

Department of State Health Services
Center for Health Statistics
Texas Health Care Information Collection

Outpatient Claim Correction

(Formerly WebCorrect)

Revised February 2022



THCIC System

System13, Inc. / THCIC Web - Windows Internet Explorer

https://thcic.system13.com/user_session/new

File Edit View Favorites Tools Help

Convert Select

Favorites System13, Inc. / THCIC Web

Log into the System13 system at
<https://thcic.system13.com>

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

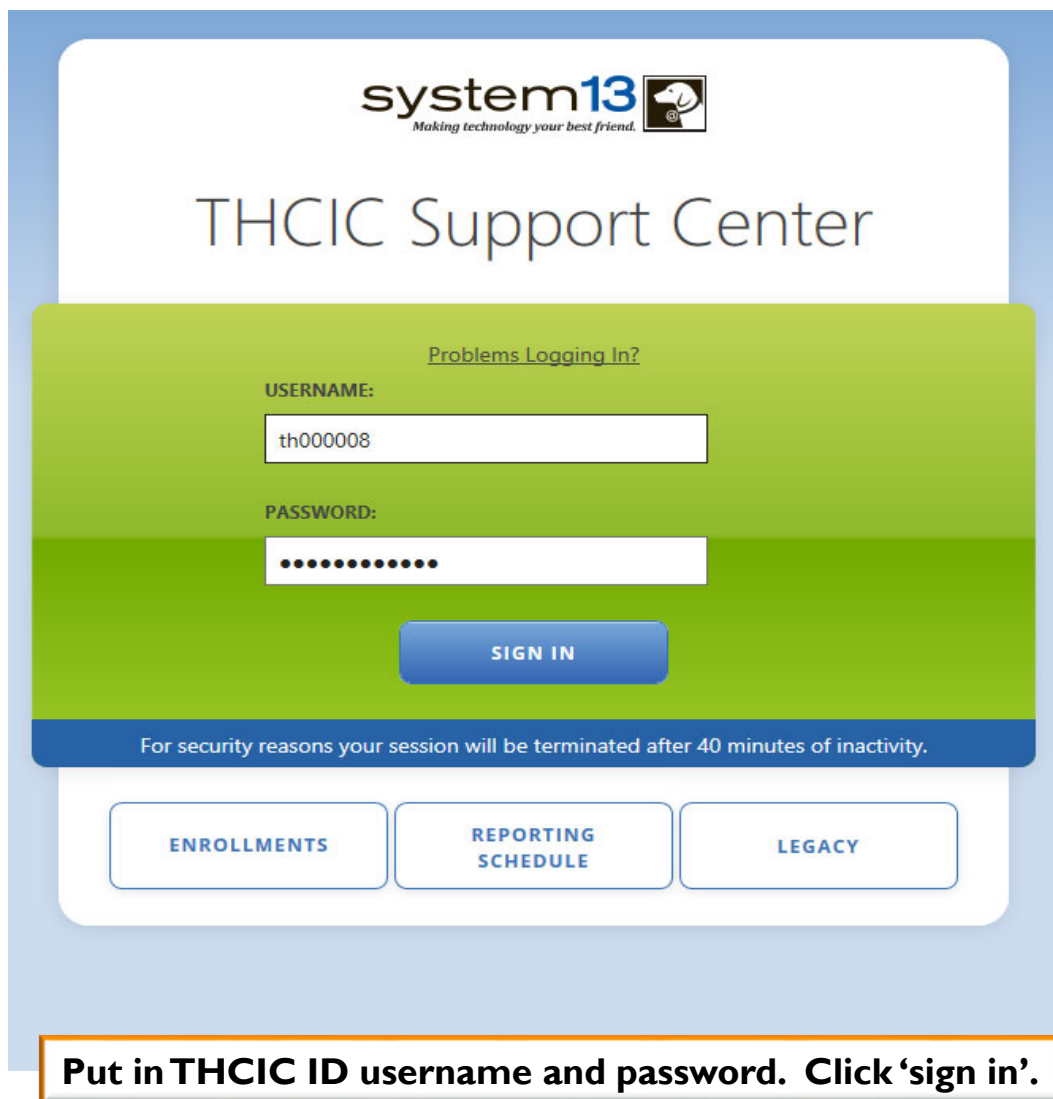
PASSWORD:


SIGN IN

For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE** **LEGACY**

Log In the System as a Provider



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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

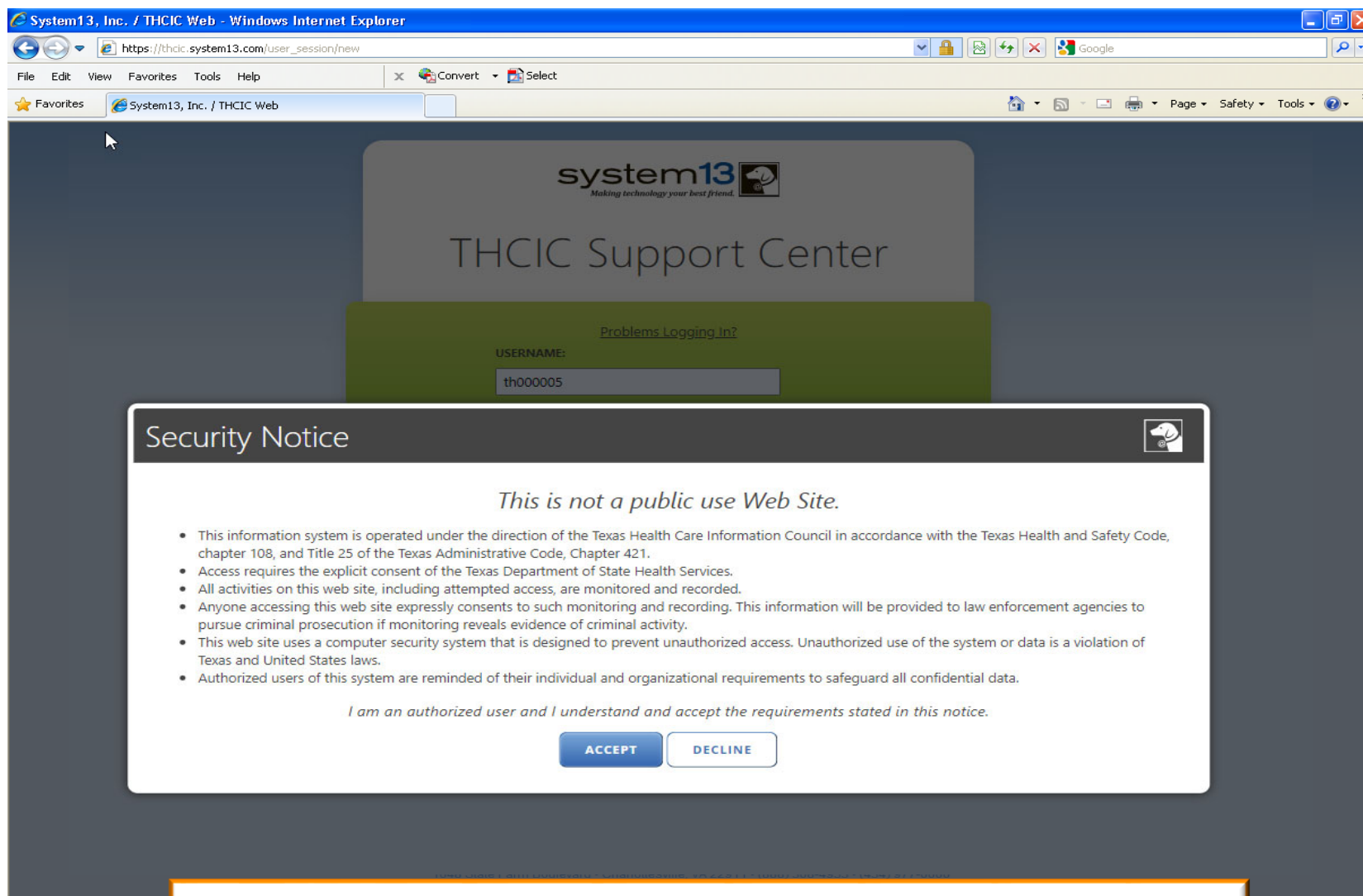
SIGN IN

For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE** **LEGACY**

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

Security Notice



System13, Inc. / THCIC Web - Windows Internet Explorer

https://thcic.system13.com/user_session/new

File Edit View Favorites Tools Help

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Problems Logging In?

USERNAME:
th000005

Security Notice

This is not a public use Web Site.

- This information system is operated under the direction of the Texas Health Care Information Council in accordance with the Texas Health and Safety Code, chapter 108, and Title 25 of the Texas Administrative Code, Chapter 421.
- Access requires the explicit consent of the Texas Department of State Health Services.
- All activities on this web site, including attempted access, are monitored and recorded.
- Anyone accessing this web site expressly consents to such monitoring and recording. This information will be provided to law enforcement agencies to pursue criminal prosecution if monitoring reveals evidence of criminal activity.
- This web site uses a computer security system that is designed to prevent unauthorized access. Unauthorized use of the system or data is a violation of Texas and United States laws.
- Authorized users of this system are reminded of their individual and organizational requirements to safeguard all confidential data.

I am an authorized user and I understand and accept the requirements stated in this notice.

ACCEPT **DECLINE**

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.

Data Reporting Schedule



When are my
submissions due?

The complete data reporting schedule is available at
<http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>



TEXAS
Health and Human
Services

Texas Department of State
Health Services

HOME ABOUT DSHS NEWS I AM A... MOST POPULAR RESOURCES ONLINE SERVICES CONTACT US

About THCIC

Contact THCIC Staff

Facility Reporting Requirements

General Public Information

Health Data Researcher Information

Statutes and Rules

Texas Health Data

Center for Health Statistics (CHS) and
other DSHS Data

Mailing Address

THCIC
Dept. of State Health Services
Center for Health Statistics, MC 1898
PO Box 149347
Austin, Texas 78714-9347

Location

Moreton Building, M-660
1100 West 49th Street
Austin, TX 78756

Phone: 512-776-7261

Fax: 512-776-7740

Email: thcichelp@dshs.texas.gov

Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

In response to Coronavirus (COVID-19) emergency requirements THCIC staff will have limited access to providing responses and data requests.

Activity	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Cutoff for initial submission	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23
Cutoff for corrections (Free)	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23	11-1-23
Facilities retrieve certification files	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23	12-1-24
Cutoff for corrections at time of certification (Associated Fees)	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-3-23	10-2-23	1-2-24
Certification/comments due	4-15-22	7-15-22	10-17-22	1-17-23	4-17-23	7-17-23	10-16-23	1-16-24

The reporting schedule is a rule driven schedule, under [Chapter 421](#), Title 25, Part 1 of the Texas Administrative Code, Subchapter D, [RULE 5421.66](#). 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.



Last updated January 25, 2022



TEXAS
Health and Human
Services

Texas Department of State
Health Services

New Provider Dashboard

- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.
- A graph of historical claim 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.
- Two views. Activity Dashboard  



Provider Home Page – Grid View



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Services

Texas Department of State
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[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
[Batches](#)
[Help](#)

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Activity Dashboard

THCIC
 [User Management](#)
[My Account](#)
[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q3
2021

SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2021**
 Correction due **1 Feb 2022**

CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.

Certification due **15 Apr 2022**

Q4
2021

SUBMISSION

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

Submission due **1 Mar 2022**
 Correction due **2 May 2022**

CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Jul 2022**

Q1
2022

SUBMISSION

No claims are present for this quarter.

Submission due **1 Jun 2022**
 Correction due **1 Aug 2022**

CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

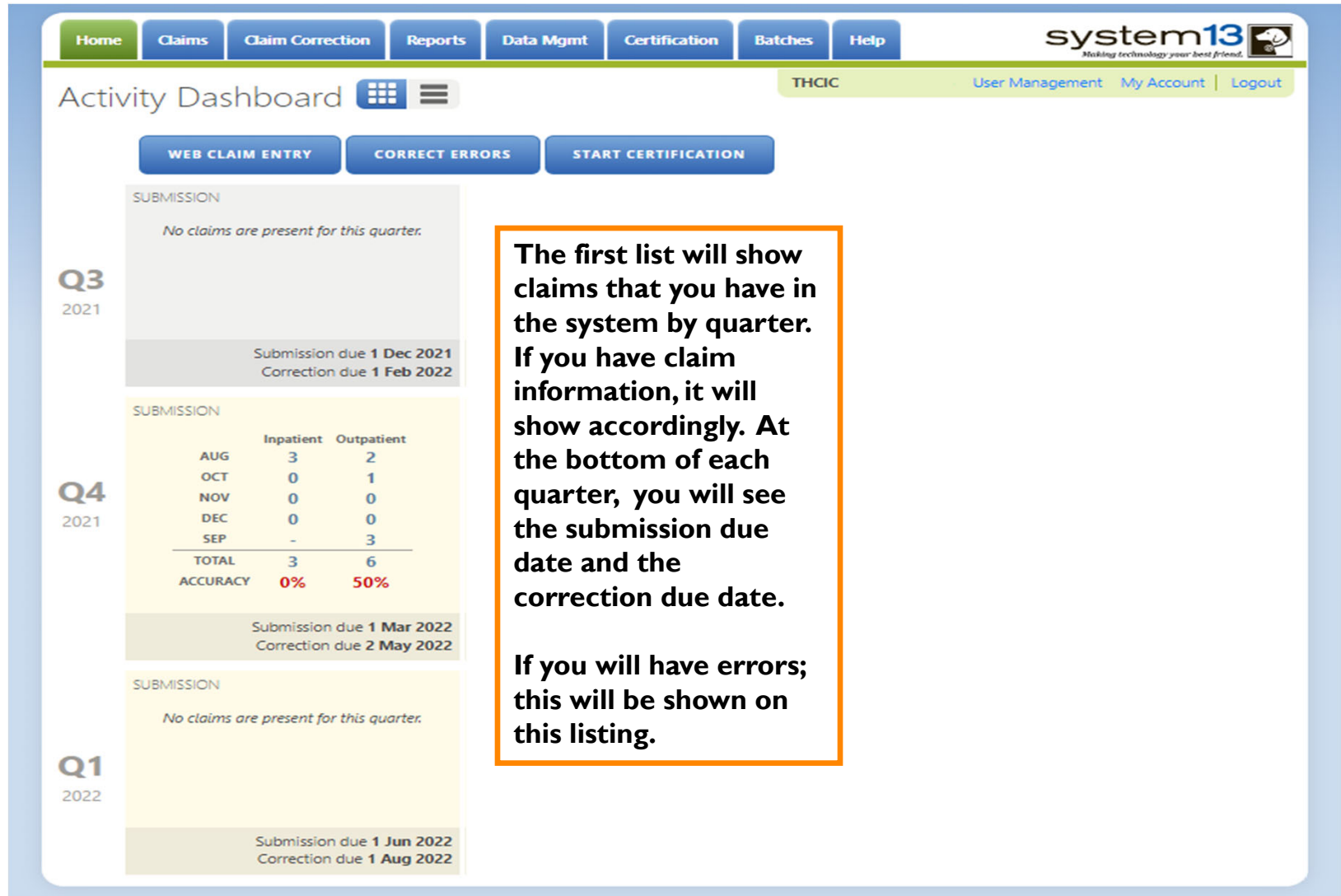
Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	3	2	0	0
Q3 2021	0	1	0	0
Q4 2021	0	0	0	0
Q1 2022	0	0	0	0

QUICK TIP:
 Primary contacts can click the 'User Management' link to create and manage additional users!

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Provider Home Page – 1st Row



The screenshot displays the 'Provider Home Page - 1st Row' interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner, with the tagline 'Making technology your best friend.' Below the navigation bar, the 'Activity Dashboard' is visible, featuring a grid icon and a hamburger menu icon. To the right of the dashboard, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. Below the dashboard, there are three main sections: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. The first section, 'SUBMISSION', shows 'No claims are present for this quarter.' for Q3 2021. The second section, 'SUBMISSION', shows a table of claims for Q4 2021. The table has columns for 'Inpatient' and 'Outpatient' and rows for 'AUG', 'OCT', 'NOV', 'DEC', 'SEP', and 'TOTAL'. The 'TOTAL' row shows 3 inpatient and 6 outpatient claims. The 'ACCURACY' row shows 0% for inpatient and 50% for outpatient. The third section, 'SUBMISSION', shows 'No claims are present for this quarter.' for Q1 2022. A text box on the right side of the dashboard provides additional information: 'The first list will show claims that you have in the system by quarter. If you have claim information, it will show accordingly. At the bottom of each quarter, you will see the submission due date and the correction due date. If you will have errors; this will be shown on this listing.'

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

SUBMISSION

No claims are present for this quarter.

Q3
2021

Submission due 1 Dec 2021
Correction due 1 Feb 2022

SUBMISSION

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

Submission due 1 Mar 2022
Correction due 2 May 2022

SUBMISSION

No claims are present for this quarter.

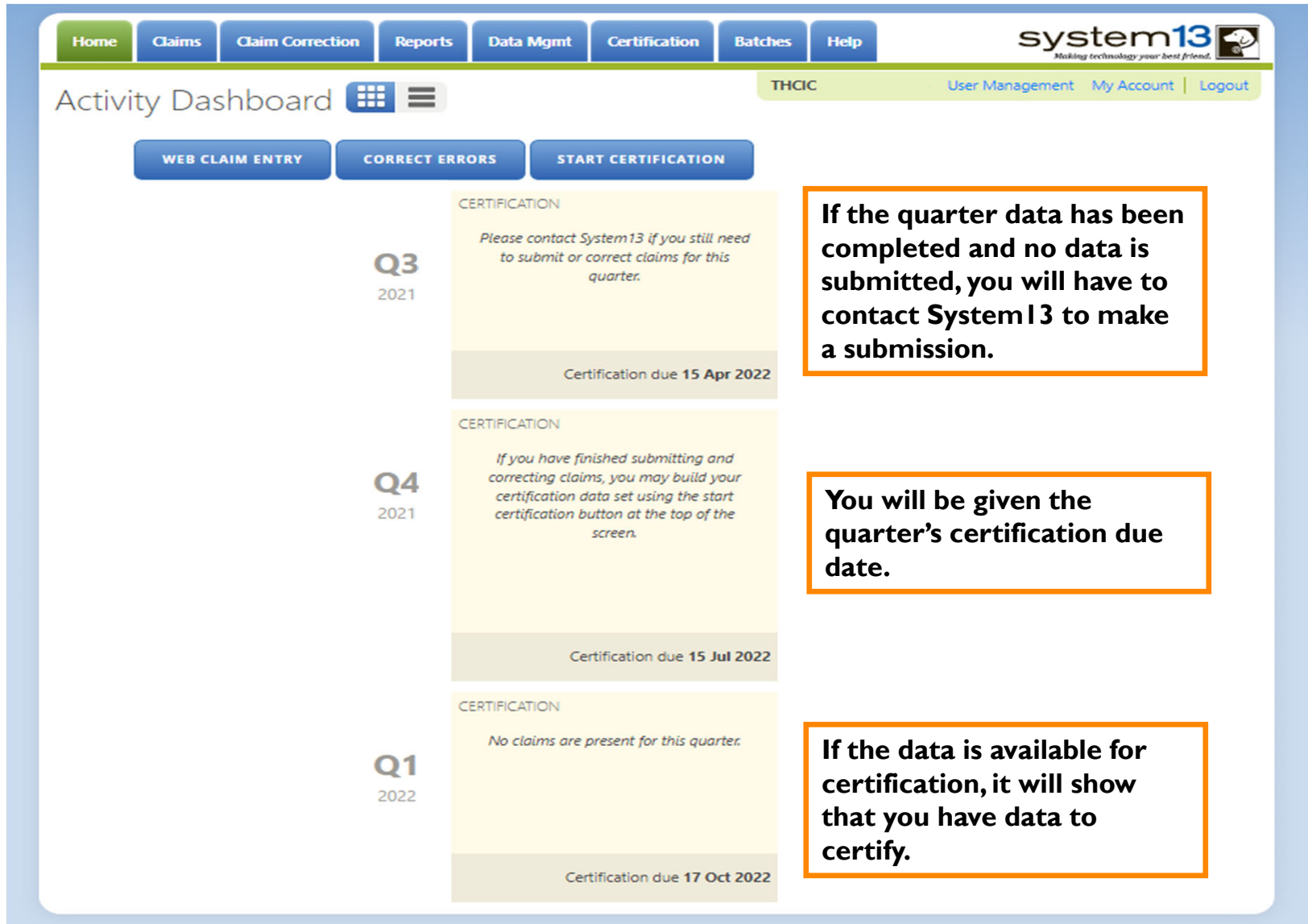
Q1
2022

Submission due 1 Jun 2022
Correction due 1 Aug 2022

The first list will show claims that you have in the system by quarter. If you have claim information, it will show accordingly. At the bottom of each quarter, you will see the submission due date and the correction due date.

