



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Inpatient Web Claim Entry

(Formerly WebClaim)

Revised January 2025

Background Information

- ✓ Chapter 108 of the Texas Health and Safety Code established and authorizes THCIC to collect and report on outpatient/inpatient discharge data.
- ✓ <http://www.statutes.legis.state.tx.us/Docs/HS/word/HS.108.doc>
- ✓ <http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.108.pdf>



THCIC Rules



Title 25. Health Services

 **Subchapter A** – Collection and Release of Hospital Discharge Data

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

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

TEXAS SECRETARY OF STATE

THCIC Contact



Address:

Texas Health Care Information Collection
Dept of State Health Services – Center for Health
Statistics
1100 W 49th St, Ste M-660
Austin, TX 78756



Phone: 512- 776-7261






E-mail: THCIChelp@dshs.texas.gov



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

THCIC Contact

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



Contact



Address:

System 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?

← → ↺ dshs.texas.gov/texas-health-care-information-collection/facility-reporting-requirements/data-reporting-schedule

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



TEXAS
Health and Human
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Texas Department of State
Health Services

Home / Texas Health Care Information Collection / Facility Reporting Requirements / Data Reporting Schedule

Center for Health Statistics

Facility Reporting Requirements

Revenue Codes

Inpatient Data Reporting Requirements

Outpatient Data Reporting
Requirements

Emergency Department Data Reporting
Requirements

Data Reporting Schedule

Training

Texas Health Care Information
Collection Numbered Letters

Health Maintenance Organization
(HMO) Data Reporting Requirements

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26
Certification/ comments due	1-15-25	4-15-25	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26

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



TEXAS
Health and Human
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Texas Department of State
Health Services

THCIC System

System13, Inc. / THCIC Web - Windows Internet Explorer

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

File Edit View Favorites Tools Help

★ Favorites System13, Inc. / THCIC Web

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

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

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

ENROLLMENTS

REPORTING
SCHEDULE

Log In the System as a Provider



The screenshot shows the login interface for the system13 THCIC Support Center. At the top, the system13 logo is displayed with the tagline "Making technology your best friend." and a small dog icon. Below the logo, the text "THCIC Support Center" is centered. A green login box contains a link for "Problems Logging In?", a "USERNAME:" label, a text input field with the value "th000006", a "PASSWORD:" label, and a password input field with masked characters. A blue "SIGN IN" button is positioned below the password field. A blue banner at the bottom of the green box states: "For security reasons your session will be terminated after 40 minutes of inactivity." Below the green box, there are two white buttons: "ENROLLMENTS" and "REPORTING SCHEDULE". At the very bottom, a white box with a blue border contains the instruction: "Put in THCIC ID username and password. Click 'sign in'."

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:
th000006

PASSWORD:
.....

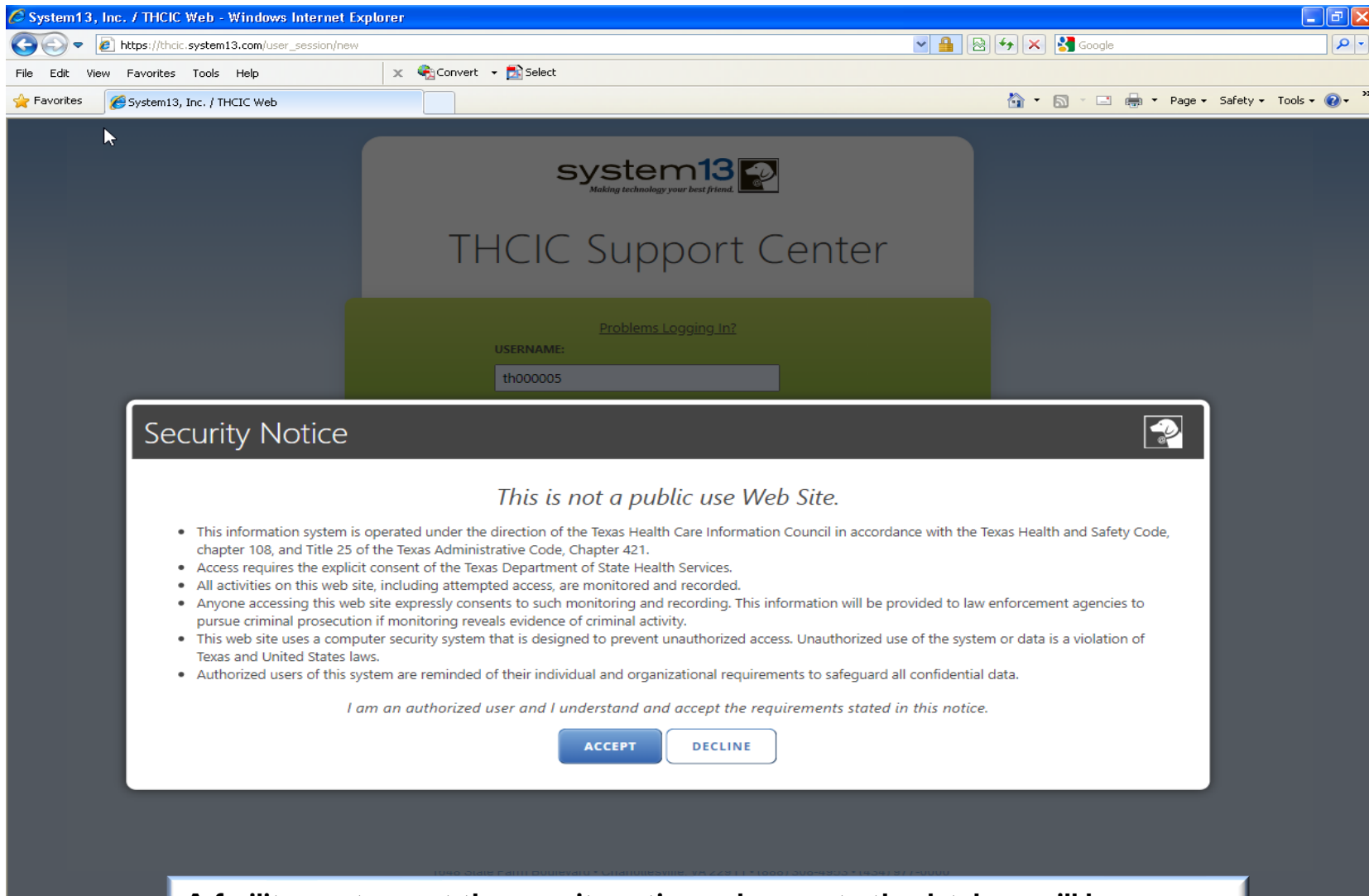
SIGN IN

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

ENROLLMENTS **REPORTING SCHEDULE**

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

Security Notice



The screenshot shows a Windows Internet Explorer browser window. The address bar displays https://thcic.system13.com/user_session/new. The page title is "System13, Inc. / THCIC Web". The main content area features the "system13" logo with the tagline "Making technology your best friend." and the heading "THCIC Support Center". Below this is a login form with a "Problems Logging In?" link, a "USERNAME:" label, and a text input field containing "th000005". A "Security Notice" dialog box is overlaid on the page. The dialog box has a title bar with a close button and contains the following text:

This is not a public use Web Site.



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

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

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

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

New Provider Dashboard

- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.
- A graph of historical claim counts and a section with helpful tips.
- The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.
- Two views. Activity Dashboard  

Provider Home Page – Grid View



TEXAS
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Texas Department of State
Health Services

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

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Activity Dashboard



THCIC:

[User Management](#)[My Account](#)[Logout](#)[WEB CLAIM ENTRY](#)[CORRECT ERRORS](#)[START CERTIFICATION](#)

Q3
2023

SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023**
Correction due **1 Feb 2024**

CERTIFICATION

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

Certification due **15 Apr 2024**

Q4
2023

SUBMISSION

	Inpatient
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

Submission due **1 Mar 2024**
Correction due **1 May 2024**

CERTIFICATION

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

Certification due **15 Jul 2024**

Q1
2024

SUBMISSION

No claims are present for this quarter.

Submission due **3 Jun 2024**
Correction due **1 Aug 2024**

CERTIFICATION

No claims are present for this quarter.

Certification due **15 Oct 2024**

NEXT DEADLINE

Q3 2023 CERTIFICATION

A
MONTH

Performance History





QUICK TIP:

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

Provider Home Page – 1st Row

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

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Activity Dashboard  

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

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

Q3
2023

SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023**
Correction due **1 Feb 2024**

Q4
2023

SUBMISSION

	Inpatient
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

Submission due **1 Mar 2024**
Correction due **1 May 2024**

Q1
2024

SUBMISSION

No claims are present for this quarter.

Submission due **3 Jun 2024**
Correction due **1 Aug 2024**

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

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

Q3
2023

SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023**
Correction due **1 Feb 2024**

Q4
2023

SUBMISSION

	Inpatient
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

Submission due **1 Mar 2024**
Correction due **1 May 2024**

Q1
2024

SUBMISSION


No claims are present for this quarter.



Submission due **3 Jun 2024**
Correction due **1 Aug 2024**

Provider Home Page – 2nd Row

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

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Activity Dashboard  

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

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

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

CERTIFICATION

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

Certification due **15 Apr 2024**

You will be given the quarter's certification due date.

CERTIFICATION

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

Certification due **15 Jul 2024**

If the data is available for certification, it will show that you have data to certify.


CERTIFICATION



No claims are present for this quarter.

Certification due **15 Oct 2024**

Provider Home Page – 3rd Row

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

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Activity Dashboard  

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

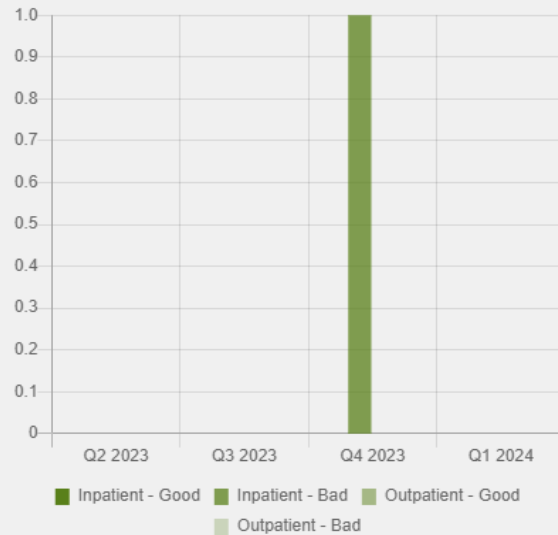
[WEB CLAIM ENTRY](#) [CORRECT ERRORS](#) [START CERTIFICATION](#)

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Last row will show you the next deadline submission. It will also show previously submitted data. The dashboard provides key deadlines broken down by quarter as well as prominently displaying the next deadline.

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	0.0	0.0	1.0	0.0
Q1 2024	0.0	0.0	0.0	0.0

Legend: Inpatient - Good (dark green), Inpatient - Bad (medium green), Outpatient - Good (light green), Outpatient - Bad (very light green)



QUICK TIP:

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

Provider Home Page – List View

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

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Activity Dashboard  

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

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

Q3
2023
SUBMISSION

No claims are present for this quarter.
Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3
2023
CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2024**

Q4
2023
SUBMISSION

	Inpatient	
OCT	0	Submission due 1 Mar 2024 Correction due 1 May 2024
NOV	0	
DEC	1	
TOTAL	1	
ACCURACY	0%	

Q4
2023
CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2024**

Q1
2024
SUBMISSION

No claims are present for this quarter.
Submission due **3 Jun 2024** | Correction due **1 Aug 2024**

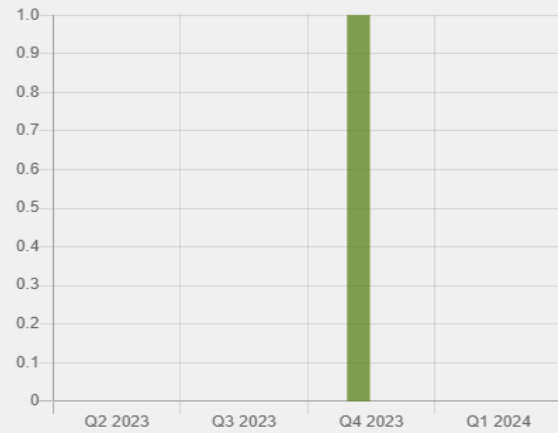
Q1
2024
CERTIFICATION

No claims are present for this quarter.
Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	0.0	0.0	0.0	0.0

QUICK TIP:

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



Provider Home Page – 1st Row

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

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

Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q3
2023
SUBMISSION

No claims are present for this quarter.
Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3
2023
CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2024**

Q4
2023
SUBMISSION

	Inpatient	
OCT	0	Submission due 1 Mar 2024
NOV	0	Correction due 1 May 2024
DEC	1	
TOTAL	1	
ACCURACY	0%	

Q4
2023
CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2024**

Q1
2024
SUBMISSION

No claims are present for this quarter.
Submission due **3 Jun 2024** | Correction due **1 Aug 2024**

Q1
2024
CERTIFICATION

No claims are present for this quarter.
Certification due **15 Oct 2024**

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

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


Q3
2023
SUBMISSION

The certification due date will be by the quarter.


Q3
2023
CERTIFICATION

Provider Home Page – 2nd Row

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

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

Activity Dashboard  

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

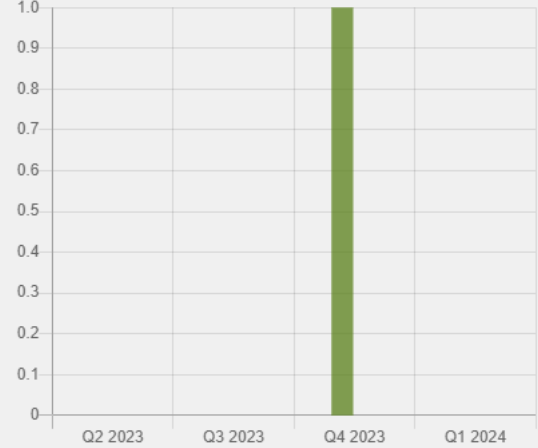
The second row will show you the next deadline submission. It will also show previously submitted data for comparison.

