



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Outpatient Claim Entry

(Formerly WebClaim)

Revised December 2021

Background Information

✓ Chapter 108 of the Texas Health and Safety Code established and authorizes THCIC to collect and report on outpatient/inpatient discharge data.

✓ <http://www.statutes.legis.state.tx.us/Docs/HS/word/HS.108.doc>

✓ <http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.108.pdf>



THCIC Rules



Title 25. Health Services

Subchapter A – Collection and Release of Hospital Discharge Data

Subchapter D – Collection and Release of Outpatient Surgical and Radiological Procedures at Hospitals and Ambulatory Surgical Centers

 [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

TEXAS SECRETARY OF STATE

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



TEXAS
Health and Human
Services

Texas Department of State
Health Services



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>

Data Reporting Schedule



When are my
submissions due?

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

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Health and Human
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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

Home >
Texas Health Care Information Collection Home >
Inpatient and Outpatient Data Reporting Schedule

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.

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

Activity	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Cutoff for initial submission	9-1-21	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23
Cutoff for corrections (Free)	11-1-21	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23
Facilities retrieve certification files	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 at time of certification (Associated Fees)	1-3-22	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-2-23	10-2-23
Certification/comments due	1-18-22	4-15-22	7-15-22	10-17-22	1-16-23	4-17-23	7-17-23	10-16-23

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

Last updated October 26, 2021

TEXAS
Health and Human
Services

Texas Department of State
Health Services

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:

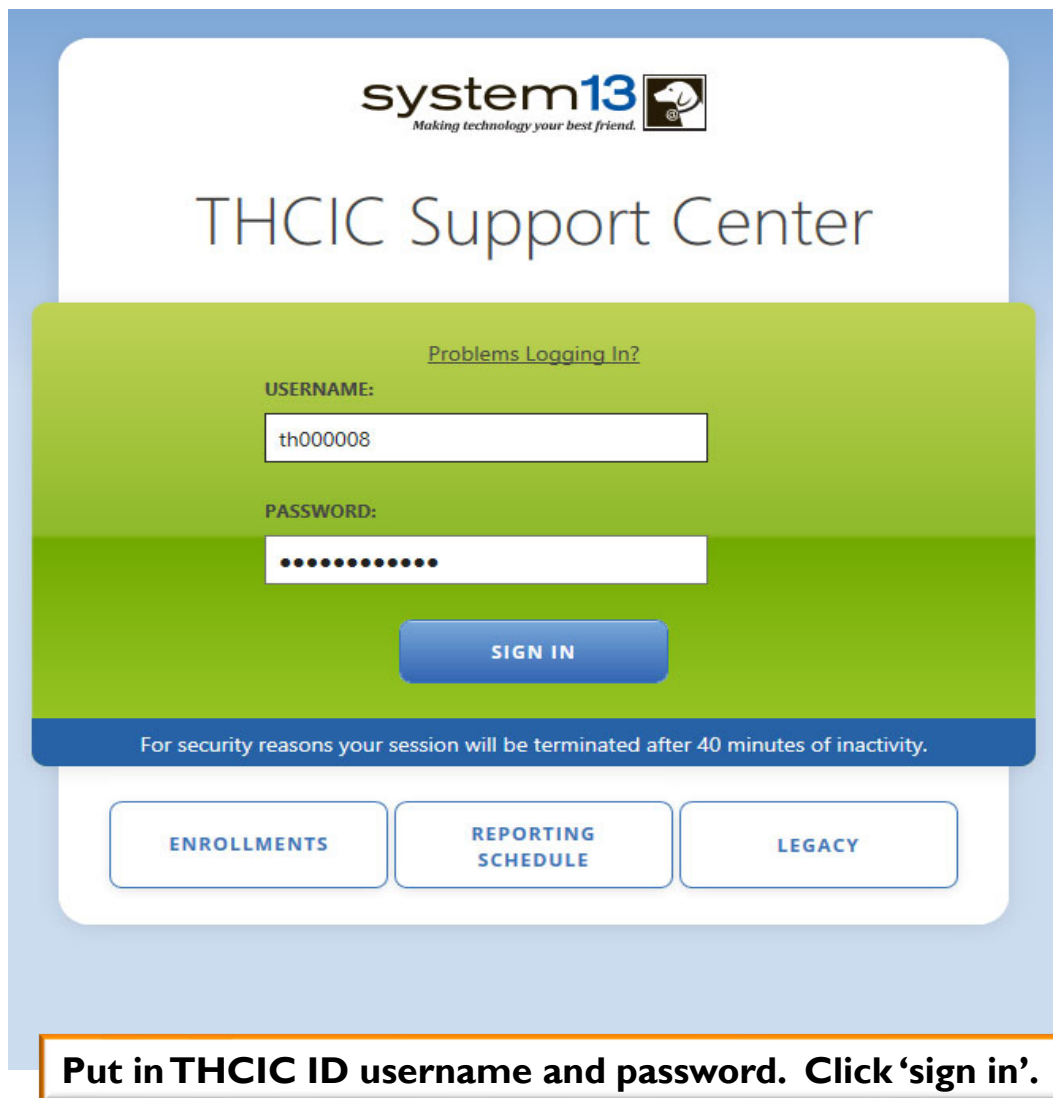
PASSWORD:

SIGN IN

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

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

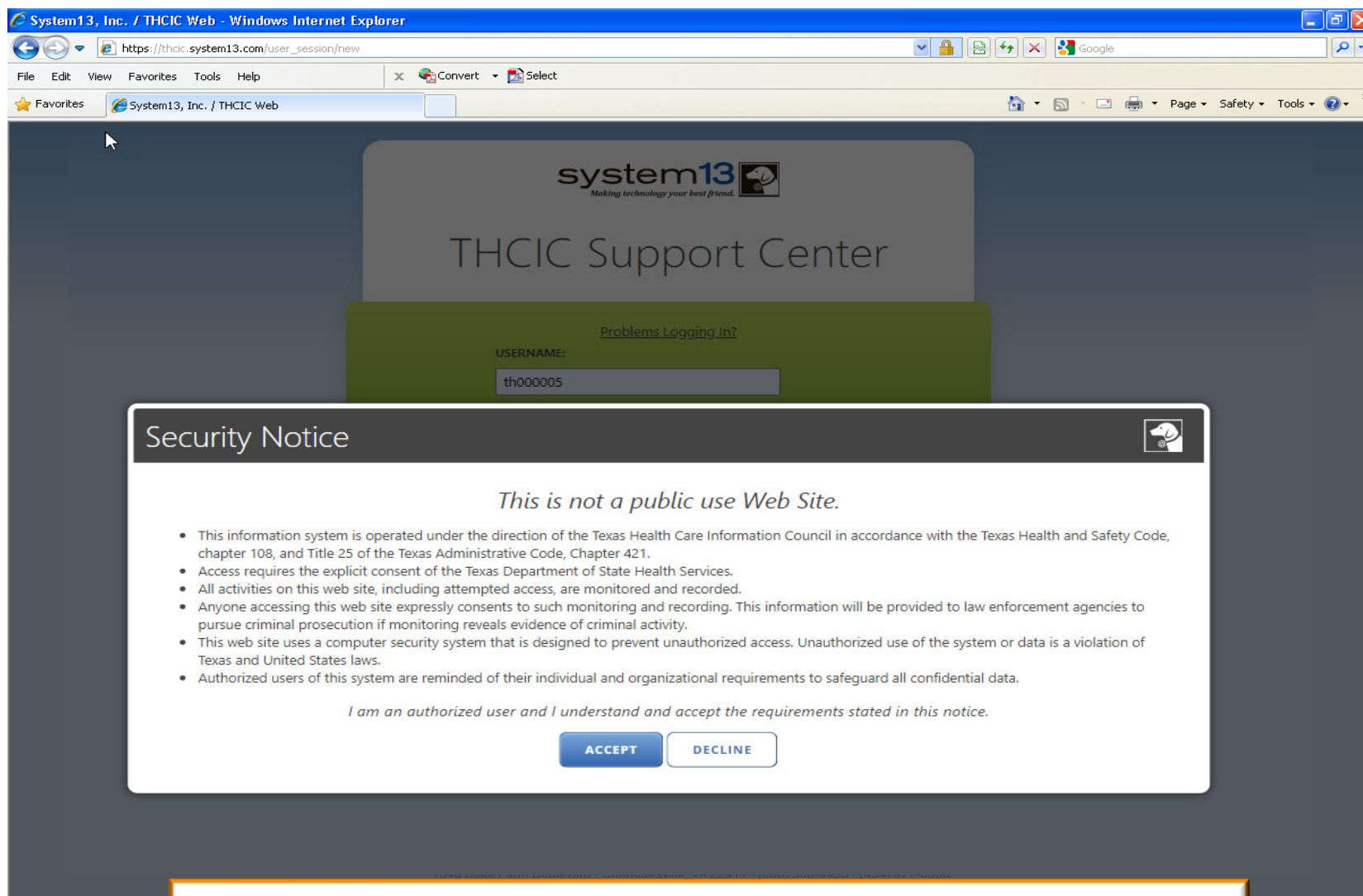
Log In the System as a Provider



The screenshot shows the login interface for the system13 THCIC Support Center. At the top, the system13 logo is displayed with the tagline "Making technology your best friend." and a small icon of a person's head. Below the logo, the text "THCIC Support Center" is centered. A green login box contains the following elements: a link for "Problems Logging In?", a "USERNAME:" label above a text input field containing "th000008", a "PASSWORD:" label above a password input field filled with dots, and a blue "SIGN IN" button. Below the login box, a blue banner states: "For security reasons your session will be terminated after 40 minutes of inactivity." At the bottom, there are three white buttons with blue borders: "ENROLLMENTS", "REPORTING SCHEDULE", and "LEGACY".

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

Security Notice



The screenshot shows a Windows Internet Explorer browser window displaying the THCIC Support Center login page. The browser's address bar shows the URL https://thcic.system13.com/user_session/new. The page features the System13 logo and the text "THCIC Support Center". A login form is visible with a "USERNAME:" label and a text input field containing "th000005". A "Problems Logging In?" link is also present. Overlaid on the page is a "Security Notice" dialog box. The dialog box has a title bar with a close button and contains the following text:

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.

At the bottom of the dialog box are two buttons: "ACCEPT" and "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.

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

[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.

CERTIFICATION

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

Q4 2019

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

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

No claims are present for this quarter.

Q1 2020

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

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

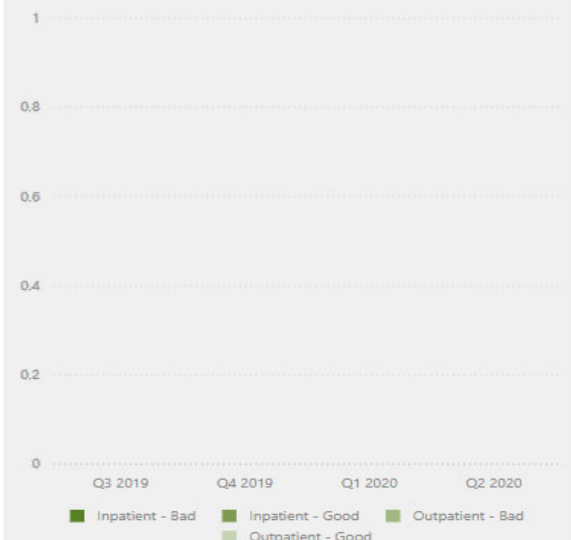
No claims are present for this quarter.

Q2 2020

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

NEXT DEADLINE
 Q1 2020 SUBMISSION

12 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.

Provider Home Page – 1st Row

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



Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q4

2019

SUBMISSION

No claims are present for this quarter.

Submission due 2 Mar 2020

Correction due 1 May 2020

Q1

2020

SUBMISSION

No claims are present for this quarter.

Submission due 1 Jun 2020

Correction due 3 Aug 2020

Q2

2020

SUBMISSION

No claims are present for this quarter.

Submission due 1 Sep 2020

Correction due 2 Nov 2020

Q4

2019

SUBMISSION

Inpatient

Data is already built into a certification set.

Submission due 2 Mar 2020

Correction due 1 May 2020

Q1

2020

SUBMISSION

	Inpatient	Outpatient
JAN	2	0
FEB	0	1
MAR	0	0
OCT	-	2
TOTAL	2	3
ACCURACY	100%	66%

Submission due 1 Jun 2020

Correction due 3 Aug 2020

Q2

2020

SUBMISSION

	Inpatient	Outpatient
APR	1	1
MAY	0	3
JUN	0	0
TOTAL	1	4
ACCURACY	0%	50%

Submission due 1 Sep 2020

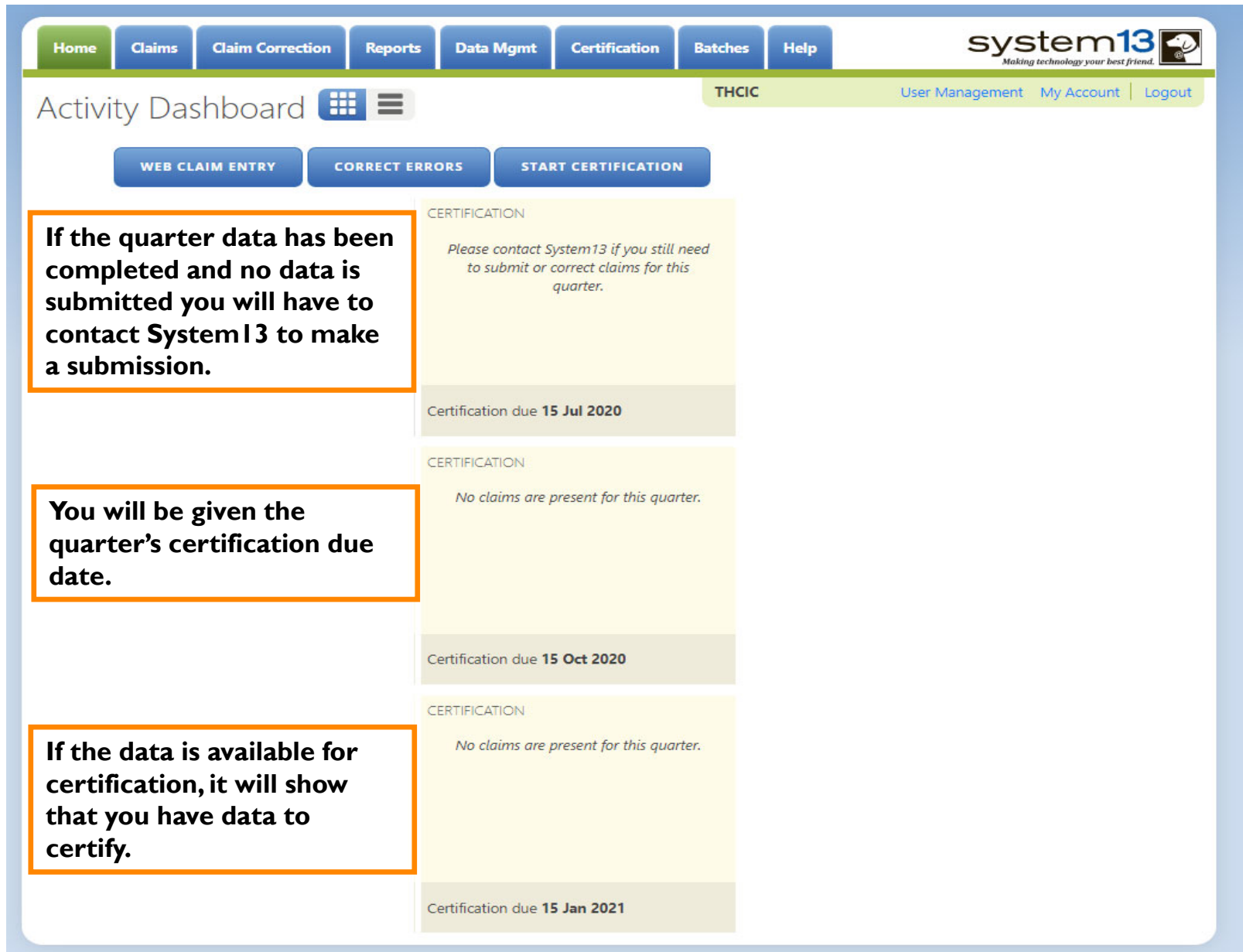
Correction due 2 Nov 2020

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.

