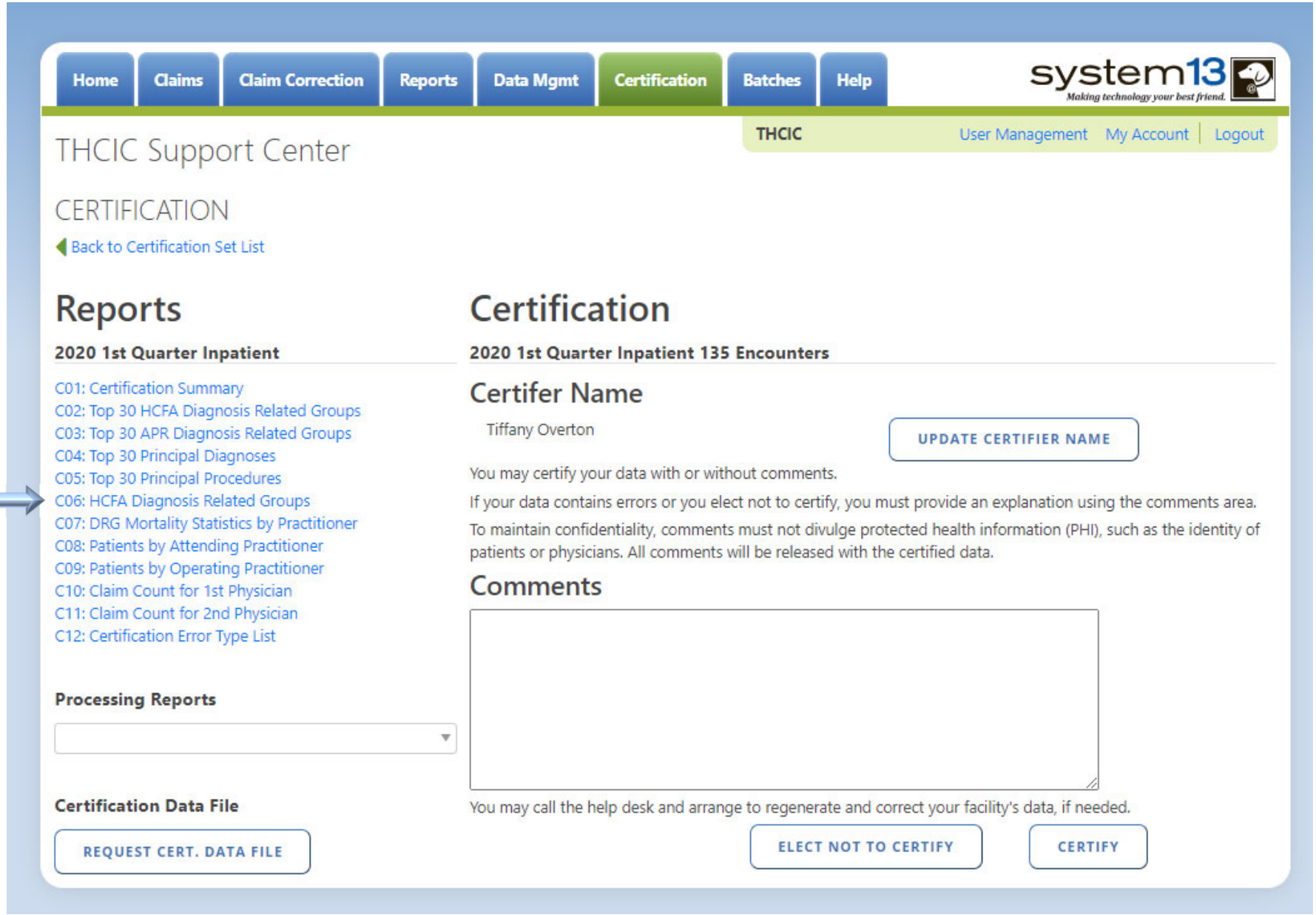
| Proc Code | Description | Percent | Avg. LOS in days | Total Discharges Avg. Charge | Under 1 Discharges Avg. Charge | 1-17 Discharges Avg. Charge | 18-44 Discharges Avg. Charge | 45-64 Discharges Avg. Charge | 65-74 Discharges Avg. Charge | Over 74 Discharges Avg. Charge |
|---|---|---|---|---|---|---|---|---|---|---|
| 5798 | REMOVE BLADDER STIMULAT | 1.00% | 18.0 | 2<br>$2,442.68 | | | | | | |
| 77525 | | 1.00% | 5.5 | 2<br>$1,952.34 | 1<br>$1,251.52 | | | | | |
| 0833 | PTOSIS REP-LEVAT MUS ADV | 1.00% | 7.0 | 2<br>$2,483.88 | | | | | | |
| 88749 | | 1.00% | 13.5 | 2<br>$1,649.29 | | | | | | |
| 1741 | OPEN ROBOTIC ASSISTED PX | 1.00% | 9.5 | 2<br>$2,890.55 | | | | | | |
| 44720 | | 0.50% | 2.0 | 1<br>$3,617.62 | 1<br>$3,617.62 | | | | | |
| 9705 | REPL STENT TUBE | 0.50% | 2.0 | 1<br>$3,173.34 | 1<br>$3,173.34 | | | | | |
| 543 | DESTRUCT ABD WALL LESION | 0.50% | 15.0 | 1<br>$1,979.13 | | | | | | |
| A4480 | | 0.50% | 6.0 | 1<br>$1,623.35 | | | | | | |
| 64795 | | 0.50% | 1.0 | 1<br>$2,986.35 | 1<br>$2,986.35 | | | | | |
| 0475 | POSTOP REVIS PER NERV OP | 0.50% | 1.0 | 1<br>$2,983.71 | 1<br>$2,983.71 | | | | | |
| D6780 | | 0.50% | 1.0 | 1<br>$2,430.21 | 1<br>$2,430.21 | | | | | |
| 6822 | INCISION UTERINE SEPTUM | 0.50% | 1.0 | 1<br>$2,437.93 | 1<br>$2,437.93 | | | | | |
| 0920 | EXC LACRIMAL GLAND NOS | 0.50% | 1.0 | 1<br>$2,539.02 | 1<br>$2,539.02 | | | | | |
| G8338 | | 0.50% | 1.0 | 1<br>$3,211.15 | 1<br>$3,211.15 | | | | | |
| 7744 | METACARPAL/CARPAL BIOPSY | 0.50% | 15.0 | 1<br>$2,780.96 | | | | | | |
| 1770 | NTRAV INFSN CLOFARABINE | 0.50% | 17.0 | 1<br>$2,505.62 | | | | | | |
| L2038 | | 0.50% | 16.0 | 1<br>$1,533.39 | | | | | | |
| 7892 | OTHER OPS ON HUMERUS | 0.50% | 2.0 | 1<br>$2,415.96 | 1<br>$2,415.96 | | | | | |
| 22612 | | 0.50% | | | | | | | | |
| S0280 | | 0.50% | | | | | | | | |

System: Trainer

Page 1 of 2

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

# Reports C06
# HCFA Diagnosis Related Groups



# 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

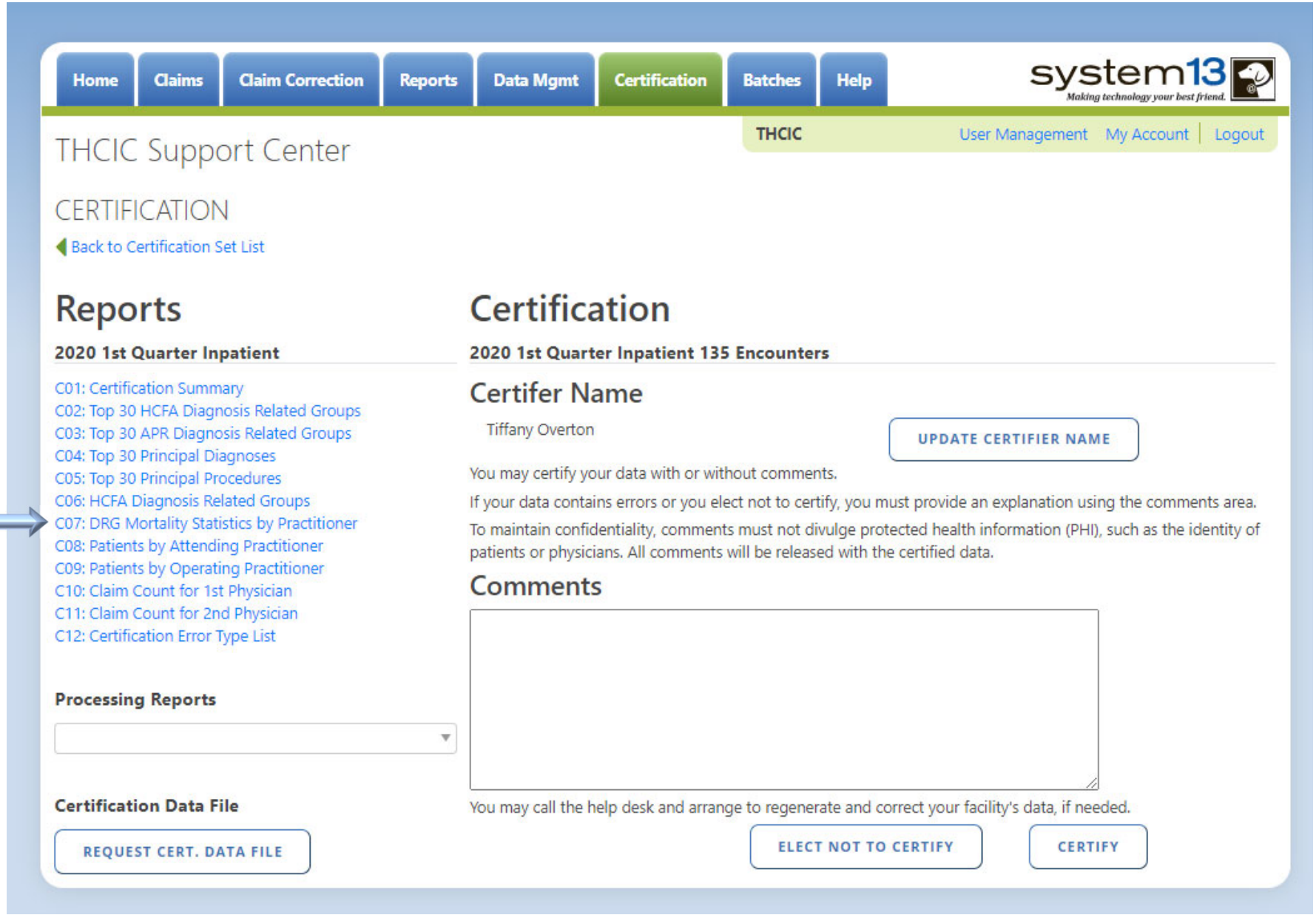
| HCFA DRG | Description | Percent | Avg. LOS in days | Total Discharges Avg. Charge | Under 1 Discharges Avg. Charge | 1-17 Discharges Avg. Charge | 18-44 Discharges Avg. Charge | 45-64 Discharges Avg. Charge | 65-74 Discharges Avg. Charge | Over 74 Discharges Avg. Charge |
|---|---|---|---|---|---|---|---|---|---|---|
| 003 | ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R. | 0.50% | 16.0 | 1 $3,205.33 | | | | | | |
| 011 | Tracheostomy for face,mouth & neck diagnoses w MCC | 0.50% | 10.0 | 1 $3,252.09 | | | | | | |
| 014 | Allogeneic bone marrow transplant | 0.50% | 22.0 | 1 $1,678.70 | | | | | | |
| 016 | Autologous bone marrow transplant w CC/MCC | 0.50% | 11.0 | 1 $4,336.15 | | | | | | |
| 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 | 1 $2,823.21 | | | | | | |
| 064 | Intracranial hemorrhage or cerebral 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 | 1 $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 meningitis w/o CC/MCC | 0.50% | 3.0 | 1 $3,900.91 | | | | | | |
| 100 | Seizures w MCC | 1.00% | 2.0 | 2 $2,549.66 | 1 $2,464.70 | | | | | |
| 102 | Headaches w MCC | 0.50% | 3.0 | 1 $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 | 1 $2,415.96 | 1 $2,415.96 | | | | | |
| 129 | Major head & neck procedures w CC/MCC or major device | 0.50% | 2.0 | 1 $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 & mastoid procedures w CC/MCC | 0.50% | 14.0 | 1 $2,521.13 | | | | | | |

System: Trainer

Page 1 of 9

Contains information on all encounters by HCFA DRG's.

# Reports C07
# Mortality Statistics by Practitioner



# Reports C07
# Mortality Statistics by Practitioner

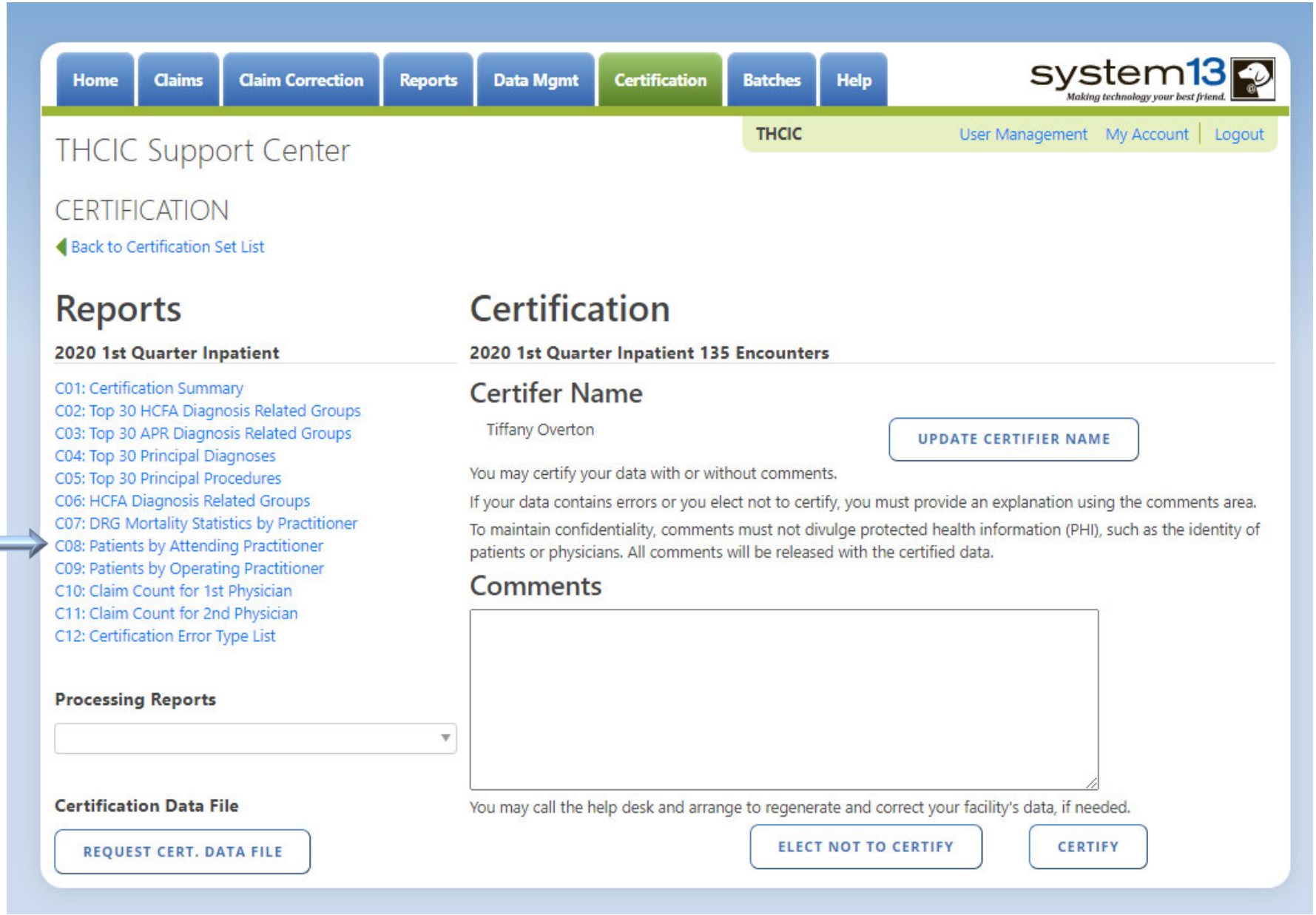
THCIC Report C07: DRG Mortality Statistics by Practitioner (Inpatient) Q4 2014
Report Date: 08-Jul-2015
THCIC ID: 000005 THCIC Trainer

**NPI #, Doctor's Name**

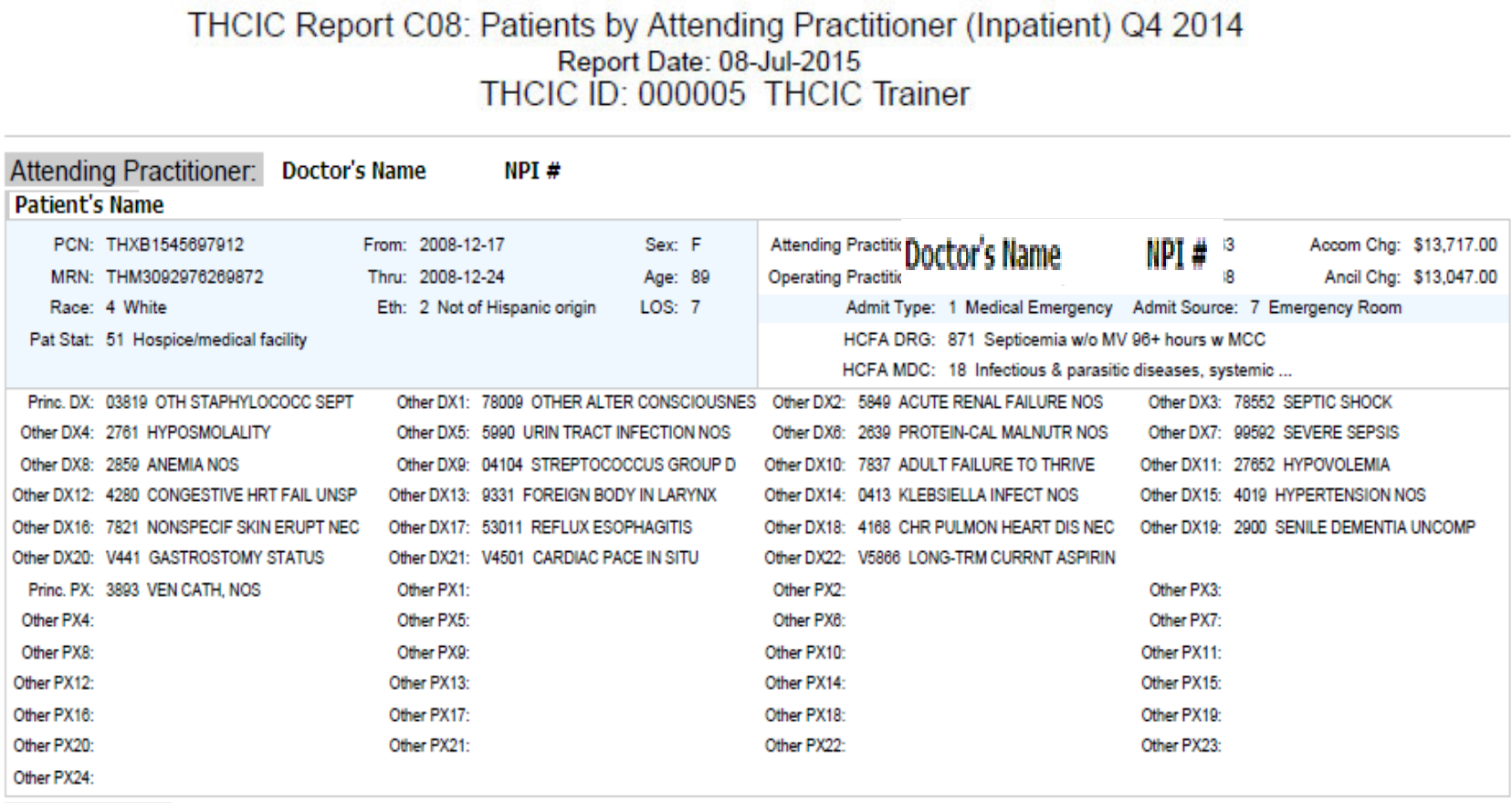
| DRG | Description | Cases | Deaths | Percent | Avg. LOS | Avg. Charges |
|---|---|---|---|---|---|---|
| 057 | Degenerative nervous system disorders w/o MCC | 3 | 0 | 0.00% | 2.6666666666667 | $77,863.71 |
| 064 | Intracranial hemorrhage or cerebral infarction w MCC | 4 | 0 | 0.00% | 4.0 | $95,969.12 |
| 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

Attending Practitioner: Doctor's Name NPI #
Patient's Name

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| PCN: | THXB1545697912 | From: | 2008-12-17 | Sex: | F | Attending Practiti | Doctor's Name NPI # 3 |
| MRN: | THM3092976269872 | Thru: | 2008-12-24 | Age: | 89 | Operating Practiti | 8 |
| Race: | 4 White | Eth: | 2 Not of Hispanic origin | LOS: | 7 | Accom Chg: | $13,717.00 |
| Pat Stat: | 51 Hospice/medical facility | | | | | Ancil Chg: | $13,047.00 |

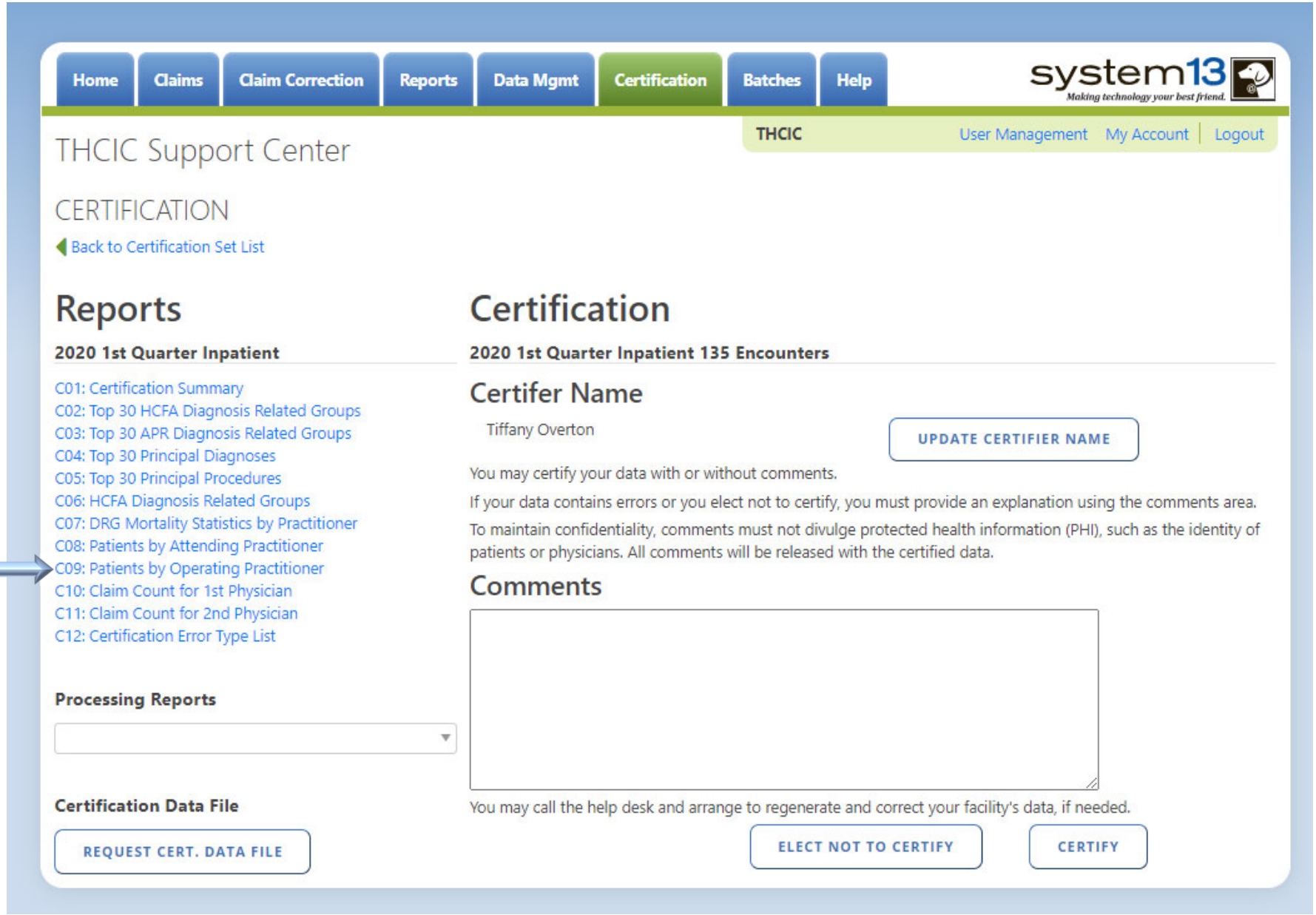
Admit Type: 1 Medical Emergency Admit Source: 7 Emergency Room
HCFA DRG: 871 Septicemia w/o MV 96+ hours w MCC
HCFA MDC: 18 Infectious & parasitic diseases, systemic ...

| | | | |
|---|---|---|---|
| Princ. DX: 03819 OTH STAPHYLOCOCC SEPT | Other DX1: 78009 OTHER ALTER CONSCIOUSNES | Other DX2: 5849 ACUTE RENAL FAILURE NOS | Other DX3: 78552 SEPTIC SHOCK |
| Other DX4: 2761 HYPOSMOLALITY | Other DX5: 5990 URIN TRACT INFECTION NOS | Other DX6: 2639 PROTEIN-CAL MALNUTR NOS | Other DX7: 99592 SEVERE SEPSIS |
| Other DX8: 2859 ANEMIA NOS | Other DX9: 04104 STREPTOCOCCUS GROUP D | Other DX10: 7837 ADULT FAILURE TO THRIVE | Other DX11: 27652 HYPOVOLEMIA |
| Other DX12: 4280 CONGESTIVE HRT FAIL UNSP | Other DX13: 9331 FOREIGN BODY IN LARYNX | Other DX14: 0413 KLEBSIELLA INFECT NOS | Other DX15: 4019 HYPERTENSION NOS |
| Other DX16: 7821 NONSPECIF SKIN ERUPT NEC | Other DX17: 53011 REFLUX ESOPHAGITIS | Other DX18: 4168 CHR PULMON HEART DIS NEC | Other DX19: 2900 SENILE DEMENTIA UNCOMP |
| Other DX20: V441 GASTROSTOMY STATUS | Other DX21: V4501 CARDIAC PACE IN SITU | Other DX22: V5866 LONG-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: |
| Other PX24: | | | |