The top row of this listing will give you, your next due date. The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Performance History




Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	0.0	0.0	1.0	0.0
Q1 2024	0.0	0.0	0.0	0.0

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

QUICK TIP:

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



 Health and Human Services | Health Services

Data Management/Primary Contact Provider Home Page

Provider
Tabs

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

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Activity Dashboard  

THCIC

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

Activity Dashboard

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

Other Features

Q3
2023
SUBMISSION

No claims are present for this quarter.
Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3
2023
CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2024**

Q4
2023
SUBMISSION

	Inpatient
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

Submission due **1 Mar 2024** |
Correction due **1 May 2024**

Q4
2023
CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2024**

Q1
2024
SUBMISSION

No claims are present for this quarter.
Submission due **3 Jun 2024** | Correction due **1 Aug 2024**

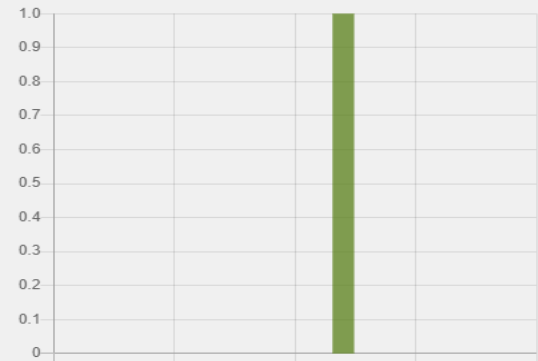
Q1
2024
CERTIFICATION

No claims are present for this quarter.
Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	0.0	0.0	0.0	0.0

QUICK TIP:

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



Texas Department of State
Health Services



Data Certifier Provider Home Page

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

Provider Tabs

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

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Activity Dashboard  

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

Other Features

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

Q3
2023
SUBMISSION

No claims are present for this quarter.
Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3
2023
CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2024**

Q4
2023
SUBMISSION

	Inpatient	
OCT	0	Submission due 1 Mar 2024 Correction due 1 May 2024
NOV	0	
DEC	1	
TOTAL	1	
ACCURACY	0%	

Q4
2023
CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2024**

Q1
2024
SUBMISSION

No claims are present for this quarter.
Submission due **3 Jun 2024** | Correction due **1 Aug 2024**

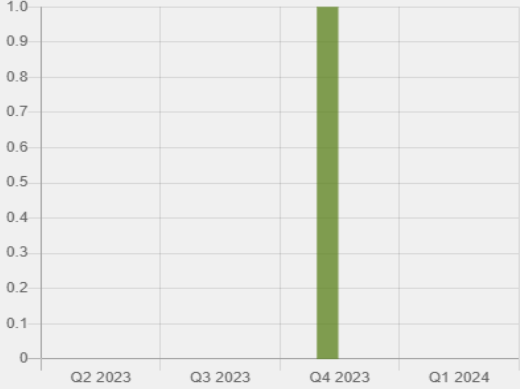
Q1
2024
CERTIFICATION

No claims are present for this quarter.
Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	0.0	0.0	0.0	0.0

QUICK TIP:


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

Data Manager Provider Home Page

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

Provider Tabs

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



Activity Dashboard

THCIC

My Account | Logout

Other Features

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q3 2023 SUBMISSION

No claims are present for this quarter.
Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3 2023 CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2024**

Q4 2023 SUBMISSION

	Inpatient	
OCT	0	Submission due 1 Mar 2024 Correction due 1 May 2024
NOV	0	
DEC	1	
TOTAL	1	
ACCURACY	0%	

Q4 2023 CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2024**

Q1 2024 SUBMISSION

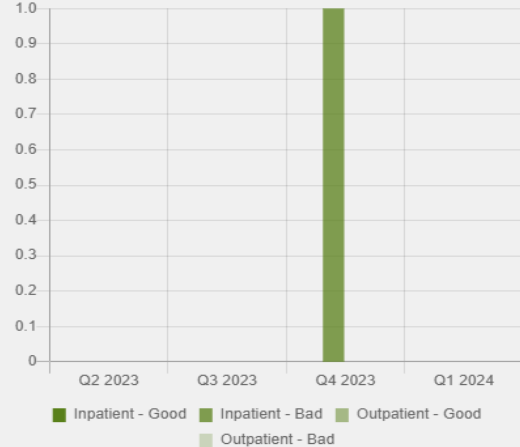
No claims are present for this quarter.
Submission due **3 Jun 2024** | Correction due **1 Aug 2024**

Q1 2024 CERTIFICATION

No claims are present for this quarter.
Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A MONTH

Performance History


Legend: Inpatient - Good (Dark Green), Inpatient - Bad (Light Green), Outpatient - Good (Dark Green), Outpatient - Bad (Light Green)



QUICK TIP:

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

Provider Tabs



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



Activity Dashboard  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Activity Dashboard

Activity Dashboard  

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

Web Claim Entry

WEB CLAIM ENTRY



Texas Department of State Health Services

ADD NEW CLAIM

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

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THCIC Support Center

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

[Back to list of claims](#)

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:
☒ INPATIENT ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:
PCN

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER:
MRN

FIRST NAME:
PATIENT FIRST NAME

MIDDLE:
(Initial)

LAST NAME:
PATIENT LAST NAME

ADDRESS:
ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:
SSAN

SEX:
▼

ETHNICITY:
▼

BIRTH DATE:
mm/dd/yyyy

FOR ERRORS

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

Claim Corrections / Correct Errors

Claim Correction

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

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THCIC Support Center

THCIC

User Management

My Account

Logout

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

SEARCH

ADVANCED SEARCH

START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 1234	1234	202010089998999747000005	10/08/2020	DOE, KAMELA	IN	11
<input type="checkbox"/> 77777	77777	202010079998999748000005	10/07/2020	DOE, QUINTON	IN	7
<input type="checkbox"/> 74741	741741	202009029998999757000005	09/02/2020	DOE, FAKE	IN	10
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> PCN-538	ERR-662	201610140006000040000005	10/14/2016	PPITT, JENNIFER	OUT-I	1

86 Claims

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

Start Certification /Certification

[START CERTIFICATION](#)[Certification](#)[Home](#)[Claims](#)[Claim Correction](#)[Reports](#)[Data Mgmt](#)[Certification](#)[Batches](#)[Help](#)**system13**
Making technology your best friend.[THCIC](#)[User Management](#)[My Account](#)[Logout](#)

THCIC Support Center

Certification

INPATIENT

2023

4th Quarter

Eligible Claims

[GENERATE QUARTER CERT. DATA \(EOD\)](#)

3rd Quarter

No Data

2nd Quarter

Eligible Claims

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

1st Quarter

Eligible Claims

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

Older Quarters

Select Quarter

OUTPATIENT

2023

4th Quarter

No Data

3rd Quarter

No Data

2nd Quarter

Eligible Claims

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

1st Quarter

No Data

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



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Provider Tab Claims

Claims

System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC WebClaim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 7082839	7352594	201507140042000168000005	07/14/2015	Turner, Oscar	IN	-
<input type="checkbox"/> PCN-237	MRN-237	201610140002000137000005	10/14/2016	DDION, AANNETTE	IN	-
<input type="checkbox"/> 8363345	8088973	201507140042000169000005	07/14/2015	Wiza, Andre	IN	-
<input type="checkbox"/> PCN-238	MRN-238	201610140002000138000005	10/14/2016	SSIMPSON, RRACHAEL	IN	1
<input type="checkbox"/> 7731018	7142926	201507140042000170000005	07/14/2015	HAYES, HEBER	IN	26A
<input type="checkbox"/> PCN-239	MRN-239	201610140002000139000005	10/14/2016	MMOSS, MMANDY	IN	-

SELECT ALL 907 Claims DELETE

 No
Correction
Needed

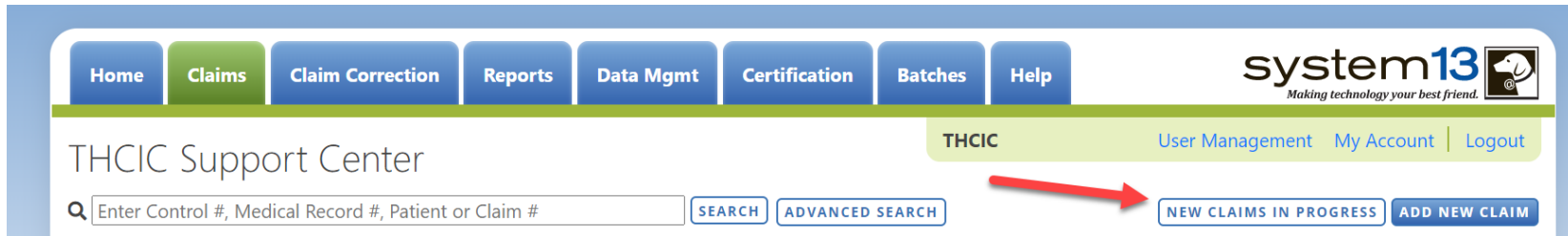
Errors

 Accepted
As Is


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

New Claims in Progress

NEW CLAIMS IN PROGRESS



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

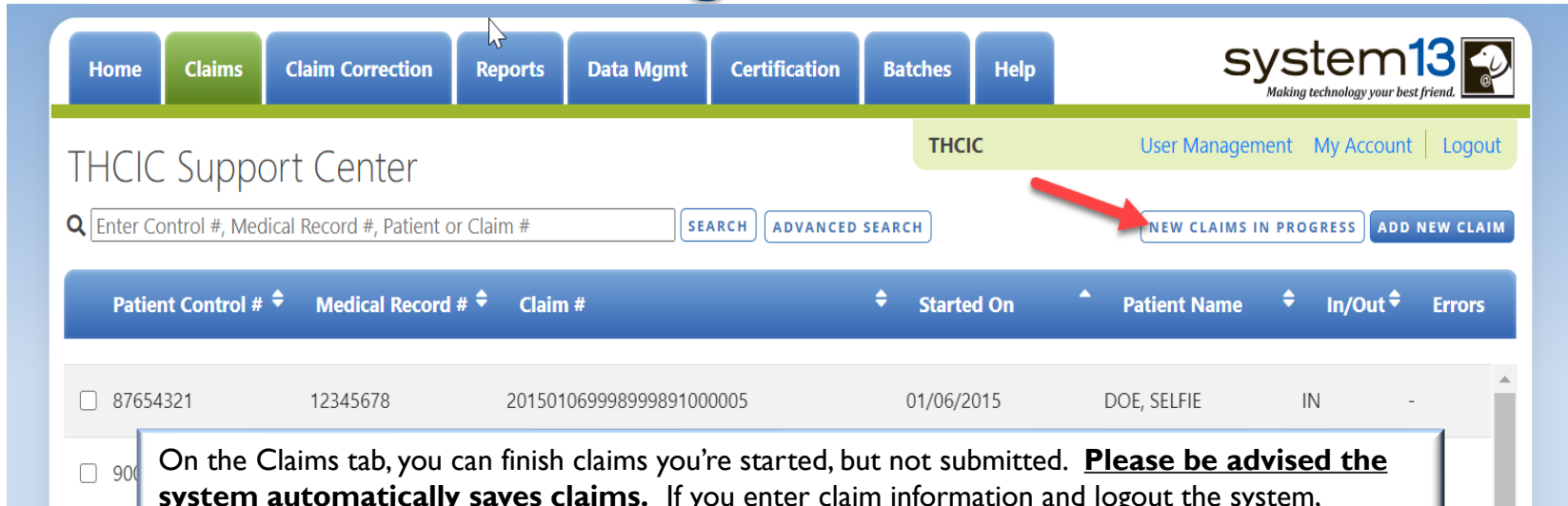
THCIC Support Center

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

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

New Claims in Progress



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 87654321	12345678	201501069998999891000005	01/06/2015	DOE, SELFIE	IN	-
<input type="checkbox"/> 900						

On the Claims tab, you can finish claims you're started, but not submitted. **Please be advised the system automatically saves claims.** If you enter claim information and logout the system, whatever you entered will be saved. These claims can be located by clicking New Claims in Progress through the claims tab. These claims can also be deleted by choosing the check box next to the claim and delete will come as an option on the bottom right .



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

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


AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, ISIAAH	IN	10/08/2020	8989	8989
<input type="checkbox"/> DOE, JEHOVAH				

Audited Claim AUDITED CLAIMS is a list of claims that can be completed or deleted.