You will have errors, this will be shown on this listing.

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Provider Home Page – 2nd Row



The screenshot shows the 'Activity Dashboard' of the System13 provider portal. 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' 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 is divided into three sections, each with a 'CERTIFICATION' header. The first section has a yellow background and contains a message: 'If the quarter data has been completed and no data is submitted you will have to contact System13 to make a submission.' Below this message is a light gray box stating 'Certification due 15 Jul 2020'. The second section also has a yellow background and contains a message: 'You will be given the quarter's certification due date.' Below this message is a light gray box stating 'Certification due 15 Oct 2020'. The third section has a yellow background and contains a message: 'If the data is available for certification, it will show that you have data to certify.' Below this message is a light gray box stating 'Certification due 15 Jan 2021'.

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

If the quarter data has been completed and no data is submitted you will have to contact System13 to make a submission.

CERTIFICATION

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

Certification due **15 Jul 2020**

CERTIFICATION

No claims are present for this quarter.

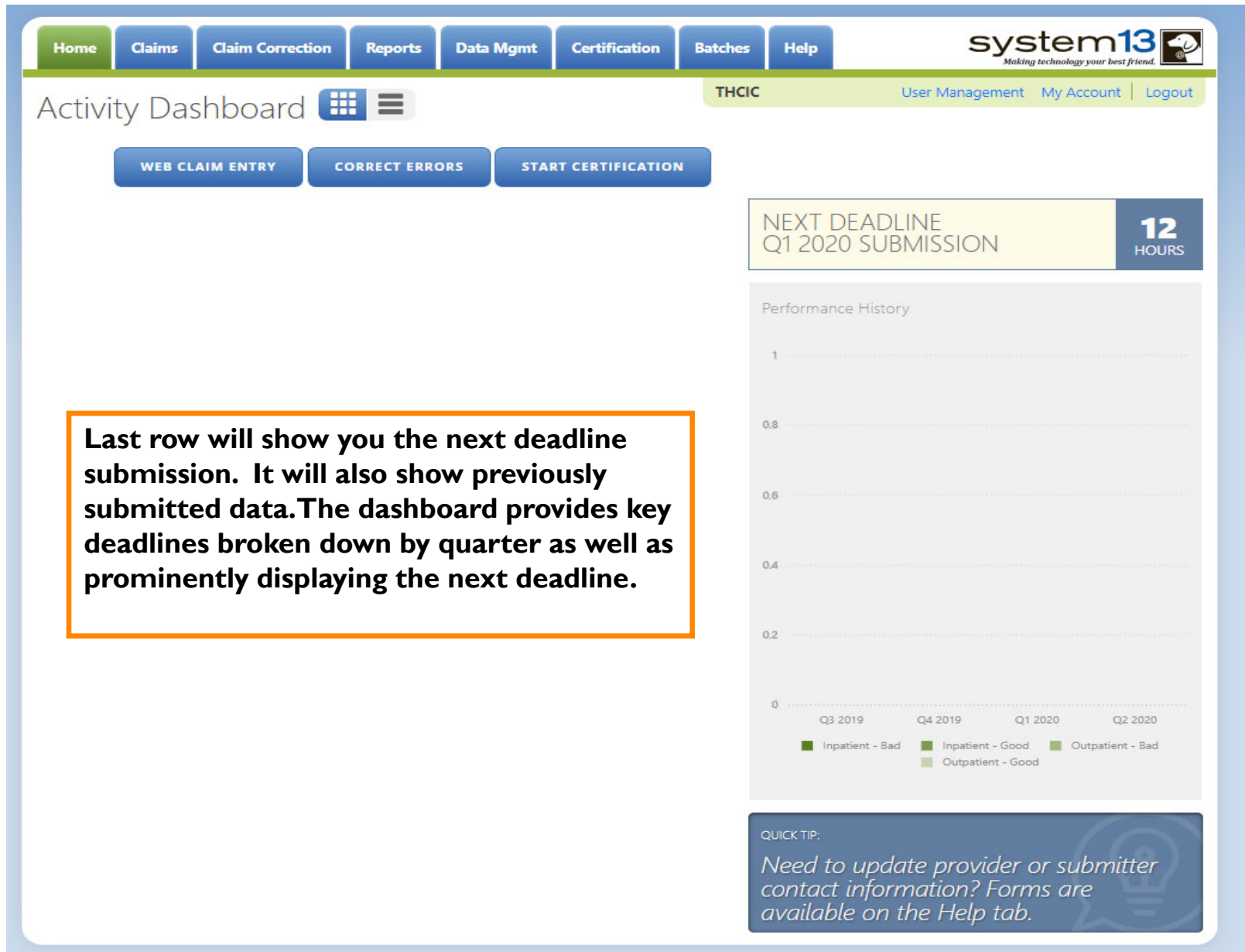
Certification due **15 Oct 2020**

CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

Provider Home Page – 3rd Row



The screenshot displays the 'system13' Provider Home Page. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is on the right. Below the navigation bar, the 'Activity Dashboard' is shown with a grid icon and a hamburger menu icon. A row of three buttons is present: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. To the right, a yellow box highlights the 'NEXT DEADLINE Q1 2020 SUBMISSION' with a '12 HOURS' countdown. Below this is a 'Performance History' section featuring a line chart with data points for Q3 2019, Q4 2019, Q1 2020, and Q2 2020. The chart uses a color-coded legend: dark green for 'Inpatient - Bad', light green for 'Inpatient - Good', dark blue for 'Outpatient - Bad', and light blue for 'Outpatient - Good'. At the bottom right, a 'QUICK TIP' box advises: 'Need to update provider or submitter contact information? Forms are available on the Help tab.'

Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

NEXT DEADLINE
Q1 2020 SUBMISSION **12 HOURS**

Performance History

1

0.8

0.6

0.4

0.2

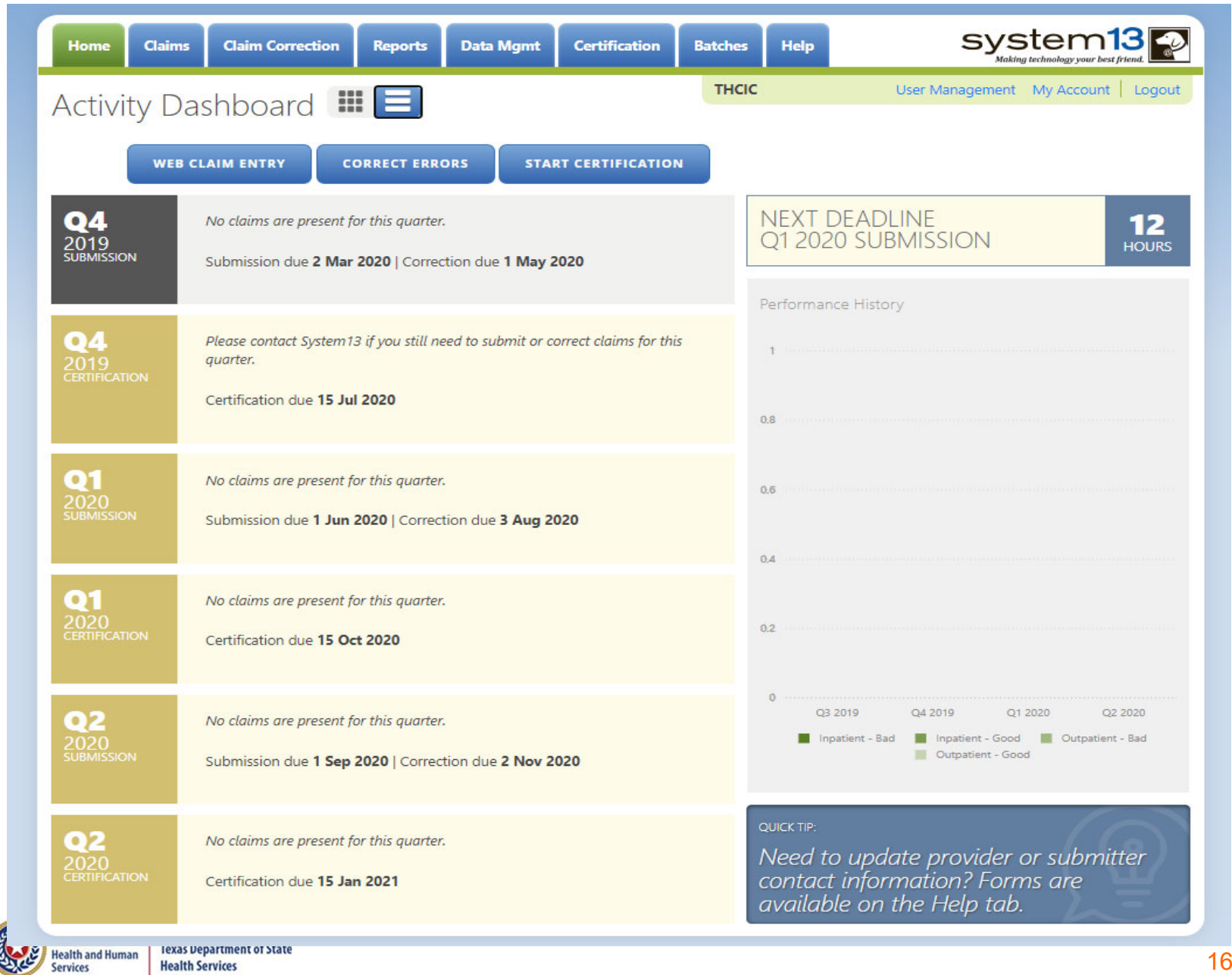
0

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.

Provider Home Page – List View



The screenshot displays the System13 Provider Home Page in List View. The interface features a top navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The System13 logo and tagline "Making technology your best friend." are in the top right corner. Below the navigation bar, the "Activity Dashboard" is shown with a toggle for "THCIC" and links for "User Management", "My Account", and "Logout". Three main action buttons are present: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION".

The dashboard lists several key activities:

- Q4 2019 SUBMISSION:** No claims are present for this quarter. Submission due **2 Mar 2020** | Correction due **1 May 2020**.
- Q4 2019 CERTIFICATION:** Please contact System13 if you still need to submit or correct claims for this quarter. Certification due **15 Jul 2020**.
- Q1 2020 SUBMISSION:** No claims are present for this quarter. Submission due **1 Jun 2020** | Correction due **3 Aug 2020**.
- Q1 2020 CERTIFICATION:** No claims are present for this quarter. Certification due **15 Oct 2020**.
- Q2 2020 SUBMISSION:** No claims are present for this quarter. Submission due **1 Sep 2020** | Correction due **2 Nov 2020**.
- Q2 2020 CERTIFICATION:** No claims are present for this quarter. Certification due **15 Jan 2021**.

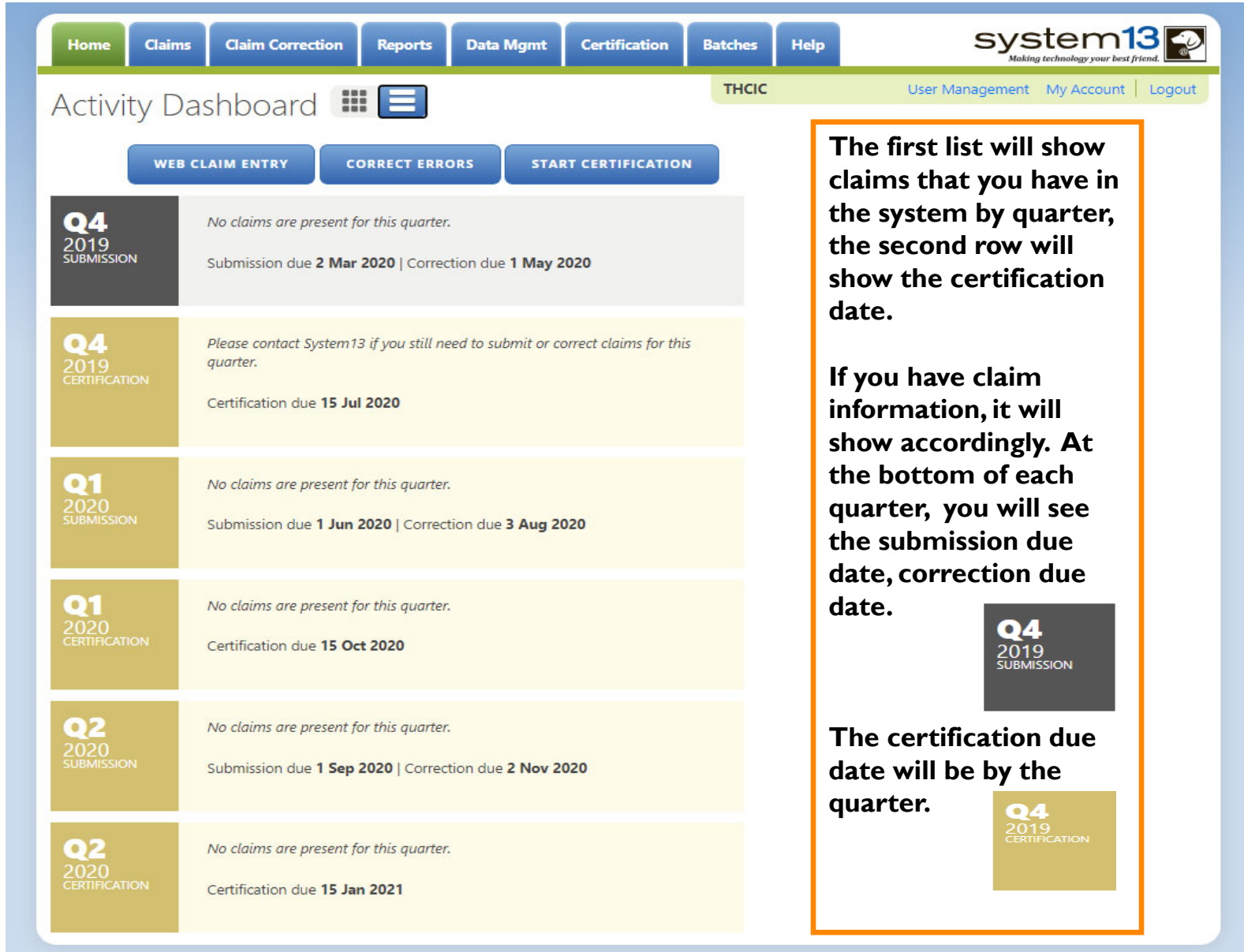
A "NEXT DEADLINE Q1 2020 SUBMISSION" alert indicates a **12 HOURS** deadline.

