

Texas Department of State Health Services

Outpatient Certification

(Formerly WebCertification)

Revised April 2024

Document #: 25-15011

Certification



- Start Certification Encounter on Demand (EOD)
- ***** Data Reporting Schedule
- Logging into Certification
- Viewing Older Quarters Data
- **K** Encounter on Demand
- **K**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 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.





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



Data Due Dates

Data Reporting Schedule

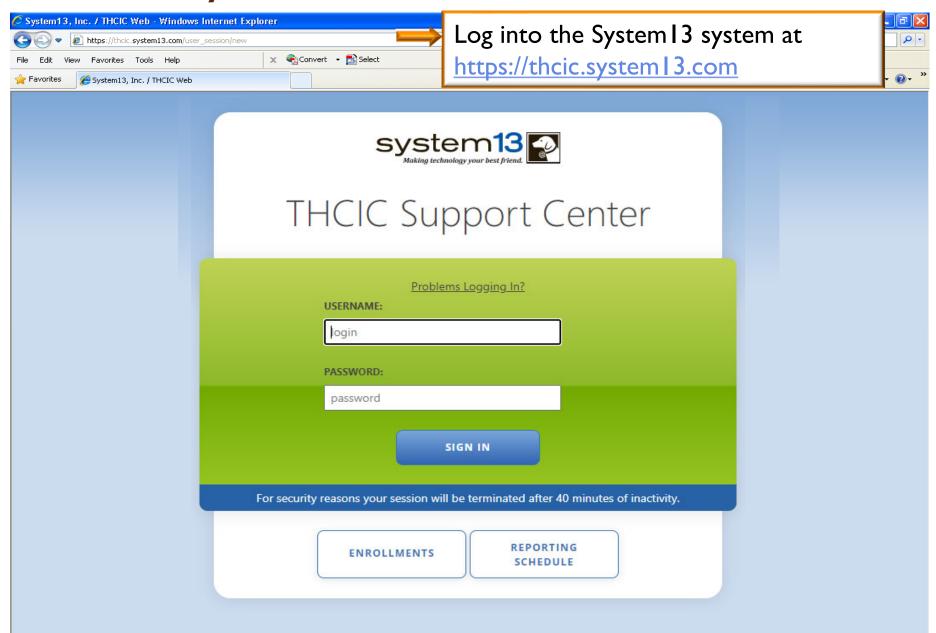
Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2023	Q1 2024	Q2 2024	
Cutoff for initial submission	3-1-24	6-3-24	9-2-24	Cutoff for initial submission, date when the data is due in the system
Cutoff for corrections	5-1-24	8-1-24	11-1-24	<u>Cutoff for corrections</u> , is when the corrections are due by for that quarter
Facilities retrieve certification files	6-3-24	9-2-24	12-2-24	Facilities receive certification files, by this date System13 sends the certification files
Certification/ comments due	7-15-24	10-15-24	1-15-25	Certification/comments due, when the data has to be certified and comments (if any) needed to be inputted into the system.

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



THCIC System



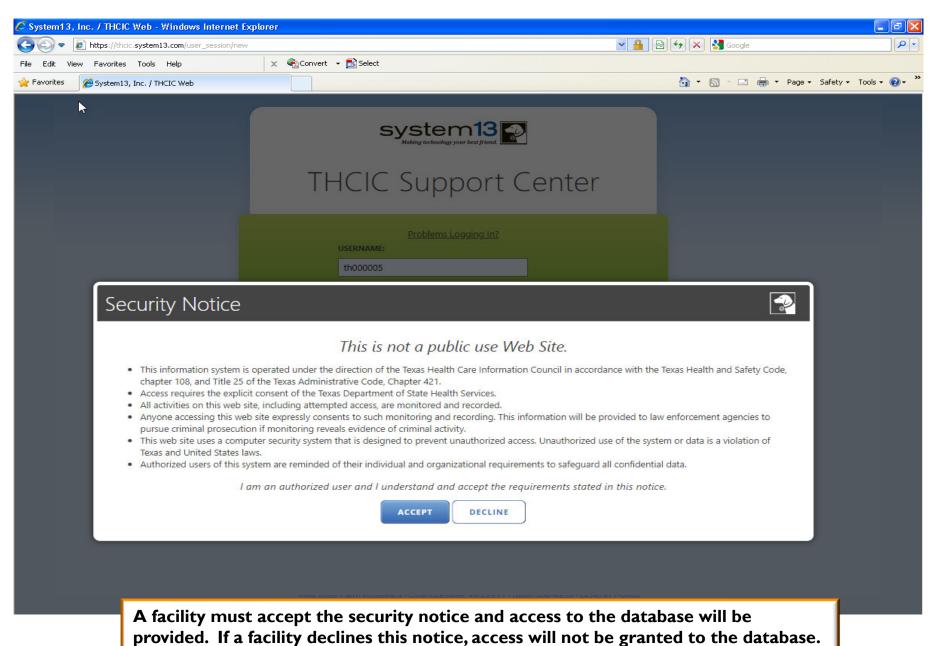


Log In the System as a Provider





Security Notice



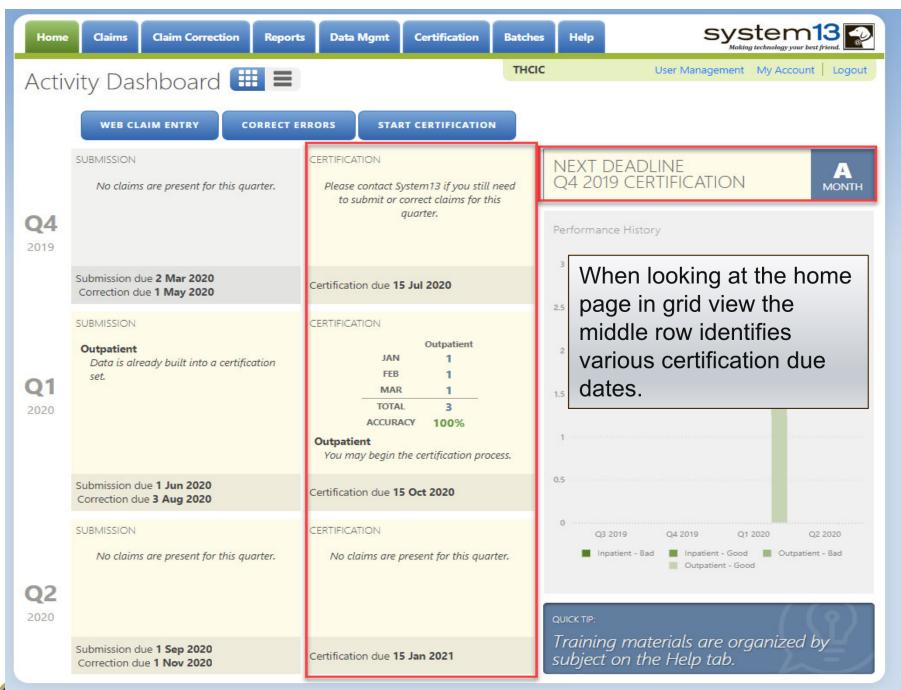
New Provider Dashboard

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

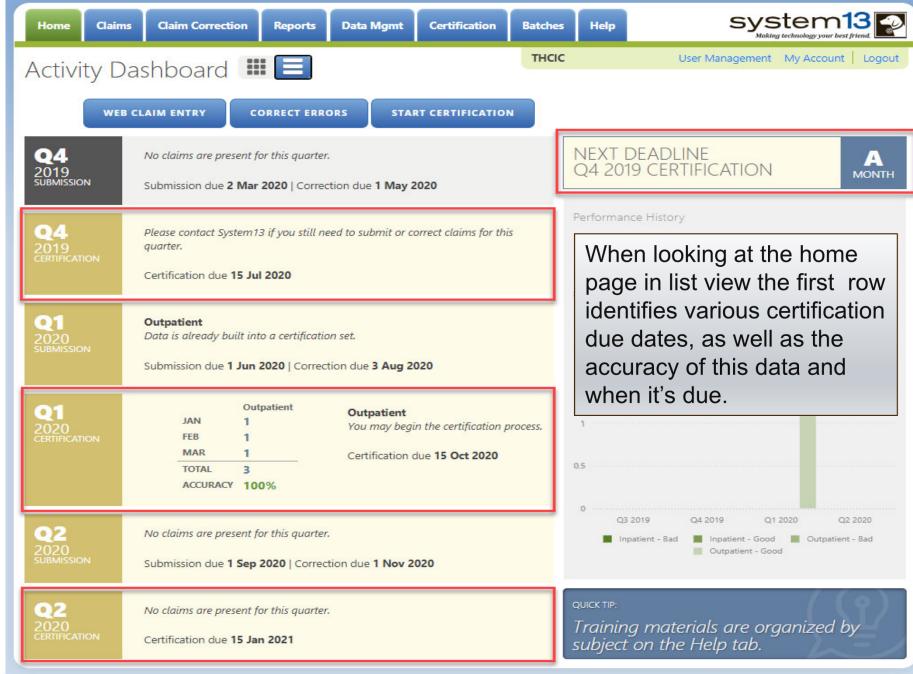




Certification/ Start Certification - Grid View



Certification/ Start Certification — List View





Go to Certification

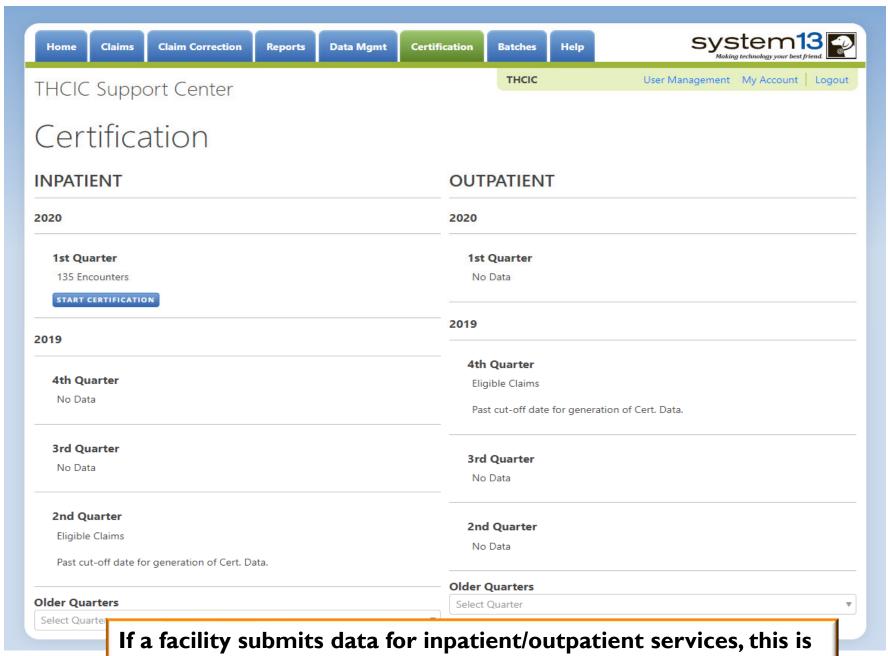


The user can go to Certification by the provider tab activity dashboard icon start certification



Inpatient/ Outpatient Certification

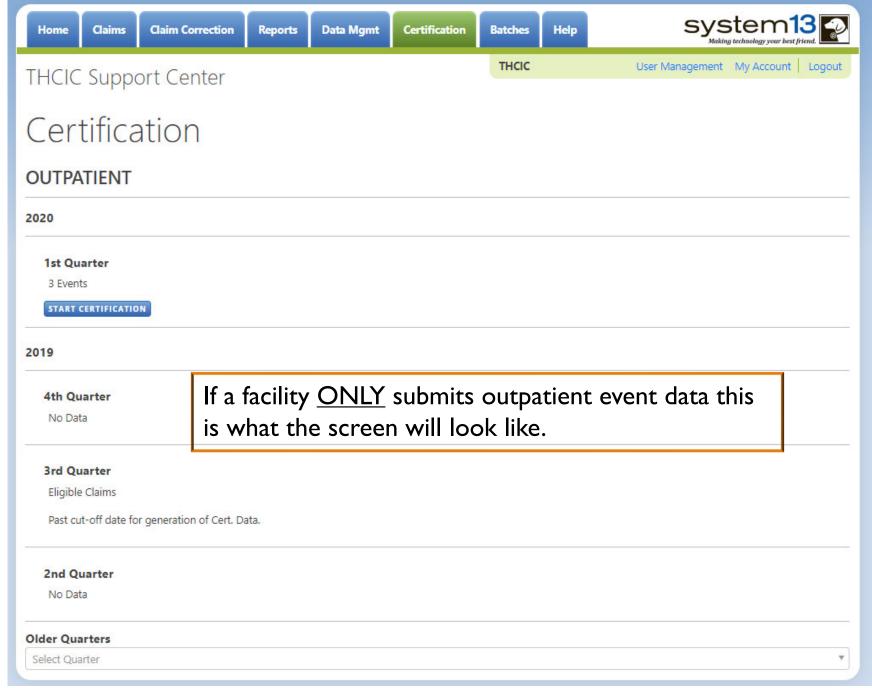
the page that will be shown.





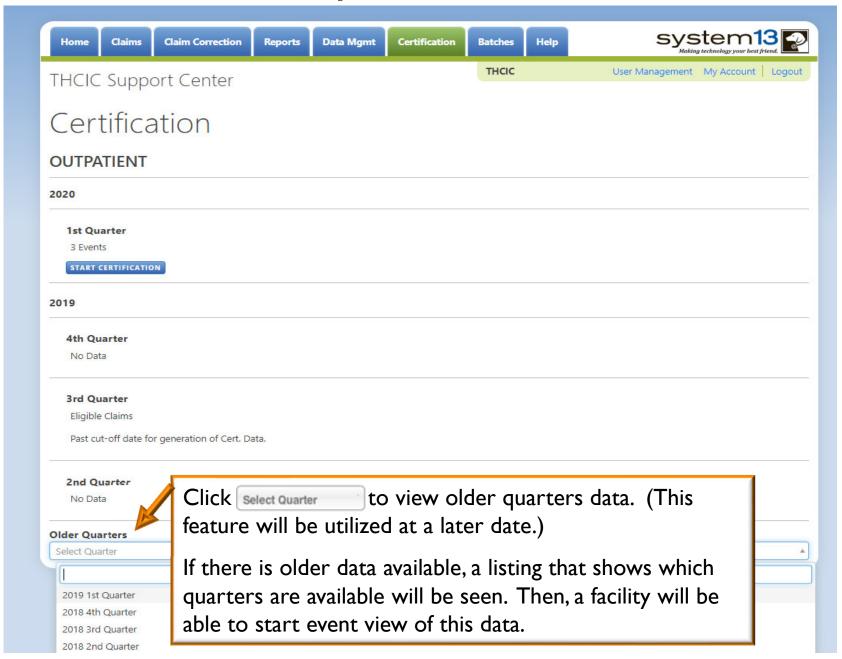
Texas Department of State Health Services

Outpatient Certification

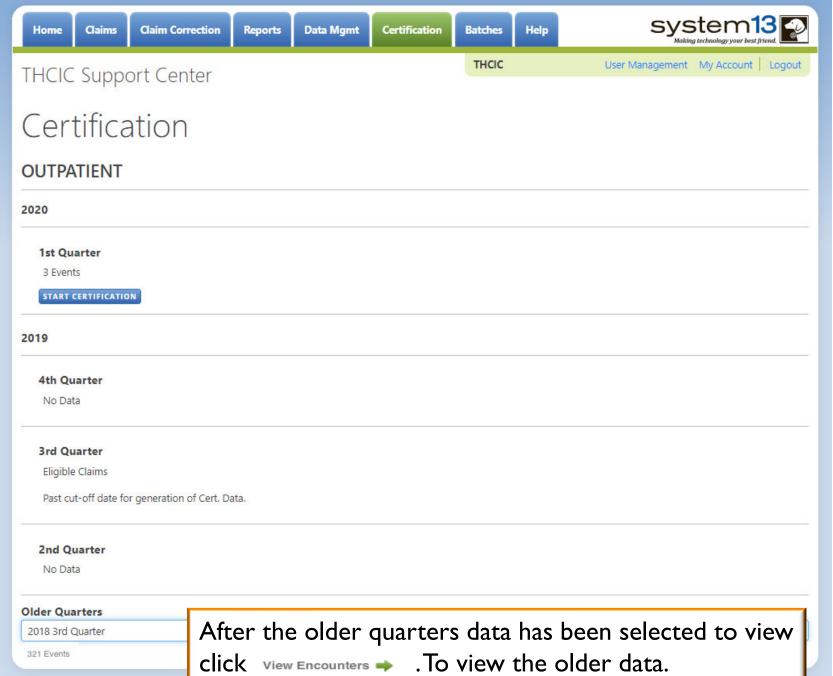




Select an older quarters data...



Select an older quarters data to view...







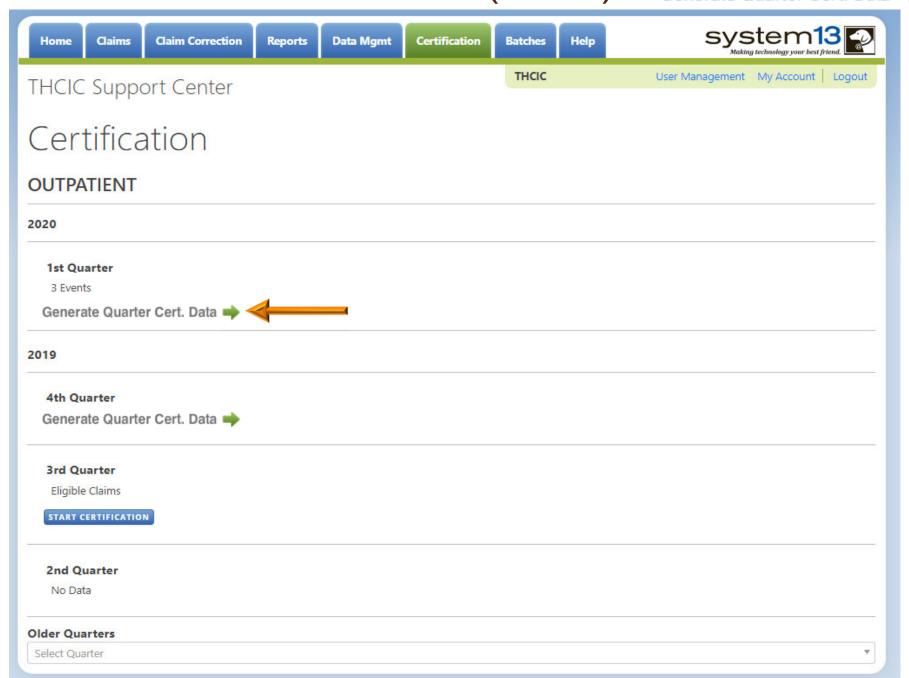
Encounter on Demand is the ability for facilities to generate quarterly certification data after the quarter has ended.

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

<u>PLEASE BE ADVISED</u> when a facility has chosen to begin this process, the facility must ensure the data has been submitted, is complete and accurate. If changes need to be made to this data <u>after</u> the file has been generated, these changes will incur a charge from System I 3 to regenerate the data. Also, <u>ANYONE</u> with access to a UserID as a certifier can initiate the EOD and not just the system administrator for the facility.

