



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Inpatient Claim Correction

(Formerly WebCorrect)

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



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@systemI3.com

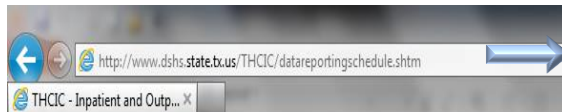


Web site: <https://thcic.systemI3.com>

Data Reporting Schedule



When are my
submissions due?



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



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Texas Health Care Information Collection

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(THCIC) Home

About THCIC

Contact THCIC Staff

Facility Reporting Requirements

General Public Information

Health Data Researcher Information

Statutes and Rules

Texas Health Data

Center for Health Statistics (CHS) and other
DSHS Data

Mailing Address

THCIC

Dept. of State Health Services

Center for Health Statistics, MC 1898

PO Box 149347

Austin, Texas 78714-9347

Location

Moreton Building, M-660

1100 West 49th Street

Austin, TX 78756

Phone: 512-776-7261

Fax: 512-776-7740



Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

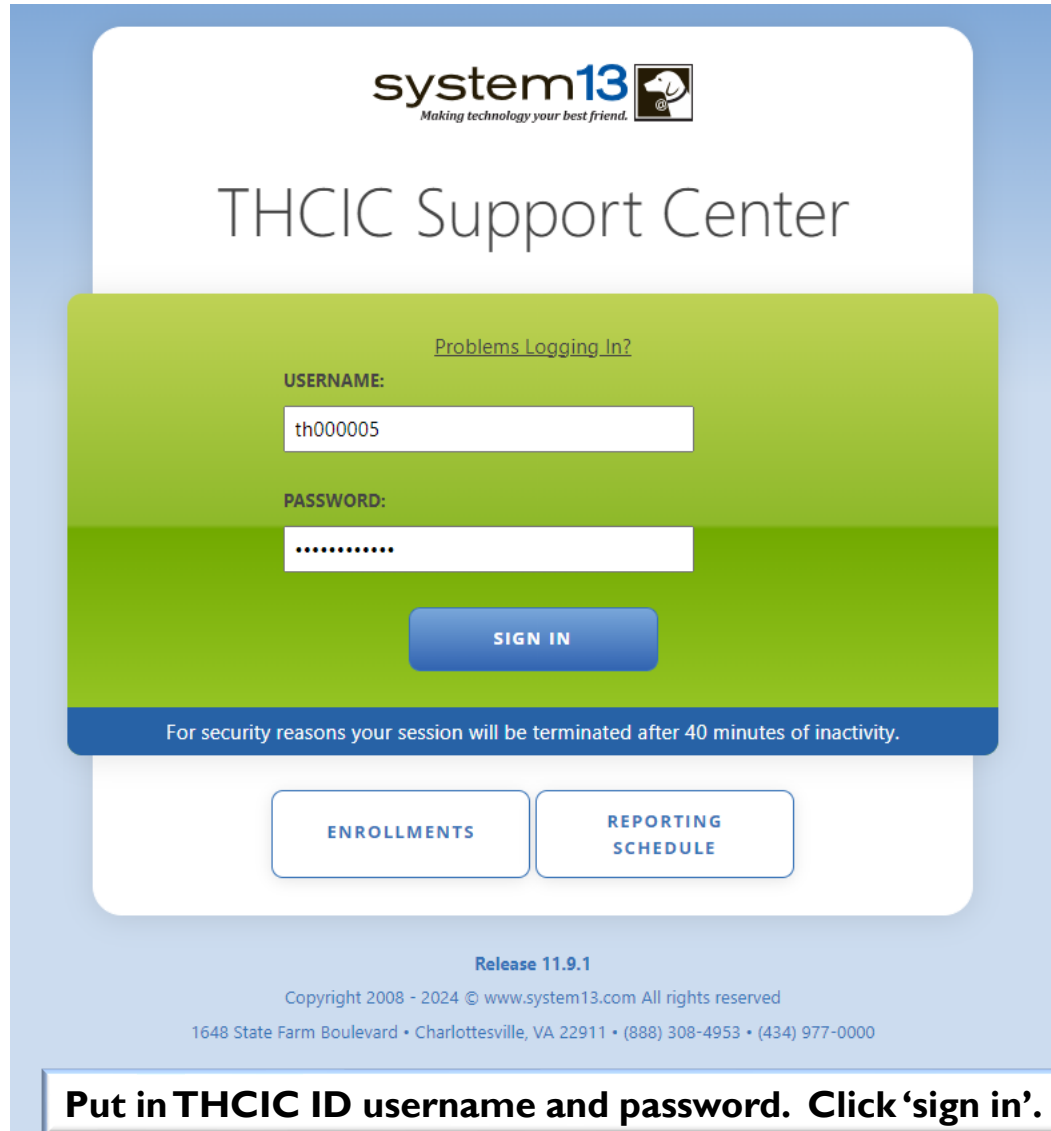
Activity	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	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.

Log into the System I3 system at <https://thcic.systemI3.com>

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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 "th000005", a "PASSWORD:" label, a password input field with masked characters, and a blue "SIGN IN" button. A blue banner below the login box states: "For security reasons your session will be terminated after 40 minutes of inactivity." At the bottom of the login box are two buttons: "ENROLLMENTS" and "REPORTING SCHEDULE". The footer of the page includes the version "Release 11.9.1", copyright information "Copyright 2008 - 2024 © www.system13.com All rights reserved", and contact information "1648 State Farm Boulevard • Charlottesville, VA 22911 • (888) 308-4953 • (434) 977-0000". A yellow callout box at the bottom of the screenshot contains the instruction: "Put in THCIC ID username and password. Click 'sign in'."

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

th000005

PASSWORD:

.....