Page 1 of 69

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 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

Operating Practitioner: **Operating Practitioner's Name**

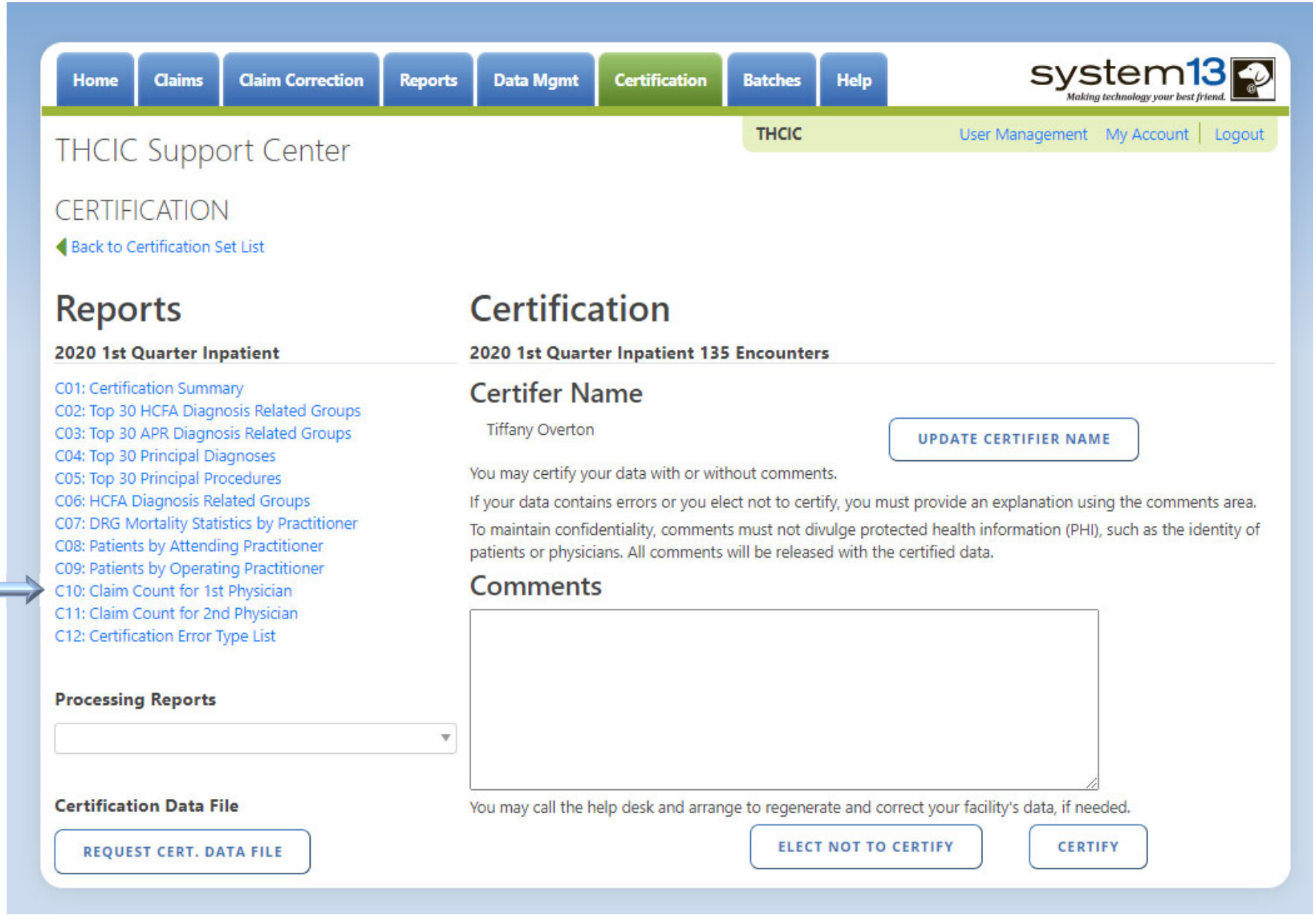
**Patient's Name**

| | | | | | |
|---|---|---|---|---|---|
| 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 Emergency | Admit Source: 7 Emergency Room | |
| Pat Stat: 04 Dischg/xfer to ICF | | | HCFA DRG: 282 Acute myocardial infarction, discharged al... | | |
| | | | HCFA MDC: 05 Diseases & disorders of the circulatory sy... | | |

| | | | |
|---|---|---|---|
| Princ. DX: 41071 INIT SUBENDO MI | Other DX1: 41071 INIT SUBENDO MI | Other DX2: 42731 ATRIAL FIBRILLATION | Other DX3: 4280 CONGESTIVE HRT FAIL UNSP |
| Other DX4: 4019 HYPERTENSION NOS | Other DX5: 2724 HYPERLIPIDEMIA NEC/NOS | Other DX6: 3310 ALZHEIMER'S DISEASE | Other DX7: 29410 DMNTIA CLAS ELSE W/O BEH |
| Other DX8: 34590 EPILEPSY, UNSPEC | Other DX9: V5861 LONG-TERM ANTICOAGULANTS | Other DX10: V1046 HX-PROSTATIC MALIGNANCY | |
| Princ. PX: | 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: |
| 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



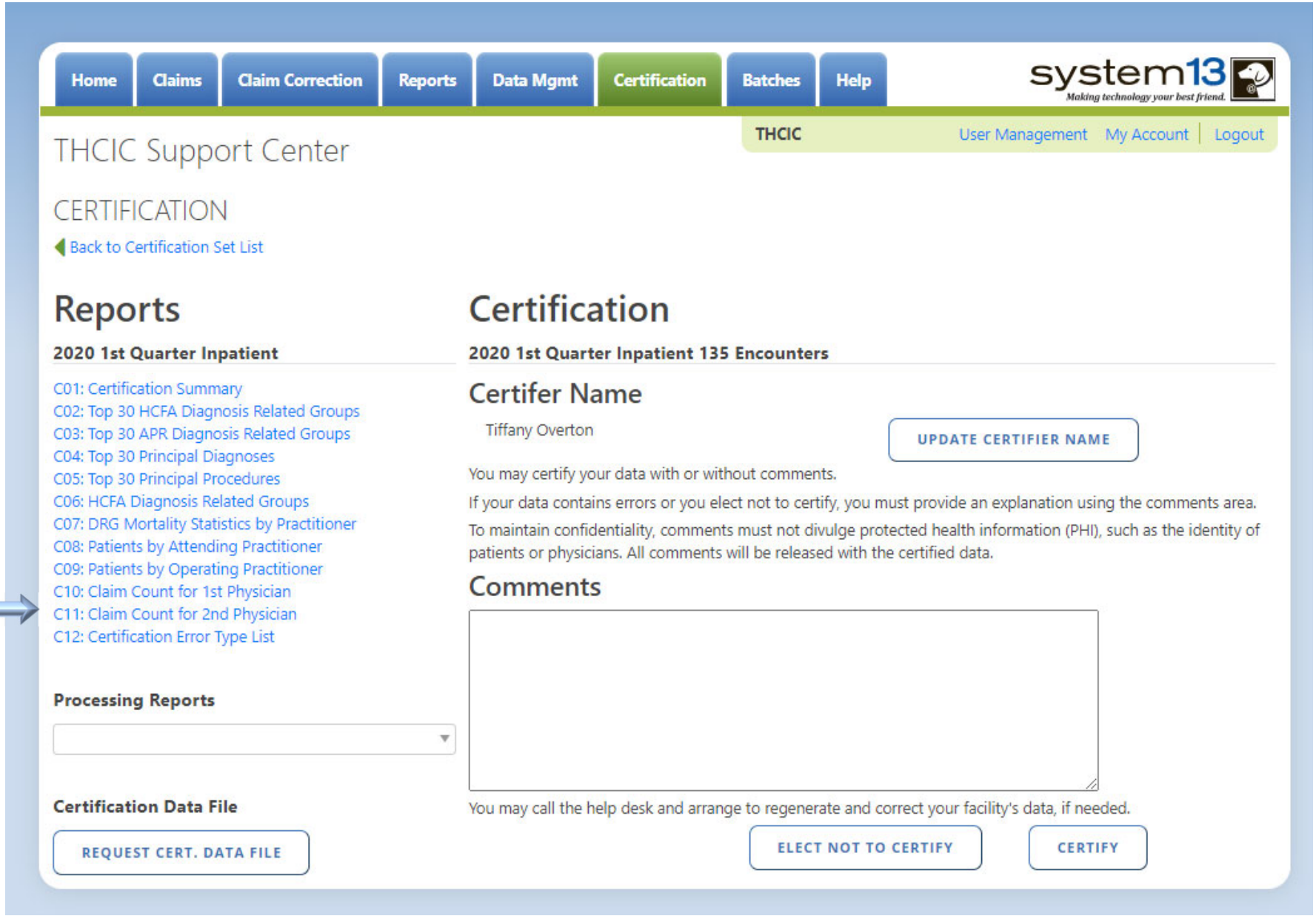
# Reports C10
# Claim Count for 1st Physician

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 C11
# Claim Count for 2nd Physician



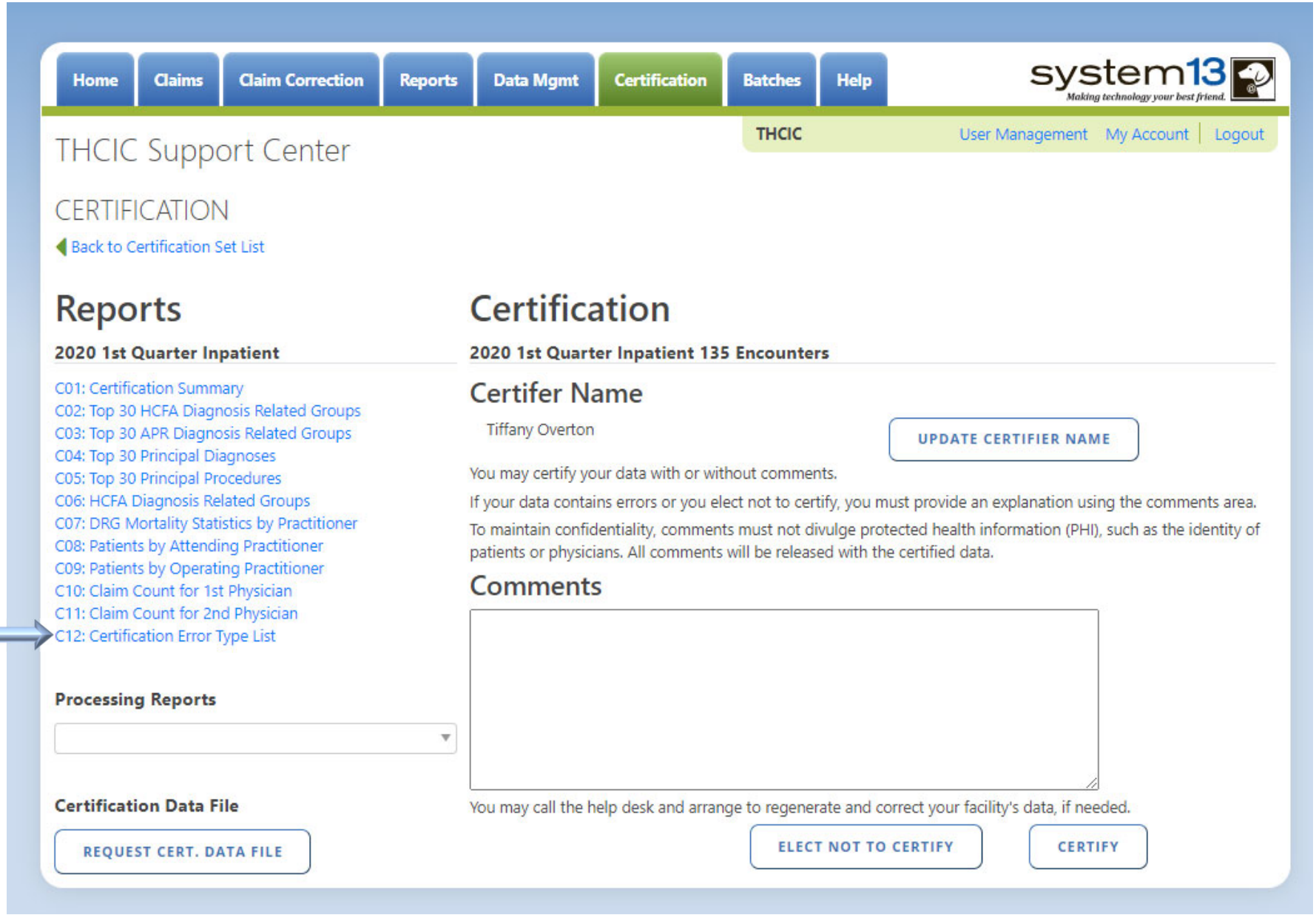
# Reports C11
# Claim Count for 2nd Physician

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



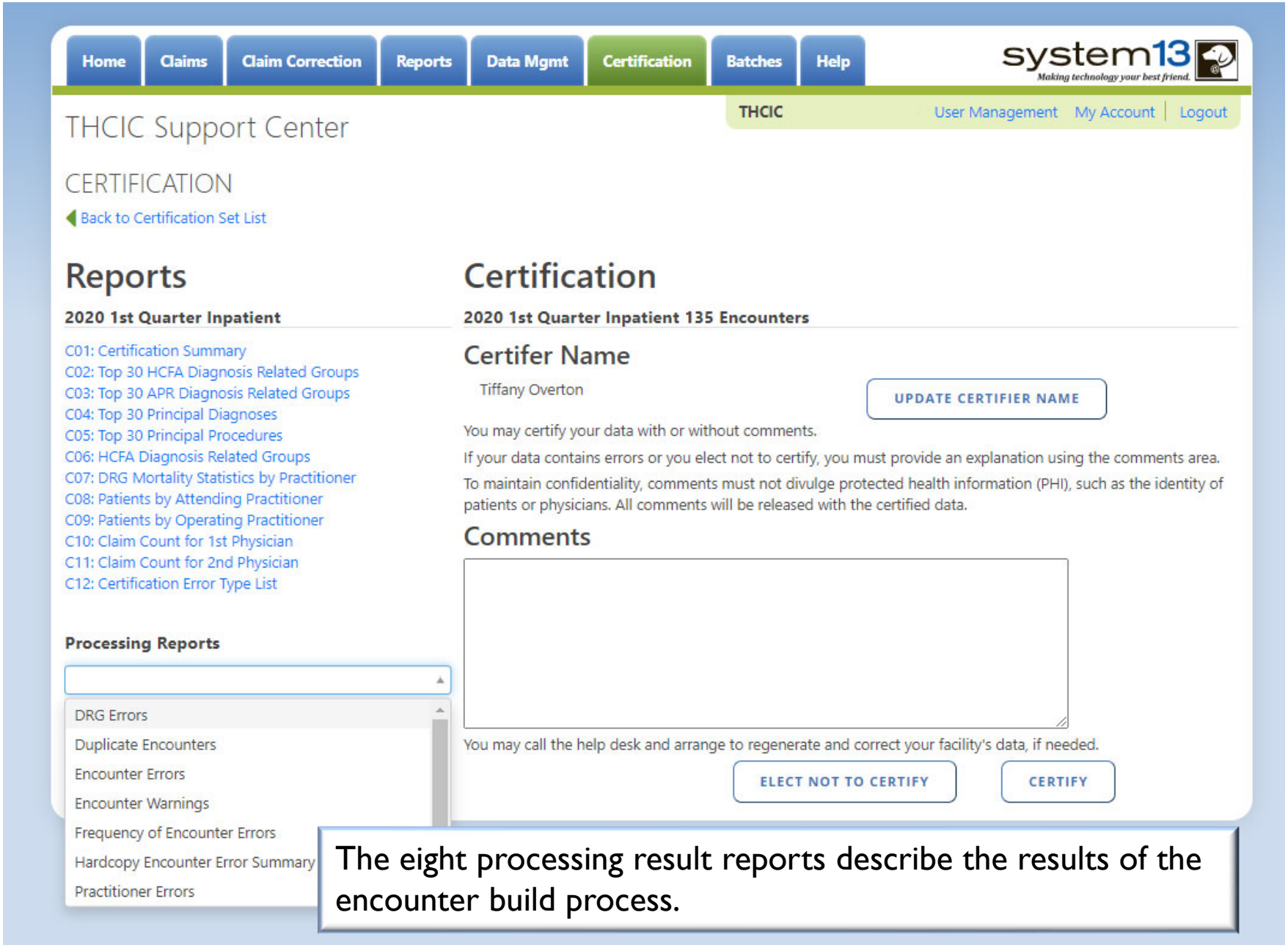
# Reports C12
# Certification Error Type List

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

Error Summary

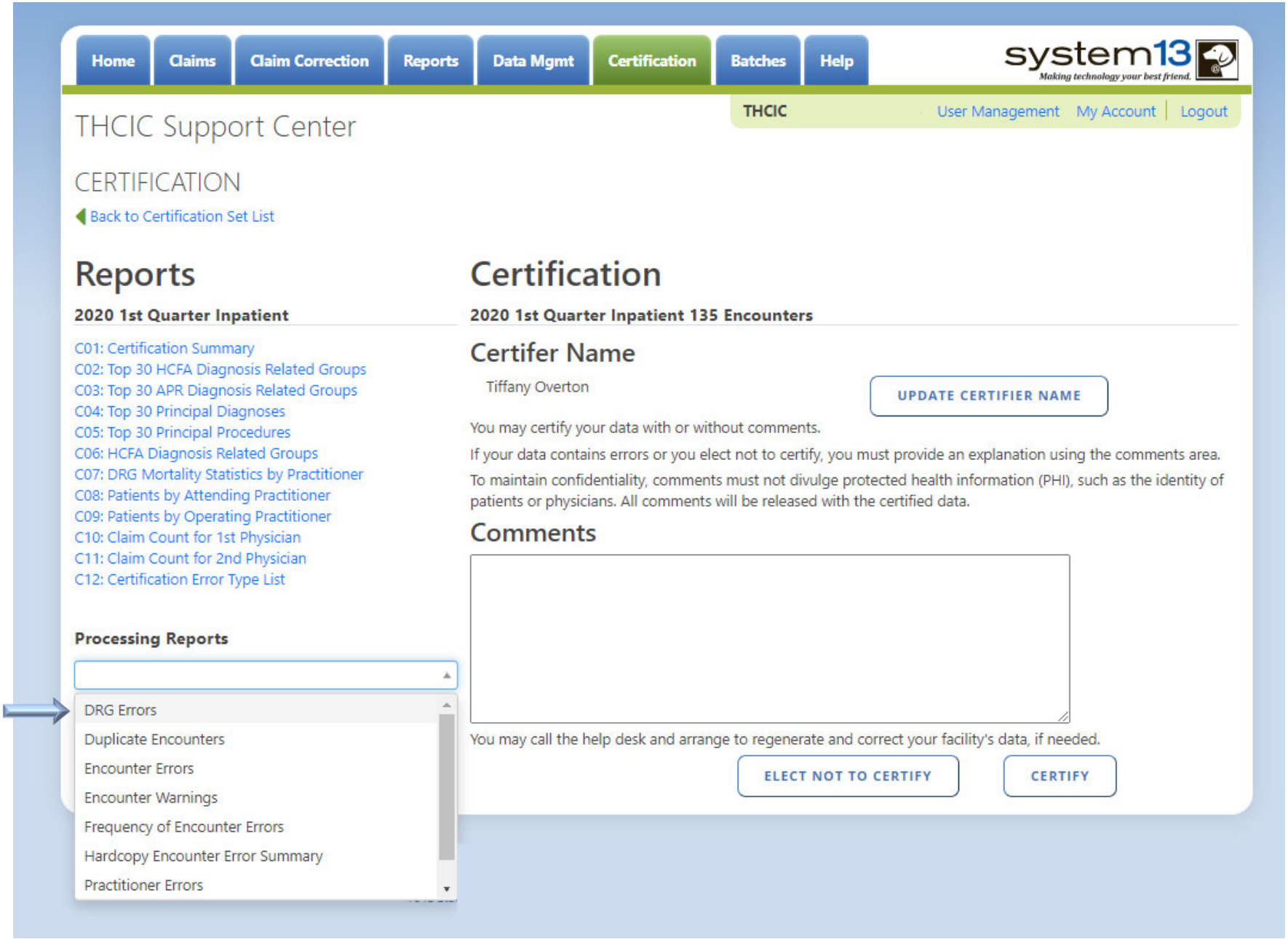
| Count | Error Code | Error Message |
|---|---|---|
| 25 | E-610 | Duplicate E-Codes |
| 6 | E-637 | Invalid Patient SSN |
| 105 | E-652 | Admission Type = Newborn and Principal Diagnosis Not = Newborn |
| 21 | E-657 | Invalid Facility Type Code |
| 2 | E-729 | Missing Patient City |

# Processing Reports




The eight processing result reports describe the results of the encounter build process.

# 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

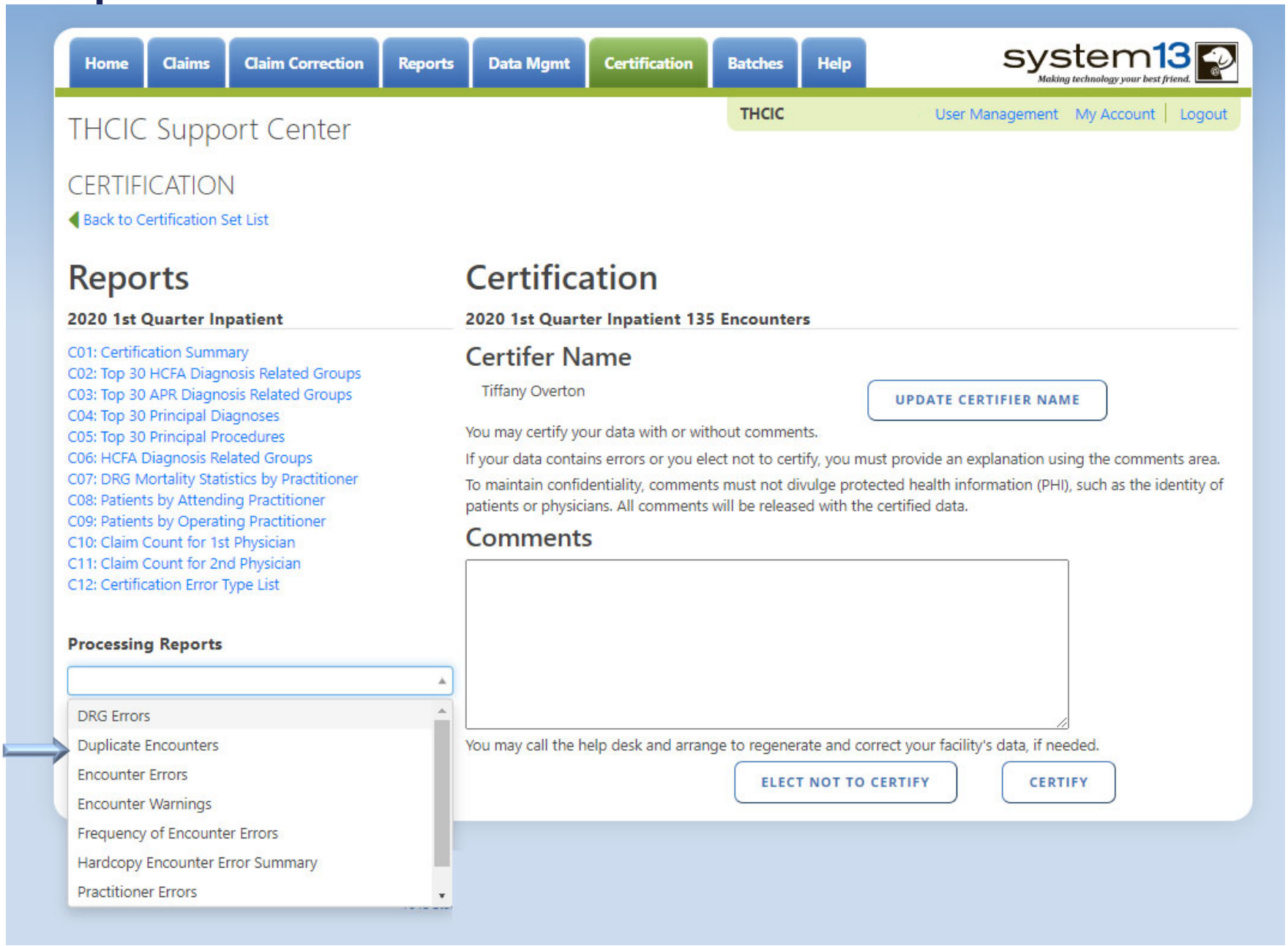
Error Code Legend
01 - Diagnosis code cannot be used as principle Dx (valid as of Grouper Version 8.0)
02 - Record does not meet criteria for DRG
03 - Invalid Age
04 - Invalid Sex
05 - Invalid Discharge Disposition
06 - Invalid Birth Weight (APR ERROR ONLY)
09 - Invalid Discharge Age in Days (APR ERROR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

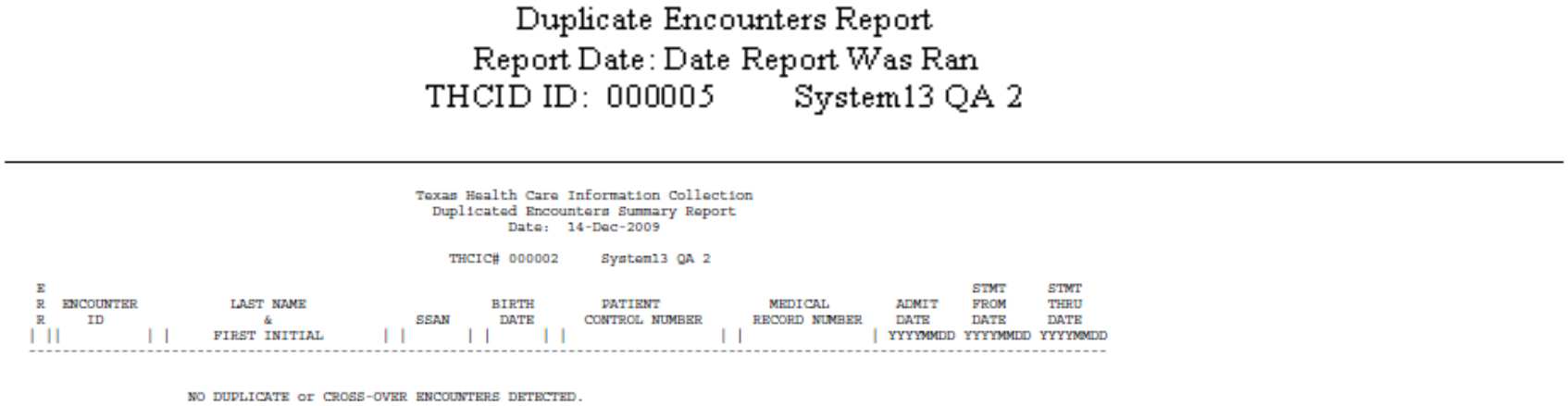
| Encounter ID | PCN | MRN | Patient Last Name | Patient First Name | MI | Admission | Stmt From | Stmt Thru | Bill Type | APR Err | HCFA Err |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 420080800009 | THA2 | THM59001988843 | SCHWARTZ | YORDAN | L | 20081115 | 20081115 | 20081119 | 111 | 02 | 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 | 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