The "Performance History" section shows a bar chart with a y-axis from 0 to 1.0 and an x-axis for Q3 2019, Q4 2019, Q1 2020, and Q2 2020. The legend indicates: Inpatient - Bad (dark green), Inpatient - Good (light green), Outpatient - Bad (dark grey), and Outpatient - Good (light grey).

A "QUICK TIP" box at the bottom right states: "Need to update provider or submitter contact information? Forms are available on the Help tab."

The footer includes the Texas Department of State Health Services logo and the text "Health and Human Services | Texas Department of State Health Services".

Provider Home Page – 1st Row



The screenshot displays the 'Provider Home Page – 1st Row' of the System13 application. The interface features a top navigation bar with tabs 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, showing a grid of activity cards. The first row of the dashboard contains three cards: 'Q4 2019 SUBMISSION', 'Q4 2019 CERTIFICATION', and 'Q1 2020 SUBMISSION'. The 'Q4 2019 SUBMISSION' card shows 'No claims are present for this quarter.' and 'Submission due 2 Mar 2020 | Correction due 1 May 2020'. The 'Q4 2019 CERTIFICATION' card shows 'Please contact System13 if you still need to submit or correct claims for this quarter.' and 'Certification due 15 Jul 2020'. The 'Q1 2020 SUBMISSION' card shows 'No claims are present for this quarter.' and 'Submission due 1 Jun 2020 | Correction due 3 Aug 2020'. Below these are 'Q1 2020 CERTIFICATION', 'Q2 2020 SUBMISSION', and 'Q2 2020 CERTIFICATION' cards. The 'Q1 2020 CERTIFICATION' card shows 'No claims are present for this quarter.' and 'Certification due 15 Oct 2020'. The 'Q2 2020 SUBMISSION' card shows 'No claims are present for this quarter.' and 'Submission due 1 Sep 2020 | Correction due 2 Nov 2020'. The 'Q2 2020 CERTIFICATION' card shows 'No claims are present for this quarter.' and 'Certification due 15 Jan 2021'. On the right side of the dashboard, there is a callout box with an orange border containing text explaining the first list and certification due date. The bottom of the page features the Texas Health and Human Services logo and the text 'Texas Department of State Health Services'.

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

Q4 2019 SUBMISSION
No claims are present for this quarter.
Submission due **2 Mar 2020** | Correction due **1 May 2020**

Q4 2019 CERTIFICATION
Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Jul 2020**

Q1 2020 SUBMISSION
No claims are present for this quarter.
Submission due **1 Jun 2020** | Correction due **3 Aug 2020**

Q1 2020 CERTIFICATION
No claims are present for this quarter.
Certification due **15 Oct 2020**

Q2 2020 SUBMISSION
No claims are present for this quarter.
Submission due **1 Sep 2020** | Correction due **2 Nov 2020**

Q2 2020 CERTIFICATION
No claims are present for this quarter.
Certification due **15 Jan 2021**

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.

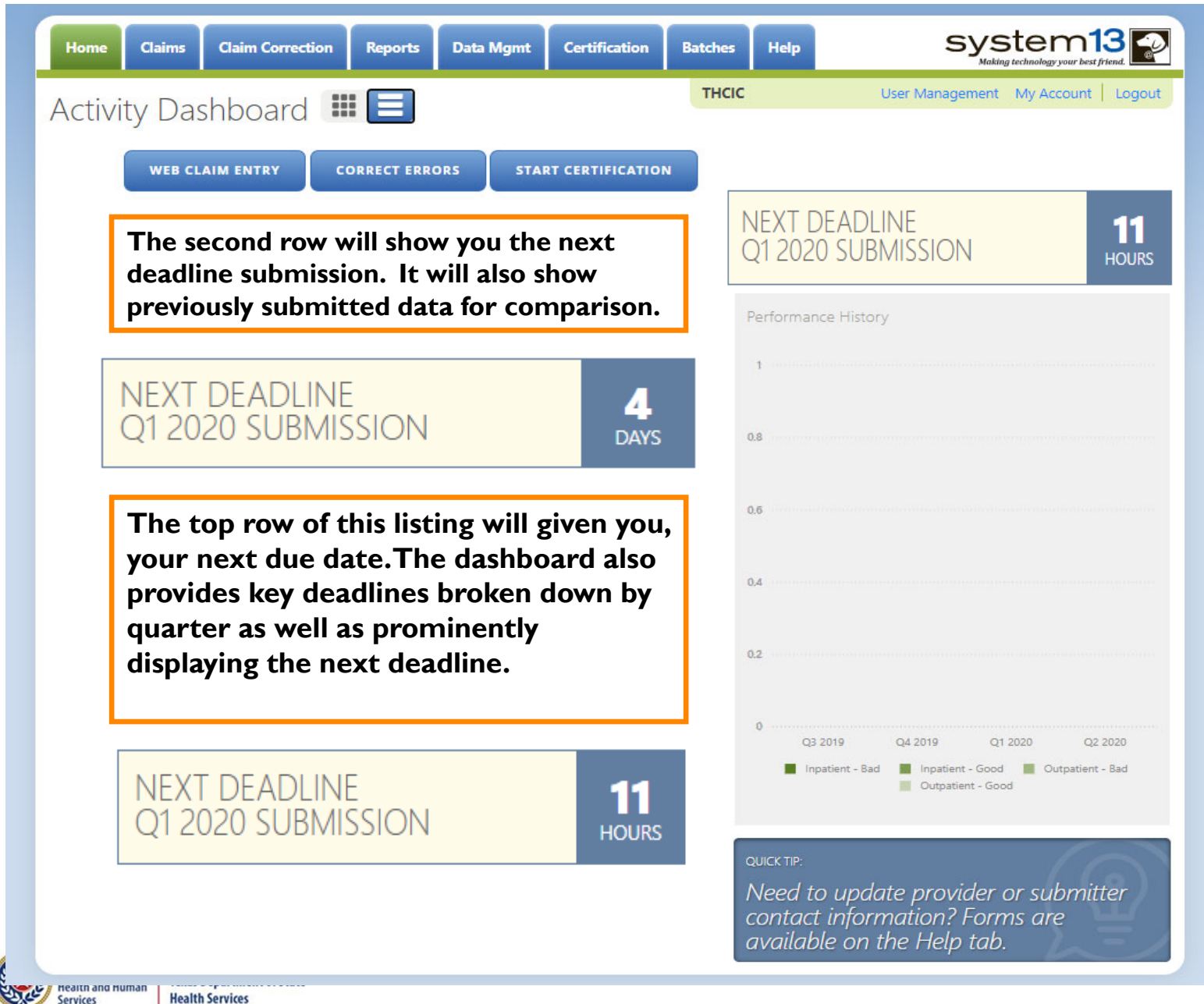
The certification due date will be by the quarter.

Q4 2019 SUBMISSION

Q4 2019 CERTIFICATION

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

Provider Home Page – 2nd Row



The screenshot displays the 'Provider Home Page' for 'system13'. The top navigation bar includes tabs 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 buttons for 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. The dashboard is divided into several sections. On the left, there are three 'NEXT DEADLINE Q1 2020 SUBMISSION' cards. The first card shows '11 HOURS' remaining. The second card shows '4 DAYS' remaining. The third card shows '11 HOURS' remaining. A text box explains: 'The second row will show you the next deadline submission. It will also show previously submitted data for comparison.' and 'The top row of this listing will given you, your next due date. The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.' On the right, there is a 'Performance History' chart showing data for Q3 2019, Q4 2019, Q1 2020, and Q2 2020. The chart includes a legend for 'Inpatient - Bad', 'Inpatient - Good', 'Outpatient - Bad', and 'Outpatient - Good'. A 'QUICK TIP' box at the bottom right states: 'Need to update provider or submitter contact information? Forms are available on 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

The second row will show you the next deadline submission. It will also show previously submitted data for comparison.

NEXT DEADLINE Q1 2020 SUBMISSION 11 HOURS

NEXT DEADLINE Q1 2020 SUBMISSION 4 DAYS

The top row of this listing will given 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 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

Data Management/Primary Contact Provider Home Page

Provider Tabs

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help

Activity Dashboard
THCIC

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

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

Q4
2019

SUBMISSION
Inpatient
Data is already built into a certification set.

CERTIFICATION
Inpatient
Processing - please check back later.

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

Certification due **15 Jul 2020**

Q1
2020

SUBMISSION

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

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 Jun 2020**
 Correction due **3 Aug 2020**

Certification due **15 Oct 2020**

Q2
2020

SUBMISSION
No claims are present for this quarter.

CERTIFICATION
No claims are present for this quarter.

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

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION

4
DAYS

Performance History

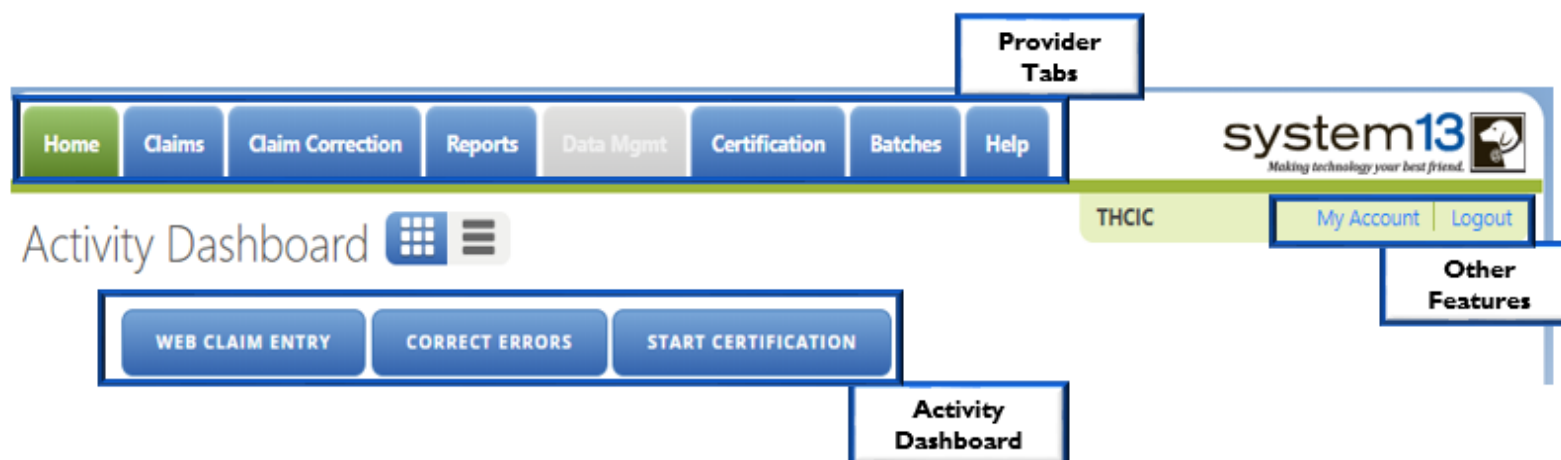
QUICK TIP:
The recommended pattern for submitting batch claims is monthly instead of weekly or quarterly.

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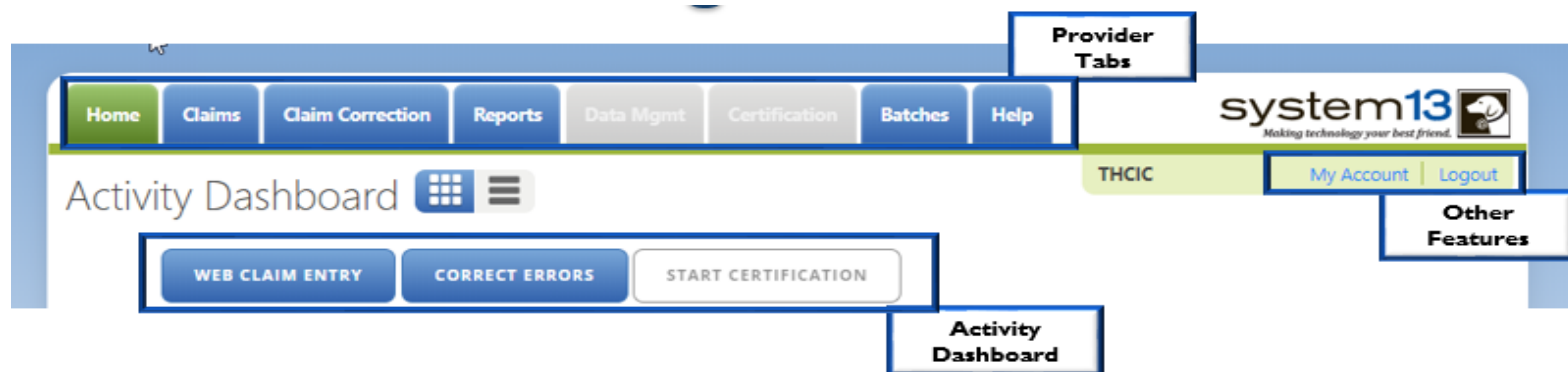
Texas Department of State
Health Services

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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 and certification tab and WebCert 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

SUBMISSION
No claims are present for this quarter.