SIGN IN

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

ENROLLMENTS

REPORTING
SCHEDULE

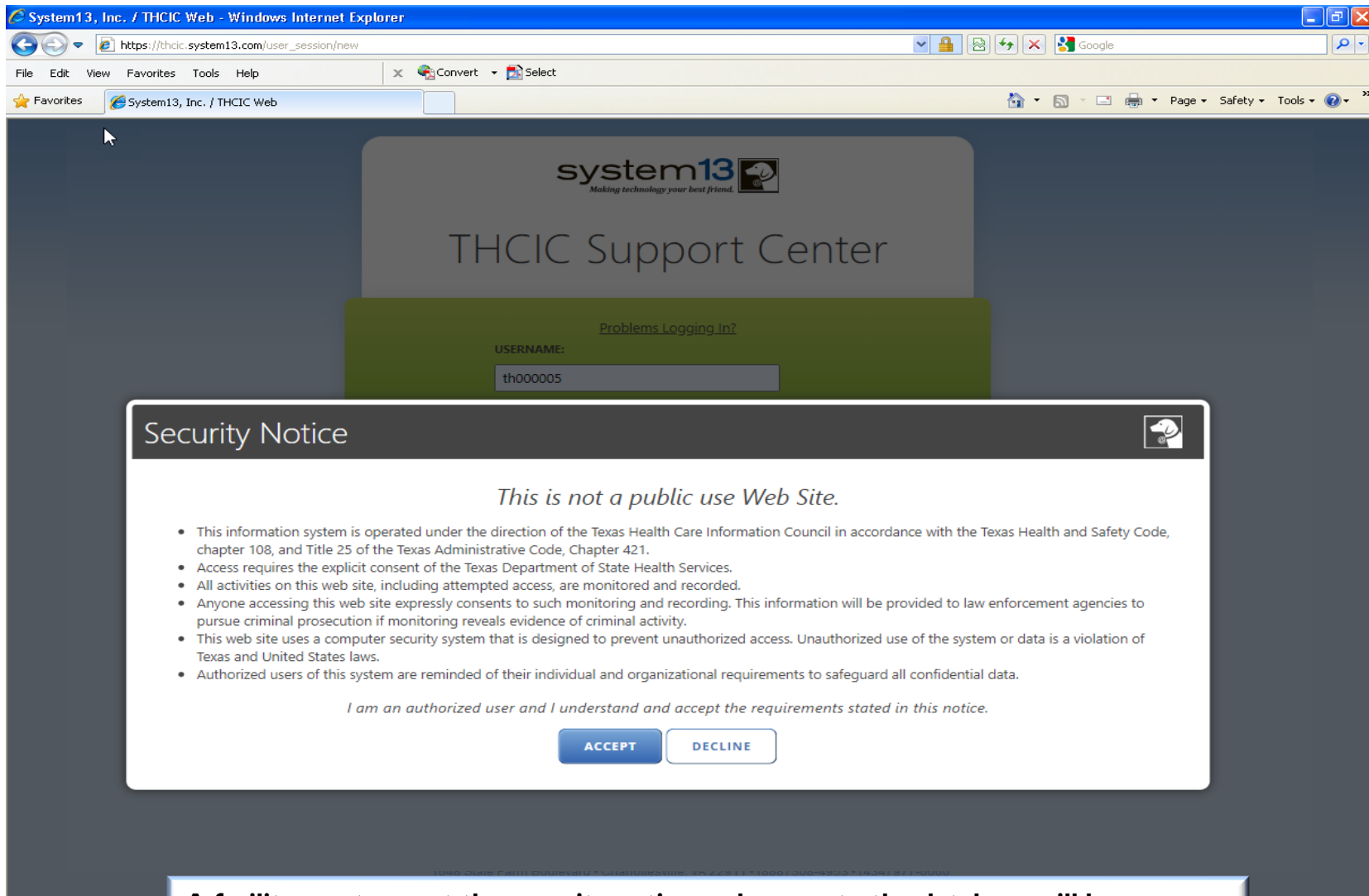
Release 11.9.1

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

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 shows 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. The notice text reads: "This is not a public use Web Site." followed by a bulleted list of terms and conditions. At the bottom of the dialog are "ACCEPT" and "DECLINE" buttons.

Security Notice

This is not a public use Web Site.



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

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

ACCEPT **DECLINE**

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

New Provider Dashboard

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

Provider Home Page – Grid View

[Home](#)
[Claims](#)
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Activity Dashboard

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

[WEB CLAIM ENTRY](#)
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Q3
2021

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

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

Certification due **15 Apr 2022**

Q4
2021

SUBMISSION

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

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

CERTIFICATION

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

Certification due **15 Jul 2022**

Q1
2022

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Performance History



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

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

Provider Home Page – 1st Row

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Activity Dashboard  

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

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

Q3
2021

SUBMISSION

No claims are present for this quarter.

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

Q4
2021

SUBMISSION

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

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

Q1
2022

SUBMISSION

No claims are present for this quarter.


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

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

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

Provider Home Page – 2nd Row

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Activity Dashboard

[THCIC](#)
[User Management](#)
[My Account](#)
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[WEB CLAIM ENTRY](#)
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[START CERTIFICATION](#)

Q3
2021

CERTIFICATION

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

Certification due 15 Apr 2022

Q4
2021

CERTIFICATION

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

Certification due 15 Jul 2022

Q1
2022

CERTIFICATION

No claims are present for this quarter.

Certification due 17 Oct 2022

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



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

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

Provider Home Page – 3rd Row

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

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Activity Dashboard  

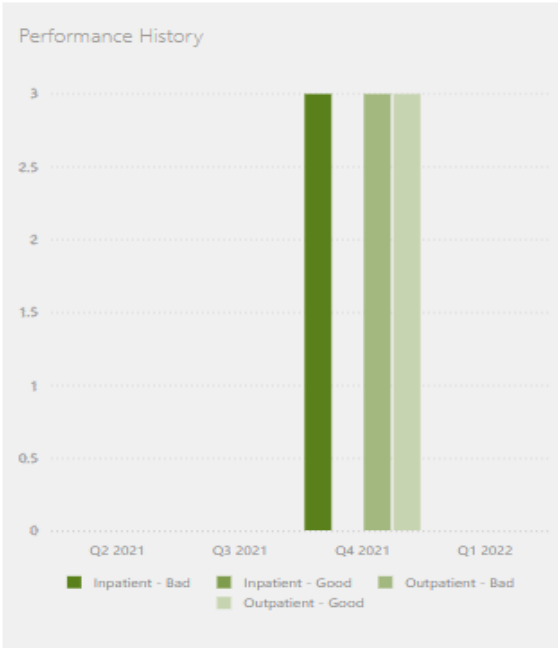
THCIC [User Management](#) [My Account](#) [Logout](#)

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

Q3
2021

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.

Q4
2021



Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	0	0	0	0
Q3 2021	0	0	0	0
Q4 2021	3.0	3.0	3.0	3.0
Q1 2022	0	0	0	0

Q1
2022

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

QUICK TIP:

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



Provider Home Page – List View

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Activity Dashboard

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[My Account](#)
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Q3
 2021
 SUBMISSION

No claims are present for this quarter.

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

Q3
 2021
 CERTIFICATION

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

 Certification due **15 Apr 2022**

Q4
 2021
 SUBMISSION

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

Q4
 2021
 CERTIFICATION

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

 Certification due **15 Jul 2022**

Q1
 2022
 SUBMISSION

No claims are present for this quarter.

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

Q1
 2022
 CERTIFICATION

No claims are present for this quarter.

 Certification due **17 Oct 2022**

NEXT DEADLINE
 Q4 2021 SUBMISSION

A
 MONTH

Performance History

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

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

Provider Home Page – 1st Row

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Activity Dashboard

THCIC

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

Q3
2021
SUBMISSION

No claims are present for this quarter.

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

Q3
2021
CERTIFICATION

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

Certification due **15 Apr 2022**

Q4
2021
SUBMISSION

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

Q4
2021
CERTIFICATION

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

Certification due **15 Jul 2022**

Q1
2022
SUBMISSION

No claims are present for this quarter.

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

Q1
2022
CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

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
2021
SUBMISSION

The certification due date will be by the quarter.