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

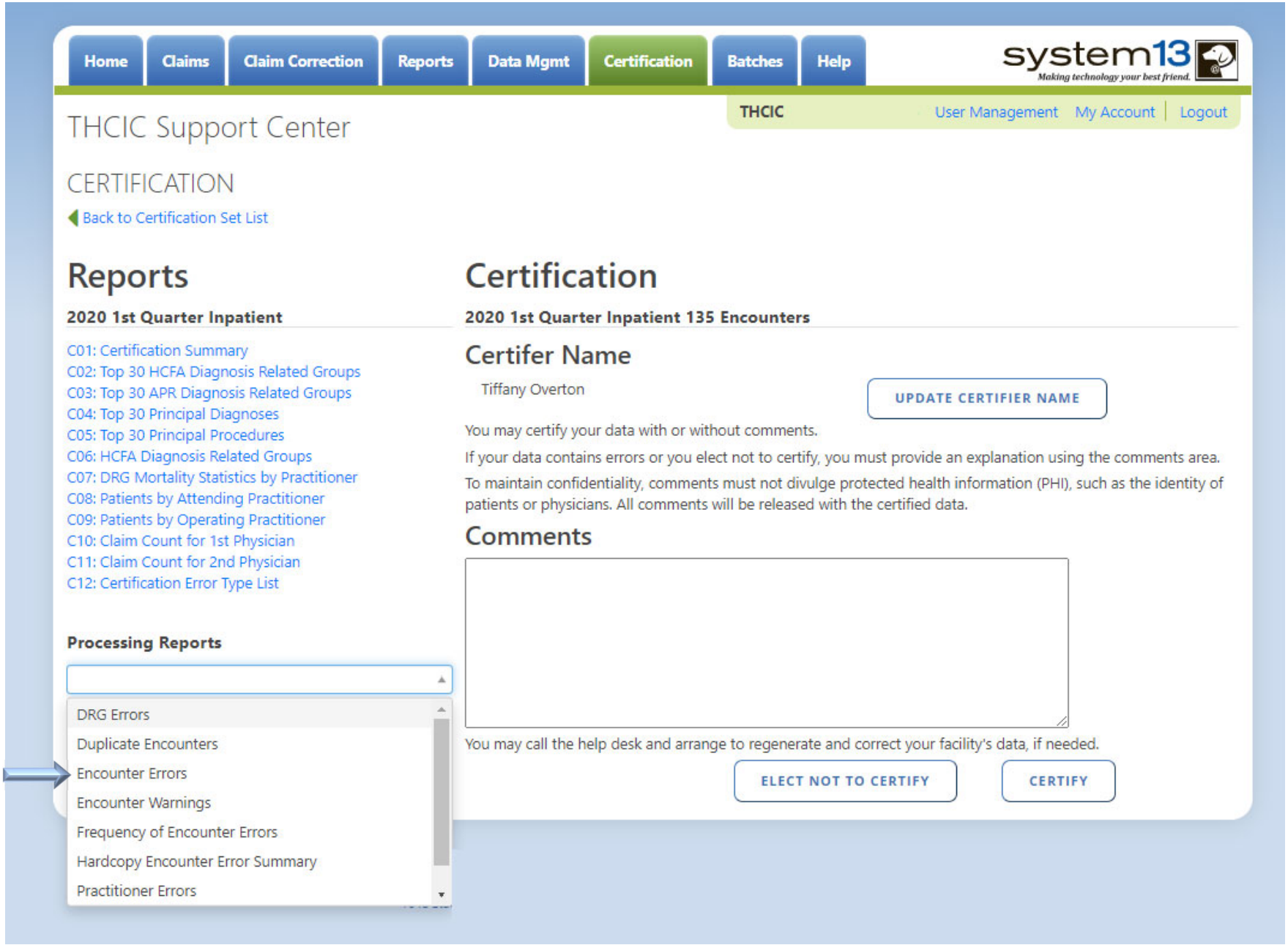
THCIC# 000002 System13 QA 2

| ERR | ENCOUNTER ID | LAST NAME & FIRST INITIAL | SSAN | BIRTH DATE | PATIENT CONTROL NUMBER | MEDICAL RECORD NUMBER | ADMIT DATE | STMT FROM DATE | STMT THRU DATE |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | YYYYMMDD | YYYYMMDD | YYYYMMDD |

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

---

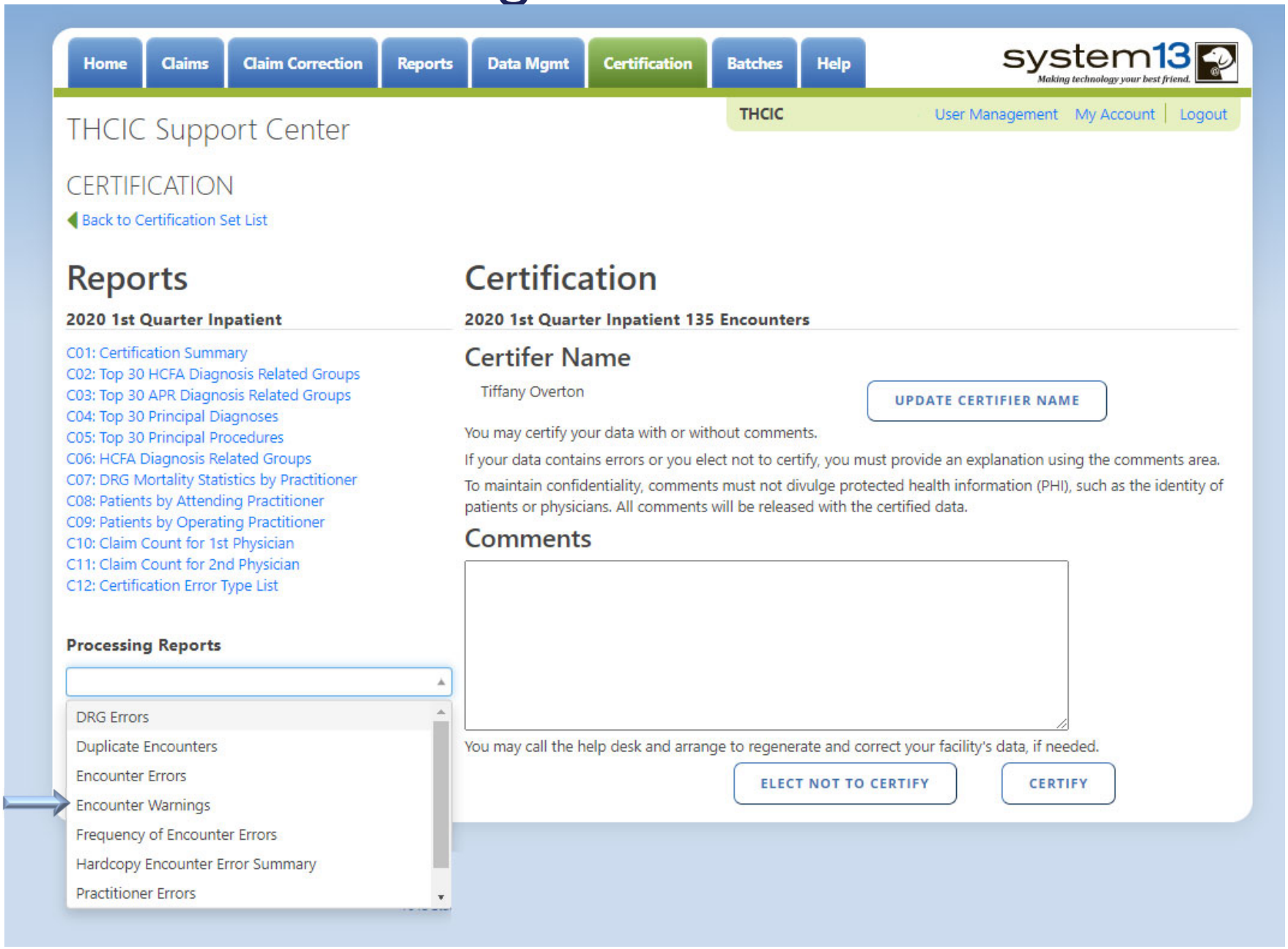
Texas Health Care Information Collection
Encounter Edit Report
System13 QA 2

THCIC:000002
Date: 12/14/09

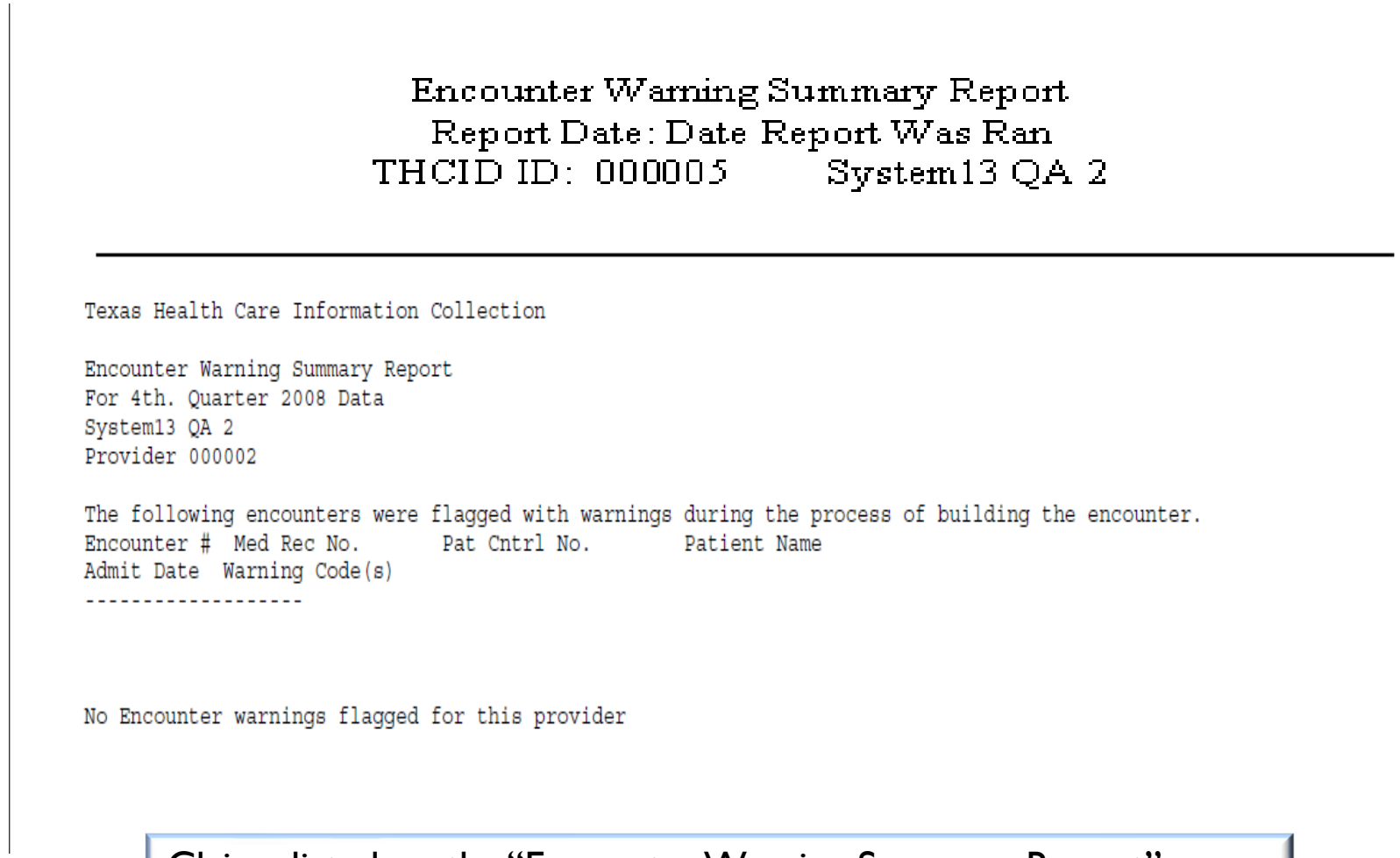
| MedRec# | PatCtrl# | SSN# | Admission | ErrCode |
|---|---|---|---|---|
| THM038603785867 | THA3 | 208205586 | 20081205 | 813 |

The "Encounter Edit Report" lists errors that prevented encounters from being built. Encounters were NOT 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

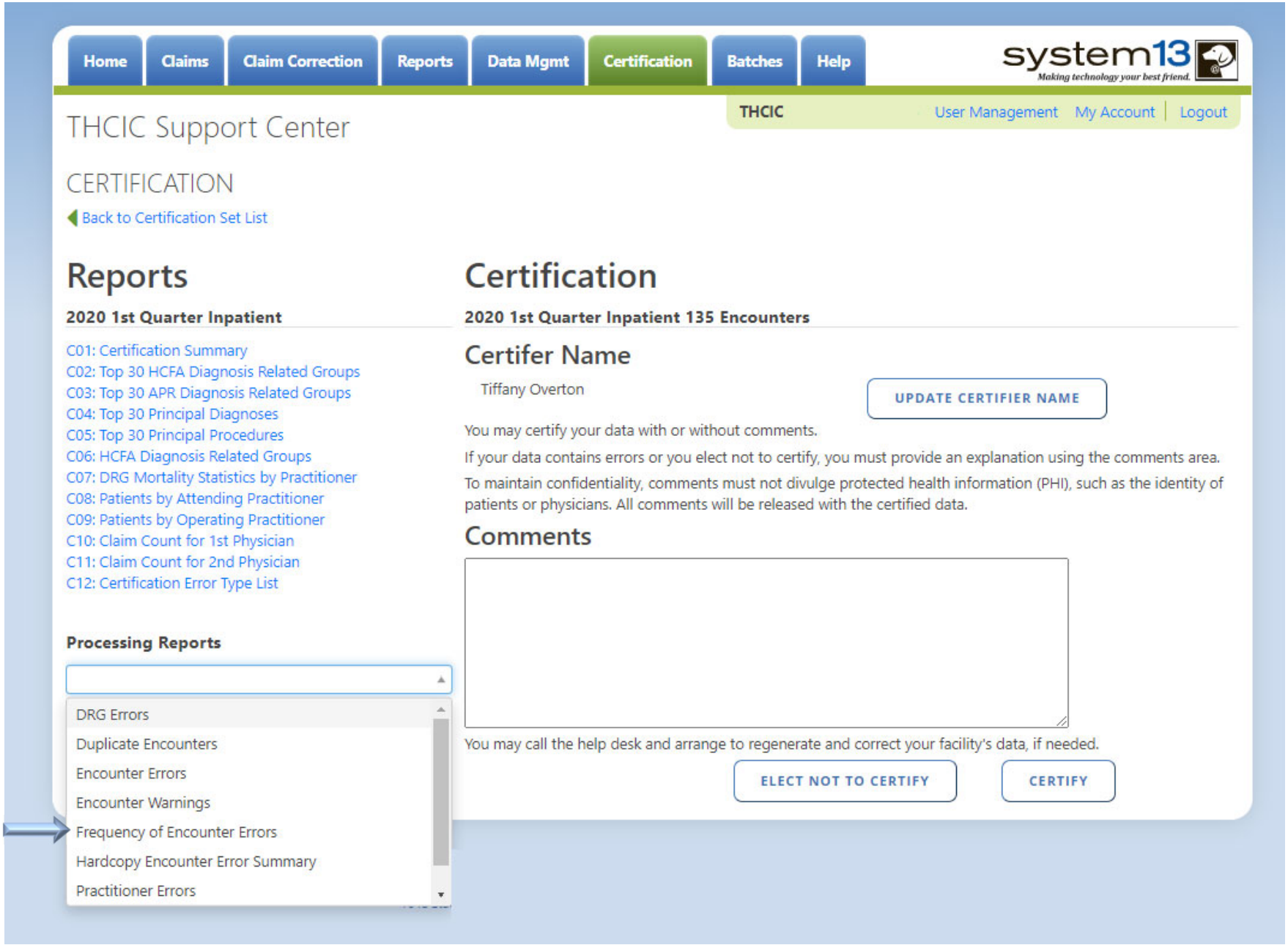
Encounter Warning Summary Report
For 4th. Quarter 2008 Data
System13 QA 2
Provider 000002

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.

# Processing Reports
# Frequency of Encounter Errors



# Processing Reports
# Frequency of Encounter Errors

**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 |
| xx3 | 0 |
| xx4 | 0 |
| xx5 | 0 |
| xx6 | 0 |
| xx7 | 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.

# Processing Reports
# Frequency of Encounter Errors

**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.

# Processing Reports
# Frequency of Encounter Errors

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

---

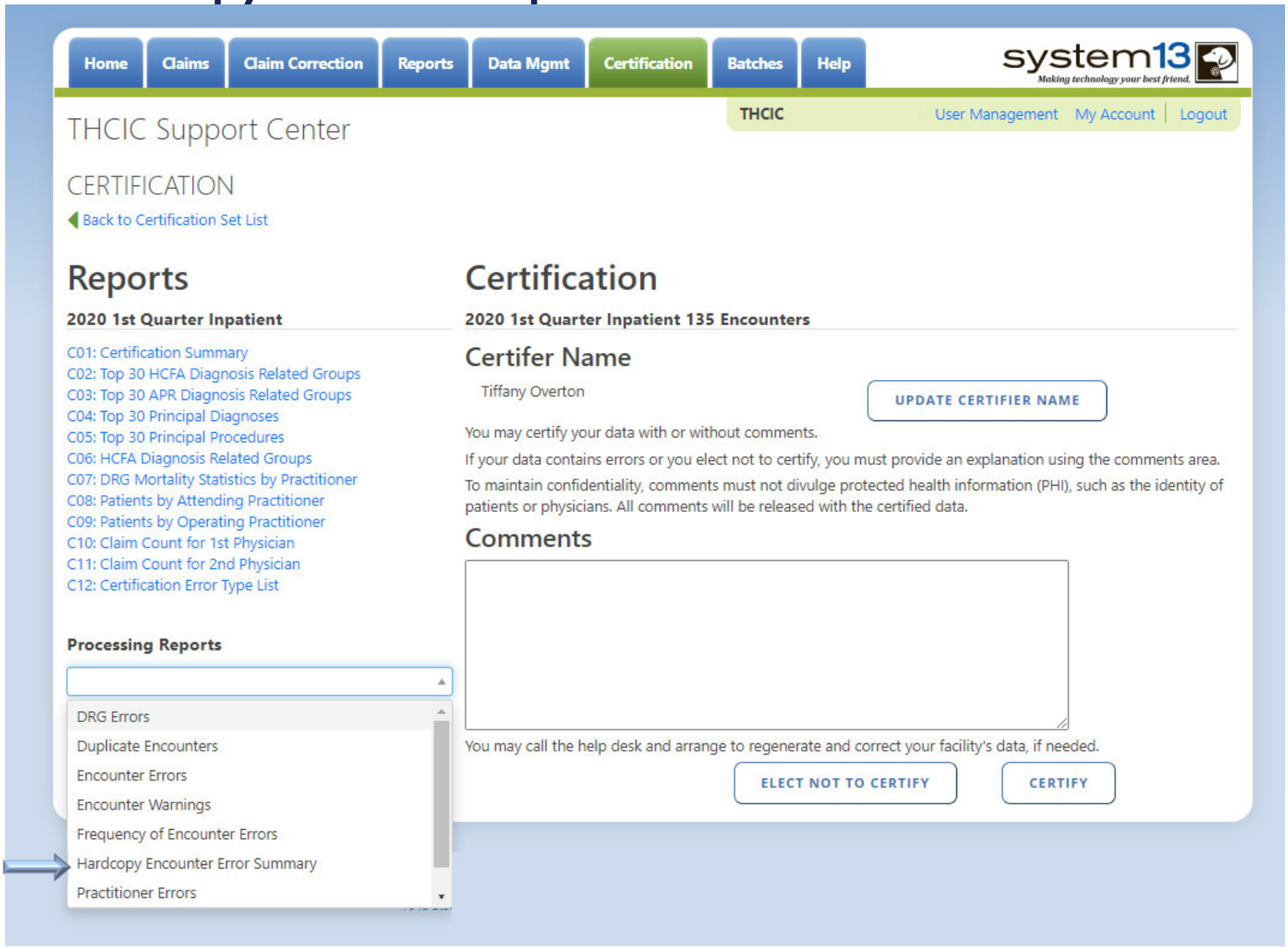
The 837 format utilizes 'Qualifier' codes to identify or characterize various health information data elements. Invalid or missing Qualifier codes may cause data to be omitted from a claim or result in improper placement of the data.

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



# Processing Reports
# Hardcopy Error Report

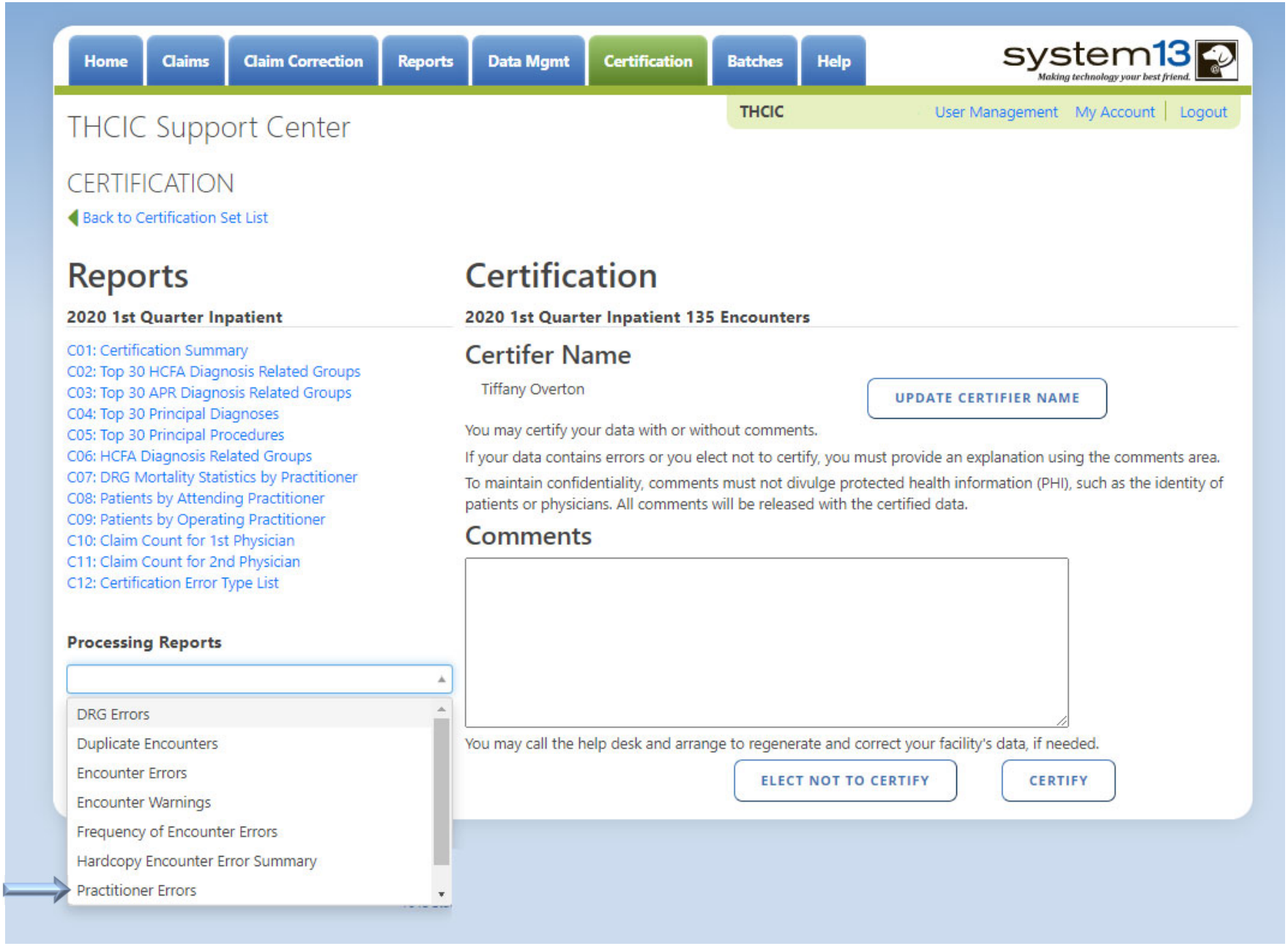
Hardcopy Claims Error Summary Report (Inpatient)
Report Date: Date Report Was Ran
THCID ID: 000005 System13 QA 2

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 |
| | | | | 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

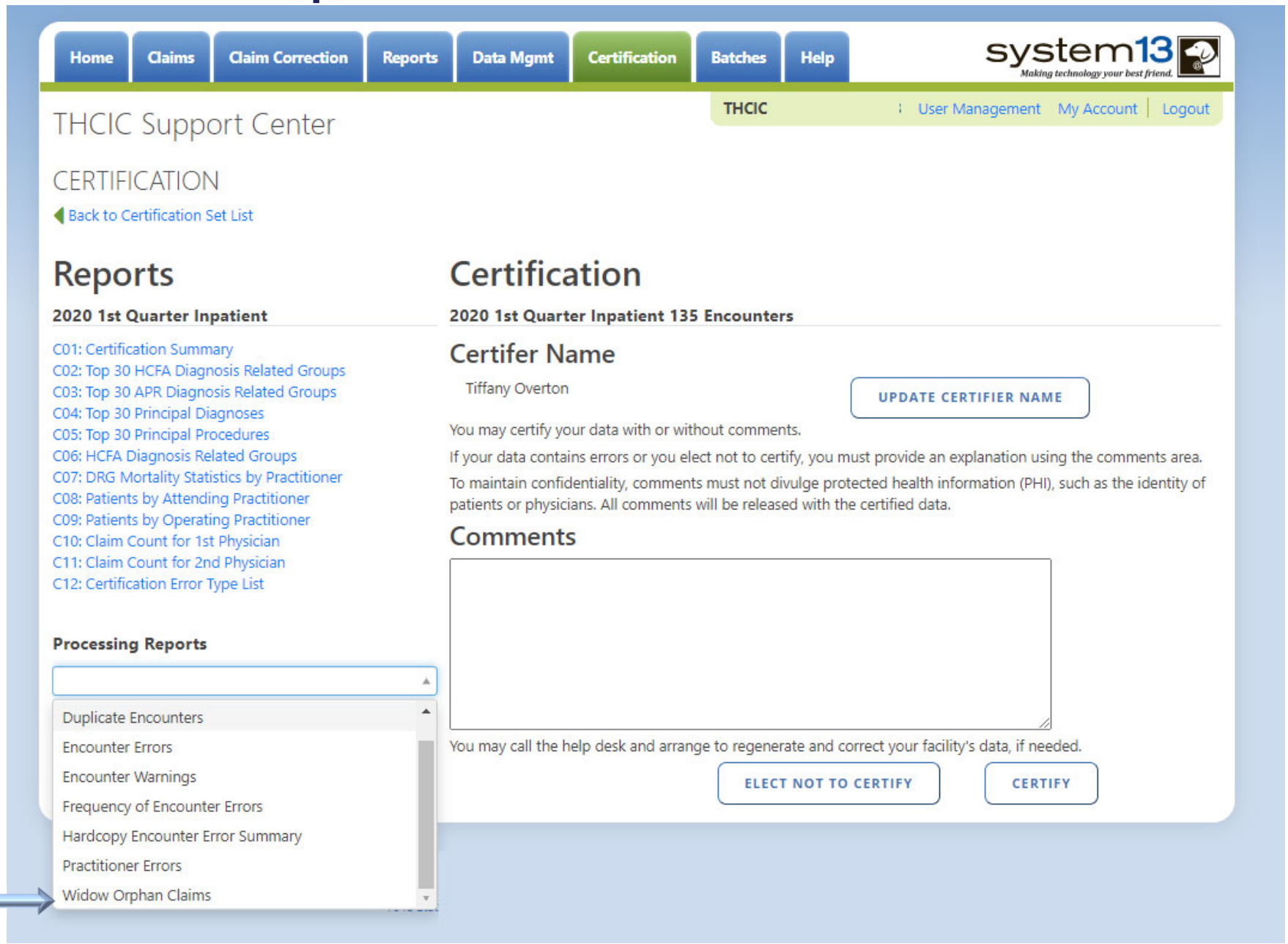
Unidentified Physician ID Summary Report
Report Date: Date Report Was Ran
THCID ID: 000005 System13 QA 2

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

THCIC# 000002 System13 QA 2

| PATIENT CONTROL # | QUAL 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 |
| THA5 | 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

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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.

