

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

Outpatient WebCorrect

Revised August 18, 2015



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)



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.state.tx.us



Web site: <http://www.dshs.state.tx.us/THCIC>



THCIC Contact

- ✓ Contact Tiffany Overton at  512-776-2352 or  Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- ✓ Contact Dee Roes at  512-776-3374 or  Dee.Roes@dshs.texas.gov if submitter test/production files reject due to a submission address or EIN/NPI number.
- ✓ For general questions or to request information about THCIC please e-mail to  thcichelp@dshs.texasa.gov.





Contact



Address:

System 13, 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.state.tx.us/THCIC/datareportingschedule.shtm>



Home > [Texas Health Care Information Collection Home](#) > Inpatient and Outpatient Data Reporting Schedule

Inpatient and Outpatient Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

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- Center for Health Statistics (CHS) and other DSHS Data
- Mailing Address**
- THCIC
Dept. of State Health Services
Center for Health Statistics, MC 1898
PO Box 149347
Austin, Texas 78714-9347
- Location**
- Moreton Building, M-660
1100 West 49th Street
Austin, TX 78756
- Phone: 512-776-7261
Fax: 512-776-7740
Email:

Key Activity Due Dates by Quarter

Activity	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016
Cutoff for initial submission	3-2-15	6-1-15	9-1-15	12-1-15	3-1-16	6-1-16	9-1-16	12-1-16
Cutoff for corrections	5-1-15	8-3-15	11-2-15	2-1-16	5-2-16	8-1-16	11-1-16	2-1-17
Facilities retrieve certification files	6-1-15	9-1-15	12-1-15	3-1-16	6-1-16	9-1-16	12-1-16	3-1-17
Cutoff for corrections at time of certification	7-15-15	10-15-15	1-15-16	4-15-16	7-15-16	10-17-16	1-16-17	4-17-17
Final encounters available to facilities	8-3-15	11-2-15	2-1-16	5-2-16	8-1-16	11-1-16	2-1-17	5-1-17
Certification/comments due	9-1-15	12-1-15	3-1-16	6-1-16	9-1-16	12-1-16	3-1-17	6-1-17

Quarterly Activities by Due Date

Date	Activity	Quarter
9-1-15	Cutoff for initial submission	Q2 2015



THCIC System

System13, Inc. / THCIC Web - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC Web

THCIC Support Center

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Home

[Problems Logging In?](#)

Username

Password **Sign In**

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

Not Registered?
Request an account

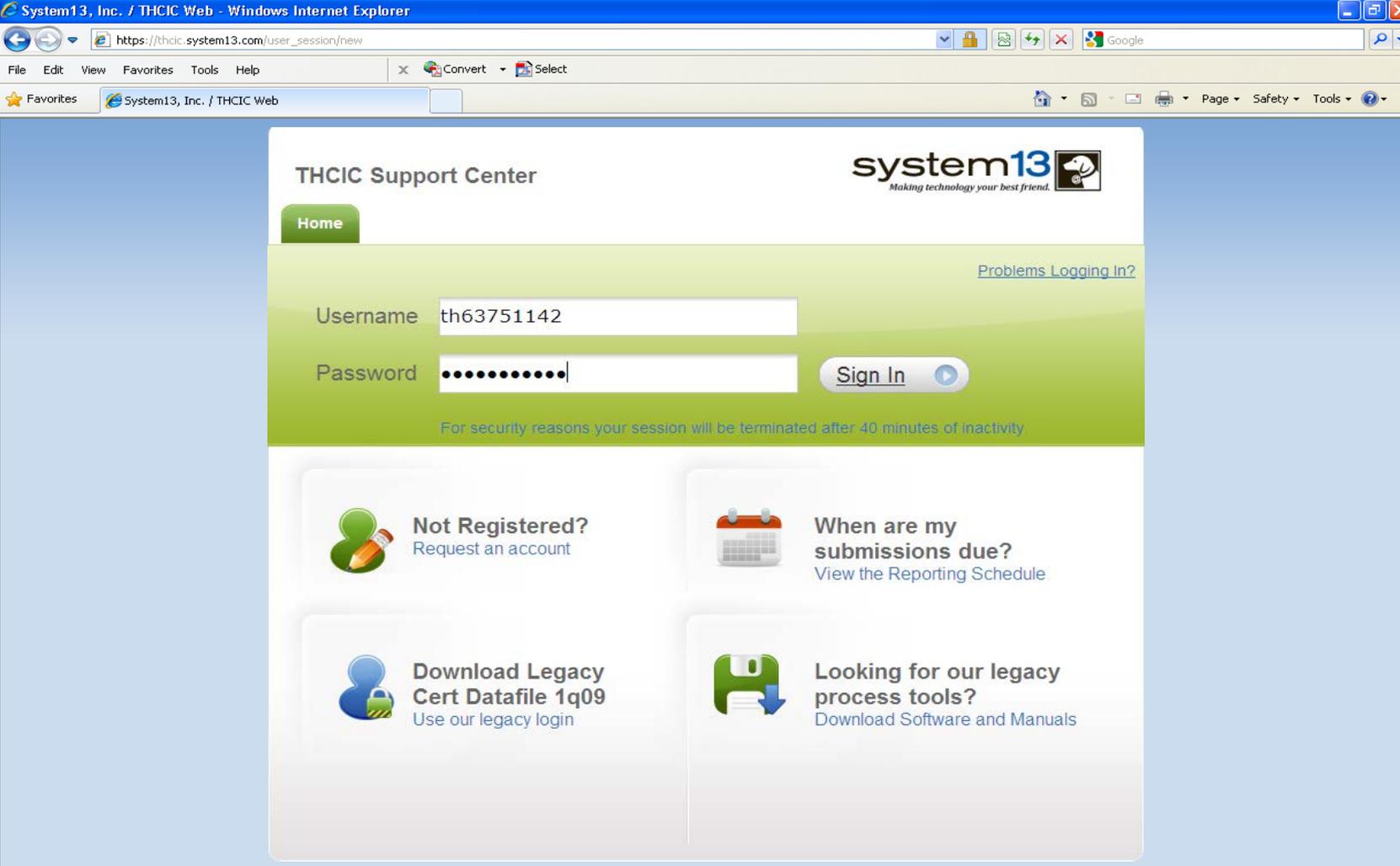
When are my submissions due?
View the Reporting Schedule

Download Legacy Cert Datafile 1q09
Use our legacy login

Looking for our legacy process tools?
Download Software and Manuals



Log In the System as a Provider



System13, Inc. / THCIC Web - Windows Internet Explorer

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

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[Problems Logging In?](#)

Username

Password

[Sign In](#)

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

 **Not Registered?**
Request an account

 **When are my submissions due?**
[View the Reporting Schedule](#)

 **Download Legacy Cert Datafile 1q09**
[Use our legacy login](#)

 **Looking for our legacy process tools?**
[Download Software and Manuals](#)

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



Security Notice

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

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System13, Inc. / THCIC Web

THCIC Support Center

system13
Formerly Commonwealth Clinical Systems
and Computer Services

Home Help

Problems Logging In?

Security Notice

This is not a public use Web Site.

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

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

[Accept](#)

Version 3.16.2.7
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1648 State Farm Boulevard • Charlottesville, VA 22911 • (888) 308-4953 • (434) 977-0000

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.



Provider Home Page

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

THCIC Support Center MB - THCIC 000004 [User Management](#) [My Account](#) | [Logout](#)

Login successful!



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in Progress



Batches

This is the provider home page the data administrator/primary contact will see when they log in the system. The following pages is what the other data users/data certifier will see.



Data Management/Primary Contact Provider Home Page

Provider
Tabs

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



THCIC Support Center

MB - THCIC 000004

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

Login successful!

Other
Features

 Reports	 WebCorrect Claim Correction	 WebCert Certification
 WebClaim New Claim	 New Claims in Progress	 Batches

Provider
Dashboard



Certifier Provider Home Page

Provider
Tabs

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



THCIC Support Center

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

Login successful!

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

Other
Features

 Reports	 WebCorrect Claim Correction	 WebCert Certification
 WebClaim New Claim	 New Claims in Progress	 Batches

Provider
Dashboard



User Provider Home Page

Provider
Tabs

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

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

Login successful!

Other
Features

 Reports	 WebCorrect Claim Correction	 WebCert Certification
 WebClaim New Claim	 New Claims in Progress	 Batches

Data users do not have access to the data management tab, certification tab and/ or WebCert desktop icon.

Provider
Dashboard



Provider Tabs

Home

Claims

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system13 

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.

**Indicates these tabs also have desktop icons.



Tabs without Desktop Icons



The user is able to view all claims submitted for their facility, even if they need data correction or have been accepted as is. The user will only be able to see claims that are currently in the system, which includes data that has been submitted and not removed due to the cutoff for corrections.



Help gives the user various help topics. The user will be able to get training materials, search and lookups, supporting documents and frequency asked questions.



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. Removal and replace functions are part of the normal encounter and event building processes that create the certification data.