Reports Reports

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



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

THCIC Support Center

Reports

SELECT REPORT:

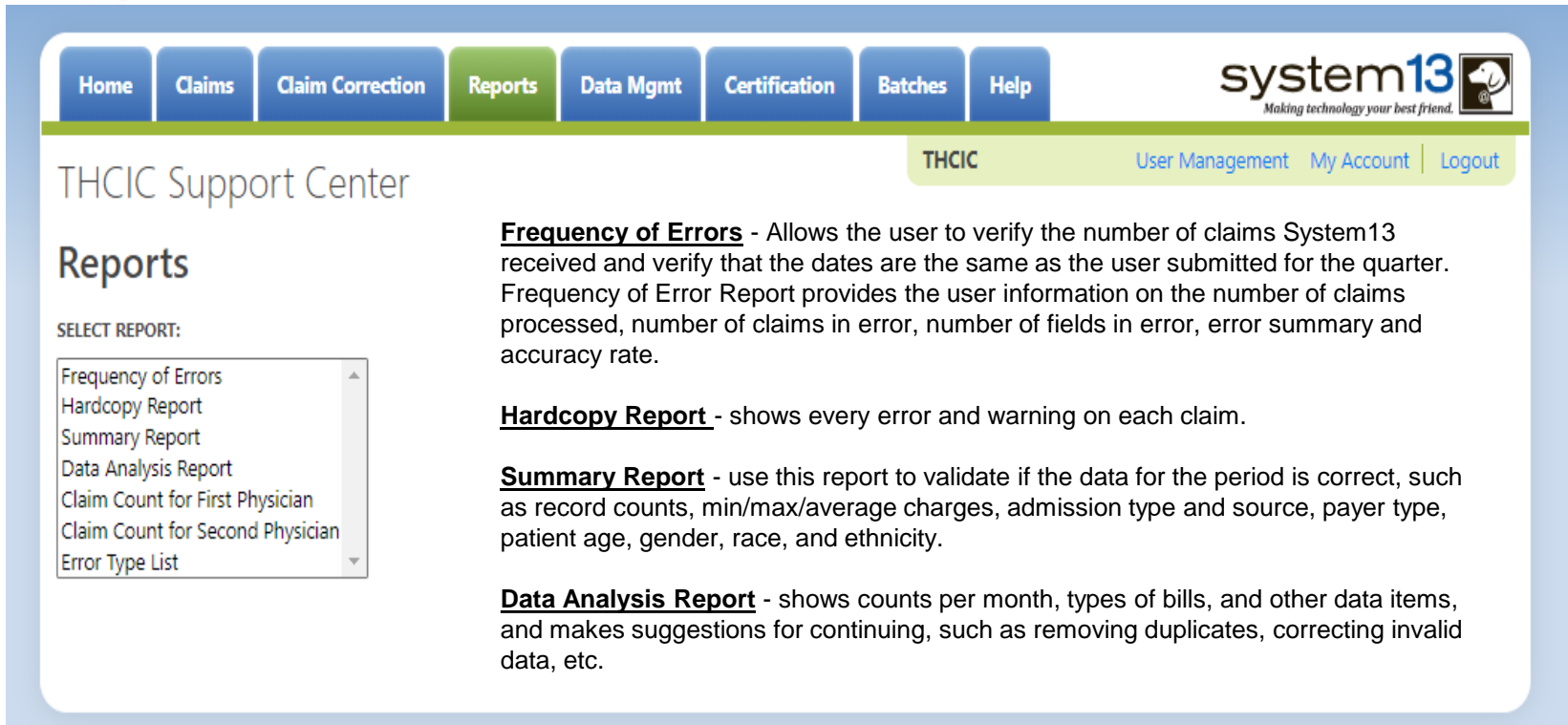
Frequency of Errors
Hardcopy Report
Summary Report
Data Analysis Report
Claim Count for First Physician
Claim Count for Second Physician
Error Type List

GENERATE

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

Reports Available

Reports



The screenshot shows the 'Reports' section of the System13 web application. 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 with the tagline 'Making technology your best friend.' and a small icon of a person's head. Below the navigation bar, the page title 'THCIC Support Center' is displayed. On the right side of the page, there are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and features a 'SELECT REPORT:' 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. To the right of the dropdown menu, there are three detailed descriptions of the reports: 'Frequency of Errors', 'Hardcopy Report', and 'Data Analysis Report'.

THCIC Support Center

Reports

SELECT REPORT:

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

Frequency of Errors - Allows the user to verify the number of claims System13 received and verify that the dates are the same as the user submitted for the quarter. Frequency of Error Report provides the user information on the number of claims processed, number of claims in error, number of fields in error, error summary and accuracy rate.

Hardcopy Report - shows every error and warning on each claim.

Summary Report - use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity.



Data Analysis Report - shows counts per month, types of bills, and other data items, and makes suggestions for continuing, such as removing duplicates, correcting invalid data, etc.

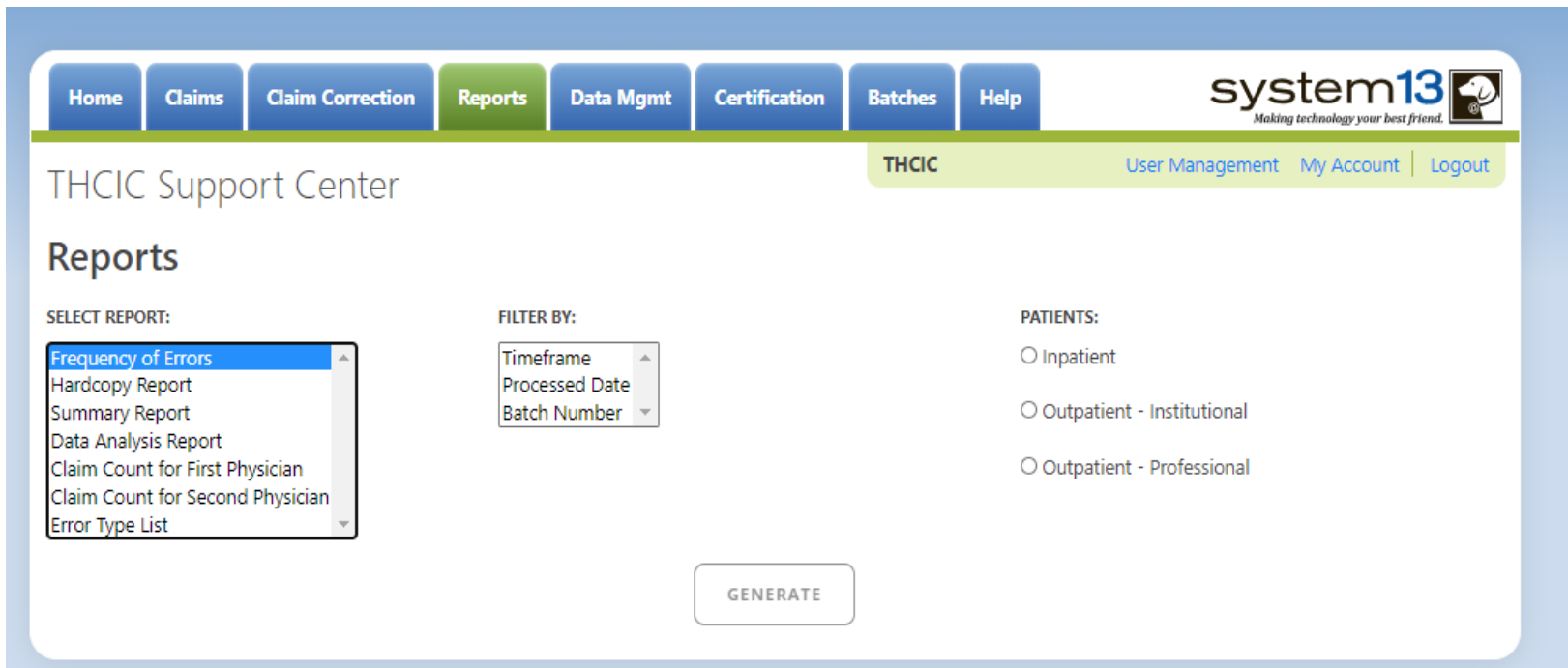
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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

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

Reports Functionality

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



The screenshot shows the 'Reports' section of the 'THCIC Support Center' 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 with the tagline 'Making technology your best friend.' Below the navigation bar, there is a sub-header 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and contains three sections: 'SELECT REPORT:', 'FILTER BY:', and 'PATIENTS:'. The 'SELECT REPORT:' section has a dropdown menu with the following options: 'Frequency of Errors' (selected), 'Hardcopy Report', 'Summary Report', 'Data Analysis Report', 'Claim Count for First Physician', 'Claim Count for Second Physician', and 'Error Type List'. The 'FILTER BY:' section has a dropdown menu with the following options: 'Timeframe', 'Processed Date', and 'Batch Number'. The 'PATIENTS:' section has three radio button options: 'Inpatient', 'Outpatient - Institutional', and 'Outpatient - Professional'. At the bottom right of the form is a 'GENERATE' button.

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

THCIC Support Center

No claims match selection criteria.


Type of Claims

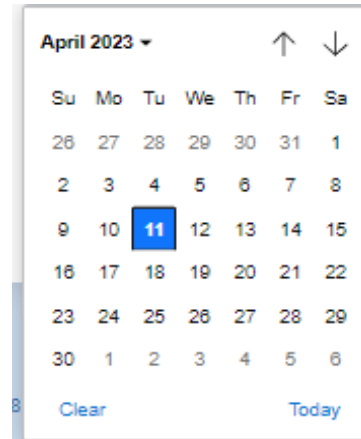
PATIENTS:




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

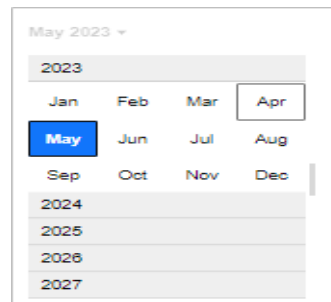
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

Functionality of the Calendar Feature

- Feature of the calendar 



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



- Choosing the sidebar will change the year

Filter Report By Timeframe

- ✓ To create by timeframe.

FILTER BY:

Timeframe
Processed Date
Batch Number

FROM:

mm/dd/yyyy


THROUGH:

mm/dd/yyyy

GENERATE

PATIENTS:

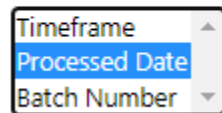
- ☐ Inpatient
- ☐ Outpatient - Institutional
- ☐ Outpatient - Professional

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

Filter Report By Processed Date

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

FILTER BY:



DATE:



PATIENTS:

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

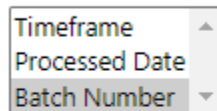
GENERATE

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

Filter Report By Batch Number

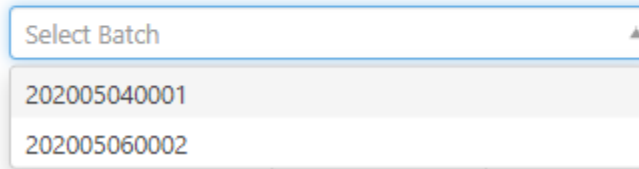
- ✓ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:



A dropdown menu with three options: 'Timeframe', 'Processed Date', and 'Batch Number'. 'Batch Number' is currently selected and highlighted.

BATCH:



A dropdown menu with the placeholder text 'Select Batch'. It is open, showing two options: '202005040001' and '202005060002'.

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

Provider Tab Data Management

Data Mgmt

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

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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

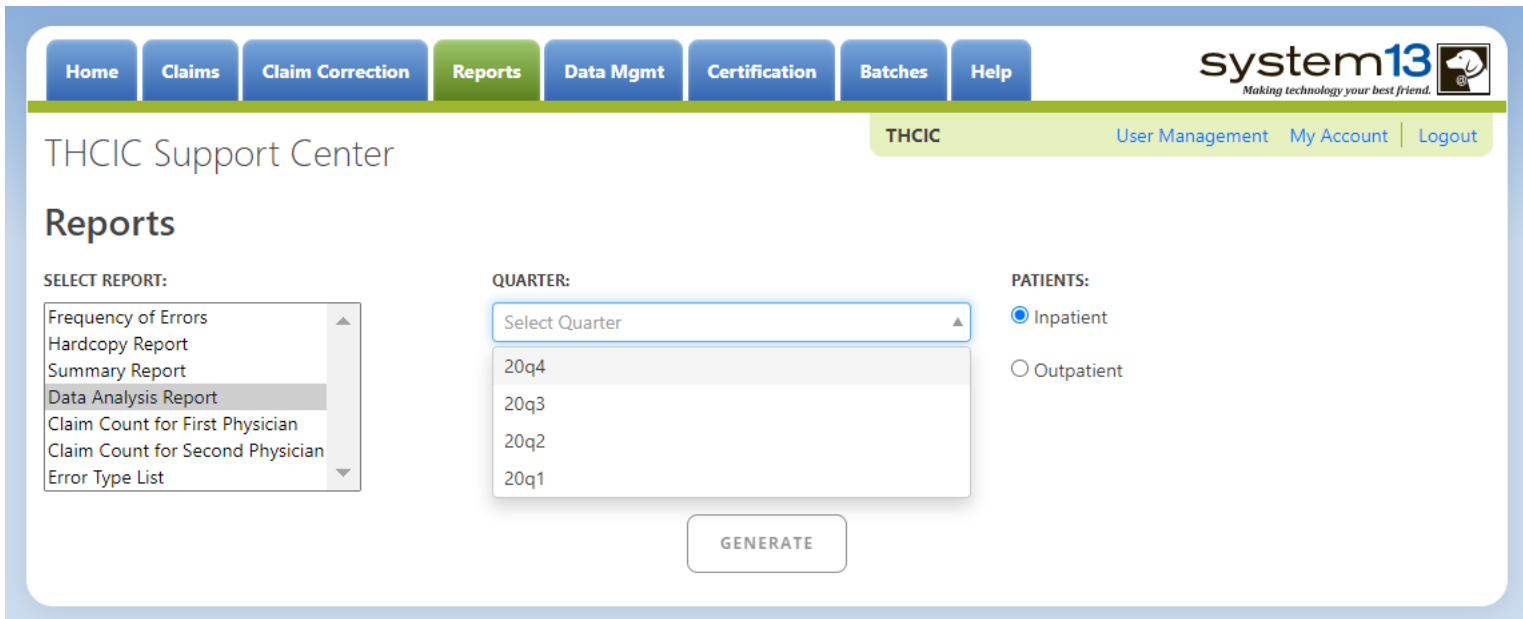
☐ INPATIENT
☐ OUTPATIENT

Select Action

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

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 Management – Running Data Analysis Report through the Reports Tab



The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports (highlighted in green), Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the 'system13' logo with the tagline 'Making technology your best friend.' and a small icon of a person. Below the navigation bar, there is a header area with 'THCIC Support Center' on the left and 'THCIC' followed by links for 'User Management', 'My Account', and 'Logout' on the right. The main content area is titled 'Reports'. Under this title, there are three sections: 'SELECT REPORT:', 'QUARTER:', and 'PATIENTS:'. The 'SELECT REPORT:' section has a dropdown menu with options: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report (highlighted), Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. The 'QUARTER:' section has a dropdown menu with options: Select Quarter, 20q4, 20q3, 20q2, and 20q1. The 'PATIENTS:' section has two radio buttons: Inpatient (selected) and Outpatient. A 'GENERATE' button is located below the 'QUARTER:' dropdown.