If you will have errors; this will be shown on this listing.

Provider Home Page – 2nd Row



The screenshot shows the 'Activity Dashboard' section of the System13 provider portal. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below this, the 'Activity Dashboard' title is followed by a grid icon and a hamburger menu icon. To the right of the title are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. Below the title, there are three main buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. The dashboard displays three rows of information for quarters Q3 2021, Q4 2021, and Q1 2022. Each row has a 'CERTIFICATION' section with instructions and a 'Certification due' date. To the right of each row, there is an orange-bordered box with additional instructions.

Quarter	Certification Instructions	Certification Due Date	Additional Instructions
Q3 2021	Please contact System13 if you still need to submit or correct claims for this quarter.	15 Apr 2022	If the quarter data has been completed and no data is submitted, you will have to contact System13 to make a submission.
Q4 2021	If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.	15 Jul 2022	You will be given the quarter's certification due date.
Q1 2022	No claims are present for this quarter.	17 Oct 2022	If the data is available for certification, it will show that you have data to certify.

Provider Home Page – 3rd Row

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Q3
2021

Q4
2021

Q1
2022

Next Deadline
Q4 2021 SUBMISSION
A MONTH

Performance History

3
2.5
2
1.5
1
0.5
0

Q2 2021 Q3 2021 Q4 2021 Q1 2022

Inpatient - Bad Inpatient - Good Outpatient - Bad
Inpatient - Good Outpatient - Good

QUICK TIP:
Primary contacts can click the 'User Management' link to create and manage additional users!

Health and Human Services Texas Department of State Health Services

Provider Home Page – List View

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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Activity Dashboard  

THCIC [User Management](#) [My Account](#) [Logout](#)

[WEB CLAIM ENTRY](#) [CORRECT ERRORS](#) [START CERTIFICATION](#)

Q3 2021 SUBMISSION

No claims are present for this quarter.
Submission due **1 Dec 2021** | Correction due **1 Feb 2022**

Q3 2021 CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

	Inpatient	Outpatient	
AUG	3	2	Submission due 1 Mar 2022 Correction due 2 May 2022
OCT	0	1	
NOV	0	0	
DEC	0	0	
SEP	-	3	
TOTAL	3	6	
ACCURACY	0%	50%	

Q4 2021 CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2022**

Q1 2022 SUBMISSION

No claims are present for this quarter.
Submission due **1 Jun 2022** | Correction due **1 Aug 2022**

Q1 2022 CERTIFICATION

No claims are present for this quarter.
Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A MONTH

Performance History



Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad
Q2 2021	3	0	0
Q3 2021	3	0	0
Q4 2021	3	0	0
Q1 2022	3	0	0

QUICK TIP:

Primary contacts can click the 'User Management' link to create and manage additional users!

 **TEXAS**
Health and Human
ServicesTexas Department of State
Health Services

Provider Home Page – 1st Row

The screenshot displays the System13 Provider Home Page. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The System13 logo is in the top right corner. Below the navigation bar is the Activity Dashboard, which features three main buttons: WEB CLAIM ENTRY, CORRECT ERRORS, and START CERTIFICATION. The dashboard is organized into a grid of cards for different quarters and submission/certification dates. The first row shows Q3 2021 SUBMISSION and Q3 2021 CERTIFICATION. The second row shows Q4 2021 SUBMISSION with a table of inpatient and outpatient claims for various months, and Q4 2021 CERTIFICATION. The third row shows Q1 2022 SUBMISSION and Q1 2022 CERTIFICATION. The bottom row shows Q1 2022 SUBMISSION and Q1 2022 CERTIFICATION. The bottom of the page features the Health and Human Services logo and the Texas Department of State Health Services logo.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Q3 2021 SUBMISSION
No claims are present for this quarter.
Submission due 1 Dec 2021 | Correction due 1 Feb 2022

Q3 2021 CERTIFICATION
Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due 15 Apr 2022

Q4 2021 SUBMISSION

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

Submission due 1 Mar 2022 |
Correction due 2 May 2022

Q4 2021 CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due 15 Jul 2022

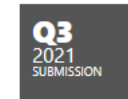
Q1 2022 SUBMISSION
No claims are present for this quarter.
Submission due 1 Jun 2022 | Correction due 1 Aug 2022

Q1 2022 CERTIFICATION
No claims are present for this quarter.
Certification due 17 Oct 2022

Health and Human Services Texas Department of State Health Services

The first list will show claims that you have in the system by quarter, the second row will show the certification date.

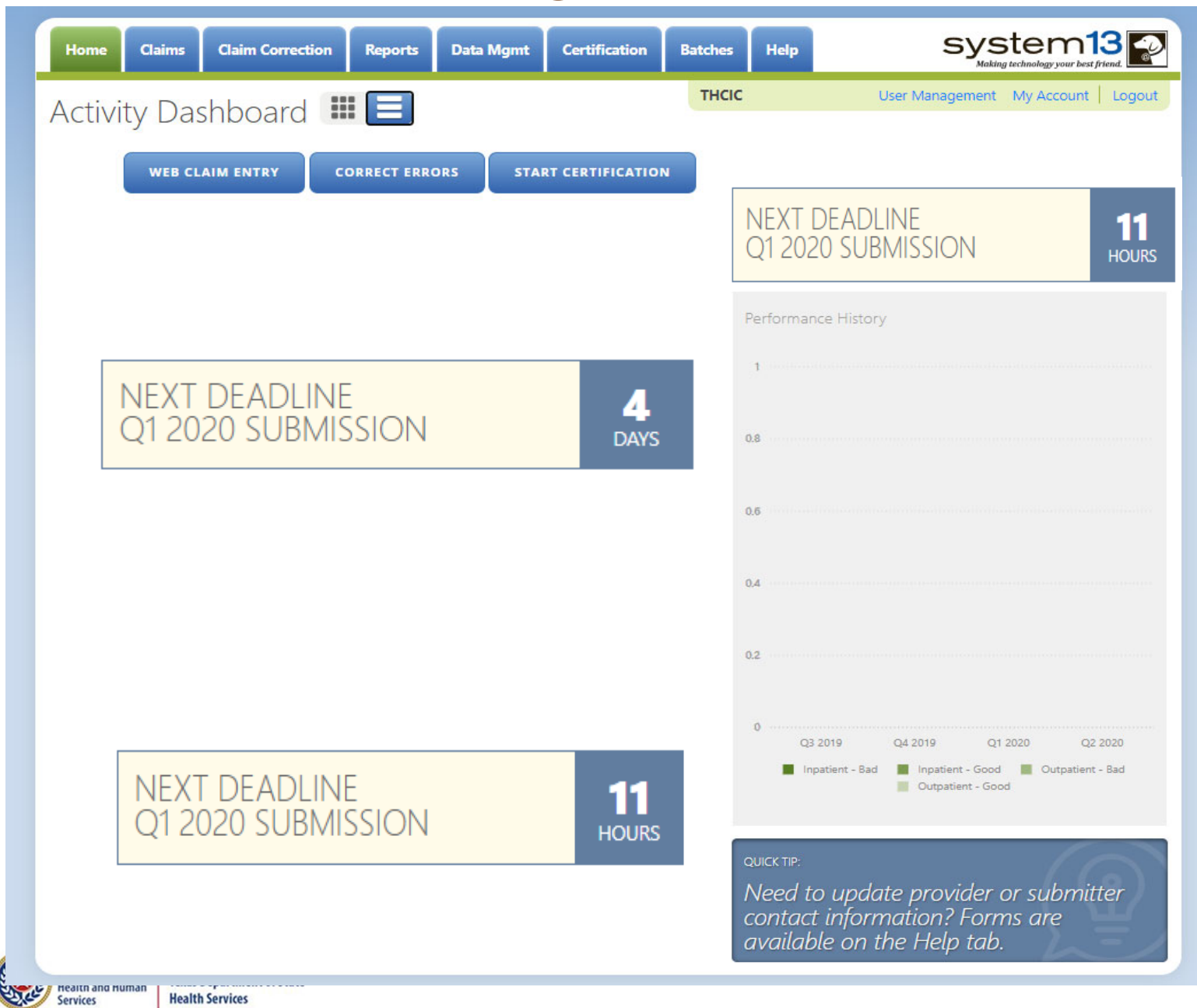
If you have claim information, it will show accordingly. At the bottom of each quarter, you will see the submission due date, correction due date.



The certification due date will be by the quarter.



Provider Home Page – 2nd Row



The screenshot displays the 'Provider Home Page - 2nd Row' of the system13 interface. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo and tagline 'Making technology your best friend.' are on the right, along with links for User Management, My Account, and Logout. The main content area is titled 'Activity Dashboard' and features three primary buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. Below these, three large yellow boxes indicate 'NEXT DEADLINE Q1 2020 SUBMISSION' with remaining times of 11 HOURS, 4 DAYS, and 11 HOURS. To the right, a 'Performance History' section shows a line chart with data points for Q3 2019, Q4 2019, Q1 2020, and Q2 2020, categorized by Inpatient - Bad, Inpatient - Good, and Outpatient - Bad. A 'QUICK TIP' box at the bottom right advises updating provider or submitter contact information via the Help tab.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

Activity Dashboard

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

NEXT DEADLINE Q1 2020 SUBMISSION 11 HOURS

NEXT DEADLINE Q1 2020 SUBMISSION 4 DAYS

NEXT DEADLINE Q1 2020 SUBMISSION 11 HOURS

Performance History

1

0.8

0.6

0.4

0.2

0

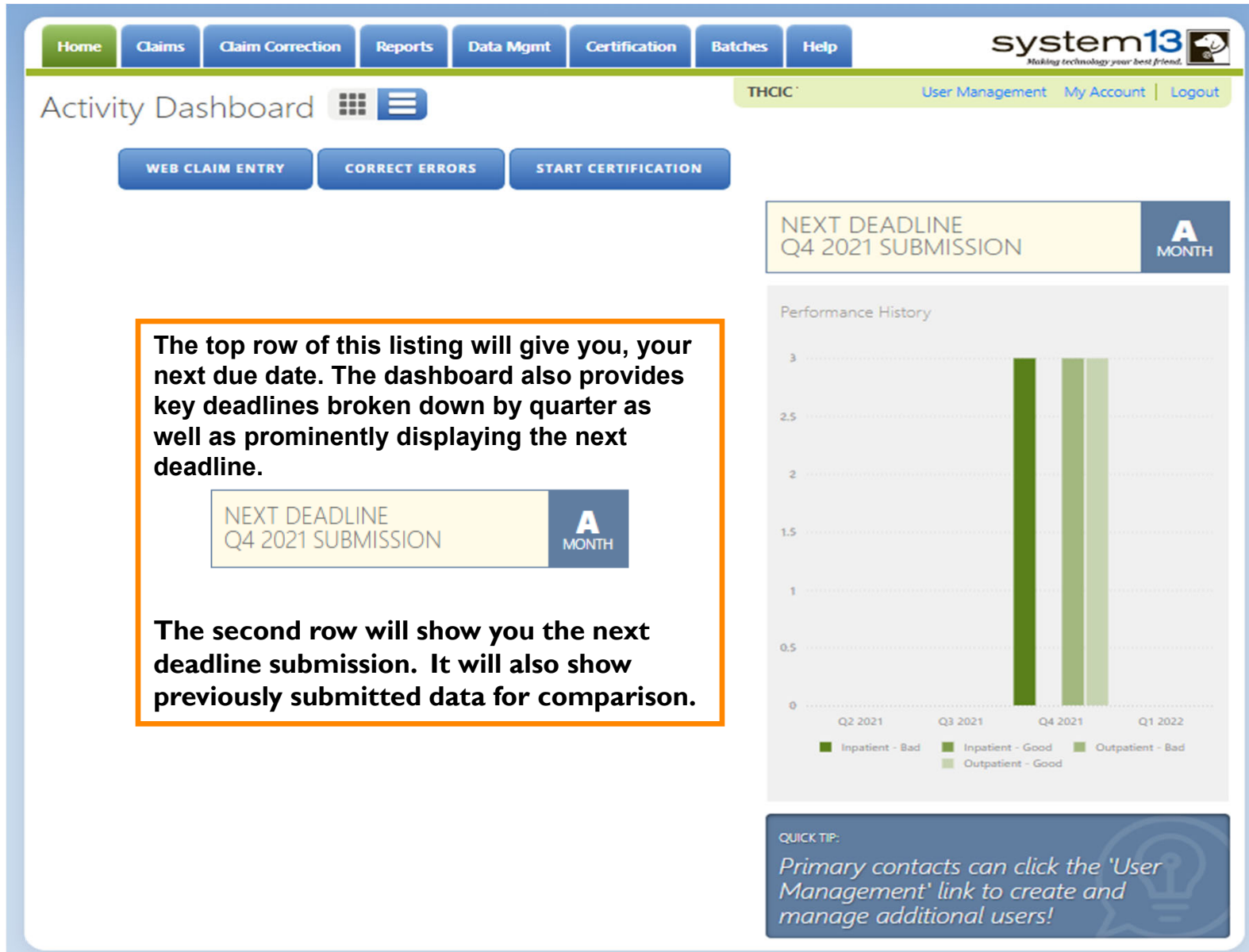
Q3 2019 Q4 2019 Q1 2020 Q2 2020

Inpatient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good

QUICK TIP:
Need to update provider or submitter contact information? Forms are available on the Help tab.

Health and Human Services Health Services

Provider Home Page – 2nd Row



The screenshot displays the 'system13' Provider Home Page. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the 'Activity Dashboard' is visible, featuring a grid icon and a menu icon. Three main action buttons are present: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. On the right side, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area is divided into two sections. The left section, highlighted by an orange border, contains a text box explaining the dashboard's functionality and a callout box showing the 'NEXT DEADLINE Q4 2021 SUBMISSION' with a '1 MONTH' indicator. The right section features a 'Performance History' bar chart showing data for Q2 2021, Q3 2021, Q4 2021, and Q1 2022. The chart uses a color-coded legend: dark green for Inpatient - Bad, medium green for Inpatient - Good, light green for Outpatient - Bad, and very light green for Outpatient - Good. A 'QUICK TIP' box at the bottom right suggests that primary contacts can click the 'User Management' link to create and manage additional users.

Activity Dashboard

[WEB CLAIM ENTRY](#) [CORRECT ERRORS](#) [START CERTIFICATION](#)

THE TOP ROW OF THIS LISTING WILL GIVE YOU, YOUR NEXT DUE DATE. THE DASHBOARD ALSO PROVIDES KEY DEADLINES BROKEN DOWN BY QUARTER AS WELL AS PROMINENTLY DISPLAYING THE NEXT DEADLINE.

NEXT DEADLINE Q4 2021 SUBMISSION **1 MONTH**

THE SECOND ROW WILL SHOW YOU THE NEXT DEADLINE SUBMISSION. IT WILL ALSO SHOW PREVIOUSLY SUBMITTED DATA FOR COMPARISON.

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	3.0	2.5	2.0	1.5
Q3 2021	3.0	2.5	2.0	1.5
Q4 2021	3.0	2.5	2.0	1.5
Q1 2022	3.0	2.5	2.0	1.5

QUICK TIP:
Primary contacts can click the 'User Management' link to create and manage additional users!

Data Management/Primary Contact Provider Home Page

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help

Provider
Tabs

[User Management](#)
[My Account](#)
[Logout](#)

Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Other
Features

Q3 2021

SUBMISSION
No claims are present for this quarter.

CERTIFICATION
Please contact System13 if you still need to submit or correct claims for this quarter.

Submission due **1 Dec 2021**
Correction due **1 Feb 2022**

Q4 2021

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Submission due **1 Mar 2022**
Correction due **2 May 2022**

Q1 2022

SUBMISSION
No claims are present for this quarter.

CERTIFICATION
No claims are present for this quarter.