Provider Tab Claims

Claims

Home

Claims

Claim Correction

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THCIC Support Center

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

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

Search

[Advanced Search](#)

New Claims in Progress

Create New Claim

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors	
<input type="checkbox"/>	9009697	6813085	2015071400420000	07/14/2015	Nikolaus, Frederic	Out-I	-	
<input type="checkbox"/>	6978369	7321818	2015071400420000	07/14/2015	Bartell, Marilou	Out-I	-	
<input type="checkbox"/>	7355786	5496293	2015071400420000	07/14/2015	DOE, Estelle	Out-I	-	
<input type="checkbox"/>	6678133	7660525	2015071400420000	07/14/2015	Homenick, Destany	Out-I	1	Errors
<input type="checkbox"/>	8343672	6907276	2015071400420000	07/14/2015	Schaden, Seamus	Out-I	-	
<input type="checkbox"/>	7010030	6351776	2015071400420000	07/14/2015	Stark, Francisca	Out-I	-	
<input type="checkbox"/>	7400113	6403610	2015071400420000	07/14/2015	Bosco, Laron	Out-I	-	No Correction Needed
<input type="checkbox"/>	8028242	8942304	2015071400420000	07/14/2015	Kutch, Katrine	Out-I	-	
<input type="checkbox"/>	6739380	5877357	2015071400420000	07/14/2015	Pouros, Jovani	Out-I	-	
<input type="checkbox"/>	8962172	6234512	2015071400420000	07/14/2015	Schaden, Cecelia	Out-I	2A	Accepted As Is
<input type="checkbox"/>	7665106	8867637	2015071400420000	07/14/2015	Wisozk, Rashad	Out-I	-	
<input type="checkbox"/>	6026768	7298952	2015071400420000	07/14/2015	DOE, Gabriel	Out-I	-	
<input type="checkbox"/>	6065473	6071488	2015071400420000	07/14/2015	Nolan, Hayden	Out-I	-	
<input type="checkbox"/>	7095325	6262241	2015071400420000	07/14/2015	DOE, Angie	Out-I	-	
<input type="checkbox"/>	6723282	8397350	2015071400420000	07/14/2015	Bechtelar, Libby	Out-I	-	
<input type="checkbox"/>	8383869	6042271	2015071400420000	07/14/2015	Rempel, Patience	Out-I	-	

Select All 2175 claims Delete

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

Provider Tab Help

Help

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https://thcictrainer.system13.com/help

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System13, Inc. / THCIC Web Help

Help

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THCIC Support Center

Training Materials

[WebClaim Help](#)

[WebCorrect Help](#)

[WebCert Help](#)

Video Tutorials

[WebClaim: adding a new claim](#)

[WebCorrect: navigating through the errors](#)

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](#)

Regularly updated pages maintained by THCIC containing detailed technical information about 837 data and field formatting:

[Inpatient THCIC 837 Technical Specification](#)

[Outpatient THCIC 837 Technical Specification](#)

[Hospital Reporting Requirements and Numbered Letters](#): A regularly updated page maintained by THCIC to keep hospitals informed of the hospital discharge data collection process and requirements.

[THCIC Hospital information Request change](#)

[Submitter Test Files](#)

Frequently Asked Questions

I forgot my password. How can I recover it?

If you know your THCIC User Id, visit the [password recovery page](#).

If you don't know your THCIC User Id, send an email to thcichelp@system13.com, requesting an account reset.

I forgot my username. How can I recover it?

Send email to thcichelp@system13.com, requesting your username.

How do I update the Certifier Name?

You will need to fill out a [form](#).



Need more help? Contact Help Desk



Data Management

Data Mgmt

Home Claims Claim Correction Reports **Data Mgmt** Certification Batches Help **system13** 

THCIC Support Center

 THCIC Trainer 000005 [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)

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)

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.



Data Analysis Report through the Reports Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

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Reports

Select Report:

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

- Please select one
- 2q15
- 1q15
- 4q14
- 3q14

Patients:

- Inpatient
- Outpatient

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

Reports

Select Report:

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

Quarter:

1q15

Generate



Data Analysis Report through the Reports Tab

4Q2012 Data Analysis Report (Inpatient)
 Report Date: 18-Apr-2013
 THCIC ID: 000004 MB - THCIC Acceptance Outpatient Pro

Quarter Analysis

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

Quarter Comparison

Qtr	Total
4q12	3
3q12	0
2q12	0

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

The **Modify/Replace/Remove process (MRR)** will match claims with the same key values except bill type (Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour). It will then compare the bill types to see if any claims may be removed. 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.



Provider Tab Data Management

Data Mgmt

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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 correction process
 - 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
Admission Hour
Bill Type
 - Remove duplicates in the most recently submitted claim

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 Duplicates (DR)



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Data Mgmt

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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/Cancellation

Duplicate Remove Process (DR)

The DR function will:

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

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 Duplicates (DR)



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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 correction
- 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
 - Admission Hour
 - Bill type
- Eliminate duplicate claims in the most recently submitted claim

Process Submitted

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

OK

Select Claim Type

- Inpatient
- Outpatient

Select Action

- Modify/Replace/Remove (MRR)
- Remove Duplicates (DR)



Data Management Emails

Data Mgmt

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 THCIC Trainee 1 000006 [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	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
--	--

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

Do Not Reply <noreply@system13.com>

Select Claim Type <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient	Select Action <input checked="" type="radio"/> Modify/Replace/Remove (MRR) <input type="radio"/> Remove Duplicates (DR)
--	--

Sent: Wed 3/11/2015 1:50 PM
To: Overton,Tiffany (DSHS); Overton,Tiffany (DSHS)

The Modify/Replace/Remove Claims (MRR) process has completed for provider 000006 Outpatient data. The process reviewed 6 active claims, eliminated 0 claims due to applying updates to an original claim, leaving 6 active claims.

Sincerely,

System13, Inc. Customer Support

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



Provider Tab Data Management

Data Mgmt

Duplicate Removal

- ✘ Remove duplicate claims
- ✘ Replace certain bill types

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

The **Duplicate Removal process (DR)** will match claims with the same key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour, and 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

Data Mgmt

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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/Cancellation

Duplicate Remove Process (DR)

The DR function will:

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

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 Duplicates (DR)



Provider Tab Data Management

Data Mgmt

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

system13 

THCIC Support Center

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

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
- Remove claims that match a Void/Cancel

Duplicate Remove Process (DR)

The DR function will:

- Match claims with the same key values:
 - Control Number
 - Record Number
 - Admission Start of Care
 - Admission Hour
- Eliminate the most recently submitted claim

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

Select Claim Type

- Inpatient
- Outpatient

Select Action

- Modify/Replace
- Remove



Provider Tab Data Management

Data Mgmt

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



THCIC Support Center

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

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR) <p>The MRR function will:</p> <ul style="list-style-type: none">- Match claims with the same key values: Patient Control Number Medical Record Number Admission Start of Care Admission Hour- Eliminate duplicate claims in the correction- 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) <p>The DR function will:</p> <ul style="list-style-type: none">- Match claims with the same key values: Patient Control Number Medical Record Number Admission Start of Care Admission Hour Bill type- Remove the most recently submitted claim
--	--

Process Submitted

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

OK

Select Claim Type	Select Action
<input type="radio"/> Inpatient	Modify/Replace/Remove (MRR)
<input type="radio"/> Outpatient	Remove Duplicates (DR)



Data Management Emails

Data Mgmt

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13

THCIC Support Center

THCIC Trainee 1 000006 User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR) <p>The MRR function will:</p> <ul style="list-style-type: none">- 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 (x	Duplicate Remove Process (DR) <p>The DR function will:</p> <ul style="list-style-type: none">- 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
---	---

The Duplicate Claim Removal (DR) process has completed for provider 000006 Outpatient Data [G2]

Do Not Reply <noreply@system13.com>

Sent: Wed 3/11/2015 1:51 PM
To: Overton, Tiffany (DSHS); Overton, Tiffany (DSHS)

The Duplicate Claim Removal (DR) process has completed for provider 000006 Outpatient data. The DR reviewed 6 active claims, eliminated 0 duplicate claims, leaving 6 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

Select Action

Modify/Replace/Remove (MRR)
Remove Duplicates (DR)



Provider Other Features

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

THCIC Support Center THCIC Test Hospital/Facility 000002 [User Management](#) [My Account](#) [Logout](#)

Other Features



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in Progress



Batches

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

THCIC Support Center THCIC Test Hospital/Facility 000002 User Management My Account Logout

Create New User

Locked	Name	Phone	Email	UserID	Data Certifier	Data User
No users						

Delete

User management is a new feature will allow 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 User 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 system13

THCIC Support Center

THCIC Test Hospital/Facility 000002 [User Management](#) [My Account](#) [Logout](#)

To add a user click 'create new user.'

Create New User

User Management

Locked	Name	Phone	Email	UserID	Data Certifier	Data User
--------	------	-------	-------	--------	----------------	-----------

The screen below will open...

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

THCIC Support Center

THCIC Test Hospital/Facility 000002 [User Management](#) [My Account](#) [Logout](#)

User Management

Facility Role Descriptions

Data User

- Authorized to Add new claims (WebClaim)
- 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

DataCertifier

- Authorized to perform all functions as a Data User
- 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 regen

Email Schemes

Data User

Scheme Name 'Data User'

- FER (Frequency of Errors Report)
- Count of Excluded/Rejected Claims

Data Certifier

Scheme Name 'Data Certifier'

- All Notifications received by the Data User
- 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 User
- MRR (Merge, Remove, Replace)
- DR (Duplicate Removal)

Intrusion Lock

Account Lock

First Name: Middle: Last Name:

Phone:

Email:

UserID: Email Schemes:

Data Certifier

Data User

Cancel Save

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.