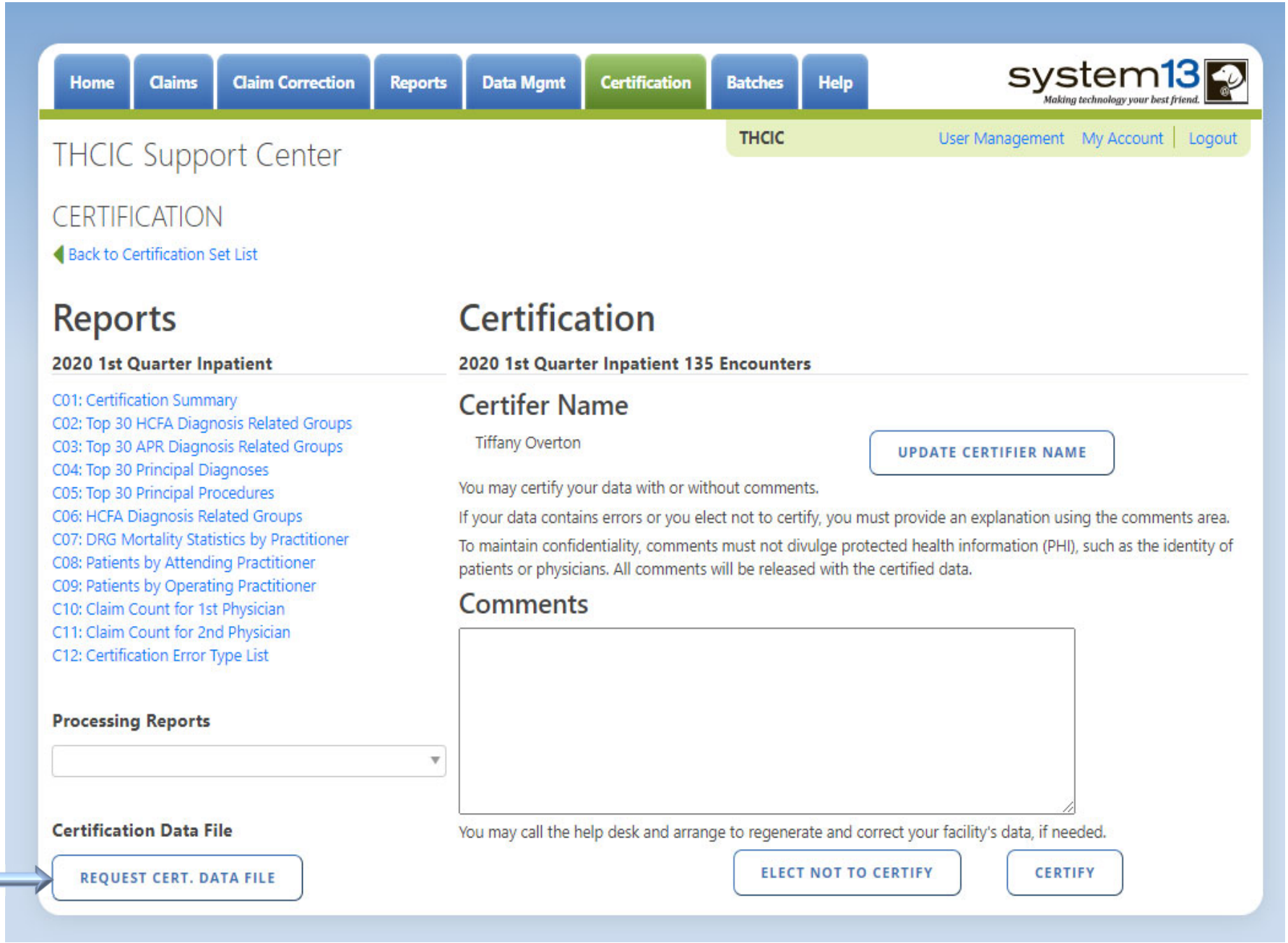
Void/cancel claims (xx8) will be listed after the claim that has been deleted. There will be no error code associated with
these claims. These claims are listed for informational purposes only.

| MedRec# | PatCtrl# | SSN# | Admission | StmtFrom | StmtThru | BillType | ErrCode | InfCode |
|---|---|---|---|---|---|---|---|---|
| THM166017669676 | 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.

# Certification File Download



# Certification File Download

**Certification File Download** 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.

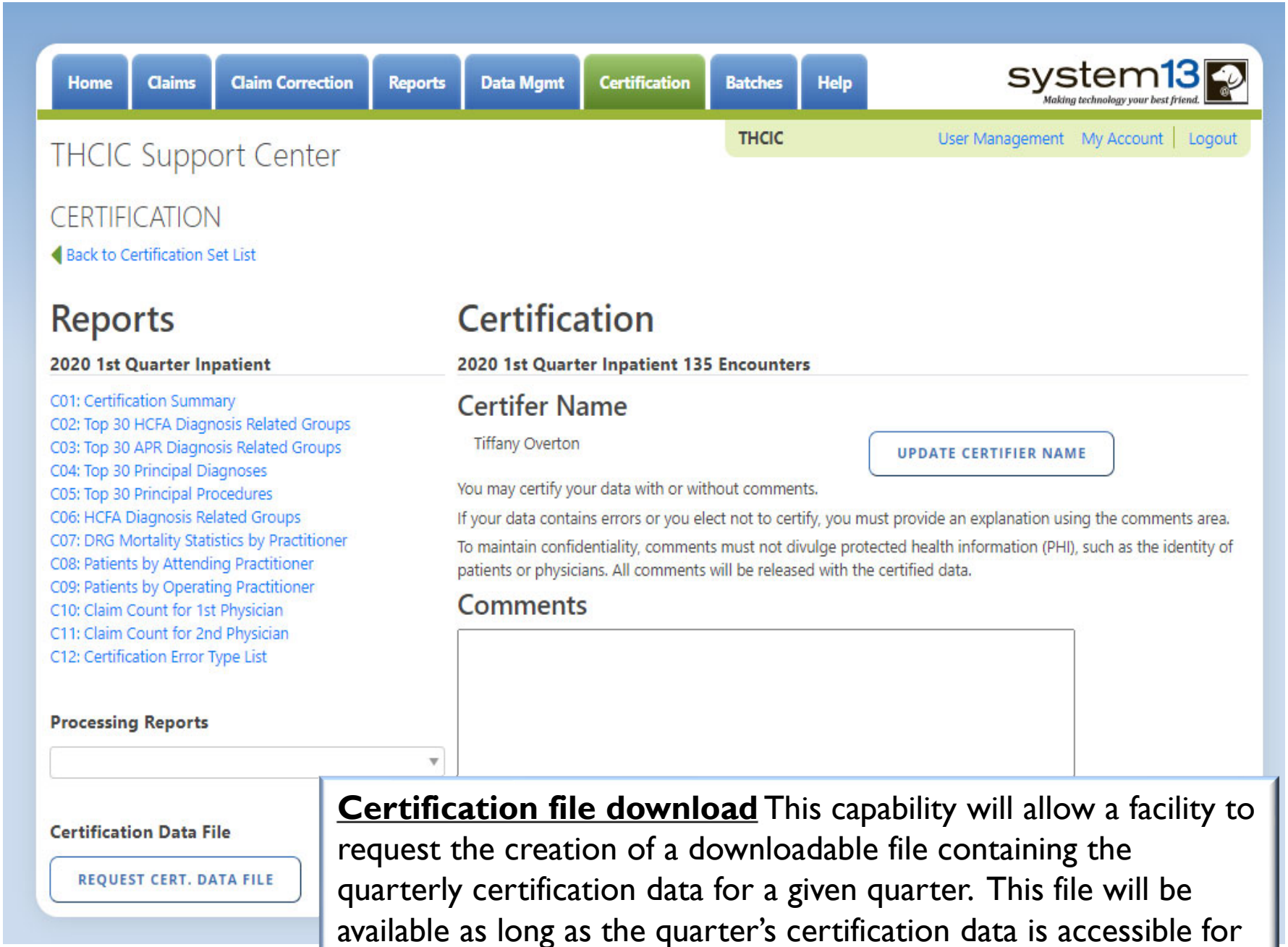
The file will be in a fixed length format and the data layout will be downloaded with the file. This will allow a facility to analyze the data with software analysis tools of the facilities choice.

**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.

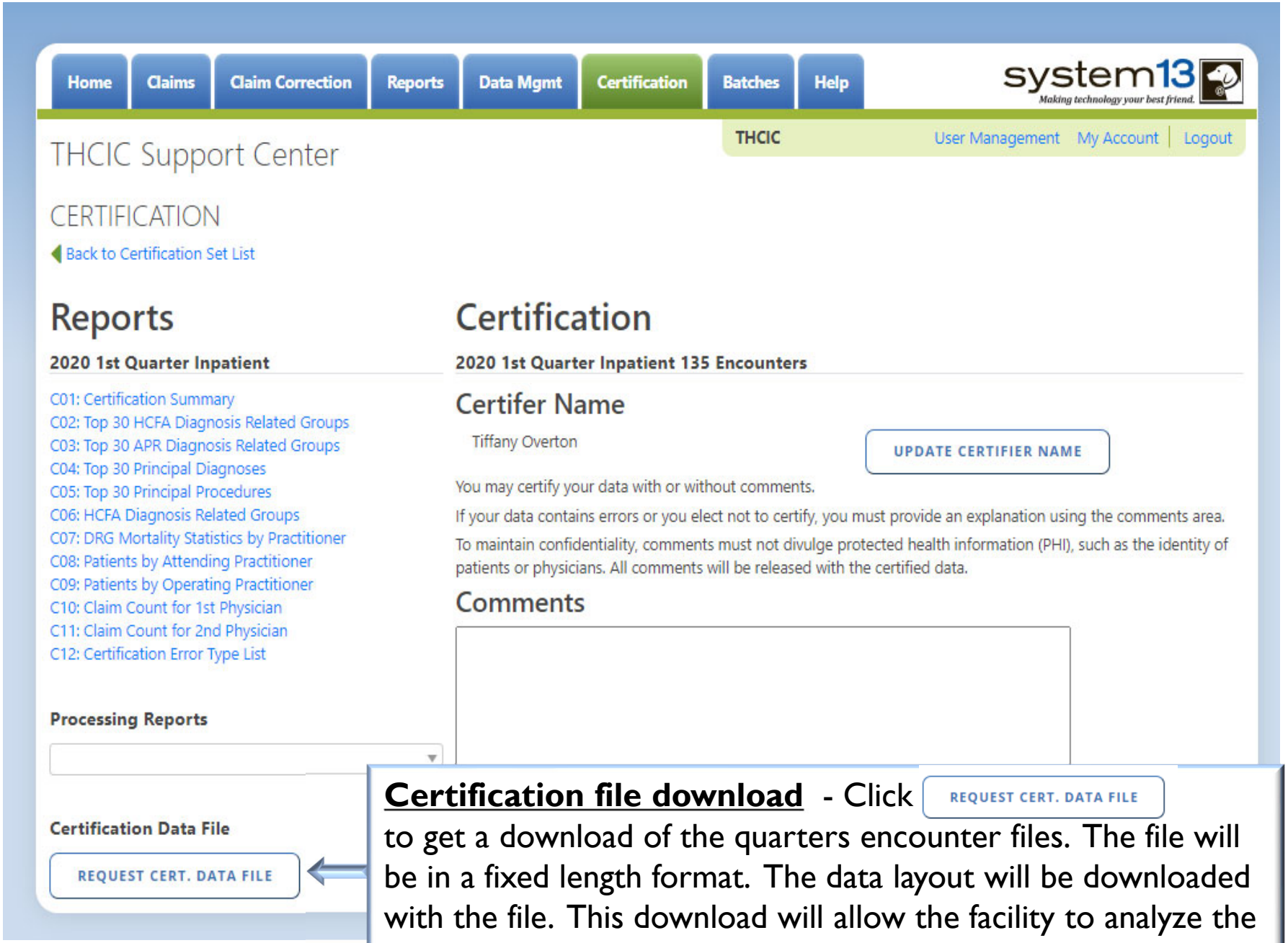
There will be a fee if a facility requests this file again after the 30 day review period. If a facility would like another creation of this file, there will be a fee accessed through System13. It is important that the file is downloaded within 30 days of requesting its creation to avoid any fees.

# Certification File Download



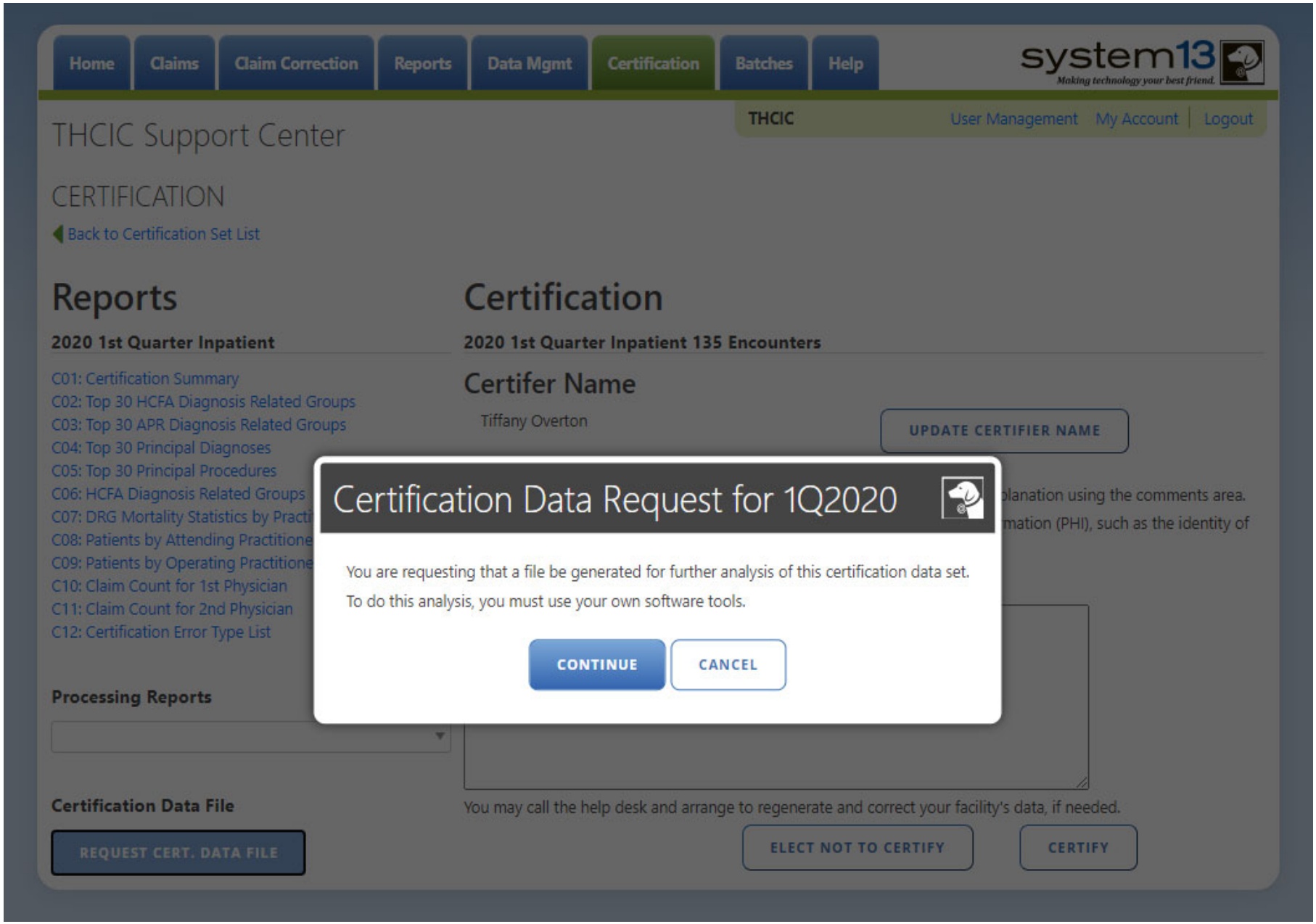

**<u>Certification file download</u>** This capability will allow a facility to request the creation of a downloadable file containing the quarterly certification data for a given quarter. This file will be available as long as the quarter's certification data is accessible for viewing via the system's certification page.

# Certification File Download

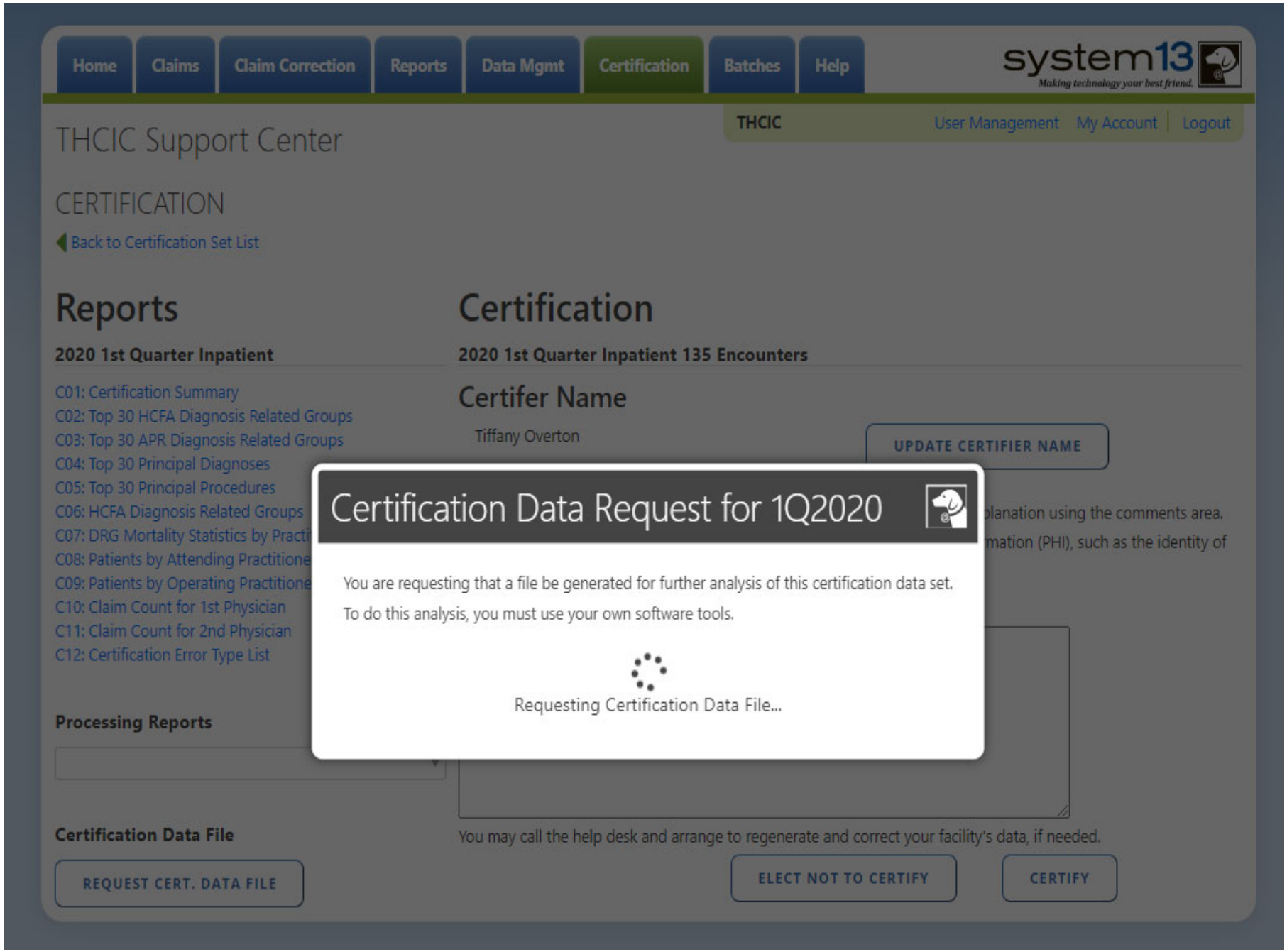



**Certification file download** - Click REQUEST CERT. DATA FILE to get a download of the quarters encounter files. The file will be in a fixed length format. The data layout will be downloaded with the file. This download will allow the facility to analyze the data with software analysis tools of the facilities choice.