Q3
2021
CERTIFICATION



 Health and Human Services

Texas Department of State Health Services

Provider Home Page – 2nd Row

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Activity Dashboard  

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

NEXT DEADLINE
Q1 2020 SUBMISSION

11
HOURS

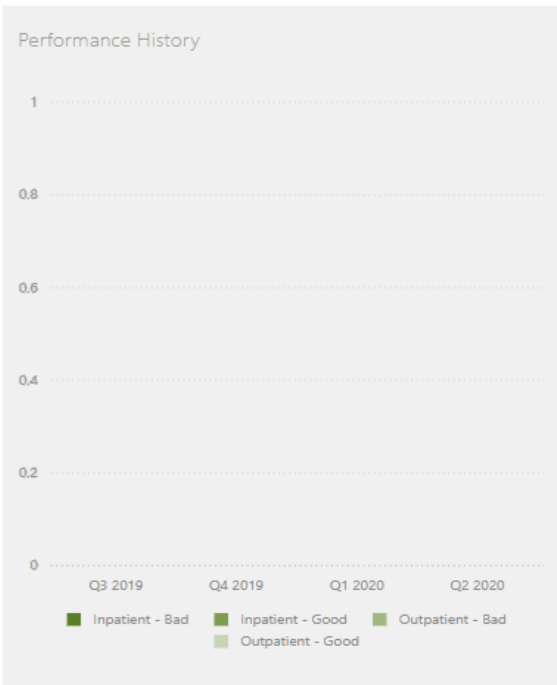
NEXT DEADLINE
Q1 2020 SUBMISSION

4
DAYS

NEXT DEADLINE
Q1 2020 SUBMISSION

11
HOURS

Performance History



1

0.8

0.6

0.4

0.2


0

Q3 2019 Q4 2019 Q1 2020 Q2 2020

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

QUICK TIP:

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


 Health and Human Services | Health Services

Provider Home Page – 2nd Row

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Activity Dashboard

THCIC

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WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

NEXT DEADLINE

Q4 2021 SUBMISSION

A MONTH

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

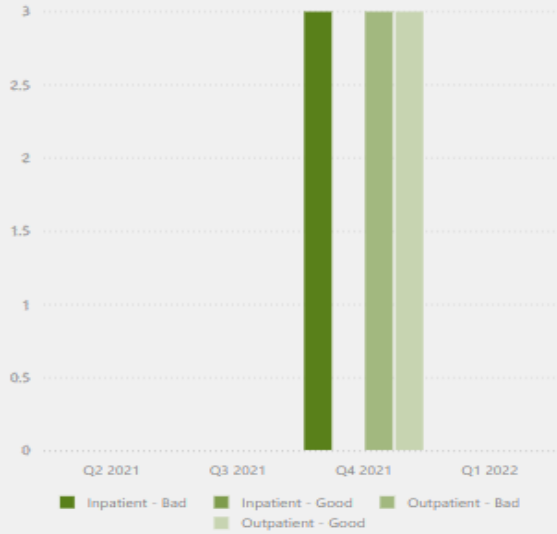
NEXT DEADLINE

Q4 2021 SUBMISSION

A MONTH

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

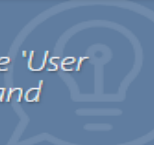
Performance History



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

QUICK TIP:

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



Data Management/Primary Contact Provider Home Page

Provider
Tabs

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Activity Dashboard

Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

THCIC

Other Features

Q3 2021

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

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

Certification due **15 Apr 2022**

Q4 2021

SUBMISSION

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

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

CERTIFICATION

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

Certification due **15 Jul 2022**

Q1 2022

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE

Q4 2021 SUBMISSION

A MONTH

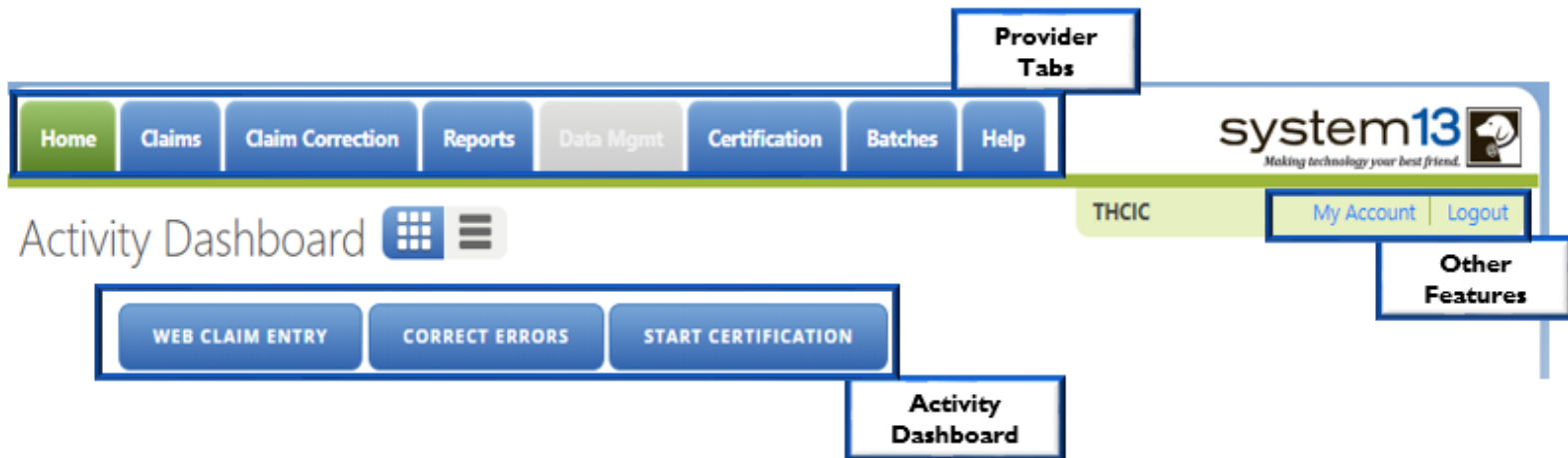
Performance History

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

QUICK TIP:

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

Data Certifier / Data Manager Provider Home Page



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



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

Data Management/Primary Contact Provider Home Page – Grid View

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Activity Dashboard

THCIC

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WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q4 2019

SUBMISSION

Inpatient
Data is already built into a certification set.

CERTIFICATION

Inpatient
Processing - please check back later.

Submission due **2 Mar 2020**

Correction due **1 May 2020**

Certification due **15 Jul 2020**

Q1 2020

SUBMISSION

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

CERTIFICATION

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

Submission due **1 Jun 2020**

Correction due **3 Aug 2020**

Certification due **15 Oct 2020**

Q2 2020

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

No claims are present for this quarter.

Submission due **1 Sep 2020**

Correction due **2 Nov 2020**

Certification due **15 Jan 2021**

NEXT DEADLINE

Q1 2020 SUBMISSION

4 DAYS

Performance History

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

QUICK TIP:

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

Health and Human
Services

Texas Department of State
Health Services

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Data Management/Primary Contact Provider Home Page – List View

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Activity Dashboard

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Q3 2021 SUBMISSION

No claims are present for this quarter.

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

Q3 2021 CERTIFICATION

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

Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

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

Q4 2021 CERTIFICATION

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

Certification due **15 Jul 2022**

Q1 2022 SUBMISSION

No claims are present for this quarter.

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

Q1 2022 CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A MONTH

Performance History

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


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



Provider 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 Claim Correction – Allows facilities to correct claim data that is in error.