Submission due **1 Jun 2022**
Correction due **1 Aug 2022**

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

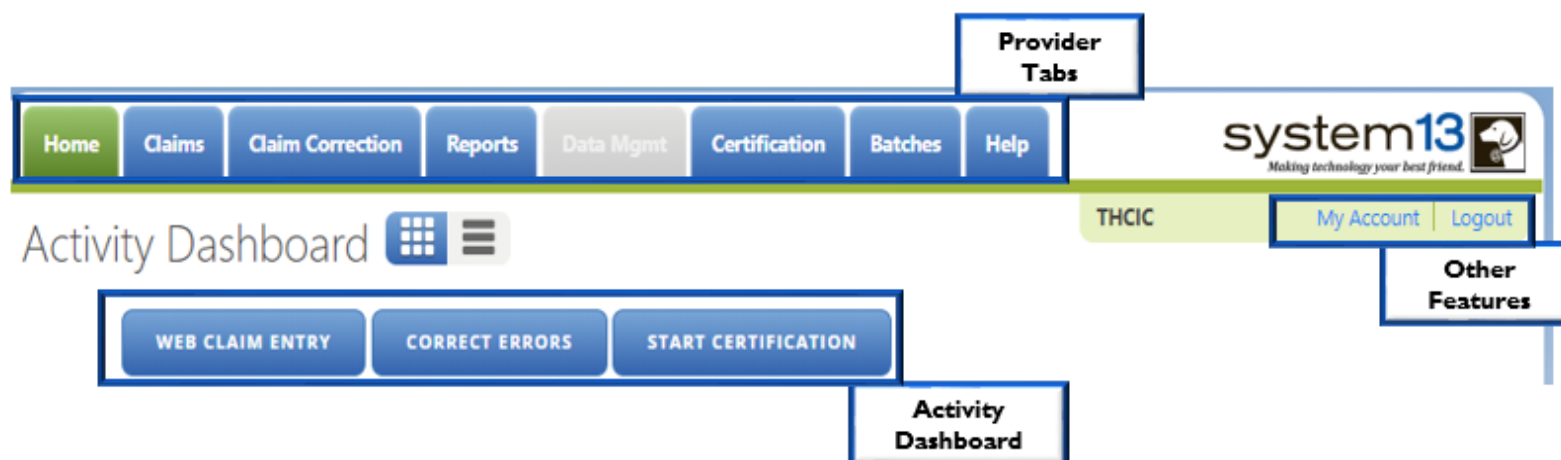
Performance History

Legend: ■ Inpatient - Bad ■ Inpatient - Good ■ Outpatient - Bad ■ Outpatient - Good

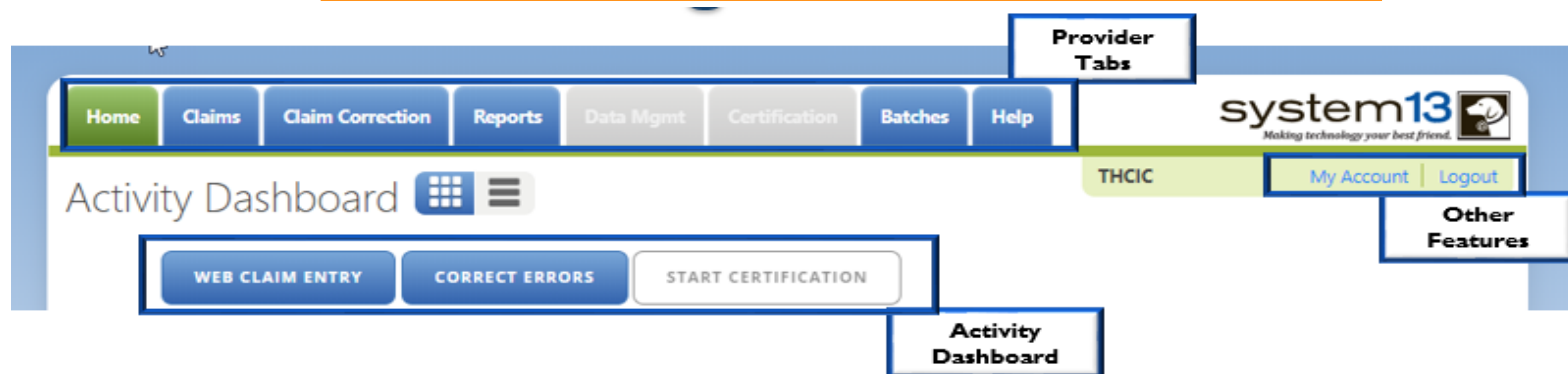
QUICK TIP:
Primary contacts can click the 'User Management' link to create and manage additional users!

Texas Department of State
Health Services

Data Certifier / Data Manager Provider Home Page



Data certifier do not have access to the data management tab.



Data Managers do not have access to the data management tab, certification tab and Start Certification desktop icon.

Data Management/Primary Contact Provider Home Page – Grid View

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THCIC User Management My Account Logout

Activity Dashboard

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Q4 2019

SUBMISSION
Inpatient
Data is already built into a certification set.

Submission due **2 Mar 2020**
Correction due **1 May 2020**

CERTIFICATION
Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020

	Inpatient	Outpatient
JAN	2	0
FEB	0	1
MAR	0	0
OCT	-	2
TOTAL	2	3
ACCURACY	50%	33%

Submission due **1 Jun 2020**
Correction due **3 Aug 2020**

CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2020**

Q2 2020

No claims are present for this quarter.

Submission due **1 Sep 2020**
Correction due **2 Nov 2020**

No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION

4 DAYS

Performance History

Legend: Inpatient - Bad, Inpatient - Good, Outpatient - Bad, Outpatient - Good

QUICK TIP:
The recommended pattern for submitting batch claims is monthly instead of weekly or quarterly.

Health and Human Services | Texas Department of State Health Services

Data Management/Primary Contact Provider Home Page – List View

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

Activity Dashboard

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WEB CLAIM ENTRY **CORRECT ERRORS** **START CERTIFICATION**

Q3 2021 SUBMISSION
No claims are present for this quarter.
Submission due **1 Dec 2021** | Correction due **1 Feb 2022**

Q3 2021 CERTIFICATION
Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

	Inpatient	Outpatient	
AUG	3	2	Submission due 1 Mar 2022 Correction due 2 May 2022
OCT	0	1	
NOV	0	0	
DEC	0	0	
SEP	-	3	
TOTAL	3	6	
ACCURACY	0%	50%	

Q4 2021 CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2022**

Q1 2022 SUBMISSION
No claims are present for this quarter.
Submission due **1 Jun 2022** | Correction due **1 Aug 2022**

Q1 2022 CERTIFICATION
No claims are present for this quarter.
Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION **A MONTH**

Performance History

Legend: Inpatient - Bad, Inpatient - Good, Outpatient - Bad

QUICK TIP:
Primary contacts can click the 'User Management' link to create and manage additional users!

Services | Health Services

Provider Tabs



Home	Navigate to the 'main' page of the provider home page.	Data Mgmt	This tab is only available to the data administrator/primary contact of the facility. It allows the provider to remove duplicate claims or replace certain bill types.
Claims	View all the claims submitted by their facility. This claim listing includes claims that need correction.	Certification	Facilities can view current and historical certification data.
Claim Correction	Provides a listing of all claims that need correction.	Batches	Allows to locate the batch numbers of batches sent in for processing.
Reports	Various reports available for facility to view and documentation.	Help	View various help topics to facilitate better access to the system.

Activity Dashboard  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Activity Dashboard

Activity Dashboard



THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Claim Entry Entry – Allows facilities to manually enter claims in the system.

WEB CLAIM ENTRY

Correct Errors is the same as the tab Claim Correction – Allows facilities to correct claim data that is in error.

CORRECT ERRORS

Start Certification is the same feature as the tab WebCertification – Allows facilities to certify their data.

START CERTIFICATION

Claim Entry Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



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Health and Human
Services

Texas Department of State
Health Services

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:
☒ OUTPATIENT INSTITUTIONAL ☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

Which Outpatient option?

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER:
MRN

FIRST NAME: MIDDLE: LAST NAME:
PATIENT FIRST NAME (Initial) PATIENT LAST NAME

ADDRESS:
ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:
SSAN

SEX:
[Dropdown]

ETHNICITY:
[Dropdown]

BIRTH DATE:
mm/dd/yyyy

Remember: you must check this claim for errors when you have finished entering its details.

NEXT SECTION →

CHECK FOR ERRORS

Claim Entry, allows facilities to manually enter claims. You can click Claim Entry entry on the home page [WEB CLAIM ENTRY](#) or you can go through the claims menu and click Add new claim [ADD NEW CLAIM](#)

Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

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Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help

THCIC User Management My Account Logout

THCIC Support Center

Q Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
<input type="checkbox"/> 123	123	202005279998999780000005	05/27/2020	DOE, JONATHAN	OUT-I	9
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
<input type="checkbox"/> 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
<input type="checkbox"/> 741741	741741	201908079998999791000005	08/07/2019	DOE, AUSTRALIA	OUT-I	1
<input type="checkbox"/> 332211	332211	201908079998999792000005	08/07/2019	DOE, KATHERINE	OUT-I	1
<input type="checkbox"/> 1234	1234	201906129998999794000005	06/12/2019	DOE, KANDIS	OUT-I	2
<input type="checkbox"/> 785858	785858	201812129998999799000005	12/12/2018	DOE, YVETTE	OUT-I	3
<input type="checkbox"/> PCN-604	ERR-759	201610140006000105000005	10/14/2016	DOE, AALEX	OUT-I	1
<input type="checkbox"/> PCN-599	ERR-733	201610140006000100000005	10/14/2016	DOE, KATHRYN	OUT-I	1
<input type="checkbox"/> PCN-587	ERR-716	201610140006000089000005	10/14/2016	DOE, NICOLE	OUT-I	1
<input type="checkbox"/> PCN-560	ERR-684	201610140006000062000005	10/14/2016	DOE, DANIELLE	OUT-I	1

SELECT ALL 135 Claims DELETE ACCEPT AS IS

Claim Correction/ Correct Errors allow you to make corrections to your claims. You can choose a claim from the listing, modify your listing or click start corrections **START CORRECTIONS** which opens the first claim on your listing.



Services

Health Services

Start Certification /Certification

START CERTIFICATION

Certification

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

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THCIC Support Center

THCIC

User Management

My Account

Logout

Certification

INPATIENT

2021

4th Quarter

No Data

3rd Quarter

No Data

2nd Quarter

No Data

1st Quarter

No Data

Older Quarters

Select Quarter

OUTPATIENT

2021

4th Quarter

Eligible Claims

GENERATE QUARTER CERT. DATA (EOD)

3rd Quarter

Eligible Claims

Past cut-off date for generation of Cert. Data.

2nd Quarter

No Data

1st Quarter

Start Certification/ Certification is the data certification process. It will allow facilities to view their previously submitted data and certify that the data was accurately submitted. If the user has inpatient and outpatient claims, their certification page will show both inpatient and outpatient data. If the facility only submits outpatient data, it will only show outpatient data.



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Banner Messages and Locked Accounts

The screenshot displays the system13 web application interface. At the top, two red banner messages are visible: "Your password will be expiring on 01/21/2022. Please consider changing it now." and "Locked Out Accounts Detected: Please unlock active users and delete unneeded accounts in User Management." Each banner has a small 'X' icon on the right for dismissal. A red arrow points from the first banner to the 'User Management' link in the top navigation bar. Below the banners is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. To the right of these tabs is the system13 logo with the tagline "Making technology your best friend." and a small icon. Below the navigation bar, the user is logged in as "THCIC". The main content area shows a message: "Your password will expire on: 01/21/2022 (approximately 3 days from today)". Below this is a "CURRENT PASSWORD" label and a text input field containing "current password". To the right of the input field is a "PASSWORDS MUST:" section with a bullet point: "expire and be changed every 60 days".

Your password will be expiring on 01/21/2022. Please consider changing it now. X

Locked Out Accounts Detected: Please unlock active users and delete unneeded accounts in User Management. X

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

Your password will expire on: 01/21/2022
(approximately 3 days from today)

CURRENT PASSWORD

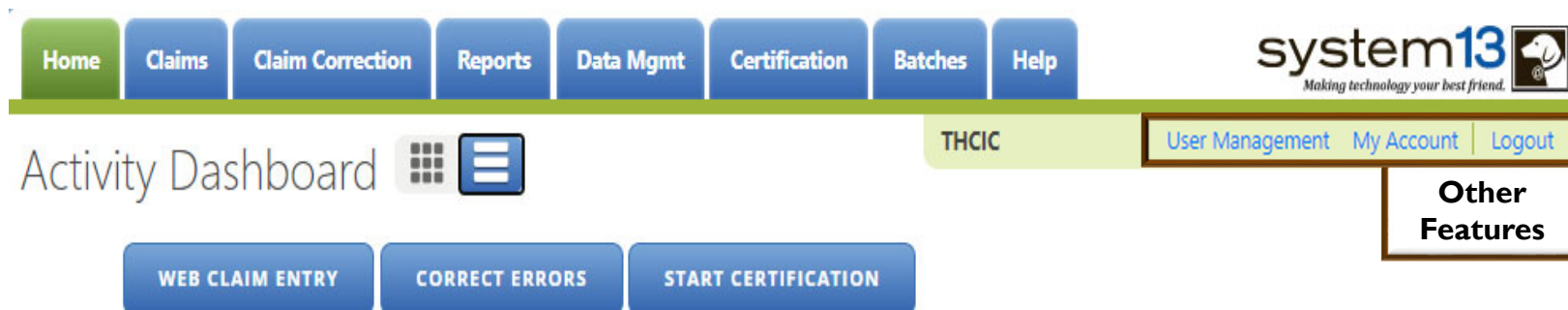
current password

PASSWORDS MUST:

- expire and be changed every 60 days

Red error messages have moved to the top of the screen. They will not disappear until you either click the X on the right side of the banner or click on one of the function tabs.

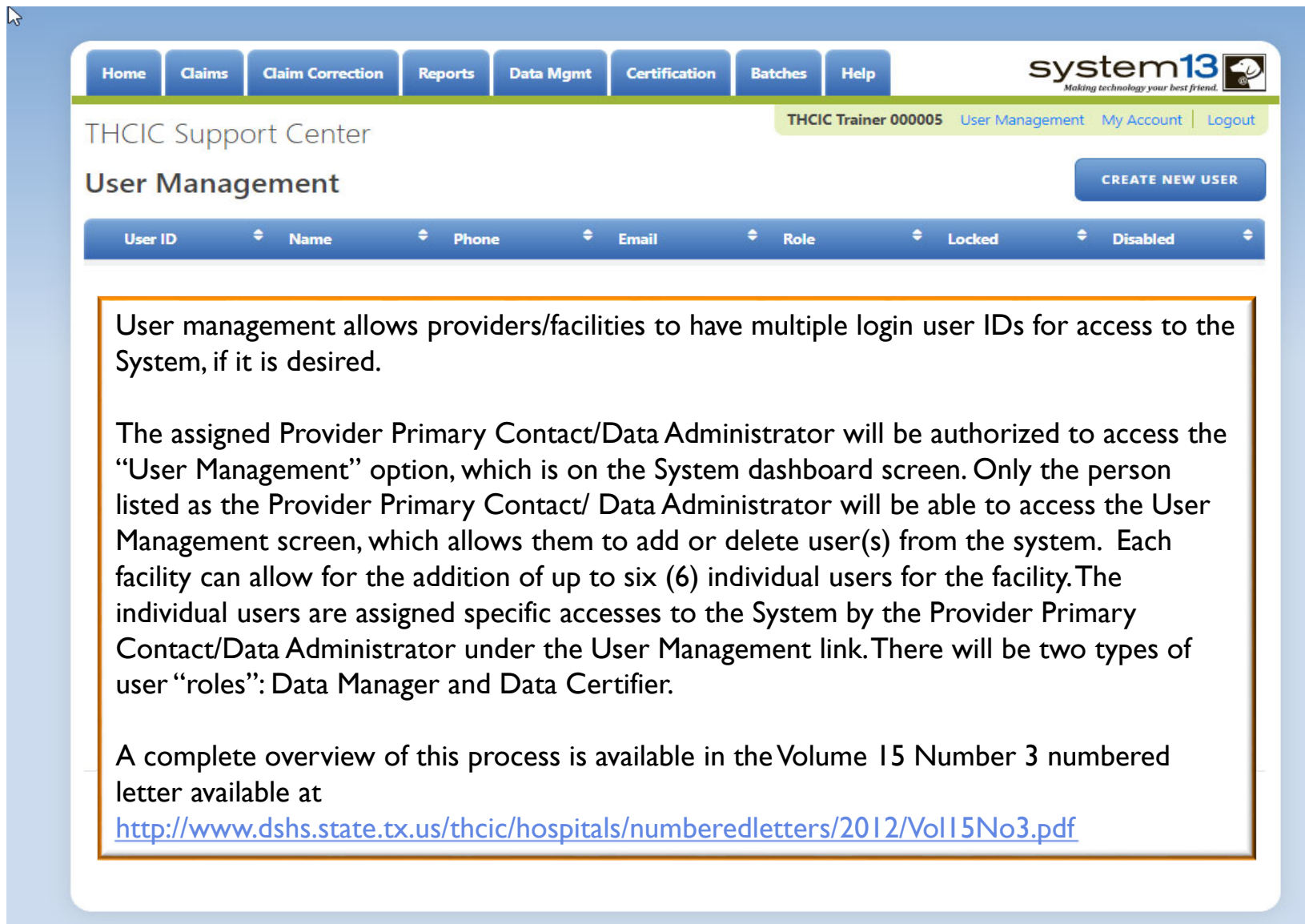
Provider Other Features



The 'User Management' option will only be visible to provider primary contact/data administrator for the facility. Otherwise, other user will only have the 'My Account' and 'Logout' features pictured below.

THCIC [My Account](#) [Logout](#)

User Management



The screenshot shows the 'User Management' page within the 'THCIC Support Center'. The page has a blue header with navigation tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner. Below the header, the page title 'User Management' is displayed, followed by a 'CREATE NEW USER' button. A table header lists columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. The main content area contains three paragraphs explaining user management functionality.

THCIC Support Center

THCIC Trainer 000005 User Management My Account Logout

User Management [CREATE NEW USER](#)

User ID	Name	Phone	Email	Role	Locked	Disabled
---------	------	-------	-------	------	--------	----------


User management allows providers/facilities to have multiple login user IDs for access to the System, if it is desired.

The assigned Provider Primary Contact/Data Administrator will be authorized to access the “User Management” option, which is on the System dashboard screen. Only the person listed as the Provider Primary Contact/ Data Administrator will be able to access the User Management screen, which allows them to add or delete user(s) from the system. Each facility can allow for the addition of up to six (6) individual users for the facility. The individual users are assigned specific accesses to the System by the Provider Primary Contact/Data Administrator under the User Management link. There will be two types of user “roles”: Data Manager and Data Certifier.


A complete overview of this process is available in the Volume 15 Number 3 numbered letter available at <http://www.dshs.state.tx.us/thcic/hospitals/numberedletters/2012/Vol15No3.pdf>

User Management – To Add User

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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THCIC Support Center THCIC Trainer 000005 [User Management](#) [My Account](#) [Logout](#)

User Management To add a user click 'create new user.'  [CREATE NEW USER](#)

User ID	Name	Phone	Email	Role	Locked	Disabled
THCIC Support Center User Management						

The screen below will open...

New User

FIRST NAME
 First Name

MIDDLE NAME
 Middle Name

LAST NAME
 Last Name

PHONE
 Phone Number

EMAIL
 Email

ROLE
☐ DATA MANAGER ☐ DATA CERTIFIER
[More Info](#)

EMAIL SCHEME
☐ DATA MANAGER ☐ DATA CERTIFIER ☐ FACILITY DATA ADMINISTRATOR
[More Info](#)

[SAVE](#) [CANCEL](#)

To add user, you must fill out the information accordingly and choose the type of user ID and/or email scheme for this user. The data administrator is the only one who can add a user to the system. Click save. An email will go to the primary and the person to add to the system, so they receive their login ID and a link to set their password.