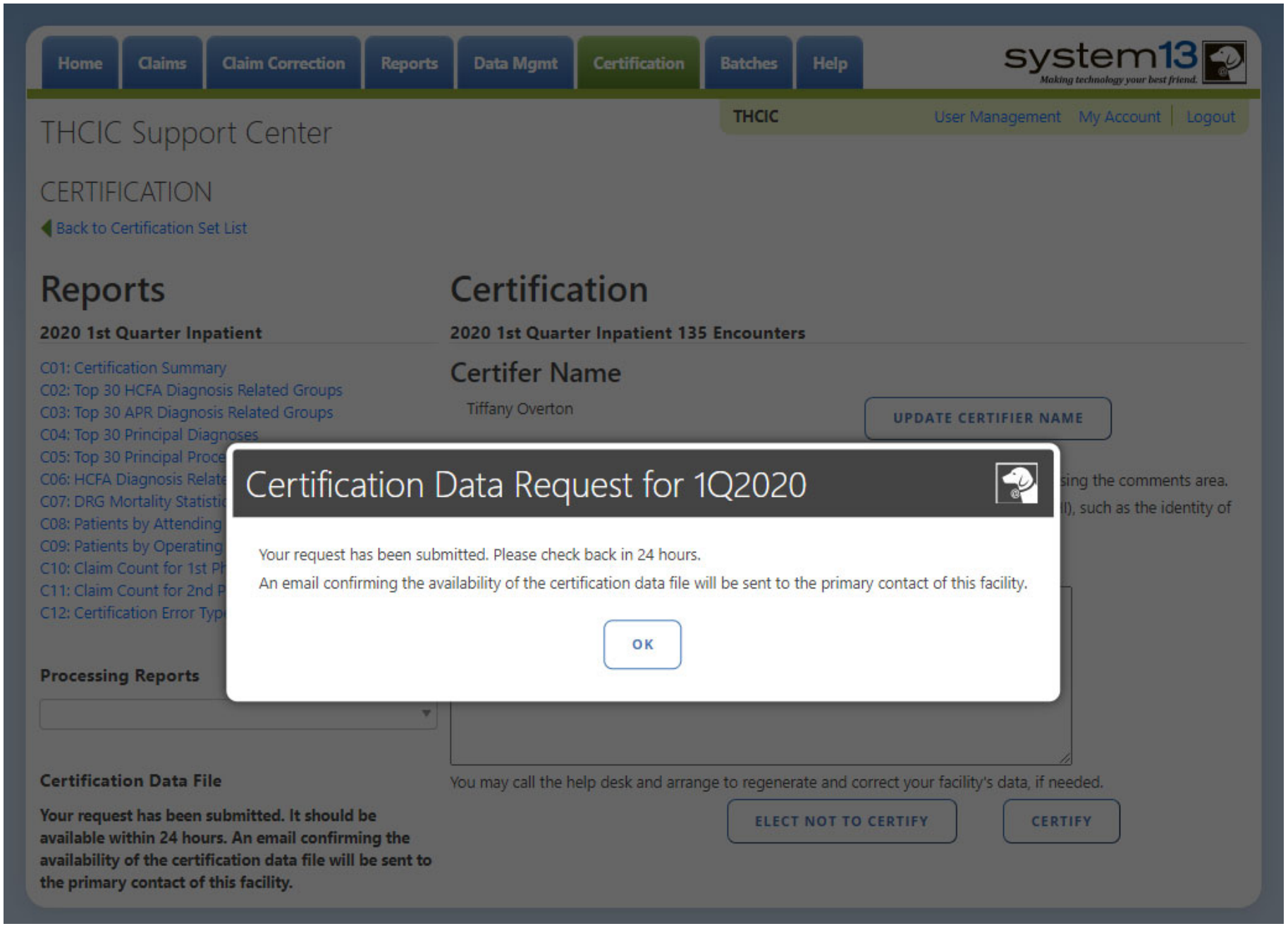
# Certification File Download



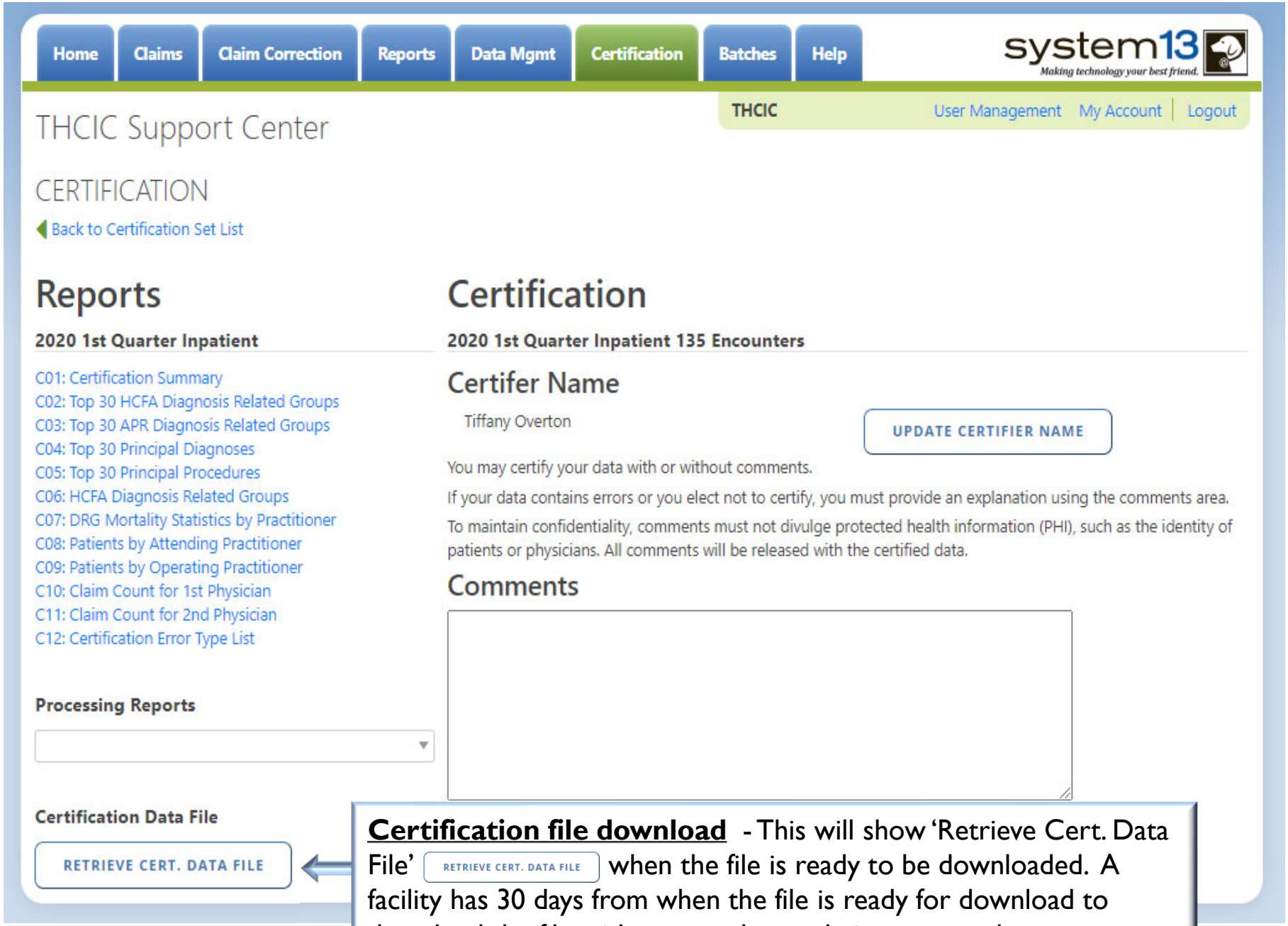
# Certification File Download



# Certification File Download

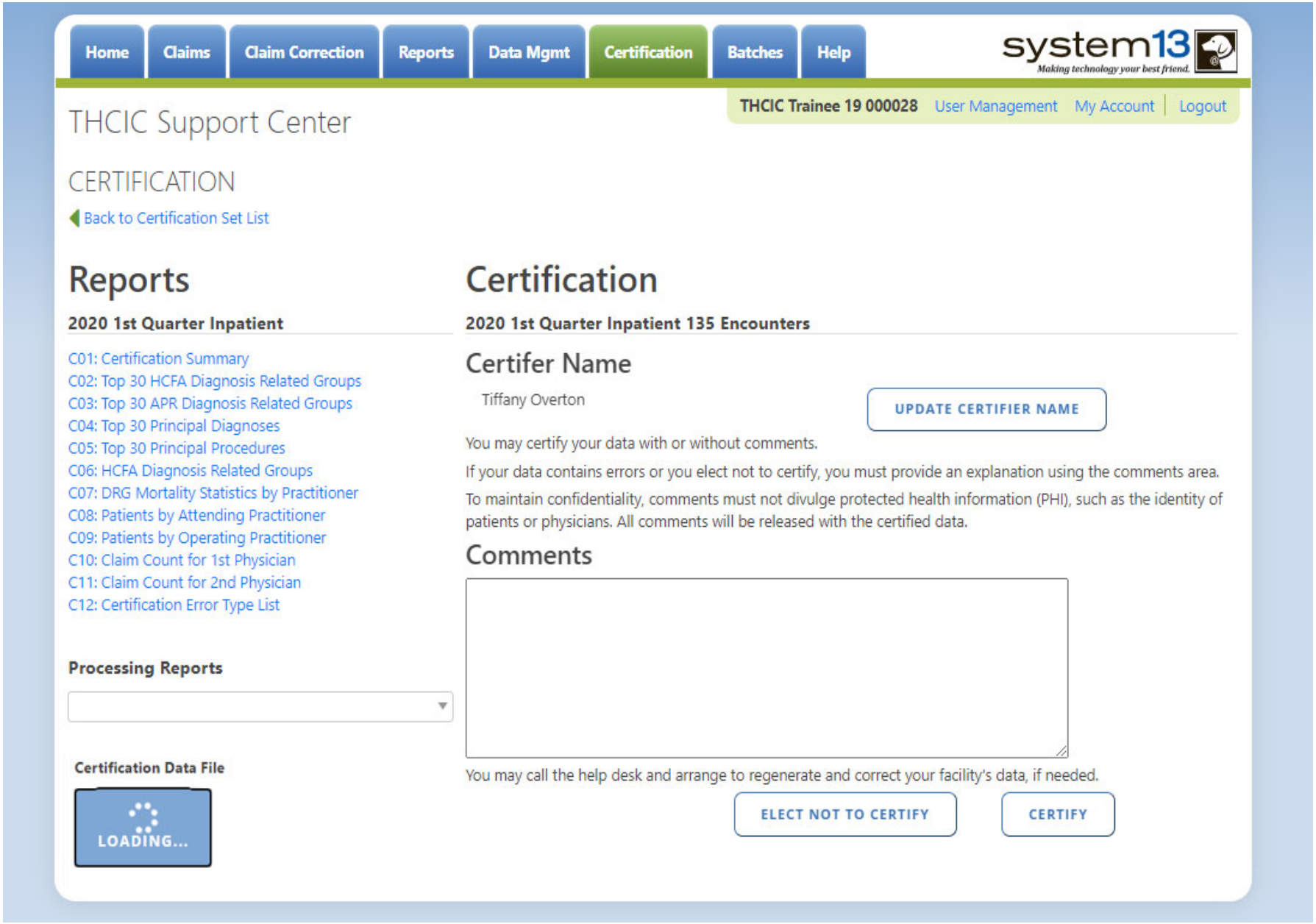


# Certification File Download

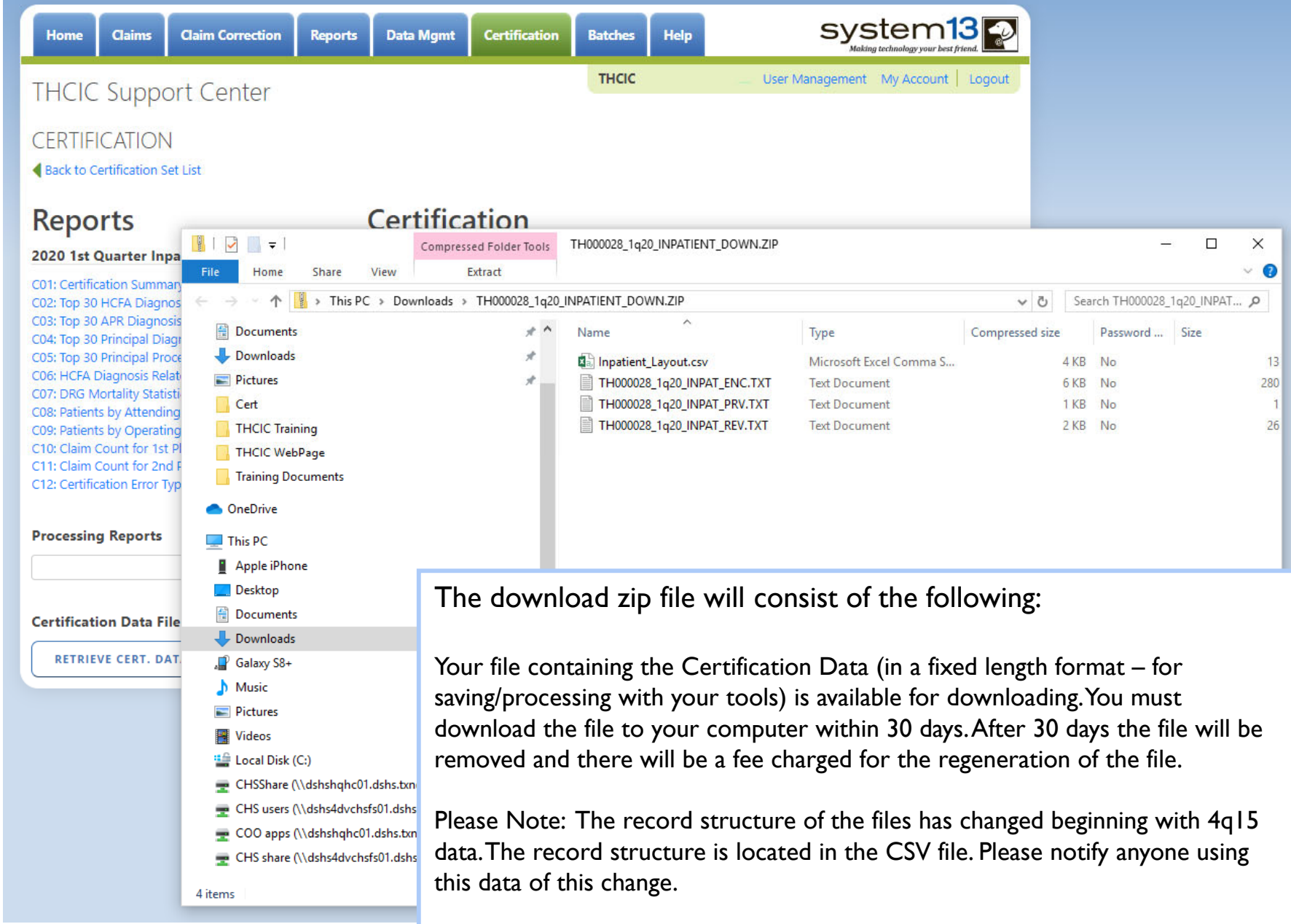



**<u>Certification file download</u>** - This will show 'Retrieve Cert. Data File' RETRIEVE CERT. DATA FILE when the file is ready to be downloaded. A facility has 30 days from when the file is ready for download to download the file without any charges being occurred.

# Certification File Download



# Certification File Download




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.

# Certification File Download

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.

**Please be advised** 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.

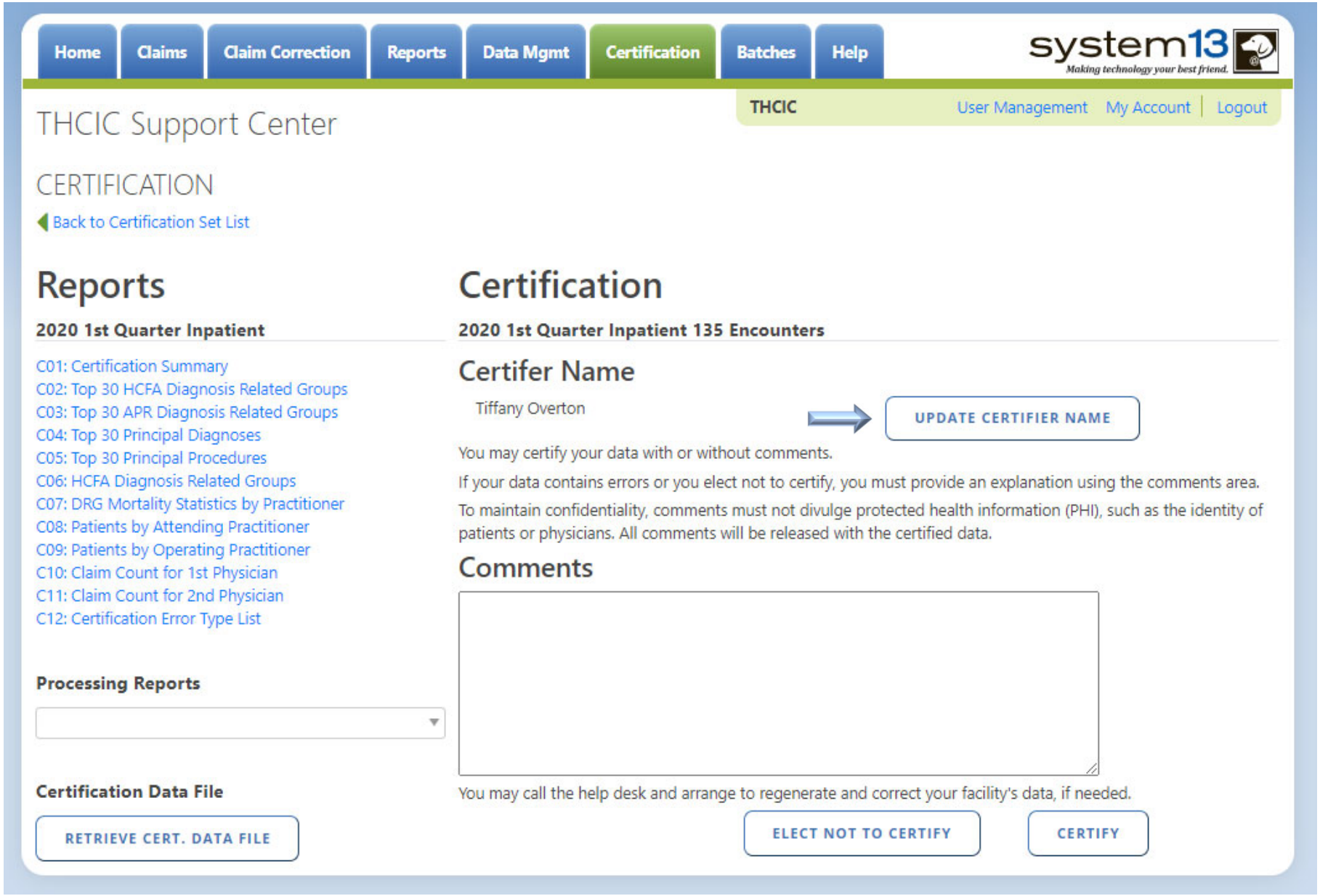
# Changes to Data at The Time of Certification

- If a facility would like to make changes to their data at the time of certification, the facility will have to contact System13 at 1-888-308-4953.

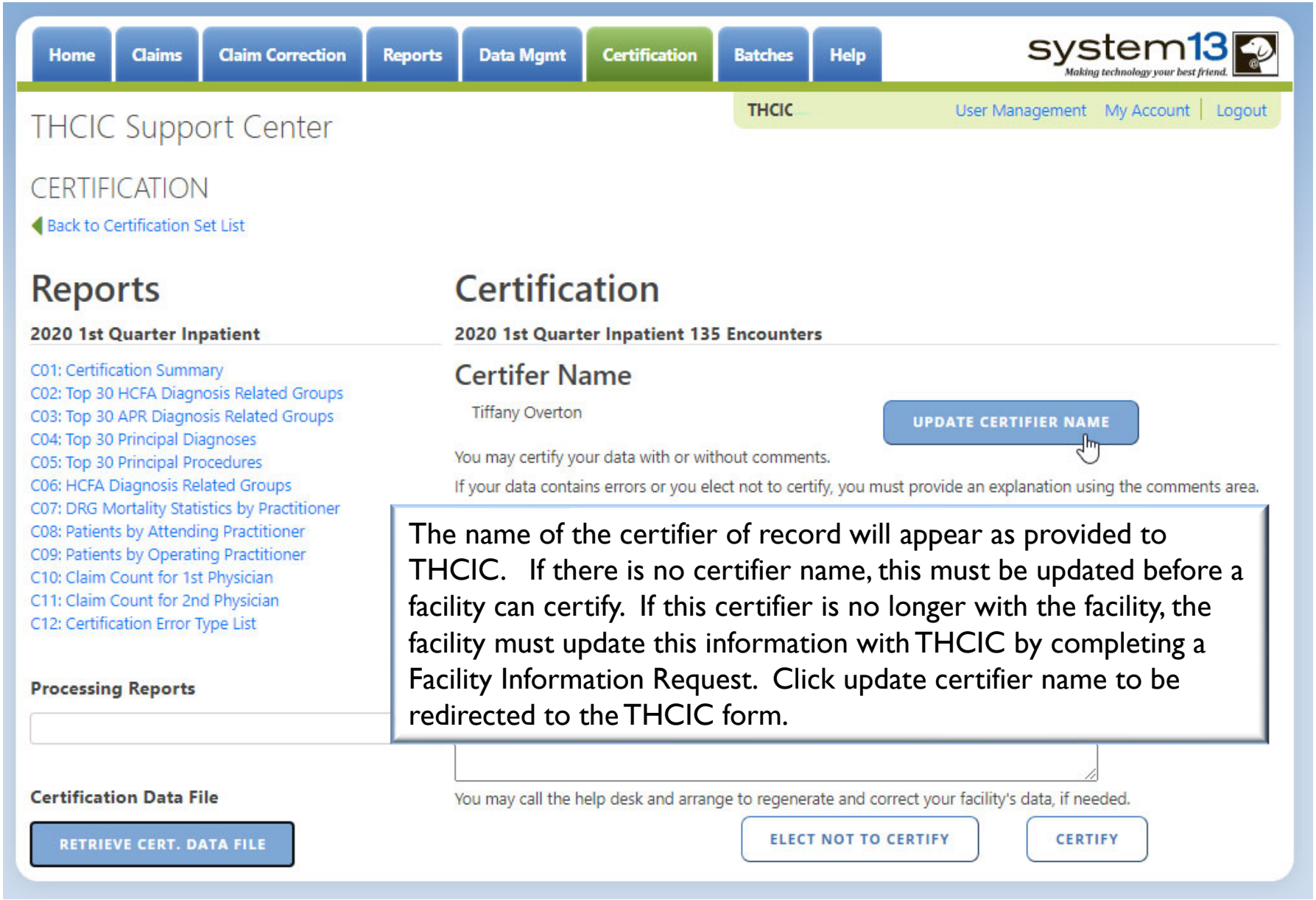
- There may be a fee involved to make changes at the time of certification. These fees will be between the facility and System13.

system13

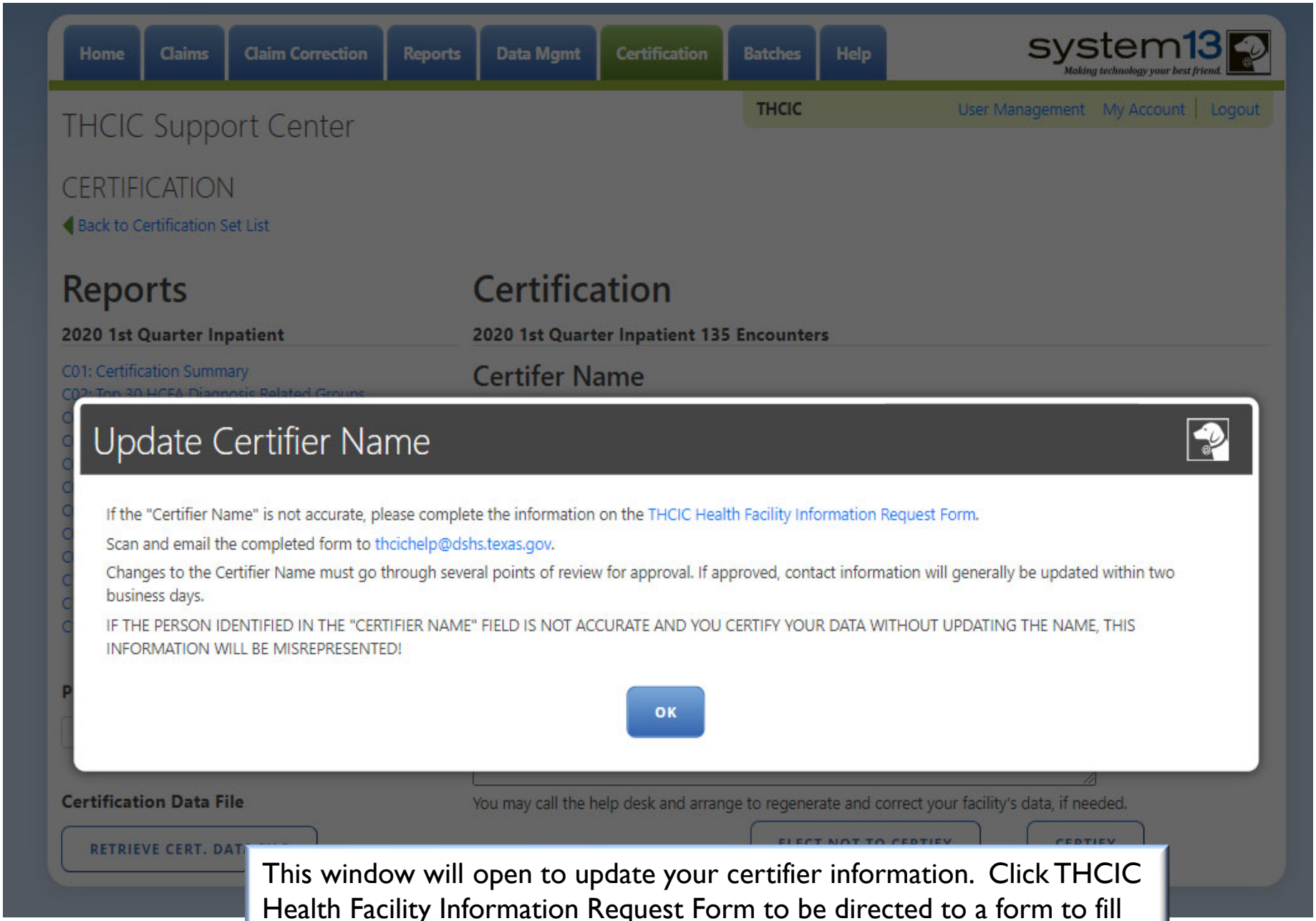
# Certification



# Certification – Update Certifier

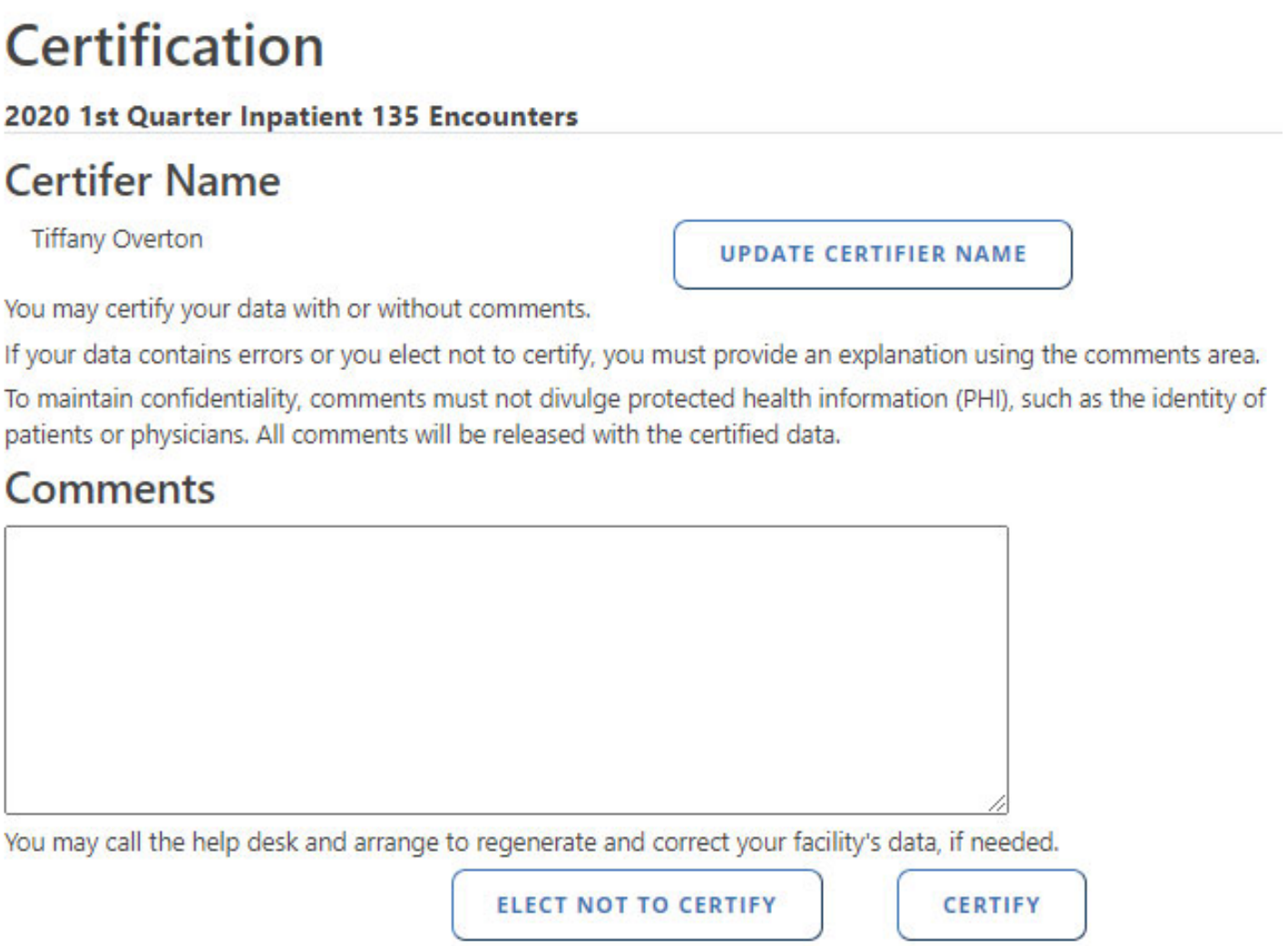


# Update Certifier Name




This window will open to update your certifier information. Click THCIC Health Facility Information Request Form to be directed to a form to fill out and return.