CORRECT ERRORS

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

START CERTIFICATION

Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM

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

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

THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: 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

ADDRESS:
ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:
SSAN

SEX:

ETHNICITY:

BIRTH DATE:
mm/dd/yyyy

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

NEXT SECTION →

CHECK FOR ERRORS

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 User Management My Account Logout

THCIC Support Center

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

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 123456654321	123456654321	202108119998999722000005	08/11/2021	DOE, KENI	IN	3
<input type="checkbox"/> 12345	12345	202108119998999723000005	08/11/2021	DOE, KENNETH	IN	2
<input type="checkbox"/> 11111	1111	20210809998999731000005	08/09/2021	DOE, KENDRA	IN	1
<input type="checkbox"/> 8989	8989	20201008998999744000005	10/08/2020	DOE, ISAIAH	IN	25
<input type="checkbox"/> 11223	11223	20201008998999745000005	10/08/2020	DOE, JEHOVAH	IN	26
<input type="checkbox"/> 9876	9876	20201008998999746000005	10/08/2020	DOE, KYLE	IN	22
<input type="checkbox"/> 1234	1234	20201008998999747000005	10/08/2020	DOE, KAMELA	IN	11
<input type="checkbox"/> 77777	77777	20201007998999748000005	10/07/2020	DOE, QUINTON	IN	7
<input type="checkbox"/> 74741	741741	20200902998999757000005	09/02/2020	DOE, FAKE	IN	10
<input type="checkbox"/> 258	258	20200608998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 7496	7496	20200601998999775000005	06/01/2020	DOE, LLOYD	IN	29
<input type="checkbox"/> 441	441	20200527998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> PCN-523 ERR-638		201610140006000025000005	10/14/2016	SSORENSTAM, SSHAQUILLE	OUT-I	1

SELECT ALL 72 Claims DELETE ACCEPT AS IS

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

Start Certification /Certification

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

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THCIC Support Center

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

Certification

INPATIENT

2021

4th Quarter

No Data

3rd Quarter

No Data

2nd Quarter

No Data

1st Quarter

No Data

Older Quarters

Select Quarter

OUTPATIENT

2021

4th Quarter

Eligible Claims

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

3rd Quarter

Eligible Claims

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

2nd Quarter

No Data

1st Quarter

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



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Banner Messages and Locked Accounts

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

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

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

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

CURRENT PASSWORD

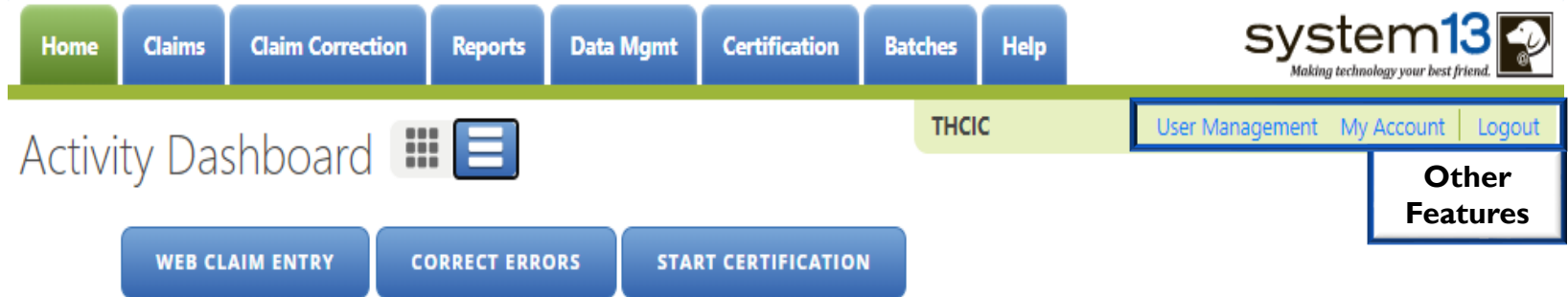
current password

PASSWORDS MUST:

- expire and be changed every 60 days

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

Provider Other Features



The screenshot shows the 'Provider Other Features' interface. 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 is a small icon of a person. Below the green bar, there is a section for 'Activity Dashboard' with a grid icon and a list icon. To the right of the dashboard is a green bar with the text 'THCIC'. Below the green bar, there is a section for 'User Management' with links for 'User Management', 'My Account', and 'Logout'. To the right of this section is a box labeled 'Other Features'. Below the 'Other Features' box, there are three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'.

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

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



User Management

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

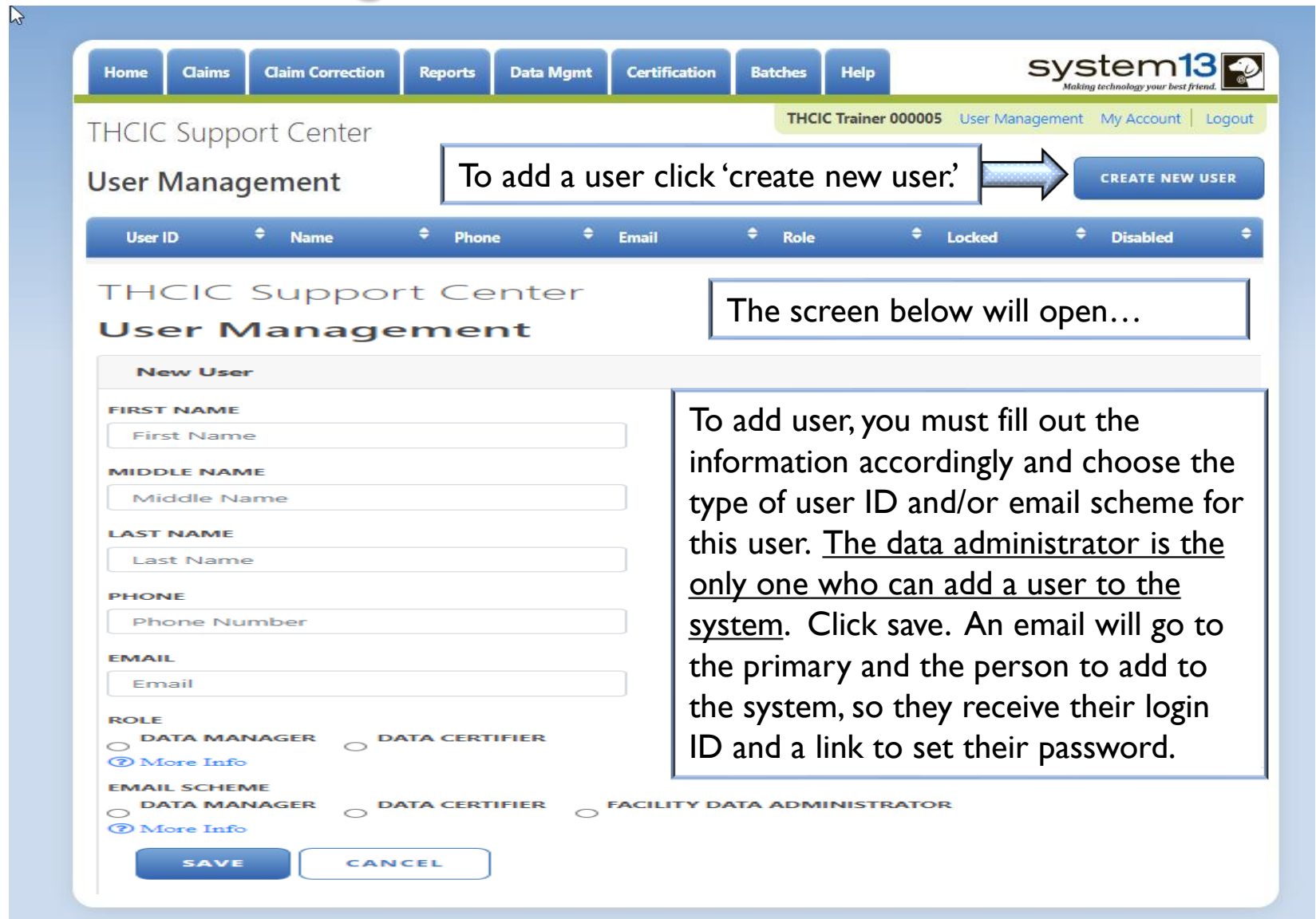
User ID	Name	Phone	Email	Role	Locked	Disabled
---------	------	-------	-------	------	--------	----------