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

CERTIFICATION
No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION

4 DAYS

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q3 2019	0.0	0.0	0.0	0.0
Q4 2019	0.0	0.0	0.0	0.0
Q2 2020	0.0	0.0	0.0	0.0
Q1 2020	1.0	1.0	1.0	1.0

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

The screenshot displays the 'system13' Activity Dashboard. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is identified as 'THCIC Trainer 000005' with links for User Management, My Account, and Logout. The dashboard is titled 'Activity Dashboard' and features three main action buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'.

The dashboard is organized into several sections:

- Q4 2019 SUBMISSION:** Inpatient. Data is already built into a certification set. Submission due 2 Mar 2020 | Correction due 1 May 2020.
- Q4 2019 CERTIFICATION:** Inpatient. Processing - please check back later. Certification due 15 Jul 2020.
- Q1 2020 SUBMISSION:** A table showing Inpatient and Outpatient counts for JAN, FEB, MAR, and OCT, along with a TOTAL and ACCURACY percentage. Submission due 1 Jun 2020 | Correction due 3 Aug 2020.
- Q1 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 SUBMISSION:** No claims are present for this quarter. Submission due 1 Sep 2020 | Correction due 2 Nov 2020.
- Q2 2020 CERTIFICATION:** No claims are present for this quarter. Certification due 15 Jan 2021.

On the right side, there is a 'NEXT DEADLINE Q1 2020 SUBMISSION' section indicating 4 days remaining. Below this is a 'Performance History' bar chart showing Inpatient and Outpatient counts for Q3 2019, Q4 2019, Q2 2020, and Q1 2020. A 'QUICK TIP' box at the bottom right advises: 'Re-run your 'Frequency of Error Report' after completing all corrections for a quarter.'

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

Performance History Data (approximate values from chart):

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q3 2019	0.8	0.2	0.2	0.8
Q4 2019	1.0	0.0	0.0	0.0
Q2 2020	1.0	0.0	0.0	0.0
Q1 2020	2.0	0.0	0.0	0.0



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

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

WEB CLAIM ENTRY

Correct Errors is the same as the tab WebCorrect – 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

Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center System13 DVLPI 1 000007 User Management My Account Logout

Back to list of claims

Medical Record Number: Patient Control Number: Outpatient Institutional

Claim Information

TYPE:
☒ OUTPATIENT INSTITUTIONAL
☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

Personal Information

MEDICAL RECORD NUMBER:
MRN

SOCIAL SECURITY NUMBER:
SSAN

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

SEX:

ETHNICITY:

BIRTH DATE: mm / dd / yyyy

RACE:

ADDRESS:
ADDRESS LINE 1
ADDRESS LINE 2

Remember: you must check this claim for errors when you have finished entering its details. NEXT SECTION → CHECK FOR ERRORS

Web Claim, allows facilities to manually enter claims. You can click Web Claim 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.

Start Certification /Certification

START CERTIFICATION

Certification

HomeClaimsClaim CorrectionReportsData MgmtCertificationBatchesHelp

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THCICUser ManagementMy AccountLogout

THCIC Support Center

Certification

INPATIENT

2020

1st Quarter
Eligible Claims

2019

4th Quarter
Generation in Progress

3rd Quarter
No Data

2nd Quarter
No Data

Older Quarters
Select Quarter

OUTPATIENT

2020

1st Quarter
Eligible Claims
GENERATE QUARTER CERT. DATA (EOD)

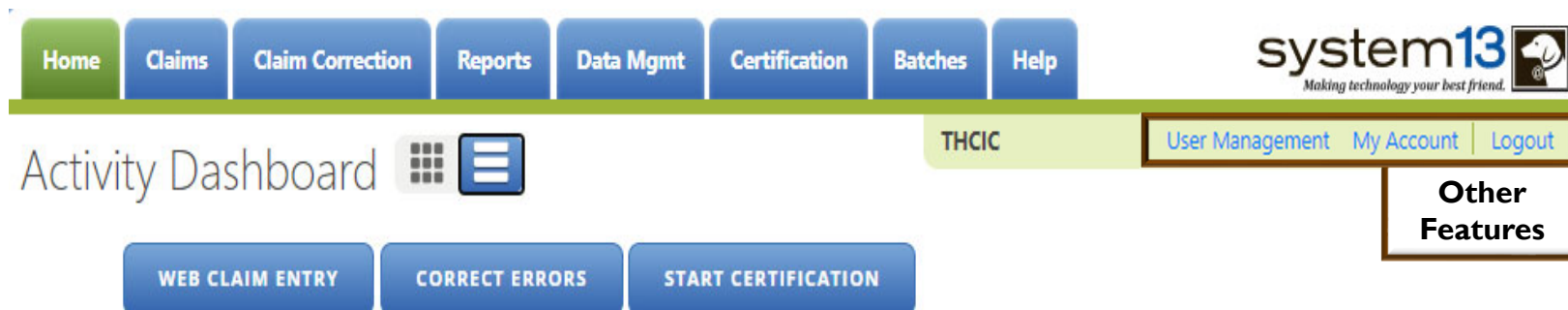
2019

4th Quarter
Eligible Claims
Past cut-off date for generation of Cert. Data.


3rd Quarter
Eligible Claims
Past cut-off date for generation of Cert. Data.

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 WebCert page will show both inpatient and outpatient data. If the facility only submits outpatient data, it will only show outpatient data.

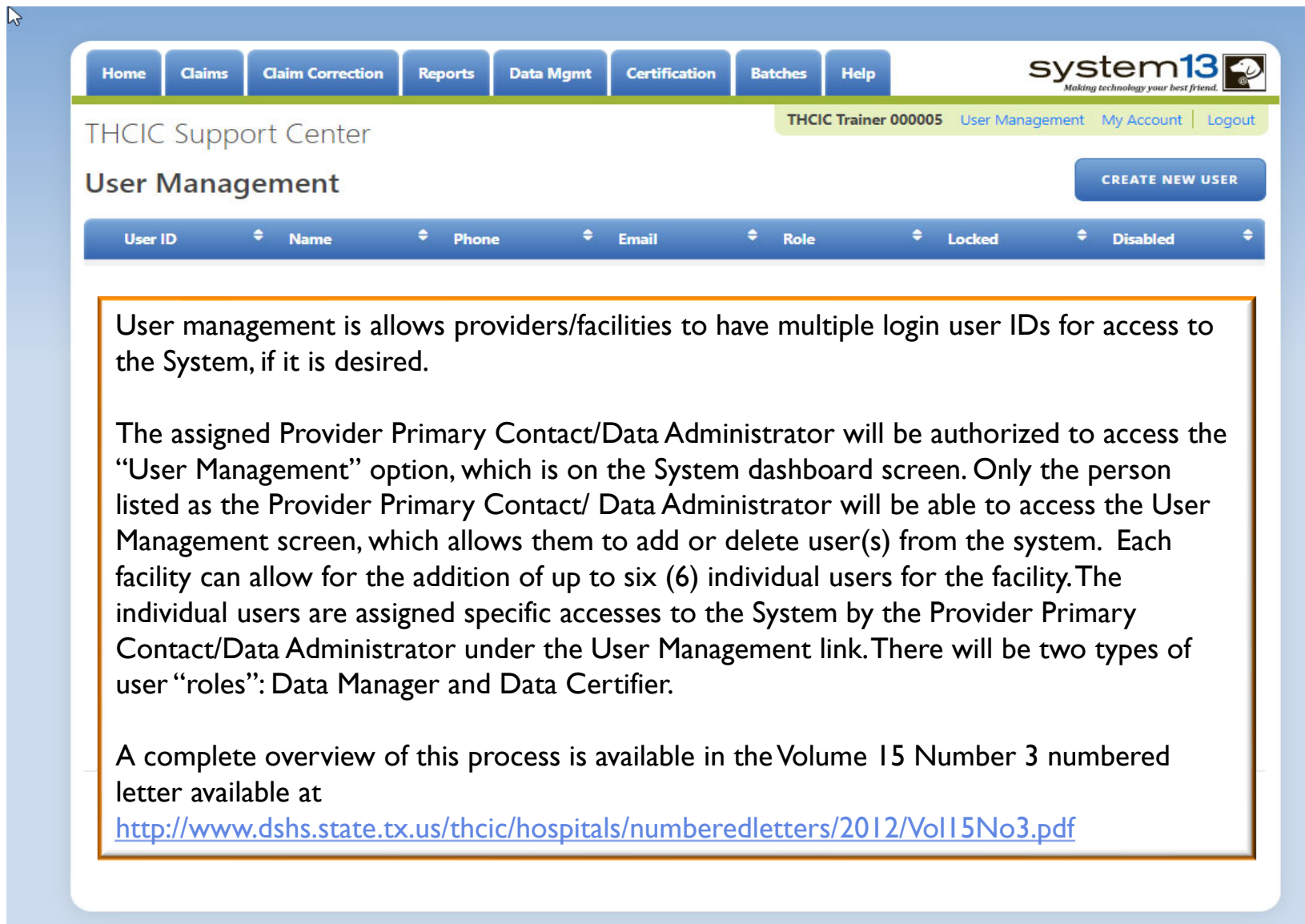
Provider Other Features



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 Test Hospital/Facility 000002
 [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 is visible with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. The main content area contains three paragraphs of text 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 is 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

MIDDLE NAME

LAST NAME

PHONE

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 (Web Claim)
 - ✕ Authorized to correct claims (WebCorrect)
 - ✕ 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](#)
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[Claim Correction](#)
[Reports](#)
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THCIC Support Center

THCIC Trainer 000005
 [User Management](#)
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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

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](#)
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THCIC Support Center

THCIC
 [User Management](#)
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[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.)

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THCIC Support Center

THCIC
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User Management

User ID: th000005c

Intrusion Lock: ☐

Account Lock: ☒

Other Features My Account



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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)



Password Process

✓ Passwords Must:

- ✗ Expire and be changed every sixty (60) days
- ✗ Be at least eight (8) Characters long
- ✗ Contain at least one (1) alpha, one (1) numeric and one (1) special character
- ✗ Contain uppercase and lowercase letters

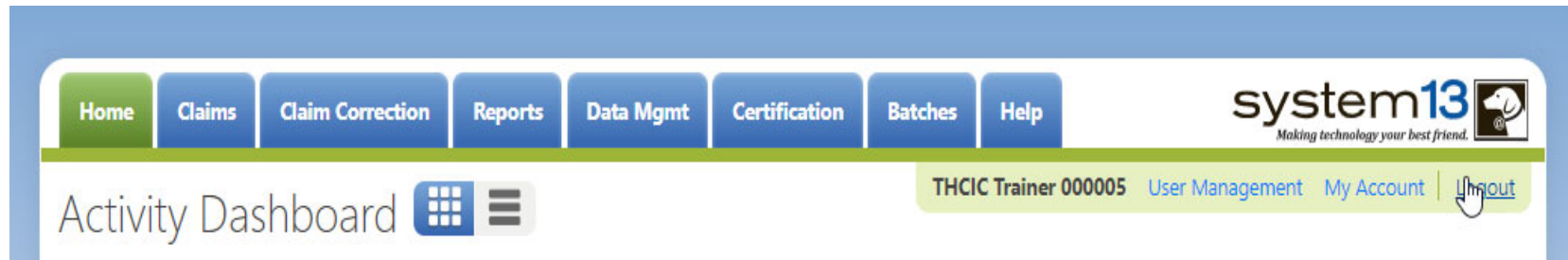
✓ Passwords Must Not:

- ✗ Be reused for one (1) year.
- ✗ Begin or end with non-alpha characters
- ✗ Contain username
- ✗ Contain letter or number sequences greater than two (2)
- ✗ Repeat characters more than twice in a row

✓ Password Notes:

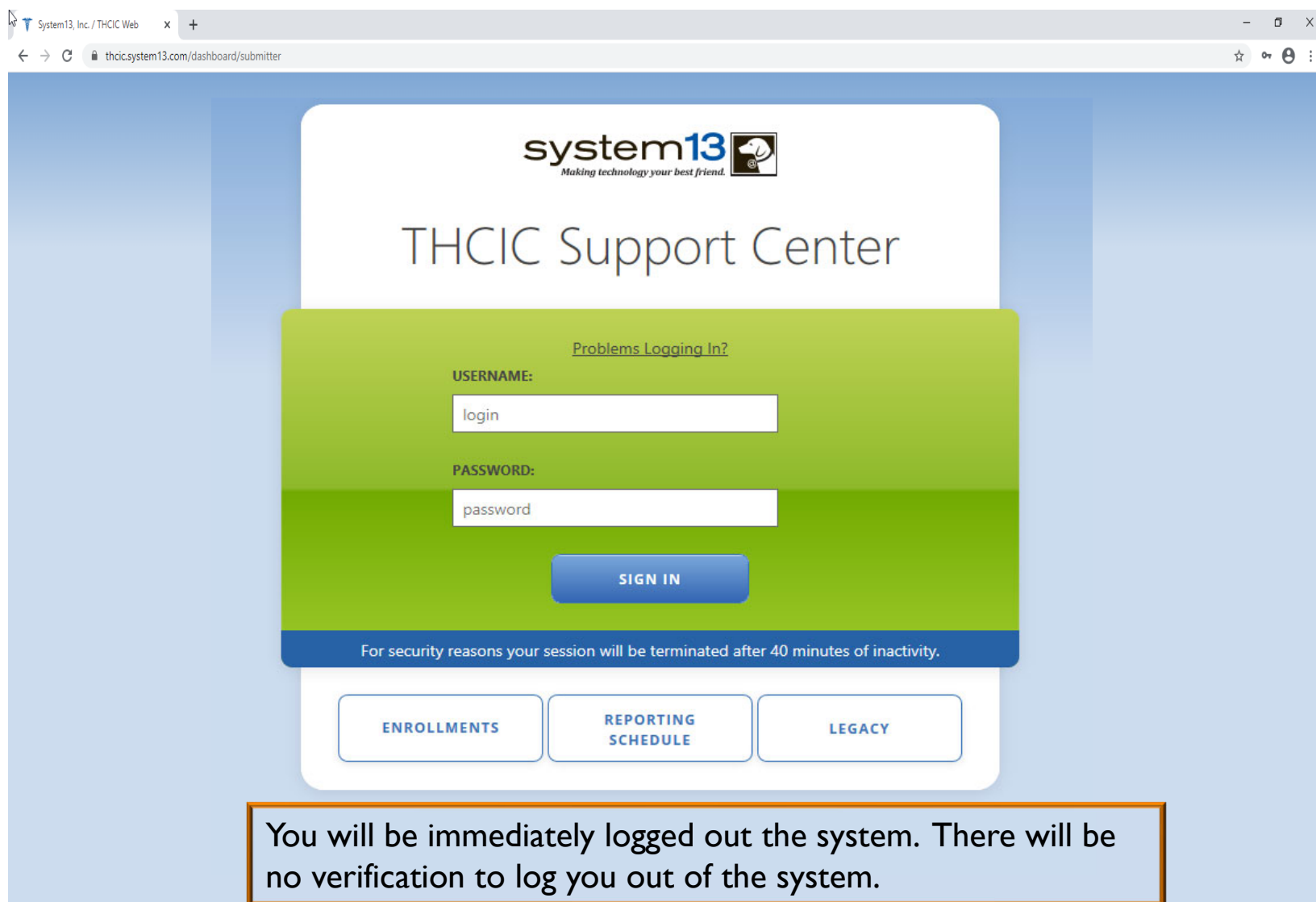
- ✗ 1. Within this application the following is defined as the set of special characters:
! @ # \$ % ^ & * ? _ ~ -
- ✗ 2. Here are some examples of a letter or number sequences greater than two (2):
'abc', '123', '4567', 'ghijk'
- ✗ 3. Here are some examples of a letter, number, or sequence that is repeated more than twice:
'aaa' (2-letter repetition), '333' (2-number repetition), 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

Other Features - Logout




Logout logs you out of the system.