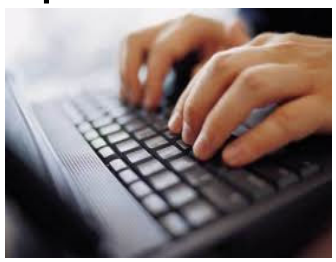
# Certification



# 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.

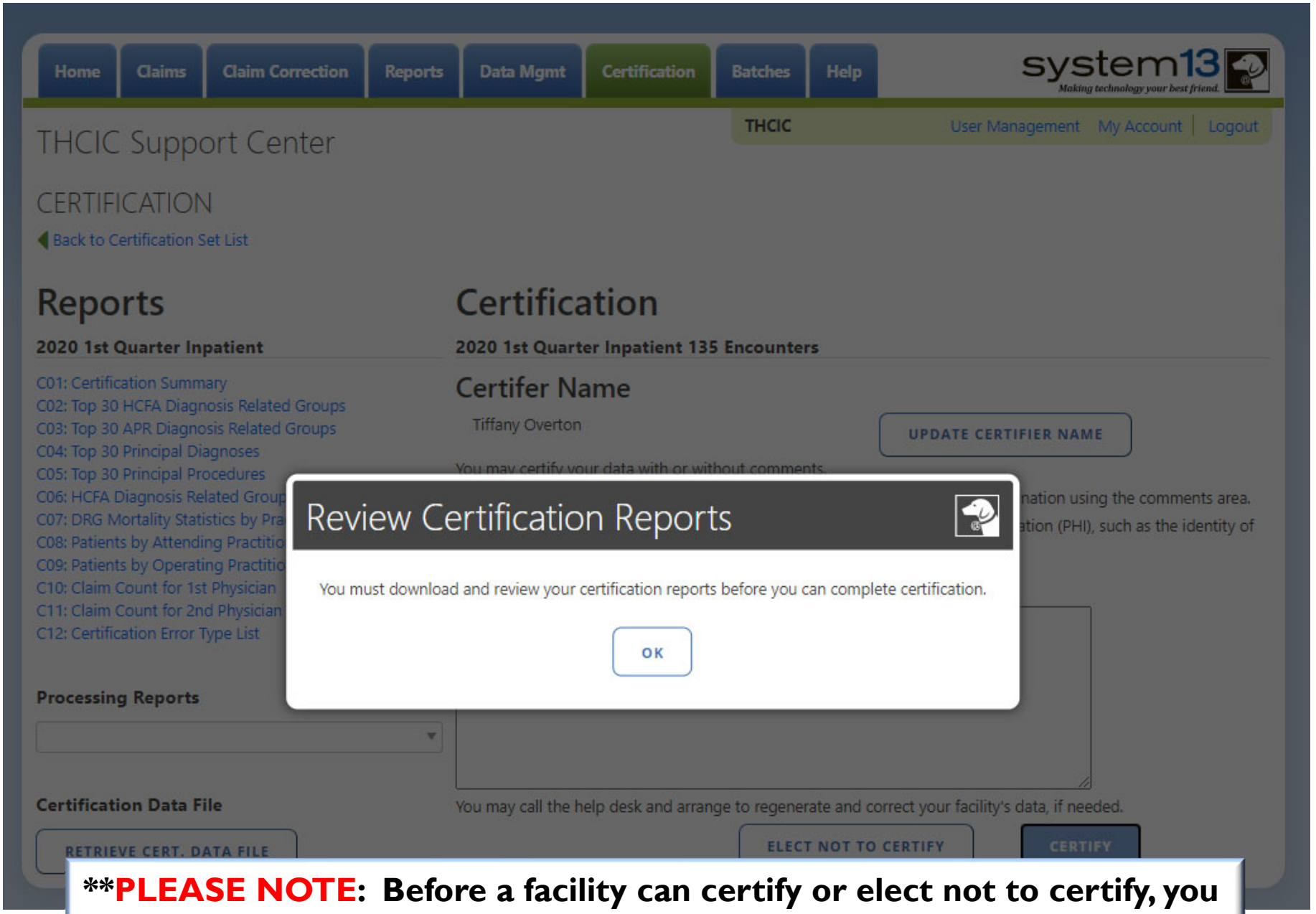


**DO NOT SEND COMMENTS ON PAPER, FAX OR E-MAIL. THCIC CANNOT RETYPE FACILITY COMMENTS. PLEASE TYPE FACILITY COMMENTS IN THE COMMENT ON THE CERTIFICATION PAGE.**

- **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.

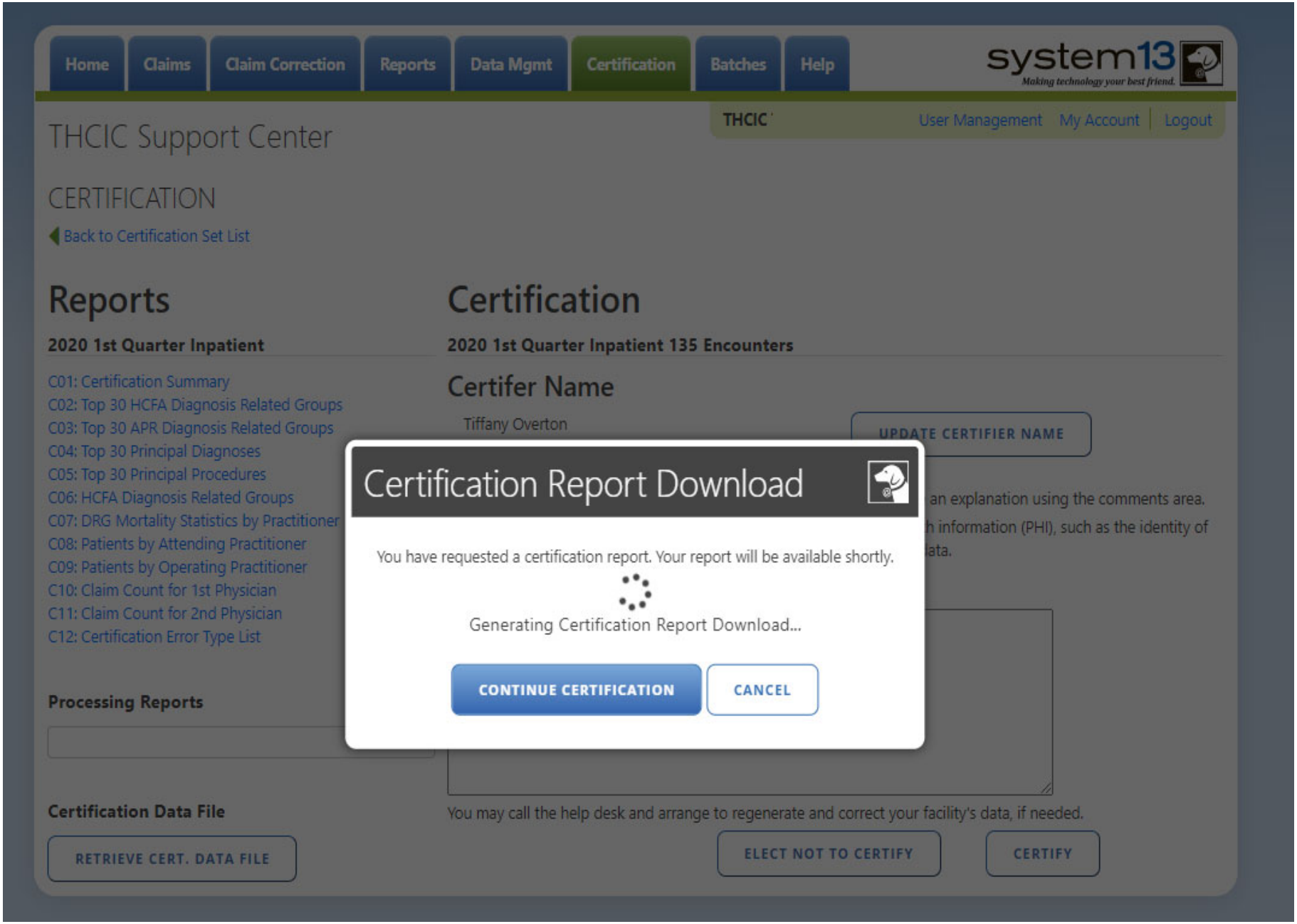
***Note: Electing not to certify does not prevent the data from being placed in the Public Use Data File (PUDF).**

# New Certification Feature

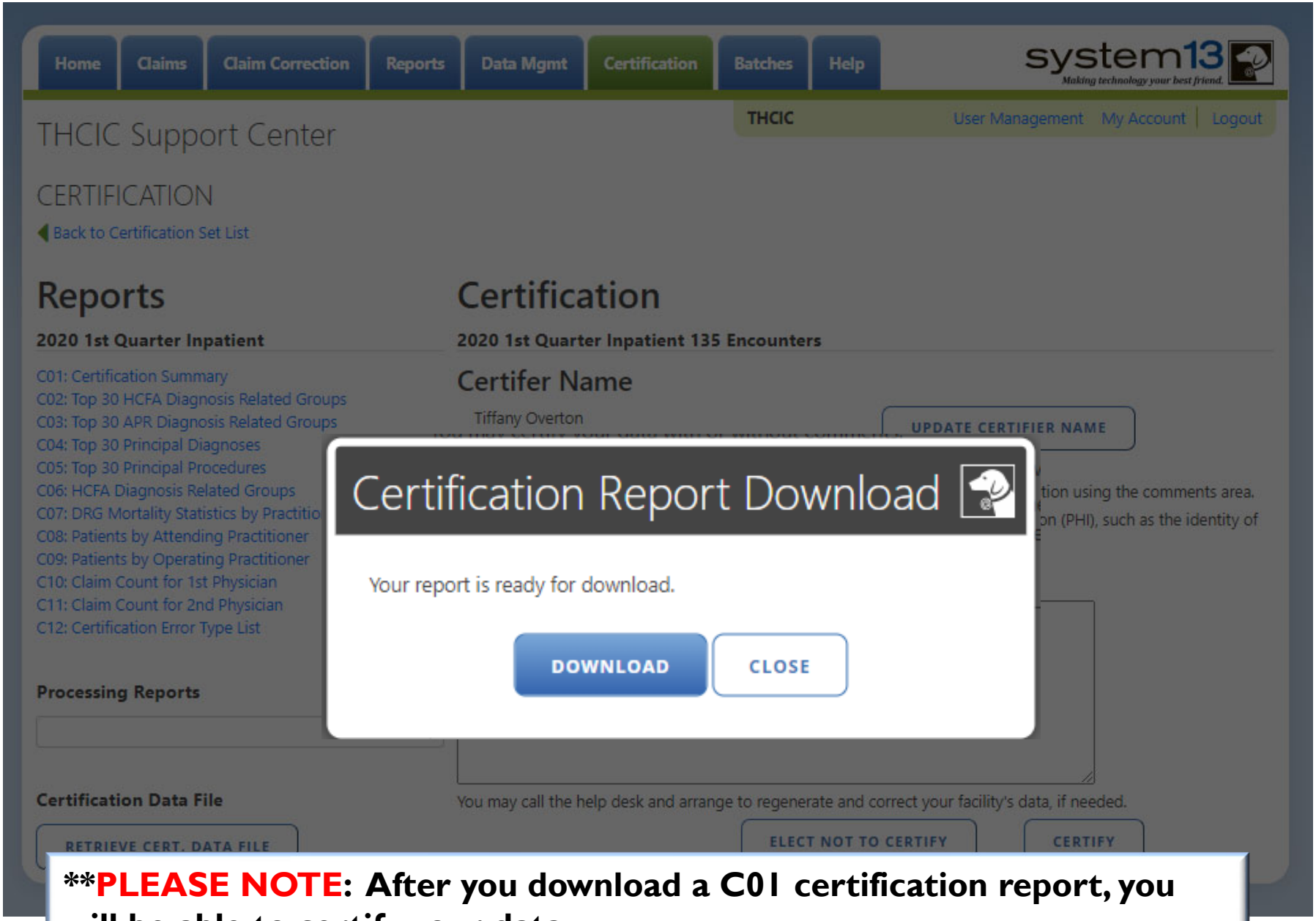



****PLEASE NOTE: Before a facility can certify or elect not to certify, you are required to download the C01 certification report.**

# New Certification Feature

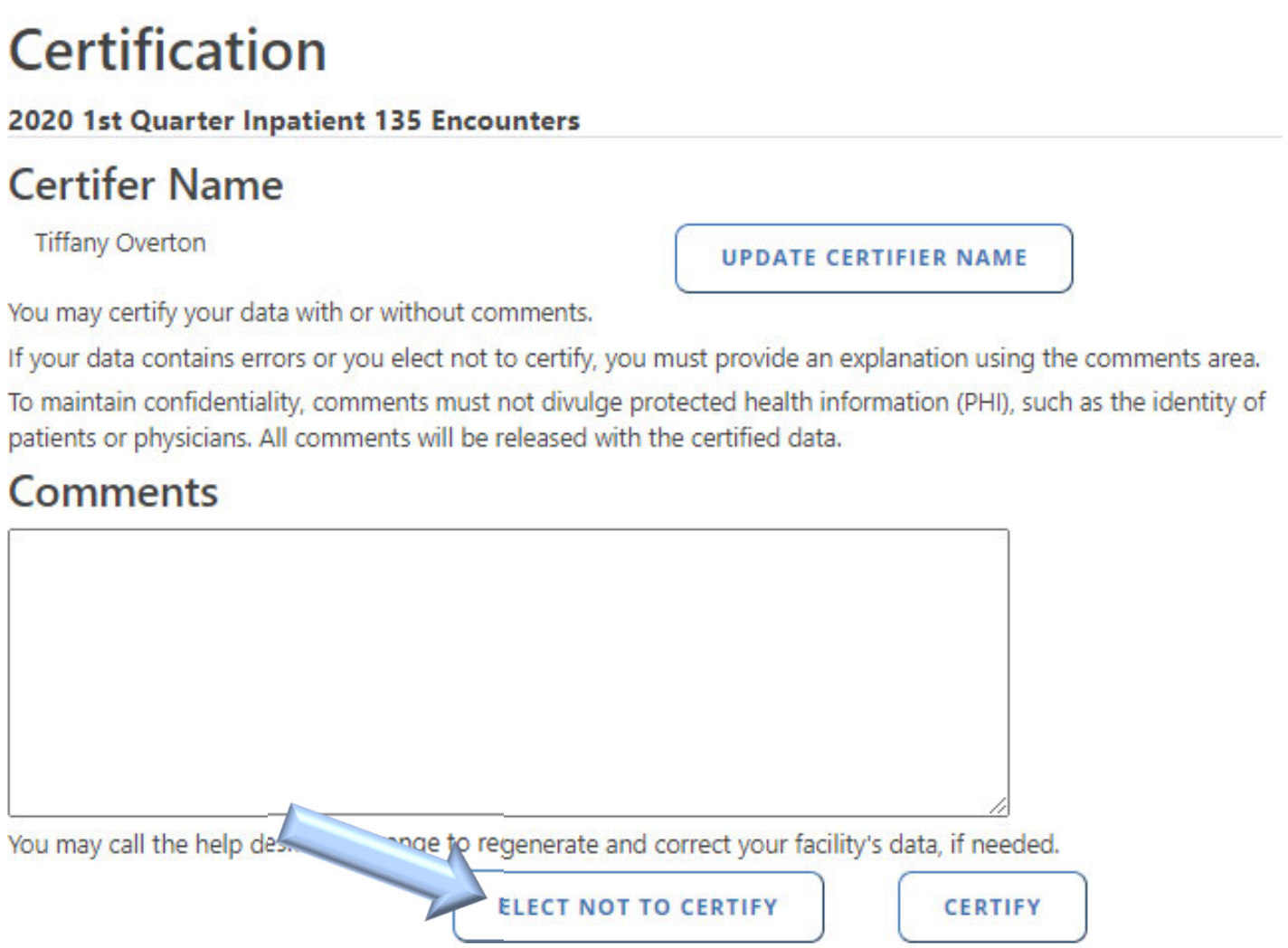


# New Certification Feature

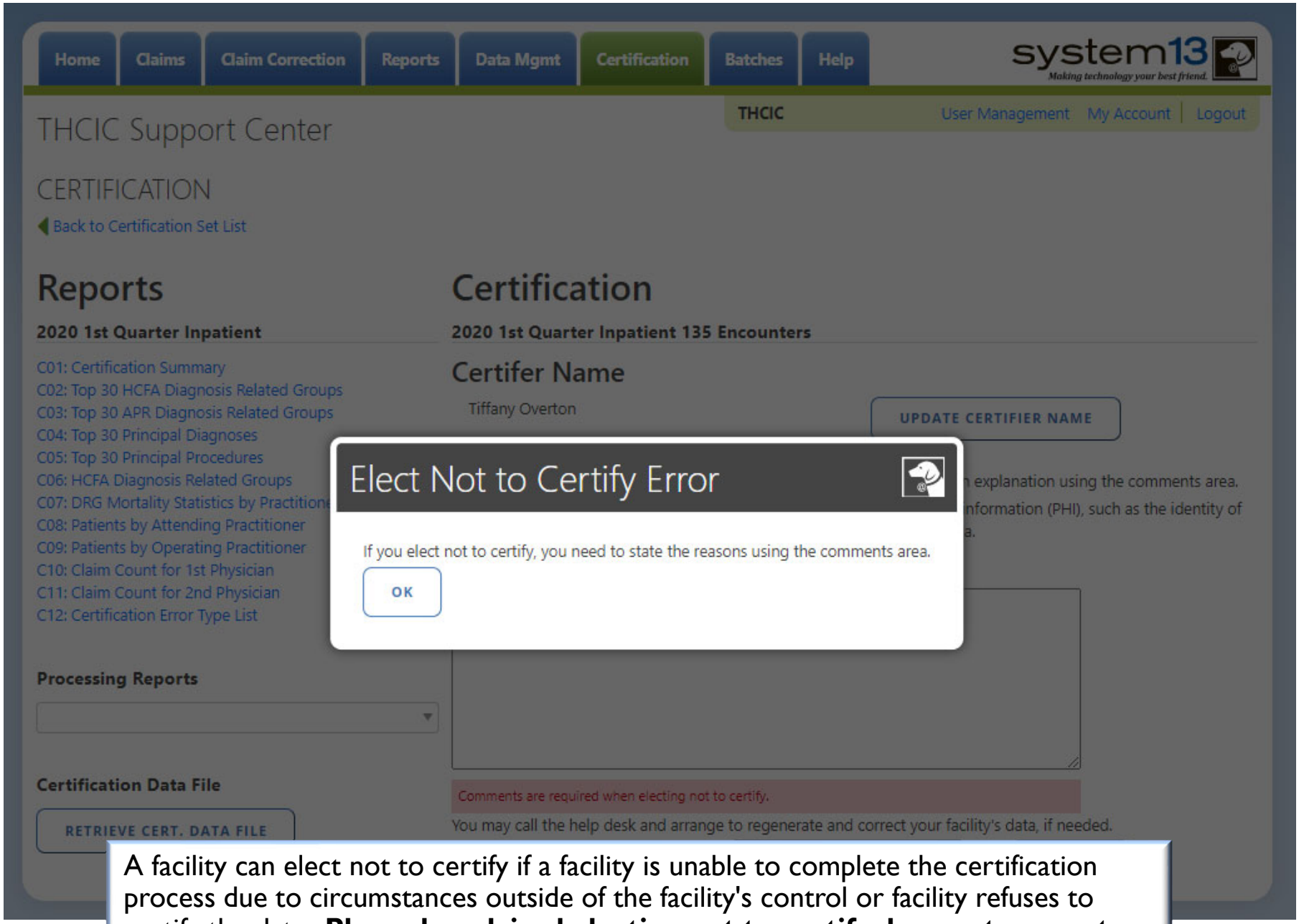



****PLEASE NOTE: After you download a C01 certification report, you will be able to certify your data.**

# Certification - Elect Not to Certify

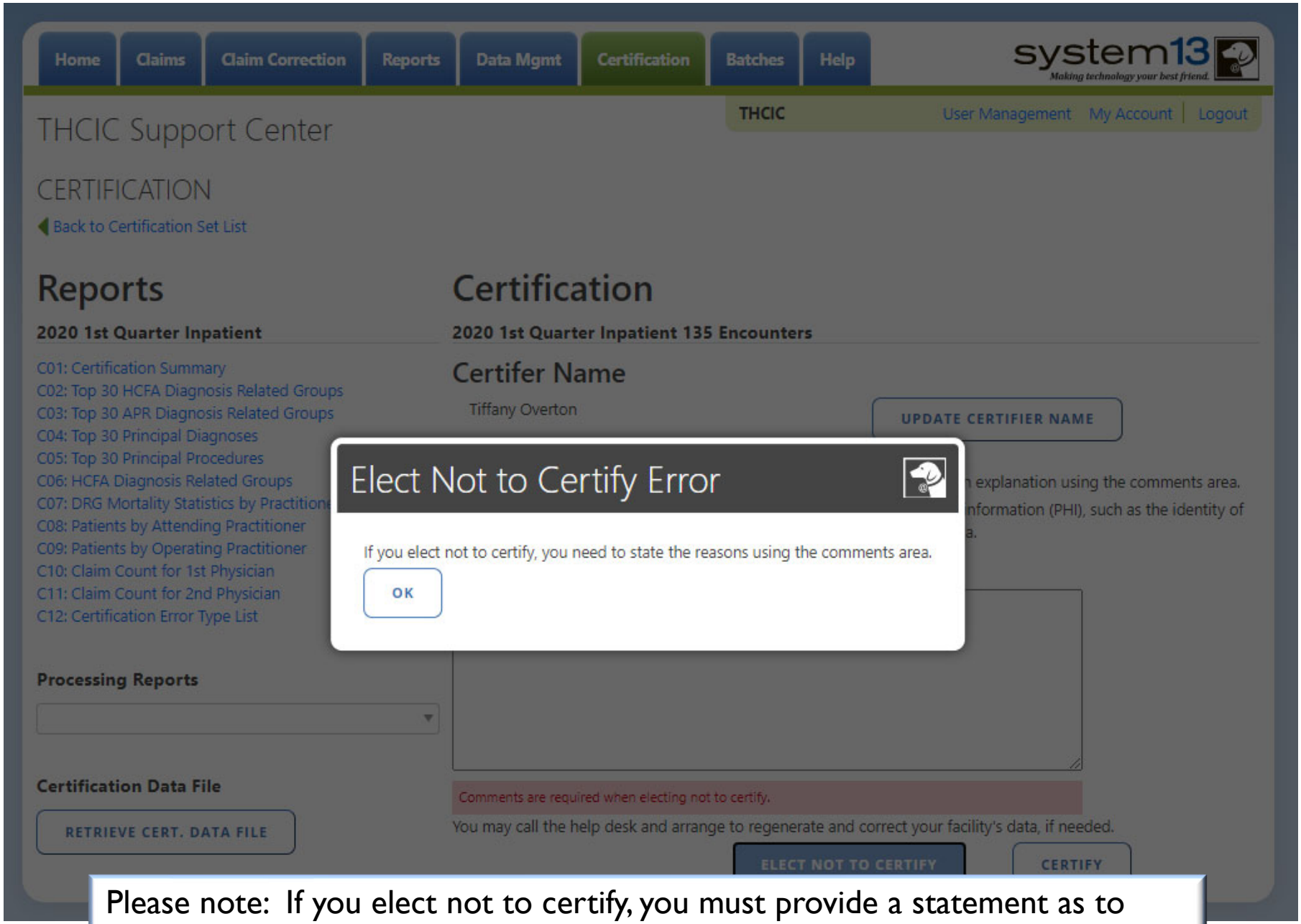


# Certification - Elect Not to Certify



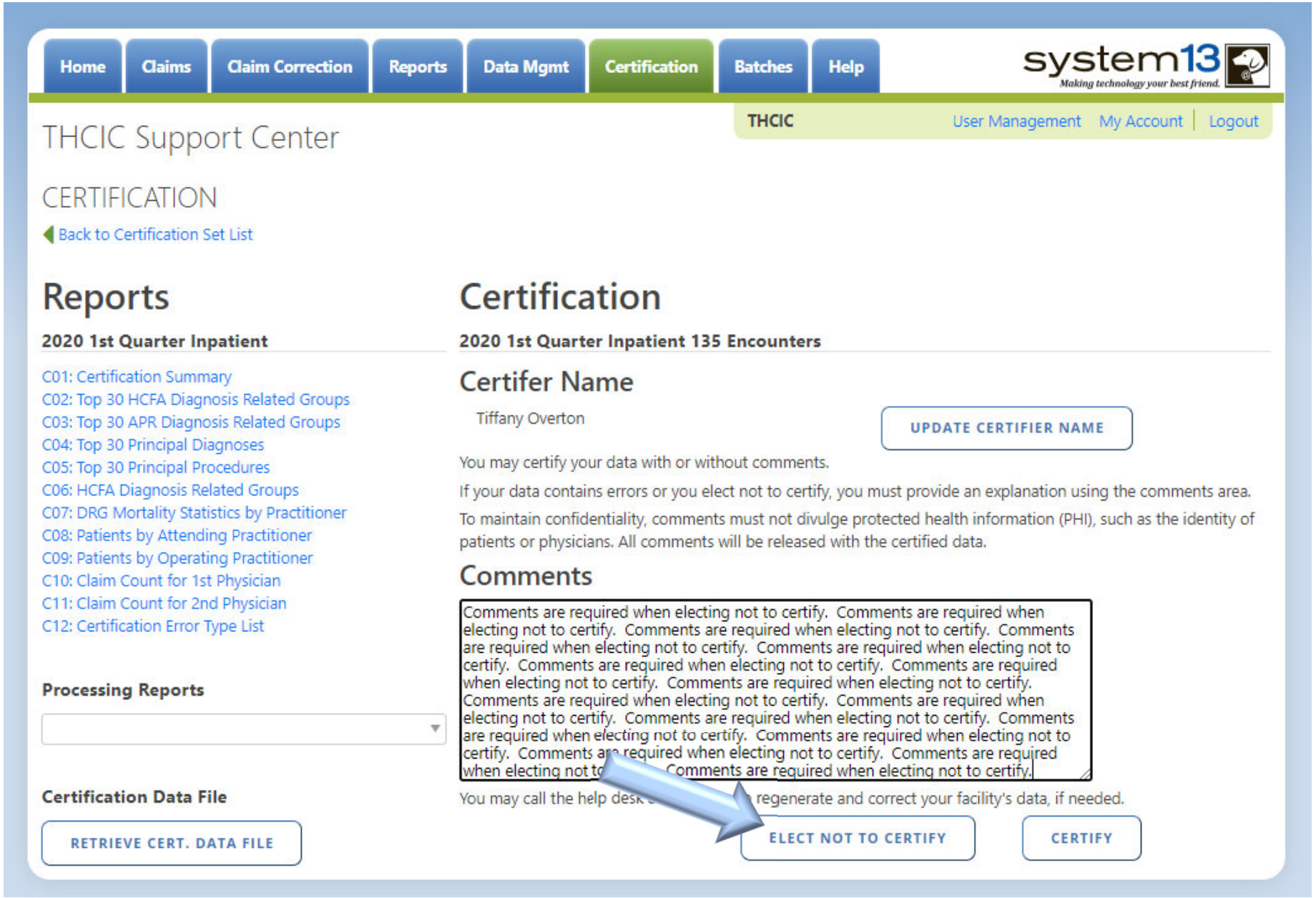

A facility can elect not to certify if a facility is unable to complete the certification process due to circumstances outside of the facility's control or facility refuses to certify the data. **Please be advised electing not to certify does not prevent the data from being placed in the Public Use Data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