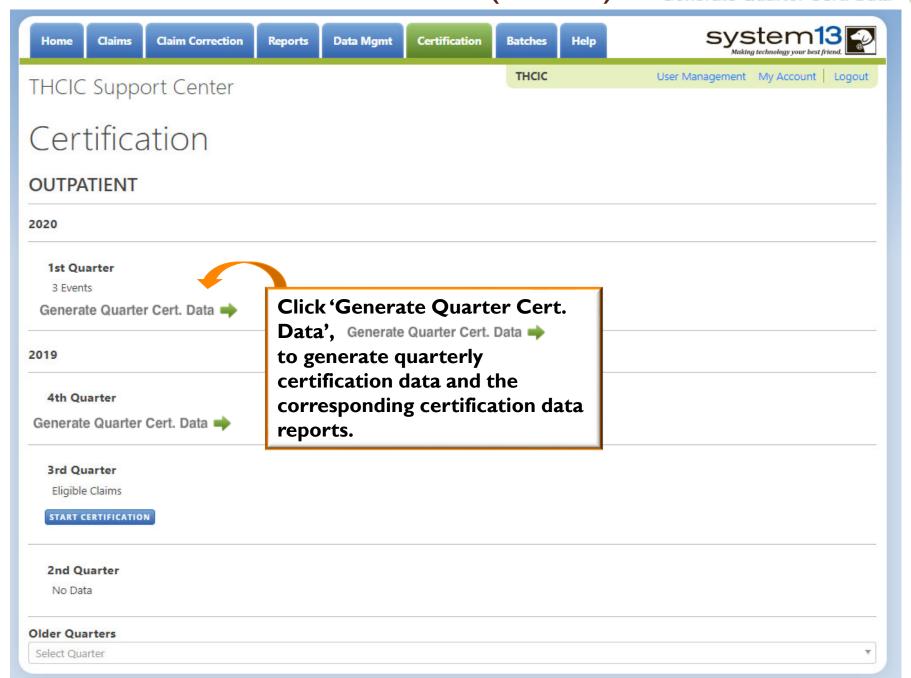






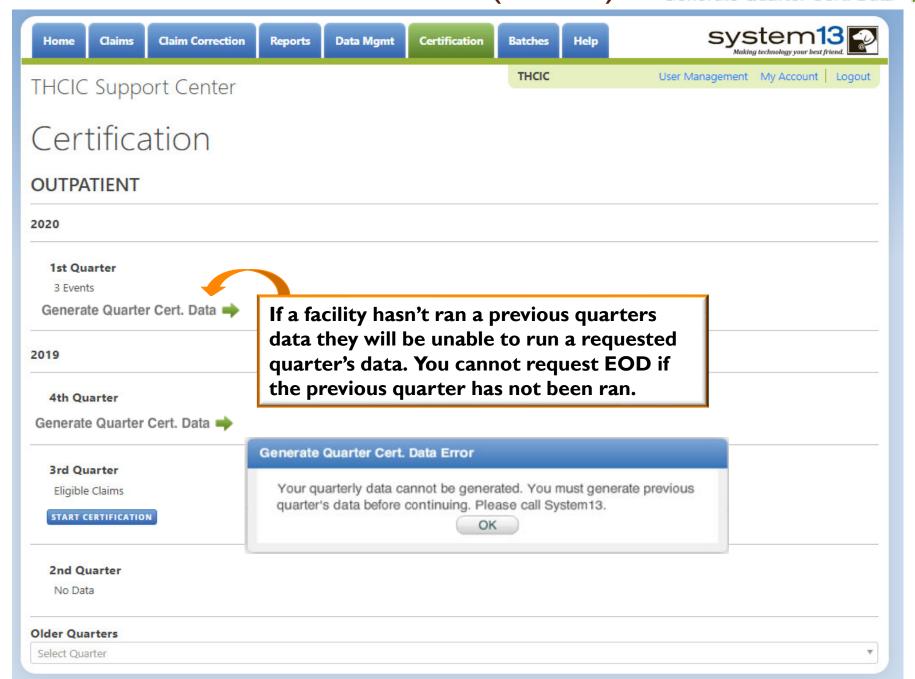






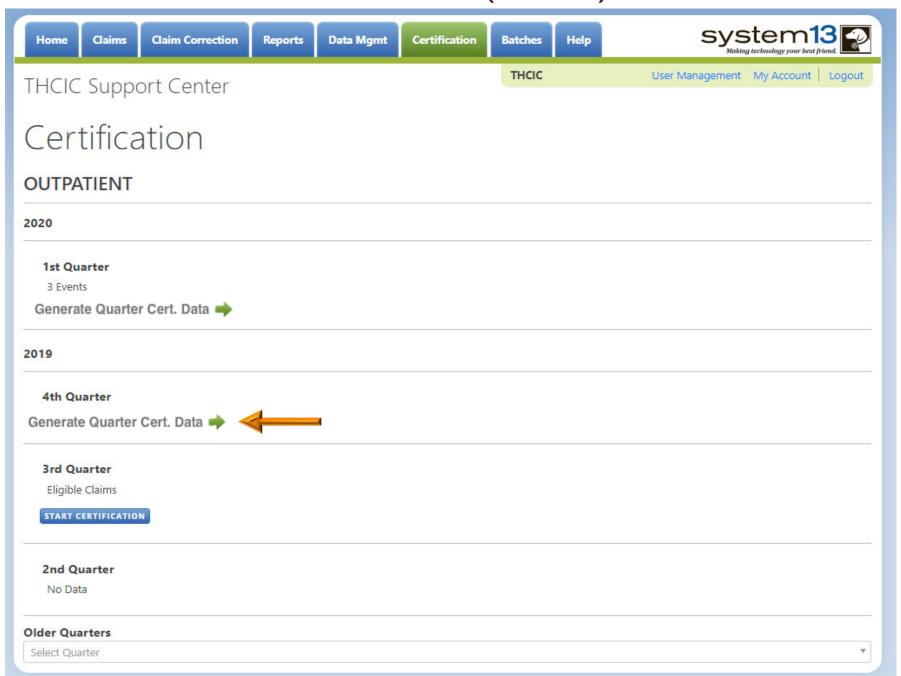










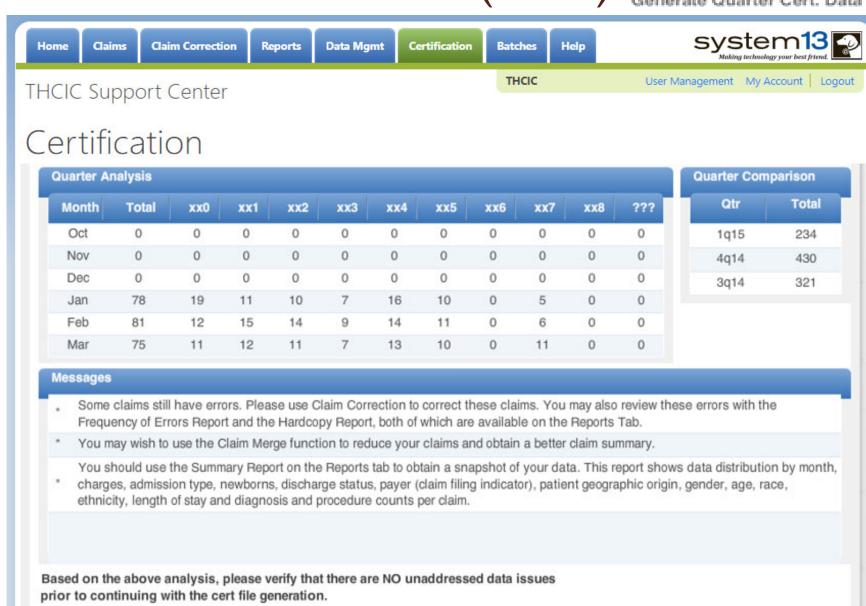


Do you wish to continue?

Generate Quarter Cert. Data =

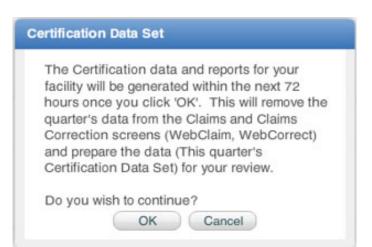
Print Data Analysis Report







Generate Quarter Cert. Data 🛶



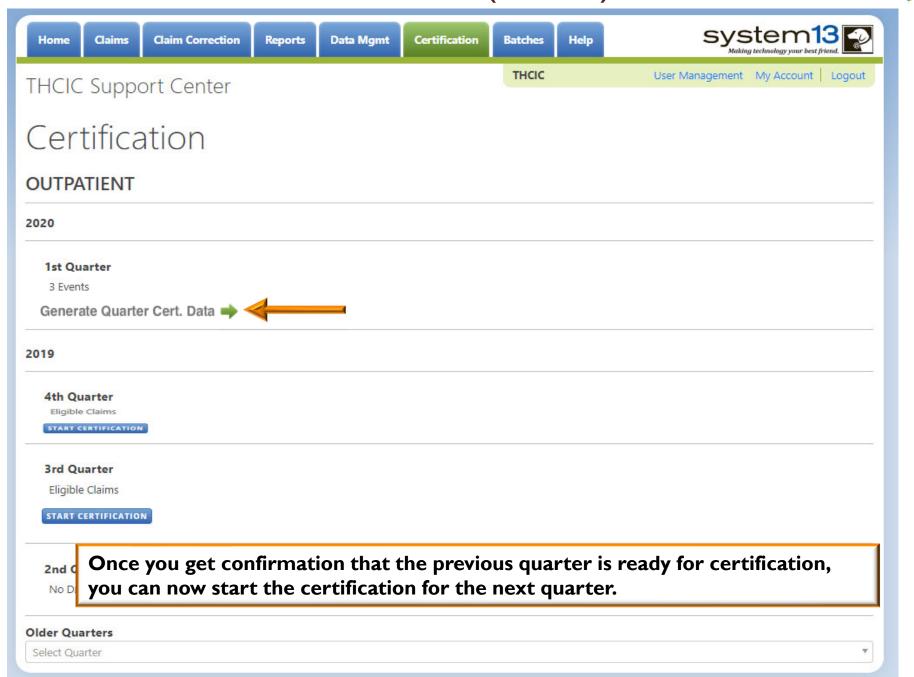
A facility will have to verify twice, that the facility is requesting to generate this file.

eneration of Cert. I	
Tab within 72 hours months of Feb, May	will be available under the Certification s. Delays may be experienced during the r, Aug and Nov. An email will be sent to tact indicating that the data is available. OK

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.

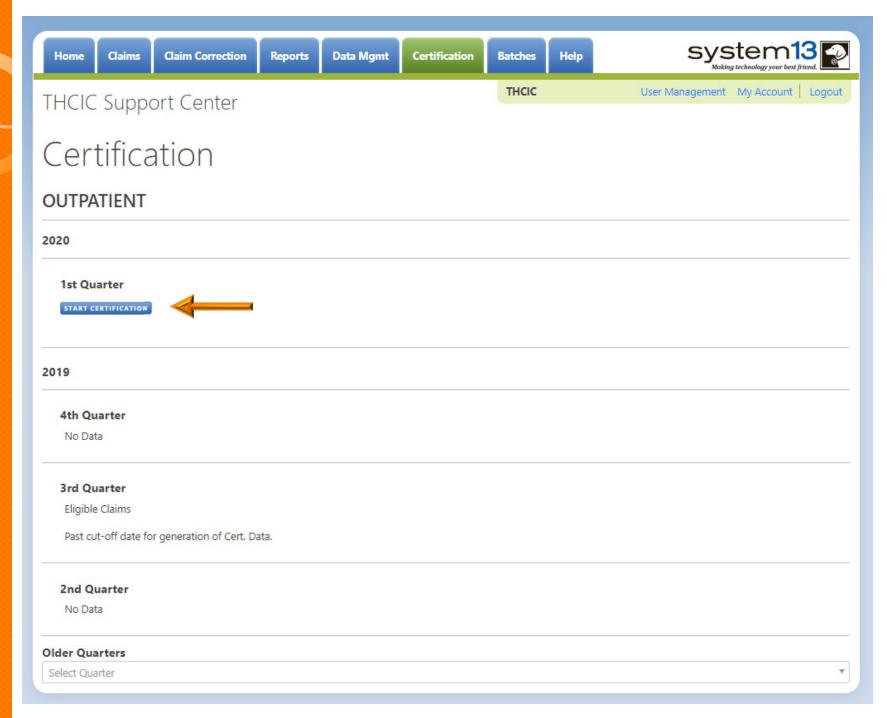






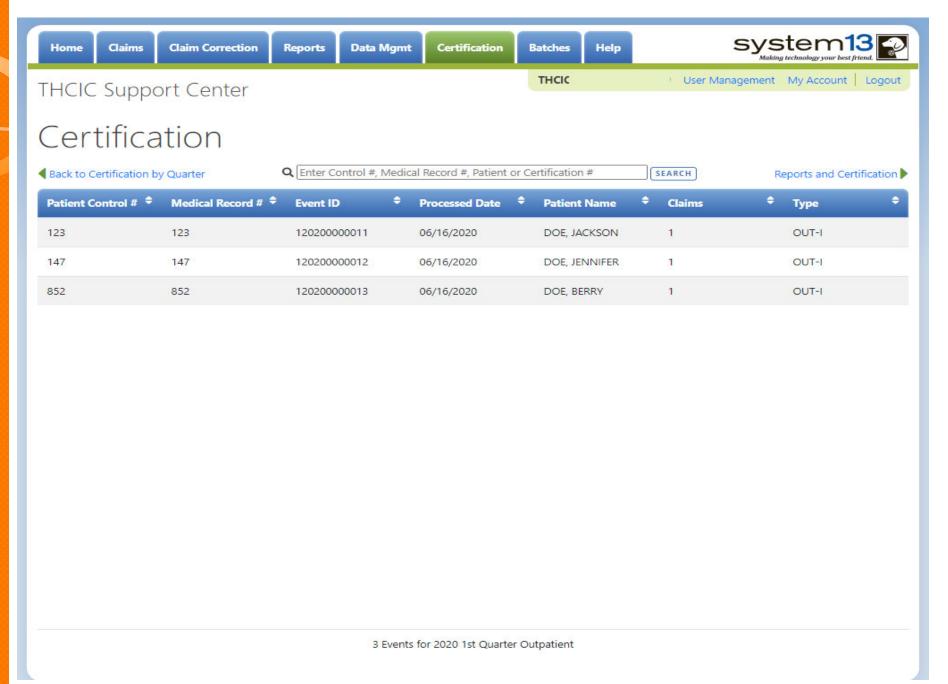


Start Certification





List of all Events Generated





Encounter View

The events are ordered by event ID specified by System I 3. The facility can click a column header and it will modify the list accordingly for that column.



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

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



Search Claim Listings

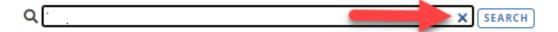


Once the user opens the claim correction tab, a listing of all claims that need correction will be displayed.

The user can modify the claims by:

- ***Control #**
- *Medical record #
- ***Patient or**
- ***Certification#**

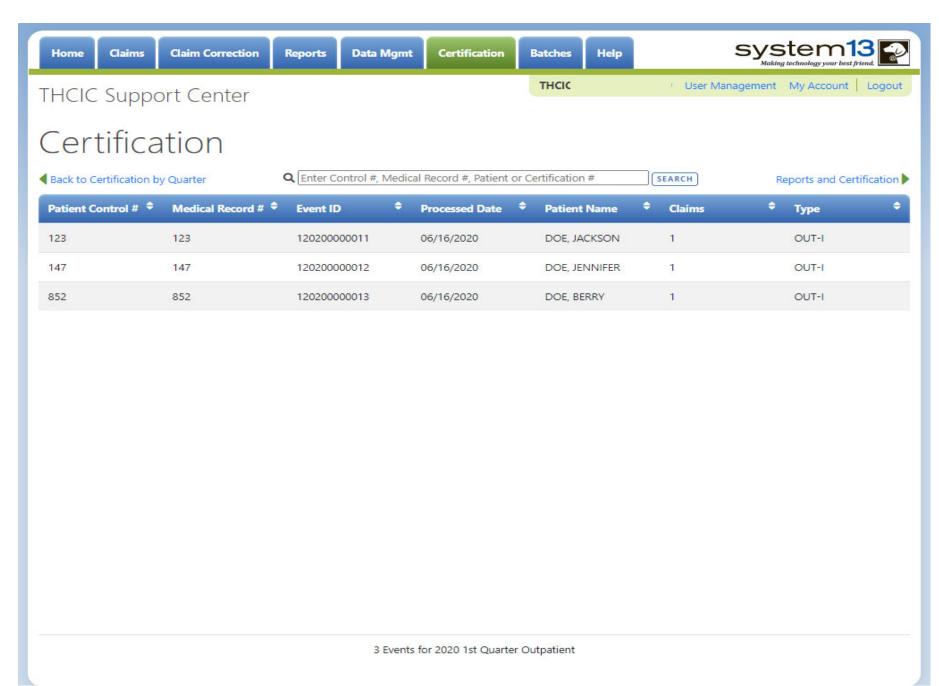
Once this data has been typed in to modify the list, pressing 'clear' will take the user back to the certification listing.