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

Data Analysis Report through the Reports Tab

2Q2020 Data Analysis Report
Report Date: 09-Oct-2020
THCIC ID: |

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q20	7

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

The MRR process will:

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

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

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

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

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

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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☒ INPATIENT
☐ OUTPATIENT

Select Action

MODIFY/REPLACE/REMOVE (MRR)

REMOVE DUPLICATES (DR)

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the page title is 'THCIC Support Center'. A secondary navigation bar contains 'THCIC', 'Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data'. It features two columns: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Each column lists key values for matching claims: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal dialog titled 'MRR DR Information' is overlaid on the screen. It contains the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. At the bottom of the dialog are 'YES' and 'NO' buttons. In the background, under the 'MRR' section, there is a 'Select Claim Type' section with radio buttons for 'INPATIENT' (selected) and 'OUTPATIENT'.

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

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THCIC Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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

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

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the page title is 'THCIC Support Center'. A secondary navigation bar contains 'er Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two columns. The left column is for 'Modify/Replace/Remove Process (MRR)' and the right for 'Duplicate Remove Process (DR)'. Both columns list the same criteria for matching claims: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A large modal alert box is overlaid on the bottom half of the screen, titled 'Modify/Replace/Remove Alert'. It contains text explaining the MRR function's purpose and asks for confirmation to proceed.

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

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THCIC Support Center

er Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Modify/Replace/Remove Alert

The MRR function is to be used to process and remove claims with bill types (xx5, xx6, xx7 and xx8).

You may apply this functionality **now** to reduce the number of overall claims, including error claims. This will result in a more accurate count of claims being reported on the Frequency of Errors Report (FER) and on the Summary Report.

Do you wish to continue?

YES NO



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the page title is 'THCIC Support Center'. A secondary navigation bar contains 'THCIC', 'er Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two columns. The left column is for 'Modify/Replace/Remove Process (MRR)' and the right for 'Duplicate Remove Process (DR)'. Both columns list matching criteria and actions. A modal dialog box titled 'Process Submitted' is overlaid in the center, containing the message: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button. Below the modal, the 'Select Claim' section shows 'INPATIENT' selected and 'OUTPATIENT' as an option. A button labeled 'ATES (DR)' is partially visible on the right.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

THCIC er Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
- Eliminate duplicate claims in the correct order of processing
- Apply late charges (xx5 bill types)
- Apply corrections
- Apply the rules
- Remove claims

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

☒ INPATIENT
☐ OUTPATIENT

Process Submitted

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

OK

ATES (DR)




TEXAS
Health and Human
Services

Texas Department of State
Health Services

Data Management Emails

Data Mgmt

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



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

THCIC Support Center

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

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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


Select Claim Type


☒ INPATIENT
☐ OUTPATIENT

Wed 9/9/2020 7:53 AM

DN Do Not Reply <noreply@system13.com>

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

To:  Overton, Tiffany (DSHS)

 We removed extra line breaks from this message.

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

The Modify/Replace/Remove Claims (MRR) process has completed for provider 000006 Inpatient data. The process reviewed 198 active claims, eliminated 0 claims due to applying updates to an original claim, leaving 198 active claims.

Sincerely,

System13, Inc. Customer Support

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

Provider Tab Data Management

Data Mgmt

Duplicate Removal

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

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

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

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

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

This report will open as a PDF as shown below.



TEXAS
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Services

Texas Department of State
Health Services

Provider Tab Data Management – Duplicate Removal Process (DR)

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

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THCIC Support Center

THCIC

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

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☒ INPATIENT
☐ OUTPATIENT

Select Action

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



Provider Tab Data Management

Data Mgmt

The screenshot shows the 'system13' web application interface. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the page title is 'THCIC Support Center'. The main content area is titled 'Data Management Actions on Quarterly Data'. It contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Each section lists key values to match claims: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A confirmation dialog box titled 'MRR DR Information' is overlaid on the screen. The dialog contains the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. At the bottom of the dialog are two buttons: 'YES' and 'NO'. In the background, under the 'MRR' section, there is a 'Select Claim Type' section with radio buttons for 'INPATIENT' (selected) and 'OUTPATIENT'.

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

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THCIC 1 Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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

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

Provider Tab Data Management

Data Mgmt

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

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THCIC Support Center

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

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Duplicate Removal Alert

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

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

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

Do you wish to continue?



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Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the 'THCIC Support Center' header is visible, along with links for 'r Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two columns: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Each column lists the function's purpose and the key values it matches (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour, and Bill Type). A modal dialog box titled 'Process Submitted' is overlaid on the screen, indicating that the request has been submitted and an email will be sent to the Provider Primary Contact (Data Administrator) upon completion. The modal includes an 'OK' button. In the background, the 'Select Claim' section shows radio buttons for 'INPATIENT' (selected) and 'OUTPATIENT'. A 'SUBMIT' button is visible at the bottom right of the modal area.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

r 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
- Apply the rules
- Remove claims

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

☒ INPATIENT
☐ OUTPATIENT

Process Submitted

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

OK

SUBMIT (DR)



TEXAS
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Health Services

Data Management Emails

Data Mgmt

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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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

☒ INPATIENT
☐ OUTPATIENT

Select Claim Type

Do Not Reply <noreply@system13.com>

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

To: Overton, Tiffany (DSHS)

We removed extra line breaks from this message.

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

The Duplicate Claim Removal (DR) process has completed for provider 000006 Inpatient data. The DR reviewed 198 active claims, eliminated 0 duplicate claims, leaving 198 active claims.

Sincerely,

System13, Inc. Customer Support

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

Batches

Batches

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

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THCIC Support Center

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

Q Enter Batch #

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

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

6 Batches



Provider Tab Help

Help

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

https://thcictrainer.system13.com/help

File Edit View Favorites Tools Help X Convert Select

System13, Inc. / THCIC Web Help

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry <ul style="list-style-type: none">InpatientOutpatient	Claim Correction <ul style="list-style-type: none">InpatientOutpatient	Submitter <ul style="list-style-type: none">InpatientOutpatient	Reports <ul style="list-style-type: none">InpatientOutpatient	Certification <ul style="list-style-type: none">InpatientOutpatient
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LICENSED CONTENT

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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

SUPPORT VIDEOS

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

FREQUENTLY ASKED QUESTIONS

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

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

SUPPORTING DOCUMENTS

- Facility Reporting Schedule
- Inpatient THCIC 837 Technical Specification
- Outpatient THCIC 837 Technical Specification
- Hospital Reporting Requirements and Numbered Letters
- THCIC Facility Contact/Information Change Request Form
- Submitter Information Change Request Form

THCIC Support Center

Online Help & Resources

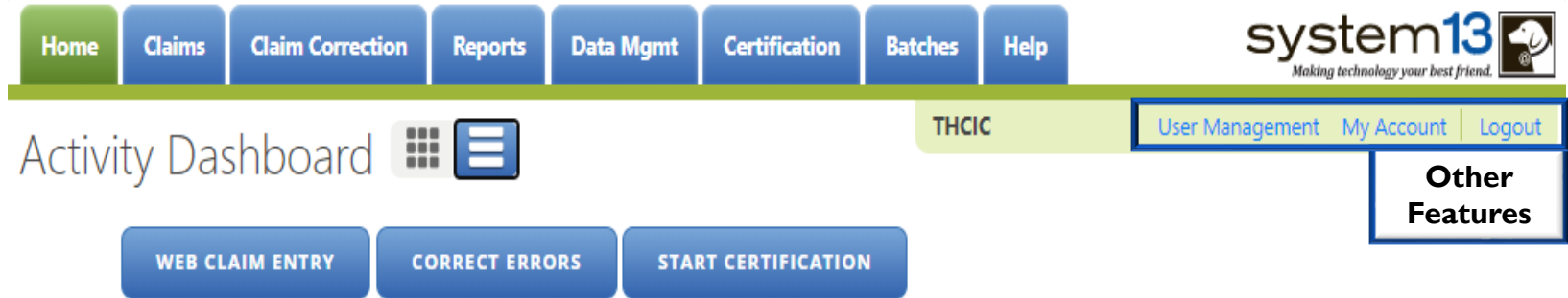
CONTACT US

System13
Help Desk: 888-308-4953
Phone: 434-977-0000
Fax: 434-979-1047
Address:
1648 State Farm Blvd.
Charlottesville VA 22911
Preston Morris, Owner
Lynn Gayne, VP

THCIC
Phone: 512-776-7261 and ask for THCIC staff
Email: thcichelp@sths.texas.gov
Site: <https://www.sths.texas.gov/texas-health-care-information-correction>

NEED MORE HELP? CONTACT HELP DESK

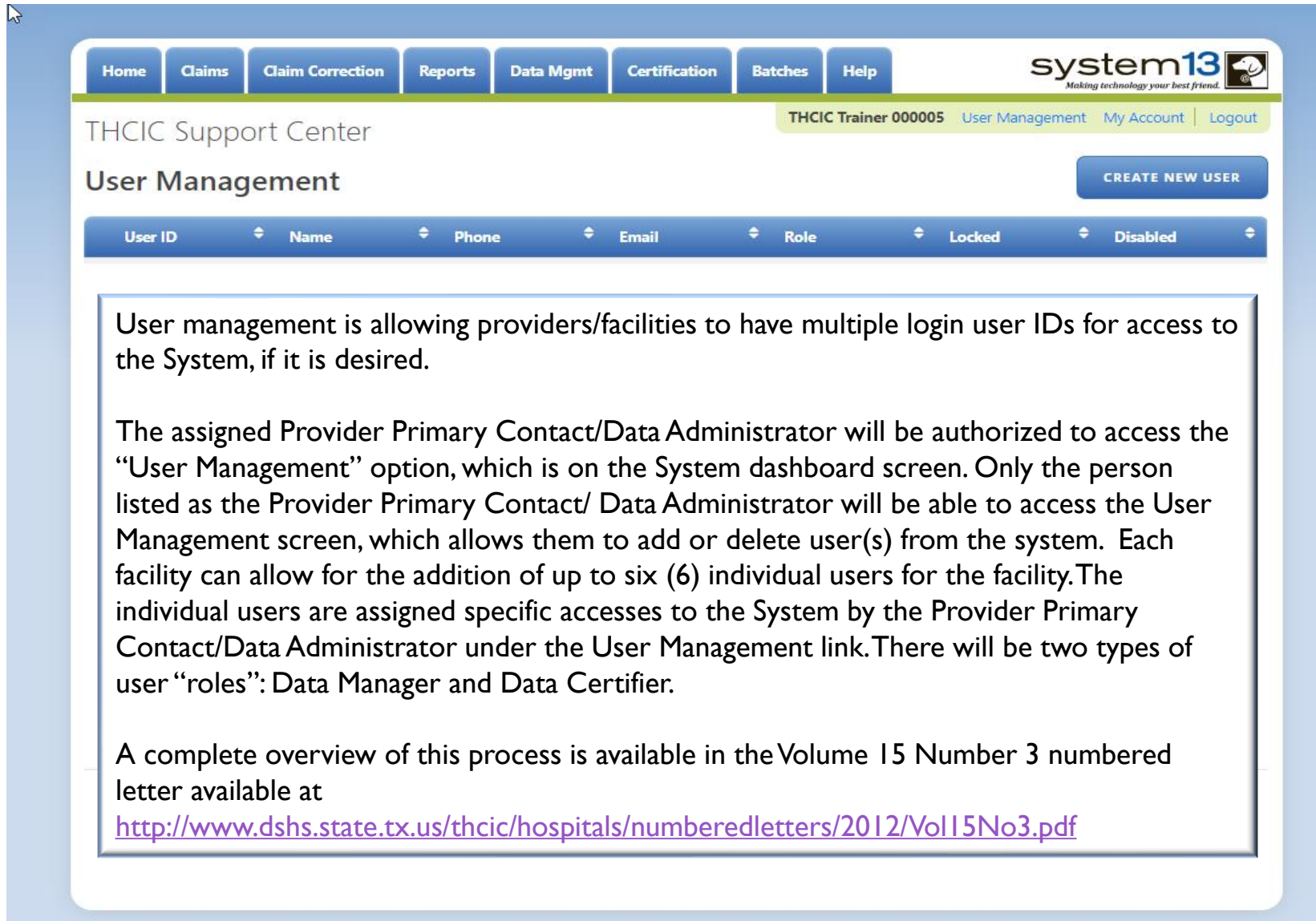
Provider Other Features



The screenshot shows the 'Provider Other Features' dashboard. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below this is a green bar with the 'system13' logo and the tagline 'Making technology your best friend.' To the right of the logo are links for User Management, My Account, and Logout. Below the green bar is a section titled 'Activity Dashboard' with a grid icon and a list icon. To the right of this section is a green bar with the text 'THCIC'. Below the 'Activity Dashboard' section are three buttons: WEB CLAIM ENTRY, CORRECT ERRORS, and START CERTIFICATION. To the right of these buttons is a box labeled 'Other Features'.