User Management – Adding a User

The screenshot displays the 'system13' User Management interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The main header shows 'THCIC Support Center' and the user's current location: 'THCIC Test Hospital/Facility 000002'. Navigation links for 'User Management', 'My Account', and 'Logout' are also present.

The 'User Management' section is divided into three columns of role descriptions:

- Data User:**
 - Authorized to Add new claims (WebClaim)
 - 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 User
 - 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 regen
- Data Administrator:**
 - All Notifications received by the Data Certifier and Data User
 - MRR (Merge, Remove, Replace)
 - DR (Duplicate Removal)

The right-hand side of the interface shows a form for adding a new user. It includes checkboxes for 'Intrusion Lock' and 'Account Lock'. The form fields are: First Name (JACK), Middle (empty), Last Name (DOE), Phone ((123)456-7890), and Email (JDOE@YOURFACILITY.COM). Below these fields are 'UserID' and 'Email Schemes' sections, each with a checkbox and a text input field. The 'Data Certifier' checkbox is checked. At the bottom right of the form are 'Cancel' and 'Save' buttons.

From the role descriptions listed above, add the user as to how the user will have access to the system. An e-mail will be sent the user that indicates they have been added to the system and will also give them their userID and a link to change their password to access the system.

User Management – User Roles / Email Schemes

User Management - User Roles

- ✕ Data User
 - ✕ Authorized to add new claims (WebClaim)
 - ✕ 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 User
 - ✕ 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 User (Scheme Name 'Data User')
 - ✕ FER (Frequency of Errors Report)
 - ✕ Count of Excluded/Rejected Claims
- ✕ Data Certifier (Scheme Name 'Data Certifier')
 - ✕ All Notifications received by the Data User
 - ✕ 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 User
 - ✕ 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 – Adding a User

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

THCIC Test Hospital/Facility 000002 [User Management](#) [My Account](#) [Logout](#)

THCIC Support Center

User Management

Facility Role Descriptions

Data User

- Authorized to Add new claims (WebClaim)
- 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 download Certification Reports
- Authorized to Certify quarterly data (WebCert)
- Authorized to request free regen

Email Schemes

Data User

- Scheme Name 'Data User'
- FER (Frequency of Errors Report)
- Count of Excluded/Rejected Claims

Data Certifier

- Scheme Name 'Data Certifier'
- All Notifications received by the Data User
- Certification Download File Availability
- Certified

User Management Form

Intrusion Lock

Account Lock

First Name: JACK Middle: Last Name: DOE

Phone: (123)456-7890

Email: JDOE@YOURFACILITY.COM

UserID:

Data Certifier

Data User

Email Schemes

- None
- Data User
- Data Certifier
- Data Administrator

Cancel Save

Choose what type of UserID to be assigned and/or the e-mail scheme to assign to the user.



User Management – Lock Features

The screenshot shows the 'system13' web application interface. At the top, there are navigation tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner. Below the navigation is a green bar with the user's name 'THCIC Test Hospital/Facility 000002' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'User Management'. It is divided into three columns. The left column lists 'Facility Role Descriptions' for 'Data User' and 'Data Certifier'. The middle column lists 'Email Schemes' for 'Data User', 'Data Certifier', and 'Data Administrator'. The right column is a form for locking a user, with 'Intrusion Lock' and 'Account Lock' checked. It includes fields for 'First Name' (JACK), 'Middle' (empty), 'Last Name' (DOE), 'Phone' ((123)456-7890), and 'Email' (JDOE@YOURFACILITY.COM). Below the form, there are checkboxes for 'Data Certifier' (checked) and 'Data User' (unchecked), and a dropdown menu for 'Email Schemes' with 'Data Administrator' selected. A red 'X' icon is in the top right corner of the form area.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

THCIC Support Center

THCIC Test Hospital/Facility 000002 [User Management](#) [My Account](#) [Logout](#)

User Management

Facility Role Descriptions

Data User

- Authorized to Add new claims (WebClaim)
- 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 User
- Authorized to generate Certification Data (Encounter on Demand(EOD))
- Authorized to download Certification File
- Authorized to download Certification Reports

Email Schemes

Data User

- Scheme Name 'Data User'
- FER (Frequency of Errors Report)
- Count of Excluded/Rejected Claims

Data Certifier

- Scheme Name 'Data Certifier'
- All Notifications received by the Data User
- 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 User

Intrusion Lock

Account Lock

First Name: JACK Middle: Last Name: DOE

Phone: (123)456-7890

Email: JDOE@YOURFACILITY.COM

UserID: th000002o Email Schemes

Data Certifier Data Administrator

Data User

The administrator can clear intrusion or account lock(s). 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.)



Other Features My Account

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

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

Current password

Change password

Password confirmation

[Cancel](#)

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)

NEW FEATURE - When a user's account has been disabled due to three failed login attempts, the user currently receives the message "Consecutive failed login limit exceeded, account has been disabled". The System has been modified to display a new message, "Contact the help desk or <data administrator's actual name>", if the user is not the provider's Data Administrator.



Other Features Logout

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help **system13** 

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



Reports



New Claims in Progress



WebCert
Certification



WebClaim
New Claim



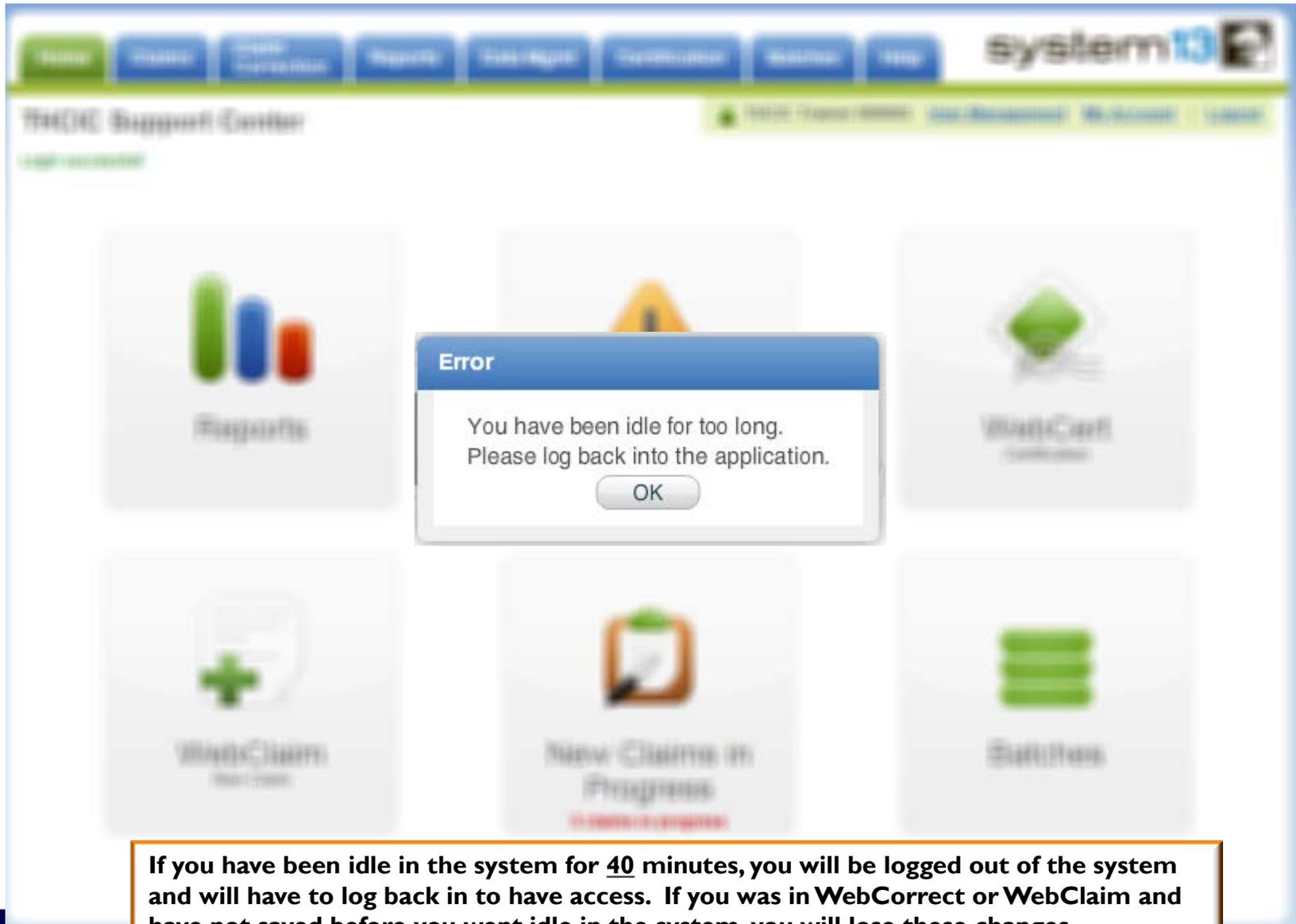
Batches

Message from webpage

 Are you sure you want to logout?



Inactivity



If you have been idle in the system for 40 minutes, you will be logged out of the system and will have to log back in to have access. If you was in WebCorrect or WebClaim and have not saved before you went idle in the system, you will lose these changes.