# Certification - Elect Not to Certify

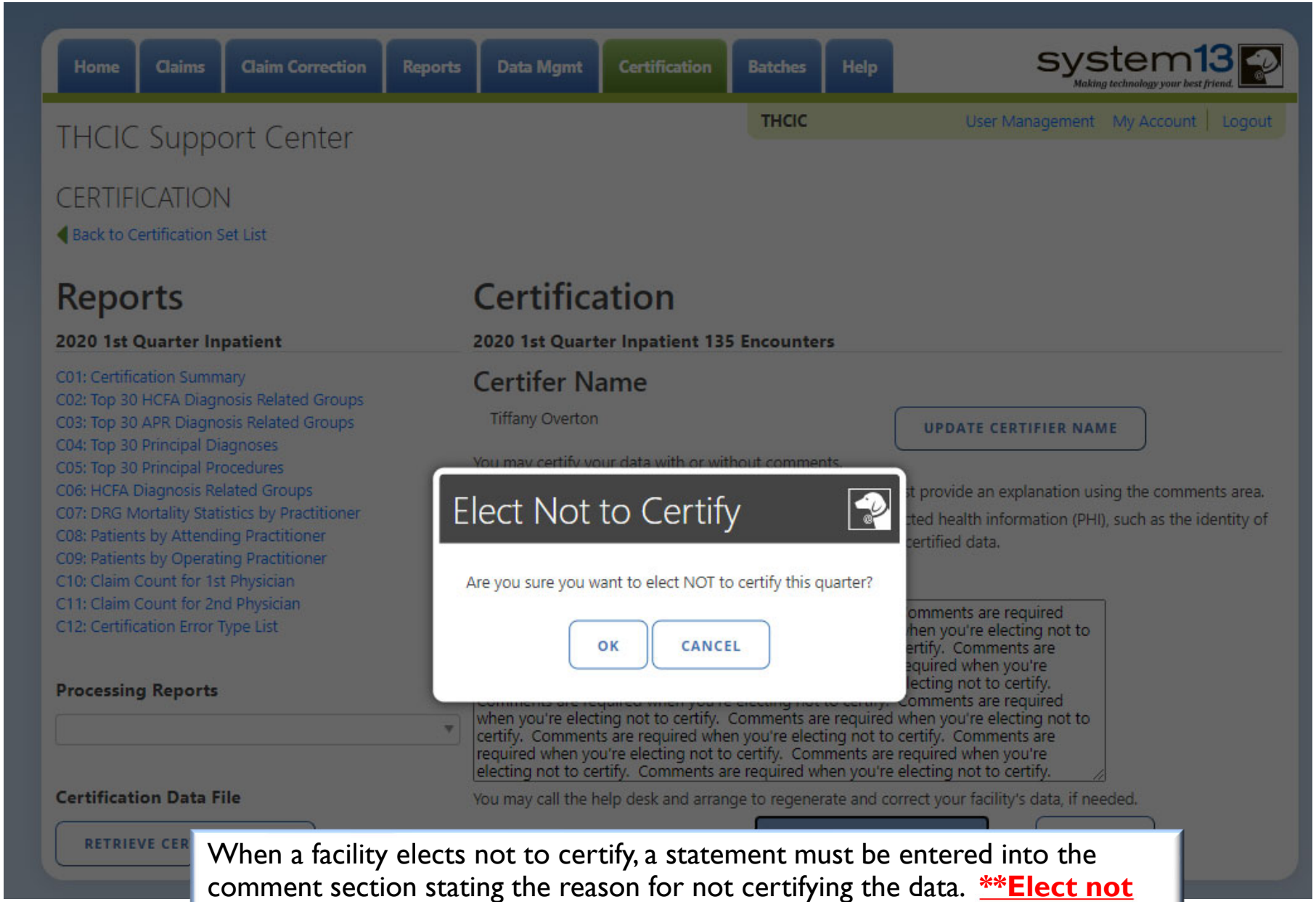



Please note: If you elect not to certify, you must provide a statement as to why you are electing not to certify this data. You may call the help desk and arrange to regenerate and correct your facility's data, if needed.

# Certification - Elect Not to Certify

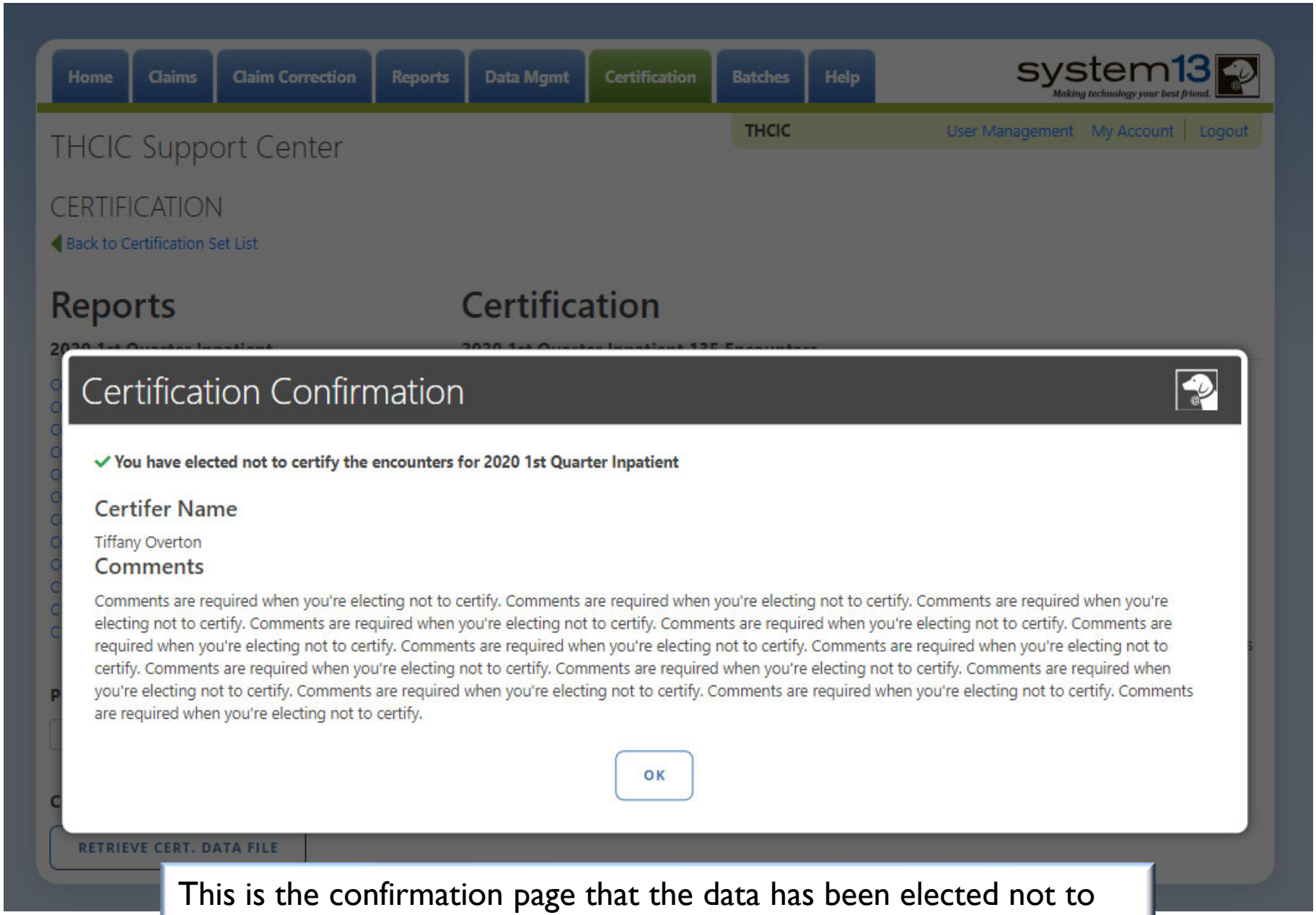


# Certification - Elect Not to Certify



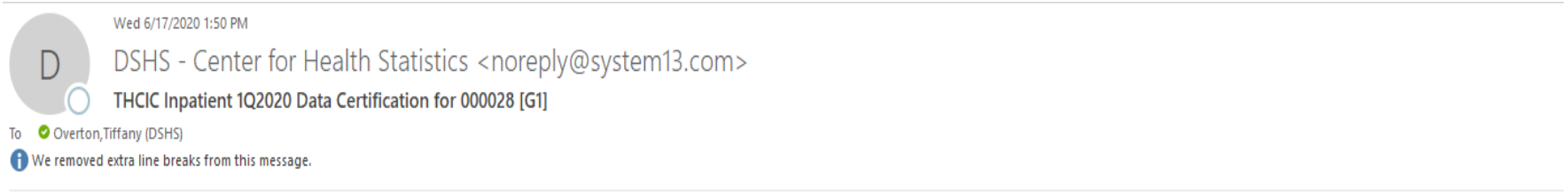

When a facility elects not to certify, a statement must be entered into the comment section stating the reason for not certifying the data. ****Elect not to certify is not a valid statement.** After the comments are entered, click elect not to certify again.

# Confirmation - Elect Not to Certify




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

# Confirmation - Elect Not to Certify Email



Wed 6/17/2020 1:50 PM

D

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

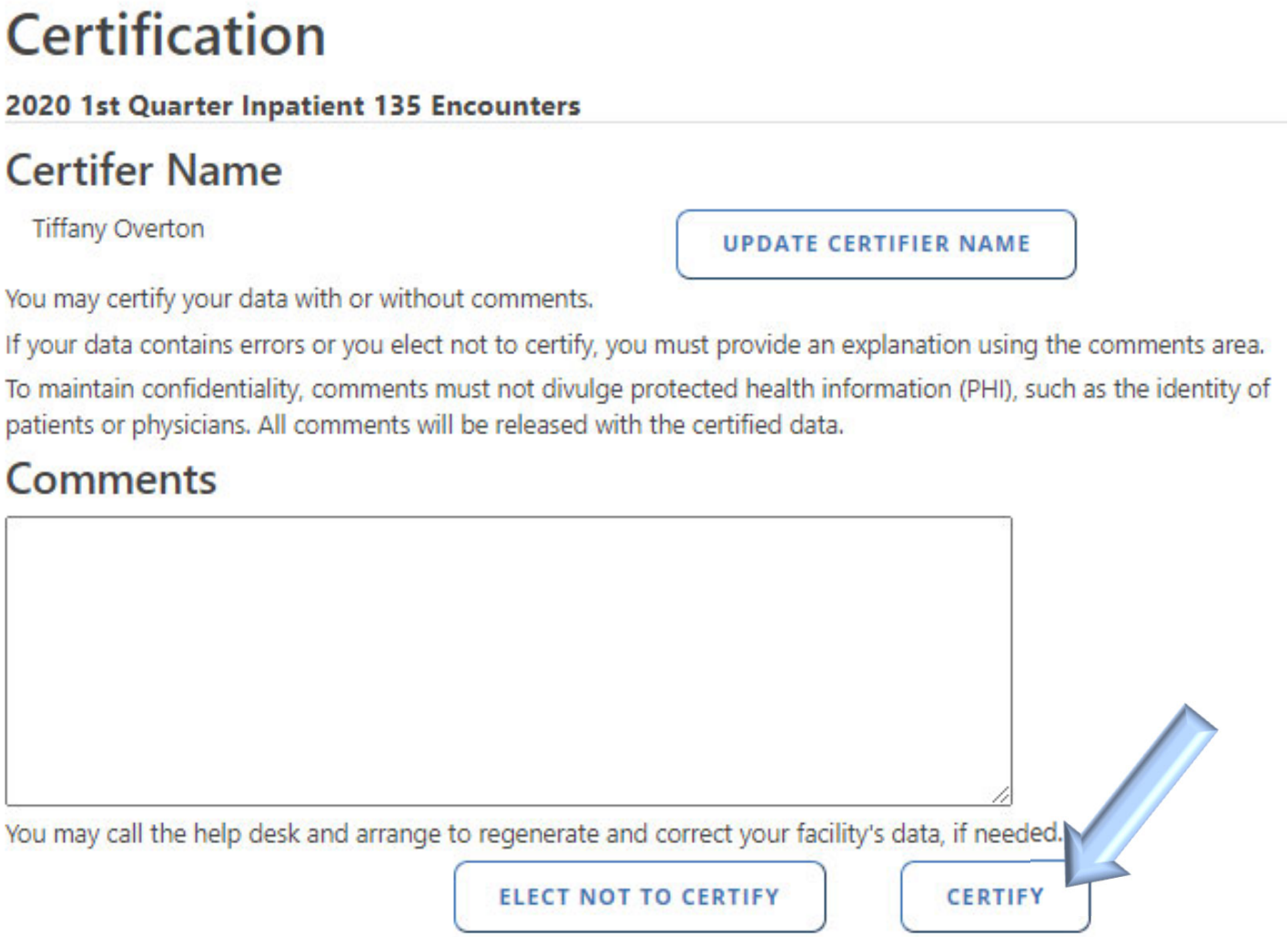
1Q2020 Certification of Data

Your facility, THCIC Id 000028, has completed the certification of their Inpatient 1Q2020 data and has elected "not to certify".

Thank you.

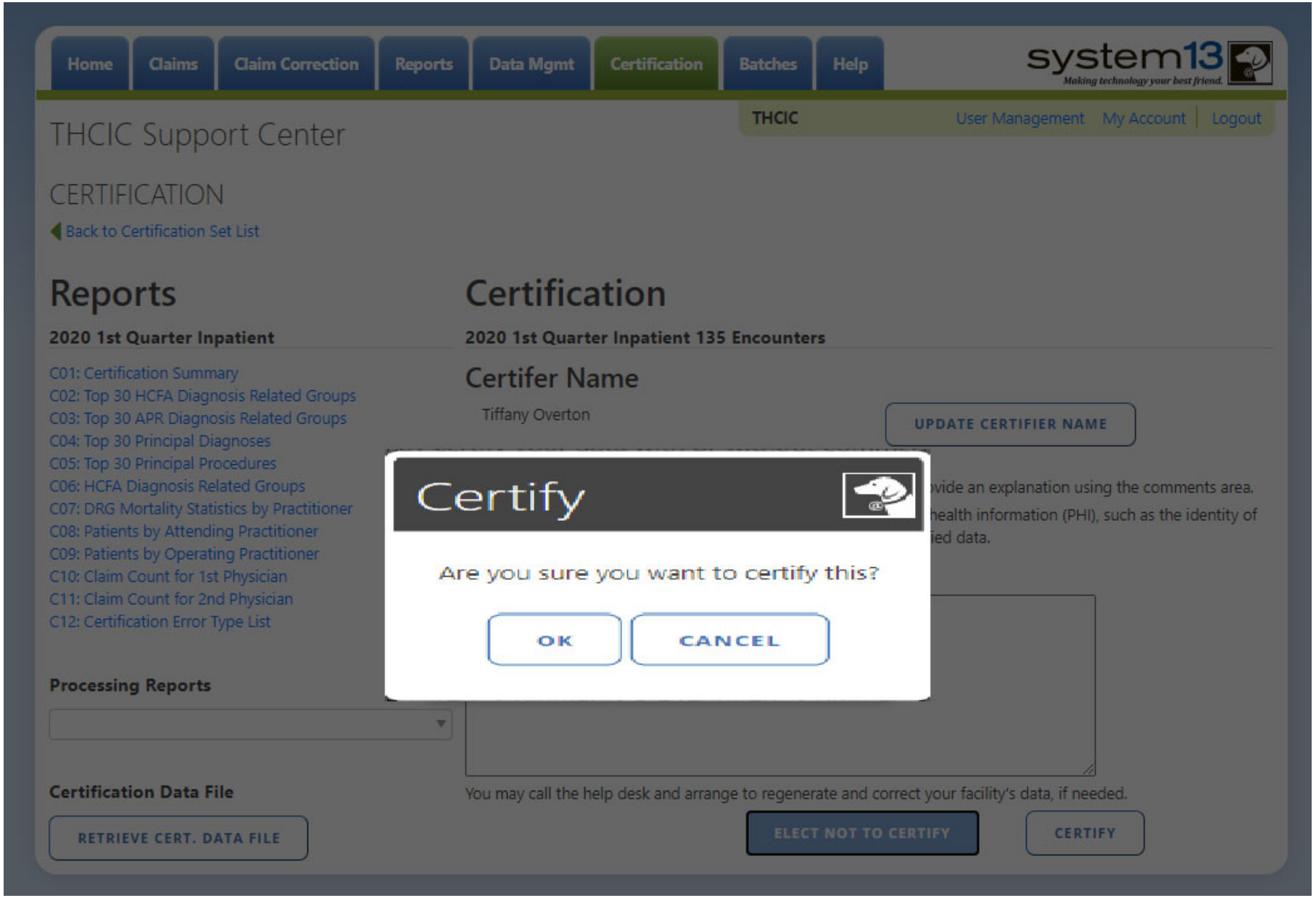
The certifier of record will get this email when the data has been elected not to certify.

# Certification – Certify

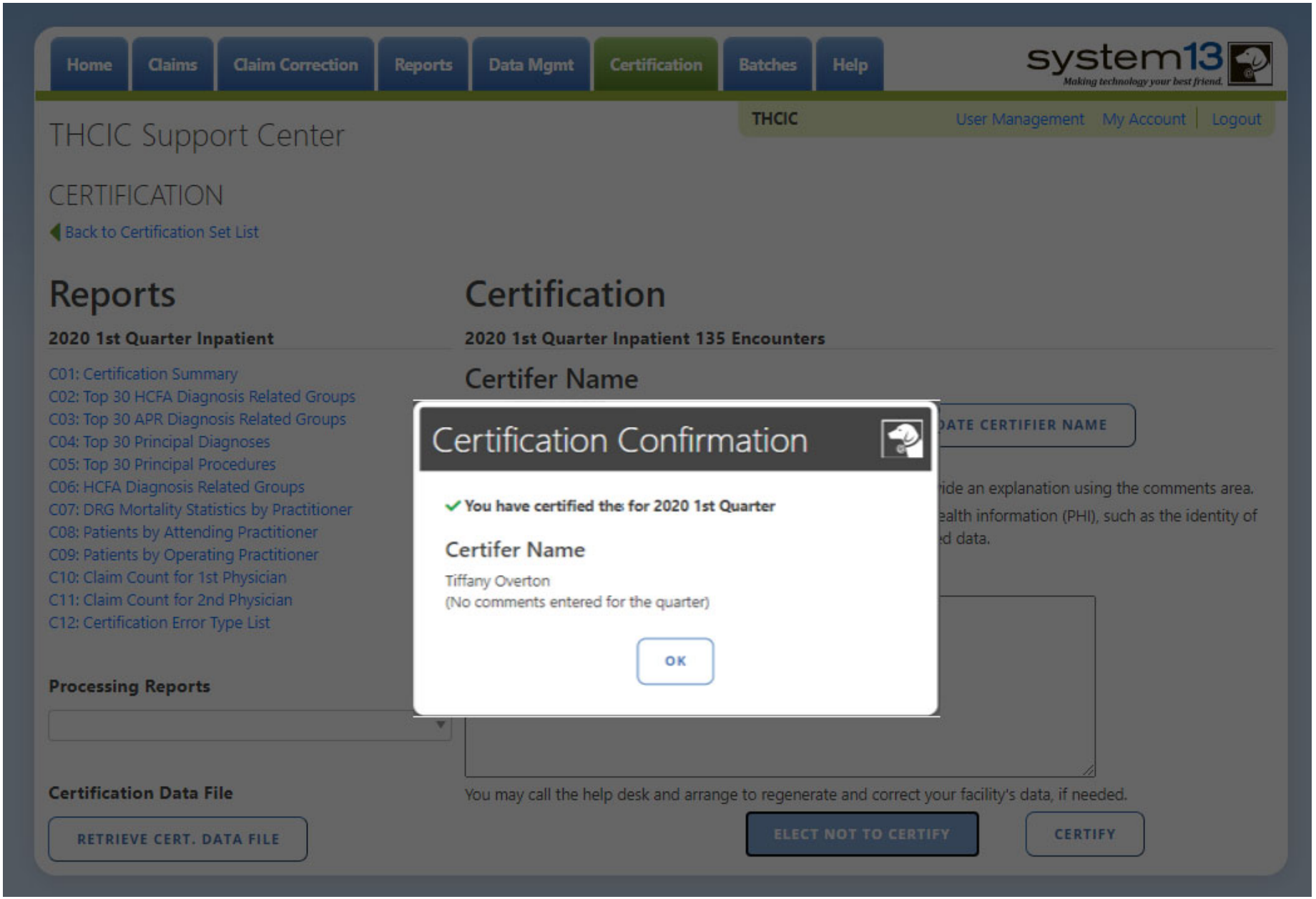



Click certify to **certify the data is accurate "as is".**

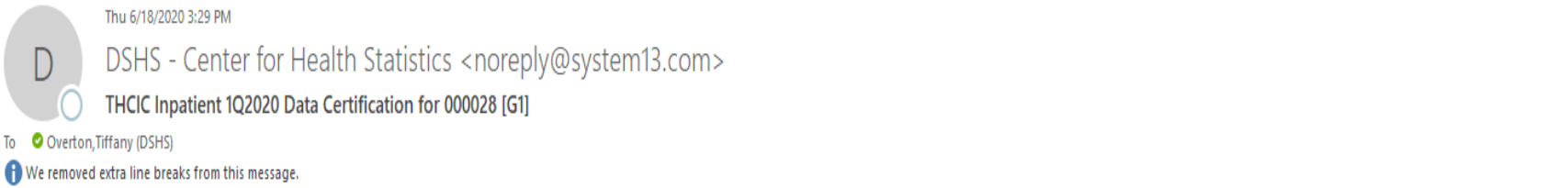
# Certification - Certify



# Certification - Certify



# Confirmation - Certify Email Confirmation



Thu 6/18/2020 3:29 PM

D

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

THCIC Inpatient 1Q2020 Data Certification for 000028 [G1]

To Overton,Tiffany (DSHS)

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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

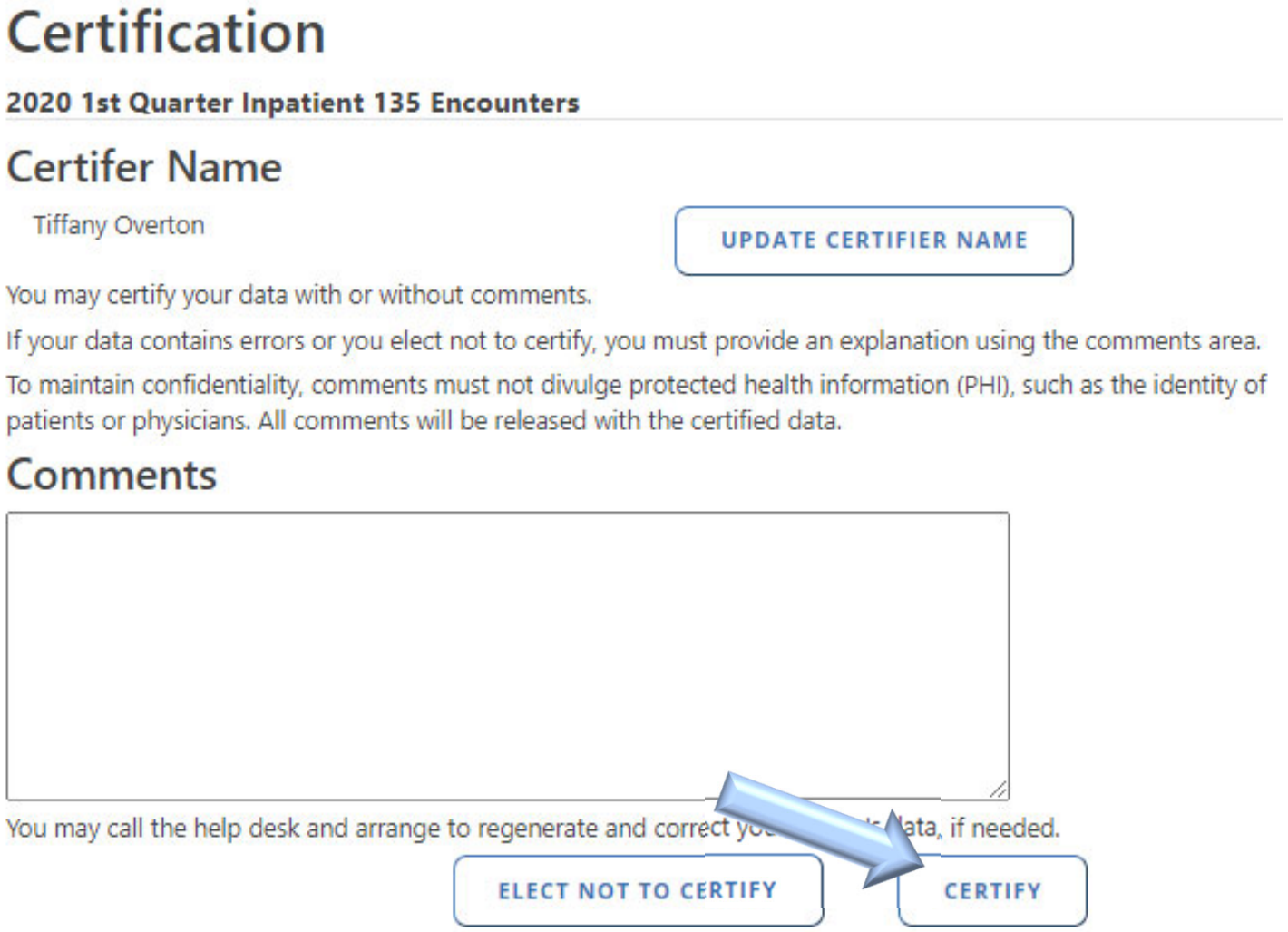
1Q2020 Certification of Data

Your facility, THCIC Id 000028, has completed the certification of their Inpatient 1Q2020 data.