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

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

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

User Management – To Add User



The screenshot shows the 'system13' User Management interface. At the top, there is a navigation bar with links: 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 points to the 'CREATE NEW USER' button with the text: '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 with the text: '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). A 'More Info' link is provided for both the Role and Email Scheme sections. At the bottom of the form are 'SAVE' and 'CANCEL' buttons. A large text box on the right side of the form provides instructions: '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](#)



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

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



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

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.)

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



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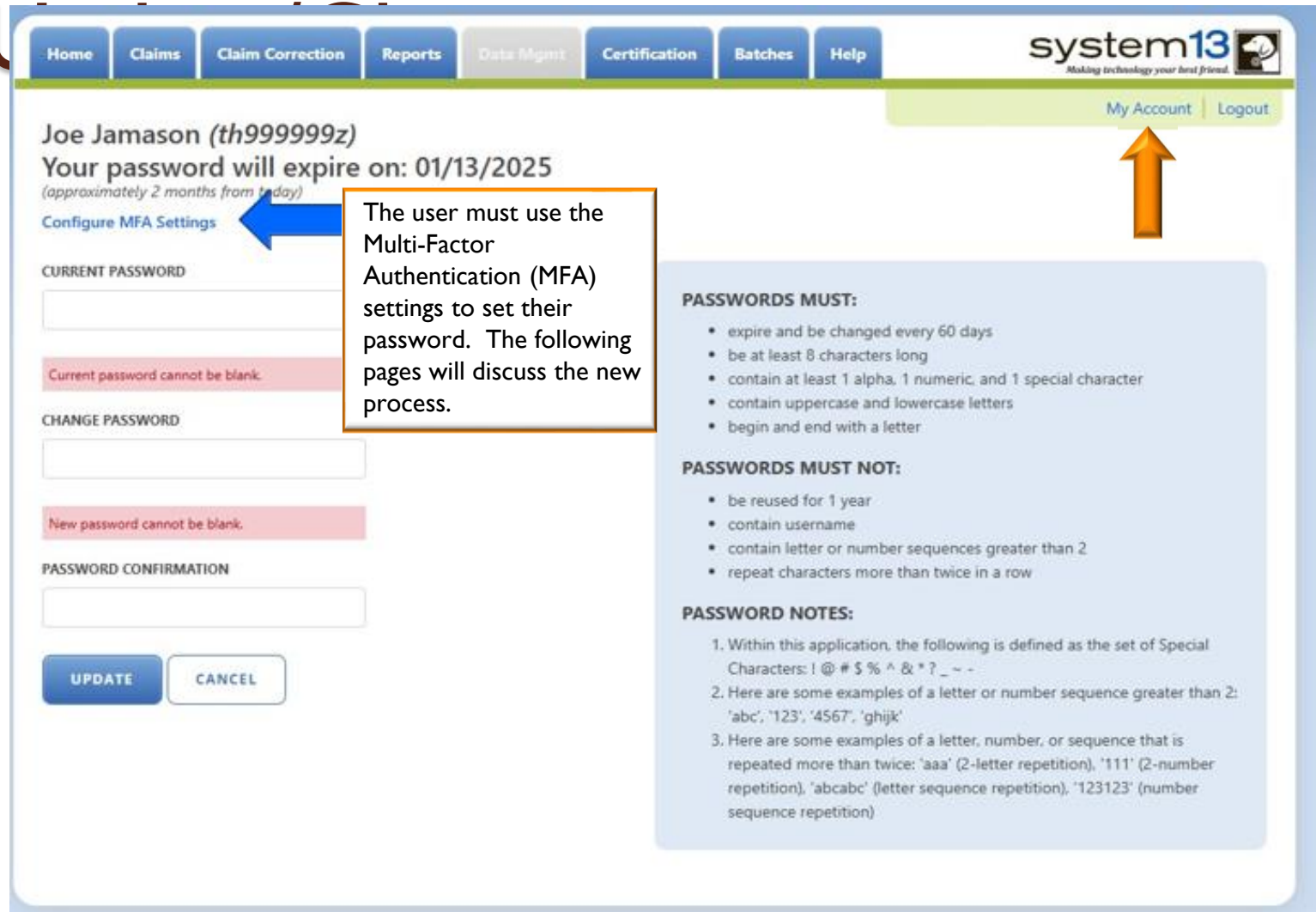
THCIC
[User Management](#)
[My Account](#)
[Logout](#)

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**

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

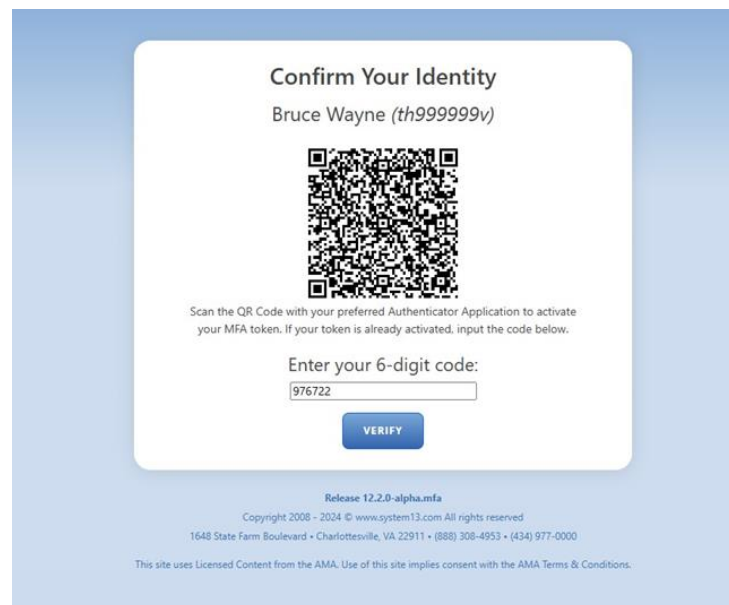
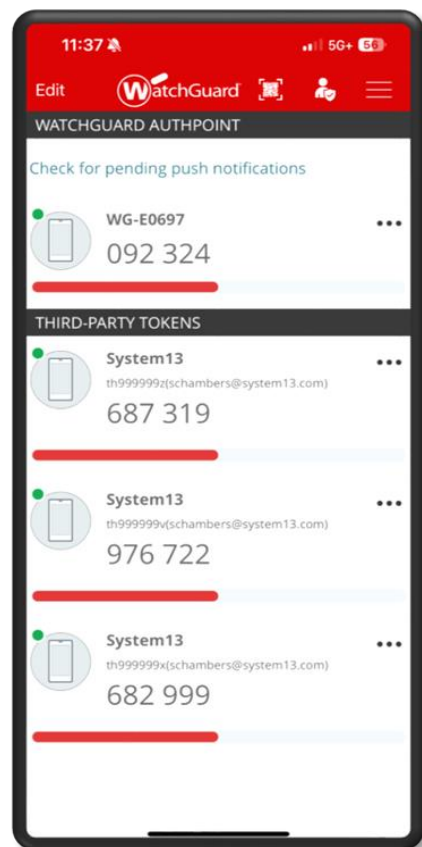
➡ Forward

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.