Provider Dashboard

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

system13 

THCIC Support Center

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



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in Progress



Batches

**Provider
Dashboard**



Reports

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

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



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in Progress



Batches

The user can go to Reports by the provider tab  or by the provider dashboard icon 



Reports Menu

Reports

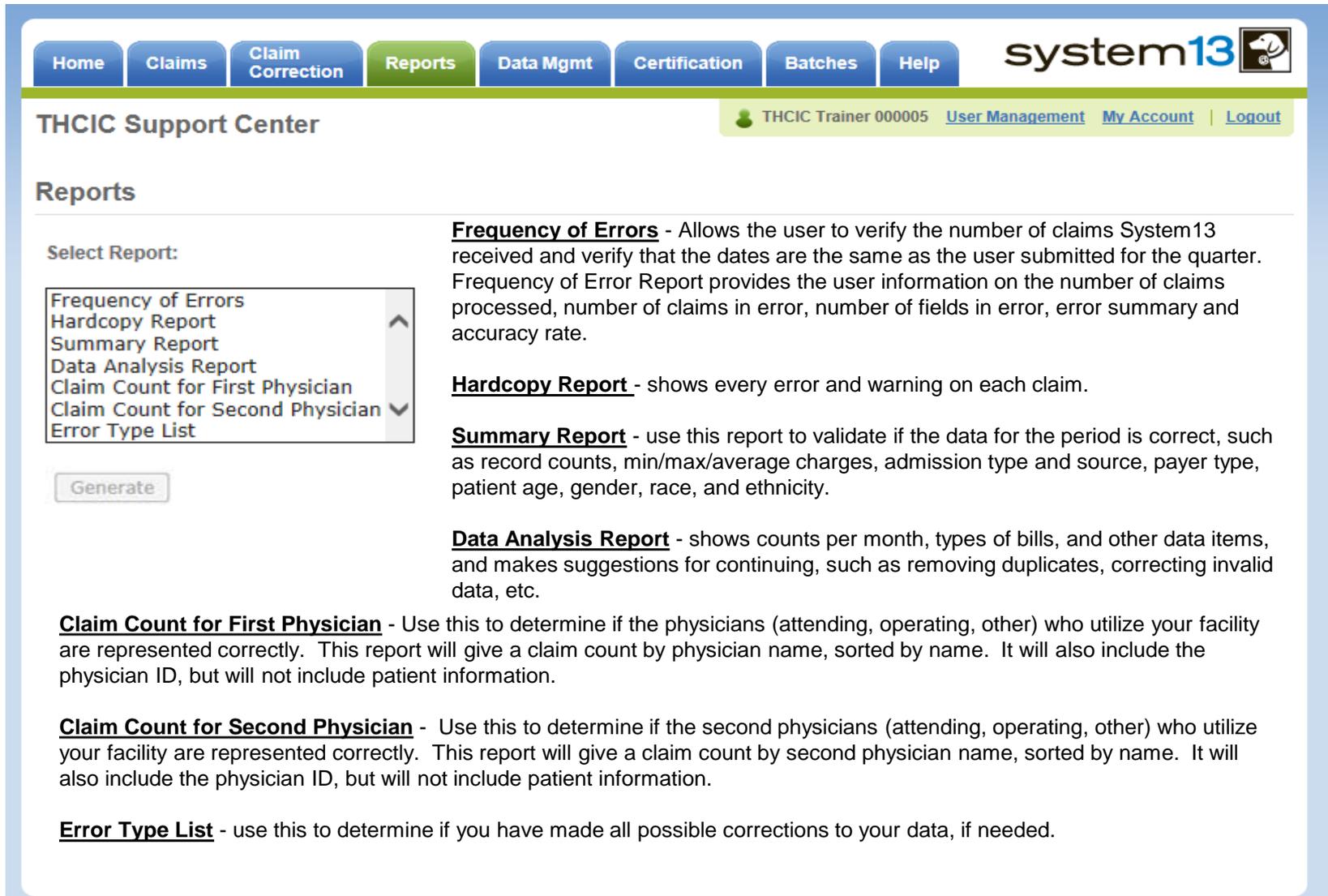


The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for 'Home', 'Claims', 'Claim Correction', 'Reports' (highlighted), 'Data Mgmt', 'Certification', 'Batches', and 'Help'. To the right of the navigation bar is the 'system13' logo and a small dog icon. Below the navigation bar, the page title is 'THCIC Support Center'. On the right side of this header, there is a user profile section showing 'THCIC Trainer 000005' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and contains a 'Select Report:' label above 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 is a 'Generate' button.

The only data a facility can run reports on is data that is currently in the system, this excludes certification data. Data for previous quarters will remain in the system until the last day for cutoff for corrections. Other options will become available once the type of report is selected.



Type of Reports



Home Claims Claim Correction **Reports** Data Mgmt Certification Batches Help system13

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

Reports

Select Report:

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

Generate

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.



WebCorrect/ Claim Correction

Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help system13

THCIC Support Center

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

Reports

WebCorrect
Claim Correction
120 claims to correct

WebCert
Certification

WebClaim
New Claim

New Claims in Progress

Batches

The user can go to data corrections by provider tab the tab **Claim Correction** or the dashboard icon

When there are errors in the system for the facility. The number of errors will be shown underneath WebCorrect as pictured above.



WebCorrect/ Claim Correction

Claim Correction



Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help **system13**

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

Enter Control #, Medical Record #, Patient or Claim # [Advanced Search](#)

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input type="checkbox"/>	8007752	8910595	2015071400900001	07/14/2015	Wehner, Marcos	Out-P	1
<input type="checkbox"/>	6510696	6720774	2015071400900001	07/14/2015	Bosco, Pinkie	Out-P	1
<input type="checkbox"/>	7090563	6789911	2015071400900001	07/14/2015	Schinner, Lisette	Out-P	1
<input type="checkbox"/>	6787104	6085171	2015071400900001	07/14/2015	Labadie, Brenden	Out-P	1
<input type="checkbox"/>	5983592	7873997	2015071400900000	07/14/2015	Spinka, Anderson	Out-P	1
<input type="checkbox"/>	8575586	6577730	2015071400900000	07/14/2015	Hilpert, Raheem	Out-P	1
<input type="checkbox"/>	6828644	8301142	2015071400900000	07/14/2015	Stoltenberg, Pablo	Out-P	1
<input type="checkbox"/>	6317009	6058464	2015071400900000	07/14/2015	White, Ike	Out-P	1
<input type="checkbox"/>	5545570	6568505	2015071400900000	07/14/2015	Breitenberg, Jaren	Out-P	1
<input type="checkbox"/>	6162032	7753642	2015071400900000	07/14/2015	Bednar, Ernestine	Out-P	1
<input type="checkbox"/>	9035587	6643802	2015071400900000	07/14/2015	Ebert, Modesta	Out-P	1
<input type="checkbox"/>	8019958	6843348	2015071400900000	07/14/2015	Schowalter, Scotty	Out-P	1
<input type="checkbox"/>	5501748	7641241	2015071400900000	07/14/2015	Aufderhar, Lonie	Out-P	1
<input type="checkbox"/>	6509007	8668712	2015071400900000	07/14/2015	Robel, Myah	Out-P	1
<input type="checkbox"/>	6870764	6515348	2015071400900000	07/14/2015	Ziemann, Floy	Out-P	1
<input type="checkbox"/>	7995589	5440706	2015071400900000	07/14/2015	Jaskolski, Chase	Out-P	1

Select All

Before the system opens up to the WebCorrect listing, it will load tables. Loading tables allows the system to provide drop down menus that are available to look up data in certain data fields. This process can take up to a few minutes to load, but once loaded the user will get this WebCorrect listing that list all the claims in the system with errors.

WebCert/Certification

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13 

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



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in
Progress



Batches

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



WebCert/Certification

Certification



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

THCIC User Management My Account Logout

THCIC Support Center Outpatient

2015

2nd Quarter
Eligible Claims Generate Quarter Cert. Data (EOD) →

1st Quarter
224 Events Start Certification →

2014

4th Quarter
430 Events Start Certification →

3rd Quarter
321 Events - Certified →

Older Quarters

WebCert (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, as indicated here.



WebClaim

Home

Claims

Claim Correction

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system13 

THCIC Support Center

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



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in Progress



Batches

The user can go to WebClaim by the provider dashboard icon



WebClaim is a desktop icon that allows the user to manually enter claims into the system one by one.





Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13

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

[Back to list of claims](#)

Medical Record Number: Patient Control Number:

- ✓ Patient
- ✓ Payer
- ✓ Charges
- ✓ Diagnosis
- ✓ Practitioners

Claim Information

Please Select a Claim Type

Outpatient Institutional Outpatient Professional

LOADING 0% [Submit Claim](#) [Save Claim](#) ✓ [Next Section](#) →

Before the system opens up to the WebClaim, which allows facilities to manually enter claims, it will load tables. Loading tables allows the system to provide drop down menus that are available to look up data in certain data fields. This process can take up to a few minutes to load, but once loaded the user will have to choose the type of claim to enter as pictured above.



New Claims in Progress

Home

Claims

Claim Correction

Reports

Data Mgmt

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system13 

THCIC Support Center

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



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in Progress



Batches

The user can go to New Claims in progress by the provider dashboard icon



New Claims in Progress

New Claims in Progress allows the user to complete claims saved via WebClaim.