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

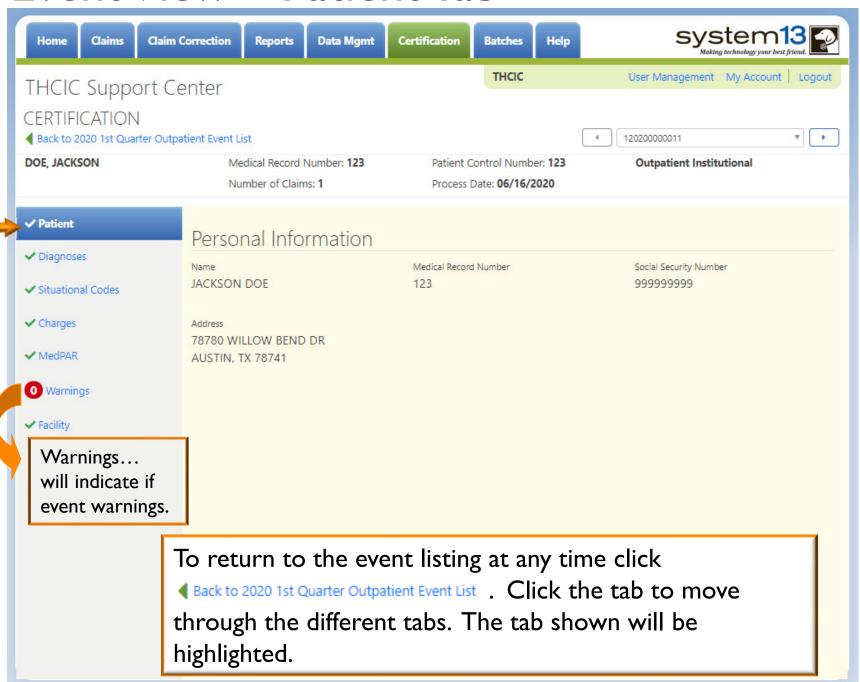


Choose Event Claim to View



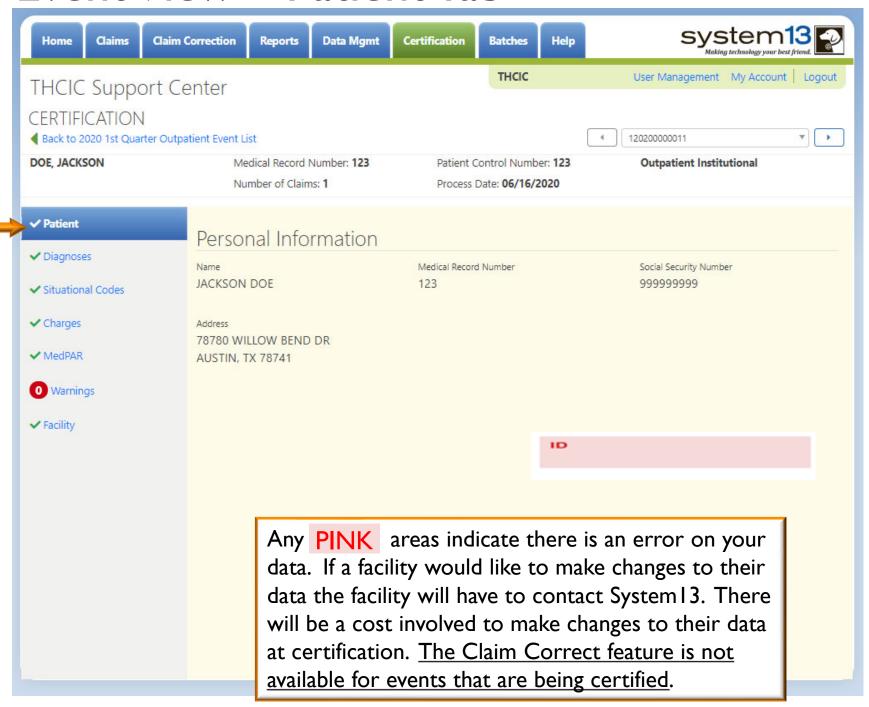


Event View — Patient Tab



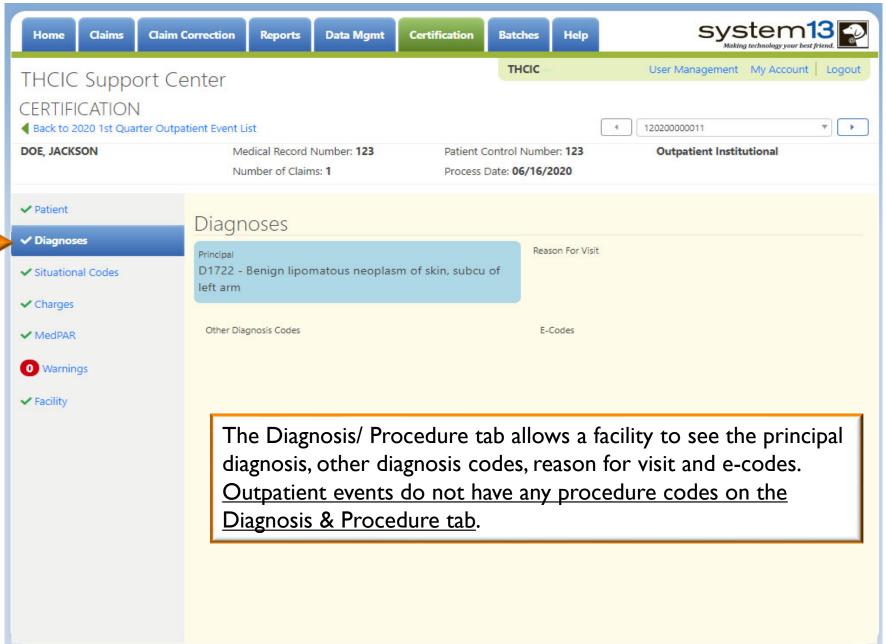


Event View — Patient Tab



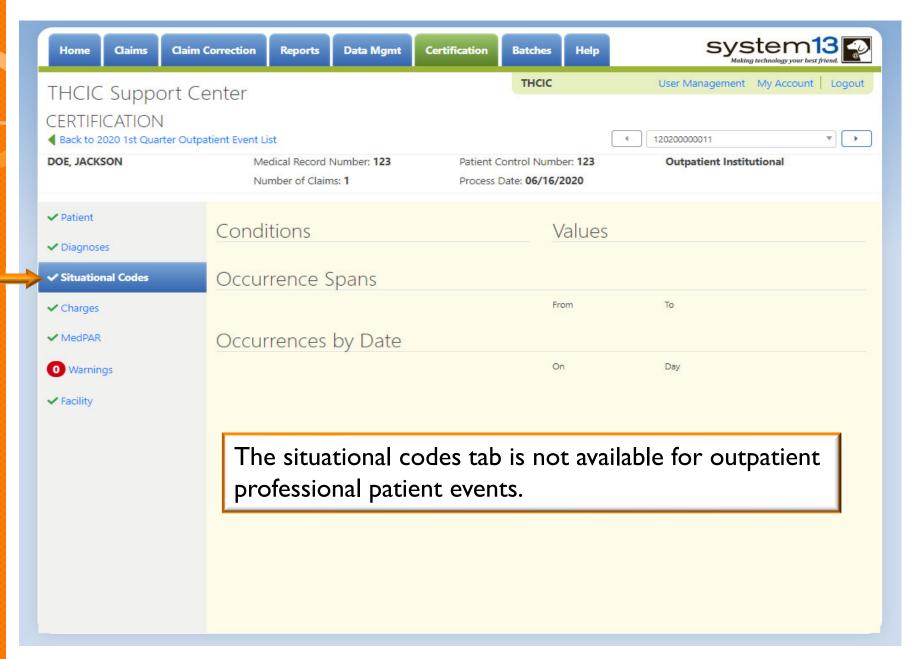


Event View – Diagnosis



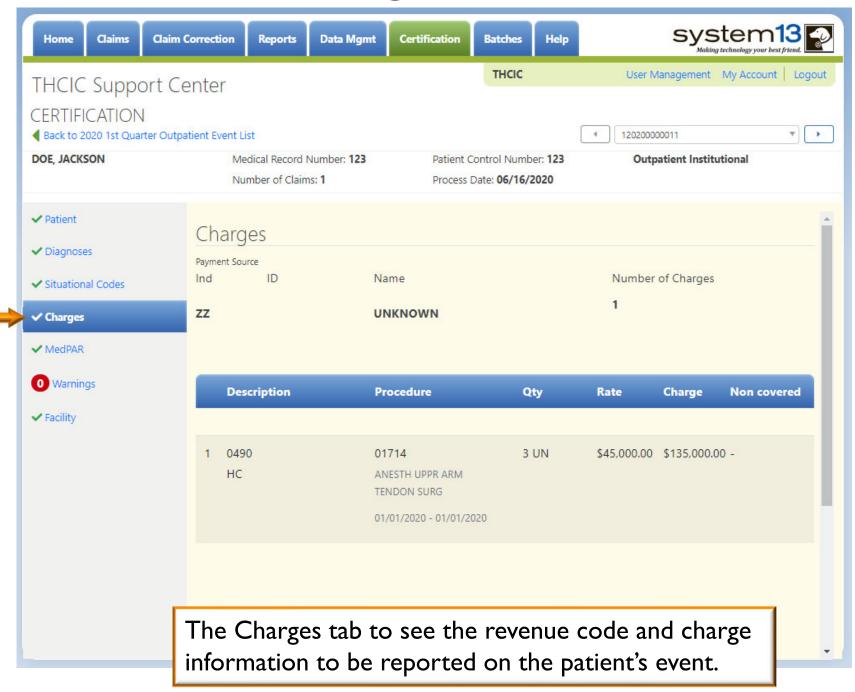


Event View — Situational Codes



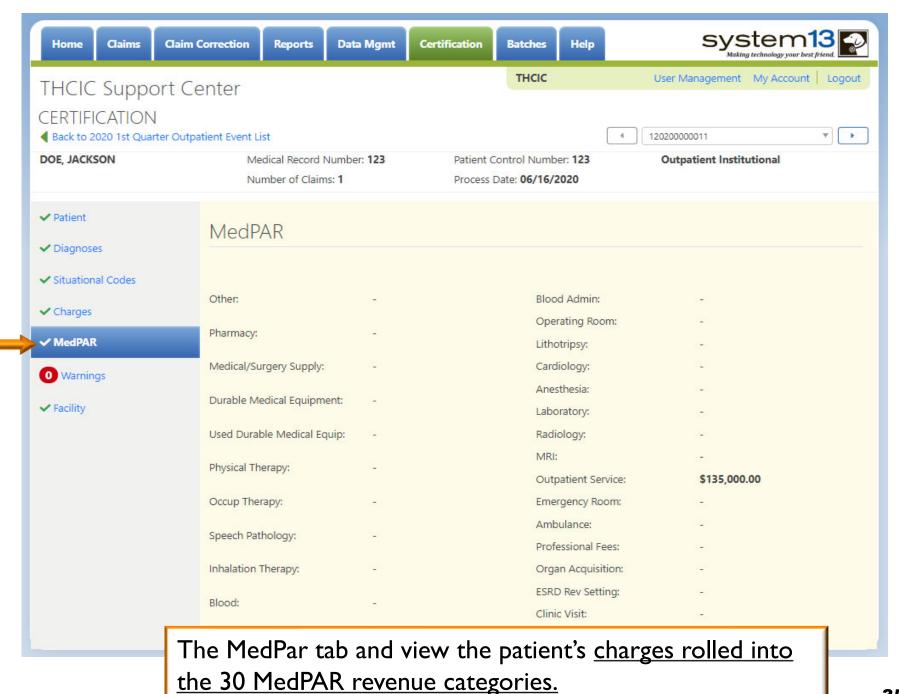


Event View — Charges



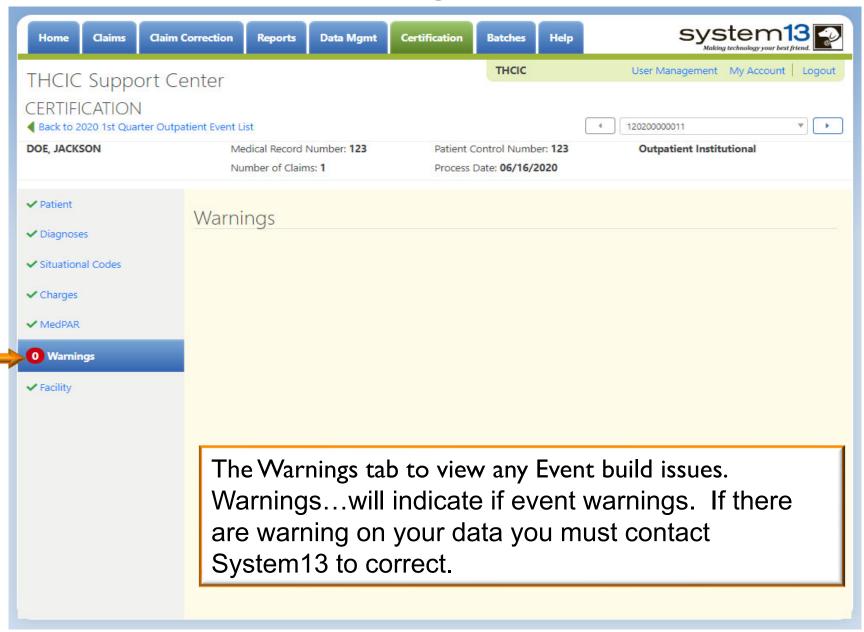


Event View - MedPar



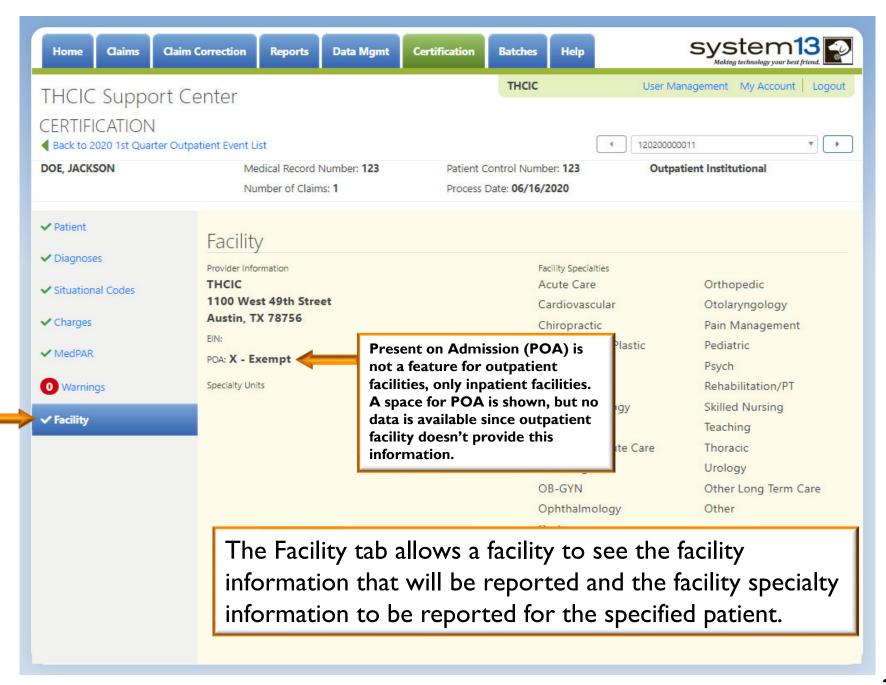


Event View – Warnings Tab





Event View — Facility





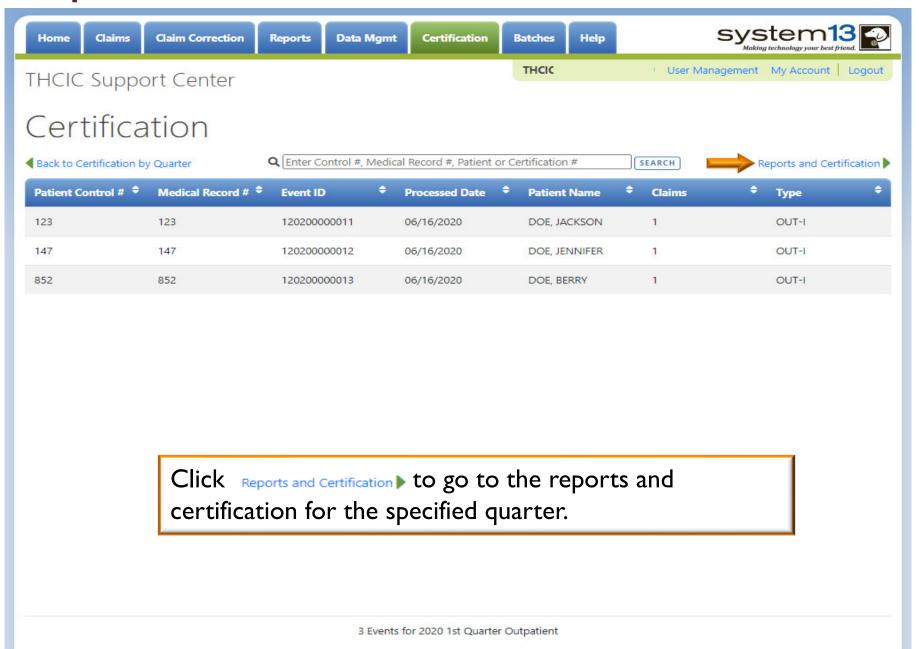
Back to Event Listing

- Click Back to 2020 1st Quarter Outpatient Event List to go back to Event listing.
- A facility will be able to view another patient's event file or go to reports and certification.

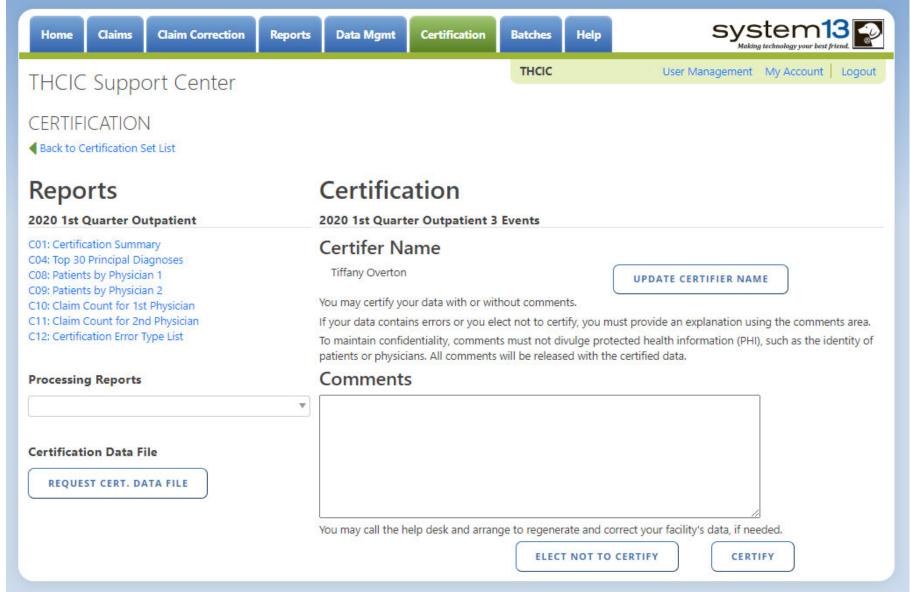
A facility will also be able to go to certification by quarter.