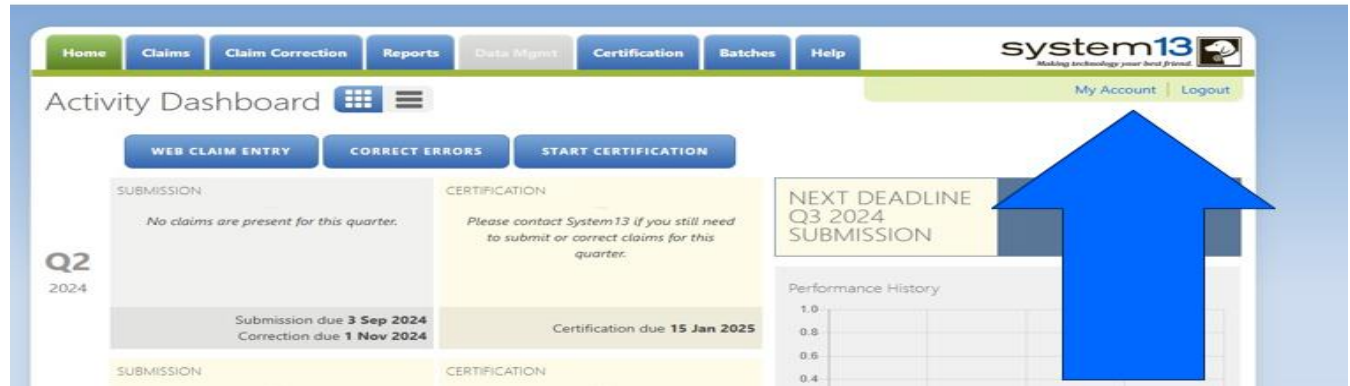
(Remember this code changes every 30-seconds.)

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



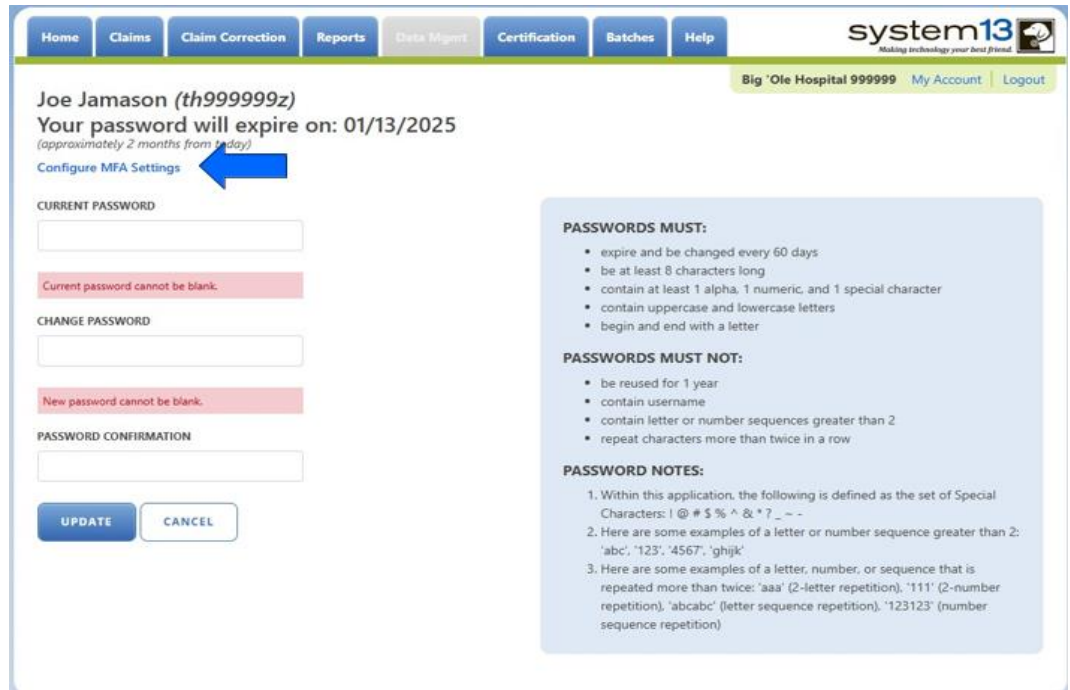
Updating MFA Settings

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

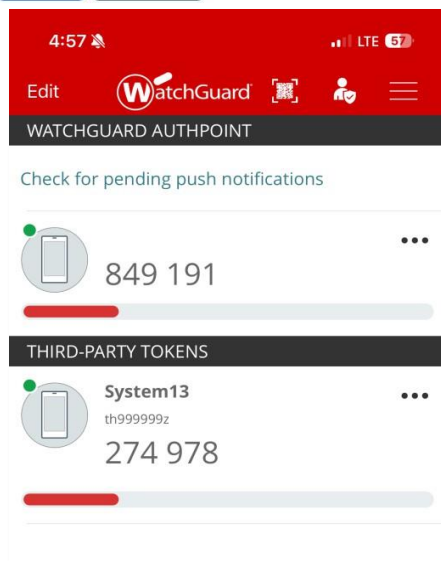
Joe Jamason (*th999999z*)

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.