New Claims in Progress



New Claims in Progress
2 claims in progress

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



THCIC Support Center

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

Enter Control #, Medical Record #, Patient or Claim # [Advanced Search](#)

Patient	In/Out	Started on	Progress	
BLACK, ERIC	Out-I	07/11/2013	36% complete	<input type="checkbox"/>
DONALD, JOURNEE	Out-I	07/11/2013	24% complete	<input type="checkbox"/>

Before the system opens up to the New Claims in Progress from the home page, it will load tables. Loading tables allows the system to provide drop down menus that are available to look up data in certain data fields. This process can take up to a few minutes to load. Once loaded the user will get this New Claims in Progress listing that lists WebClaim submissions that have been saved, but not submitted.

2 claims

Batches



Reports



WebCorrect
Claim Correction



WebCert
Certification



WebClaim
New Claim



New Claims in Progress



Batches

The user can go to Batches  by the provider tab or the dashboard icon 



Go To WebCorrect/ Claim Correction



THCIC Support Center

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Reports



WebCorrect
Claim Correction

120 claims to correct



WebCert
Certification



WebClaim
New Claim



New Claims in
Progress



Batches

The user can go to data corrections by provider tab the tab

[Claim Correction](#)

or the dashboard icon



WebCorrect



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



New 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.**



WebCorrect Due Dates

Texas Health Care Information Collection
Center for Health Statistics

Inpatient and Outpatient Data Reporting Schedule

Key Activity Due Dates by Quarter

Activity	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016
Cutoff for initial submission	3-2-15	6-1-15	9-1-15	12-1-15	3-1-16	6-1-16	9-1-16	12-1-16
Cutoff for corrections	5-1-15	8-3-15	11-2-15	2-1-16	5-2-16	8-1-16	11-1-16	2-1-17
Facilities retrieve certification files	6-1-15	9-1-15	12-1-15	3-1-16	6-1-16	9-1-16	12-1-16	3-1-17
Cutoff for corrections at time of certification <small>**</small>	7-15-15	10-15-15	1-15-16	4-15-16	7-15-16	10-17-16	1-16-17	4-17-17
Final encounters available to facilities	8-3-15	11-2-15	2-1-16	5-2-16	8-1-16	11-1-16	2-1-17	5-1-17
Certification/comments due	9-1-15	12-1-15	3-1-16	6-1-16	9-1-16	12-1-16	3-1-17	6-1-17

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



Loading Lookup Tables

The screenshot shows the 'system13' web interface. At the top, there are navigation tabs: Home, Claims, Claim Correction (highlighted), Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC Trainer 000005' with options for User Management, My Account, and Logout. A search bar is present with the text 'Enter Control #, Medical Record #, Patient or Claim #'. Below the search bar is a table with columns: Patient Control #, Medical Record #, Claim #, Processed Date, Patient Name, In/Out, and Errors. A 'Loading Tables' dialog box is overlaid on the table, partially obscuring the data for the row with Patient Control # 6452853. At the bottom of the table, there are buttons for 'Select All', '120 claims', 'Accept all', and 'Delete'.

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input type="checkbox"/>	6978369	7321818	2015071400420000	07/14/2015	Bartell, Marilou	Out-I	1
<input type="checkbox"/>	7095325	6262241	2015071400420000	07/14/2015	DOE, Angie	Out-I	1
<input type="checkbox"/>	8669928	7101000	2015071400420000	07/14/2015	DOE, Christian	Out-I	2
<input type="checkbox"/>	5525739	7527230	2015071400420000	07/14/2015	O'Kon, Mara	Out-I	1
<input type="checkbox"/>	8443928	8605265	2015071400420000	07/14/2015	Erdman, Alyson	Out-I	1
<input type="checkbox"/>	5676918	7080609	2015071400420000	07/14/2015	Marquardt, Kane	Out-I	1
<input type="checkbox"/>	6268192	8312242	2015071400420000	07/14/2015	Ziemann, Marcelina	Out-I	1
<input type="checkbox"/>	6452853	5791765	2015071400420000	07/14/2015	Ankunding, Edgar	Out-I	1
<input type="checkbox"/>	8711428	7020028	2015071400420000	07/14/2015	Reichert, Heaven	Out-I	1
<input type="checkbox"/>	5970885	5776112	2015071400420000	07/14/2015	Torphy, Clifford	Out-I	1
<input type="checkbox"/>	8787790	7707449	2015071400420000	07/14/2015	Pollich, Korbin	Out-I	1
<input type="checkbox"/>	8499808	7288434	2015071400420000	07/14/2015	Erdman, Devan	Out-I	1
<input type="checkbox"/>	7179519	8209565	2015071400420000	07/14/2015	Rau, Koby	Out-I	1
<input type="checkbox"/>	5538287	8283870	2015071400420000	07/14/2015	Moen, Myra	Out-I	1
<input type="checkbox"/>	5918017	6236018	2015071400420000	07/14/2015	Sipes, Ashley	Out-I	1
<input type="checkbox"/>	9089974	6301544	2015071400420000	07/14/2015	Denesik, Lorenz	Out-I	2

When the system is loading tables it's loading drop down menus that are available to look up data in certain data fields. This process can take up to a few minutes to load. 'Loading Tables...' will appear when opening WebClaim, Claims and New Claims in Progress from the home menu.

WebCorrect Listing

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



THCIC Support Center

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

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

Search

[Advanced Search](#)

Start Corrections

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input type="checkbox"/>	8007752	8910595	2015071400900001	07/14/2015	Wehner, Marcos	Out-P	1
<input type="checkbox"/>	6510696	6720774	2015071400900001	07/14/2015	Bosco, Pinkie	Out-P	1
<input type="checkbox"/>	7090563	6789911	2015071400900001	07/14/2015	Schinner, Lisette	Out-P	1
<input type="checkbox"/>	6787104	6085171	2015071400900001	07/14/2015	Labadie, Brenden	Out-P	1
<input type="checkbox"/>	5983592	7873997	2015071400900000	07/14/2015	Spinka, Anderson	Out-P	1
<input type="checkbox"/>	8575586	6577730	2015071400900000	07/14/2015	Hilpert, Raheem	Out-P	1
<input type="checkbox"/>	6828644	8301142	2015071400900000	07/14/2015	Stoltenberg, Pablo	Out-P	1
<input type="checkbox"/>	6317009	6058464	2015071400900000	07/14/2015	White, Ike	Out-P	1
<input type="checkbox"/>	5545570	6568505	2015071400900000	07/14/2015	Breitenberg, Jaren	Out-P	1
<input type="checkbox"/>	6162032	7753642	2015071400900000	07/14/2015	Bednar, Ernestine	Out-P	1
<input type="checkbox"/>	9035587	6643802	2015071400900000	07/14/2015	Ebert, Modesta	Out-P	1
<input type="checkbox"/>	8019958	6843348	2015071400900000	07/14/2015	Schowalter, Scotty	Out-P	1
<input type="checkbox"/>	5501748	7641241	2015071400900000	07/14/2015	Aufderhar, Lonie	Out-P	1
<input type="checkbox"/>	6509007	8668712	2015071400900000	07/14/2015	Robel, Myah	Out-P	1
<input type="checkbox"/>	6870764	6515348	2015071400900000	07/14/2015	Ziemann, Floy	Out-P	1
<input type="checkbox"/>	7995582	5440706	2015071400900000	07/14/2015	Jaskolski, Chase	Out-P	1