Reports and Certification



Reports, Processing Reports, Certification File Download and Certification







Provider Review of Data

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



Reports

2020 1st Quarter Outpatient

C01: Certification Summary

C04: Top 30 Principal Diagnoses

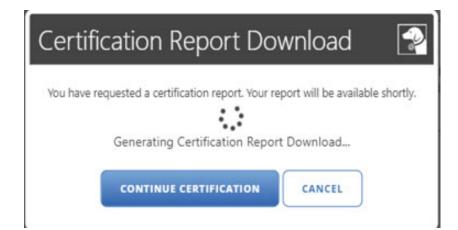
C08: Patients by Physician 1

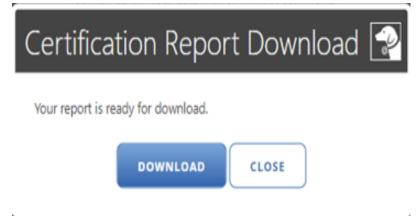
C09: Patients by Physician 2

C10: Claim Count for 1st Physician

C11: Claim Count for 2nd Physician

C12: Certification Error Type List

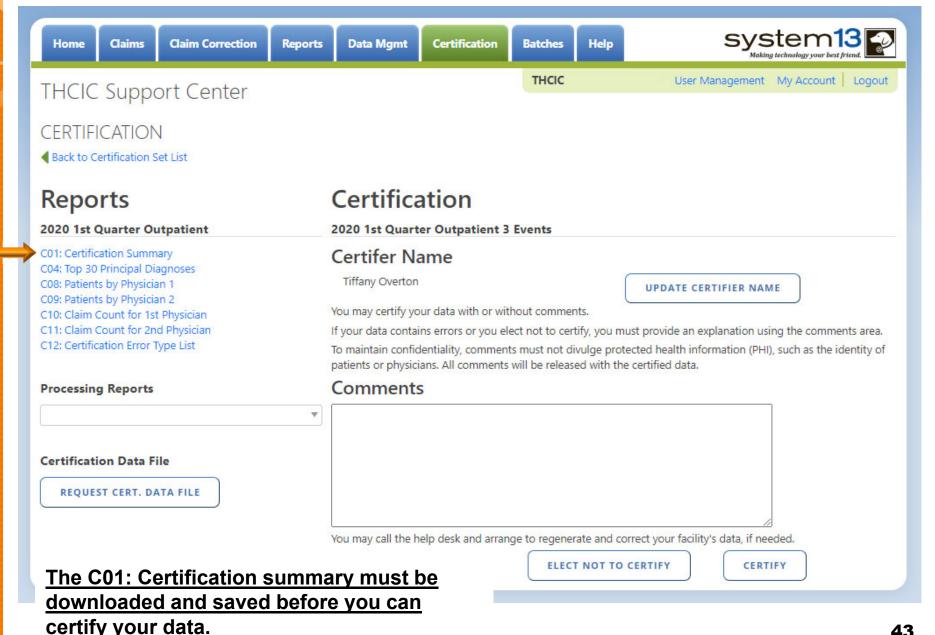




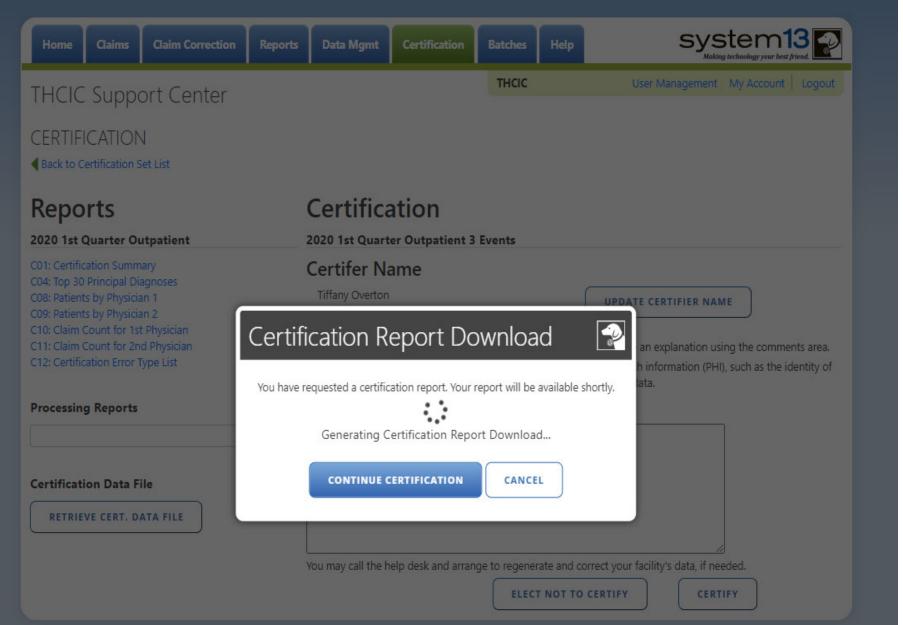
The Reports will be a downloadable PDF files.



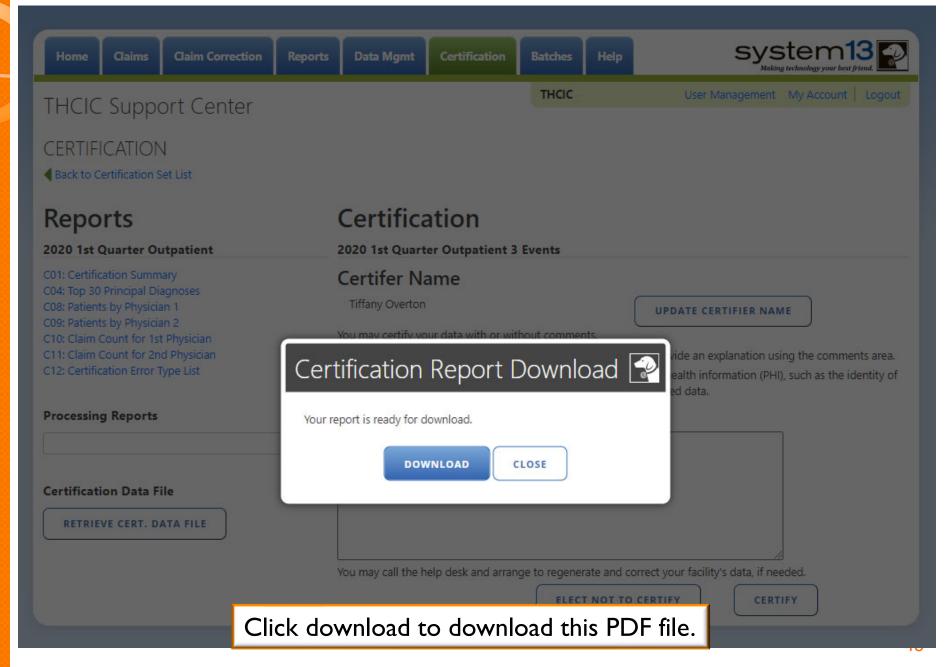
Reports C01 **Certification Summary**







Reports C01 Certification Summary

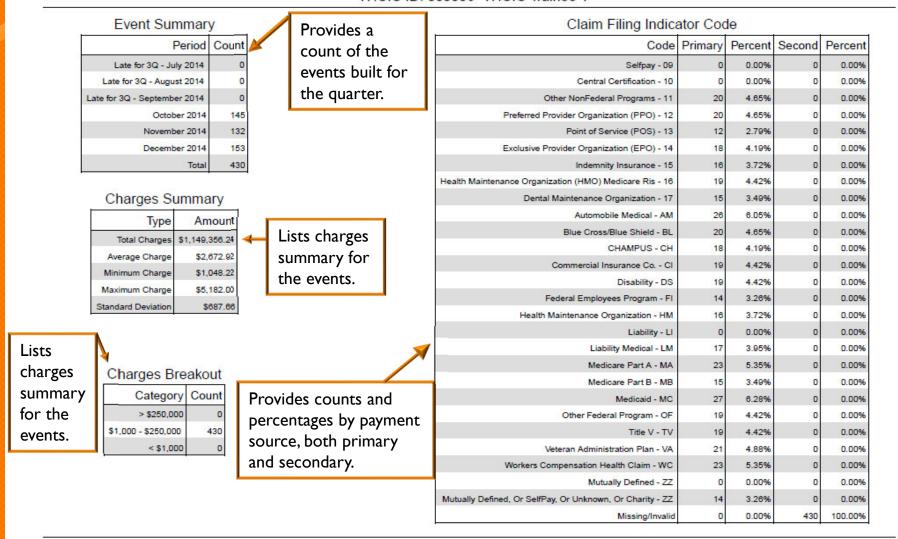


Reports C01 Certification Summary (Page 1)

THCIC Report C01: Certification Summary (Outpatient - Institutional) Q4 2014

Report Date: 07-Jul-2015

THCIC ID: 000006 THCIC Trainee 1





Reports C01 Certification Summary (Page 2)

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

Patient Location

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

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

Patient Race

Count Pe	ercent
91	21.16%
87	20.23%
85	19.77%
74	17.21%
93	21.63%
0	0.00%

Provides counts and percentages of patients by gender.

Patient Age Breakdown

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

Provides counts and percentages of patients by age.

Patient Gender

Count	Percent
195	45.35%
235	54.65%
0	0.00%
O	0.00%
	195 235

Provides counts and percentages of patients by race code.

Diagnosis & Procedure Codes Summary

Category	Diagnosis	Procedure
Avg. code count per encounter	6.00	0.00
Principal code only	0	0
No principal code	. 0	430

Provides counts and percentages of patients by ethnicity.

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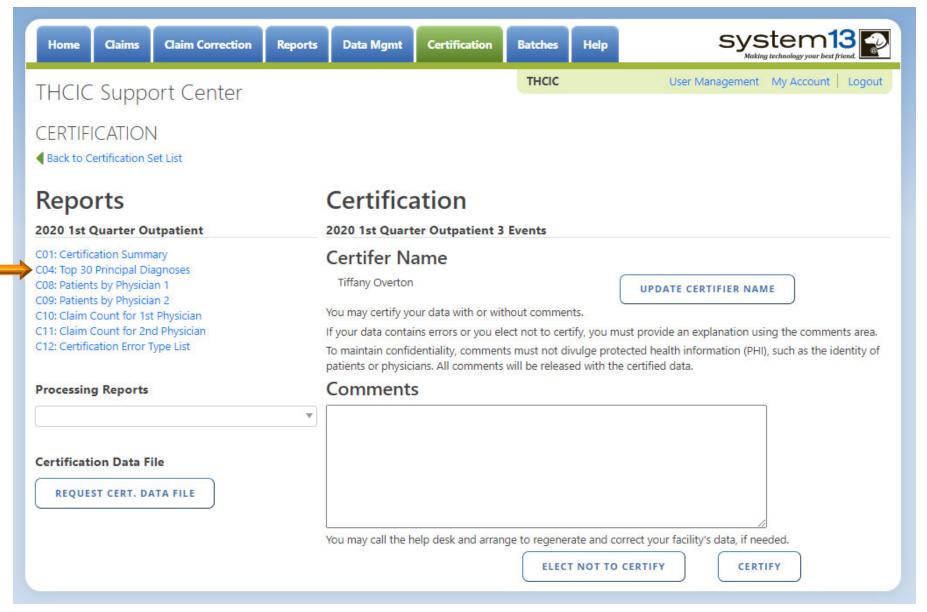
Patient Ethnicity

Ethnicity	Count	Percent
Hispanic origin - 1	188	43.72%
Not of Hispanic origin - 2	242	56.28%
Missing/invalid	0	0.00%

Provides counts and percentages for both diagnoses and procedure codes.

Page 2 of 2

Reports C04 Top 30 Principal Diagnoses





an Texas Department of State

Reports C04 Top 30 Principal Diagnoses

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

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

System: Trainer

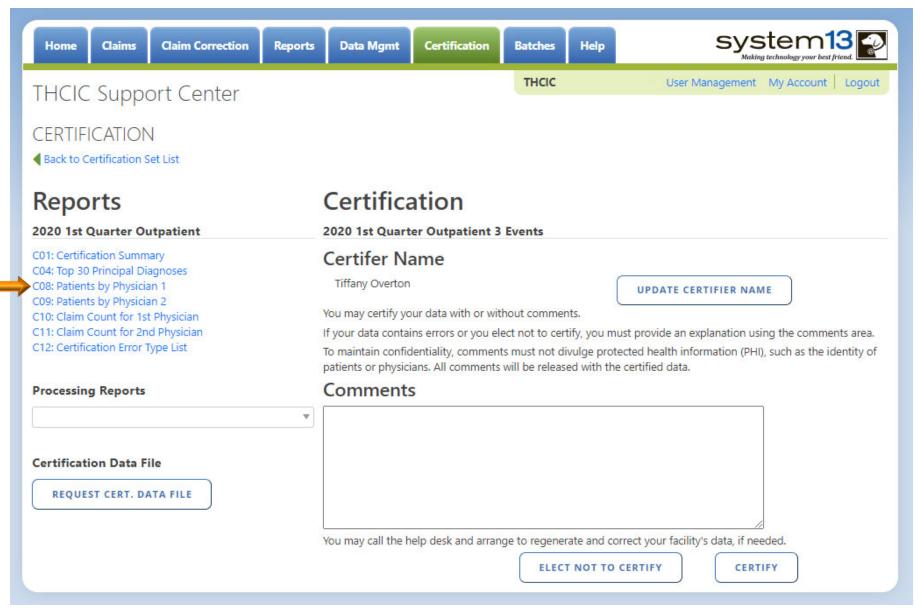
This report is presented in descending order by total charges for each of the top 30 principal diagnosis.

age 1 of 2



Texas Department of State **Health Services**

Reports C08 Patients by Operating/Rendering I Physician







Reports C08 Patients by Operating/Rendering I Physician

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

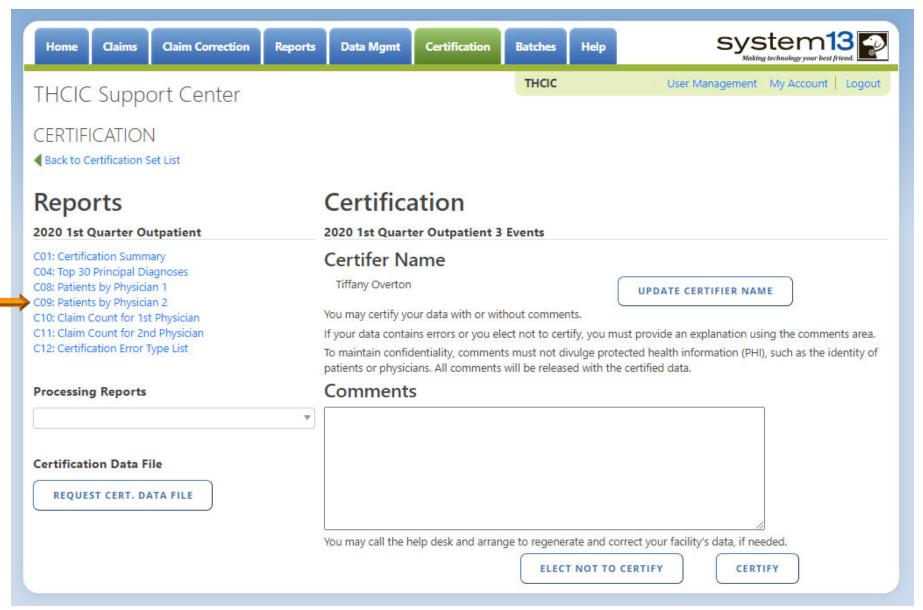
Operating/Rendering1 Phy DIFFERENT, SVCDATES	sician:, 5065			
PCN: L241ANDC241 MRN: 12345678A Race: 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: , 5085 Other/Rendering2: Unassigned	Aneil Chg: \$0.00
Princ. DX: 71516 LOC PRIM OSTEOART	T-L/LEG Other DX1: 71966 JOINT SYM	PTOM NEC-L/LEG	Other DX2: 71906 JOINT EFFUSION-L/LEG	
PCN: C241ANDC247 MRN: 12345678A Race: 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: , 5085 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Princ. DX: 71516 LOC PRIM OSTEOART	T-L/LEG Other DX1: 71906 JOINT EFF	USION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING
GOOD, HARRY				
PCN: C241 MRN: 12345678A	From: 2009-10-30 Thru: 2009-10-30	Sex: F Age: 54	Operating/Rendering1: , 5085 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Race: 4 White	Eth: 2 Not of Hispanic origin	LOS: 1		
Princ. DX: 71516 LOC PRIM OSTEOART	T-L/LEG Other DX1: 71906 JOINT EFF	USION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING

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



Texas Department of State **Health Services**

Reports C09 Patients by Operating/Rendering 2 Physician





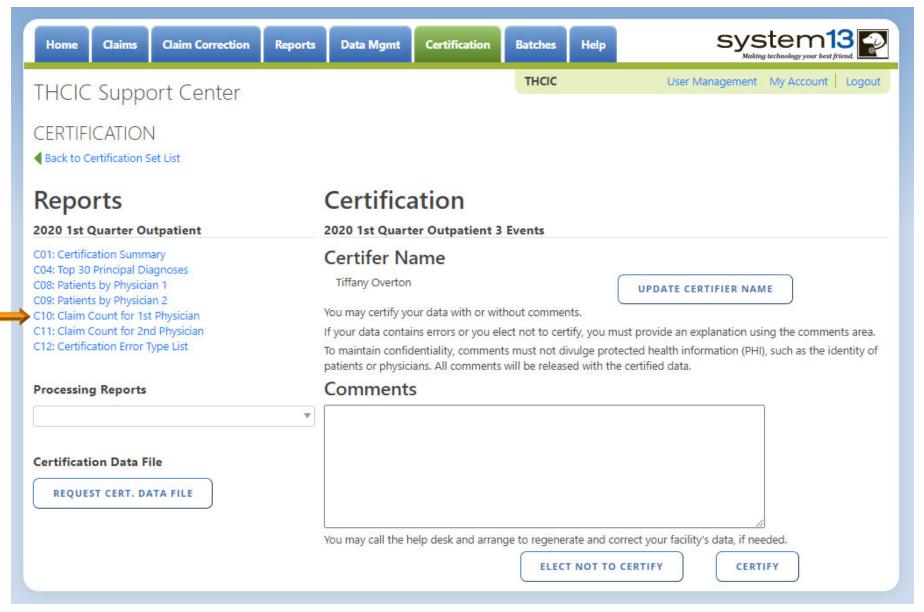
Reports C09 **Texas Department of State** Patients by Operating/Rendering 2 Physician

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

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

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

Reports CI0 Claim Count for Ist Physician





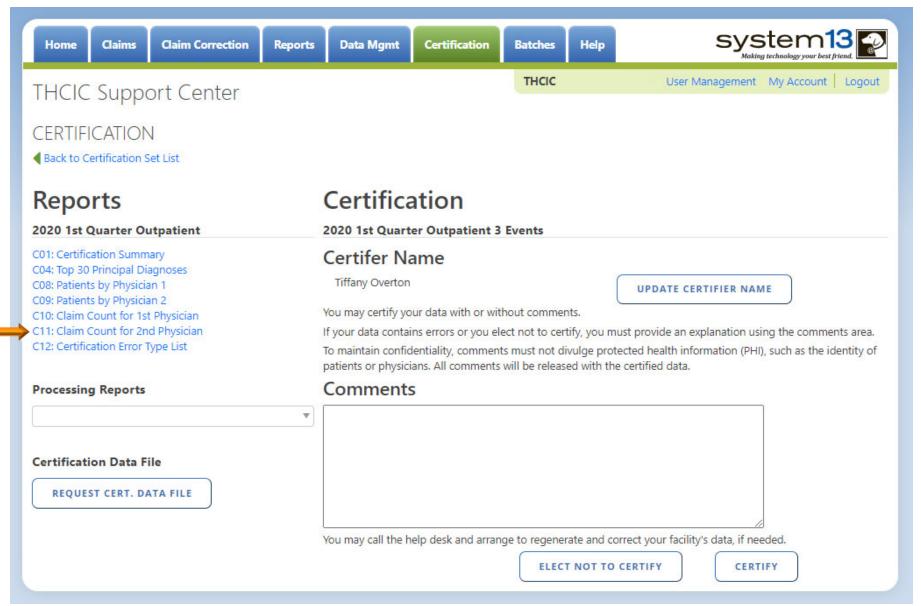
Reports C10 Claim Count for 1st Physician

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

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	111111117	122
Total Claim Count		672

Reports CII Claim Count for 2nd Physician





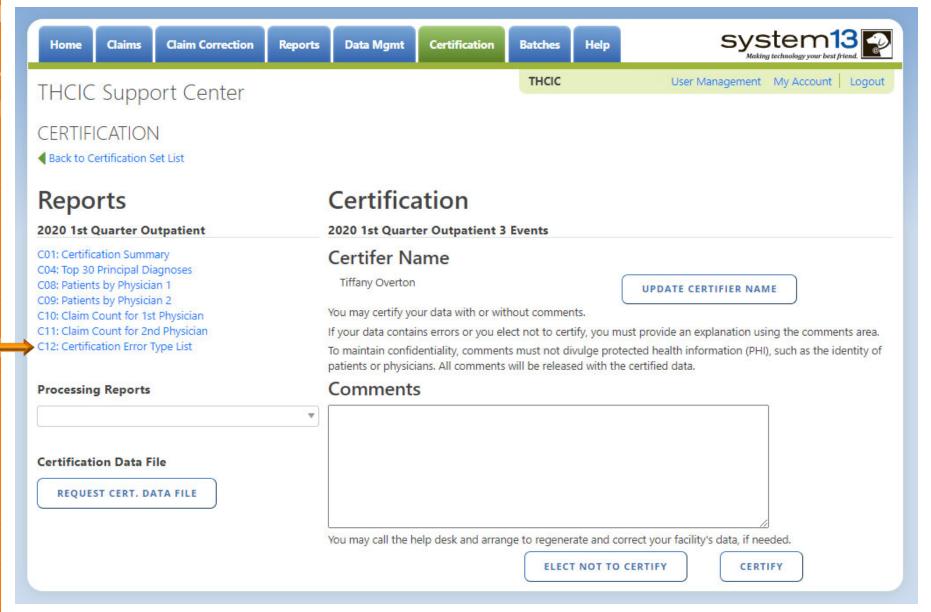
Reports CII Claim Count for 2nd Physician

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

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	011111111	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





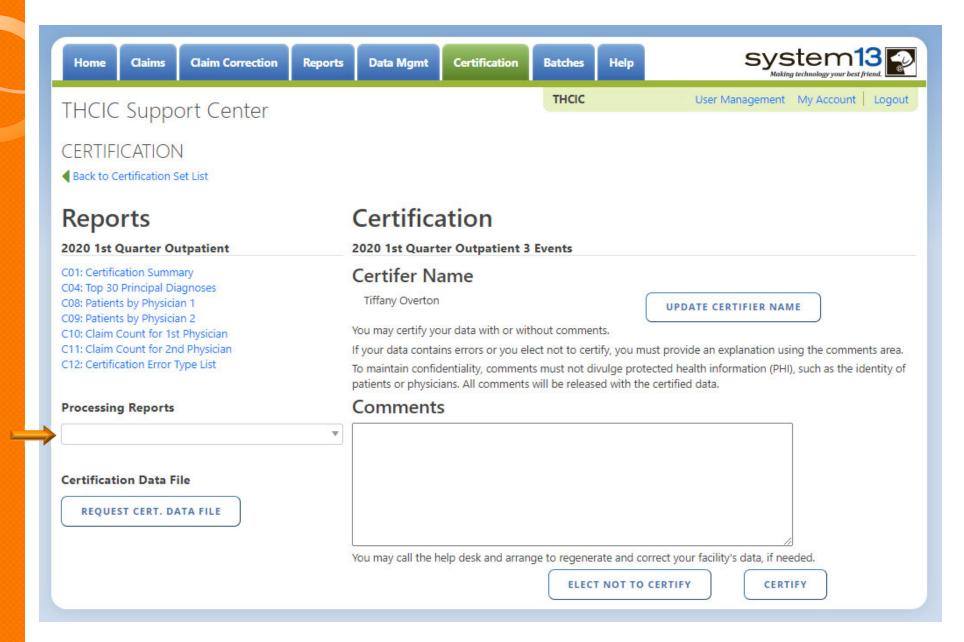
Reports C12 Certification Error Type List

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

There are no errors for the specified events.