Other Features - Logout



System13, Inc. / THCIC Web x +

← → ↻ thcic.system13.com/dashboard/submitter ☆ ⚙ ⌂

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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**

You will be immediately logged out the system. There will be no verification to log you out of the system.

Inactivity



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

[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.



Provider Home Page – Grid View

[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](#)

Q4
2019

SUBMISSION
Inpatient
Data is already built into a certification set.

CERTIFICATION
Inpatient
Processing - please check back later.

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

Certification due **15 Jul 2020**

Q1
2020

SUBMISSION

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

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 Jun 2020**
Correction due **3 Aug 2020**

Certification due **15 Oct 2020**

Q2
2020

SUBMISSION
No claims are present for this quarter.

CERTIFICATION
No claims are present for this quarter.

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

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION

4
DAYS

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q3 2019	1.0	1.0	1.0	1.0
Q4 2019	1.0	1.0	1.0	1.0
Q2 2020	1.0	1.0	1.0	1.0
Q1 2020	2.0	2.0	2.0	2.0

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

Provider Home Page – List View

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Activity Dashboard

THCIC Trainer 000005
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[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**

Q4 2019 CERTIFICATION

Inpatient
Processing - please check back later.
 Certification due **15 Jul 2020**

Q1 2020 SUBMISSION

	Inpatient	Outpatient	
JAN	2	0	Submission due 1 Jun 2020 Correction due 3 Aug 2020
FEB	0	1	
MAR	0	0	
OCT	-	2	
TOTAL	2	3	
ACCURACY	50%	33%	

Q1 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 SUBMISSION

	Inpatient	Outpatient	
APR	1	1	Submission due 1 Sep 2020 Correction due 2 Nov 2020
MAY	0	0	
JUN	0	0	
TOTAL	1	1	
ACCURACY	0%	0%	

Q2 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 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION

2
DAYS

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q3 2019	1.0	0.0	0.0	0.0
Q4 2019	1.0	0.0	0.0	0.0
Q2 2020	1.0	1.0	0.0	0.0
Q1 2020	1.0	2.0	0.0	0.0

QUICK TIP:
For quarterly certification, the best place to start is by reviewing your 'Certification Summary' report.



Provider Tab Claims

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

Accepted As Is

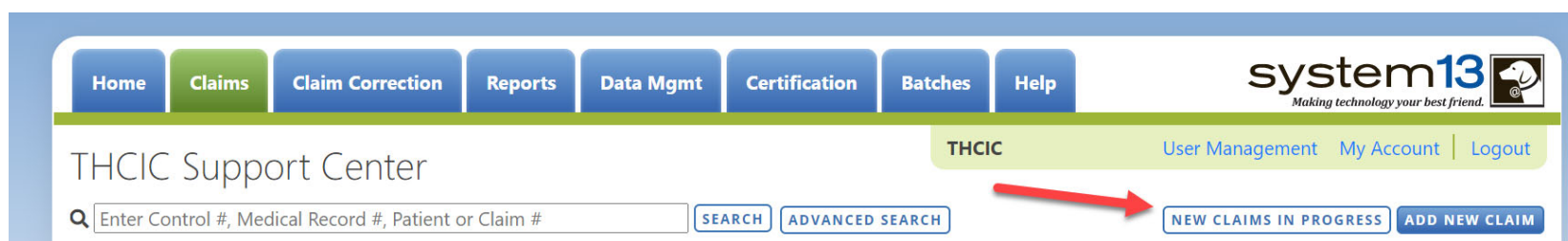
No Correction Needed

Errors

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



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

New Claims in Progress

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[Reports](#)
[Data Mgmt](#)
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[My Account](#)
[Logout](#)

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 Web Claim 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](#)
[Batches](#)
[Help](#)



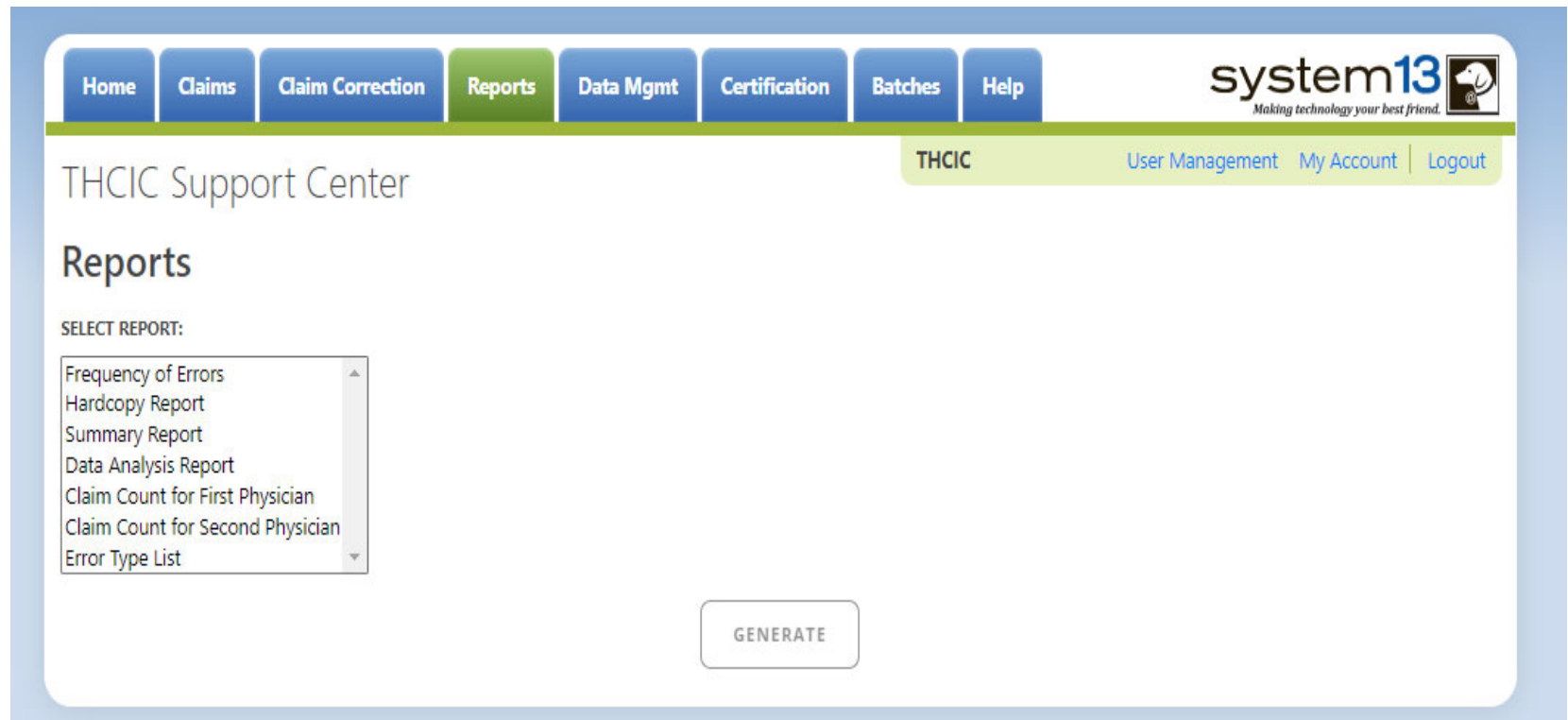
THCIC Support Center

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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 when you click Audited Claims, you will be taken back to the claims menu.

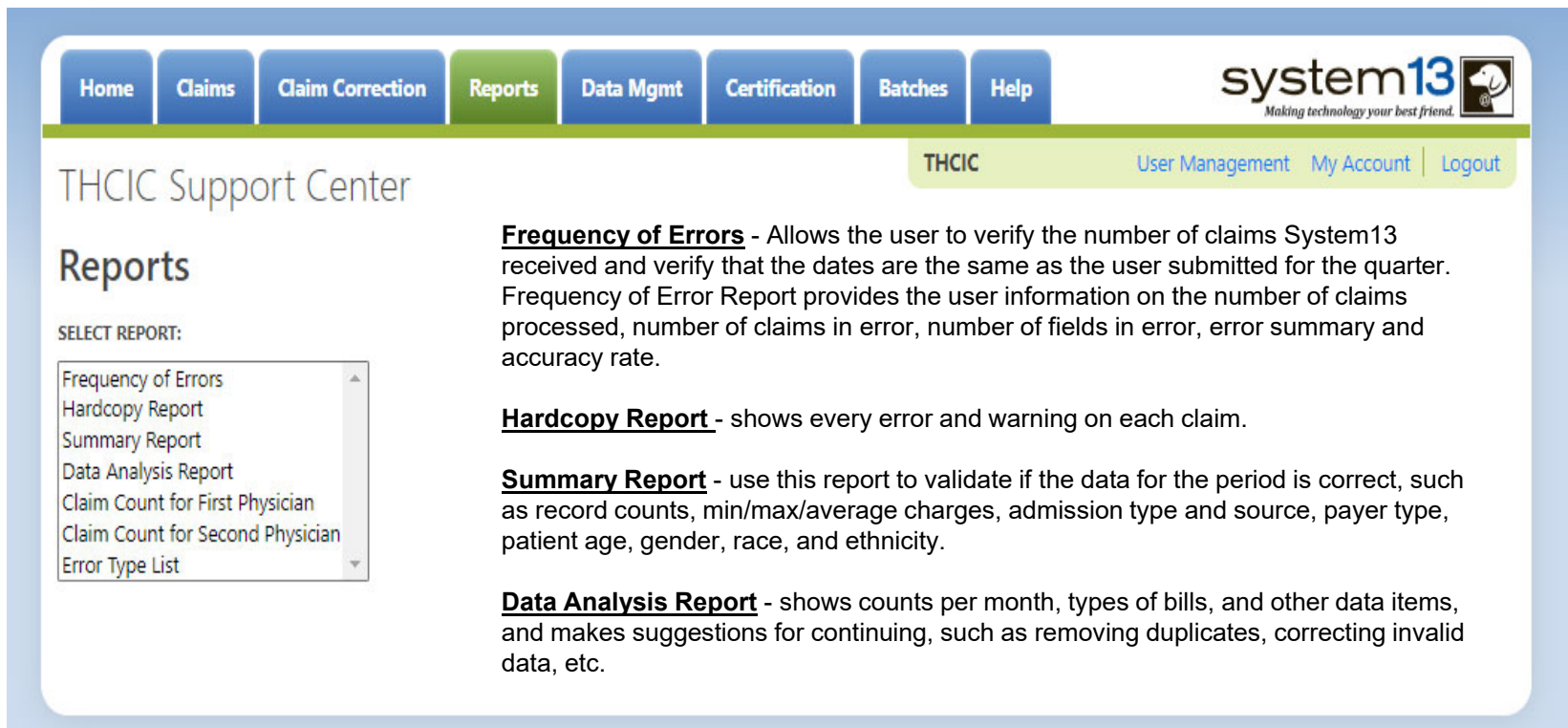
Reports Reports



The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports (highlighted in green), 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 person's head. Below the navigation bar, the page title 'THCIC Support Center' is displayed. To the right of the title, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports'. Under this title, there is a section labeled 'SELECT REPORT:' followed by a dropdown menu. The dropdown menu lists 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'. Below the dropdown menu, there is a 'GENERATE' button.

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 corner with the tagline 'Making technology your best friend.' Below the navigation bar, the 'THCIC Support Center' is visible, along with links for User Management, My Account, and Logout. The 'Reports' section features 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. To the right of the dropdown, there are detailed descriptions for the first three reports: Frequency of Errors, Hardcopy Report, and Summary Report. The Data Analysis Report description is also present but partially obscured by the other text.

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.