Select All

120 claims

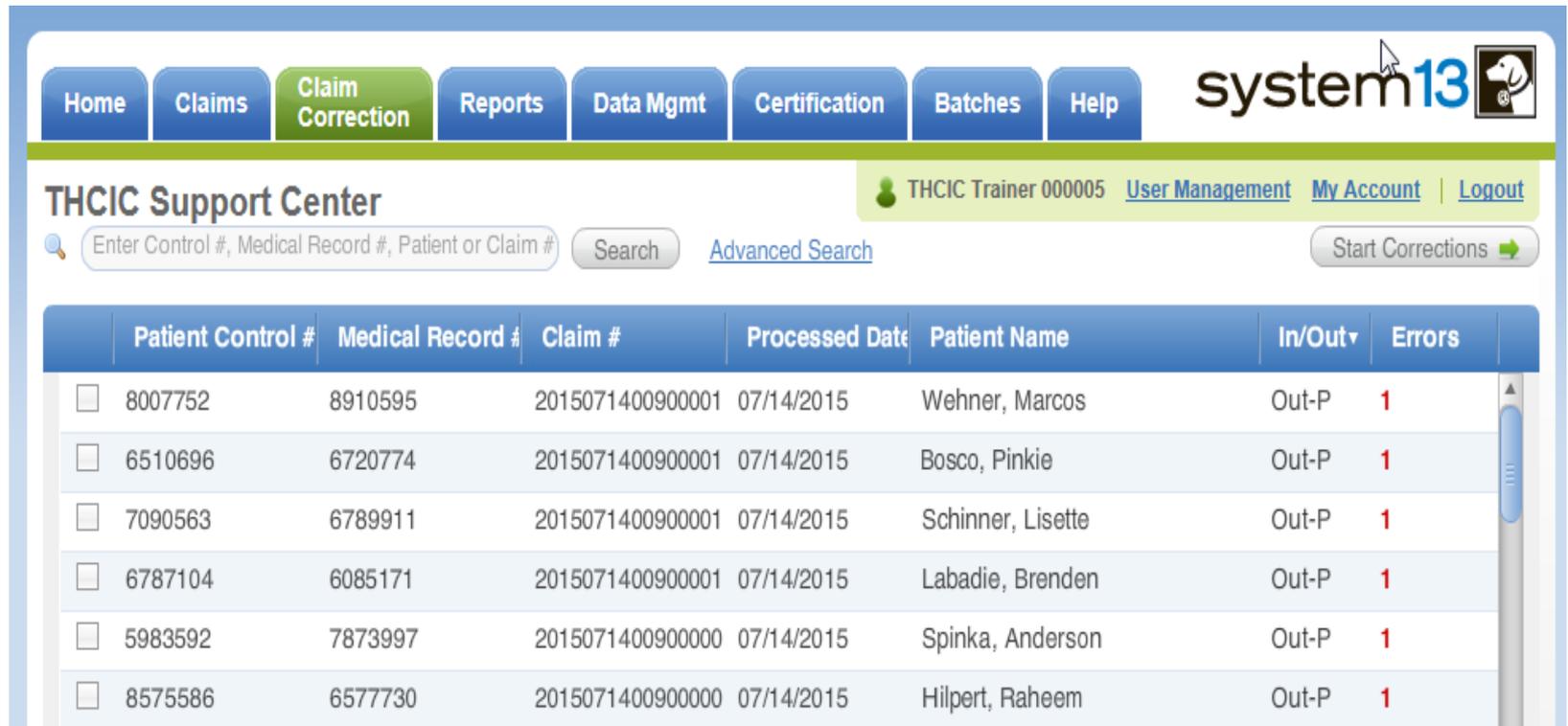
Accept as is

Delete



Sorting WebCorrect Listing

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



The screenshot displays the WebCorrect system interface. At the top, there is a navigation menu with buttons for Home, Claims, Claim Correction (highlighted), Reports, Data Mgmt, Certification, Batches, and Help. The system logo "system13" is visible in the top right corner. Below the navigation menu, the user is logged in as "THCIC Trainer 000005" with links for User Management, My Account, and Logout. A search bar is present with the text "Enter Control #, Medical Record #, Patient or Claim #" and buttons for Search and Advanced Search. A "Start Corrections" button is also visible. The main content area shows a table with the following columns: Patient Control #, Medical Record #, Claim #, Processed Date, Patient Name, In/Out, and Errors. The table contains six rows of data, each with a checkbox in the first column and a red "1" in the Errors column. The In/Out column is sorted by "Out-P".

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input type="checkbox"/>	8007752	8910595	2015071400900001	07/14/2015	Wehner, Marcos	Out-P	1
<input type="checkbox"/>	6510696	6720774	2015071400900001	07/14/2015	Bosco, Pinkie	Out-P	1
<input type="checkbox"/>	7090563	6789911	2015071400900001	07/14/2015	Schinner, Lisette	Out-P	1
<input type="checkbox"/>	6787104	6085171	2015071400900001	07/14/2015	Labadie, Brenden	Out-P	1
<input type="checkbox"/>	5983592	7873997	2015071400900000	07/14/2015	Spinka, Anderson	Out-P	1
<input type="checkbox"/>	8575586	6577730	2015071400900000	07/14/2015	Hilpert, Raheem	Out-P	1



Search for Claims

THCIC Support Center

[Advanced Search](#)

The user can search claims by:

- Control #
- Medical record #
- Patient or Claim #

The screenshot shows the 'system13' web application interface. At the top, there is a navigation menu with buttons for Home, Claims, Claim Correction (highlighted in green), Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo and a dog icon are on the right. Below the navigation is the 'THCIC Support Center' header. A search bar contains the text 'ebert' and a 'clear' button. A callout box with an orange arrow points to the 'clear' button, containing the text: 'Pressing 'clear' will take user back to WebCorrect listing.' To the right of the search bar are buttons for 'Search', 'Advanced Search', and 'Start Corrections'. Below the search bar is a table with the following columns: Patient Control #, Medical Record #, Claim #, Processed Date, Patient Name, In/Out, and Errors. The table contains one row of data:

Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input type="checkbox"/> 9035587	6643802	2015071400900000	07/14/2015	Ebert, Modesta	Out-P	1

 Below the table are buttons for 'Select All', '1 claim', 'Accept as is', and 'Delete'. The 'system13' logo and a dog icon are also present in the bottom right corner of the interface.



Advanced Search for Claims

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

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for 'Home', 'Claims', 'Claim Correction' (highlighted in green), 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. To the right of the navigation bar is the 'system13' logo and a small icon of a dog's head. Below the navigation bar, the user is logged in as 'THCIC Trainer 000005' with links for 'User Management', 'My Account', and 'Logout'. The main heading is 'THCIC Support Center'. Below this is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and a 'Search' button. To the right of the search bar is a link for 'Advanced Search' and a 'Start Corrections' button with a green arrow. The search criteria section includes several input fields: 'Patient Control #', 'Processing Date', 'Statement Thru Date', 'Batch', and 'Error Code' (a dropdown menu). Below these are 'Physician', 'Race', and 'Ethnicity' fields. The 'Ethnicity' field has two radio button options: 'Hispanic origin' and 'Not of Hispanic Origin'. There is also a checkbox labeled 'Exclude Claims with this error?' and a 'reset' link. A red 'X' icon is located in the top right corner of the search criteria section. A 'Search' button is located at the bottom right of the search criteria section.

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



Advanced Search for Claims



THCIC Support Center

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

Enter Control #, Medical Record #, Patient or Claim # [Advanced Search](#)

Patient Control #	Processing Date	Statement Thru Date	Batch	Error Code	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physician	Race	Ethnicity		<input type="checkbox"/> Exclude Claims with this error?	<input type="button" value="Search"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Hispanic origin <input type="radio"/> Not of Hispanic Origin		reset	

Choose Search criteria.

THCIC Support Center

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

Enter Control #, Medical Record #, Patient or Claim # [Advanced Search](#)

Patient Control #	Processing Date	Statement Thru Date	Batch	Error Code	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physician	Race	Ethnicity		<input type="checkbox"/> Exclude Claims with this error?	<input type="button" value="Search"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Hispanic origin <input type="radio"/> Not of Hispanic Origin		reset	

- 608 - Missing Principal Diagnosis
- 625 - Patient Gender not consistent
- 627 - Missing Patient ZIP

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

Error Code	<input type="button" value="X"/>
<input type="text" value="627 - Missing Patient ZIP"/>	
<input type="checkbox"/> Exclude Claims with this error?	<input type="button" value="Search"/>
reset	

Error Code	<input type="button" value="X"/>
<input type="text" value="627 - Missing Patient ZIP"/>	
<input checked="" type="checkbox"/> Exclude Claims with this error?	<input type="button" value="Search"/>
reset	

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



Accept As Is

Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help system13

THCIC Support Center THCIC Test Hospital/Facility 000002 [User Management](#) [My Account](#) [Logout](#)

corey [Advanced Search](#) →

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input checked="" type="checkbox"/>	5983592	7873997	2015071400900000	07/14/2015	FERRELL, COREY	Out-I	1

1 claim



Claim(s) have been Accepted As Is. [close](#)

When the user has a claim 'checked' the user can 'Accept As Is' and this claim will be taken from the correction listing. Accept as is will not verify how many claim are checked. Please take a note of the number of claims on listing before and after, 'Accept As It.'



Delete Claims

THCIC Support Center

THCIC Test Hospital/Facility 000002 [User Management](#) [My Account](#) | [Logout](#)

[Advanced Search](#) 

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input checked="" type="checkbox"/>	7090563	6789911	2015071400900001	07/14/2015	MANN, PRICE	Out-I	2

1 claim

Confirm Delete

Are you sure you want to delete the 1 selected claim(s)?

Claim(s) have been successfully deleted. [close](#)

When the user has a claim(s) checked, 'Delete' will be an option. Delete will completely delete the claim(s) from the system. The count of claim(s) will be verified.



Start Corrections

Start Corrections →



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



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



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



Start Corrections

THCIC Support Center

[Advanced Search](#)

	Patient Control #	Medical Record #	Claim #	Processed Date	Patient Name	In/Out	Errors
<input type="checkbox"/>	787878	874865385	201105119998999	07/14/2015	DOE, JOE	Out-I	16
<input type="checkbox"/>	78878787	8785639632	201105119998999	07/14/2015	DOE, JANET	Out-I	14
<input type="checkbox"/>	123456789	123456789	201104129998999	07/14/2015	DOE, MARK	Out-P	14
<input type="checkbox"/>	1336216	M70294714438	2011011800170001	07/14/2015	COCHRAN, QUAN	Out-I	1
<input type="checkbox"/>	164755691	M07650073336	2011011800170001	07/14/2015	TAYLOR, JEAN	Out-I	14
<input type="checkbox"/>	179563472	M85108139	2011011800170001	07/14/2015	TAYLOR, JEAN	Out-I	13
<input type="checkbox"/>	1855992035	M515931986	2011011800170001	07/14/2015	TAYLOR, JEAN	Out-I	2
<input type="checkbox"/>	192162808	M33537044	2011011800170001	07/14/2015	JENNINGS, MAXIM	Out-I	1
<input type="checkbox"/>	13260609	M1694878923	2011011800170000	07/14/2015	LEACH, JUDE	Out-I	1
<input type="checkbox"/>	12650178	M525398613	2011011800170000	07/14/2015	VALENTINE, OZANNE	Out-I	1
<input type="checkbox"/>	10237419	M884901147	2011011800170000	07/14/2015	MYERS, BLAIR	Out-I	1
<input type="checkbox"/>	1634042855	M50507889829	2011011800170000	07/14/2015	FRANKLIN, DEVON	Out-I	1
<input type="checkbox"/>	1222718	M1582130874418	2011011800170000	07/14/2015	FERRELL, COREY	Out-I	1
<input type="checkbox"/>	12149790	M48613362057	2011011800170000	07/14/2015	CRUZ, HARPER	Out-I	1
<input type="checkbox"/>	15791392	M67630929	2011011800170000	07/14/2015	BENTON, QUINN	Out-I	1
<input type="checkbox"/>	194555833	M036960021071	2011011800170000	07/14/2015	GUTHRIE, GAIL	Out-I	1

To start corrections with WebCorrect, click



Errors in a Claim

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



Date Fields

- ✕ If a date field is highlighted the user must press delete to remove the current contents before modifying the date.
- ✕ If the user types in a date field the data will overstrike the current contents of the field (preferred method to modify dates.)