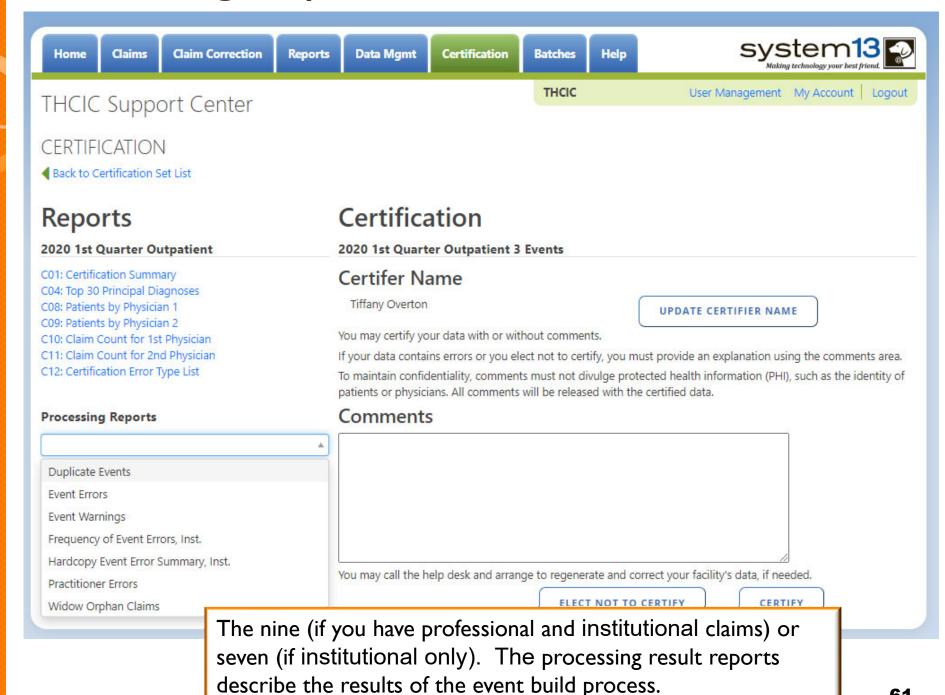


Processing Reports



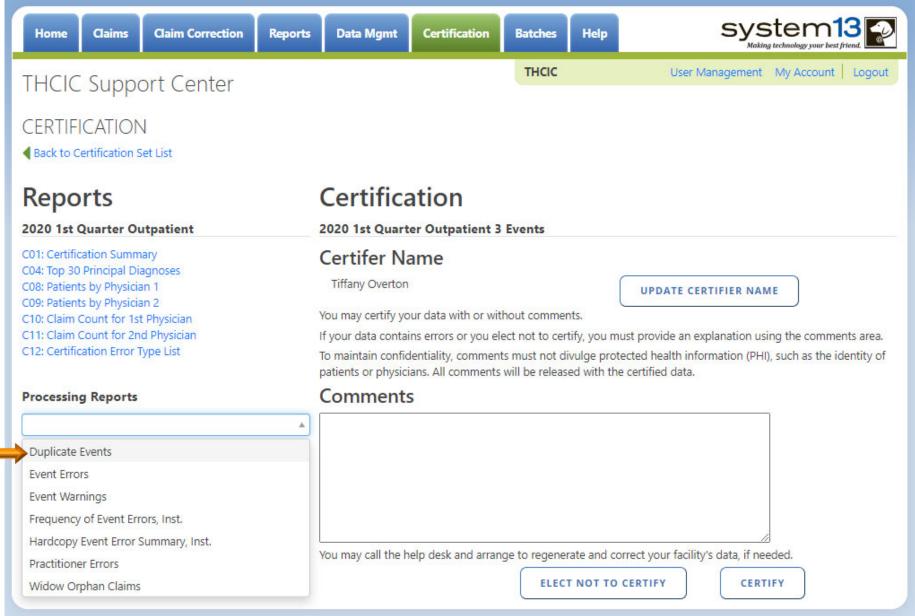


Processing Reports





Processing Reports Duplicate Events



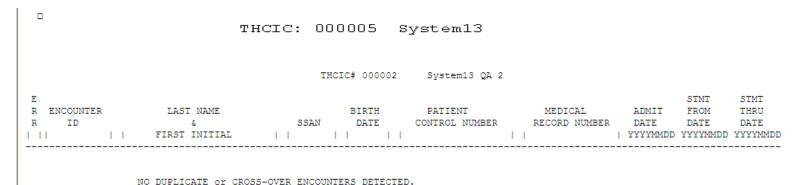


Processing Reports Duplicate Events

Texas Health Care Information Collection

Duplicate Events Summary Report - Outpatient

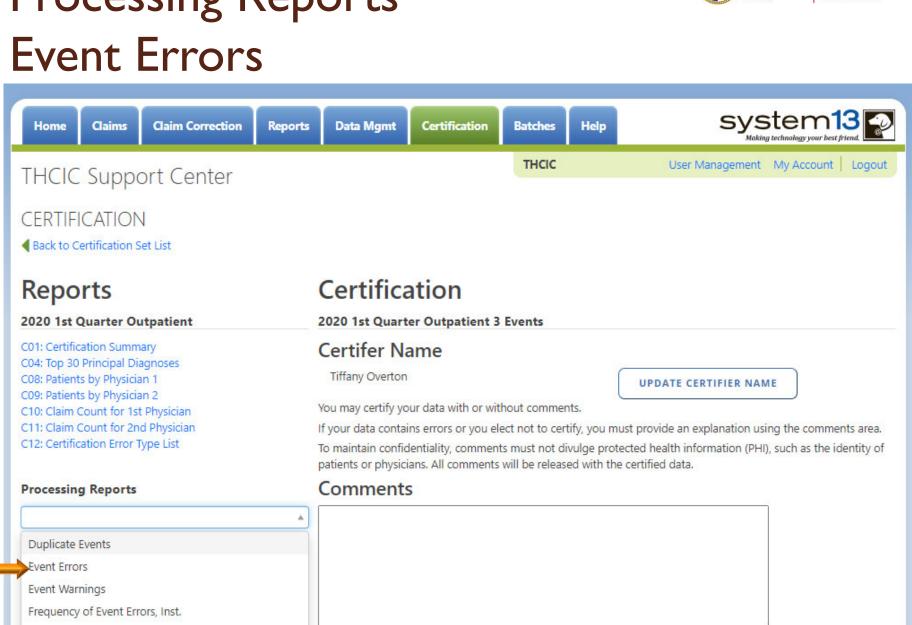
Date: Date Report Ran



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



Processing Reports



Hardcopy Event Error Summary, Inst. You may call the help desk and arrange to regenerate and correct your facility's data, if needed. Practitioner Errors Widow Orphan Claims

ELECT NOT TO CERTIFY

CERTIFY



Processing Reports Event Errors

Texas Health Care Information Collection Encounter Edit Report System13

THCIC: 000005 Date: Date Report Ran

Encounter East Report System13 QA 2

THCIC:000002 Date: 06/11/10

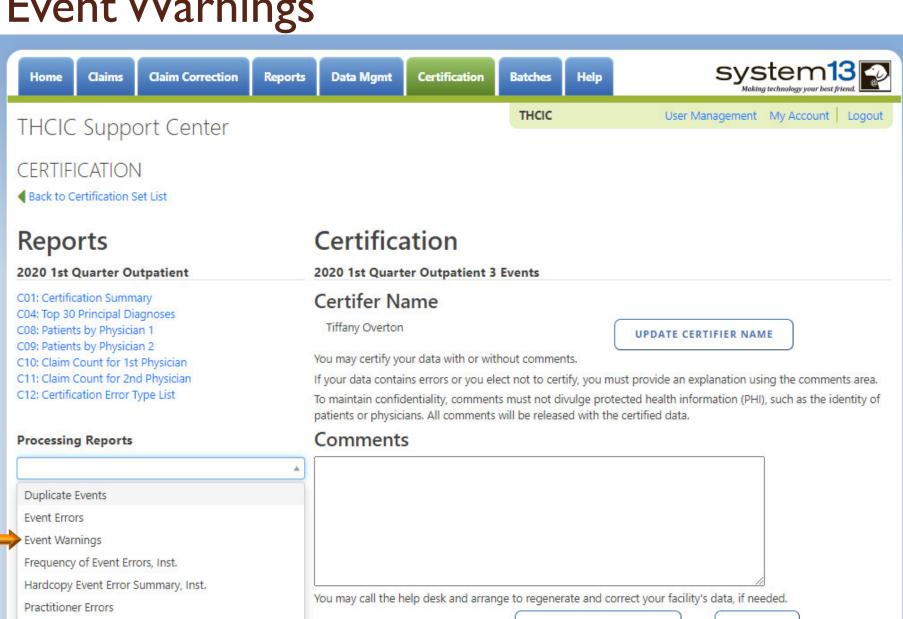
MedRec#	PatCtrl#	SSN#	Admission	ErrCode
12345678A	L131	444024323	20090730	813
	L131	444024323	20090730	813

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



Processing Reports Event Warnings

Widow Orphan Claims



ELECT NOT TO CERTIFY

CERTIFY



Processing Reports Event Warnings

Texas Health Care Information Collection

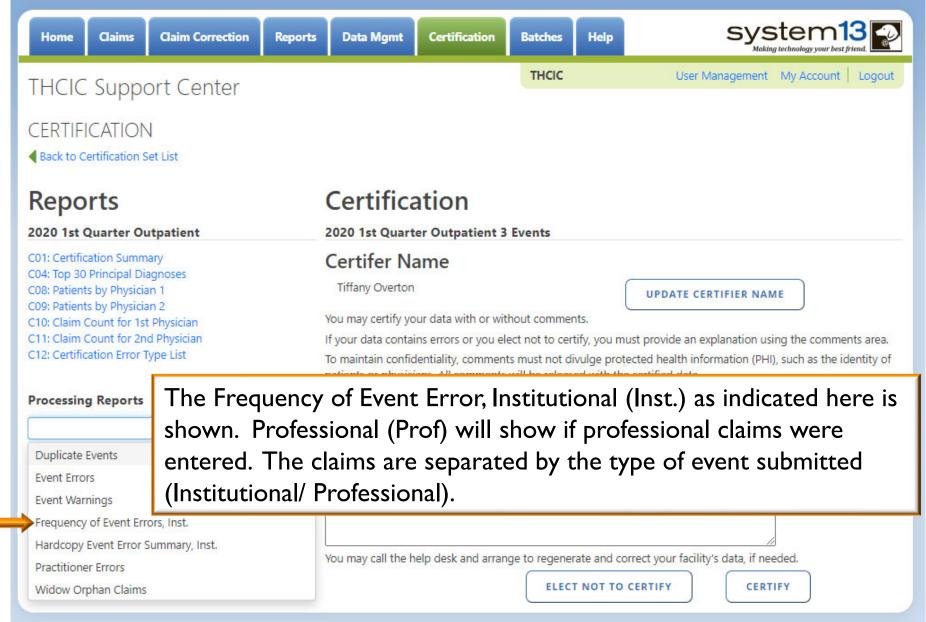
Encounter Warning Summary Report For (Quarter Year) Data System13 Provider 000005

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

Admit Date Warning Code(s)

No Encounter warnings flagged for this provider

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



Frequency of Errors Report ((Outpatient-Institutional)

Date: Date Report Ran

THCIC: 000005 System13

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

Batch Information

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

Claims By Month

	2014	2015	2016
Jan	0	2,002	0
Feb	0	450	0
Mar	0	0	0
Apr	0	0	0
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	2,452
xx2	0
xx3	0
xx4	0 -
xx5	o I
xx6	0
xx7	0
xx8	0
xx?	0

Frequency of Errors Report ((Outpatient-Institutional)

Date: Date Report Ran

THCIC: 000005 System13

Errors By Field

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

Claim Accuracy Rate: 83.47%

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

Frequency of Errors Report ((Outpatient-Institutional)

Date: Date Report Ran

THCIC: 000005 System13

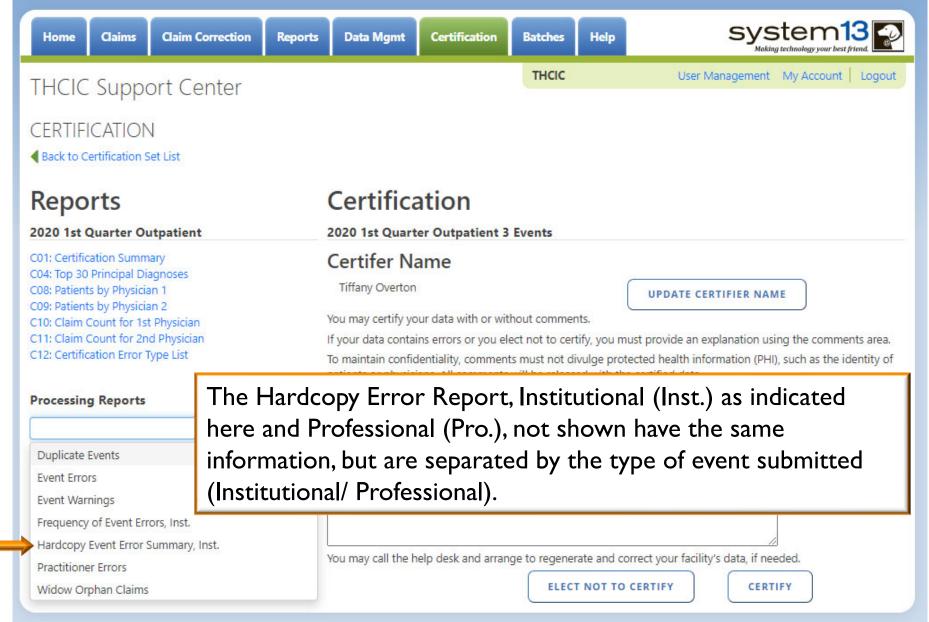
The 837 format utilizes 'Qualifier' codes to identify or characterize various health information data elements. Invalid or missing Qualifier codes may cause data to be omitted from a claim or result in improper placement of the data.