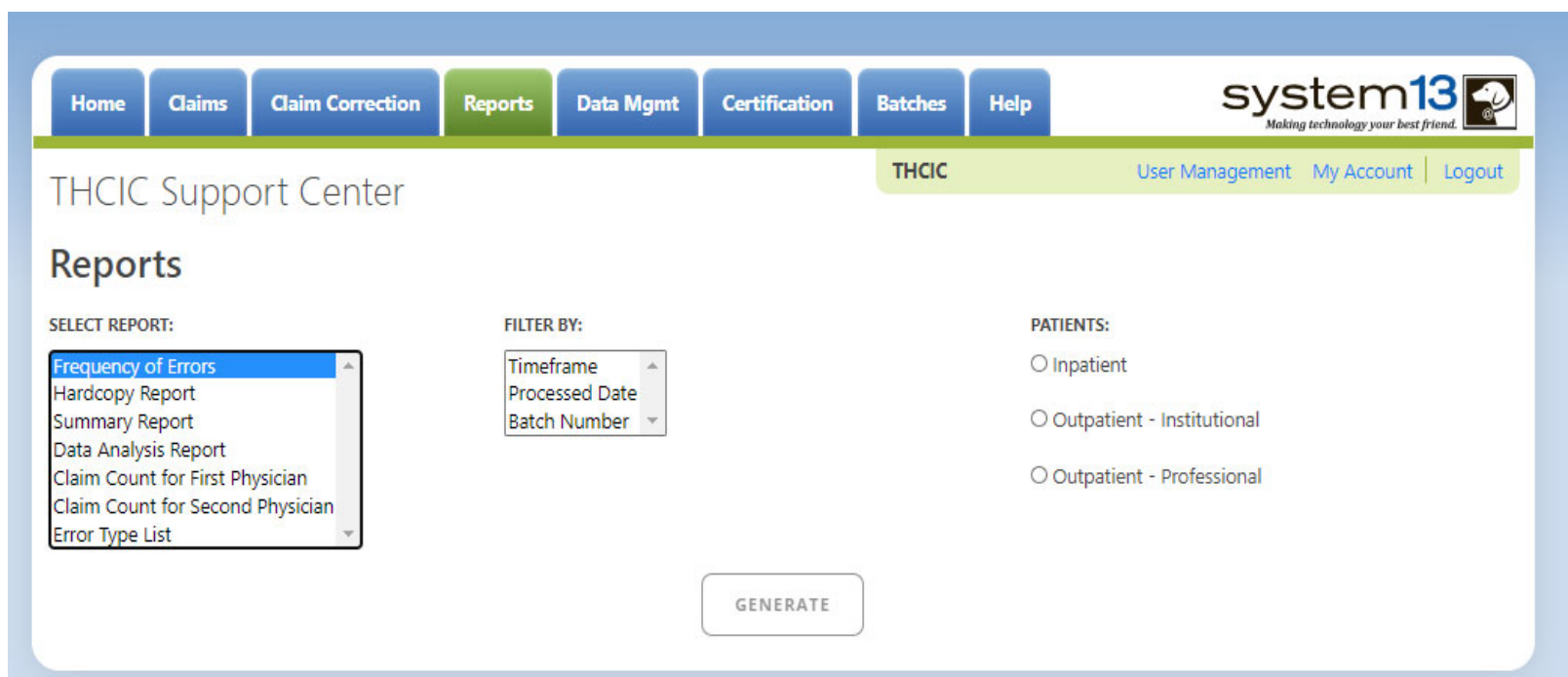
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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:

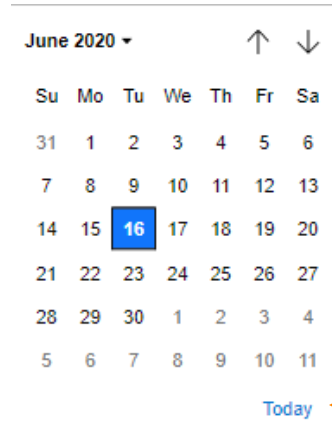
- ☐ Inpatient
- ☐ Outpatient - Institutional
- ☐ Outpatient - Professional


****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.

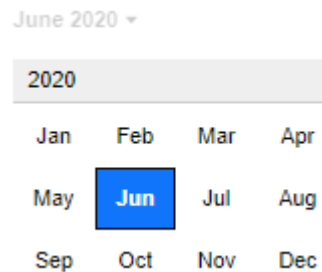


Functionality of the Calendar Feature

- 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:




THROUGH:



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

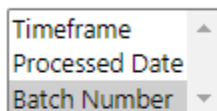
GENERATE

- ✕ 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

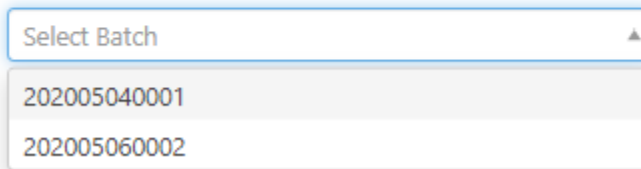
- ✕ To create a report by batch number, you have to choose a batch from the batch listing in the system.

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 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

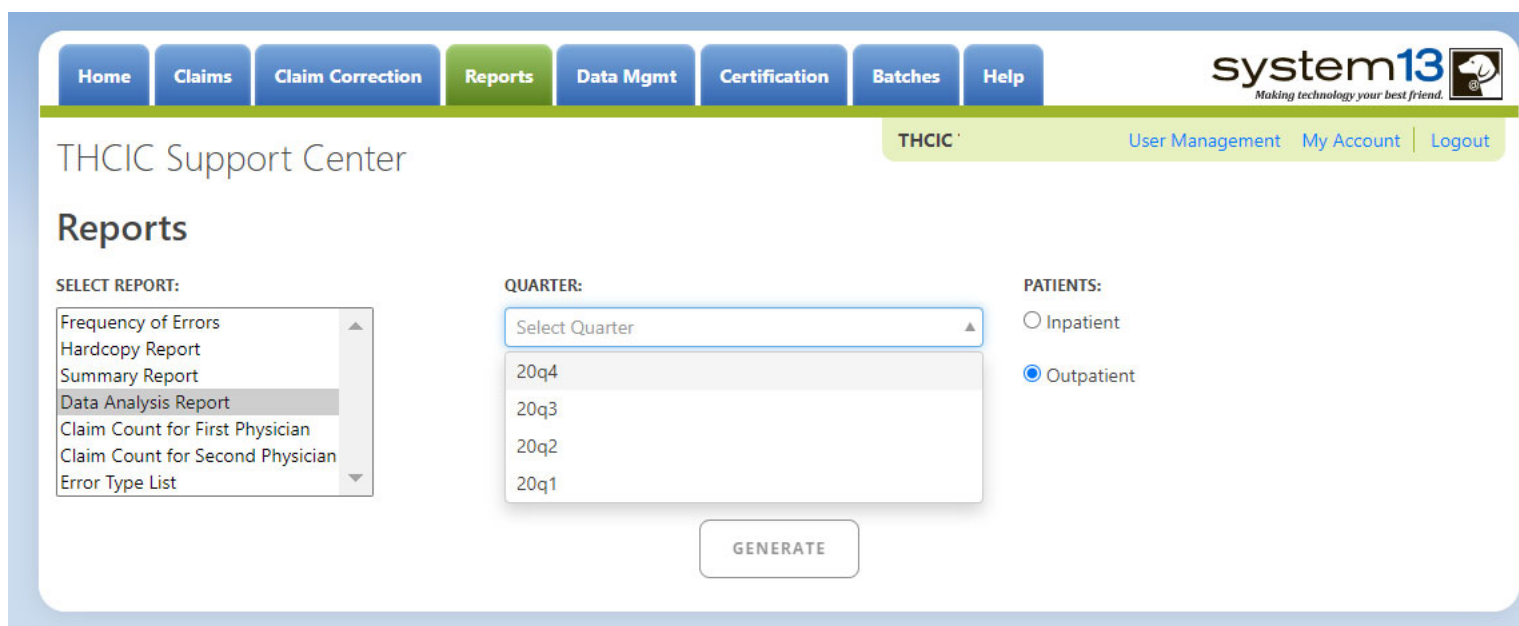
MODIFY/REPLACE/REMOVE (MRR) REMOVE DUPLICATES (DR)

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



The screenshot shows the 'system13' web interface. The top navigation bar includes tabs for Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. The 'THCIC Support Center' header is visible. On the right, there are links for User Management, My Account, and Logout. The main content area is titled 'Reports' and contains three sections: 'SELECT REPORT:', 'QUARTER:', and 'PATIENTS:'. Under 'SELECT REPORT:', a dropdown menu is open, showing options like 'Frequency of Errors', 'Hardcopy Report', 'Summary Report', 'Data Analysis Report' (which is highlighted), 'Claim Count for First Physician', 'Claim Count for Second Physician', and 'Error Type List'. Under 'QUARTER:', a dropdown menu is open, showing options for '20q4', '20q3', '20q2', and '20q1'. Under 'PATIENTS:', there are radio buttons for 'Inpatient' and 'Outpatient', with 'Outpatient' being selected. A 'GENERATE' button is located at the bottom of the form.

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

2Q2020 Data Analysis Report (Outpatient)

Report Date: 09-Oct-2020

THCIC ID: |

Quarter Analysis

Month	Total	xx0	xx1	xx2	xx3	xx4	xx5	xx6	xx7	xx8	???
Jan	0	0	0	0	0	0	0	0	0	0	0
Feb	0	0	0	0	0	0	0	0	0	0	0
Mar	0	0	0	0	0	0	0	0	0	0	0
Apr	5	0	5	0	0	0	0	0	0	0	0
May	2	0	2	0	0	0	0	0	0	0	0
Jun	0	0	0	0	0	0	0	0	0	0	0

Quarter Comparison

Qtr	Total
2q20	7

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 '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 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?'. At the bottom of the dialog are 'YES' and 'NO' buttons. In the background, the 'Modify/Replace' section is partially visible, showing a list of actions: Match claims with, Eliminate duplicates, Apply late charges, Apply correction, Apply the replacement, and Remove claims. Below this, there are sections for 'Select Claim Type' (with radio buttons for INPATIENT and selected OUTPATIENT) 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

User Management My Account Logout

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 '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. 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 describe matching claims with the same key values: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal alert titled 'Modify/Replace/Remove Alert' is overlaid on the screen. The alert text states: '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?'. At the bottom of the alert are two buttons: 'YES' and 'NO'.

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

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THCIC Support Center

THCIC Data 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

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. At the top, a navigation bar includes tabs 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 page title is 'THCIC Support Center'. A secondary navigation bar contains links for 'er Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The 'MRR' section lists functions: 'The MRR function will:' followed by a bulleted list: 'Match claims with' (sub-bullets: Patient Co, Medical R, Admission, Admission), 'Eliminate duplicate', 'Apply late charge', 'Apply correction', 'Apply the replacement information (xx7 bill types)', and 'Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)'. Below this is a 'Select Claim Type' section with radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected). To the right, the 'Select Action' section has two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. A modal dialog titled 'Process Submitted' is overlaid on the screen, containing the text: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button.

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 charge
- Apply correction
- 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

Select Action

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

Process Submitted

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

OK




Texas Department of State
Health Services

Data Management Emails

Data Mgmt

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



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THCIC Support Center

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

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.

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 l
- 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




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);  Bhattacharj,Pragya (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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

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

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. 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 page title 'THCIC Support Center' is visible. The main content area is titled 'Data Management Actions on Quarterly Data'. A modal dialog box 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?'. The dialog has two buttons: 'YES' (highlighted with a mouse cursor) and 'NO'. In the background, the 'Modify/Replace' section is partially visible, showing a list of actions: Match claims with, Eliminate duplicates, Apply late charges, Apply correction, Apply the replacement, and Remove claims. Below this, 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)). The footer of the application shows '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 '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 'er Management', 'My Account', and 'Logout'. 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 describe matching claims with the same key values: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' modal is open in the foreground, containing the following text: '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?'. 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 Support Center

er 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

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 tabs 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 page title is 'THCIC Support Center'. A secondary navigation bar contains links for 'er Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data'. It features two primary sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The 'MRR' section lists several actions: 'Match claims with', 'Eliminate duplicate', 'Apply late charge', 'Apply correction', 'Apply the replacement information (xx7 bill types)', and 'Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)'. Below these are radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected). The 'DR' section has a 'Select Action' area with buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. A modal dialog box titled 'Process Submitted' is overlaid on the screen, containing the text: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button.

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 duplicate
- Apply late charge
- Apply correction
- 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

Select Action

MODIFY/REPLACE/REMOVE (MRR)

REMOVE DUPLICATES (DR)

Process Submitted


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

OK

Data Management Email

Data Mgmt

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

system13
Making technology your best friend.


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

THCIC Support Center

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 quarter
- 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
 - 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

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



THCIC Support Center

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

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

System13, Inc. / THCIC Web Help - Windows Internet Explorer

https://thcictrainer.system13.com/help

File Edit View Favorites Tools Help X Convert Select

System13, Inc. / THCIC Web Help

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13
Making technology your best friend

THCIC User Management My Account Logout

THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient	Claim Correction <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient	Submitter <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient	Reports <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient	Certification <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> 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

Outpatient Web Claim Training

AGENDA



- ✓ Data Reporting Schedule
- ✓ System Feature
- ✓ Web Claim
 - ✓ Submitting claims manually using Web Claim
 - ✓ New Claims in Progress
- ✓ Outpatient Institutional
- ✓ Outpatient Professional

Initial Submission Due Dates

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	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Cutoff for initial submission	9-1-21	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23
Cutoff for corrections (Free)	11-1-21	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23
Facilities retrieve certification files	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 at time of certification (Associated Fees)	1-3-22	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-2-23	10-2-23
Certification/comments due	1-18-22	4-15-22	7-15-22	10-17-22	1-16-23	4-17-23	7-17-23	10-16-23

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

Last updated October 26, 2021

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.**

Generate Quarter Cert. Data (EOD) ➡

Various Options for Entering Web Claim

 You can enter Web Claim from:

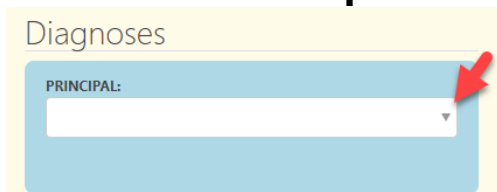
 Provider Home page – click 

  Listing – click 

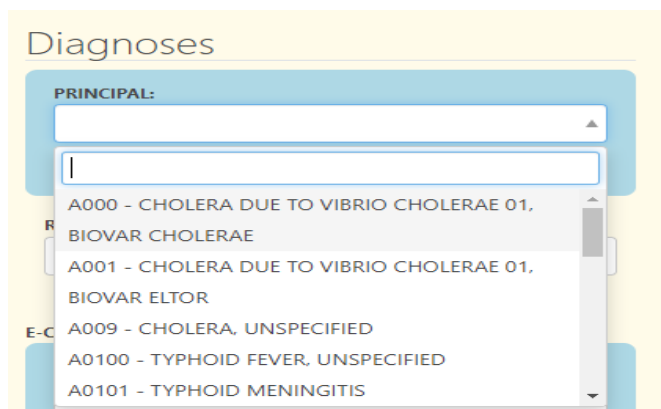
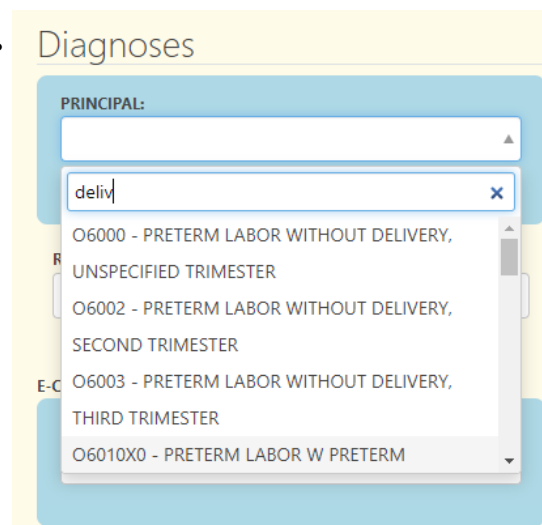
 To continue a claim in process click 



Dropdown Lists

- ✕ The user can tell if a field has a drop down list by the arrow on the field.