User Management – User Roles / Email Schemes

User Management - User Roles

- ✕ Data Manager
 - ✕ Authorized to add new claims (Claim Entry)
 - ✕ Authorized to correct claims (Claim Correction)
 - ✕ Authorized to delete claims
 - ✕ Authorized to view batch submissions
 - ✕ Authorized to perform advance searches
 - ✕ Authorized to generate a Pre-Certification Data Report
- ✕ Data Certifier
 - ✕ Authorized to perform all functions as a Data Manager
 - ✕ Authorized to generate Certification Data (Encounter on Demand(EOD))
 - ✕ Authorized to download Certification File
 - ✕ Authorized to download Certification Reports
 - ✕ Authorized to Certify quarterly data (WebCert)
 - ✕ Authorized to request free regeneration (regen) of Certification data


User Management - Email Schemes

- ✕ Data Manager (Scheme Name 'Data Manager')
 - ✕ FER (Frequency of Errors Report)
 - ✕ Count of Excluded/Rejected Claims
- ✕ Data Certifier (Scheme Name 'Data Certifier')
 - ✕ All Notifications received by the Data Manager
 - ✕ Certification Download File Availability
 - ✕ Certified
 - ✕ Rejected - Elected Not to Certify
 - ✕ EOD (Encounter on Demand) Generated
- ✕ Data Administrator (Scheme Name 'Data Administrator')
 - ✕ All Notifications received by the Data Certifier and Data Manager
 - ✕ MRR (Merge, Remove, Replace)
 - ✕ DR (Duplicate Removal)

Choose what type of access the user will have in the system and also which emails they will receive, an option of no emails is available also.

User Management – List of User(s)

[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
[Batches](#)
[Help](#)



THCIC Support Center

THCIC Trainer 000005
 [User Management](#)
[My Account](#)
[Logout](#)

User Management

[CREATE NEW USER](#)

User ID	Name	Phone	Email	Role	Locked	Disabled
<input type="checkbox"/> th000005c	OVERTON, TIFFANY	512-776-2352	tiffany.overton@dshs.state.tx.us	Data Certifier		

User Management – Delete a User(s)

User Management

[CREATE NEW USER](#)


User ID	Name	Phone	Email	Role	Locked	Disabled
<input checked="" type="checkbox"/> th000005c	OVERTON, TIFFANY	512-776-2352	tiffany.overton@dshs.state.tx.us	Data Certifier		

[DELETE](#)

The delete a user(s) put a check mark beside the user(s) you want to delete. Once it's seleted delete will become an option

User Management – Lock Features

[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
[Batches](#)
[Help](#)



THCIC Support Center

THCIC
 [User Management](#)
[My Account](#)
[Logout](#)

User Management


User ID: th000005c

Intrusion Lock: ☒

Account Lock: ☐

The administrator can clear intrusion or account lock(s). When the locks are on the system they will be colored blue. ☒ A user will get locked out of the system if they have more than three (3) failed login attempts. The administrator can clear the 'intrusion lock' by unchecking the box above. The administrator can put an 'account lock' on a user's account to prevent a user's account from being used. (i.e. employee was on an extended leave.)

[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
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THCIC Support Center

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User Management

User ID: th000005c

Intrusion Lock: ☐

Account Lock: ☒

Other Features My Account



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[Home](#)[Claims](#)[Claim Correction](#)[Reports](#)[Data Mgmt](#)[Certification](#)[Batches](#)[Help](#)

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[THCIC](#)[User Management](#)[My Account](#)[Logout](#)

Your Name and Login ID

Your password will expire on: 07/20/2020

(approximately 2 months from today)

CURRENT PASSWORD

CHANGE PASSWORD

PASSWORD CONFIRMATION

[UPDATE](#)[CANCEL](#)

The user will put in the current password, then a new password and confirm the new password. The password perimeters are listed above when changing your password. Click [UPDATE](#) to change the password. Log back into the system with the new password.

PASSWORDS MUST:

- expire and be changed every 60 days
- be at least 8 characters long
- contain at least 1 alpha, 1 numeric, and 1 special character
- contain uppercase and lowercase letters
- begin and end with a letter

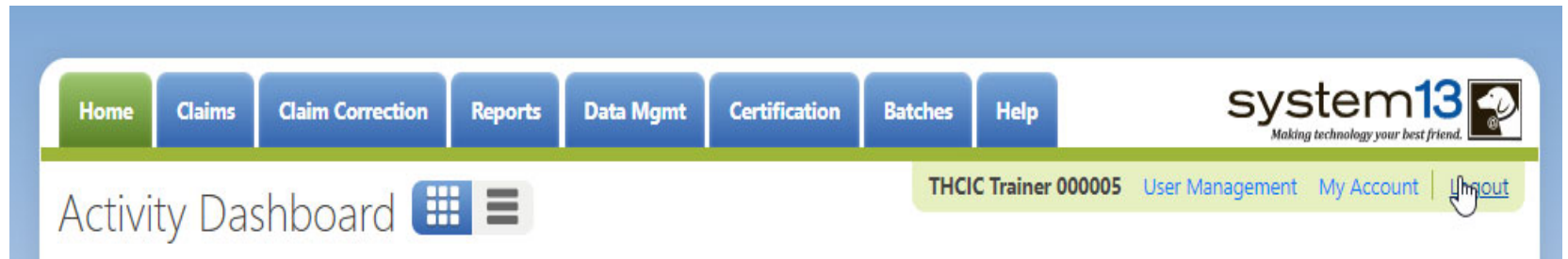
PASSWORDS MUST NOT:

- be reused for 1 year
- contain username
- contain letter or number sequences greater than 2
- repeat characters more than twice in a row

PASSWORD NOTES:

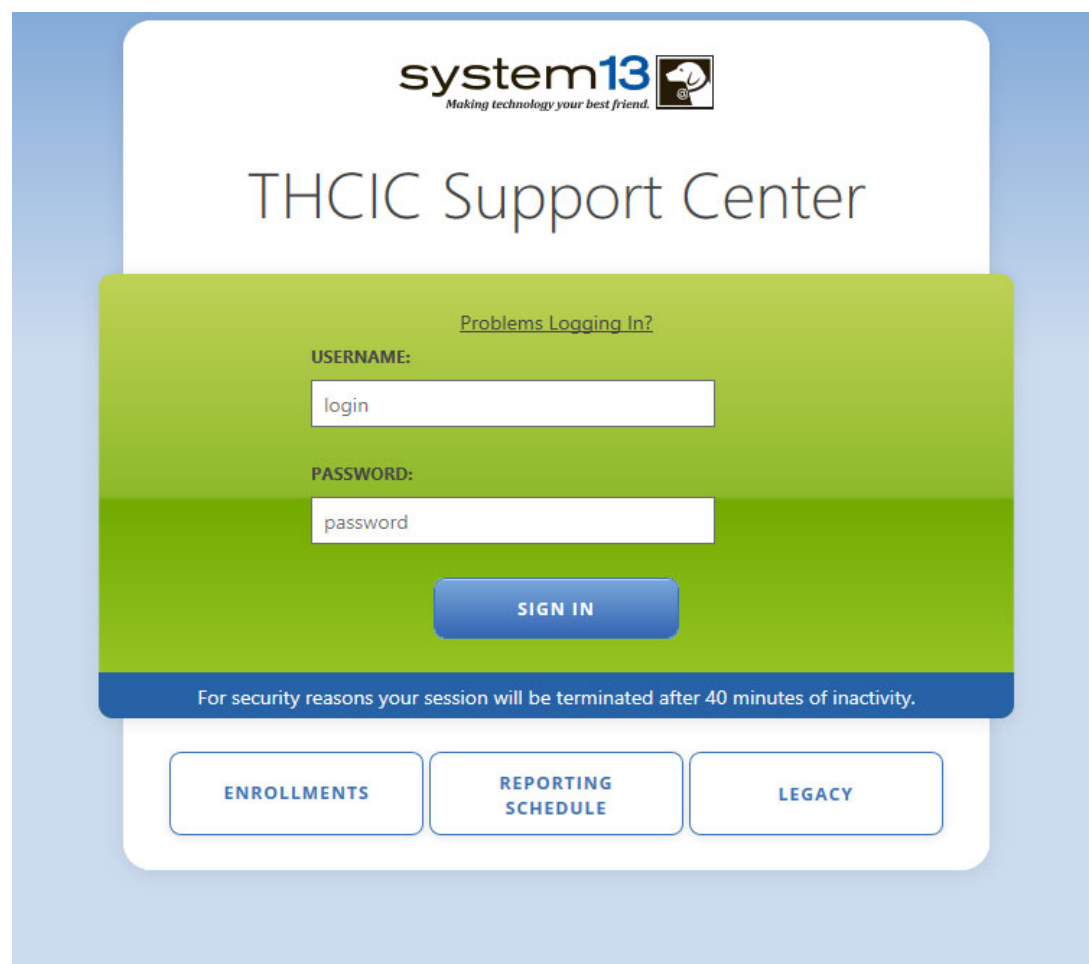
1. Within this application, the following is defined as the set of Special Characters: ! @ # \$ % ^ & * ? _ ~ -
2. Here are some examples of a letter or number sequence greater than 2: 'abc', '123', '4567', 'ghijk'
3. Here are some examples of a letter, number, or sequence that is repeated more than twice: 'aaa' (2-letter repetition), '111' (2-number repetition), 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

Other Features - Logout



Logout logs you out of the system.

Other Features - Logout



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[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN


For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE** **LEGACY**

You will be immediately logged out the system. If you were entering claims or making corrections, please be advised the system automatically saves. There will be no verification to log you out of the system.

Inactivity

Your session has timed out. Please log back into the application. X

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[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE** **LEGACY**

If you have been idle in the system for 40 minutes, you will be logged out of the system and will have to log back in to have access. If you was in Claim Correction or Claim Entry, the system automatically saves.

Provider Home Page – Grid View



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Activity Dashboard

THCIC

[User Management](#)
[My Account](#)
[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q3 2021

SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2021**

Correction due **1 Feb 2022**

CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.

Certification due **15 Apr 2022**

Q4 2021

SUBMISSION

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

Submission due **1 Mar 2022**

Correction due **2 May 2022**

CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Jul 2022**

Q1 2022

SUBMISSION

No claims are present for this quarter.

Submission due **1 Jun 2022**

Correction due **1 Aug 2022**

CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE

Q4 2021 SUBMISSION

A

MONTH

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	3	0	0	0
Q3 2021	3	0	0	0
Q4 2021	0	3	0	6
Q1 2022	0	0	0	0

QUICK TIP:

Primary contacts can click the 'User Management' link to create and manage additional users!

Provider Home Page – List View

[Home](#)
[Claims](#)
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[THCIC](#)
[User Management](#)
[My Account](#)
[Logout](#)

Activity Dashboard

[WEB CLAIM ENTRY](#)
[CORRECT ERRORS](#)
[START CERTIFICATION](#)

Q3 2021 SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2021** | Correction due **1 Feb 2022**

Q3 2021 CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.

Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

	Inpatient	Outpatient	
AUG	3	2	Submission due 1 Mar 2022 Correction due 2 May 2022
OCT	0	1	
NOV	0	0	
DEC	0	0	
SEP	-	3	
TOTAL	3	6	
ACCURACY	0%	50%	

Q4 2021 CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Jul 2022**

Q1 2022 SUBMISSION

No claims are present for this quarter.

Submission due **1 Jun 2022** | Correction due **1 Aug 2022**

Q1 2022 CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

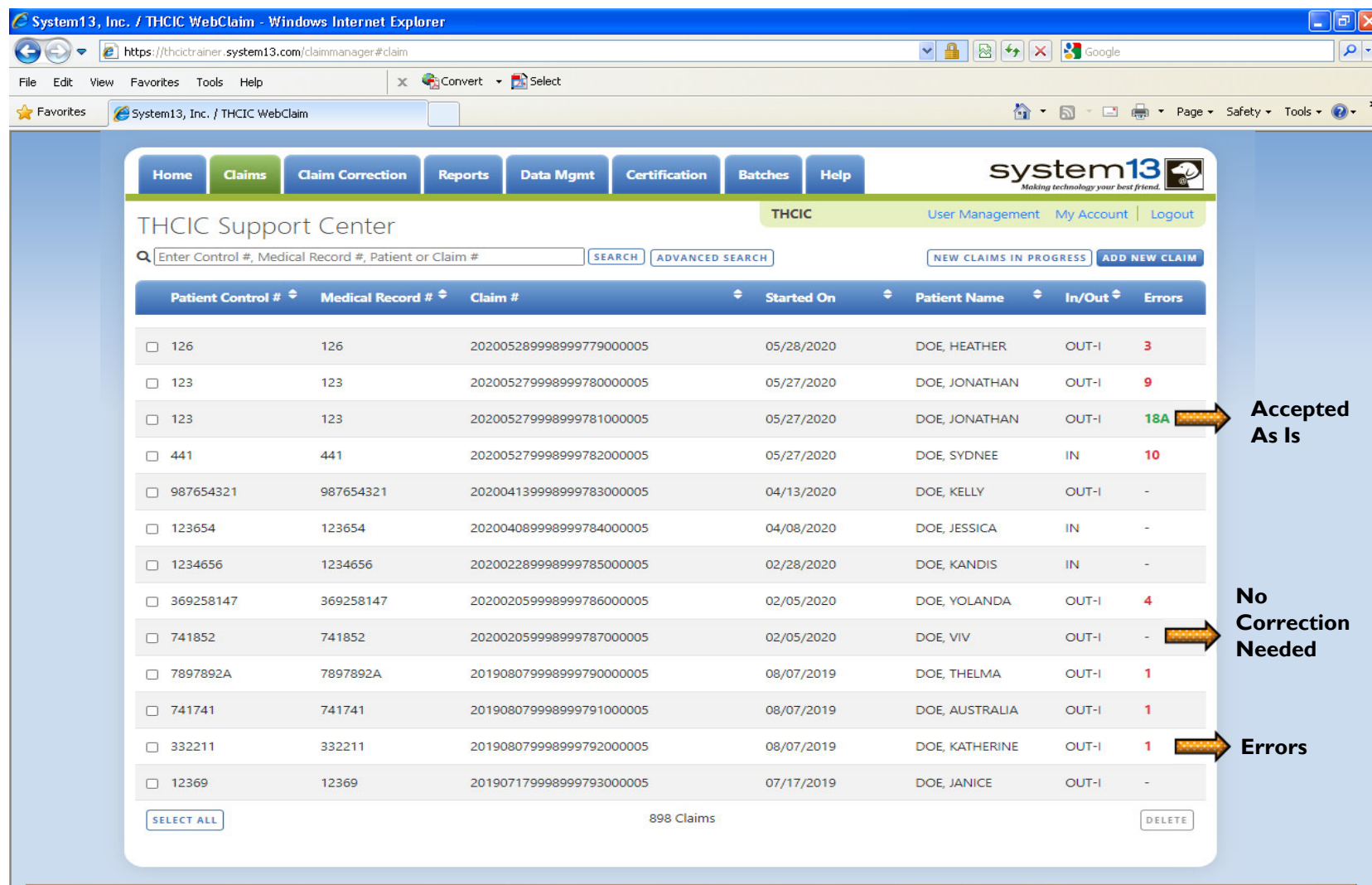
Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	3	0	0	0
Q3 2021	3	0	0	0
Q4 2021	3	0	0	0
Q1 2022	3	0	0	0

QUICK TIP:

Primary contacts can click the 'User Management' link to create and manage additional users!

Provider Tab Claims



System13, Inc. / THCIC WebClaim - Windows Internet Explorer

https://thcictrainer.system13.com/claimmanager#claim

File Edit View Favorites Tools Help

System13, Inc. / THCIC WebClaim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH NEW CLAIMS IN PROGRESS ADD NEW CLAIM

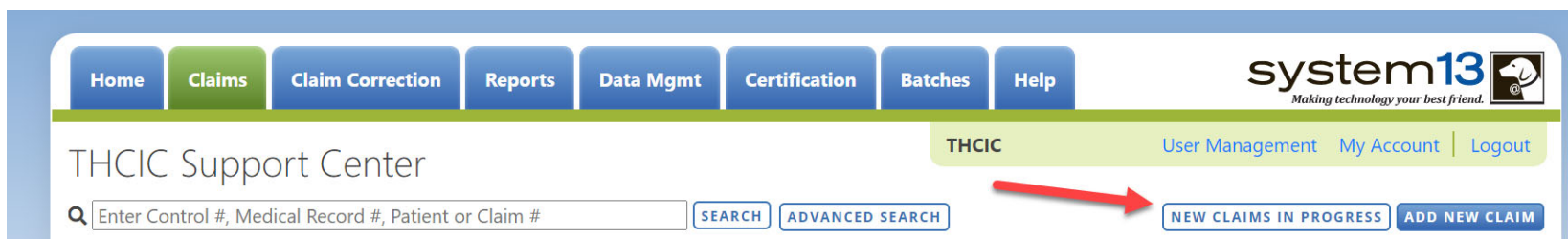
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
<input type="checkbox"/> 123	123	202005279998999780000005	05/27/2020	DOE, JONATHAN	OUT-I	9
<input type="checkbox"/> 123	123	202005279998999781000005	05/27/2020	DOE, JONATHAN	OUT-I	18A
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
<input type="checkbox"/> 987654321	987654321	202004139998999783000005	04/13/2020	DOE, KELLY	OUT-I	-
<input type="checkbox"/> 123654	123654	202004089998999784000005	04/08/2020	DOE, JESSICA	IN	-
<input type="checkbox"/> 1234656	1234656	202002289998999785000005	02/28/2020	DOE, KANDIS	IN	-
<input type="checkbox"/> 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
<input type="checkbox"/> 741852	741852	202002059998999787000005	02/05/2020	DOE, VIV	OUT-I	-
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
<input type="checkbox"/> 741741	741741	201908079998999791000005	08/07/2019	DOE, AUSTRALIA	OUT-I	1
<input type="checkbox"/> 332211	332211	201908079998999792000005	08/07/2019	DOE, KATHERINE	OUT-I	1
<input type="checkbox"/> 12369	12369	201907179998999793000005	07/17/2019	DOE, JANICE	OUT-I	-

SELECT ALL 898 Claims DELETE

The **Claims** tab allows a facility to view a listing of all claims submitted, that are currently in the system. Under the **Errors** heading (-) are claims that are submitted and need no correction. If a claim has a number and a **GREEN A** these claims have been accepted as is. The claims with a **RED** number, indicates a claim with the errors, the number is how many errors are on this claim.

New Claims in Progress

NEW CLAIMS IN PROGRESS



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

Q Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

New Claims in Progress – Through the Claims tab, this feature allows facilities to continue completing claims that you have started entering using Claim Entry.

New Claims in Progress

[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
[Batches](#)
[Help](#)



THCIC

[User Management](#)
[My Account](#)
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THCIC Support Center

[SEARCH](#)
[ADVANCED SEARCH](#)

[AUDITED CLAIMS](#)
[ADD NEW CLAIM](#)

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741

New Claims in Progress lists Claim Entry submissions that have been saved, but not submitted. Please be advised when you enter a claim, it is automatically saved.