Error Summary

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

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

Processing Reports - Hardcopy Error Report, Institutional /Professional





Processing Reports - Hardcopy Error Report, Institutional /Professional

Hardcopy Claims Error Summary Report (Outpatient-Professional)

Date: Date Report Ran

THCIC: 000005 System13

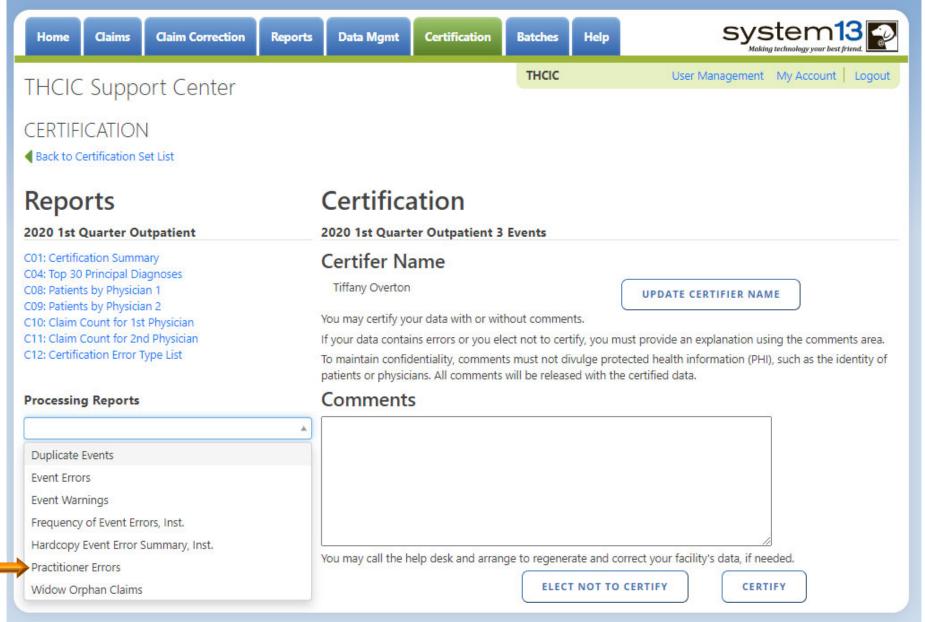
Error List

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

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



Processing Reports Practitioner Errors





Processing Reports Practitioner Errors

Texas Health Care Information Collection Unidentified Physician ID Summary Report System13

Date: Date Report Ran

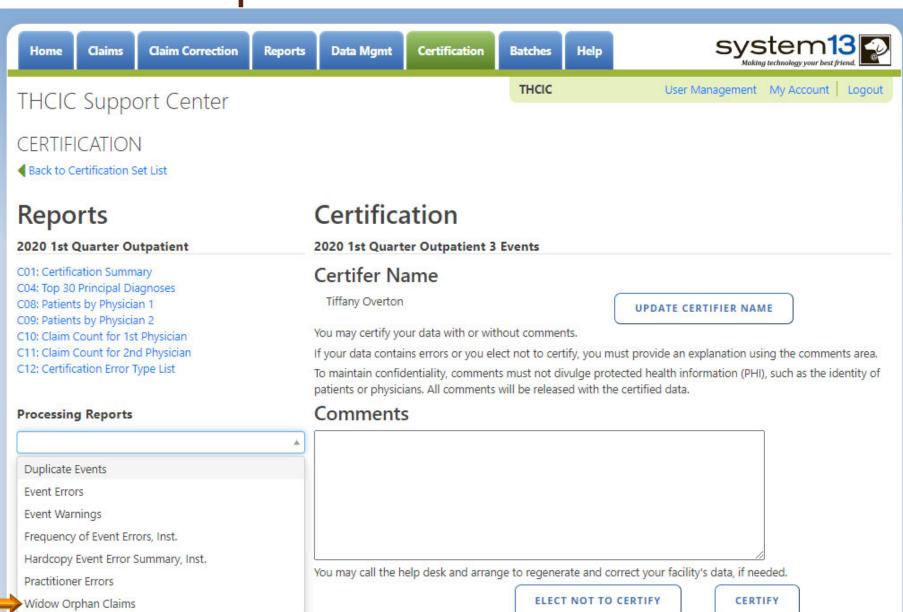
THCIC: 000005 System13

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

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



Processing Reports Widow Orphan Claims





Processing Reports Widow Orphan Claims

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

THCIC: 000005 Date: Date Report Ran

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

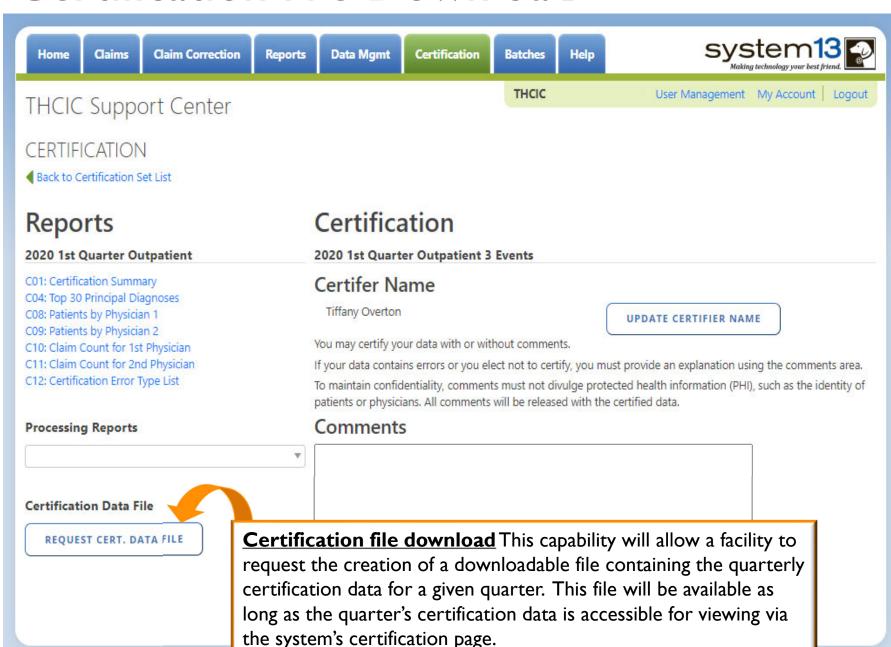
A message code is listed beside each claim indicating the reason that the encounter was not completed. Actions to be taken regarding these messages: If the patient was not discharged during the quarter, then nothing needs to be done. If the patient was discharged during the quarter, please ensure that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

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

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

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







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

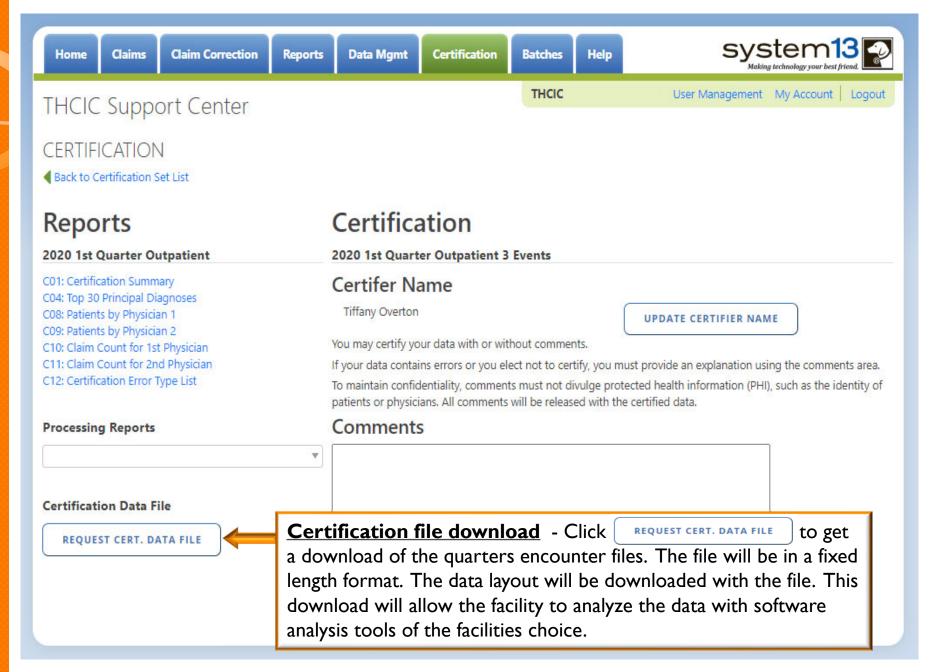
The file will be in a fixed length format and the data layout will be downloaded with the file. This will allow a facility to analyze the data with software analysis tools of the facilities choice.

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 as a facility administrator or a certifier specification can initiate the certification file download and not just the provider primary contact/data administrator for the facility.

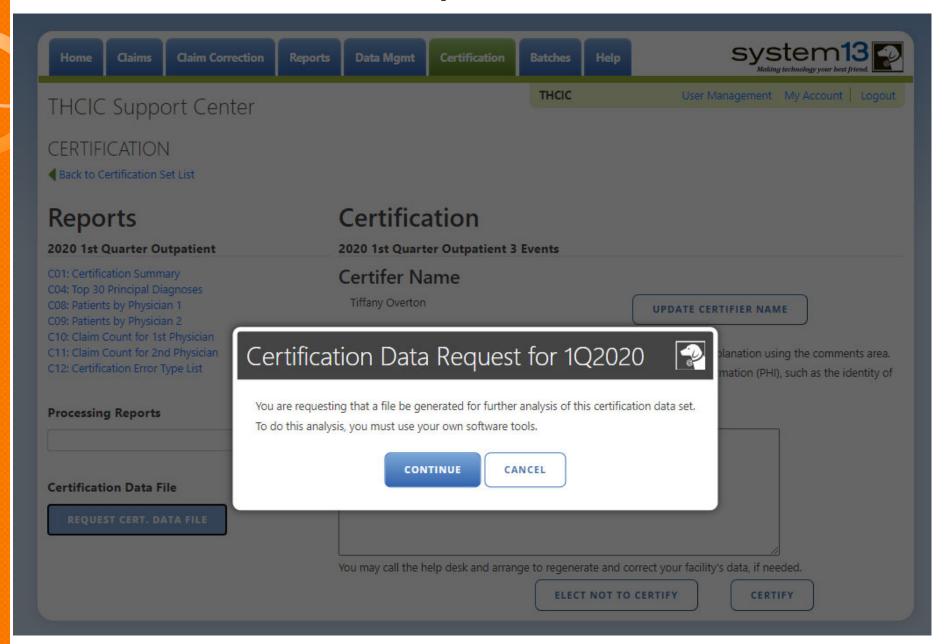
The file will be available for downloading for 30 days. The download file will be removed from the system after 30 days from the date of the download file creation.

There will be a fee if a facility requests this file again after the 30 day review period. If a facility would like another creation of this file, there will be a fee accessed through System I 3. It is important that the file is downloaded within 30 days of requesting its creation to avoid any fees.

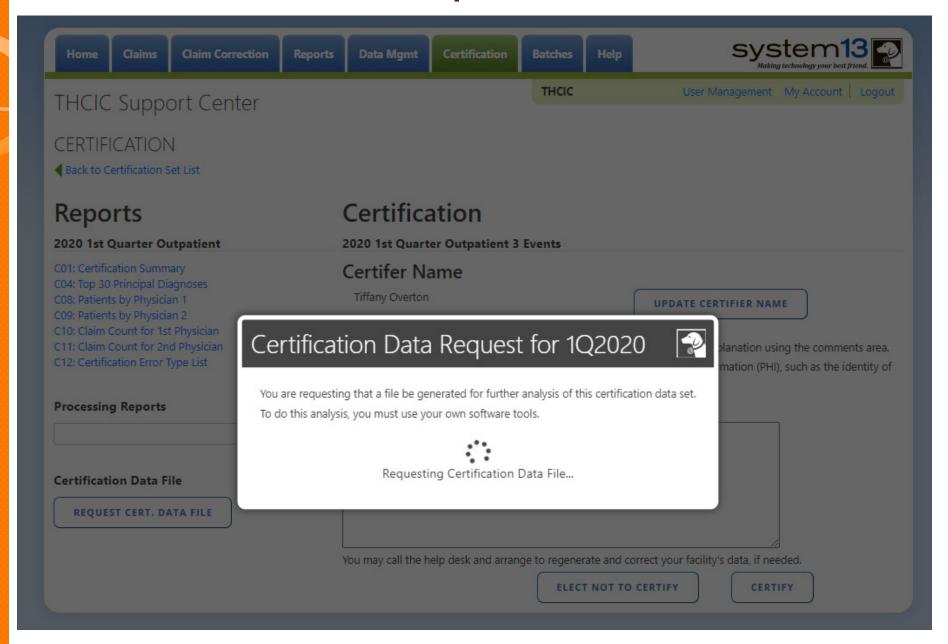




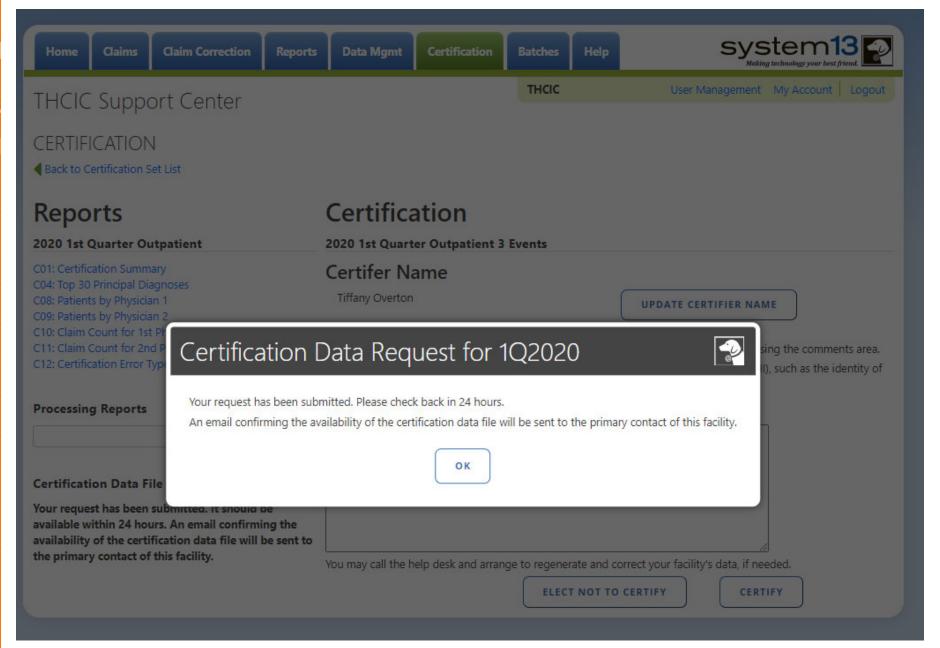




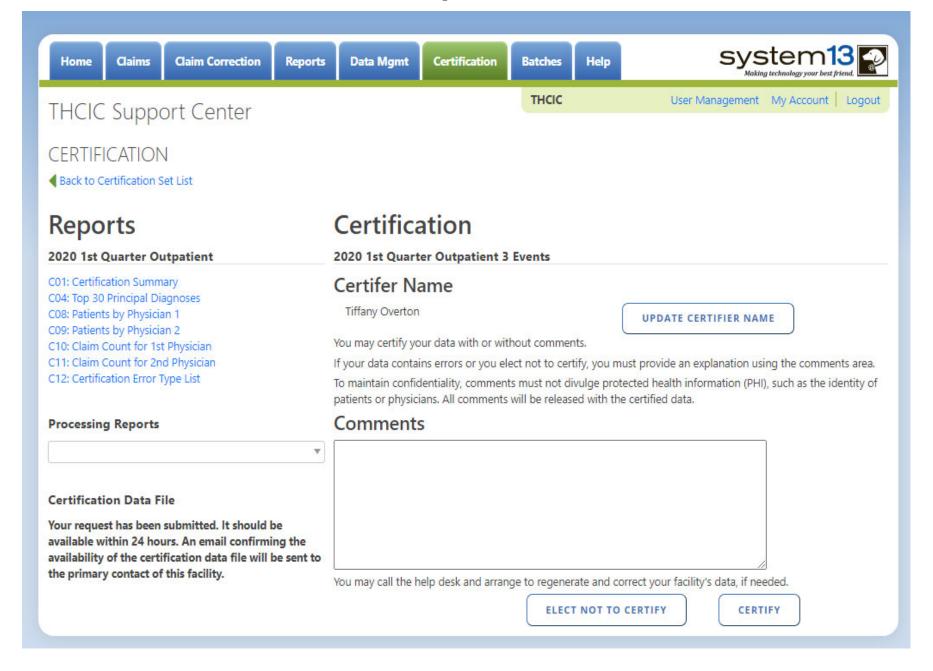




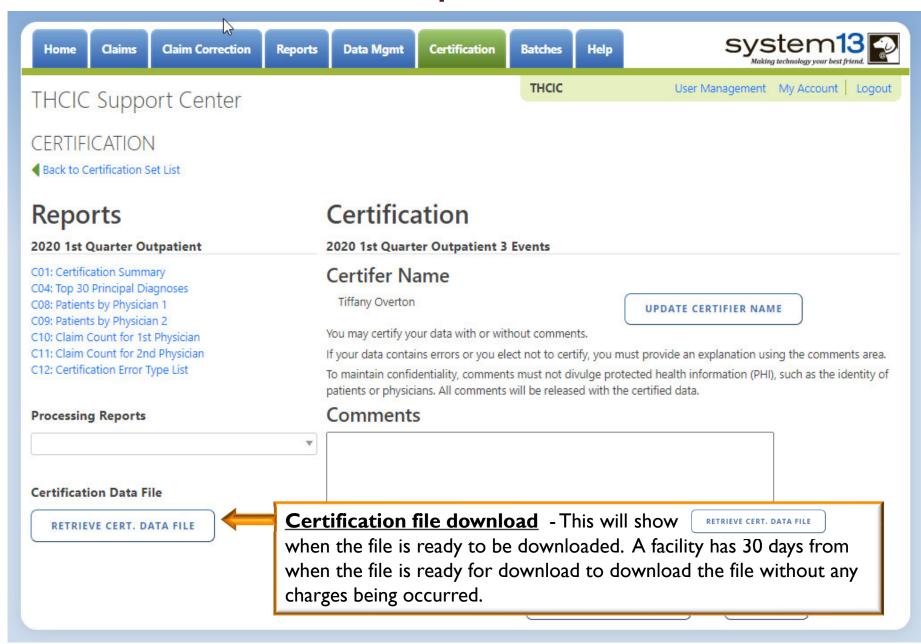






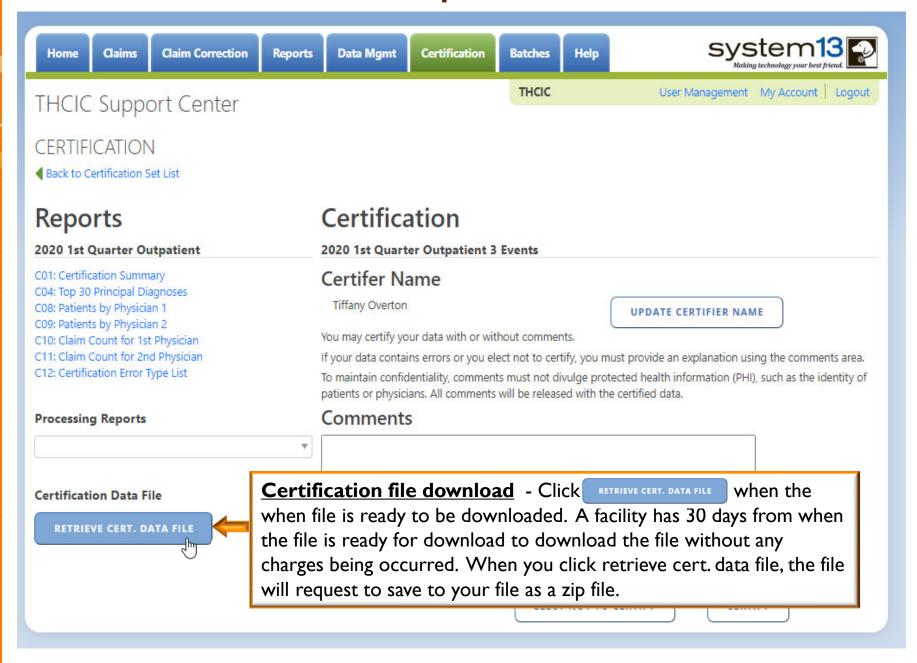




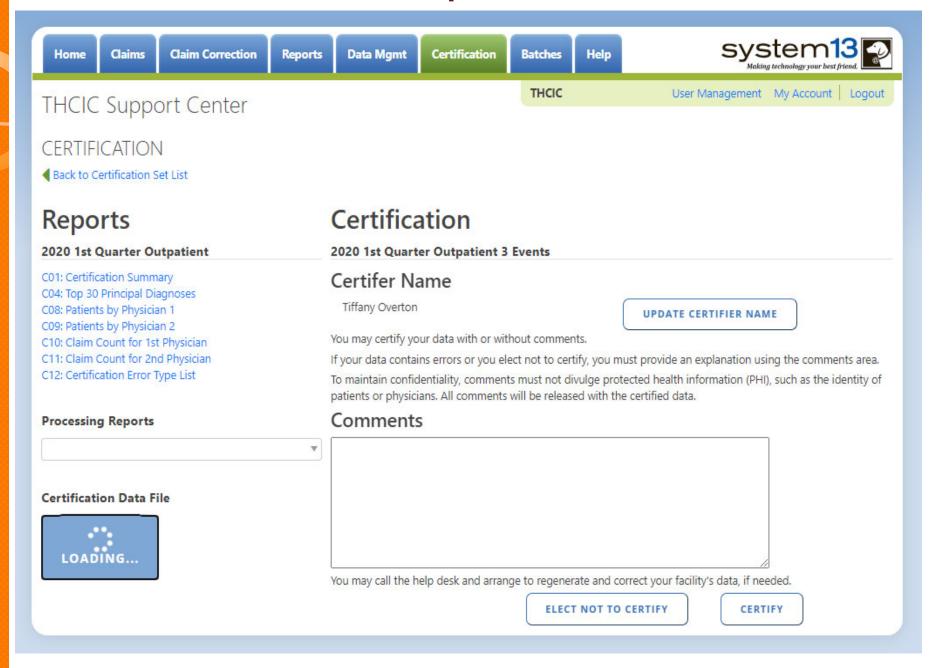






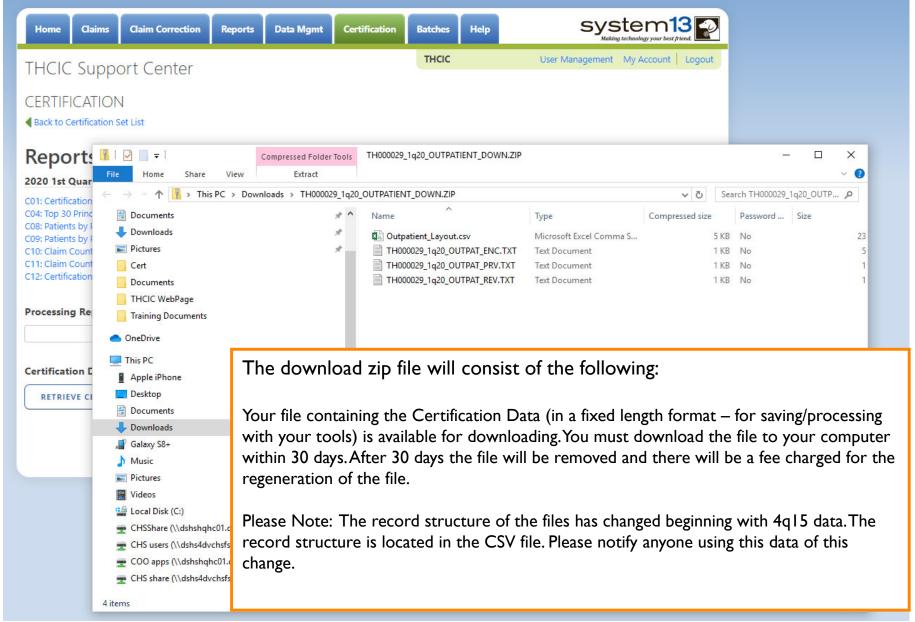








Certification File Download Zip File Download





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.