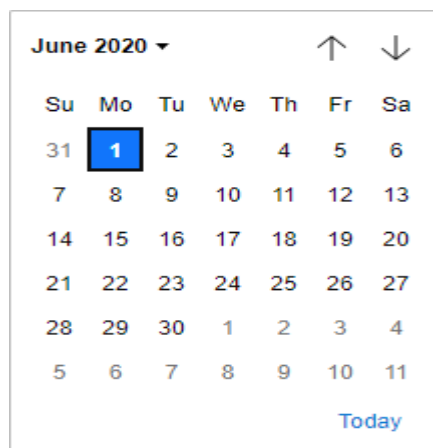
- ✕ Typing into a text box with a dropdown list will search the list for matches and display the list to the user.

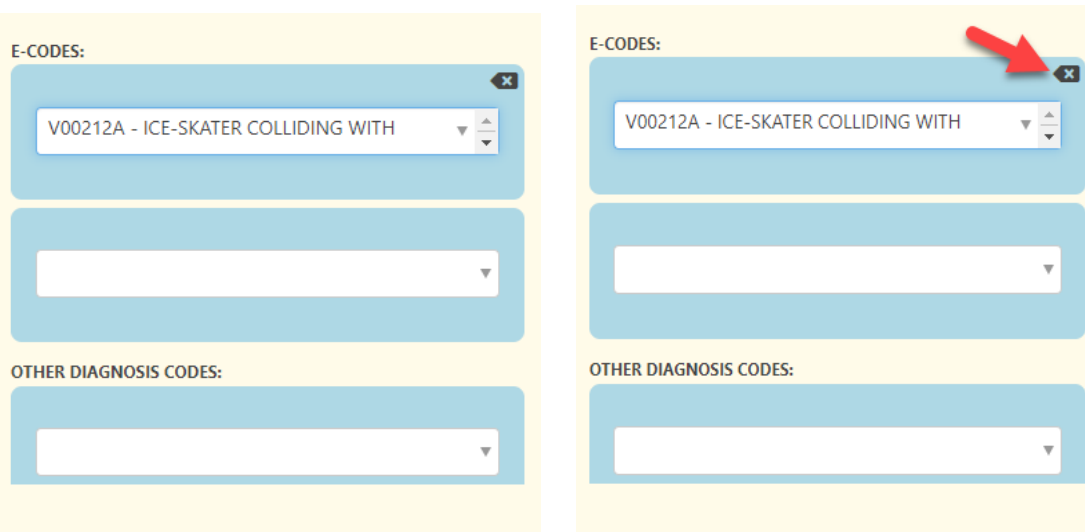
- ✕ Use the up and down arrow keys to move to the value.
- ✕ Press **ENTER**  when the highlighted selection is on the correct choice.
- ✕ Press **TAB**  to move to the next field on the screen.

Calendars/ Adding or Deleting Choices

- ✕ The user can tell if a field has a calendar, indicated by 



- ✕ Some fields allow you to have multiple codes, once a code is enter another box will become available, to delete an entry, click the X beside this choice.



E-CODES:

V00212A - ICE-SKATER COLLIDING WITH

OTHER DIAGNOSIS CODES:

Outpatient Institutional

Opening Web Claim for Inpatient/Outpatient Facilities

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

Back to list of claims

Medical Record Number: Patient Control Number: Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE: ☒ INPATIENT ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER: PCN

Personal Information

MEDICAL RECORD NUMBER: MRN

SOCIAL SECURITY NUMBER: SSAN

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

SEX:

ETHNICITY:

BIRTH DATE: mm/dd/yyyy

ADDRESS: ADDRESS LINE 1

If the facility submits inpatient and outpatient data, the only options available for Web Claim will be an inpatient claim or an outpatient institutional claim as pictured.

Opening Web Claim Through Provider Home Page

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

Claim Information

TYPE:
☒ OUTPATIENT INSTITUTIONAL
☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

Personal Information

MEDICAL RECORD NUMBER:
MRN

SOCIAL SECURITY NUMBER:
SSAN

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

SEX:
ETHNICITY:
BIRTH DATE:
mm / dd / yyyy
RACE:

ADDRESS:
ADDRESS LINE 1
ADDRESS LINE 2

[Remember: you must check this claim for errors when you have finished entering its details.](#) [NEXT SECTION →](#) [CHECK FOR ERRORS](#)

Patient Tab

Outpatient Institutional

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

User Management My Account Logout

Medical Record Number: Patient Control Number: Outpatient Institutional

Back to list of claims

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

Claim Information

TYPE:
☒ OUTPATIENT INSTITUTIONAL
☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

MEDICAL RECORD NUMBER:
MRN

SOCIAL SECURITY NUMBER:
SSAN

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

SEX:

ETHNICITY:

BIRTH DATE: mm / dd / yyyy

RACE:

ADDRESS:
ADDRESS LINE 1
ADDRESS LINE 2

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

NEXT SECTION → CHECK FOR ERRORS

Web Claim Data Input - Patient Tab

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

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THCIC Support Center
 [Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers
 ✓ Charges
 ✓ Diagnoses
 ✓ Practitioners
 ✓ Situational Codes

Claim Information

TYPE:

☐ INPATIENT
 ☒ OUTPATIENT INSTITUTIONAL

PCN

Personal Information

MEDICAL RECORD NUMBER: MRN

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

ADDRESS: ADDRESS LINE 1
 ADDRESS LINE 2

SOCIAL SECURITY NUMBER: SSAN

SEX:

ETHNICITY:

BIRTH DATE: mm/dd/yyyy

RACE:

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

[NEXT SECTION →](#)
[CHECK FOR ERRORS](#)

All navigation of
 the application
 should be
 confined to the
 TAB



(not ENTER) key
 or via mouse
 selections.

1st Choose Claim Type

Then enter patient's personal Information

2nd Patient control /medical record
 number. The patient control and medical
 record number can be the same number.

Scroll down to complete the tab claim.

Patient Tab

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

system13
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THCIC Support Center

THCICUser ManagementMy AccountLogout

Medical Record Number:Patient Control Number:Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:
☒ OUTPATIENT INSTITUTIONAL ☐ OUTPATIENT PROFESSIONAL

Which Outpatient option?

PATIENT CONTROL NUMBER:
PCN

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER:
MRN

FIRST NAME:
PATIENT FIRST NAME

MIDDLE:

(Initial)

LAST NAME:
PATIENT LAST NAME


ADDRESS:
ADDRESS LINE 1

SSN/Race/Ethnicity Issues
SOCIAL SECURITY NUMBER:
SSAN

SEX:

ETHNICITY:

BIRTH DATE:
mm/dd/yyyy

Field with video  will direct you to videos to aid with the entry of the field.

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

NEXT SECTION →

CHECK FOR ERRORS

80

Entering Claim Information

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

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THCIC Support Center

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

[Back to list of claims](#)

Medical Record Number: 789 Patient Control Number: 789 Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

CITY:
AUSTIN

STATE:
TX

ZIP:
78741

COUNTRY:

united

AE - UNITED ARAB EMIRATES

GB - UNITED KINGDOM

TZ - TANZANIA, UNITED REPUBLIC OF

UM - UNITED STATES MINOR OUTLYING ISLANDS

US - UNITED STATES

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

NEXT SECTION →

CHECK FOR ERRORS

If the field has a down arrow that indicates that the field has a look up menu as indicated.

Patient Tab



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

COUNTRY:

Bill Type

Statement:

FROM: mm/dd/yyyy

THROUGH: mm/dd/yyyy

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

Field with calendar lookup

PATIENT STATUS:

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

NEXT SECTION →

CHECK FOR ERRORS

Payer Tab



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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system13
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THCIC [User Management](#) [My Account](#) [Logout](#)

THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

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[Payers](#)
[Charges](#)
[Diagnoses](#)
[Practitioners](#)
[Situational Codes](#)

Primary Payer

SOURCE CODE:

ID:

NAME:

Secondary Payer

SOURCE CODE:

ID:

NAME:

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

NEXT SECTION →

CHECK FOR ERRORS

Entering Claim Information – Payer Tab

The screenshot shows the 'Payer Tab' in the THCIC Support Center. The interface includes a top navigation bar with links: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner. Below the navigation bar, the page title is 'THCIC Support Center'. A green bar contains links: 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area displays patient information: 'DOE, JONATHAN', 'Medical Record Number: 789', 'Patient Control Number: 789', and 'Outpatient Institutional'. A left sidebar lists navigation options: Patient, Payers (selected), Charges, Diagnoses, Practitioners, and Situational Codes. The 'Primary Payer' section contains a 'SOURCE CODE:' dropdown menu with a list of options: MC - MEDICAID, OF - OTHER FEDERAL PROGRAM, TV - TITLE V, VA - VETERAN ADMINISTRATION PLAN, WC - WORKERS COMPENSATION HEALTH CLAIM, ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, OR CHARITY. To the right of the dropdown is an 'ID:' field labeled 'PAYER ID'. Below the dropdown is a 'NAME:' field labeled 'PAYER NAME'. Red arrows point from text annotations to these fields. A red arrow points from the 'PAYER ID' field to the text: 'Insurance ID number. Put the first 10 characters of the insurance ID number.' Another red arrow points from the 'SOURCE CODE:' dropdown to the text: 'Choose the type of insurance.' A third red arrow points from the 'PAYER NAME' field to the text: 'Name of insurance, not the name of the insured.' A large orange-bordered box at the bottom contains the text: 'Please choose ZZ if the insurance information meets the perimeters above. Name will be Selfpay, Unknown or Charity. Do not identify your patient as the payer name.'

THCIC Support Center

Back to list of claims

DOE, JONATHAN Medical Record Number: 789 Patient Control Number: 789 Outpatient Institutional

Primary Payer

SOURCE CODE:

MC - MEDICAID
OF - OTHER FEDERAL PROGRAM
TV - TITLE V
VA - VETERAN ADMINISTRATION PLAN
WC - WORKERS COMPENSATION HEALTH CLAIM
ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, OR CHARITY

ID: PAYER ID

Insurance ID number. Put the first 10 characters of the insurance ID number.

Choose the type of insurance.

NAME: PAYER NAME

Name of insurance, not the name of the insured.

Please choose ZZ if the insurance information meets the perimeters above. Name will be Selfpay, Unknown or Charity. Do not identify your patient as the payer name.

Remember: you must submit t

Charges Tab

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

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

THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ **Charges**

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

REVENUE CODE:

QUALIFIER:

PROCEDURE CODE:

MODIFIERS:

PROCEDURE DATE:

PROCEDURE THRU DATE:

RATE: × QTY: UNIT: = CHARGE:

NON COVERED CHARGE:

TOTAL CHARGES: \$0.00 [ADD CHARGE](#)

Click 'Add Charge' [ADD CHARGE](#) to add another charge to the claim.
Click X next to file to delete entry.

Remember: you must check this claim for errors when you have finished entering its details. [NEXT SECTION →](#) [CHECK FOR ERRORS](#)

Diagnosis Tab

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

system13
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THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Video: Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL:

REASON FOR VISIT:

E-CODES:

OTHER DIAGNOSIS CODES:

Remember: you must submit this claim for auditing when you have finished entering its details.

SUBMIT CLAIM

NEXT SECTION →

Diagnosis Tab



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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THCIC Support Center

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

DOE, JONATHAN Medical Record Number: 789 Patient Control Number: 789 Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL:

BIOVAR ELTOR

A000 - CHOLERA DUE TO VIBRIO CHOLERAEE 01,
BIOVAR CHOLERAEE

A001 - CHOLERA DUE TO VIBRIO CHOLERAEE 01,
BIOVAR ELTOR

A009 - CHOLERA, UNSPECIFIED

A0100 - TYPHOID FEVER, UNSPECIFIED

A0101 - TYPHOID MENINGITIS

OTHER DIAGNOSIS CODES:

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


NEXT SECTION →

CHECK FOR ERRORS

Enter your diagnosis information. If you have multiple diagnosis codes and or e-codes as you add one to the system, another screen will open to add another. Use the X on the line to delete an entry.

Practitioners Tab

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

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

Medical Record Number: Patient Control Number: Outpatient Institutional

[Back to list of claims](#)

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Physician 1 (Operating)

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

Physician 2 (Other/ED Attending)

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

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

NEXT SECTION →

CHECK FOR ERRORS

00

Practitioners Tab

[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](#)

[Back to list of claims](#)

DOE, JONATHAN Medical Record Number: 789 Patient Control Number: 789 Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Physician 1 (Operating)

ID TYPE:

OB - STATE LICENSE NUMBER

XX - NPI - NATIONAL PROVIDER IDENTIFIER

ID NUMBER:

LAST NAME:

(Initial)

Physician 2 (Other/ED Attending)

ID TYPE:

ID NUMBER:

FIRST NAME:

MIDDLE:

LAST NAME:

(Initial)

Choose the ID type and ID number, choose the individual ID for the physician.

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

NEXT SECTION →

CHECK FOR ERRORS

Situational Codes Tab only available on Outpatient Institutional

The screenshot displays the 'system13' web application interface for the 'THCIC Support Center'. The top navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC' and has access to User Management, My Account, and Logout options. The main content area is titled 'THCIC Support Center' and includes a 'Back to list of claims' link. Below this, there are input fields for 'Medical Record Number:' and 'Patient Control Number:', followed by a dropdown menu currently set to 'Outpatient Institutional'. A left-hand sidebar contains a list of tabs: Patient, Payers, Charges, Diagnoses, Practitioners, and Situational Codes (which is highlighted with a blue background and a checkmark). The main content area is divided into three sections: 'Conditions' with a 'CODE:' dropdown, 'Values' with 'CODE:' and 'AMOUNT:' dropdowns, and 'Occurrence Spans' with 'CODE:', 'FROM:', and 'TO:' dropdowns. At the bottom of the 'Occurrence Spans' section, there is a date input field labeled 'mm/dd/yyyy' with a calendar icon. A footer bar contains a reminder: 'Remember: you must check this claim for errors when you have finished entering its details.', along with 'NEXT SECTION' and 'CHECK FOR ERRORS' buttons. The bottom left corner features the Texas Department of State Health Services logo and name.

system13
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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

Conditions

CODE:

Values

CODE:

AMOUNT:

Occurrence Spans

CODE:

FROM:

TO:

mm/dd/yyyy



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


NEXT SECTION →

CHECK FOR ERRORS

Health and Human Services | Texas Department of State Health Services

Situational Codes Tab only available on Outpatient Institutional

Conditions	Values
CODE:	CODE:
	AMOUNT:
04 - INFORMATION ONLY BILL	
	
05 - LIEN HAS BEEN FILED	

If you have multiple conditions to add to a claim, as you tab out of this screen you will be able to add another condition. If you want to delete a condition, click the  box next to the claim information.

Outpatient Professional

Medicaid or Medicare Claims only. You can submit Medicare and Medicaid claims on the institutional claim, but **ONLY** Medicare and Medicaid can be professional.