[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
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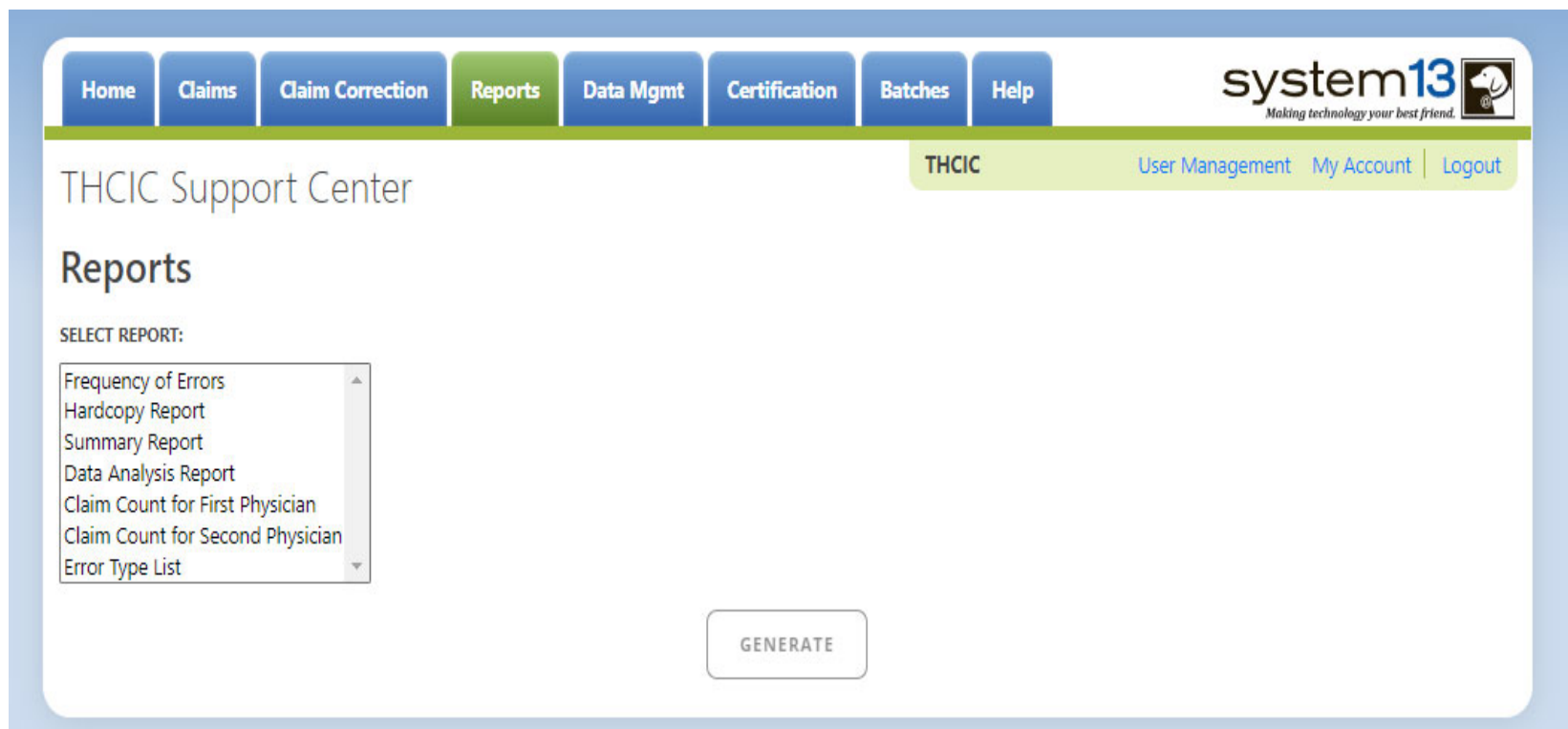
THCIC Support Center

[SEARCH](#)
[ADVANCED SEARCH](#)

[AUDITED CLAIMS](#)
[ADD NEW CLAIM](#)

 New Claims in Progress when you click Audited Claims, [AUDITED CLAIMS](#) you will be taken back to the claims menu.

Reports Reports



Home Claims Claim Correction **Reports** Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

Reports

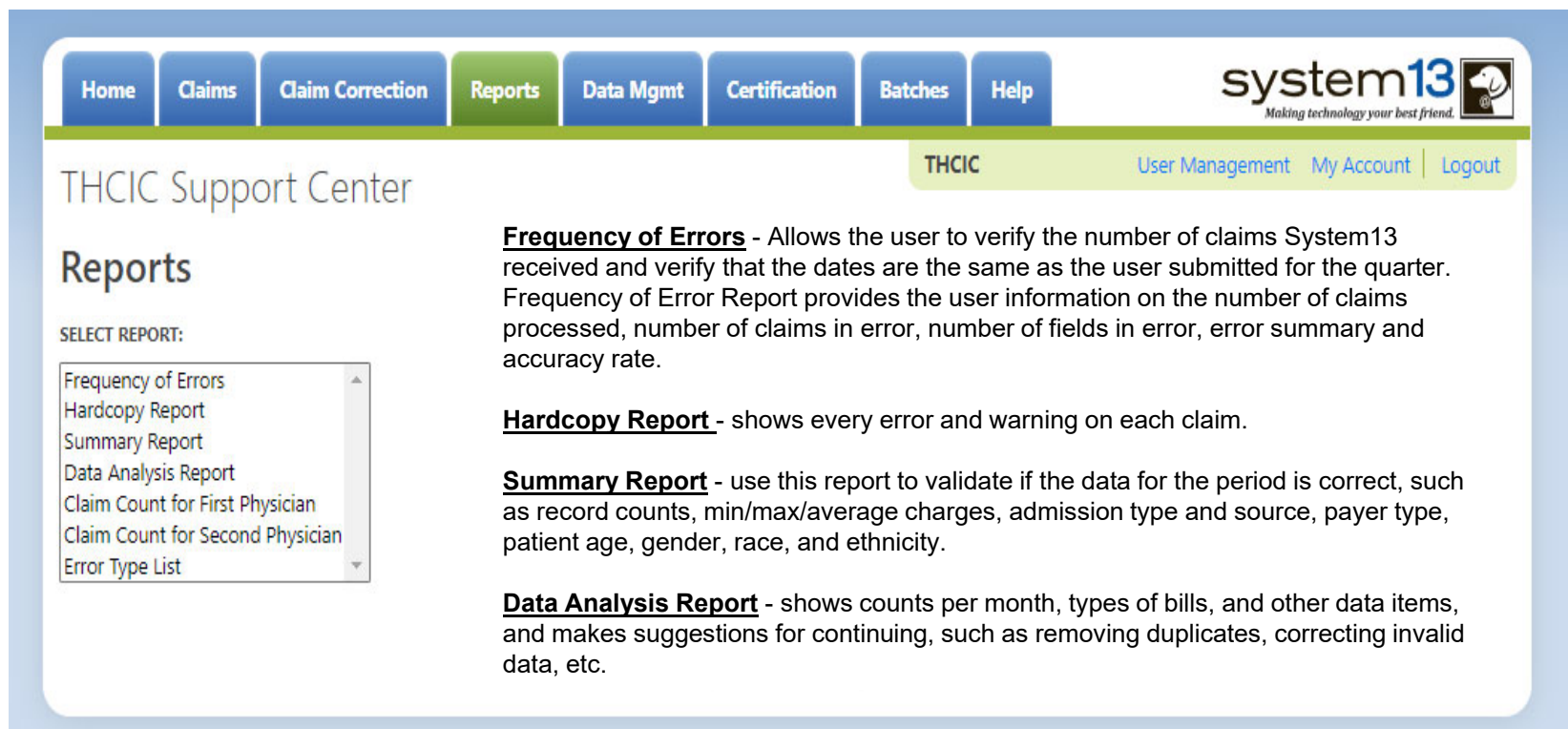
SELECT REPORT:

- Frequency of Errors
- Hardcopy Report
- Summary Report
- Data Analysis Report
- Claim Count for First Physician
- Claim Count for Second Physician
- Error Type List

GENERATE

Reports allows the user to get various reports on data that is currently in the system. The data currently in the systems includes data that has been submitted and not removed due to the cutoff for corrections.

Reports Available Reports



The screenshot shows the 'Reports' section of the System13 web application. The navigation bar includes links for Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right with the tagline 'Making technology your best friend.' Below the navigation bar, the 'THCIC Support Center' is visible. On the left, under 'Reports', there is a 'SELECT REPORT:' dropdown menu with the following options: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report, Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. On the right, there are links for 'User Management', 'My Account', and 'Logout'. The main content area contains detailed descriptions for several reports:



- Frequency of Errors** - Allows the user to verify the number of claims System13 received and verify that the dates are the same as the user submitted for the quarter. Frequency of Error Report provides the user information on the number of claims processed, number of claims in error, number of fields in error, error summary and accuracy rate.
- Hardcopy Report** - shows every error and warning on each claim.
- 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.
- Data Analysis Report** - shows counts per month, types of bills, and other data items, and makes suggestions for continuing, such as removing duplicates, correcting invalid data, etc.

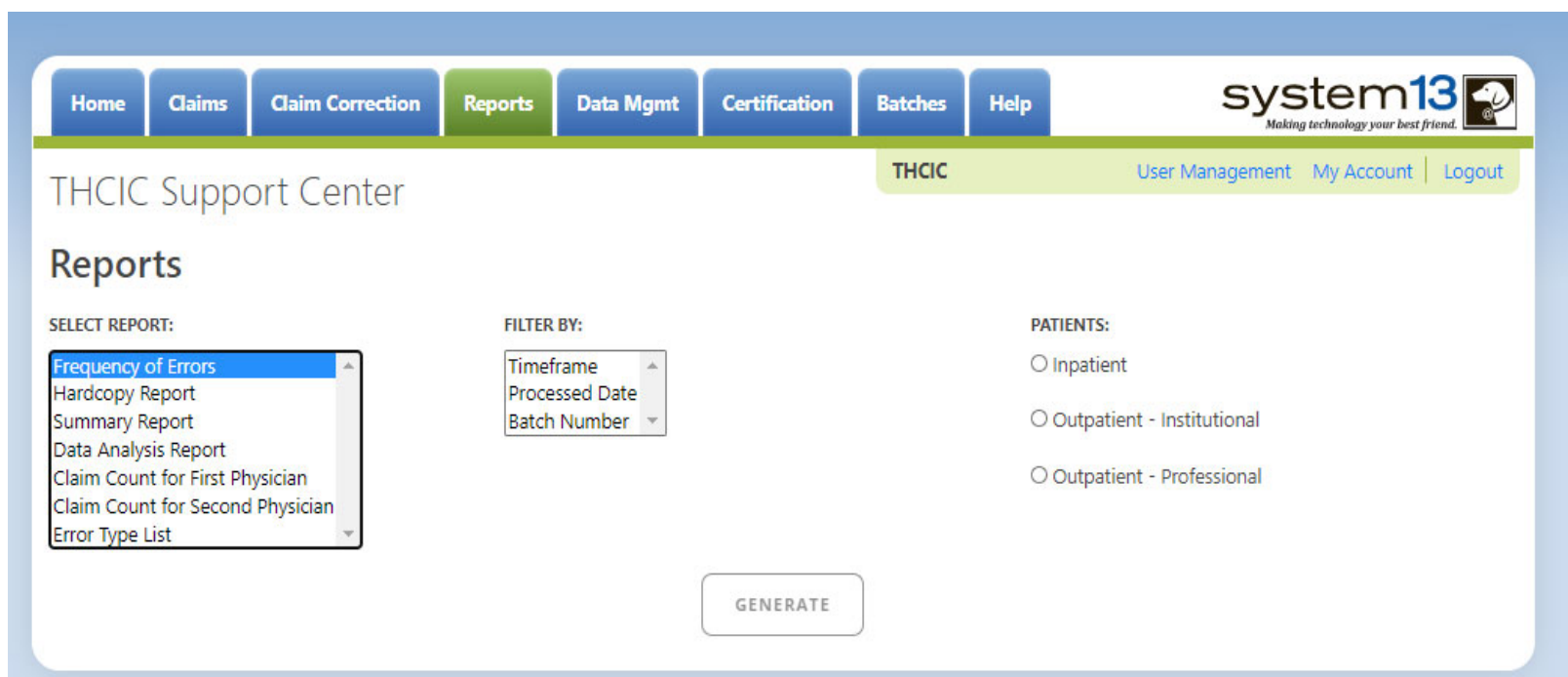
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

Claim Count for Second Physician - 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 second physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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

Reports Functionality

- ✕ The  button will remain disabled until the user selects the report type, filter by and type of patients. Then  will become an option.



- ✕ If no data matches your request, a message will be indicated on the top left corner.

THCIC Support Center

No claims match selection criteria.

Type of Claims

PATIENTS:

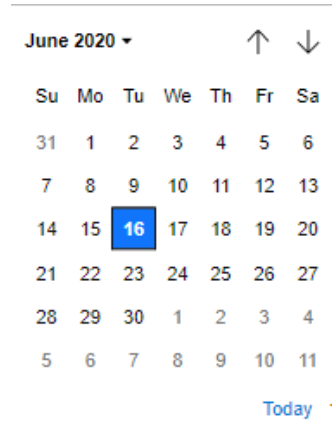
- ☐ Inpatient
- ☐ Outpatient - Institutional
- ☐ Outpatient - Professional




****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

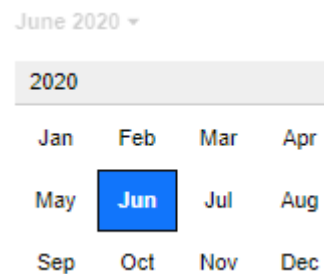


Functionality of the Calendar Feature

- Feature of the calendar 



- The  icon will open choosing the current date.
-   will move the calendar back a month.
- Choosing the month's drop down menu will change the month



- Choosing the sidebar will change the year



Filter Report By Timeframe

- ✓ To create by timeframe.

FILTER BY:

Timeframe
Processed Date
Batch Number

FROM:

mm/dd/yyyy

THROUGH:

mm/dd/yyyy


PATIENTS:

☐ Inpatient

☐ Outpatient - Institutional

☐ Outpatient - Professional

GENERATE

- ✓ The  icon will open up a calendar to choose dates.
- ✓ You can choose any dates, even through separate quarters.
- ✓ Choose type of claims.

Filter Report By Processed Date

- ✕ To create a report, filter by processed date.

FILTER BY:

Timeframe
Processed Date
Batch Number

DATE:

mm/dd/yyyy

PATIENTS:

☐ Inpatient

☐ Outpatient - Institutional

☐ Outpatient - Professional

GENERATE

- ✕ To filter by the processed date, you have to choose a certain date.
- ✕ Choose the type of claims and click generate.

Filter Report By Batch Number

- ✕ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:

Timeframe
Processed Date
Batch Number

BATCH:

Select Batch

202005040001
202005060002

- ✕ If 'batch number' is chosen, it's automatically determined the type of claims, outpatient or inpatient. Choosing the type of patients is not an option.

Provider Tab Data Management

Data Mgmt

Home Claims Claim Correction Reports **Data Mgmt** Certification Batches Help

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THCIC User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
- Eliminate duplicate claims in the correct order of processing
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types - outpatient professional only)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)

Select Claim Type

☐ INPATIENT
☐ OUTPATIENT

Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
 - Bill Type
- Retain the most recently submitted claim

Select Action


MODIFY/REPLACE/REMOVE (MRR) REMOVE DUPLICATES (DR)

This tab is only available to the data administrator/primary contact of the facility. Before the modify/replace/remove and duplicate removal is ran, it is recommended that the data analysis report is ran through the reports tab.



Texas Department of State
Health Services

Data Analysis Report through the Reports Tab

[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
[Batches](#)
[Help](#)
system13


THCIC Support Center

 MB - THCIC Acceptance Outpatient Pro 000004
 [User Management](#)
[My Account](#)
[Logout](#)

Reports

Select Report:

Frequency of Errors
 Hardcopy Report
 Summary Report
Data Analysis Report
 Claim Count for First Physician

Please select one
 2q15
1q15
 4q14
 3q14

Patients:

☐ Inpatient
☒ Outpatient

Reports

Select Report:

Frequency of Errors
 Hardcopy Report
 Summary Report
Data Analysis Report
 Claim Count for First Physician

Quarter:

1q15

Generate

Data Analysis Report, makes suggestions concerning the MRR and DR functions. It is also recommended that when choosing to run the MRR and DR processes, other facility users should not be in the system to avoid undesired results if records are locked by users and those same records need to be removed by the MRR or DR process



Data Analysis Report through the Reports Tab

4Q2012 Data Analysis Report (Inpatient)

Report Date: 18-Apr-2013

THCIC ID: 000004 MB - THCIC Acceptance Outpatient Pro

Quarter Analysis

Month	Total	xx0	xx1	xx2	xx3	xx4	xx5	xx6	xx7	xx8	???
Jul	0	0	0	0	0	0	0	0	0	0	0
Aug	0	0	0	0	0	0	0	0	0	0	0
Sep	0	0	0	0	0	0	0	0	0	0	0
Oct	1	0	1	0	0	0	0	0	0	0	0
Nov	0	0	0	0	0	0	0	0	0	0	0
Dec	2	0	2	0	0	0	0	0	0	0	0

Quarter Comparison

Qtr	Total
4q12	3
3q12	0
2q12	0

Messages

*	ONE OR MORE OF YOUR MONTHS IS MISSING DATA
*	Some claims still have errors. Please use Claim Correction to correct these claims. You may also review these errors with the Frequency of Errors Report and the Hardcopy Report, both of which are available on the Reports Tab.
*	You should use the Summary Report on the Reports tab to obtain a snapshot of your data. This report shows data distribution by month, charges, admission type, newborns, discharge status, payer (claim filing indicator), patient geographic origin, gender, age, race, ethnicity, length of stay and diagnosis and procedure counts per claim.

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

Removal and replace functions are part of the normal encounter and event building processes that create the certification data. Providers may now run these processes ahead of time to have a better view of their actual data.

The **Modify/Replace/Remove process (MRR)** will match claims with the same key values; patient control number, medical record number, admission start of care and admission hour.

The MRR process will:

- Eliminate duplicate claims in the correct order of processing
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types - outpatient professional only)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)

When a provider chooses one of these two functions, they are advised that they may wish to run the Data Analysis Report ahead of time, which makes suggestions concerning the MRR and DR functions. It is also recommended that when choosing to run the MRR and DR processes, other facility users should not be in the system to avoid undesired results if records are locked by users and those same records need to be removed by the MRR or DR process.

After the provider completes all of the prompts, the MRR or DR process is submitted to run in the background. When the process is completed, the data administrator is sent an email describing the number of records that were analyzed and any that fit each category of removal.



Texas Department of State
Health Services

Provider Tab Data Management – Modify/ Replace/ Remove Process (MRR)

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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THCIC [User Management](#) [My Account](#) [Logout](#)

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
- Eliminate duplicate claims in the correct order of processing
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types - outpatient professional only)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)

Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
 - Bill Type
- Retain the most recently submitted claim

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

[MODIFY/REPLACE/REMOVE \(MRR\)](#) [REMOVE DUPLICATES \(DR\)](#)

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. The top navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. A modal dialog titled 'MRR DR Information' is open, containing the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. Below the text are 'YES' and 'NO' buttons. In the background, the 'Modify/Replace' section lists actions like 'Match claims with', 'Eliminate duplicates', and 'Apply late charges'. The 'Select Claim Type' section has 'INPATIENT' and 'OUTPATIENT' radio buttons, with 'OUTPATIENT' selected. The 'Select Action' section has two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'.

Home Claims Claim Correction Reports **Data Mgmt** Certification Batches Help

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace

The MRR function will:

- Match claims with
 - Patient Co
 - Medical R
 - Admission
 - Admission
- Eliminate duplicates
- Apply late charges
- Apply correction
- Apply the replacement
- Remove claims that

MRR DR Information

You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?