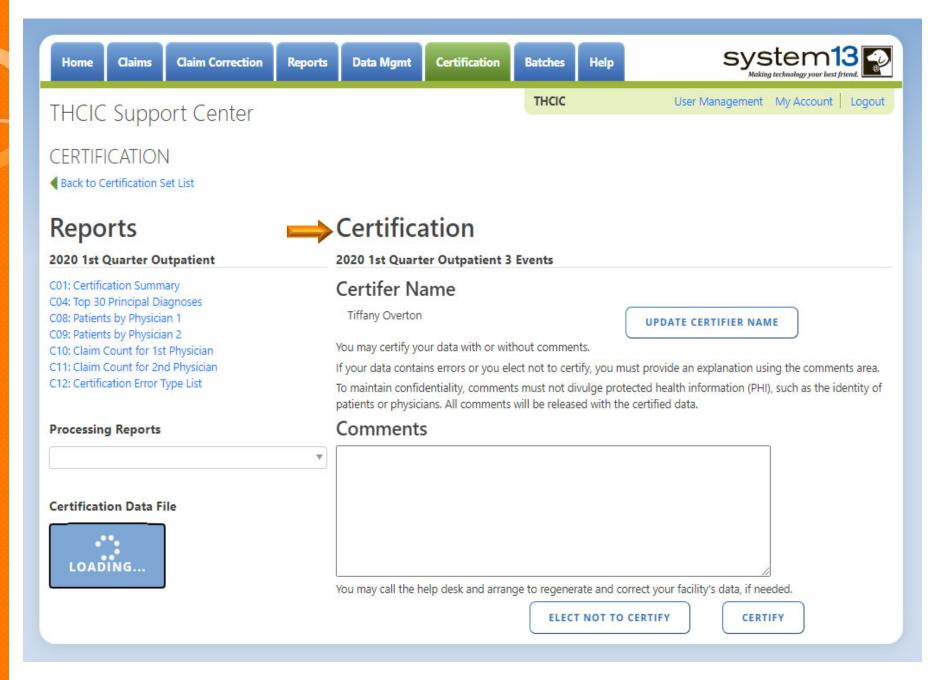
This will allow the facility to analyze the data with software analysis tools of the facilities choice.

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

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

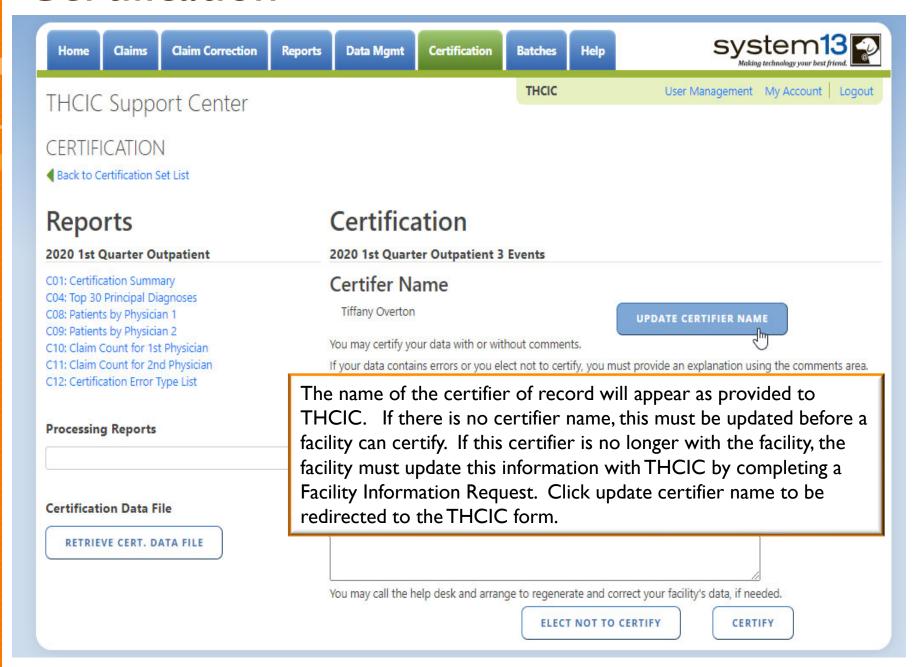


Certification



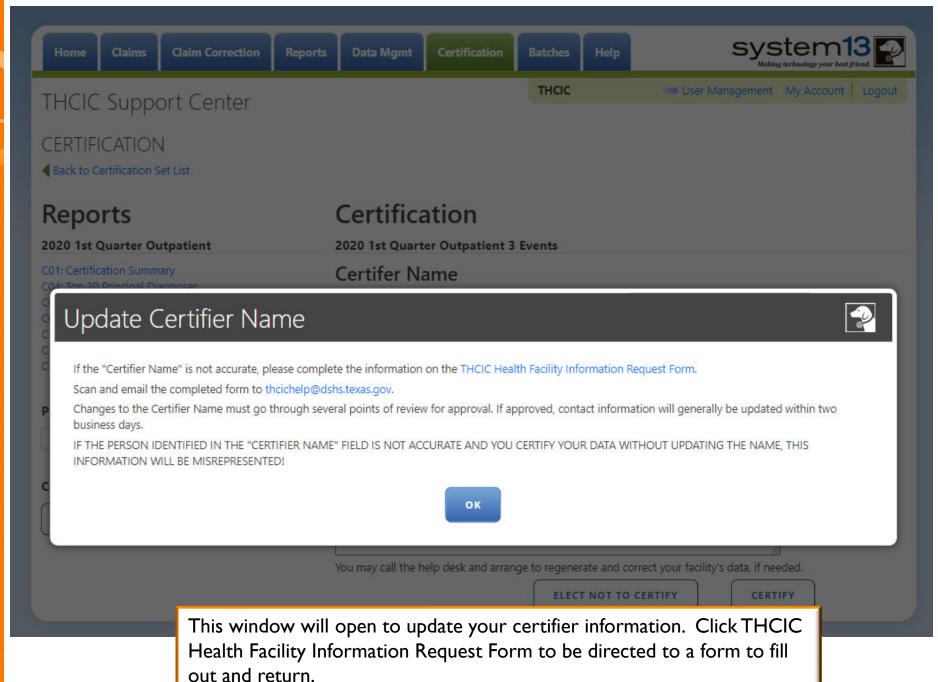


Certification





Update Certifier Name





Changes at the time of Certification

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

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





Certification Options

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



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

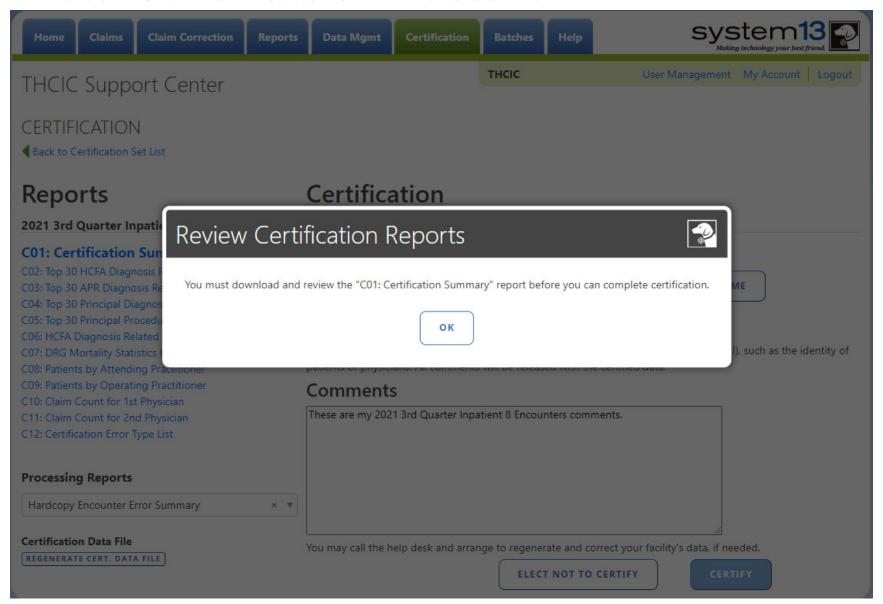
COMMENTS. PLEASE TYPE FACILITY COMMENTS
IN THE COMMENT ON THE CERTIFICATION PAGE.

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

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



New Certification Feature



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



Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

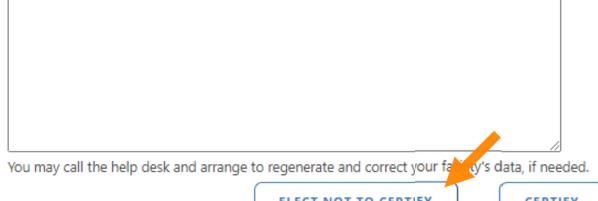
UPDATE CERTIFIER NAME

You may certify your data with or without comments.

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

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

Comments

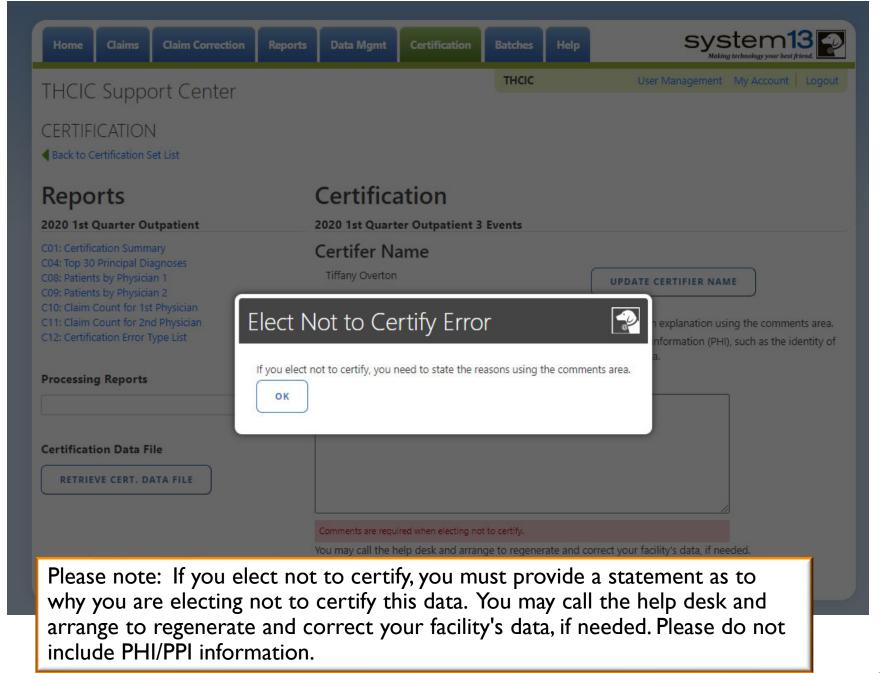


ELECT NOT TO CERTIFY

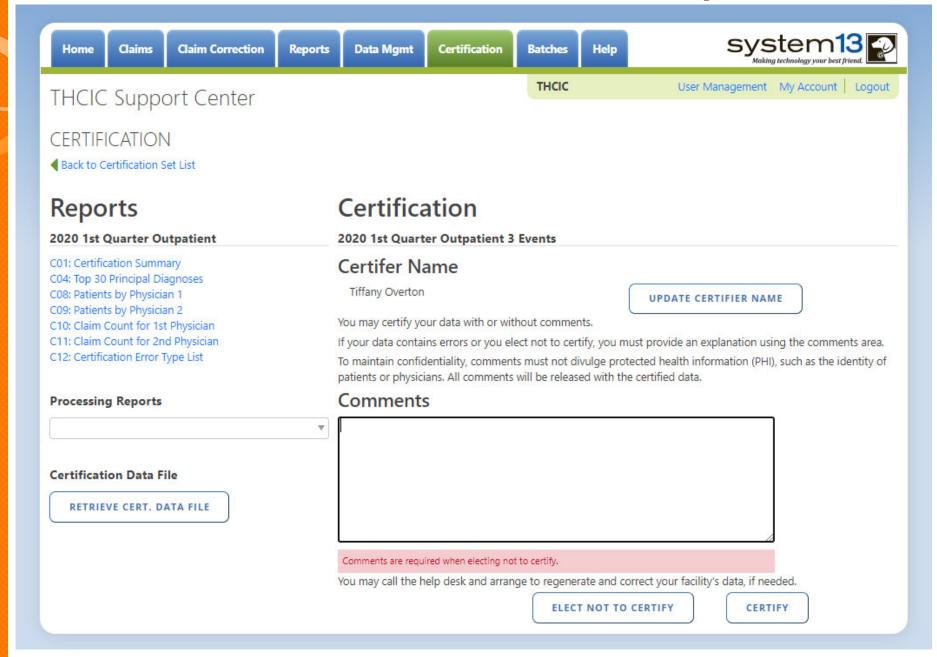
CERTIFY

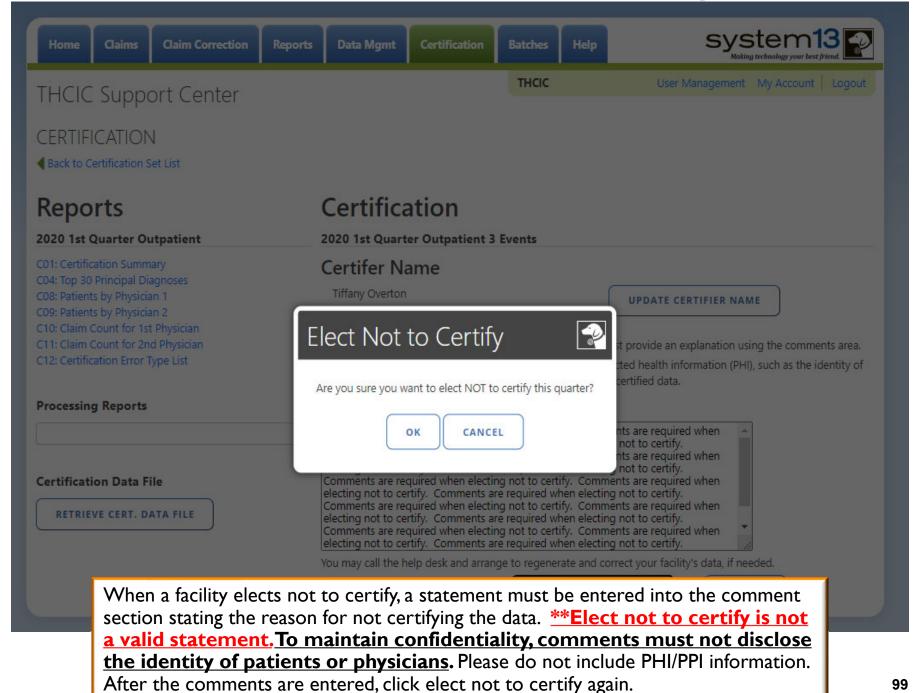
A facility can elect not to certify if a facility is unable to complete the certification process due to circumstances outside of the facility's control or facility refuses to certify the data. Please be advised electing not to certify does not prevent the data from being placed in the Public Use Data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