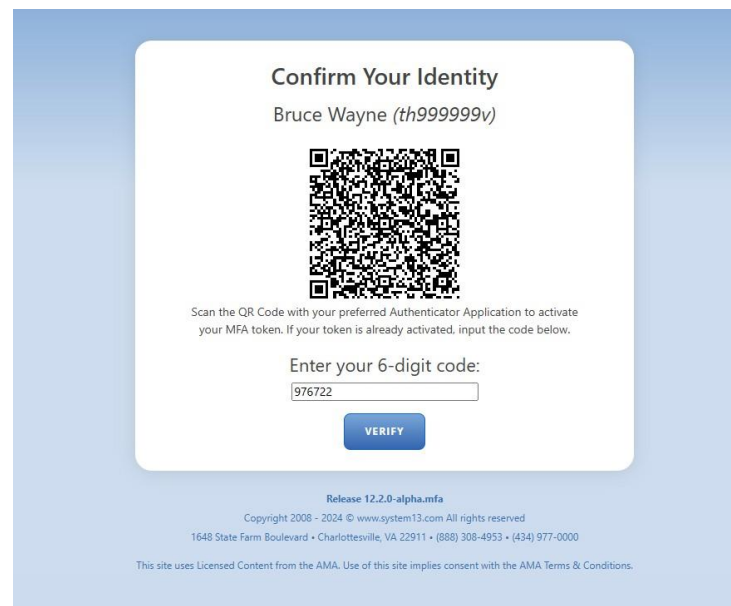
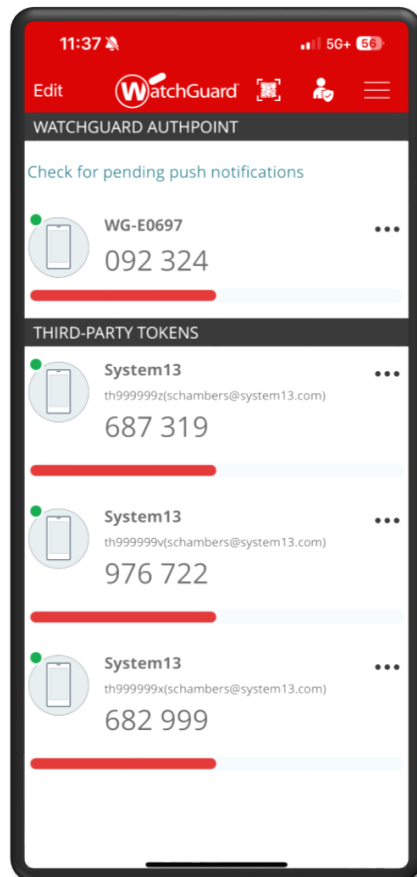
With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

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.

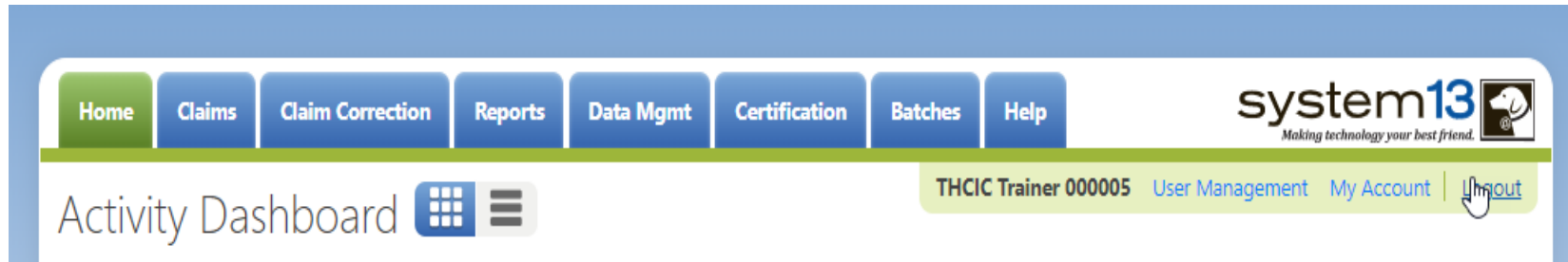
Double check the username on the app/email and the username for the site.

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

System13, Inc. / THCIC Web

thcictrainer.system13.com/login

Templett - Online d... Home Page THCIC Trainer THCIC Homepage Capps Webpage Log in | T... Home Page | DSHS L... Imported PUDF Downloads

system13
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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

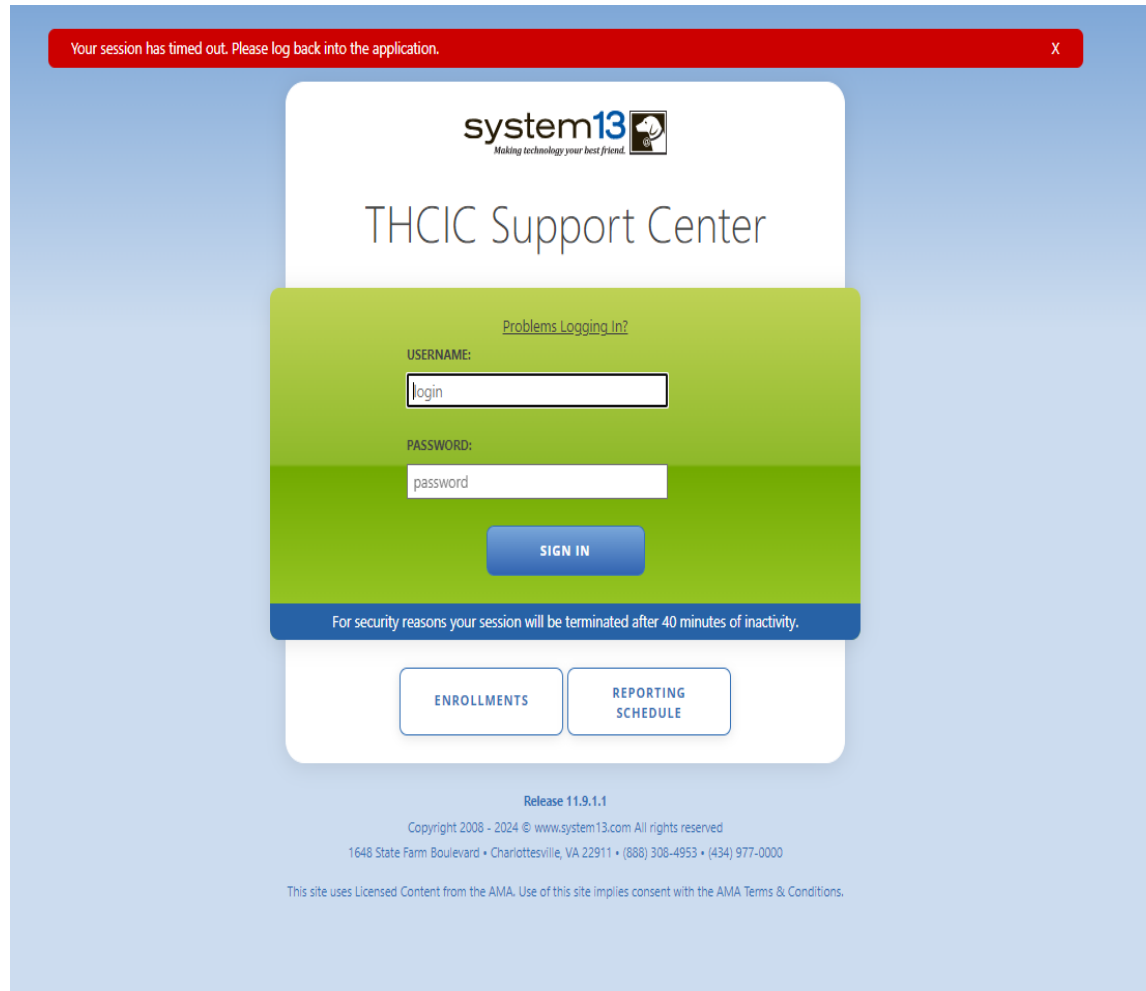
For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE**

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

Inactivity



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

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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**

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

Provider Home Page – Grid View



TEXAS
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Services

Texas Department of State
Health Services

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

Activity Dashboard

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

Q3
2021

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Apr 2022**

Q4
2021

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

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Jul 2022**

Q1
2022

SUBMISSION
No claims are present for this quarter.

CERTIFICATION
No claims are present for this quarter.