YES NO

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

MODIFY/REPLACE/REMOVE (MRR) REMOVE DUPLICATES (DR)

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' and has access to User Management, My Account, and Logout. The main heading is 'Data Management Actions on Quarterly Data'. Two sections are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe matching claims by Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal alert titled 'Modify/Replace/Remove Alert' is open, explaining the MRR function's purpose and asking for confirmation to proceed.

Home Claims Claim Correction Reports **Data Mgmt** Certification Batches Help

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour

Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour

Modify/Replace/Remove Alert

The MRR function is to be used to process and remove claims with bill types (xx5, xx6, xx7 and xx8).
You may apply this functionality **now** to reduce the number of overall claims, including error claims. This will result in a more accurate count of claims being reported on the Frequency of Errors Report (FER) and on the Summary Report.
Do you wish to continue?

YES NO

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. The top navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' and has links for User Management, My Account, and Logout. The main heading is 'THCIC Support Center'. Below this, the section is titled 'Data Management Actions on Quarterly Data'. Two main action areas are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The MRR section lists functions such as matching claims, eliminating duplicates, and applying corrections. A modal dialog titled 'Process Submitted' is overlaid on the screen, indicating that the request has been submitted and an email will be sent to the Provider Primary Contact (Data Administrator) upon completion. The modal includes an 'OK' button. Below the modal, there are sections for 'Select Claim Type' (with radio buttons for INPATIENT and OUTPATIENT, where OUTPATIENT is selected) and 'Select Action' (with buttons for MODIFY/REPLACE/REMOVE (MRR) and REMOVE DUPLICATES (DR)).

Home Claims Claim Correction Reports **Data Mgmt** Certification Batches Help

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR) Duplicate Remove Process (DR)

The MRR function will:

- Match claims with:
 - Patient Co
 - Medical R
 - Admission
 - Admission
- Eliminate duplicate
- Apply late charg
- Apply correction
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)

Process Submitted

Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.

OK

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

MODIFY/REPLACE/REMOVE (MRR) REMOVE DUPLICATES (DR)




Texas Department of State
Health Services

Data Management Emails

Data Mgmt

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THCIC Support Center

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
- Eliminate duplicate claims in the correct
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel


Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number



Select Claim Type


☐ INPATIENT
☒ OUTPATIENT



Thu 10/8/2020 2:52 PM
Do Not Reply <noreply@system13.com>

The Modify/Replace/Remove Claims (MRR) process has completed for provider 000006 Outpatient Data [G2]

To:  Overton, Tiffany (DSHS);  Bhattarai, Pragna (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.

The Modify/Replace/Remove Claims (MRR) process has completed for provider 000006 Outpatient data. The process reviewed 489 active claims, eliminated 0 claims due to applying updates to an original claim, leaving 489 active claims.

Sincerely,

System13, Inc. Customer Support

Please do not reply directly to this email. System13, Inc. will not receive any reply message. For questions or comments, email thcichelp@system13.com

Provider Tab Data Management

Data Mgmt

Duplicate Removal

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

Removal and replace functions are part of the normal encounter and event building processes that create the certification data. Providers may now run these processes ahead of time to have a better view of their actual data.

The **Duplicate Removal process (DR)** must match with the same key values patient control number, medical record number, admission start of care, admission hour, bill type. It will retain the most recently submitted claim.

When a provider chooses one of these two functions, they are advised that they may wish to run the Data Analysis Report ahead of time, which makes suggestions concerning the MRR and DR functions. It is also recommended that when choosing to run the MRR and DR processes, other facility users should not be in the system to avoid undesired results if records are locked by users and those same records need to be removed by the MRR or DR process.

After the provider completes all of the prompts, the MRR or DR process is submitted to run in the background. When the process is completed, the data administrator is sent an email describing the number of records that were analyzed and any that fit each category of removal.

If you have multiple bill types other than xx1 or xx0, you should use the MRR function. For example, if you have other types such as xx8s, then removing duplicate xx1s and later applying the xx8s during encounter processing will possibly leave no claims. If you have only xx1s or xx0s and need to remove duplicate xx1s and xx0s, then the DR function should be the choice. The Data Analysis Report can help you decide.

Running the MRR or DR function is not a requirement and is only a recommendation. If a provider chooses not to run the MRR or DR function prior to the scheduled "Cutoff for corrections at time of certification", System13 will run these functions as part of the normal encounter and event building process that create the certification data.

This report will open as a PDF as shown below.

Provider Tab Data Management – Duplicate Removal Process (DR)

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the 'THCIC Support Center' is visible, along with links for User Management, My Account, and Logout. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two columns. The left column, 'Modify/Replace/Remove Process (MRR)', lists functions such as matching claims by key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour), eliminating duplicate claims, applying late charges, corrections, and replacement information, and removing claims that match a Void/Cancel of a prior claim. The right column, 'Duplicate Remove Process (DR)', lists functions for matching claims by key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour, Bill Type) and retaining the most recently submitted claim. Below these columns, there are two sections: 'Select Claim Type' with radio buttons for INPATIENT and OUTPATIENT (selected), and 'Select Action' with two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. A mouse cursor is pointing at the 'REMOVE DUPLICATES (DR)' button.

Home Claims Claim Correction Reports **Data Mgmt** Certification Batches Help

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THCIC Support Center

THCIC User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
- Eliminate duplicate claims in the correct order of processing
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types - outpatient professional only)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
 - Bill Type
- Retain the most recently submitted claim

Select Action

MODIFY/REPLACE/REMOVE (MRR) REMOVE DUPLICATES (DR)

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. A modal dialog titled 'MRR DR Information' is open, asking for confirmation to proceed. The dialog text includes a recommendation to run a 'Pre-Certification Data Analysis Report' and provides instructions on the report's content. Below the dialog, the 'Select Claim Type' section has 'OUTPATIENT' selected. The 'Select Action' section has two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. The footer indicates 'Release 9.3.0'.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace MRR DR Information

The MRR function will:

- Match claims with:
 - Patient Co
 - Medical R
 - Admission
 - Admission
- Eliminate duplicates
- Apply late charge
- Apply correction
- Apply the replacement
- Remove claims to

You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?

YES NO

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

MODIFY/REPLACE/REMOVE (MRR) REMOVE DUPLICATES (DR)

Release 9.3.0

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. The top navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections list matching criteria: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' modal is open, warning that the DR function should not be selected unless the only bill type is (xx1). It instructs users to view bill types in the Reports Tab and run the 'Pre-certification Data Analysis Report'. The modal also notes that the MRR function removes duplicates and modifies claims with other bill types. At the bottom of the modal are 'YES' and 'NO' buttons.

Home Claims Claim Correction Reports **Data Mgmt** Certification Batches Help

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care

Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care

Duplicate Removal Alert

Be forewarned: The DR function should not be selected unless the only bill type in the currently active claims is (xx1).

To view your bill types go to the Reports Tab and run the **Pre-certification Data Analysis Report**.

If you have bill types other than final bill, type (xx1), you should choose the MRR Function. The MRR function removes duplicates as well as modifies claims with other bill types in the proper order.

Do you wish to continue?

YES NO

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' with links for User Management, My Account, and Logout. The main heading is 'THCIC Support Center'.

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with:
 - Patient Co
 - Medical R
 - Admission
 - Admission
- Eliminate duplica
- Apply late charg
- Apply correction
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)

Duplicate Remove Process (DR)

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

Process Submitted

Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.



Data Management Email

Data Mgmt

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THCIC Trainee 1 000006 [User Management](#) [My Account](#) [Logout](#)

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
- Eliminate duplicate claims in the current batch
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancellation

Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Thu 10/8/2020 3:11 PM
Do Not Reply <noreply@system13.com>
The Duplicate Claim Removal (DR) process has completed for provider 000006 Outpatient Data [G2]

To: Overton, Tiffany (DSHS); Bhattarai, Pragna (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.

The Duplicate Claim Removal (DR) process has completed for provider 000006 Outpatient data. The DR reviewed 489 active claims, eliminated 0 duplicate claims, leaving 489 active claims.


Sincerely,
System13, Inc. Customer Support

Please do not reply directly to this email. System13, Inc. will not receive any reply message. For questions or comments, email thcichelp@system13.com

Batches

Batches

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THCIC Support Center

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Batch Number	Processed Date	Total Claims	Claims with Errors	In/Out
<input type="checkbox"/> 201507140042	07/14/2015	245	2	In
<input type="checkbox"/> 201507140031	07/14/2015	145	0	Out
<input type="checkbox"/> 201507140090	07/14/2015	134	5	Out
<input type="checkbox"/> 201610140002	10/14/2016	153	64	In
<input type="checkbox"/> 201610140004	10/14/2016	45	5	In
<input type="checkbox"/> 201610140006	10/14/2016	130	49	Out

Batches is a list of files sent in by 5010 upload. This listing is only for batches currently in the system. ***Only the system administrator can delete batches.*** To delete a batch, put a check in the box next to batch to delete. In the bottom right corner delete will become an option. Please be advised, if you delete a batch out of the system you will have to reload this batch, System I3 cannot retrieve this batch for you.

6 Batches



Provider Tab Help

Help

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry Inpatient Outpatient	Claim Correction Inpatient Outpatient	Submitter Inpatient Outpatient	Reports Inpatient Outpatient	Certification Inpatient Outpatient
---	--	---	---	---

SEARCH AND LOOKUPS

- [NPI Registry lookup](#)
- [Board of Medical Examiners: \(Search for State License #\)](#)
- [Podiatric Medical Examiners](#)
- [Dental Examiners](#)
- [Roster of documented midwives in Texas](#)

SUPPORTING DOCUMENTS

- [Facility Reporting Schedule](#)
- [Inpatient THCIC 837 Technical Specification](#)
- [Outpatient THCIC 837 Technical Specification](#)
- [Hospital Reporting Requirements and Numbered Letters](#)
- [THCIC Facility Contact/Information Change Request Form](#)
- [Submitter Information Change Request Form](#)
- [Submitter Test Files](#)

SUPPORT VIDEOS

- [What type of claim data files can be uploaded to System13?](#)
- [Understanding and troubleshooting 837 files](#)
- [Institutional -vs- Professional claim formats](#)
- [Common errors in SSN, Race, and Ethnicity](#)
- [Common errors in Diagnosis Codes, E-Codes and POA's](#)
- [Resolving PCN-Patient Control Number errors](#)
- [Explaining the THCIC Required Codes lists](#)
- [Common errors with Physician information](#)
- [WebClaim - How to enter claims](#)
- [WebCorrect - How to correct claims](#)

FREQUENTLY ASKED QUESTIONS

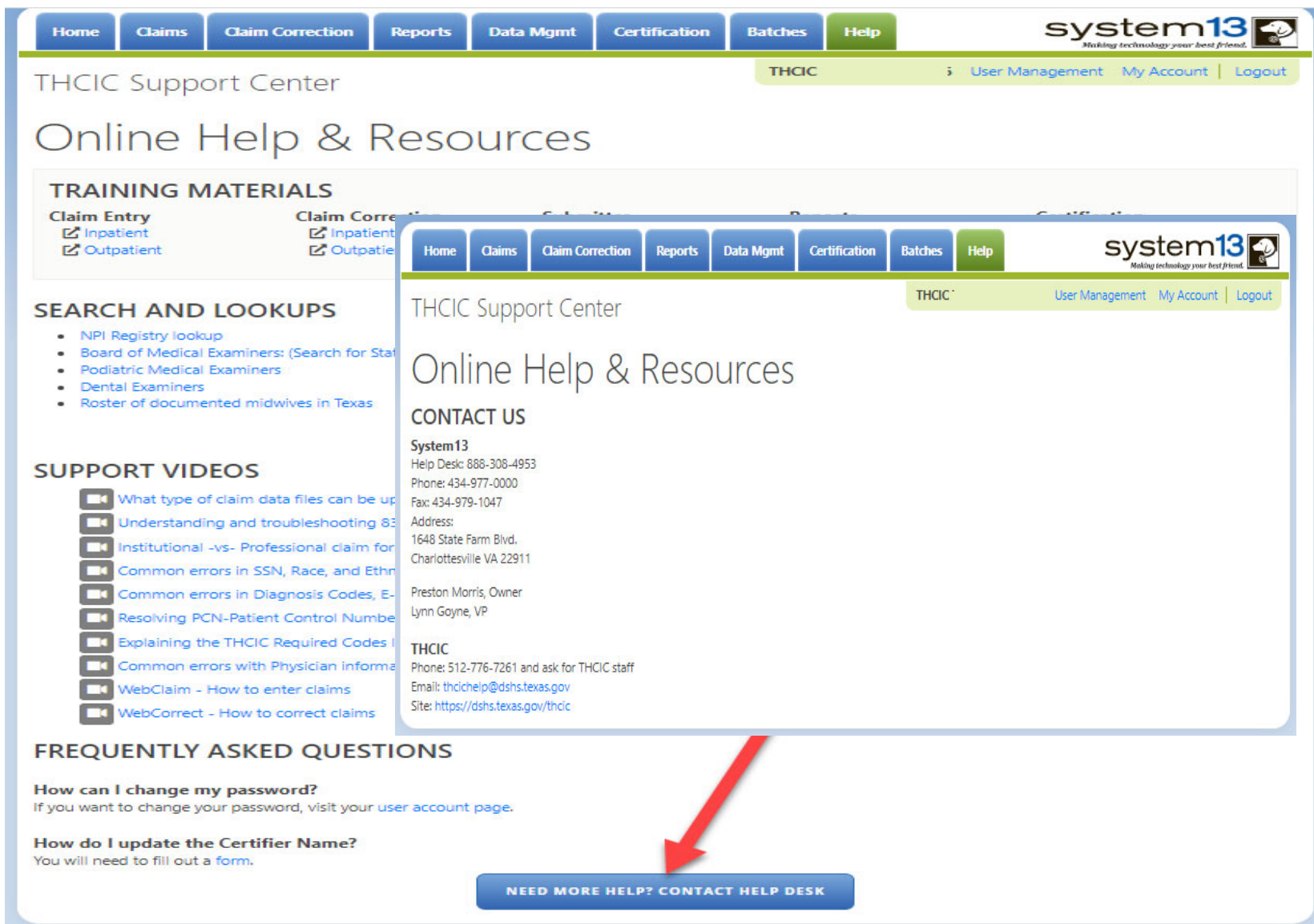
How can I change my password?
If you want to change your password, visit your [user account page](#).

How do I update the Certifier Name?
You will need to fill out a [form](#).

NEED MORE HELP? CONTACT HELP DESK

Provider Tab Help – Need More Help

Help



The screenshot displays the THCIC Support Center website. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'Help' tab is highlighted. Below the navigation bar, the page title is 'THCIC Support Center' and 'Online Help & Resources'. The main content area is divided into several sections:

- TRAINING MATERIALS:** Includes links for Claim Entry (Inpatient, Outpatient) and Claim Correction (Inpatient, Outpatient).
- SEARCH AND LOOKUPS:** Includes links for NPI Registry lookup, Board of Medical Examiners (Search for State), Podiatric Medical Examiners, Dental Examiners, and Roster of documented midwives in Texas.
- SUPPORT VIDEOS:** Includes links for What type of claim data files can be uploaded, Understanding and troubleshooting 83, Institutional -vs- Professional claim for, Common errors in SSN, Race, and Ethnicity, Common errors in Diagnosis Codes, E, Resolving PCN-Patient Control Number, Explaining the THCIC Required Codes, Common errors with Physician information, WebClaim - How to enter claims, and WebCorrect - How to correct claims.
- FREQUENTLY ASKED QUESTIONS:** Includes questions like 'How can I change my password?' and 'How do I update the Certifier Name?'. A red arrow points from the bottom of this section to a button.

On the right side of the page, there is a 'CONTACT US' section with contact information for System13 and THCIC. At the bottom, a blue button reads 'NEED MORE HELP? CONTACT HELP DESK'.

Claim Correction

AGENDA



- ✓ Data Correction Schedule
- ✓ System Feature
- ✓ Claim Correction
- ✓ Navigating In Claim Correction
- ✓ Making corrections to your data by using Claim Correction
- ✓ Data Correction – Methods
 - ✓ Hospitals will use one of the following methods for correcting files or claims:
 - ✓ Hospital submits a corrected replacement claim (XX7) file or void/cancel (XX8) claim file and a corrected original bill type claim file to System 13 through the hospital's own information system (But an original XXI must be originally submitted.)
 - ✓ Vendor's Correction Mechanism





Claim Correction Due Dates

Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

Activity	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Cutoff for initial submission	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23
Cutoff for corrections (Free)	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23	11-1-23
Facilities retrieve certification files	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23	12-1-24
** Cutoff for corrections at time of certification (Associated Fees)	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-3-23	10-2-23	1-2-24
Certification/comments due	4-15-22	7-15-22	10-17-22	1-17-23	4-17-23	7-17-23	10-16-23	1-16-24

'Cutoff for corrections' is the date when all corrections must be submitted via Claim Correction or uploading a new file data file. If changes are to be made to the data after the cutoff for corrections, System I 3 will assess a fee. **** Please note**, cutoff for corrections at the time of certification is for facilities that make changes to their data at the time of certification. A fee will be assessed through System I 3 to make these changes to data at 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.

The email will suggest that if the Certifier determines that the data is complete and accurate after reviewing the reports, then they should consider choosing the Encounter or Event on Demand (EOD) option on their certification tab for that quarter. If you do not choose to start the EOD option, the certification process will start after the cutoff for corrections as it does now.