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

User Management



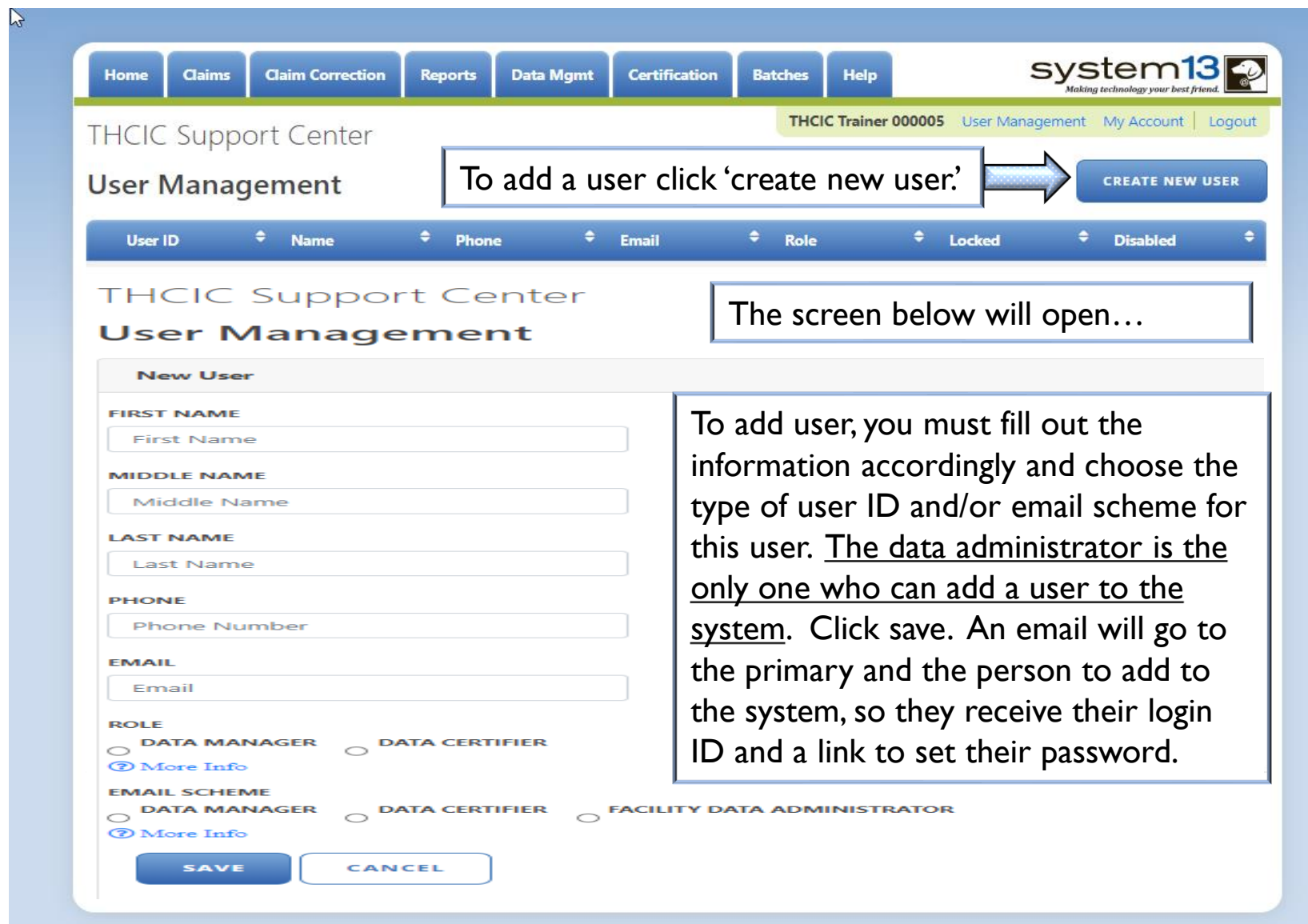
The screenshot shows the 'system13' interface for the 'THCIC Support Center'. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC Trainer 000005'. The 'User Management' section is active, showing a 'CREATE NEW USER' button and a table with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. Below the table, a text box explains the user management process.

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

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

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

User Management – To Add User



The screenshot displays the 'system13' User Management interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC Trainer 000005'. The main heading is 'THCIC Support Center User Management'. A callout box with an arrow points to the 'CREATE NEW USER' button, stating: 'To add a user click 'create new user''. Below this is a table header with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. Another callout box points to the 'New User' form, stating: 'The screen below will open...'. The 'New User' form contains fields for First Name, Middle Name, Last Name, Phone Number, and Email. It also has radio buttons for Role (DATA MANAGER, DATA CERTIFIER) and Email Scheme (DATA MANAGER, DATA CERTIFIER, FACILITY DATA ADMINISTRATOR), each with a 'More Info' link. At the bottom are 'SAVE' and 'CANCEL' buttons.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Trainer 000005 User Management My Account Logout

THCIC Support Center
User Management

To add a user click 'create new user.'

CREATE NEW USER

User ID Name Phone Email Role Locked Disabled

THCIC Support Center
User Management

The screen below will open...

New User

FIRST NAME
First Name

MIDDLE NAME
Middle Name

LAST NAME
Last Name

PHONE
Phone Number

EMAIL
Email

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

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

SAVE CANCEL

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

User Management – User Roles / Email Schemes

ROLE

☐ DATA MANAGER ☐ DATA CERTIFIER

Roles

The role determines the functionality available to a user.

Data Manager

- Add new claims (WebClaim)
- Correct claims (WebCorrect)
- Generate pre-certification reports (Reports)
- View submitted batches (Batches)

Data Certifier

- Can perform all functions available to a Data Manager
- Generate certification data via Encounter on Demand (EOD)
- Download certification files
- Download certification reports
- Certify quarterly data (Certification)
- Request regens (must contact System13 help desk)

OK

EMAIL SCHEME

☐ DATA MANAGER ☐ DATA CERTIFIER ☐ FACILITY DATA ADMINISTRATOR

Email Schemes

The email scheme determines which type of email notifications a user will receive.

Data Manager

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

Data Certifier

- All notifications received by the Data Manager
- Certification Download File Availability
- Certified
- Rejected - Elected Not to Certify
- EOD (Encounter on Demand) Generated

Facility Data Administrator

- All notifications received by the Data Certifier and Data Manager
- MRR (Merge, Replace, Remove)
- DR (Duplicate Removal)

OK

Choose what type of role the user will have in the system, and which emails they will receive.



User Management – List of User(s)

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

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THCIC Support Center

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

User Management [CREATE NEW USER](#)

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

User Management – Delete a User(s)

User Management [CREATE NEW USER](#)

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

[DELETE](#)

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



User Management – Lock Features



THCIC Support Center

User Management

User ID: th000005c

Intrusion Lock: ☒

Account Lock: ☒

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



THCIC Support Center

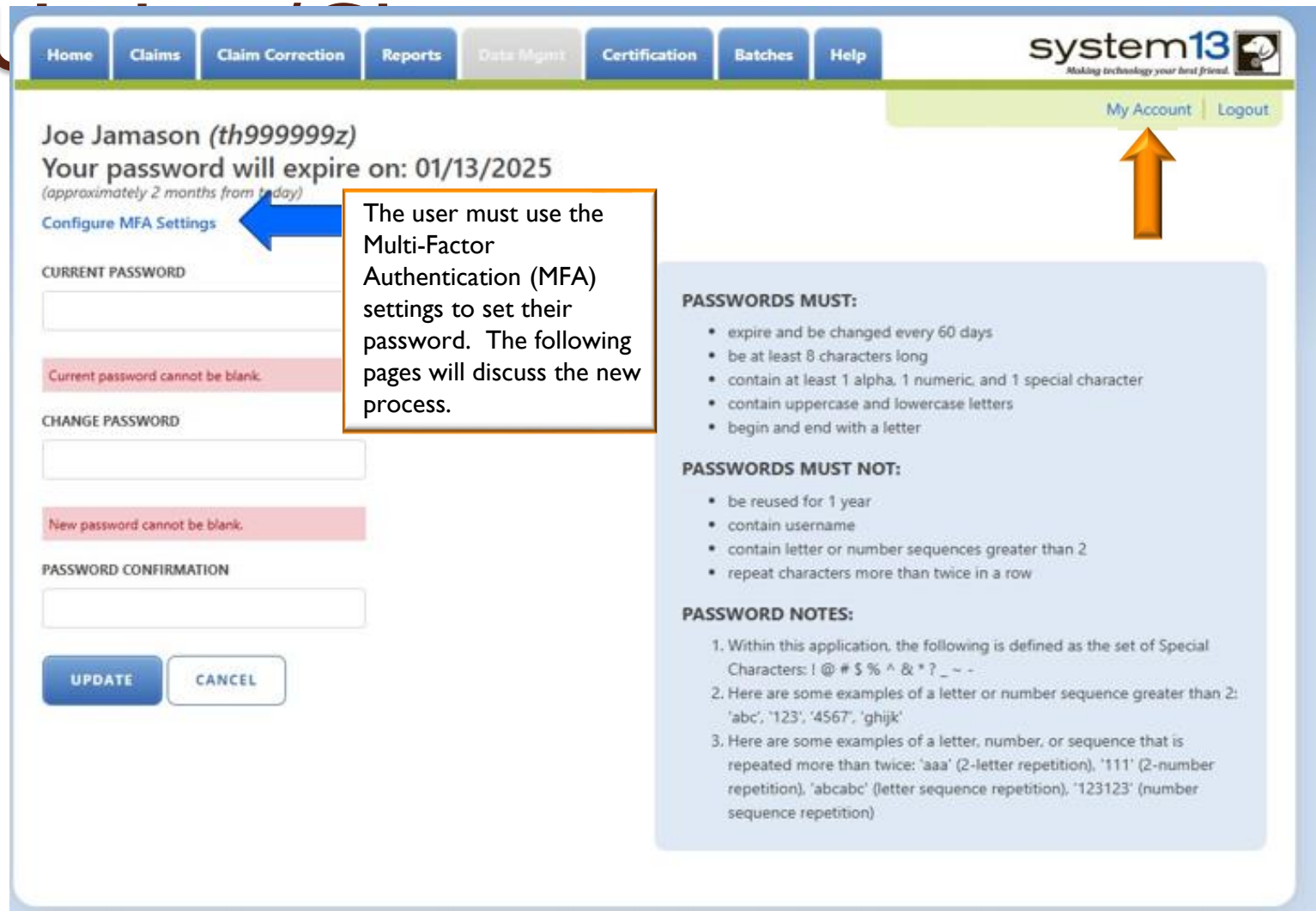
User Management

User ID: th000005c

Intrusion Lock: ☐

Account Lock: ☒

Other Features - My Account Password



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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My Account Logout

Joe Jamason (th999999z)
Your password will expire on: 01/13/2025
(approximately 2 months from today)

[Configure MFA Settings](#)

CURRENT PASSWORD

Current password cannot be blank.

CHANGE PASSWORD

New password cannot be blank.

PASSWORD CONFIRMATION

UPDATE CANCEL

The user must use the Multi-Factor Authentication (MFA) settings to set their password. The following pages will discuss the new process.

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)

Multi-Factor Authentication (MFA) Configuration

Multi-Factor Authentication Configuration

Joe Jamason (th999999z)

Select how you will obtain your 6-digit code:

☒ Email (default)

☐ Authenticator Application (recommended)

SAVE

CANCEL

The configuration page will be presented to all users upon the first time they login.

Email: Will send your code via Email, this is the easier option and does not require additional update.

Authenticator App: Requires an App where your 6-digit code will cycle every 30 seconds. This will help if your facilities email filter takes too long for email.

Details and Instructions for both settings are available to read under the “Instructions”.

INSTRUCTIONS

You need to select by which means you will receive your 6-digit code when confirming your identity.

Email:

This is the default option, and easiest to manage. By selecting this method the application will send you a 6-digit code to the email address associated to your account: `schambers@system13.com`.

With this option selected, click 'Save', and then check your Inbox. You should receive an email with your 6-digit code. This will be done every time you log into the application. On the next page, you will have an opportunity to enter the 6-digit code. For security purposes, the code in the email is only valid for 5 minutes. You will have the option to select 'Resend Code' to request a new code, if needed.

Authenticator Application:

This is the recommended option, but involves the use of another application, typically installed on your smartphone, to provide the 6-digit codes you will need when confirming your identity.

With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.

MFA Configuration – Email

Email: Is the default and is easier to manage. You will be sent a 6 -digit code to the email address associated to the user's account. Once the code is sent it will be valid for 5 minutes. You will have the option to resend a new code.

Multi-Factor Authentication Configuration

Joe Jamason (th999999z)

Select how you will obtain your 6-digit code:

☒ Email (default)

☐ Authenticator Application (recommended)

SAVE

CANCEL

Upon logging in you will receive an email from System I 3 Production Notifier. The email will have your username as well as your one-time code. You will also be able to see the facility and it's ID number on the email.

You can either copy and paste the code from the email or type the code. Once the code is there you will need to “click” the verify button.

Once verified you will be presented with the homepage.

INSTRUCTIONS

You need to select by which means you will receive your 6-digit code when confirming your identity.

Email:

This is the default option, and easiest to manage. By selecting this method the application will send you a 6-digit code to the email address associated to your account: schambers@system13.com

With this option selected, click 'Save', and then check your inbox. You should receive an email with your 6-digit code. This will be done every time you log into the application. On the next page, you will have an opportunity to enter the 6-digit code. For security purposes, the code in the email is only valid for 5 minutes. You will have the option to select 'Resend Code' to request a new code, if needed.

Authenticator Application:

This is the recommended option, but involves the use of another application, typically installed on your smartphone, to provide the 6-digit codes you will need when confirming your identity.

With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.

Log In the System (Email)

Upon logging in you will receive an email from System13 Production Notifier.

The email will have your username as well as your one-time code. You will also be able to see the facility and it's ID number on the email.

You can either copy and paste the code from the email or type the code. Once the code is there you will need to “click” the verify button.

Once verified you will be presented with the homepage.

Confirm Your Identity

Joe Jamason (th999999z)

Enter your 6-digit code:

VERIFY

RESEND CODE

Release 12.2.0-alpha.mfa

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🗑️

✉️

🕒

🔗

📁

📄

⋮

THCIC HCDCS Account Sign In: Confirm Your Identity

Inbox x

No

System13 Acceptance Notifier

<noreply@system13.com>

to me ▾

Please Confirm Your Identity

Dear Joe Jamason:

To complete the login process for your th999999z account, enter this one-time code to confirm your identity:

839620

Please use caution and do not forward or share this information with any unknown third party. To help protect your privacy, this code will expire within 5 minutes.

Neither THCIC nor System13 will call you and ask you for this code, nor will we ask you for a password. Please report any suspicious activity.

Thank you.