Patient Tab



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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

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THCIC Support Center

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

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

Claim Information

TYPE:
☐ OUTPATIENT INSTITUTIONAL ☒ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

Personal Information

MEDICAL RECORD NUMBER:
MRN

SOCIAL SECURITY NUMBER:
SSAN

FIRST NAME:
PATIENT FIRST NAME

MIDDLE:
(Initial)

LAST NAME:
PATIENT LAST NAME

SEX:
[Dropdown]

ETHNICITY:
[Dropdown]

BIRTH DATE:
mm/dd/yyyy [Calendar]

RACE:
[Dropdown]

ADDRESS:
ADDRESS LINE 1

ADDRESS LINE 2


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

NEXT SECTION →

CHECK FOR ERRORS

Patient Tab

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

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THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers


✓ Charges


✓ Diagnoses


✓ Practitioners


Bill Type

Statement:


FROM: mm/dd/yyyy 


THROUGH: mm/dd/yyyy 


FACILITY TYPE CODE: 


CLAIM FREQUENCY TYPE CODE: 

Admission Information

RELATED CAUSES 1: 

RELATED CAUSES 2: 

RELATED CAUSES 3: 

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

NEXT SECTION →

CHECK FOR ERRORS

Payer Tab



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

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THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Professional

[Patient](#)
[Payers](#)
[Charges](#)
[Diagnoses](#)
[Practitioners](#)

Primary Payer

SOURCE CODE:

ID:

NAME:

Medicaid or Medicare Claims only.

Secondary Payer

SOURCE CODE:

ID:

NAME:

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

NEXT SECTION →

CHECK FOR ERRORS

Charges Tab

[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](#)

Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers

✓ **Charges**

✓ Diagnoses

✓ Practitioners

QUALIFIER:

PROCEDURE CODE:

MODIFIERS:


PROCEDURE DATE:


PROCEDURE THRU DATE:

SERVICE FACILITY CODE:

QTY: UNIT: = CHARGE:

TOTAL CHARGES: \$0.00 [ADD CHARGE](#)

Click add charge to add another charge to the claim. To delete click the  beside the claim.

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

Diagnosis Tab



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

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THCIC Support Center

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

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL:

REASON FOR VISIT:

E-CODES:

OTHER DIAGNOSIS CODES:

Enter your diagnosis information. If you have multiple diagnosis codes and or e-codes as you add one to the system, another screen would open to add another.


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

NEXT SECTION →

CHECK FOR ERRORS

Practitioners Tab

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

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

THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

Rendering1 Physician

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

Rendering2 Physician

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

Choose the ID type and ID number, choose the individual ID for the rendering physician.

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

NEXT SECTION →

CHECK FOR ERRORS

Submitting Your Claim

- ✓ The claims are automatically saved.
- ✓ You must submit claims for them to be entered in the system.

Remember: you must submit this claim for auditing when you have finished entering its details.

SUBMIT CLAIM

- ✓ If you do not submit the claim, it will go to new claims in progress through the claims tab, **NEW CLAIMS IN PROGRESS**. Once opened you can complete and submit the claim.



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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC User Management My Account Logout

THCIC Support Center

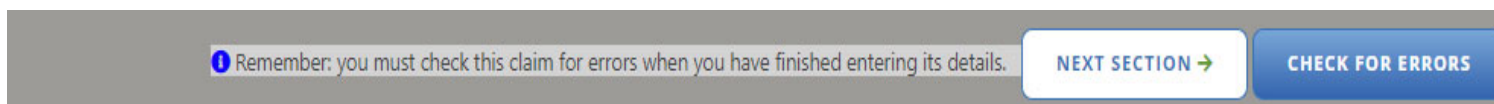
Q Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH

AUDITED CLAIMS ADD NEW CLAIM

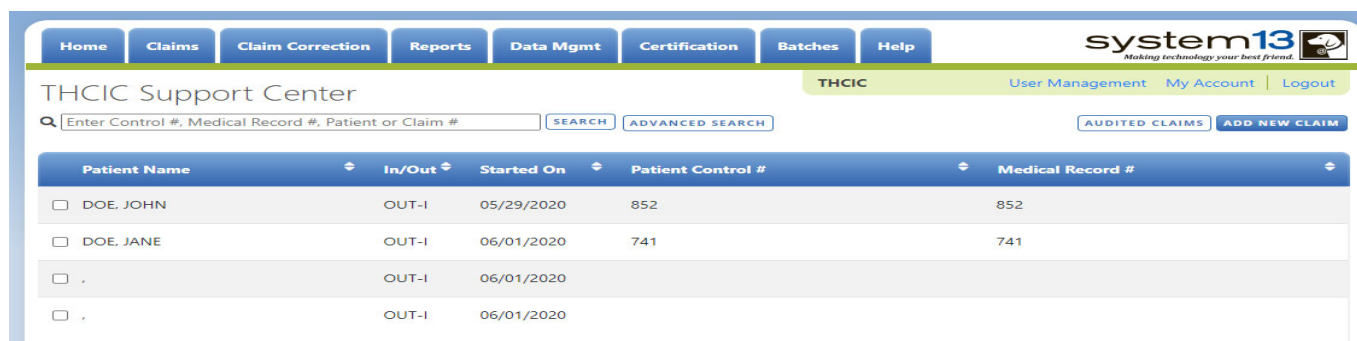
Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741
<input type="checkbox"/> .	OUT-I	06/01/2020		
<input type="checkbox"/> .	OUT-I	06/01/2020		

Check for Errors/ Submitting Your Claim

- ✓ The claims are automatically saved.
- ✓ You must click “check for errors” to submit claims entered in the system. The claims will be checked for errors and submitted.

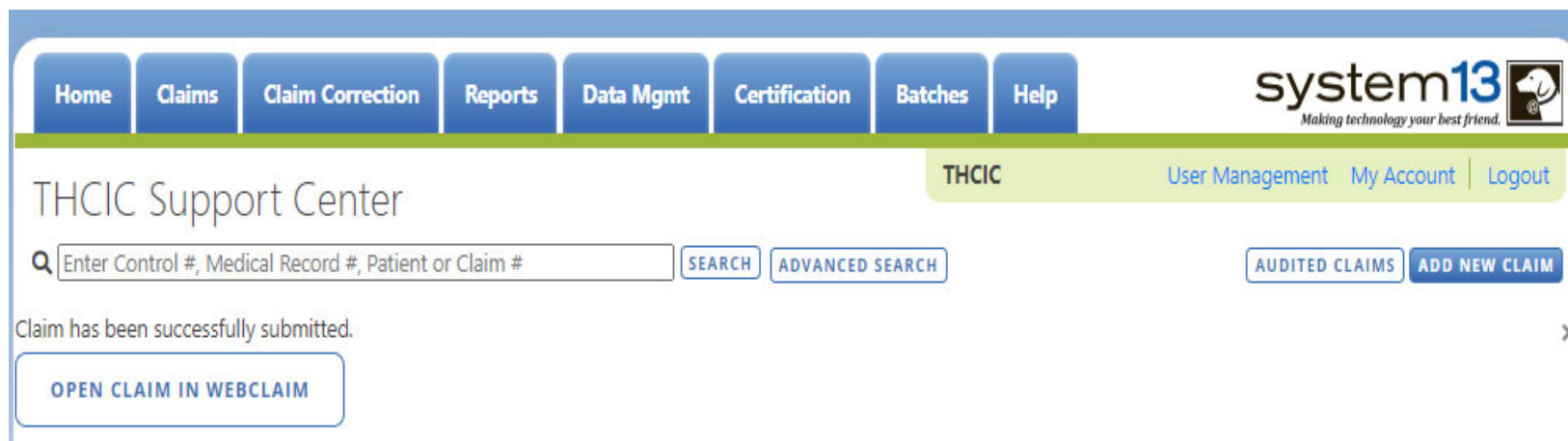


- ✓ If you do not “check for errors” the claim, it will go to new claims in progress through the claims tab, **NEW CLAIMS IN PROGRESS**. Once opened you can complete and submit the claim.



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
<input type="checkbox"/> .	OUT-I	06/01/2020		
<input type="checkbox"/> .	OUT-I	06/01/2020		

Other Options



OPEN CLAIM IN WEBCLAIM

will open the claim to update the information.


This listing is also the new claims in progress listing the user will get a listing of claims that has been entered without submitting.

The user can click **AUDITED CLAIMS** and will be taken to the Claim Correction listing.

The user can add new claim by clicking **ADD NEW CLAIM** button.

Options...Delete Claim(s)

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

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, KANDI	OUT-I	06/01/2020	258	258
<input type="checkbox"/> DOE, LLOYD	OUT-I	06/01/2020	7496	7496

[SELECT ALL](#) 2 Claims [DELETE](#)

- To delete a claim from listing, select the claim you want to delete by placing a check mark in the box of the claim to delete.
- After selecting claim the delete option will become available in the lower right corner.

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

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, KANDI	OUT-I	06/01/2020	258	258
<input checked="" type="checkbox"/> DOE, LLOYD	OUT-I	06/01/2020	7496	7496

[SELECT ALL](#) 2 Claims (1 Selected) [DELETE](#)

Options...Search for Claims

- You can search by Control #, Medical Record #, Patient or Claim #

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

- Type in your search request.

Q 7357

- Click search to sort your listing by search criteria requested.

Q 7357

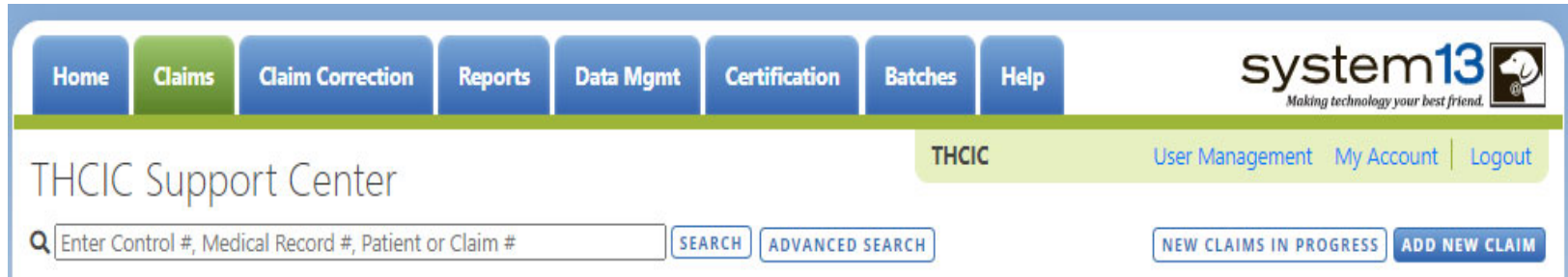
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 6739380	5877357	201507140042000009000005	07/14/2015	Pouros, Jovani	IN	-
<input type="checkbox"/> 6735776	6511439	201507140042000054000005	07/14/2015	Effertz, Daija	IN	-

- Click clear to return to the unfiltered list of claims click the X.

Q 7357

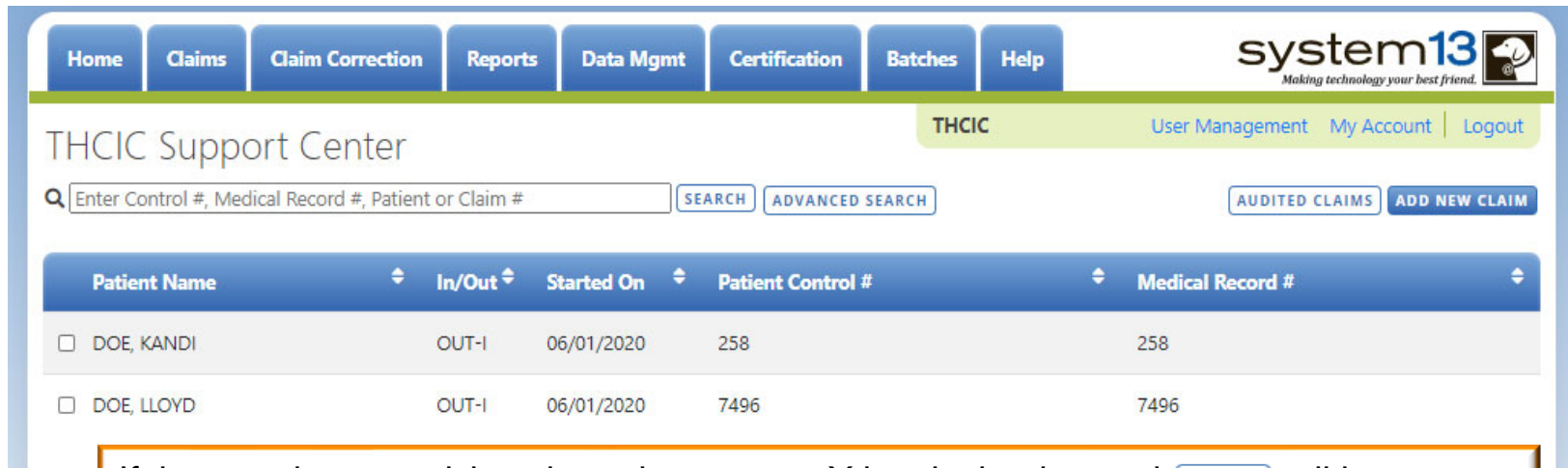
Incomplete (Saved) Claims

New Claims in Progress



The screenshot shows the 'system13' interface with the 'Claims' tab highlighted in the top navigation bar. The 'THCIC Support Center' header is visible. A search bar contains the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #'. To the right of the search bar are buttons for 'SEARCH' and 'ADVANCED SEARCH'. Further right are buttons for 'NEW CLAIMS IN PROGRESS' and 'ADD NEW CLAIM'. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right corner.

If the user does not submit a claim, it will be automatically saved. To complete this claim, the user will have to click the claims tab and click new claims in progress. A listing of the claims that have been saved, but not submitted will open. The user can complete entering these claims. If the user choose to delete these claims, put an X beside the claim and delete will become an option.



The screenshot shows the 'system13' interface with the 'Claims' tab highlighted. The 'THCIC Support Center' header is visible. A search bar contains the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #'. To the right of the search bar are buttons for 'SEARCH' and 'ADVANCED SEARCH'. Further right are buttons for 'AUDITED CLAIMS' and 'ADD NEW CLAIM'. Below the search bar is a table listing saved claims.

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, KANDI	OUT-I	06/01/2020	258	258
<input type="checkbox"/> DOE, LLOYD	OUT-I	06/01/2020	7496	7496

If the user choose to delete these claims, put an X beside the claim and **DELETE** will become an option.



Web Claim

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 Dee Roes at email  Dee.Roes@dshs.texas.gov if submitter test/production files reject due to a submission address or EIN/NPI number.
- ✓ Contact Tiffany Overton at email  Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- ✓ 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>