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



Go To Correct Errors/ Claim Correction



The user can go to claim corrections through the provider tab or the dashboard icon

Claim Correction

CORRECT ERRORS



Opening Claim Correction

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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THCIC Support Center


[SEARCH](#) [ADVANCED SEARCH](#) [START CORRECTIONS](#)

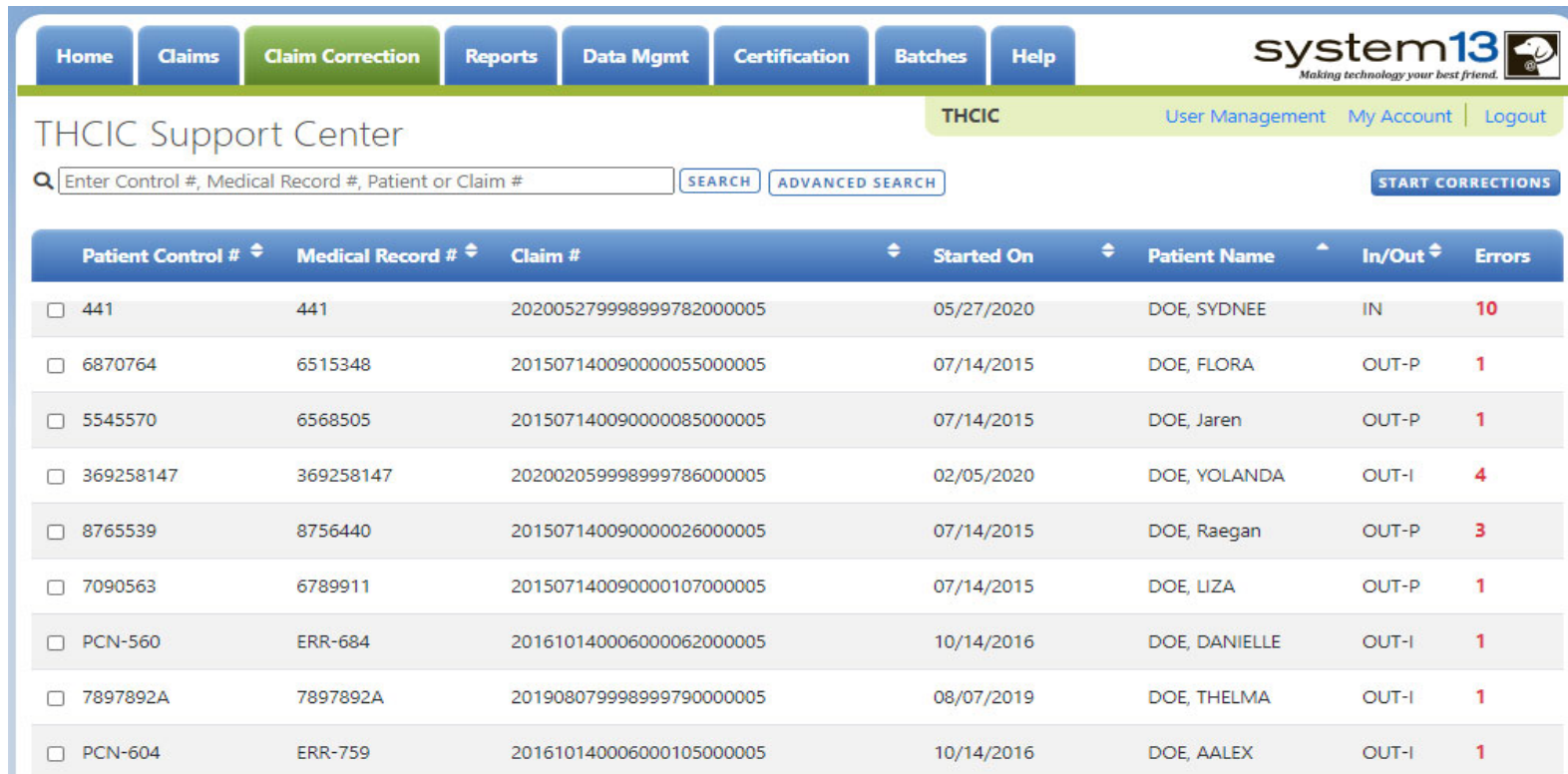
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
<input type="checkbox"/> 6870764	6515348	201507140090000055000005	07/14/2015	DOE, FLORA	OUT-P	1
<input type="checkbox"/> 5545570	6568505	201507140090000085000005	07/14/2015	DOE, Jaren	OUT-P	1
<input type="checkbox"/> 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
<input type="checkbox"/> 8765539	8756440	201507140090000026000005	07/14/2015	DOE, Raegan	OUT-P	3
<input type="checkbox"/> 7090563	6789911	201507140090000107000005	07/14/2015	DOE, LIZA	OUT-P	1
<input type="checkbox"/> PCN-560	ERR-684	201610140006000062000005	10/14/2016	DOE, DANIELLE	OUT-I	1
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
<input type="checkbox"/> PCN-604	ERR-759	201610140006000105000005	10/14/2016	DOE, AALEX	OUT-I	1
<input type="checkbox"/> 123456789	123456789	201509259998999870000005	09/25/2015	DOE, JOHN	IN	2
<input type="checkbox"/> 789	789	202006019998999774000005	06/01/2020	DOE, JONATHAN	OUT-I	5
<input type="checkbox"/> 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
<input type="checkbox"/> 8007752	8910595	201507140090000129000005	07/14/2015	DOE, JO	OUT-P	2

[SELECT ALL](#) 136 Claims [DELETE](#) [ACCEPT AS IS](#)



Sorting Claim Correction Listing

The user can sort the Claim Correction listing by clicking on the title listings patient control #, medical record #, claim #, processed date, patient name, in/out and errors. Click the title tab to sort the tabs by. The list will sort by this tab. The arrow  direction will indicate will determine the direction of the listing.



The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction (active), Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is on the right with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. There is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and buttons for 'SEARCH' and 'ADVANCED SEARCH'. A 'START CORRECTIONS' button is also present. The main content area displays a table with columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. Each column has a sort arrow icon. The table contains 10 rows of data, each with a checkbox in the first column and a red number in the last column.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
<input type="checkbox"/> 6870764	6515348	201507140090000055000005	07/14/2015	DOE, FLORA	OUT-P	1
<input type="checkbox"/> 5545570	6568505	201507140090000085000005	07/14/2015	DOE, Jaren	OUT-P	1
<input type="checkbox"/> 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
<input type="checkbox"/> 8765539	8756440	201507140090000026000005	07/14/2015	DOE, Raegan	OUT-P	3
<input type="checkbox"/> 7090563	6789911	201507140090000107000005	07/14/2015	DOE, LIZA	OUT-P	1
<input type="checkbox"/> PCN-560	ERR-684	201610140006000062000005	10/14/2016	DOE, DANIELLE	OUT-I	1
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
<input type="checkbox"/> PCN-604	ERR-759	201610140006000105000005	10/14/2016	DOE, AALEX	OUT-I	1



Search for Claims

THCIC Support Center

THCIC

[User Management](#) [My Account](#) | [Logout](#)

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

SEARCH

ADVANCED SEARCH

START CORRECTIONS

The user can search claims by:

✕ Control #

✕ Medical record #

✕ Patient or Claim #

THCIC Support Center

THCIC

[User Management](#) [My Account](#) | [Logout](#)

Q 6789

SEARCH

ADVANCED SEARCH

START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 123456789	123456789	201509259998999870000005	09/25/2015	DOE, JOHN	IN	2
<input type="checkbox"/> 7090563	6789911	201507140090000107000005	07/14/2015	DOE, LIZA	OUT-P	1

Q 6789




Pressing 'clear' will take user back to Claim Correction listing.

Advanced Search for Claims

- ✧ **Advanced Search – The user can search by the search criteria below**

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction (highlighted in green), Reports, Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the 'system13' logo with the tagline 'Making technology your best friend.' and a small icon of a dog's head. Below the navigation bar, there is a 'THCIC Support Center' header. On the right side of this header, there are links for 'User Management', 'My Account', and 'Logout'. Below the header, there is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and a 'SEARCH' button. To the right of the search bar is a 'START CORRECTIONS' button. Below the search bar, there is a form with several input fields and dropdown menus. The fields are labeled: 'PATIENT CONTROL #', 'PROCESSING DATE', 'STATEMENT THRU DATE', 'BATCH', 'ERROR CODE', 'PHYSICIAN', 'RACE', and 'ETHNICITY'. There are also 'RESET' and 'SEARCH' buttons at the bottom of the form. A red 'X' icon is visible next to the 'ERROR CODE' field.

- ✧ **Type in search request or choose search criteria.**
- ✧ **Click search to sort listing by search criteria requested.**
- ✧ **Click  to return to the unfiltered list of claims.**



Advanced Search for Claims

THCIC Support Center **Choose Search criteria.** THCIC [User Management](#) [My Account](#) [Logout](#)

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

PATIENT CONTROL #	PROCESSING DATE	STATEMENT THRU DATE	BATCH	ERROR CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	601 - Principal Procedure not reported when Other Procedure(s) reported ×
PHYSICIAN	RACE	ETHNICITY	<input type="button" value="RESET"/> <input type="button" value="SEARCH"/>	<input checked="" type="checkbox"/> Exclude Claims With This Error?

The claim can be modified by error code for claims with this error code. The claim can also have the error code excluded.

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THCIC Support Center THCIC [User Management](#) [My Account](#) [Logout](#)

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

PATIENT CONTROL #	PROCESSING DATE	STATEMENT THRU DATE	BATCH	ERROR CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	601 - Principal Procedure not reported when Other Procedure(s) reported ×
PHYSICIAN	RACE	ETHNICITY	<input type="button" value="RESET"/> <input type="button" value="SEARCH"/>	<input checked="" type="checkbox"/> Exclude Claims With This Error?

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 8765539	8756440	201507140090000026000005	07/14/2015	DOE, Raegan	OUT-P	3

Click Search. A listing with the modified search criteria will display. If no information matching the search criteria then a blank listing will be displayed. Click × to close this modified list, the listing can also be reset to exclude search criteria. To reset, click reset and click search again.

Delete Claim DELETE

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Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help

THCIC User Management My Account Logout

THCIC Support Center

Q Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 1234	678	202109299998999720000005	09/29/2021	DOE, JACKIE	OUT-I	16
<input type="checkbox"/> PCN-						
<input type="checkbox"/> PCN-						
<input checked="" type="checkbox"/> PCN-523 ERR-638		201610140006000025000005	10/14/2016	SSORENSTAM, SSHAQUILLE	OUT-I	1
<input checked="" type="checkbox"/> PCN-516	ERR-631	201610140006000018000005	10/14/2016	MMCGRAW, DDAN	OUT-I	1
<input checked="" type="checkbox"/> PCN-521	ERR-636	201610140006000023000005	10/14/2016	CCARREY, VVALENTINO	OUT-I	1
<input checked="" type="checkbox"/> PCN-513	ERR-628	201610140006000015000005	10/14/2016	OONL, DDEREK	OUT-I	1

SELECT ALL 79 Claims (4 Selected) DELETE ACCEPT AS IS

When the user has a claim 'checked' the user can Delete. If the claim is deleted, there is no way Ssystem13 can get this claim back. Data will have to be reentered into the system.

Accept As Is

ACCEPT AS IS

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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THCIC [User Management](#) [My Account](#) [Logout](#)

THCIC Support Center

[SEARCH](#) [ADVANCED SEARCH](#) [START CORRECTIONS](#)

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 1234	678	202109299998999720000005	09/29/2021	DOE, JACKIE	OUT-I	16
<input type="checkbox"/> PCN-512	ERR-627	201610140006000014000005	10/14/2016	SSEINFELD, SSTEVE	OUT-I	1
<input type="checkbox"/> PCN-						1
<input checked="" type="checkbox"/> PCN-						1
<input checked="" type="checkbox"/> PCN-516	ERR-631	201610140006000018000005	10/14/2016	MMCGRAW, DDAN	OUT-I	1
<input checked="" type="checkbox"/> PCN-521	ERR-636	201610140006000023000005	10/14/2016	CCARREY, VVALENTINO	OUT-I	1
<input checked="" type="checkbox"/> PCN-513	ERR-628	201610140006000015000005	10/14/2016	OONEAL, DDEREK	OUT-I	1

[SELECT ALL](#) 79 Claims (4 Selected) [DELETE](#) [ACCEPT AS IS](#)

When the user has a claim 'checked' the user cannot "Accept As Is". "Accept As Is" feature that allows the system users to remove a submitted claim with errors from the claim correction list, without making the corrections to this claim. Multiple claims cannot be "accepted as is".

Accept As Is

ACCEPT AS IS

The screenshot shows the system13 THCIC Support Center interface. A modal dialog titled "Functionality Moved" is displayed in the center. The dialog contains the following text: "This functionality has been moved. To accept a claim as-is, you must attempt to make all corrections, submit the claim, then click 'Accept As Is' on the error summary screen. The error summary screen is displayed after submitting a claim that still has errors." Below the text is an "OK" button. The background interface includes a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo is in the top right corner. Below the navigation bar, there is a search bar with the placeholder text "Enter Control #, Medical Record #, Patient or Claim #", a "SEARCH" button, and an "ADVANCED SEARCH" button. A "START CORRECTIONS" button is also visible. The main content area shows a list of claims with columns for Patient ID, Error Code, Claim ID, Date, Name, Status, and Count. The list includes entries for PCN-164, PCN-211, and PCN-162. At the bottom, there is a "SELECT ALL" button, a status indicator "79 Claims (3 Selected)", and "DELETE" and "ACCEPT AS IS" buttons.

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THCIC Support Center

THCIC User Management My Account Logout

Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH

START CORRECTIONS

Functionality Moved

This functionality has been moved. To accept a claim as-is, you must attempt to make all corrections, submit the claim, then click "Accept As Is" on the error summary screen. The error summary screen is displayed after submitting a claim that still has errors.

OK

Patient ID	Error Code	Claim ID	Date	Name	Status	Count
258						
7496						
PCN-220						
74741						
8443928						
PCN-164	ERR-680	201610140002000066000005	10/14/2016	GGRISHAM, TTAMMY	IN	1
PCN-211	ERR-727	201610140002000111000005	10/14/2016	DIE, RRUTH	IN	3
PCN-162	ERR-678	201610140002000064000005	10/14/2016	HJIMA, TTVDL	IN	1

SELECT ALL 79 Claims (3 Selected) DELETE ACCEPT AS IS

Accept As Is

ACCEPT AS IS

To mark a claim(s) that has errors, "Accept As Is", the "Accept As Is" button has been added to the claim error screen under claim corrections. You must first review the errors. Once the errors have been reviewed and the facility cannot make the corrections to pull the claim from the correction listing "Accept As Is" is an option.

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend'. Below the navigation bar, the page title is 'THCIC Support Center'. A green bar contains 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. A search bar shows the ID '202109299998999719000005'. Below this, patient information is displayed: 'DOE, COOKIE', 'Medical Record Number: 666', 'Patient Control Number: 666', and 'Outpatient Institutional'. A left sidebar lists navigation options: '1 Patient' (selected), 'Payers', 'Charges', 'Diagnoses', '1 Practitioners', and 'Situational Codes'. A red banner at the bottom of the sidebar states '2 errors in this claim'. The main content area features a red message box: 'Claim has been successfully submitted, but still has errors.' with buttons for 'REVIEW ERRORS', 'NEXT CLAIM', and 'ACCEPT AS IS'. Below the message box, two errors are listed: '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'.



Accept As Is

ACCEPT AS IS

To mark a claim(s) that has errors, "Accept As Is", the "Accept As Is" button has been added to the claim error screen under claim corrections. You must first review the errors. Then click, "Check For Errors". If the facility cannot make the corrections, "Accept As Is" is an option.

The screenshot displays the THCIC Support Center interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is on the right. Below the navigation bar, the page title is 'THCIC Support Center'. A search bar contains the text 'THCIC'. To the right of the search bar are links for 'User Management', 'My Account', and 'Logout'. Below the search bar, there is a dropdown menu showing '202109299998999719000005'. The main content area shows a claim for 'DOE, COOKIE' with 'Medical Record Number: 666' and 'Patient Control Number: 666'. The claim is marked as 'Outpatient Institutional'. On the left, there is a sidebar with a list of categories: Patient (1), Payers (checked), Charges (checked), Diagnoses (checked), Practitioners (1), and Situational Codes (checked). The main content area has a red banner that says 'Claim has been successfully submitted, but still has errors.' Below this banner are two buttons: 'REVIEW ERRORS' and 'NEXT CLAIM'. To the right of these buttons is an 'ACCEPT AS IS' button with a green checkmark. Below the banner, there are two error messages: '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'. At the bottom left, there is a red box that says '2 errors in this claim'.

Please be advised, even if you remove the claim from correction listing using "Accept As Is", the error(s) in claims that have been "accepted as is" still exist and will go against your accuracy rate. Comments will need to be made at the time of certification, as to why the error(s) weren't corrected.

Accept As Is

ACCEPT AS IS

The screenshot displays the 'system13' web application interface for the 'THCIC Support Center'. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC' with options for User Management, My Account, and Logout. The main content area shows a claim for 'DOE, COOKIE' with Medical Record Number 666 and Patient Control Number 666. A red banner indicates 'Claim has been successfully submitted, but still has errors.' with buttons for 'REVIEW ERRORS', 'NEXT CLAIM', and 'ACCEPT AS IS'. A modal dialog box titled 'Accept As Is' is open, containing the text: 'Please do not confirm until you have attempted to correct all fields with errors and the remaining fields with errors have correct data.' and buttons for 'CONFIRM' and 'CANCEL'. A footer bar at the bottom left states '2 errors in this claim'.

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THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

202109299998999719000005

DOE, COOKIE Medical Record Number: 666 Patient Control Number: 666 Outpatient Institutional

1 Patient

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS NEXT CLAIM ACCEPT AS IS

665 - Missing Patient Social Security Number
602 - Invalid Provider's (Overlook) Identifier

Accept As Is

Please do not confirm until you have attempted to correct all fields with errors and the remaining fields with errors have correct data.

CONFIRM CANCEL

2 errors in this claim

Accept As Is

ACCEPT AS IS

Accepted As Is.

X

The claim will be removed from the claim correction list but will still be on the “Claim” listing with a green “A” and a number, which the number indicates how many errors are on the claim and the “A” indicates the claim was accepted as is. Even after a claim has been accepted as is, it can still be corrected by finding the claim on the Claims list and updating the claim.

The screenshot shows the 'system13' web application interface. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'Claims' link is highlighted. Below the navigation bar, there's a 'THCIC Support Center' section with a search bar and buttons for 'SEARCH' and 'ADVANCED SEARCH'. To the right, there are links for 'User Management', 'My Account', and 'Logout'. Below this, there are buttons for 'NEW CLAIMS IN PROGRESS' and 'ADD NEW CLAIM'. The main content area displays a table of claims with the following columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. A single claim is listed with a checkbox, Patient Control # 666, Medical Record # 666, Claim # 202109299998999719000005, Started On 09/29/2021, Patient Name DOE, COOKIE, In/Out OUT-I, and Errors 2A.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 666	666	202109299998999719000005	09/29/2021	DOE, COOKIE	OUT-I	2A

Once this has been updated, check for errors. If the claims still has errors, it will go back to the claim listing. You can also “Accept As Is” again, if the claim still contains errors.

Claim has been successfully submitted, but still has errors.

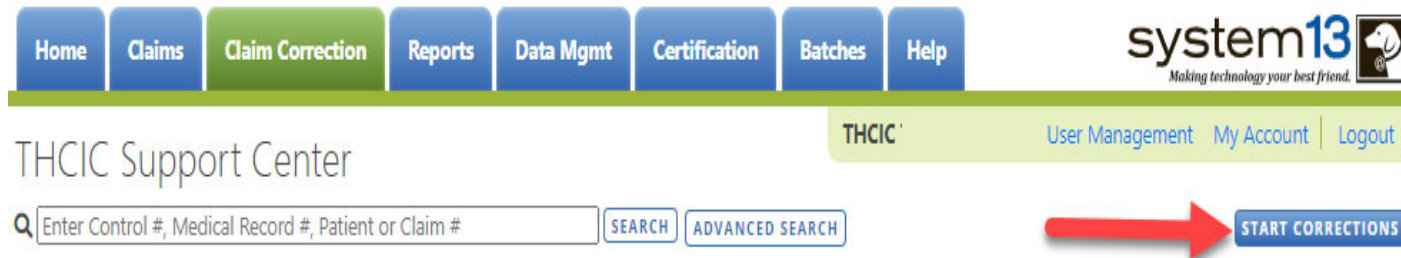
REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

693 - Invalid Physician 1 (Operating) Identifier

Start Corrections



When using start corrections the correction process will go through each claim as they are listed on the Claim Correction listing.