– THCIC/System13 Support

Organization Information:

• Facility Name: Big 'Ole Hospital

• Facility Identifier: 999999

↩ Reply

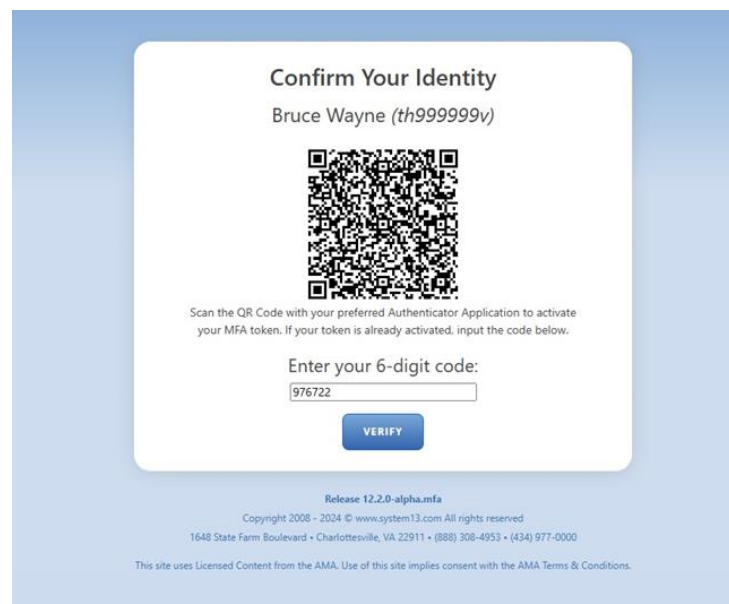
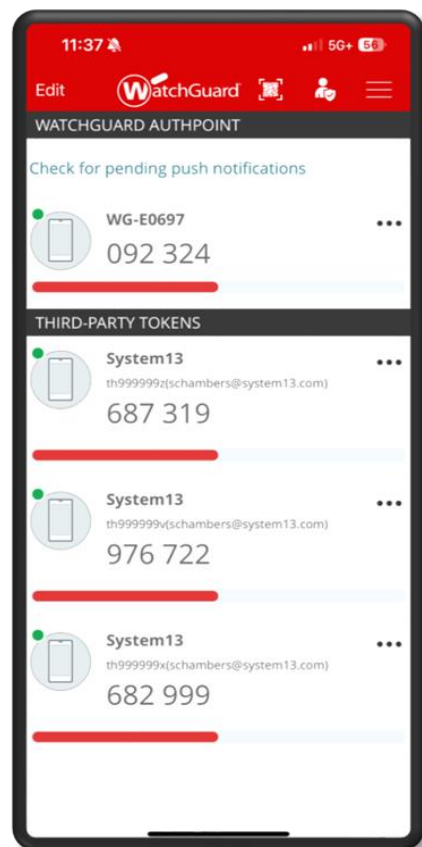
➦ Forward

Log In the System (Auth App)

When challenged for your 6-digit code, you will need to look for the code in your authenticator app.

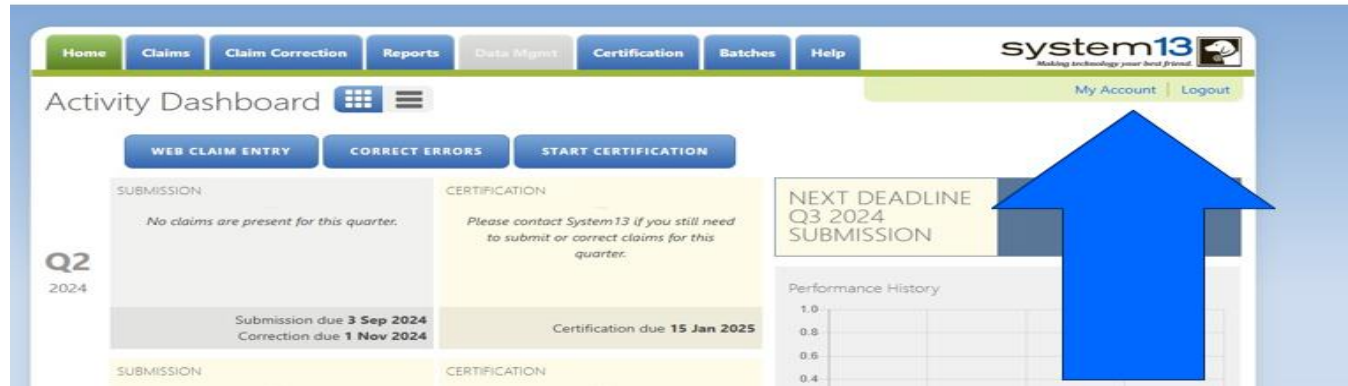
(Remember this code changes every 30-seconds.)

For users with multiple accounts your username will be over/under the code that you are looking for.



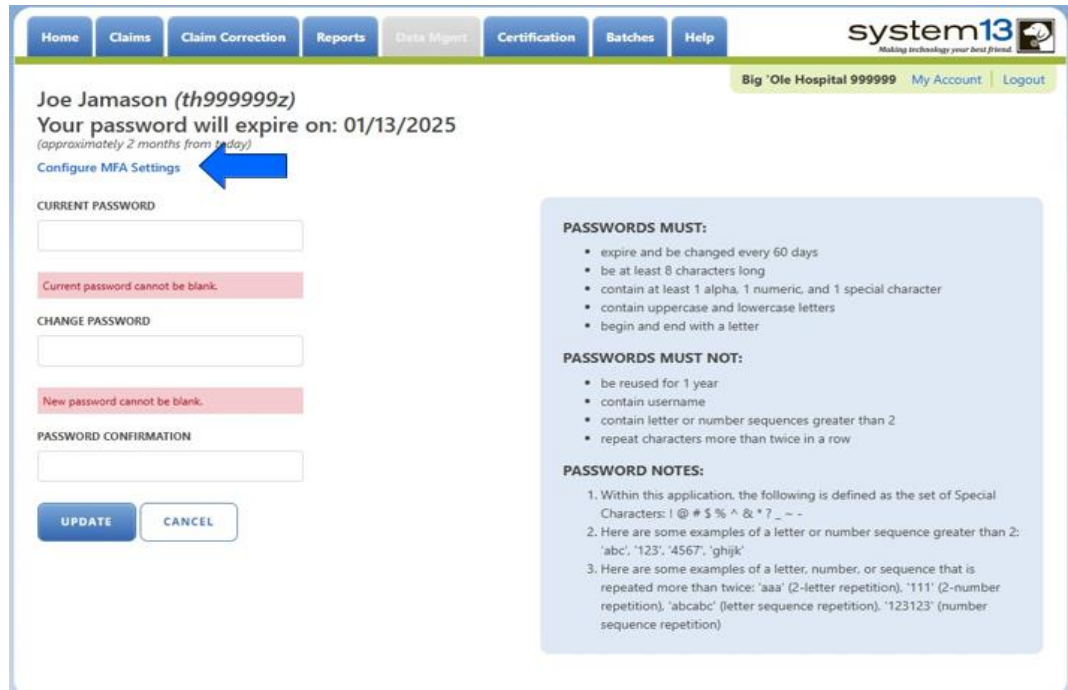
Updating MFA Settings

To change your MFA settings, you will need to go to “My account”.



Then click “Configure MFA Settings”.

For Authenticator Application you will need an Authenticator App on your smartphone to provide the 6-digit code. The codes on your app will only be valid for 30-seconds at a time.



The screenshot shows the 'Configure MFA Settings' page for Joe Jamason (th999999z). The page displays the user's name and password expiration date (01/13/2025). A blue arrow points to the 'Configure MFA Settings' link. Below this, there are fields for 'CURRENT PASSWORD', 'CHANGE PASSWORD', and 'PASSWORD CONFIRMATION'. To the right, there are sections for 'PASSWORDS MUST:', 'PASSWORDS MUST NOT:', and 'PASSWORD NOTES:'.

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:

- Within this application, the following is defined as the set of Special Characters: ! @ # \$ % ^ & * ? _ -
- Here are some examples of a letter or number sequence greater than 2: 'abc', '123', '4567', 'ghijk'
- 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)

Updating MFA Settings

To update the MFA settings, click the preferred settings then click save.

Multi-Factor Authentication Configuration

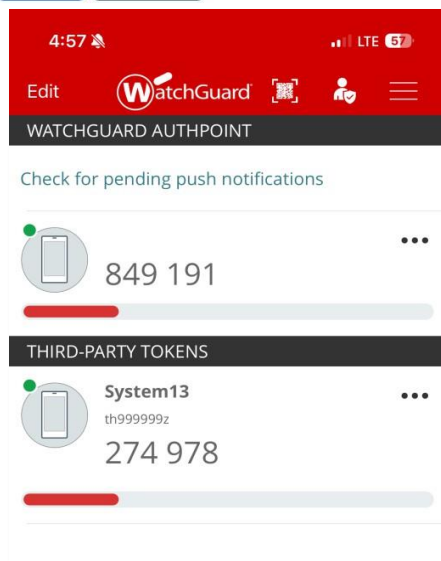
Joe Jamason (*th999999z*)

Select how you will obtain your 6-digit code:

- ☐ Email (*default*)
- ☒ Authenticator Application (*recommended*)

SAVE

CANCEL



INSTRUCTIONS

You need to select by which means you will receive your 6-digit code when confirming your identity.

Email:

This is the default option, and easiest to manage. By selecting this method the application will send you a 6-digit code to the email address associated to your account: *schambers@system13.com*

With this option selected, click 'Save', and then check your Inbox. You should receive an email with your 6-digit code. This will be done every time you log into the application. On the next page, you will have an opportunity to enter the 6-digit code. For security purposes, the code in the email is only valid for 5 minutes. You will have the option to select 'Resend Code' to request a new code, if needed.

Authenticator Application:

This is the recommended option, but involves the use of another application, typically installed on your smartphone, to provide the 6-digit codes you will need when confirming your identity.

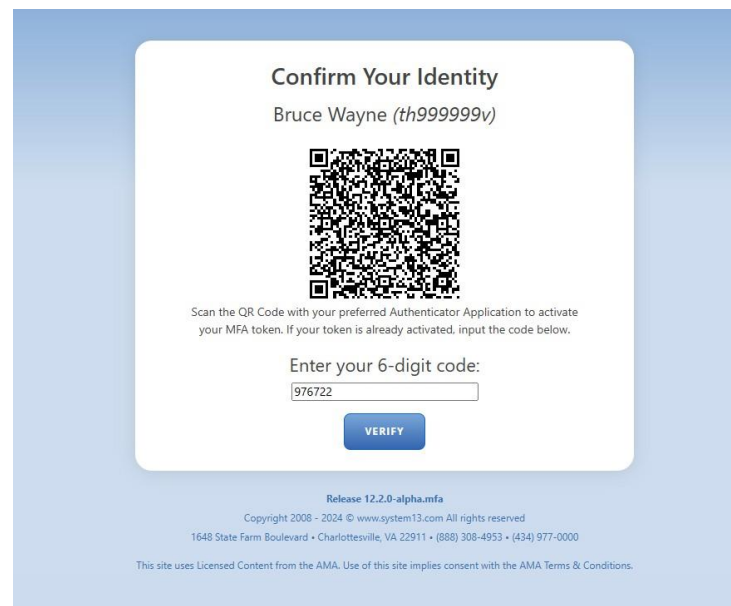
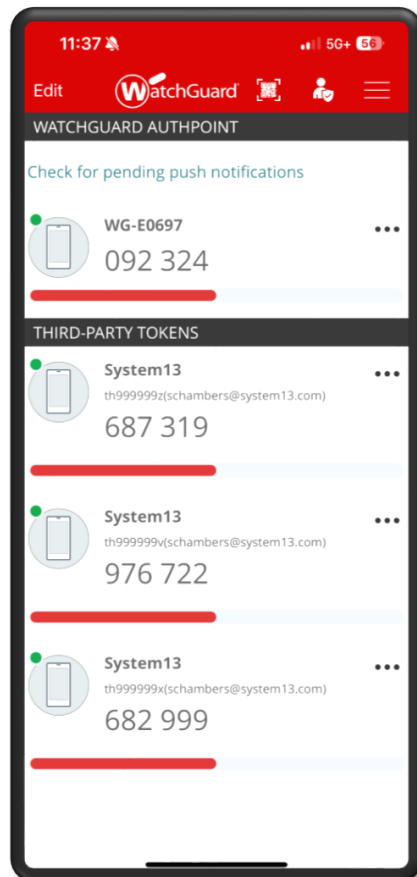
With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.

Log In the System (Auth APP)

When challenged for your 6-digit code, you will need to look for the code in your authenticator app. (Remember this code changes every 30-seconds.)

For users with multiple accounts your username will be over/under the code that you are looking for.



Troubleshooting the MFA Process

If the email code is not being received, double check that the email that was entered is correct.

Please only use one Authentication APP.

Make sure that you only have that specific login on your app once.

Double check the username on the app/email and the username for the site.