Save, Save Next Error & Submit

- ✓ Moving through tabs without explicitly saving will not preserve modifications while the user remains within the currently loaded claim. The user should  and/or  before moving to next claim.
- ✓ Clicking  will save modified data. The user will be able to submit claim or just click another tab to modify it.
- ✓ Clicking  will save modification and take the user to the next error in the claim, if the claim has more than one error. After the user has gone through all errors or saves  will become an option.
- ✓ Always  before moving to the next claim so the error count and error status of the claim will be updated. If the claim is saved and not submitted the error status will not be accurate and the claim will stay on the WebCorrect listing. The claim may still have other errors also. Saving does not mean that the claim is now correct, the user has to  for the claim to be checked for errors.



 Save ✓

**saves the
modification
to the claim
that were
made.**

 Save, Next Error →

**will save
modifications
and take user
to next error.**

 Submit Claim

**submits the
claim to be
checked for
other errors.**

Submit Claim

Review Errors button:

Claim has been successfully submitted, but still contains errors.

 Review Errors

 Next Claim 

662 - Invalid Patient State
627 - Missing Patient ZIP
665 - Missing Patient Social Security Number
633 - Missing Patient Gender
630 - Missing Patient Birth Date

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

Claim has been successfully submitted.

 Next Claim 



Next Claim

Claim has been successfully submitted, but still contains errors.

Review Errors

Next Claim →

Claim has been successfully submitted.

Next Claim →



Next Claim button:

Next Claim →

Next Claim →

- ✓ Click to move to the next claim on the WebCorrect listing.
- ✓ **NOTE:** If the user has moved through all claims on the list the Next Claim button will be disabled.
- ✓ This button will load the next claim in the current list and open the next claim's first error.
- ✓ If the user is on a modified list, then the next claim will be the next claim on the modified listing.



Look Up Menus

Primary Payer

Source Code: **ID:**

Name:

697-Missing Claim Filing Indicator Code for Subscriber

The fields that have the drop down arrow ▼ have look up menus like listed below.

Primary Payer

Source Code:

- 11 - Other NonFederal Programs
- 12 - Preferred Provider Organization (PPO)
- 13 - Point of Service (POS)
- 14 - Exclusive Provider Organization (EPO)
- 15 - Indemnity Insurance
- 16 - Health Maintenance Organization (HMO) Medicare Ris



Errors in the Claim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

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

[Back to list of claims](#) 201507140031000142000005

JOE DOE Medical Record Number: 7141528 Patient Control Number: 5727928 Outpatient Institutional

9 Patient

1 Payer

1 Charges

1 Diagnosis

2 Practitioners

✓ Situational Codes

Claim Information

Patient Control Number
5727928

Personal Information

Name JOE DOE	Medical Record Number 7141528	Social Security Number 942361103
Address 617 Schamberger Viaduct Kadestad 2058	Birth Date 04/22/1846	Race
	Sex	Ethnicity

Bill Type

Statement From/Thru From: 04/03/2014 Through: 04/17/2015	Facility Type Code
	Claim Frequency Type Code

14 errors in this claim

Number of errors in the claim is 14.

Submit Claim

Click to edit tab information.

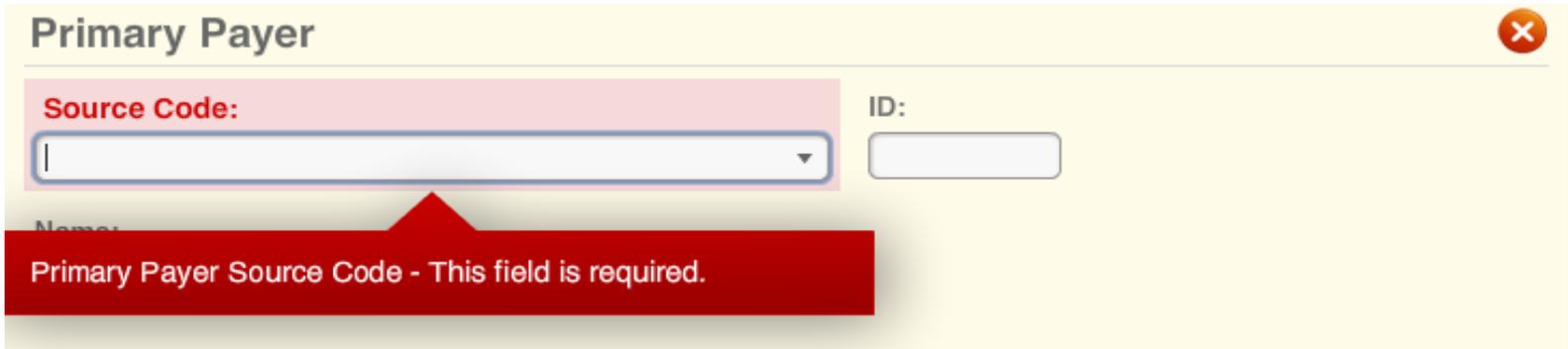
The number of errors in a given tab is indicated by the number circled in red next to the tab name.

14 errors in this claim

Number of errors in the claim is 14.



Error in the Claim

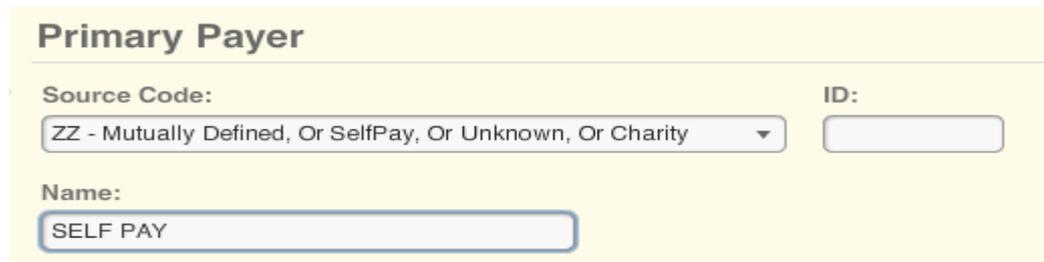


The screenshot shows a 'Primary Payer' form with a red error message. The form has a title bar with a close button (X). Below the title bar, there are two input fields: 'Source Code:' and 'ID:'. The 'Source Code:' field is a dropdown menu, and the 'ID:' field is a text box. A red error message box is overlaid on the 'Source Code:' field, stating 'Primary Payer Source Code - This field is required.' A red arrow points from the error message to the 'Source Code:' field.

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

Clicking  will close the tab.

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



The screenshot shows a 'Primary Payer' form with the correct values. The form has a title bar with a close button (X). Below the title bar, there are two input fields: 'Source Code:' and 'ID:'. The 'Source Code:' field is a dropdown menu with the value 'ZZ - Mutually Defined, Or SelfPay, Or Unknown, Or Charity' selected. The 'ID:' field is a text box. Below these fields, there is a 'Name:' field with the value 'SELF PAY' entered.



Click Save

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JOE DOE Medical Record Number: 7141528 Patient Control Number: 5727928 Outpatient Institutional

Claim Information

Patient Control Number: 5727928

Personal Information

Medical Record Number: 7141528

First Name: JOE (initial) DOE

Address: 617 Schamberger Viaduct

City: Kadestad State: MD Zip Code: 20588

Country:

Social Security Number: 123-45-6789

Sex: M - Male

Ethnicity: 2 - Not of Hispanic Origin

Birth Date: 04/22/1976

Race: 3 - Black or African American

14 errors in this claim

Cancel Save Save, Next Error



Error in the Claim

system13

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JOE DOE Medical Record Number: 7141528 Patient Control Number: 5727928 Outpatient Institutional

2 Patient
1 Payer
1 Charges
1 Diagnosis
2 Practitioners
Situational Codes

Which tabs the errors are on now.

Claim Information

Patient Control Number
787878

Personal Information

Name JOE DOE	Medical Record Number 7141528	Social Security Number 123456789
Address 617 Schamberger Viaduct Kadestad, MD 20588	Birth Date 04/22/1976	Race 3 - Black or African American
Sex M - Male	Ethnicity 2 - Not of Hispanic Origin	

7 errors in this claim

Number of errors in the claim goes down from 14 to 7.