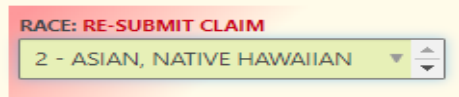

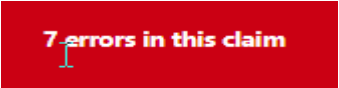



Start Corrections will move sequentially through all claims in the current claims correction list and open the edit screen focused on the first error in the claim. By using Start Corrections followed by SUBMIT and Next Claim all errors can be accessed in order.



The start correction will go through each claim as they are listed on the Claim Correction listing.

Errors in a Claim

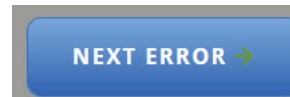
- ✓ The errors in a claim will be identified by a **pink tint**. 
- ✓ When changes are made to a claim's field the changes will be indicated by a faded red tint/ green display. 
- ✓ On the tab that identifies that identifies the different tab of the claim, the number encircled in red will indicate how many errors are on the claim tab, as shown below. 
- ✓ Each claim gives an error count as to how many errors are on the claim at the lower left corner. 
- ✓ By clicking the , this allows the user to open that part of the claim to make corrections.



Next Error & Check for Errors



- ✓ Making changes to claims automatically saves the updates to the system. Next error will move to the next error in the claim. The claims can be submitted at any time. You must submit to have another audit ran on the claims to check for errors.



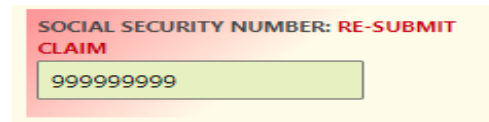
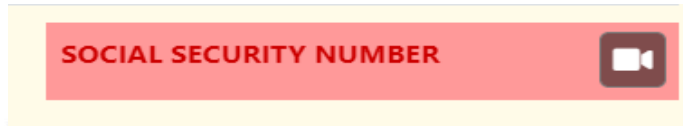
- ✓ Clicking next will save the changes and take the user to the next error in the claim, if the claim has more than one error. After the user has gone through all errors click check for errors, which checks for more errors and resubmits corrected claim.



- ✓ Always check for errors before moving to the next claim so the error count and error status of the claim will be updated. If the claim is not submitted the error status will not be accurate and the claim will stay on the Claim Correction listing. The claim may still have other errors also. The user must click check for errors for the claim to be checked for errors and to be taken off the claim correction listing, if it no longer has errors.



Next Error



Next Error:

- ✓ Click to move to the next claim on the Claim Correction listing.
- ✓ **NOTE:** If the user hasn't moved through all the claims errors on the list, check for errors will always be an option.
- ✓ This button will load the next claim in the current list and open the next claim's first error.
- ✓ If the user is on a modified list, then the next claim will be the next claim on the modified listing.
- ✓ After each field is corrected, that field will say check for errors. You must choose to check for errors to make sure the claims has no more errors or to check if a field is correct.



Check for Errors

CHECK FOR ERRORS

Review Errors button:



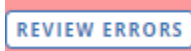


Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

783 - The Claim must have either a THCIC required HCPCS code or a THCIC required revenue code.
637 - Invalid Patient SSN
672 - Invalid Service Line Procedure Code
685 - Missing Unit Measurement Code.
679 - Charges present but no corresponding Revenue Code
672 - Invalid Service Line Procedure Code
670 - Revenue Code in first service line detail is missing
608 - Missing Principal Diagnosis
701 - Primary Payer Name is required
692 - Invalid Physician 1 (Operating) Qualifier

-  The user will get a list of all errors that are still on the claim.
-  Click  and the user will be taken back into the claims that was just submitted to review the error(s) on the claim.
-  Press ENTER to navigate on a tab to go through errors or click next which will take the user to the next error in the claim. Once all error has been reviewed or modified, submit claim.
-  If there are no more errors the user will get the following message.

Claim has been successfully submitted.

NEXT CLAIM →



Look Up Calendar

BIRTH DATE:

01/24/1866

631 - Patient age > 115 years or < zero years

The fields that have calendars  are indicated by the icon and open up as listed below.

631 - Patient age > 115 years or < zero years

BIRTH DATE:

01/14/1866

January 1866

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

Today



Look Up Features

FACILITY TYPE CODE:

13 - HOSPITAL OUTPATIENT × ▲

12 - HOSPITAL INPATIENT MEDICARE PART B

13 - HOSPITAL OUTPATIENT

14 - HOSPITAL LABORATORY SVCS TO NON-PATIENTS

22 - SKILLED NURSING FACILITY INPAT MEDICARE B

23 - SKILLED NURSING FACILITY OUTPAT

43 - RELIG NON-MED HEALTH CARE, OUTPAT SVCS

82 - SPECIAL FACILITY HOSPICE (HOSPITAL BASED)

The fields that have the arrow ▲ have look up menus like listed below.

SOCIAL SECURITY NUMBER:

SSAN

Video: Help with SSN/race/ethnicity common issues

Fields that have a  have linked videos to describe what needs to be included in this field.



Errors in the Claim

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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Back to list of claims

202002059998999786000005

DOE, JANE

Medical Record Number: 369258147

Patient Control Number: 369258147

Outpatient Institutional

5 Patient

1 Payers

1 Charges

1 Diagnoses


1 Practitioners

Situational Codes

The number of errors in a given tab is indicated by the number circled in red next to the tab name.

Claim Information

PATIENT CONTROL NUMBER
369258147

Click  to edit tab information.

Personal Information

NAME
JANE DOE

MEDICAL RECORD NUMBER
369258147

SOCIAL SECURITY NUMBER

ADDRESS
802 WIND BLOWN DRIVE
UNITED STATES

BIRTH DATE
01/01/1980

SEX

RACE
5 - OTHER RACE

ETHNICITY

Bill Type

STATEMENT FROM/THRU
From: 10/10/2019
Though: 10/10/2019

FACILITY TYPE CODE
13 - HOSPITAL OUTPATIENT

CLAIM FREQUENCY TYPE CODE
1 - ADMIT THROUGH DISCHARGE CLAIM

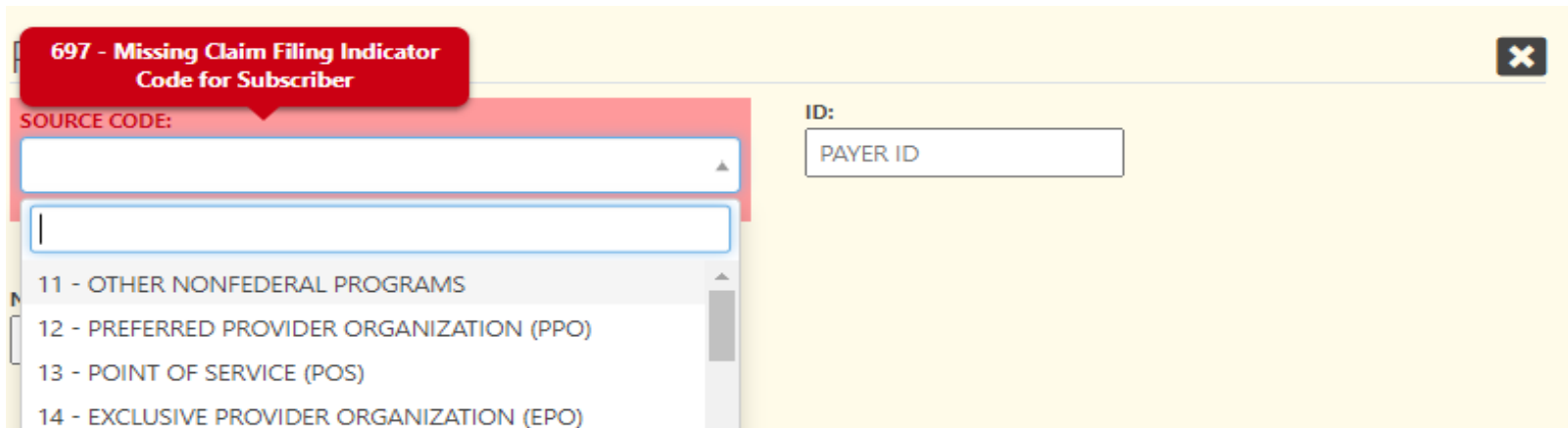
9 errors in this claim

Number of errors in the claim is 9.

NEXT ERROR →

CHECK FOR ERRORS

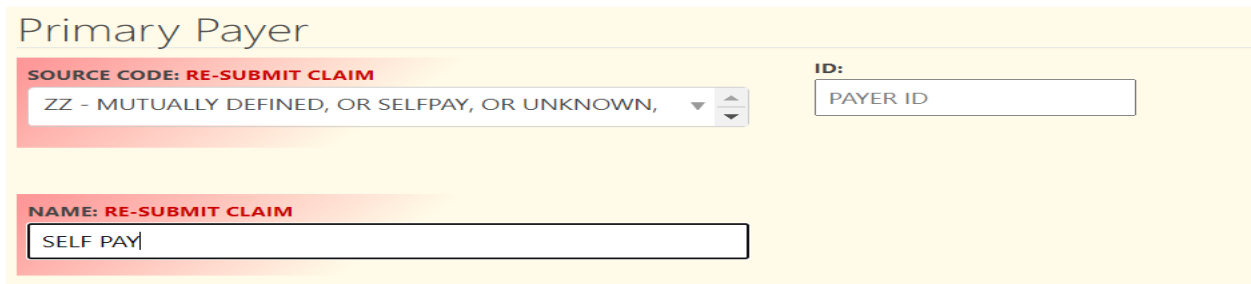
Error in the Claim



If the user clicks in the field that has the error an explanation of this error will be displayed.

Clicking  will close the tab.

If the option 'ZZ – Mutually defined, or Self Pay, or Unknown, or Charity' is chosen as the payer, do not identify the payer's name under the payer name. Payer name should also be Self Pay, as pictured below.



Next Error

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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[Back to list of claims](#)

202002059998999786000005

DOE, JANE

Medical Record Number: 369258147

Patient Control Number: 369258147

Outpatient Institutional

6 Patient

[Payers](#)

[Charges](#)

1 [Diagnoses](#)

1 [Practitioners](#)

[Situational Codes](#)

Which tabs the errors are on now.

Claim Information

PATIENT CONTROL NUMBER:
369258147

783 - The Claim must have either a THCIC required HCPCS code or a THCIC required revenue code.

If an error is on the patient control number, this indicates that an error on the charges tab.

Personal Information

NAME
JANE DOE

MEDICAL RECORD NUMBER
369258147

SOCIAL SECURITY NUMBER

ADDRESS
802 WIND BLOWN DRIVE
UNITED STATES

BIRTH DATE
01/01/1980

SEX

RACE
5 - OTHER RACE

ETHNICITY

Bill Type

STATEMENT FROM/THRU
From: 10/10/2019
Through: 10/10/2019

FACILITY TYPE CODE
13 - HOSPITAL OUTPATIENT

CLAIM FREQUENCY TYPE CODE
1 - ADMIT THROUGH DISCHARGE CLAIM

8 errors in this claim

NEXT ERROR →

CHECK FOR ERRORS

Next Error in Claim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

Back to list of claims

DOE, JANE Medical Record Number: 369258147 Patient Control Number: 369258147 Outpatient Institutional

1 Patient

✓ Payers

✓ Charges

1 Diagnoses

1 Practitioners

✓ Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

608 - Missing Principal Diagnosis

PRINCIPAL:

A000 - CHOLERA DUE TO VIBRIO CHOLERAЕ 01, BIOVAR CHOLERAЕ

A001 - CHOLERA DUE TO VIBRIO CHOLERAЕ 01, BIOVAR ELTOR

A009 - CHOLERA, UNSPECIFIED

A0100 - TYPHOID FEVER, UNSPECIFIED

A0101 - TYPHOID MENINGITIS

OTHER DIAGNOSIS CODES:







3 errors in this claim

When you click, next error the next error in the claim will open.

As you correct the claim, the number of errors in claim count will go down.

CHECK FOR ERRORS

Charges Tab

-  Monetary amounts can be entered as partial dollar amounts by entering a decimal.
-  The user must select a qualifier to enable the Procedure Code List.
-  The modifiers are entered in sequence with the next modifier being activated as the user navigates from left to right.
-  If the Total Claim Charges are marked in error a Recalculate button will appear. Clicking will sum the charges in all the revenue line items present in the claim.
-  Click on the Add Charge button that is located next to Total Claim Charges to add a new charge to the claim.
-  Click on the line item on the left screen to display the detail charge record in right screen.



Errors on the Charges Tab

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC User Management My Account Logout

THCIC Support Center

Back to list of claims

DOE, JANE Medical Record Number: 369258147 Patient Control Number: 369258147 Outpatient Institutional

2 Patient
✓ Payers
1 Charges
1 Diagnoses
1 Practitioners
✓ Situational Codes

0490
HC

REVENUE CODE: QUALIFIER:
672 - Invalid Service Line Procedure Code

PROCEDURE CODE:
0001F - HEART FAILURE COMPOSITE
0001T - ENDOVAS REPR ABDO AO ANEURYS
0001U - RBC DNA HEA 35 AG 11 BLD GRP
0002F - TOBACCO USE, SMOKING, ASSESS
0002U - ONC CLRCT 3 UR METAB ALG PLP
0003F - TOBACCO USE, NON-SMOKING
0003T - CERVICOGRAPHY

CHARGE: 22500.00 NON COVERED CHARGE: 0.00




TOTAL CHARGES: \$22,500.00 ADD CHARGE

5 errors in this claim

NEXT ERROR → CHECK FOR ERRORS



Diagnosis & Procedure Tab and Situational Tab

-  Selection of codes in the procedure code, value code, occurrence spans and Occurrences by dates fields without an accompanying entry of the associated field on the line item will be saved automatically.
-  Enter all data prompted data on the line.
-  Tabbing out of the last field on the line will generate a new entry line for additional line item entry up to the maximum amount allowed for the type of data being entered.



Diagnosis & Procedure Tab Error

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Back to list of claims

DOE, JANE Medical Record Number: 369258147 Patient Control Number: 369258147 Outpatient Institutional

2 Patient

✓ Payers

1 Charges

1 Diagnoses

1 Practitioners

✓ Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

608 - Missing Principal Diagnosis

PRINCIPAL:

A000 - CHOLERA DUE TO VIBRIO CHOLERAЕ 01, BIOVAR CHOLERAЕ

A001 - CHOLERA DUE TO VIBRIO CHOLERAЕ 01, BIOVAR ELTOR

A009 - CHOLERA, UNSPECIFIED

A0100 - TYPHOID FEVER, UNSPECIFIED

A0101 - TYPHOID MENINGITIS

OTHER DIAGNOSIS CODES:

5 errors in this claim

NEXT ERROR →

CHECK FOR ERRORS



Next Error

[Home](#) [Claims](#) [Claim Correction](#) [Reports](#) [Data Mgmt](#) [Certification](#) [Batches](#) [Help](#)

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THCIC [User Management](#) [My Account](#) [Logout](#)

202002059998999786000005

DOE, JANE Medical Record Number: 369258147 Patient Control Number: 369258147 Outpatient Institutional

2 Patient
✓ Payers
1 Charges
✓ Diagnoses
1 Practitioners
✓ Situational Codes

Physician 1 (Operating)

ID TYPE: ID NUMBER: 1689638959

FIRST NAME: NATLLVILLE MIDDLE: LAST NAME: BASSERWIDTH

(Initial)

Please be advised the physician error will always show on the ID type or ID number, even if the error is with the physician's name. Please make sure the ID type, number and name are correct. If the physician's name isn't present the error will show on that field.

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

4 errors in this claim

NEXT ERROR → CHECK FOR ERRORS



Submit Claim, but Still Contains Errors

The screenshot shows the 'system13' interface with a navigation bar containing 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'Claims' tab is active. Below the navigation bar, the 'THCIC Support Center' header is visible. A 'Back to list of claims' link is present. The main content area shows a claim submission status: 'Claim has been successfully submitted, but still has errors.' Below this message are three buttons: 'REVIEW ERRORS', 'NEXT CLAIM →', and 'ACCEPT AS IS ✓'. A list of errors is displayed below the buttons:

- 784 - The Claim must contain at least one HCPCS code.
- 665 - Missing Patient Social Security Number
- 672 - Invalid Service Line Procedure Code

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The next claim will open up to the first error on the next claim. Accept as is, needs to be verified that the claim still has errors, but will be taken off the claim correction listing. This error will still be held against your facility at certification.

Accepted As Is.

Claim Successfully Submitted

Claim has been successfully submitted.

[NEXT CLAIM →](#)

Claim successfully submitted, you can go to the next claim on the claim correction listing.



Professional Charges Tabs correct the claims the same way as institutional

The screenshot displays the 'system13' interface for the 'THCIC Support Center'. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC' with options for User Management, My Account, and Logout. The main header shows 'THCIC Support Center' and a search bar with the value '201507140090000129000005'. Below this, the patient information is displayed: 'DOE, JO', 'Medical Record Number: 8910595', 'Patient Control Number: 8007752', and 'Outpatient Professional'.

On the left, a sidebar lists tabs for Patient (5), Payers (2), Charges (1), Diagnoses (1), and Practitioners (1). The 'Patient' tab is selected, and a text box explains: 'The number of errors in a given tab is indicated by the number circled in red next to the tab name. Outpatient professional does not have situational codes.'

The main content area shows 'Claim Information' and 'Personal Information'. The 'Claim Information' section includes 'PATIENT CONTROL NUMBER 8007752'. The 'Personal Information' section includes fields for NAME (JO DOE), MEDICAL RECORD NUMBER (8910595), SOCIAL SECURITY NUMBER, ADDRESS (52891 LABADIE BROOK, ROUND ROCK, TX, UNITED STATES), BIRTH DATE (06/23/1939), SEX, RACE (2 - ASIAN, NATIVE HAWAIIAN OR PACIFIC ISLANDER), ETHNICITY, FACILITY TYPE CODE, and CLAIM FREQUENCY TYPE CODE.

A text box in the center states: 'The changes will need to be made to the professional form, as they were made to the institutional form. The facility will be able to save, save next error and submit the claim.'

At the bottom, a red box indicates '10 errors in this claim'. A summary bar shows 'Number of errors in the claim is 10.' and buttons for 'NEXT ERROR' and 'CHECK FOR ERRORS'.

Claim Correction Professional Submission

Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

Back to list of claims

201507140090000129000005

DOE, JO Medical Record Number: 8910595 Patient Control Number: 8007752 Outpatient Professional

✓ Patient
✓ Payers
✓ Charges
✓ Diagnoses
✓ Practitioners

Claim has been successfully submitted.
NEXT CLAIM →

The changes will need to be made to the professional form, as they were made to the institutional form. As you go through the errors, the system automatically saves the data.

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The claim will open up to the first error on the next claim. CLAIMS MUST BE SUBMITTED TO HAVE ANOTHER AUDIT TO SEE IF THERE ARE FURTHER ERRORS and the changes to be updated in the system.



Claim Correction

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



Fax: 512- 776-7740






E-mail: THCIChelp@dshs.texas.gov



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



THCIC Contact

- ✓ Contact Tiffany Overton at email  Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- ✓ Contact Dee Roes at email  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.





Contact



Address:

System I 3, 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>