More information about this process can be in the THCIC numbered letter, Volume 27, number 5 available at

<https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/numberedletters/2024/Vol27No5.pdf>

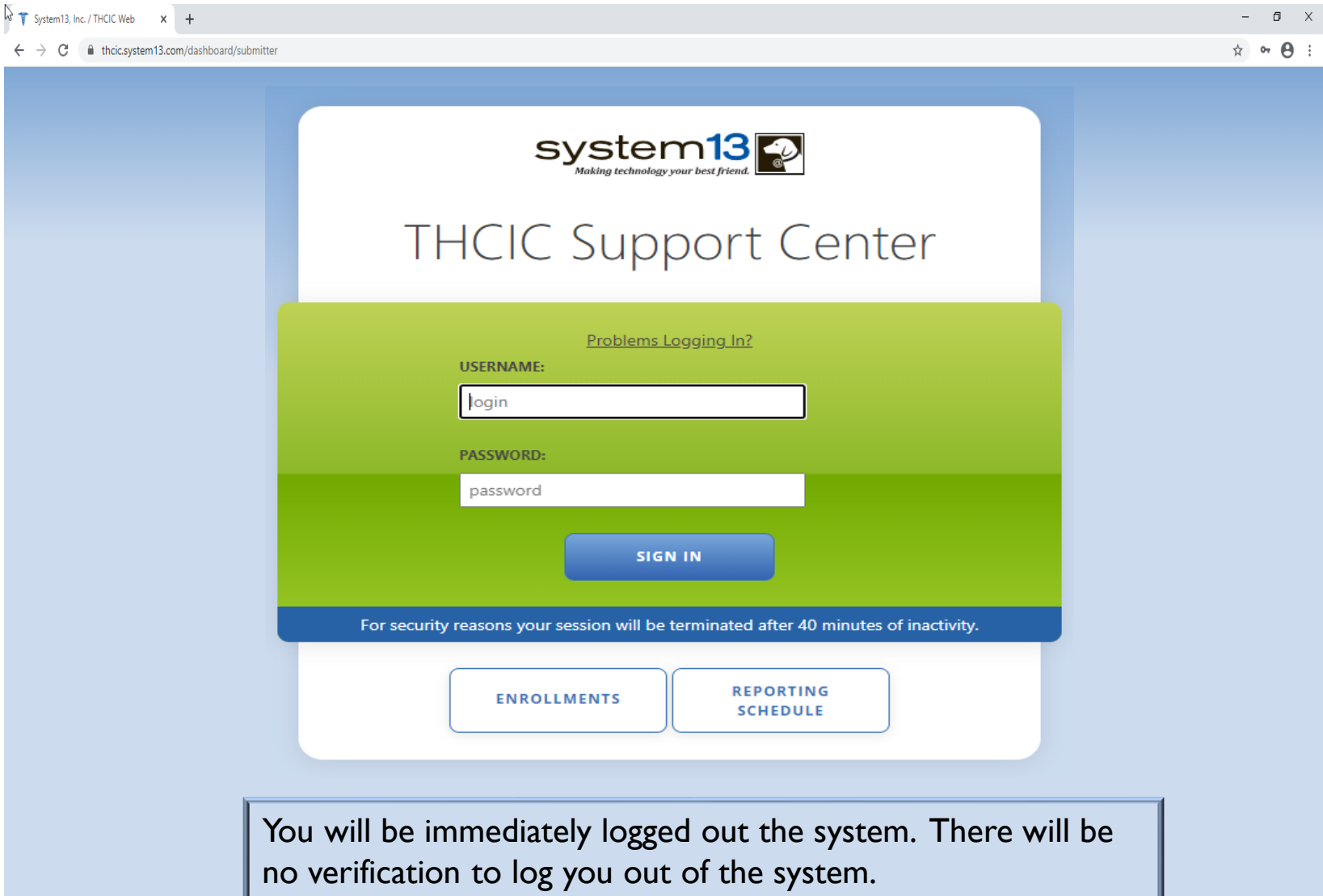
Issues with the MFA process, please contact System I 3 at 888-308-4953 or email thcichelp@system13.com.

Other Features - Logout




Logout logs you out of the system.

Other Features - Logout



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thcic.system13.com/dashboard/submitter

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[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN


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

ENROLLMENTS **REPORTING SCHEDULE**

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

Inactivity



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

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

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

ENROLLMENTS **REPORTING SCHEDULE**

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.

Outpatient Web Claim Training

AGENDA



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

Initial Submission Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26
Certification/ comments due	1-15-25	4-15-25	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26

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

System Feature

After the *Cutoff for initial submission the Data Administrator (aka Provider Primary Contact) and Certifier will now receive an email a few days after the “Cutoff for Initial Submission. This email will be sent approximately sixty days after the end of each quarter. The email will have four reports attached to it:

- ✕ Summary Report – use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity
- ✕ Claim Count for First Physician Report - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.
- ✕ Claim Count for Second Physician Report - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information
- ✕ Error Type List Report - use this to determine if you have made all possible corrections to your data, if needed.

This email will only be sent to facilities that have a 100% accuracy rate on the date of initial submission. This email will suggest that if the Certifier determines that the data is complete and accurate after reviewing the reports, then they should consider choosing the Encounter or Event on Demand (EOD) option on their certification tab for that quarter. If you do not choose to start the EOD option, the certification process will start after the cutoff for corrections as it does now.




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

Generate Quarter Cert. Data (EOD) ➡

Various Options for Entering Web Claim

 You can enter Web Claim from:

 Provider Home page – click 

  Listing – click 


 To continue a claim in process click 

Dropdown Lists

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

Diagnoses

PRINCIPAL:



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

Diagnoses



PRINCIPAL:

- A000 - CHOLERA DUE TO VIBRIO CHOLERAЕ 01, BIOVAR CHOLERAЕ
- A001 - CHOLERA DUE TO VIBRIO CHOLERAЕ 01, BIOVAR ELTOR
- A009 - CHOLERA, UNSPECIFIED
- A0100 - TYPHOID FEVER, UNSPECIFIED
- A0101 - TYPHOID MENINGITIS

Diagnoses

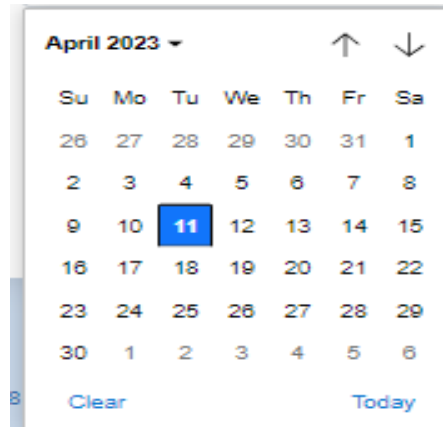
PRINCIPAL:

- O6000 - PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER
- O6002 - PRETERM LABOR WITHOUT DELIVERY, SECOND TRIMESTER
- O6003 - PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER
- O6010X0 - PRETERM LABOR W PRETERM

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

Calendars/ Adding or Deleting Choices

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



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

E-CODES:

V00212A - ICE-SKATER COLLIDING WITH

OTHER DIAGNOSIS CODES:

E-CODES:

V00212A - ICE-SKATER COLLIDING WITH

OTHER DIAGNOSIS CODES:

Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM

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Medical Record Number: Patient Control Number: **Inpatient**

✓ Patient

[✓ Payers](#)

[✓ Charges](#)

[✓ Diagnoses & Procs](#)

[✓ Practitioners](#)

[✓ Situational Codes](#)

Claim Information

TYPE: ☒ INPATIENT ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER: PCN

[Resolving PCN Errors](#)

[The THCIC Required Codes](#)

Personal Information

MEDICAL RECORD NUMBER: MRN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

[SSN/Race/Ethnicity Issues](#)

SOCIAL SECURITY NUMBER: SSAN

SEX:

ETHNICITY:

BIRTH DATE: mm/dd/yyyy

ADDRESS: ADDRESS LINE 1

[FOR ERRORS](#)

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

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Medical Record Number:
Patient Control Number:
Inpatient

✓ Patient

[✓ Payers](#)
[✓ Charges](#)
[✓ Diagnoses & Procs](#)
[✓ Practitioners](#)
[✓ Situational Codes](#)

Claim Information

TYPE:
☒ INPATIENT
☐ OUTPATIENT INSTITUTIONAL
PATIENT CONTROL NUMBER:

[Resolving PCN Errors](#)
[The THCIC Required Codes](#)

Personal Information

MEDICAL RECORD NUMBER:

FIRST NAME:
MIDDLE:
LAST NAME:

ADDRESS:


SSN/Race/Ethnicity Issues
SOCIAL SECURITY NUMBER:
SEX:
ETHNICITY:
BIRTH DATE:

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

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Medical Record Number:

Patient Control Number:

Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:

☒ INPATIENT
 ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

PCN

Resolving PCN Errors

The THCIC Required Codes

Ist Choose Claim Type

Personal Information

MEDICAL RECORD NUMBER:

MRN

FIRST NAME:

PATIENT FIRST NAME

MIDDLE:

(Initial)

LAST NAME:

PATIENT LAST NAME

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:

SSAN

SEX:

ETHNICITY:

BIRTH DATE:

ADDRESS:

ADDRESS LINE 1

Then enter patient's personal Information


Scroll down to complete the tab claim.

Reminder: check this claim for errors when finished entering its details.

NEXT SECTION →

CHECK FOR ERRORS

All navigation of the application should be confined to the TAB



(not ENTER) key or via mouse selections.

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Medical Record Number:
Patient Control Number:
Inpatient

Patient

Payers
Charges
Diagnoses & Procs
Practitioners
Situational Codes

Claim Information

TYPE:
☒ INPATIENT
☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

Resolving PCN Errors
The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER:

FIRST NAME:
MIDDLE:
LAST NAME:


ADDRESS:

SOCIAL SECURITY NUMBER:

SEX:

ETHNICITY:

BIRTH DATE:

Fields with video  will direct you to videos to aid with the entry of the fields. These videos will open on the page and to close, click close.

Reminder: check this claim for errors when finished entering its details.

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

Entering Claim Information

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Medical Record Number:Patient Control Number:Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

☒ INPATIENT☐ OUTPATIENT INSTITUTIONAL

PCN

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER:

MRN

FIRST NAME:

PATIENT FIRST NAME

MIDDLE:

(Initial)

LAST NAME:

PATIENT LAST NAME

SEX:

F - FEMALE

M - MALE

U - UNKNOWN

RACE:

ADDRESS LINE 2

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:

SSAN

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

NEXT SECTION →

CHECK FOR ERRORS

If the field has an arrow, this indicates that the field has a look up menu.



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Medical Record Number: Patient Control Number: Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

Bill Type

Statement:

FROM: mm/dd/yyyy

THROUGH: mm/dd/yyyy

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

Admission Information

FROM: mm/dd/yyyy

ADMISSION HOUR: hr

(0-23)

ADMISSION TYPE:

POINT OF ORIGIN (ADMISSION SOURCE):

DISCHARGE HOUR: hr

(0-23)

PATIENT STATUS:

Scroll down to get to the bottom of the patient tab.

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

NEXT SECTION →

CHECK FOR ERRORS

Payer Tab

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Medical Record Number: Patient Control Number: Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

Primary Payer

SOURCE CODE:

MC - MEDICAID

OF - OTHER FEDERAL PROGRAM

TV - TITLE V

VA - VETERAN ADMINISTRATION PLAN

WC - WORKERS COMPENSATION HEALTH CLAIM

ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, OR CHARITY

ID:
PAYER ID

NAME:
PAYER NAME

Payer ID – put the first ten characters of the ID number.

Source code – Choose the type of insurance.

Please choose ZZ if the insurance information meets the perimeters above. Name will be Self pay, Unknown or Charity. Do not identify your patient or a payee's name as the payer name.

Remember: you

Charges Tab

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Medical Record Number:
Patient Control Number:
Inpatient

✓ Patient

✓ Payers

✓ **Charges**

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

REVENUE CODE:

QUALIFIER:

PROCEDURE CODE:
Type to search by code

MODIFIERS:

RATE:
×
QTY:
UNIT:

=
CHARGE:
NON-COVERED CHARGE:

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

Reminder: check this claim for errors when finished entering its details.

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

Click 'Add Charge' to add another charge to the claim. X by the entry can delete this charge.

THCIC Support Center

Back to list of claims

Medical Record Number: Patient Control Number: Inpatient

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL DIAGNOSIS:

PRINCIPAL DIAGNOSIS POA:

ADMITTING DIAGNOSIS:

E-CODES:

+ ADD E-CODE

OTHER DIAGNOSIS CODES:

+ ADD OTHER DIAGNOSIS

Procedures

PRINCIPAL PROCEDURE QUALIFIER:

PRINCIPAL PROCEDURE:

PRINCIPAL PROCEDURE DATE:

mm/dd/yyyy

OTHER PROCEDURE CODES:

+ ADD OTHER PROCEDURE

When adding fields, you will be able to add multiple fields because the fields will allow you to add multiple codes.

RRORS

Present on Admission (POA)

POA data is required on inpatient data for acute care facilities as determined by the facility type. The list for Hospitals to verify POA status, either yes (required) or no (not required) can be found at

<https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/FacilityList.xlsx>

If a non-exempt hospital doesn't send POA indicators for the corresponding diagnosis fields, the claim will be marked as an error.

Exempt hospitals can also send POA data. Please be advised if an exempt facility sends POA data the POA data must be valid, otherwise, the claim(s) will show the corresponding field(s) in error.

Specifications for POA data can be found in the Technical Specifications for Inpatient Data in

https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/TechReqSpec5010_Impatient_THCIC837.pdf

POA data is NOT required for outpatient data.

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Medical Record Number: Patient Control Number: **Inpatient**

☐ Correcting diagnosis codes, e-codes, and POA values

✓ Patient

✓ Payers

✓ Charges

✓ **Diagnoses & Procs**

✓ Practitioners

✓ Situational Codes

Diagnoses

PRINCIPAL DIAGNOSIS:

PRINCIPAL DIAGNOSIS POA:

N - NO = NOT PRESENT AT THE TIME OF INPATIENT ADMISSION

U - UNKNOWN = DOCUMENTATION INSUFFICIENT TO DETERMINE IF CONDITION WAS PRESENT ON ADMISSION

E-C W - CLINICALLY UNDETERMINED = PROVIDER UNABLE TO CLINICALLY DETERMINE IF CONDITION

OTHER DIAGNOSIS CODES:

Procedures

PRINCIPAL PROCEDURE QUALIFIER:

PRINCIPAL PROCEDURE:

PRINCIPAL PROCEDURE DATE:

mm/dd/yyyy

OTHER PROCEDURE CODES:

POA data is required on Inpatient data for acute care facilities as determined by the facility type.

A list of hospitals that are required to submit POA data can be found at <https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/FacilityList.xlsx>

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

NEXT SECTION → **CHECK FOR ERRORS**

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Medical Record Number: _____ Patient Control Number: _____ Inpatient ☐

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- [Charges](#)
- [Diagnoses & Procs](#)
- [Practitioners](#)
- [Situational Codes](#)

Correcting Physician Errors

Attending Physician

ID TYPE:	ID NUMBER:	
<input type="text"/>	<input type="text"/>	
FIRST NAME:	MIDDLE:	LAST NAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Initial)		

Operating Physician


ID TYPE:	ID NUMBER:	
<input type="text"/>	<input type="text"/>	
FIRST NAME:	MIDDLE:	LAST NAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Initial)		

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

NEXT SECTION →
CHECK FOR ERRORS

Situational Codes Tab

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

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

[Back to list of claims](#)

Medical Record Number:
Patient Control Number:
Inpatient

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

Conditions
Values

+ ADD CONDITION CODE

+ ADD VALUE CODE

Occurrence Spans

+ ADD OCCURRENCE SPAN

Occurrences by Date

+ ADD OCCURRENCE

When adding fields, you will be able to add multiple fields because the fields will allow you to add multiple codes.