Thank you.

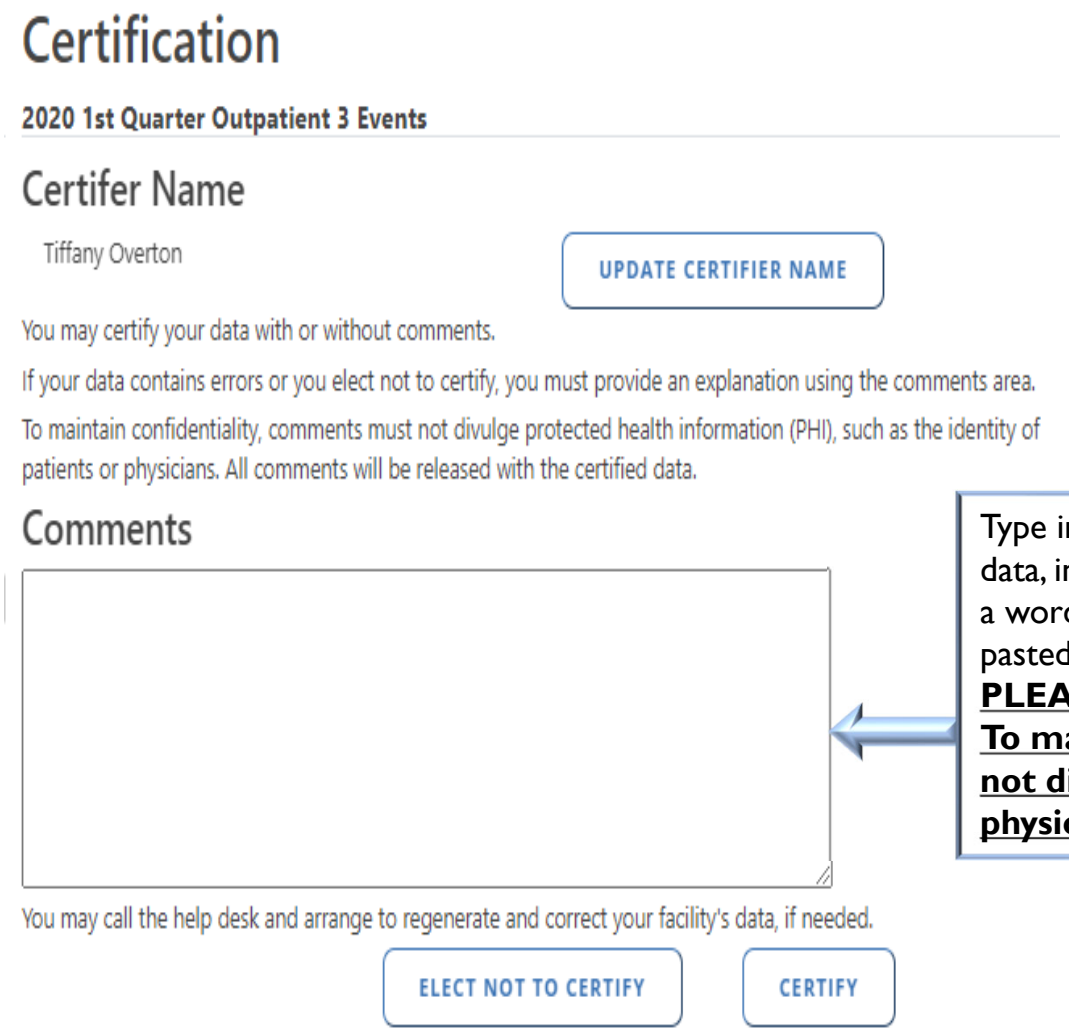
The certifier of record will get this email when the data has been certified.

# Certification – Certify With 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 – Certify With Comments

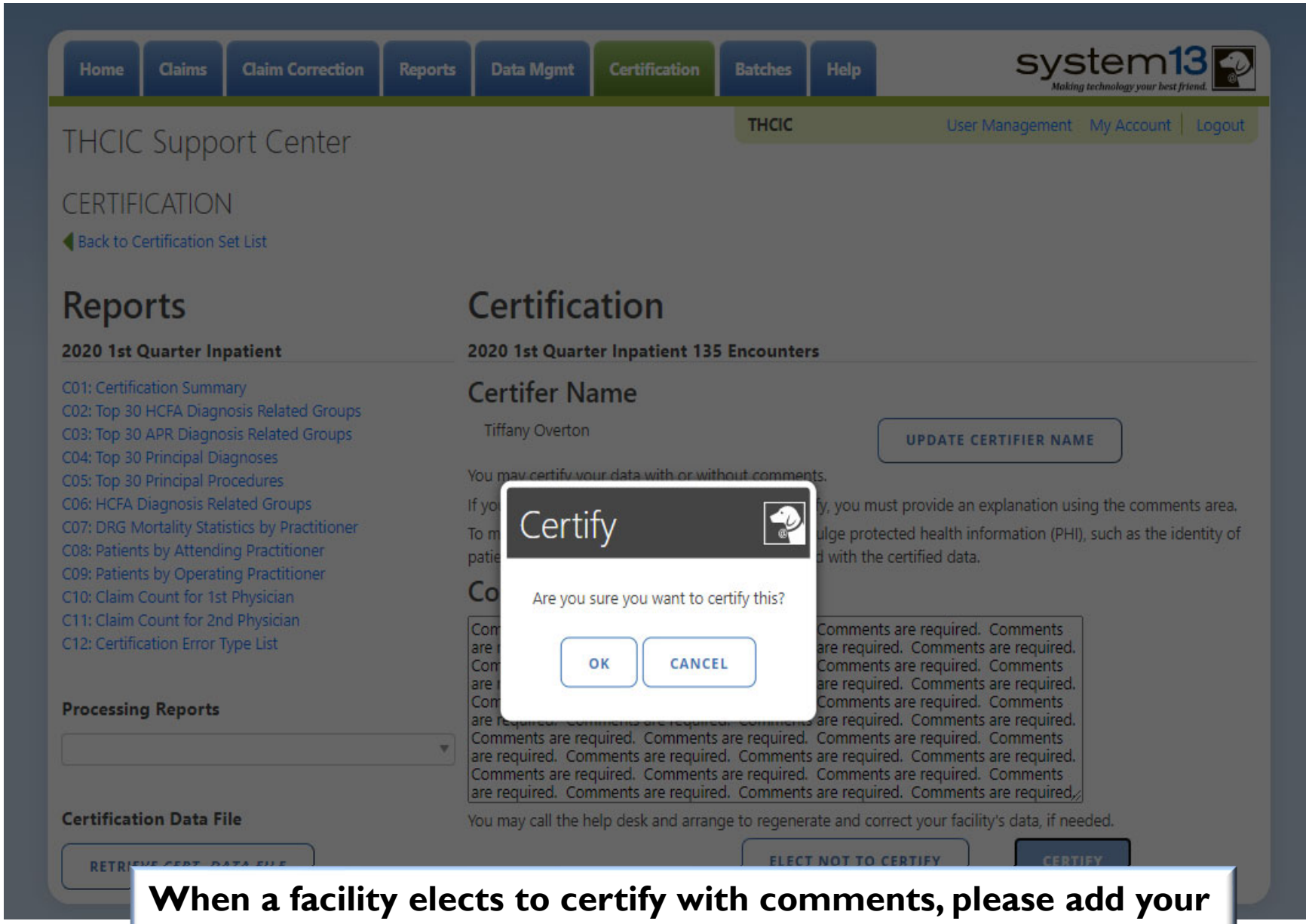



Type in comments to be released with the facility's data, in this section. The comments can be typed in a word document (or other document), cut and pasted in the comment section.

**PLEASE NOTE:**

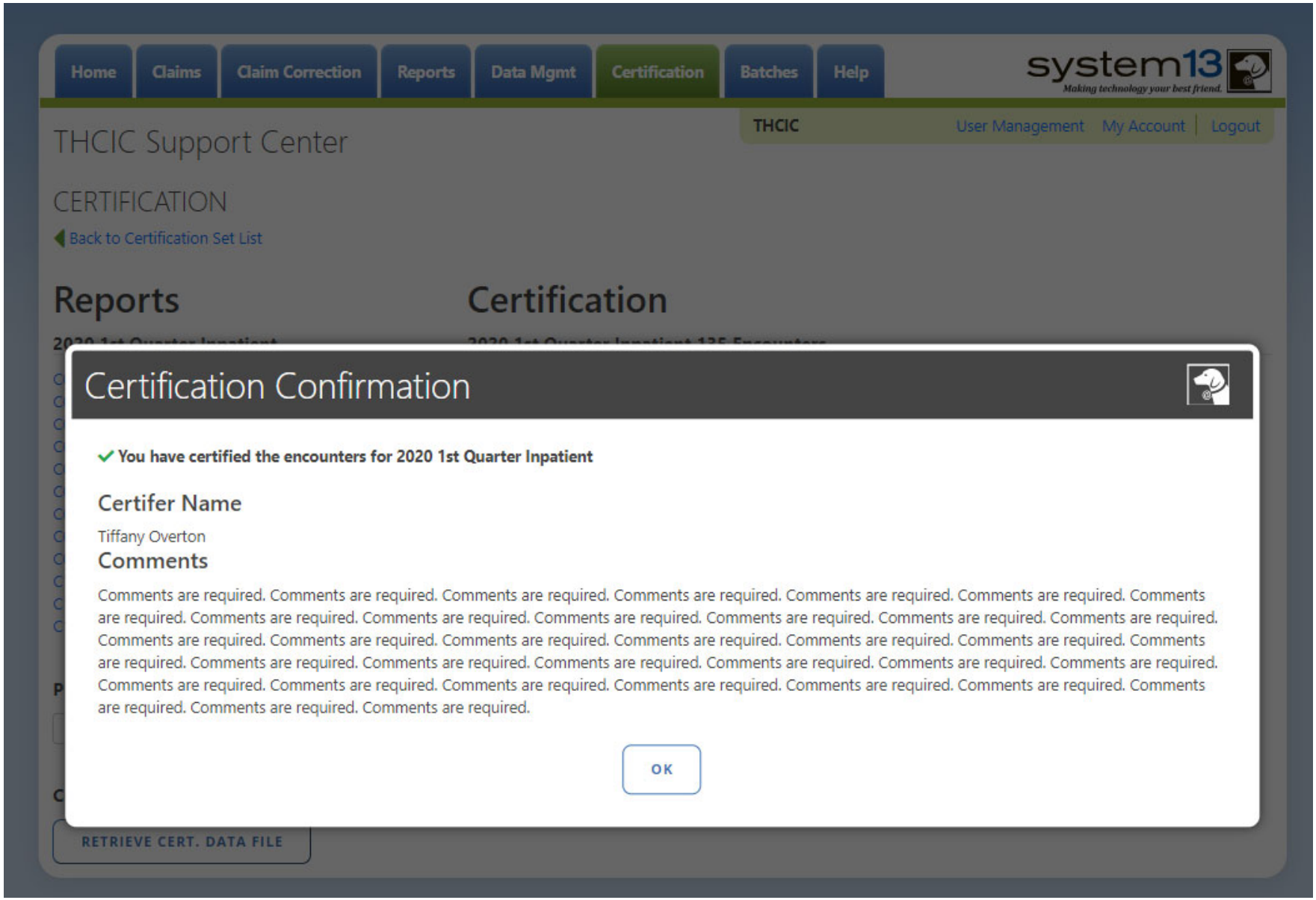
**To maintain confidentiality, comments must not disclose the identity of patients or physicians.**

# Certification – Certify With Comments

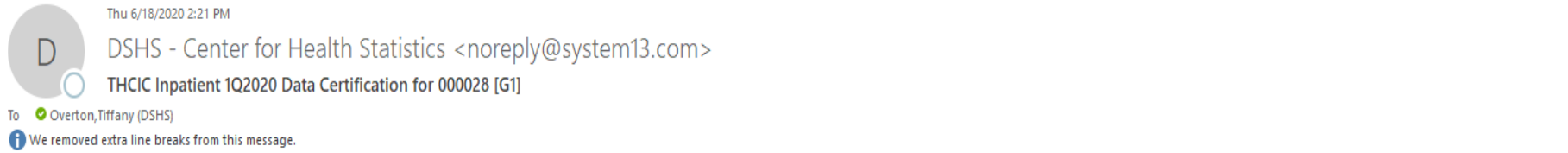



**When a facility elects to certify with comments, please add your comments in the field before you click to certify this data.**

# Certification – Certify With Comments


Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help
system13
Making technology your best friend.
THCIC
User Management
My Account
Logout
THCIC Support Center
CERTIFICATION
Back to Certification Set List
Reports
Certification
Certification Confirmation
You have certified the encounters for 2020 1st Quarter Inpatient
Certifer Name
Tiffany Overton
Comments
Comments are required. Comments are required. Comments are required.

# Confirmation - Certify With Comments Email Confirmation



Thu 6/18/2020 2:21 PM

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

THCIC Inpatient 1Q2020 Data Certification for 000028 [G1]

To Overton,Tiffany (DSHS)

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Texas Health Care Information Collection THCIC

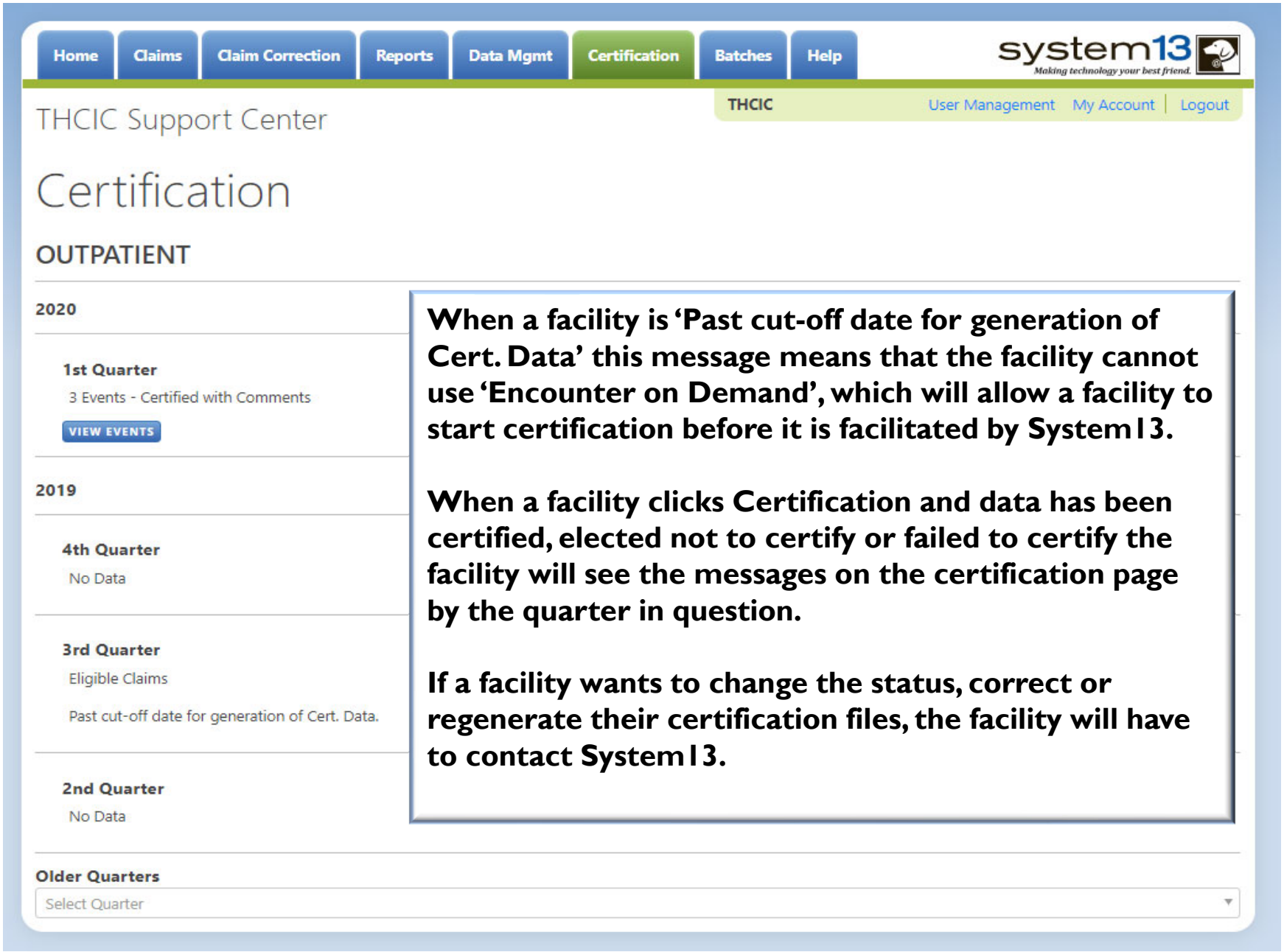
1Q2020 Certification of Data

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

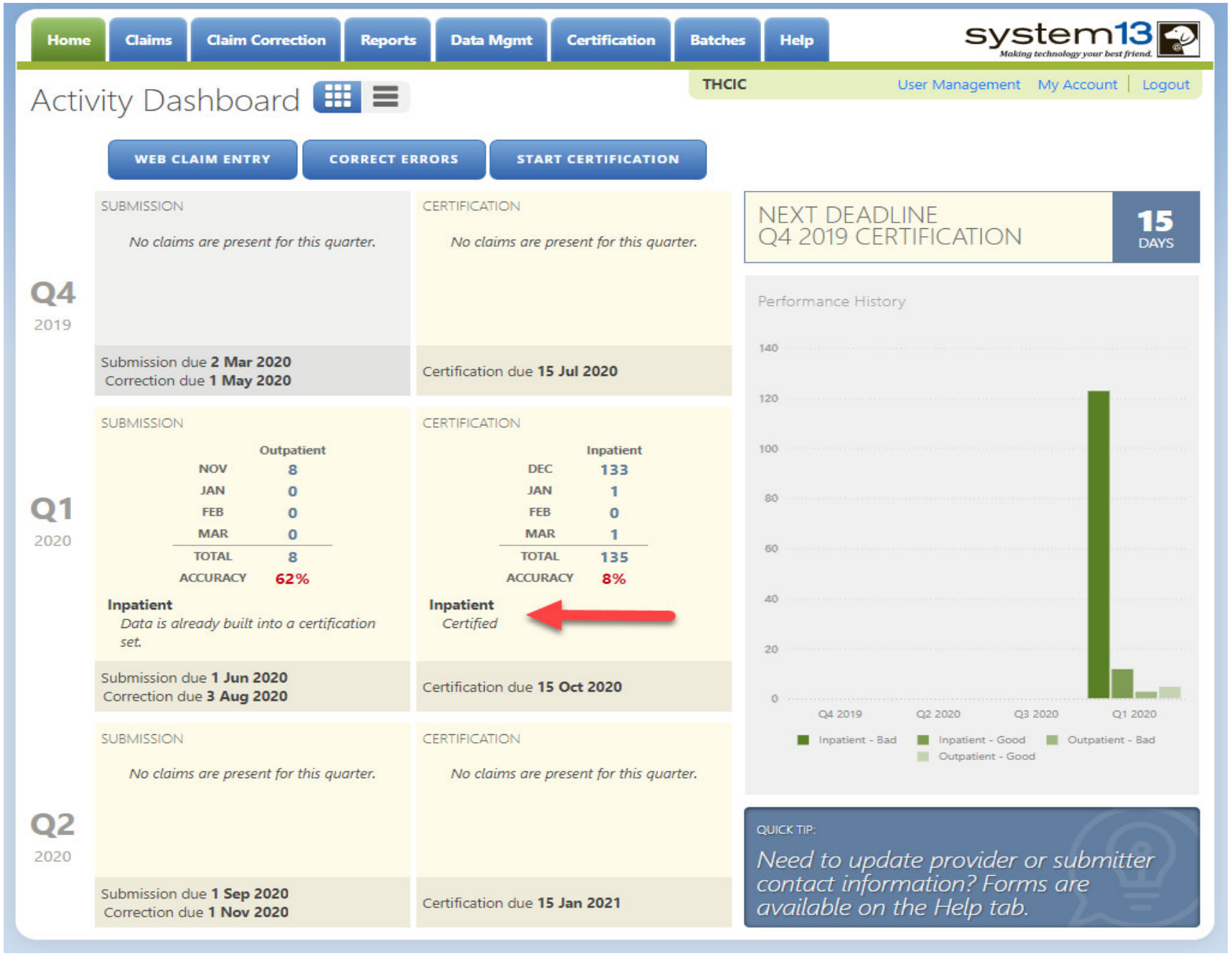



**When a facility is 'Past cut-off date for generation of Cert. Data' this message means that the facility cannot use 'Encounter on Demand', which will allow a facility to start certification before it is facilitated by System13.**

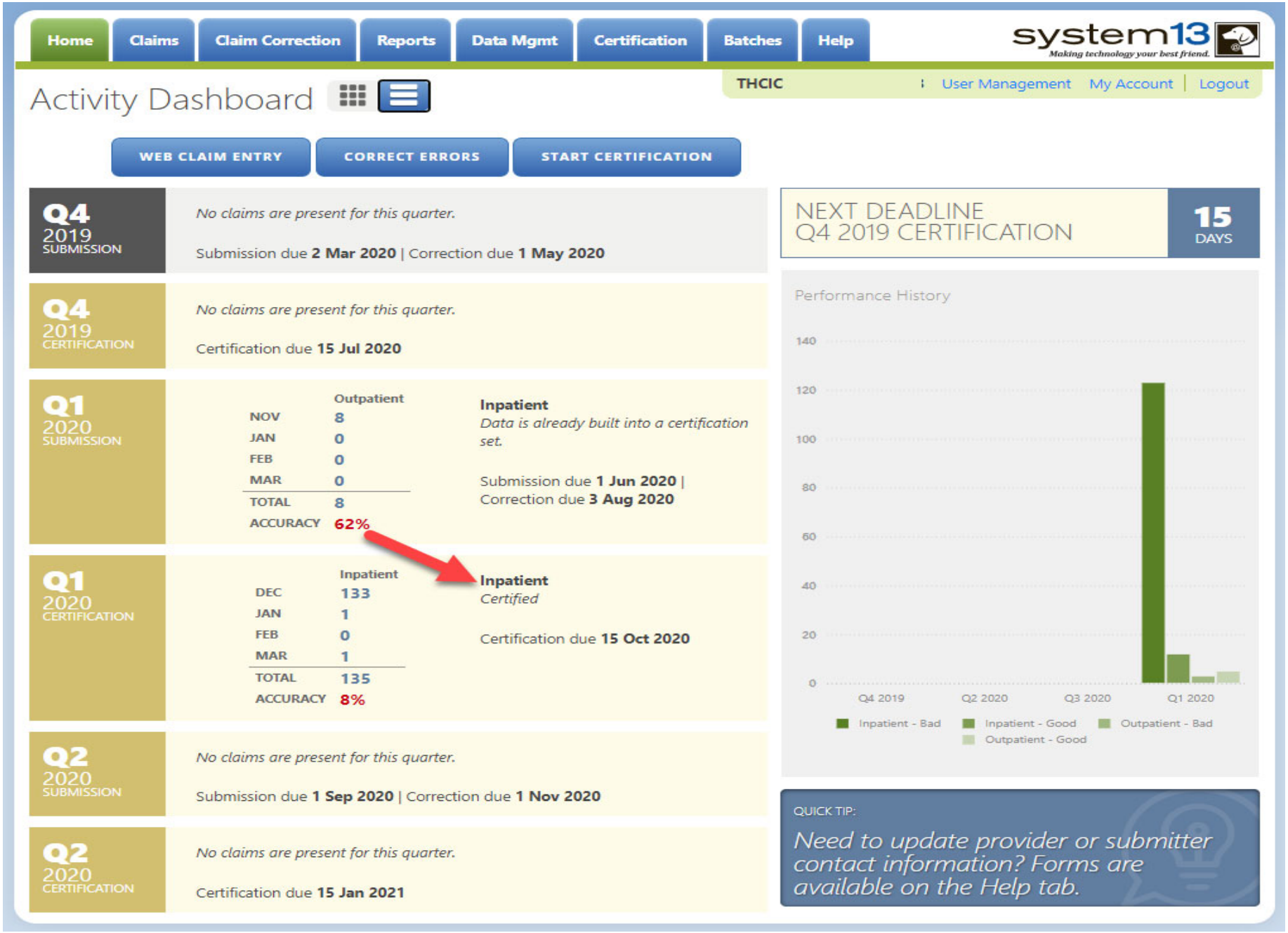
**When a facility clicks Certification and data has been certified, elected not to certify or failed to certify the facility will see the messages on the certification page by the quarter in question.**

**If a facility wants to change the status, correct or regenerate their certification files, the facility will have to contact System13.**

# 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

Questions, comments or need clarification please e-mail
thcichelp@dshs.texas.gov
The e-mail should include the facility's THCIC ID.

# THCIC Contact

Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756

Phone: 512- 776-7261

E-mail: THCIChelp@dshs.texas.gov

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

# THCIC Contact

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

- Contact Dee Roes at 512-776-3374 or Dee.Roes@dshs.texas.gov 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.

system13
Formerly Commonwealth Clinical Systems and Computer Services

# Contact

Address:
System13, Inc
1648 State Farm Blvd.
Charlottesville, VA 22911

Phone: 1-888-308-4953

Fax: 434-979-1047

E-mail: THCIChelp@system13.com

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