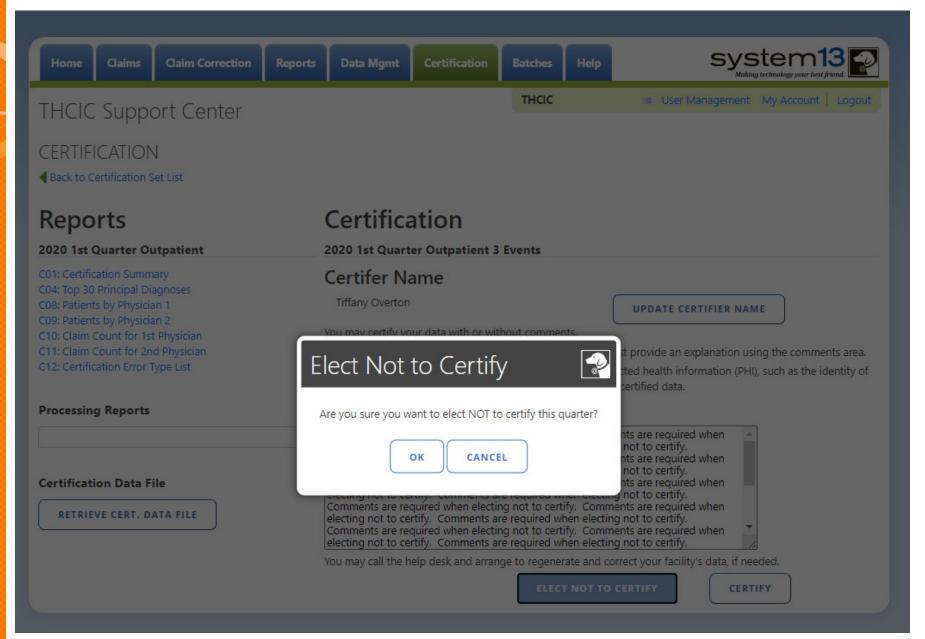




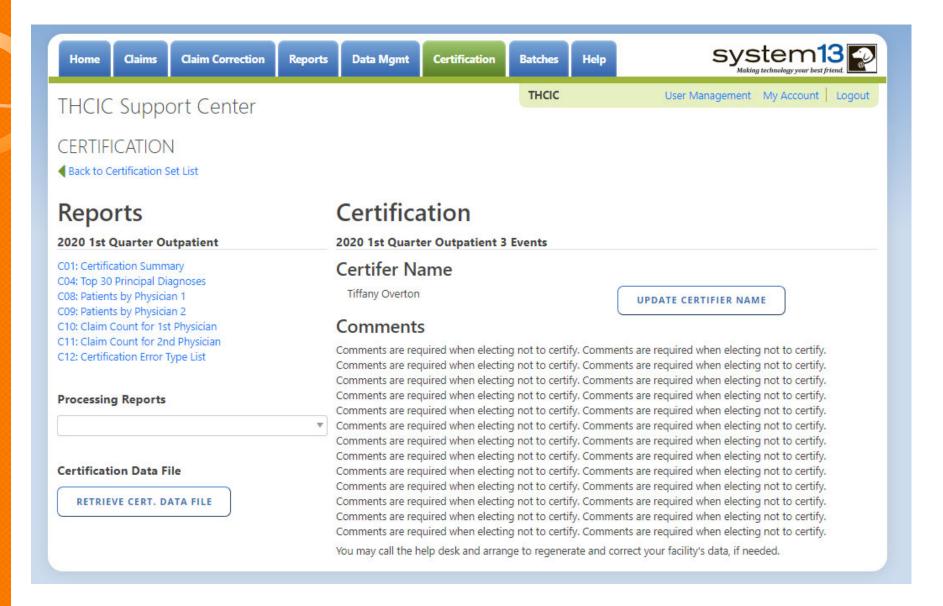




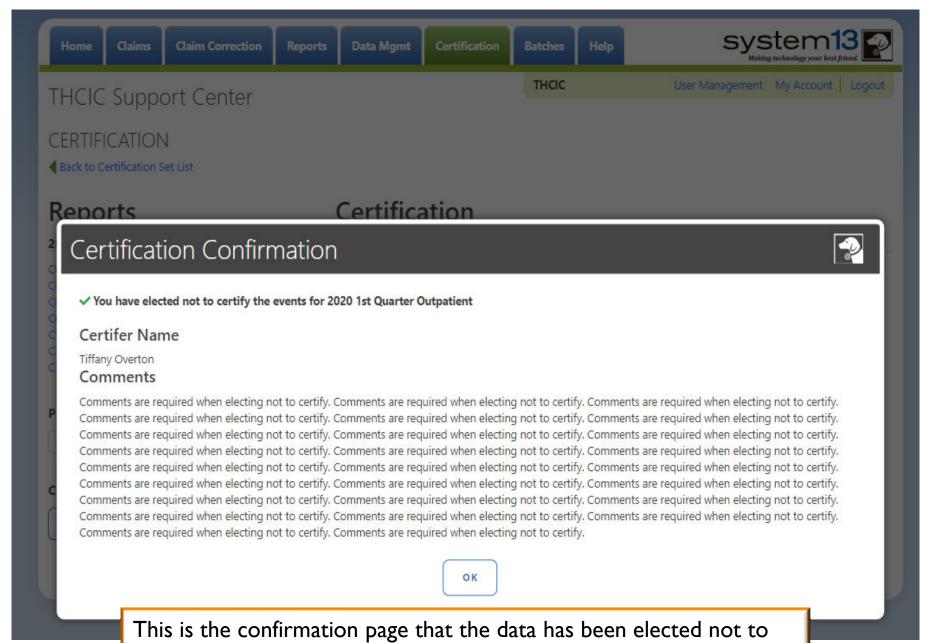








Confirmation - Elect Not to Certify



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

Confirmation - Elect Not to Certify Email Confirmation



Wed 6/17/2020 9:45 AM

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

THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

To Overton, Tiffany (DSHS

🚹 We removed extra line breaks from this message.

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

Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

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

Thank you.

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



Certification – Certify

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

You may certify your data with or without comments.

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

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

Comments



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

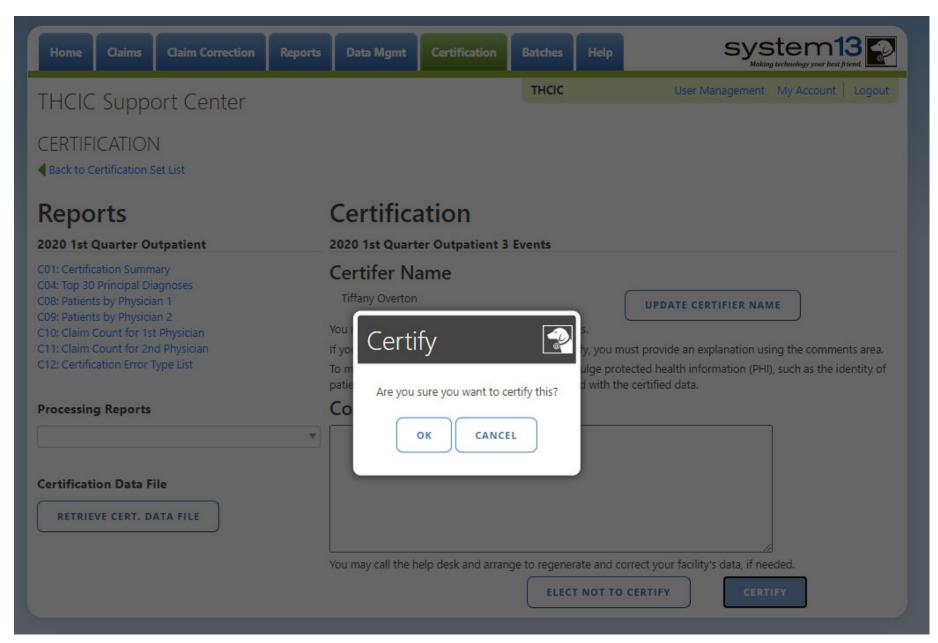
ELECT NOT TO CERTIFY

CERTIFY

Click certify. This certifies that the data is accurate "as is."

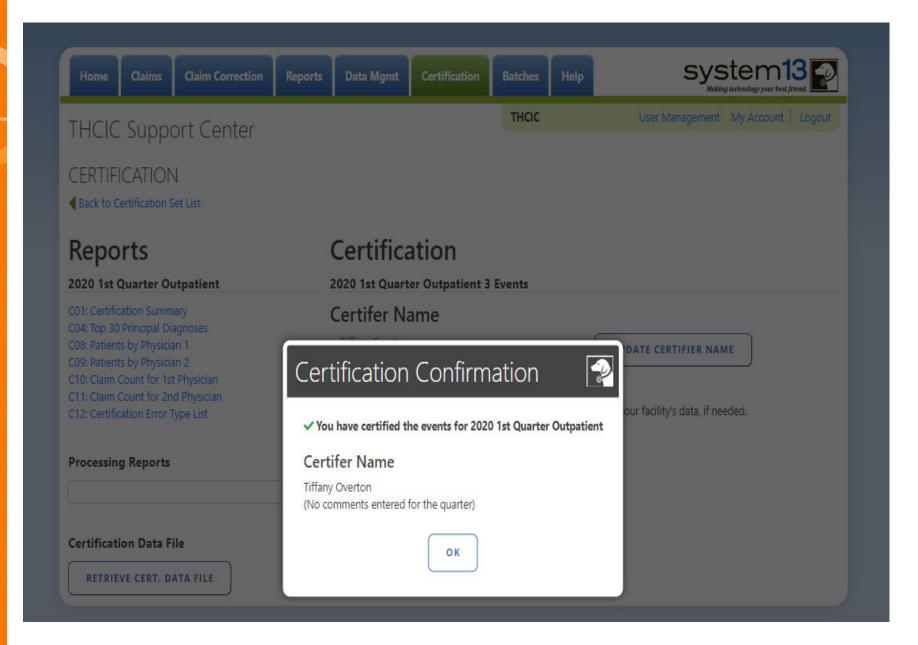








Certification - Certify



Confirmation - Certify Email Confirmation



Wed 6/17/2020 9:46 AM

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

THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

To Overton. Tiffany (DSHS

🚺 We removed extra line breaks from this message.

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

Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

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

Thank you.

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



Certification – Certify With Comments

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

You may certify your data with or without comments.

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

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

Comments



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

ELECT NOT TO CERTIFY

CERTIFY

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

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

You may certify your data with or without comments.

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

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



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

ELECT NOT TO CERTIFY

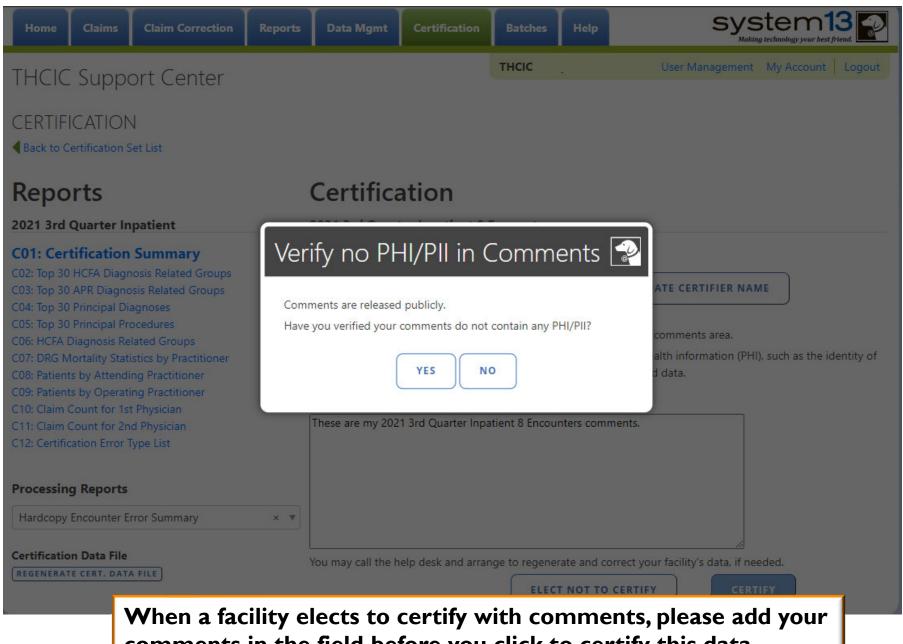
CERTIFY

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

PLEASE NOTE:

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

Certification – Certify With Comments



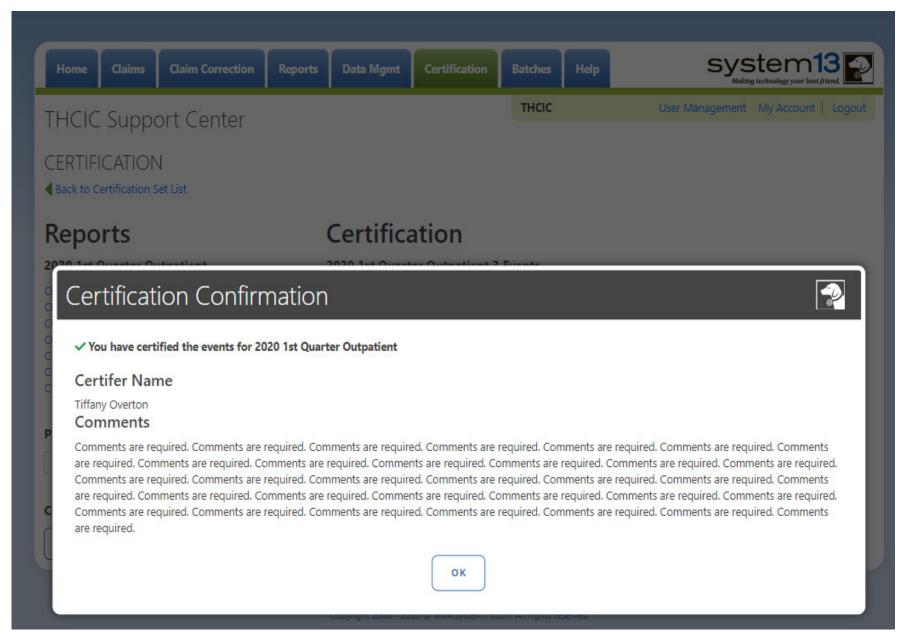
TEXAS
Health and Huma
Services

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

Comments cannot contain PHI/PII information.



Certification – Certify With Comments



Confirmation - Certify With Comments Email Confirmation



Wed 6/17/2020 9:46 AM

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

THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

To Overton, Tiffany (DSHS

f We removed extra line breaks from this message.

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Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

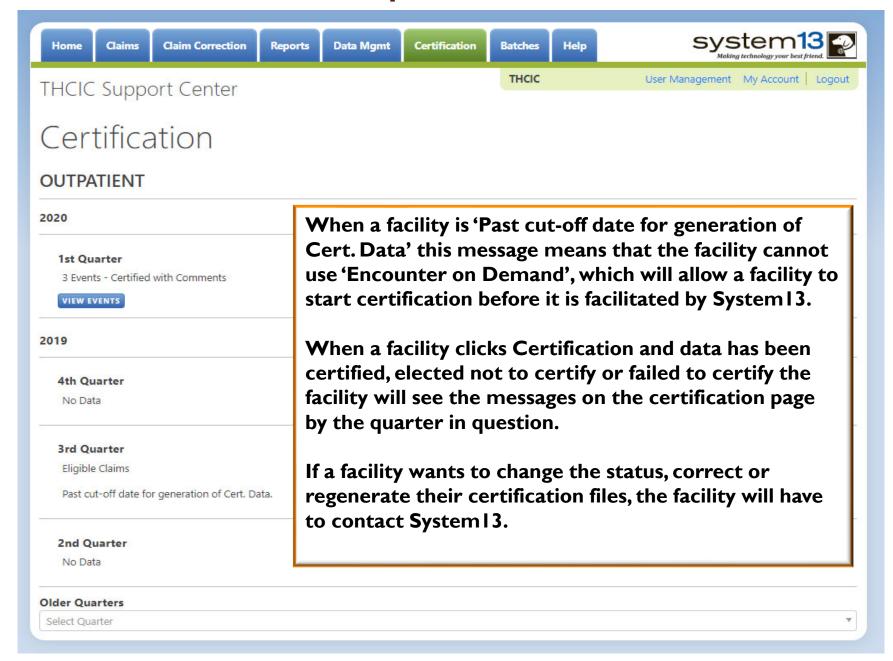
Your facility, THCIC Id 000029, has completed the certification of their Outpatient 1Q2020 data.

Thank you.

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

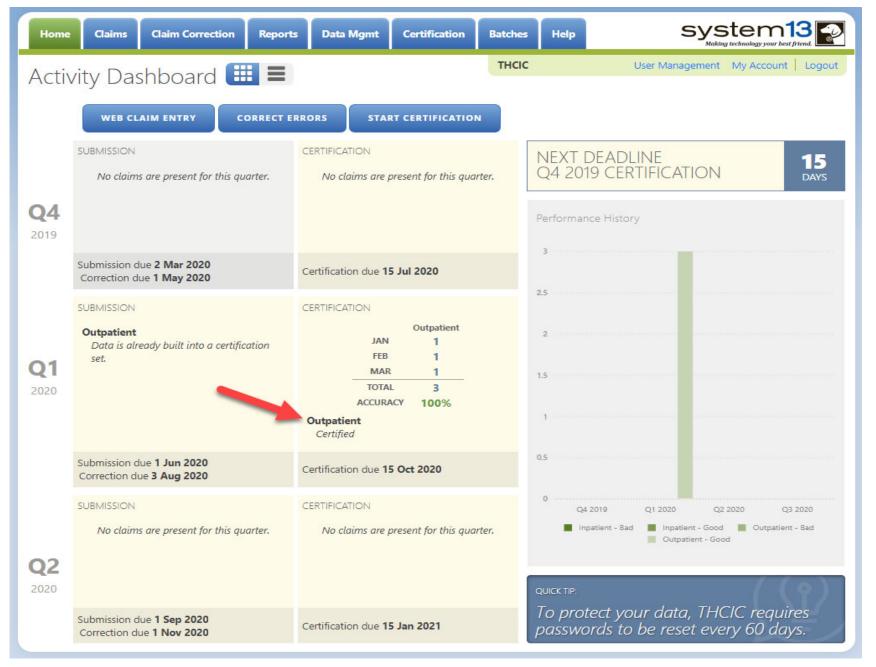


Certification Completed/ Status



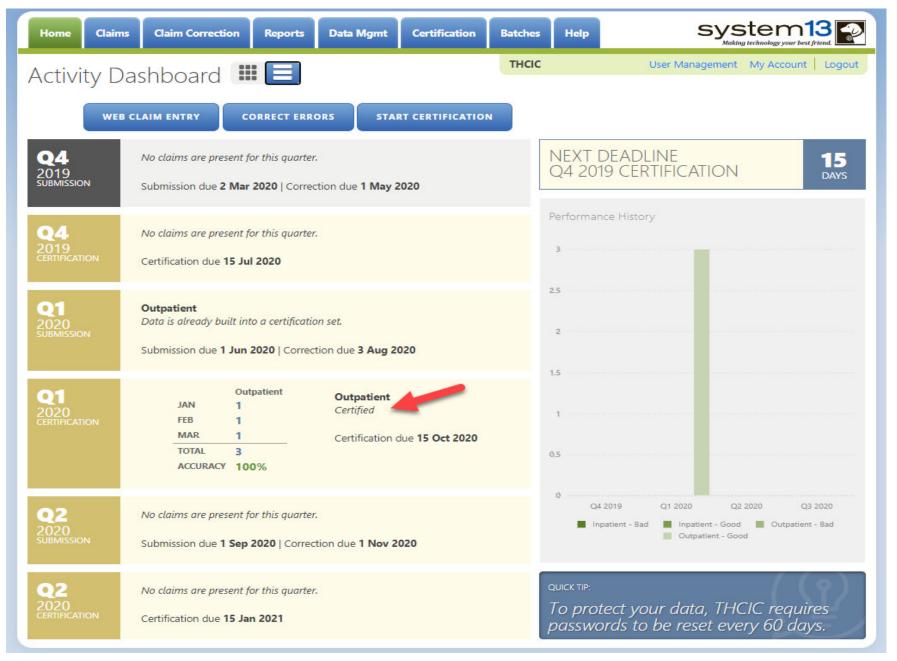


Certification Completed/ Activity Dashboard – Grid View





Certification Completed/ Activity Dashboard – List View







Certification Tips

- Suggestions on how to provide physician certification review.
 - 1 Involve physicians sooner in the data review process.
 - Provide reports to physicians when data is submitted to THCIC or sooner.
 - Recruit physician advocates.
 - Note that better fit the facility organization's personality.
- Suggestions on researching mapping problems.
 - If a facility is using a vendor, contact the vendor to see if problem has already been reported.
 - If a facility is not using a vendor, the facility must check with their Information Systems department and have them check their programs.
 - X Look at submission reports for skews.



Certification

Questions/ Comments



Questions, comments or need clarification please e-mail



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



THCIC Contact



Texas Health Care Information Collection

Dept of State Health Services – Center for Health
Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756

Phone: 512- 776-7261

E-mail: THCIChelp@dshs.texas.gov

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



THCIC Contact

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





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