Submit Claim



Next Error in Claim

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Back to list of claims 201507140031000142000005

JOE DOE Medical Record Number: 7141528 Patient Control Number: 5727928 Outpatient Institutional

✓ Patient

1 Payer

1 Charges

1 Diagnosis

2 Practitioners

✓ Situational Codes

Primary Payer

Source Code: ID:

Name:

Secondary Payer

Source Code: ID:

Name:

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

5 errors in this claim Cancel



Charges Tab

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



Next Error in Claim

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201105119998999952000005

JOE DOE

Medical Record Number: 874865385

Patient Control Number: 787878

Outpatient Institutional

<ul style="list-style-type: none">1 Patient✓ Payer1 Charges1 Diagnosis & Proc3 Practitioners✓ Situational Codes	0 0490 HC ✕	Revenue Code: 0490	Qualifier: HC - HCPCS CODING SYSTEM ✕	
			Procedure Code: 00222 - ANESTH HEAD NERVE SURGERY	
			Modifiers: [] [] [] []	
			Procedure Date: 05/05/2011	Procedure Thru Date: 05/05/2011
			Rate: \$ [] x Qty: [] Unit: [] = Charge: [] Calculate	
			Non covered charge: \$ []	
Total Charges: \$0.00 Recalculate Add Charge				
6 errors in this claim		Cancel Save ✓ Save, Next Error →		



Diagnosis & Procedure Tab and Situational Tab

-  Selection of codes in the procedure code, value code, occurrence spans and Occurrences by dates fields without an accompanying entry of the associated field on the line item **will not be saved** when the user clicks save.
-  Enter all data prompted for on the line before saving.
-  Tabbing out of the last field on the line will generate a new entry line for additional line item entry up to the maximum amount allowed for the type of data being entered.



Next Error in Claim

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JOE DOE Medical Record Number: **874865385** Patient Control Number: **787878** **Outpatient Institutional**

- ✓ Patient
- ✓ Payer
- ✓ Charges
- 1** Diagnosis & Proc
- 3 Practitioners
- ✓ Situational Codes

Diagnosis

Principal:

Reason for Visit:
E-Codes:
Other Diagnosis Codes:

4 errors in this claim Cancel Save  Save, Next Error 



Make Necessary Change

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



THCIC Support Center

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201105119998999952000005

JOE DOE Medical Record Number: 874865385 Patient Control Number: 787878 Outpatient Institutional

- ✓ Patient
- ✓ Payer
- ✓ Charges
- 1 Diagnosis & Proc**
- 3 Practitioners
- ✓ Situational Codes

Diagnosis ✕

Principal:

1950 - MAL NEO HEAD/FACE/NECK

Reason for Visit:

E-Codes:

Other Diagnosis Codes:

4 errors in this claim

Cancel Save Save, Next Error



Save, Next Error

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

THCIC Support Center THCIC Trainer 000005 User Management My Account Logout

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JOE DOE Medical Record Number: 7141528 Patient Control Number: 5727928 Outpatient Institutional

✓ Patient
✓ Payer
✓ Charges
✓ Diagnosis
② Practitioners
✓ Situational Codes

Physician 1 (Operating)

693-Invalid Physician 1 (Operating) Identifier **ID Number:** 11111111|11

First Name: PHYSICAN 1 Middle: (Initial) Last Name: FAKE

Physician 2 (Other/ED Attending)

ID Type: XX - NPI - National Provider Identifier **ID Number:** 2222222222

First Name: PHYSICAN 2 Middle: (Initial) Last Name: FAKE

Please be advised the physician error will always show on the ID number, even if the error is with the physician's ID type and/or name. Please make sure the ID type, number and name are correct.

2 errors in this claim Cancel Save ✓ Save, Next Error →



Make Changes

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JOE DOE Medical Record Number: 7141528 Patient Control Number: 5727928 Outpatient Institutional

- ✓ Patient
- ✓ Payer
- ✓ Charges
- ✓ Diagnosis
- 2** 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)

2 errors in this claim Cancel Save ✓ Save, Next Error →



Submit Claim

The screenshot displays the 'system13' web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is on the right. Below the navigation bar, the page title is 'THCIC Support Center'. A user profile for 'THCIC Trainer 000005' is shown with links for 'User Management', 'My Account', and 'Logout'. A search bar contains the number '201507140031000142000005'. The patient information section shows 'JOE DOE' with 'Medical Record Number: 7141528', 'Patient Control Number: 5727928', and 'Outpatient Institutional' status. A sidebar on the left lists filter options: Patient, Payer, Charges, Diagnosis, Practitioners (highlighted), and Situational Codes. The main content area shows two physician entries: 'Physician 1 (Operating)' and 'Physician 2 (Other/ED Attending)'. Each entry includes a 'Name' field (e.g., 'PHYSICAN 1 FAKE') and an 'ID' field (e.g., 'XX - NPI - National Provider Identifier: 1111111111'). A large grey button with a loading icon and the text 'Submitting Claim' is centered at the bottom of the main content area.



Claim Successfully Submitted



THCIC Support Center

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201105119998999952000005

JOE DOE

Medical Record Number: 874865385

Patient Control Number: 787878

Outpatient Institutional

- ✓ Patient
- ✓ Payer
- ✓ Charges
- ✓ Diagnosis & Proc
- ✓ Practitioners
- ✓ Situational Codes

Claim has been successfully submitted.

Next Claim →

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the WebCorrect listing will be displayed. The claim will open up to the first error on the next claim.



WebCorrect Professional

MARK DOE

Medical Record Number: 123456789

Patient Control Number: 123456789

Outpatient Professional

- 9** Patient
- 1** Payer
- 2** Charges
- 1** Diagnosis & Proc
- 1** Practitioners

The number of errors in a given tab is indicated by the number circled in **red** next to the tab name. Outpatient professional does not have situational codes.

Claim Information

Patient Control Number
123456789

Personal Information

Name
MARK DOE

Medical Record Number
123456789

Social Security Number
9999999

Address
1313 WESTHAMSTER
DEL VALLE, T 787
UNITED STATES

Birth Date
07/07/198_

Race
4 - White

Sex

Ethnicity

Bill Type

Facility Type Code

Claim Frequency Type Code
1 - Admit through Discharge Claim

Statement From/Thru
Earliest Service Date:

Latest Service Date: 04/04/2011

14 errors in this cl



The changes will need to be made to the professional form, as they were made to the institutional form. The facility will be able to save, save next error and submit the claim.

Professional Charges Tab

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



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201104129998999955000005

MARK DOE

Medical Record Number: 123456789

Patient Control Number: 123456789

Outpatient Professional

9 Patient

1 Payer

✓ Charges

1 Diagnosis & Proc

1 Practitioners

1

HC



Qualifier:

HC - HCPCS Coding System



Procedure Code:

C9720 - HE ESW TX, TENNIS ELBOW

Modifiers:

[Dropdown] [Dropdown] [Dropdown] [Dropdown]

Procedure Date:

04/04/2011

Procedure Thru Date:

MM/DD/YYYY

Service Facility Code:

[Dropdown]

Qty: Unit:

7

UN - Units

Charge:

= 780.00

Total Charges:

\$780.00

[Add Charge](#)

12 errors in this claim

[Cancel](#)

[Save](#)

[Save, Next Error](#)



Professional Charges Tab

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



THCIC Support Center

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201105279998999946000005

MARK DOE

Medical Record Number: 123456789

Patient Control Number: 123456789

Outpatient Professional

✓ Patient

✓ Payer

✓ Charges

✓ Diagnosis

✓ Practitioners

1	HC	✘
2	HC	✘

Qualifier:

HC - HCPCS Coding System

Procedure Code:

41899 - DENTAL SURGERY PROCEDURE

Modifiers:

Procedure Date:

04/04/2011

Procedure Thru Date:

04/04/2011

Service Facility Code:

22 - Outpatient Hospital

Qty: Unit:

3 UN - Units

Charge:

= 2549.00

Total Charges:

\$3,029.00

[Add Charge](#)

[Cancel](#)

[Save](#)

[Save, Next Error](#)



Professional Institutional Submitted

Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help **system13**

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MARK DOE Medical Record Number: 123456789 Patient Control Number: 123456789 Outpatient Professional

- ✓ Patient
- ✓ Payer
- ✓ **Charges**
- ✓ Diagnosis
- ✓ Practitioners

Charges						
	Description	Procedure	Qty	Rate	Charge	Non covered
1	HC	41899 DENTAL SURGERY	3 Units	-	\$2,549.00	-
2	HC	00936 ANESTH PENIS NODES	48 Units	-	\$480.00	-

Submitting Claim

Total Charges: \$3,029.00

Home Claims **Claim Correction** Reports Data Mgmt Certification Batches Help **system13**

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MARK DOE Medical Record Number: 123456789 Patient Control Number: 123456789 Outpatient Professional

- ✓ Patient
- ✓ Payer
- ✓ Charges
- ✓ Diagnosis
- ✓ Practitioners

Claim has been successfully submitted.

Next Claim →



WebCorrect

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.texas.gov

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



THCIC Contact



Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health
Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756



Phone: 512- 776-7261



Fax: 512- 776-7740



E-mail: THCIChelp@dshs.texas.gov



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



THCIC Contact

- ✓ Contact Tiffany Overton at  512-776-2352 or  Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- ✓ Contact Dee Roes at  512-776-3374 or  Dee.Roes@dshs.texas.gov if submitter test/production files reject due to a submission address or EIN/NPI number.
- ✓ For general questions or to request information about THCIC please e-mail to  thcichelp@dshs.texas.gov.



system13
Formerly Commonwealth Clinical Systems
and Computer Services



Contact



Address:

System 13, 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>