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

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Check for Errors/ Submitting Your Claim

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

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

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

- ✓ If you do not “check for errors” the claim, it will go to new claims in progress through the claims tab,

[NEW CLAIMS IN PROGRESS](#)

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

THCIC User Management My Account Logout

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, FAKE	IN	09/02/2020	74741	741741
<input type="checkbox"/> DOE, QUINTON	IN	10/07/2020	77777	77777

Options...Delete Claim(s)

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

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THCIC Support Center

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

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, FAKE	IN	09/02/2020	74741	741741
<input type="checkbox"/> DOE, QUINTON	IN	10/07/2020	77777	77777

[SELECT ALL](#)

2 Claims

[DELETE](#)

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

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

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THCIC Support Center

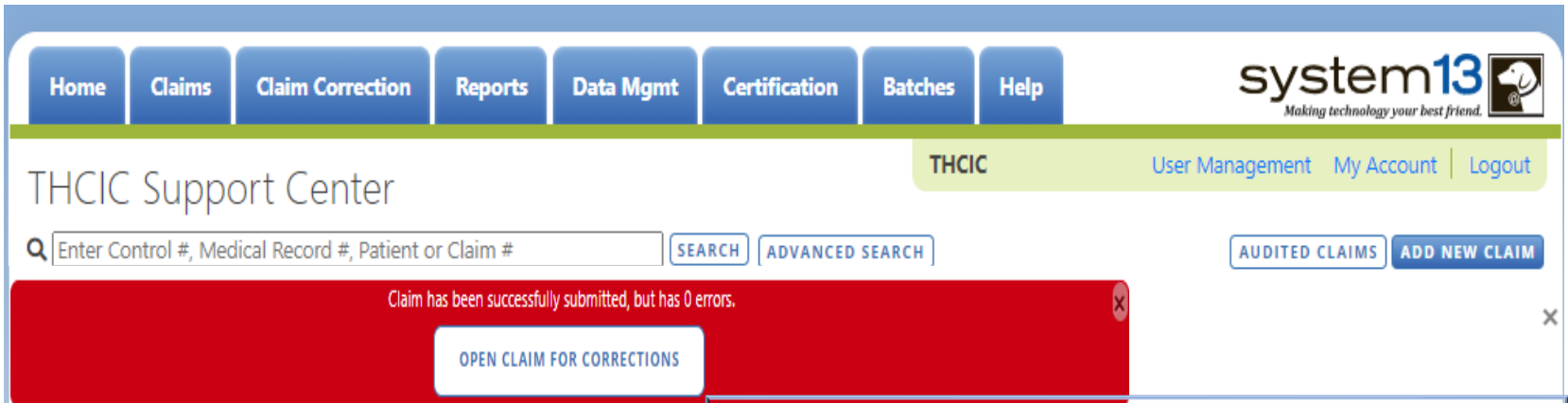
[SEARCH](#) [ADVANCED SEARCH](#) [AUDITED CLAIMS](#) [ADD NEW CLAIM](#)

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, FAKE	IN	09/02/2020	74741	741741
<input checked="" type="checkbox"/> DOE, QUINTON	IN	10/07/2020	77777	77777

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

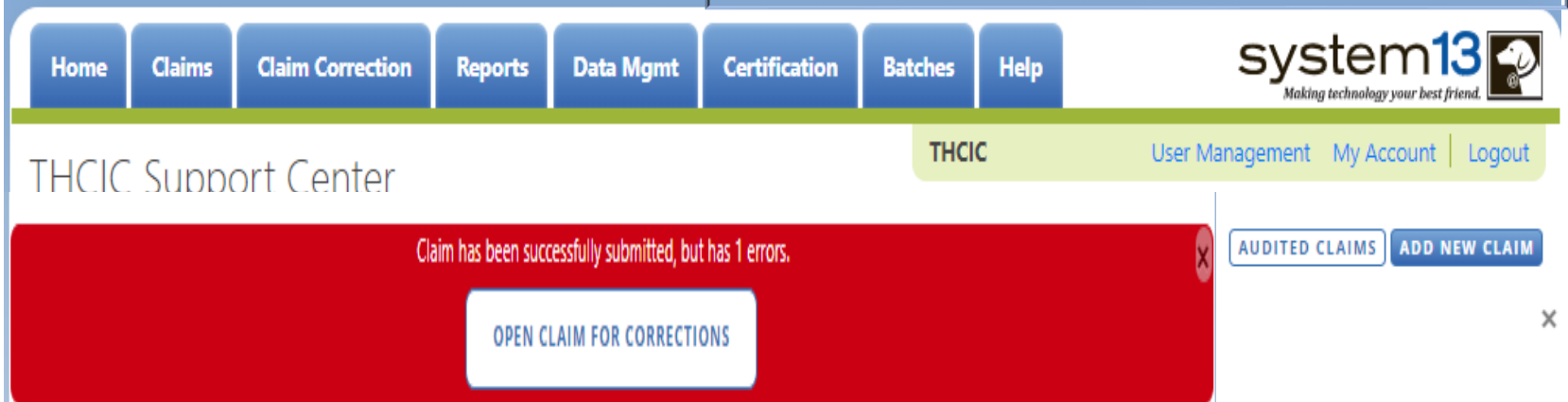
Claim Successfully Submitted

...Claim Submitted with Errors



The screenshot shows the 'system13' web application interface. At the top 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 with the tagline 'Making technology your best friend.' Below the navigation bar is a green bar with 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and features a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #'. To the right of the search bar are buttons for 'AUDITED CLAIMS' and 'ADD NEW CLAIM'. A red notification banner at the bottom of the main content area contains the text 'Claim has been successfully submitted, but has 0 errors.' and a button labeled 'OPEN CLAIM FOR CORRECTIONS'.

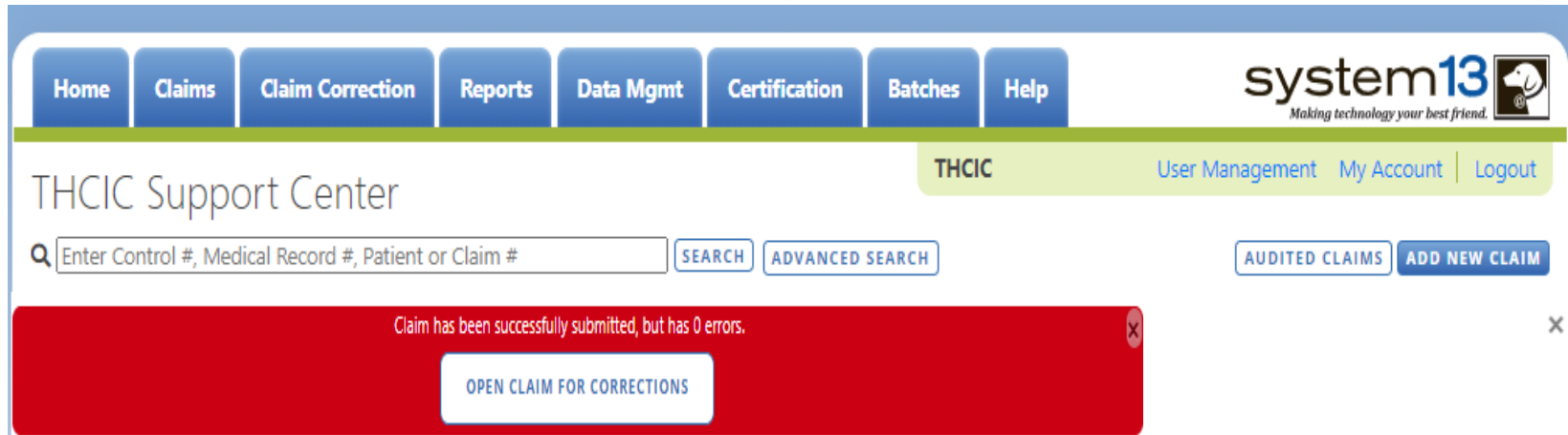
Even if the claim has been successfully submitted, you can still open in Web Claim Correction to update the claim information.



This screenshot is similar to the one above, showing the 'system13' web application interface. The navigation bar and green bar are identical. The main content area is titled 'THCIC Support Center'. The red notification banner at the bottom of the main content area contains the text 'Claim has been successfully submitted, but has 1 errors.' and a button labeled 'OPEN CLAIM FOR CORRECTIONS'.

When a claim has been successfully submitted but contains errors the user can choose to review and correct this claim in WebCorrect (Claim Correction).

Other Options



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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

AUDITED CLAIMS ADD NEW CLAIM

Claim has been successfully submitted, but has 0 errors.

OPEN CLAIM FOR CORRECTIONS

OPEN CLAIM IN WEBCLAIM

will open the claim to update the information.

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

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

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

Options...Search for Claims

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

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

- Type in your search request.

Q 7357

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

Q 7357

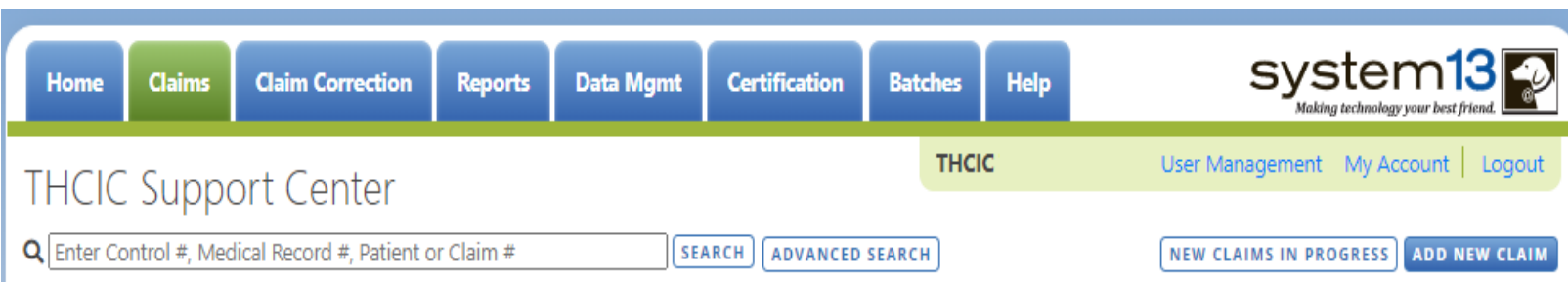
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 6739380	5877357	201507140042000009000005	07/14/2015	Pouros, Jovani	IN	-
<input type="checkbox"/> 6735776	6511439	201507140042000054000005	07/14/2015	Effertz, Daija	IN	-

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

Q 7357

Incomplete (Saved) Claims

New Claims in Progress



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

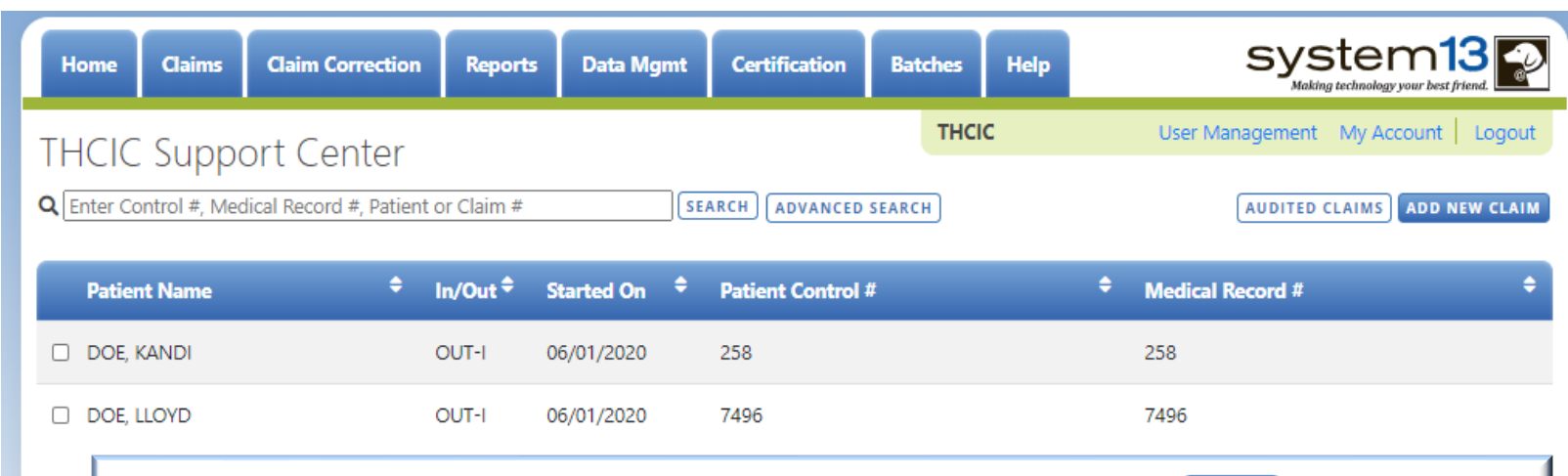
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Q Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

If the user does not click “check for errors” the claim is still automatically saved. To complete this claim, the user will have to click the claims tab and click new claims in progress. A listing of the claims that have been saved, but not submitted will open. The user can complete entering these claims or if the user chooses to delete these claims, put an X beside the claim and delete will become an option.



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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

AUDITED CLAIMS ADD NEW CLAIM

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

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

Inpatient Web Claim Entry

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.state.tx.us

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

THCIC Contact



Address:

Texas Health Care Information Collection
Dept of State Health Services – Center for Health
Statistics
1100 W 49th St, Ste M-660
Austin, TX 78756



Phone: 512- 776-7261






E-mail: THCIChelp@dshs.state.tx.us



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

THCIC Contact

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



Contact



Address:

System I 3, Inc
1648 State Farm Blvd.
Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@system13.com



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