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

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Performance History

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

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

Provider Home Page – List View

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[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
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Activity Dashboard

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

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

Q3
 2021
 SUBMISSION

No claims are present for this quarter.

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

Q3
 2021
 CERTIFICATION

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

 Certification due **15 Apr 2022**

Q4
 2021
 SUBMISSION

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

Q4
 2021
 CERTIFICATION

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

 Certification due **15 Jul 2022**

Q1
 2022
 SUBMISSION

No claims are present for this quarter.

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

Q1
 2022
 CERTIFICATION

No claims are present for this quarter.

 Certification due **17 Oct 2022**

NEXT DEADLINE
 Q4 2021 SUBMISSION

A
 MONTH

Performance History

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

QUICK TIP:

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

Provider Tab Claims

Claims

System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC WebClaim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 8989	8989	202010089998999744000005	10/08/2020	DOE, ISAIAH	IN	25A
<input type="checkbox"/> 11223	11223	202010089998999745000005	10/08/2020	DOE, JEHOVAH	IN	26
<input type="checkbox"/> 9876	9876	202010089998999746000005	10/08/2020	DOE, KYLE	IN	22
<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"/> 123456	123456	202009029998999758000005	09/02/2020	DOE, VERONICA	OUT-I	-
<input type="checkbox"/> 777	777	202006089998999766000005	06/08/2020	DOE, TERRY	IN	-
<input type="checkbox"/> 998	998	202006089998999767000005	06/08/2020	DOE, JACK	IN	-
<input type="checkbox"/> 741741	741741	202006089998999768000005	06/08/2020	DOE, JANE	IN	-
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 753	753	202006039998999770000005	06/03/2020	DOE, TESSA	OUT-I	4A
<input type="checkbox"/> 789	789	202006019998999774000005	06/01/2020	DOE, JANE	OUT-I	-
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29

SELECT ALL 921 Claims DELETE

Accepted As Is

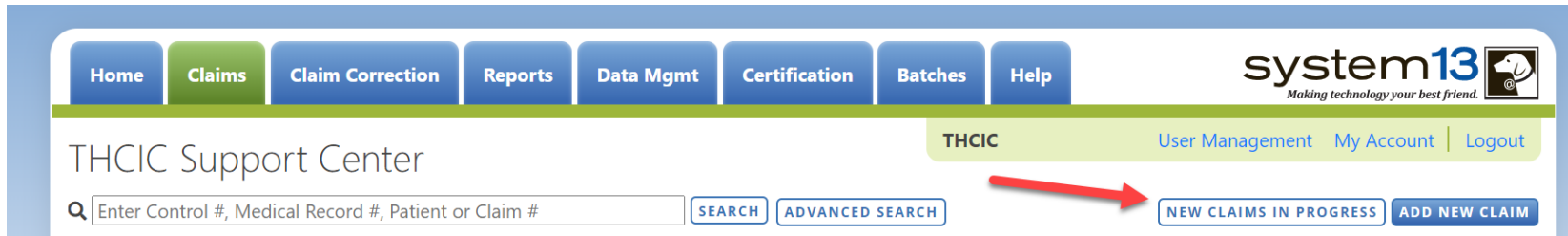
No Correction Needed

Errors

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

New Claims in Progress

NEW CLAIMS IN PROGRESS



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

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

New Claims in Progress

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

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Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, HAROLD	IN	10/19/2020	099	
<input type="checkbox"/> NAMEDOE, BERRY	IN	08/11/2021	1111	1111
<input type="checkbox"/> FAKEDOE, COREY	IN	08/11/2021	1212	1212

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

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

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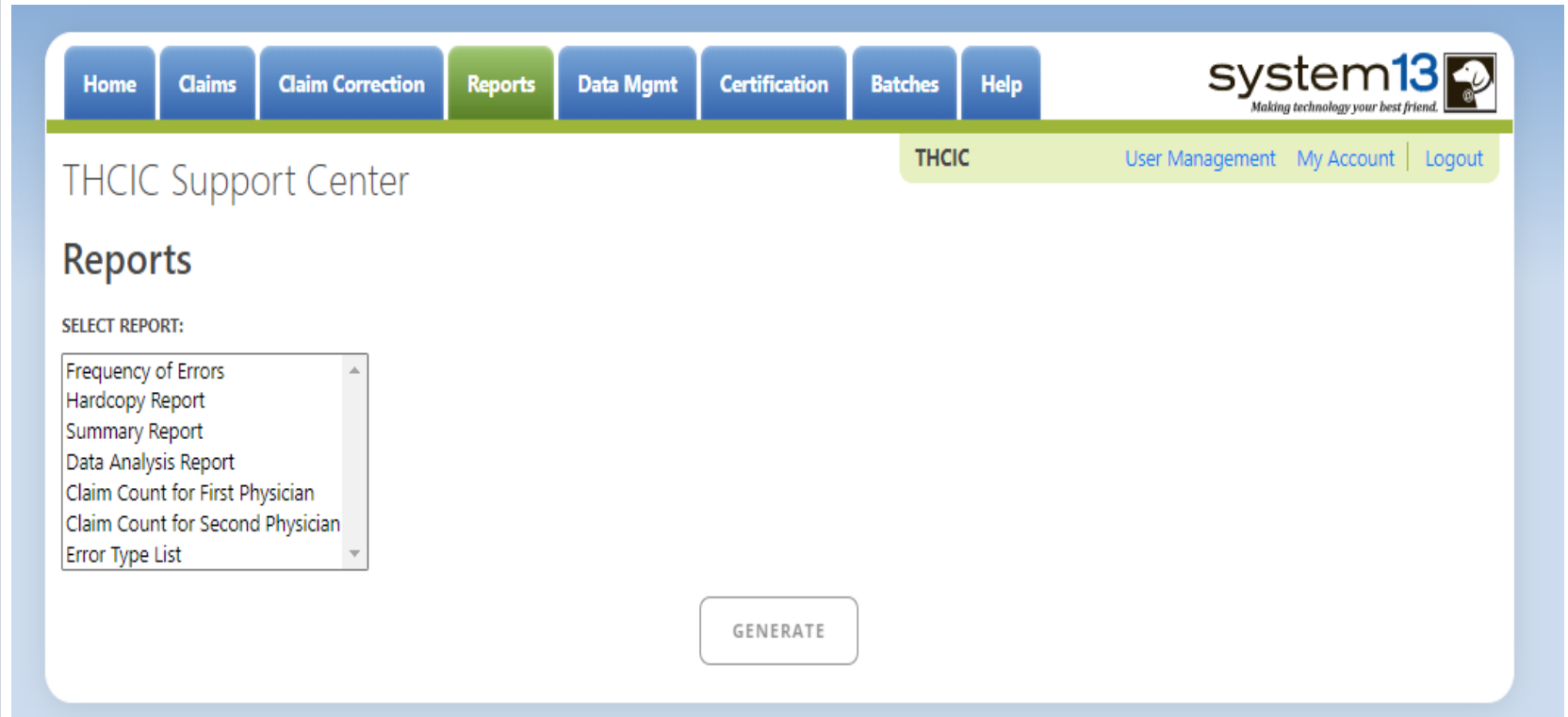
THCIC [User Management](#) [My Account](#) [Logout](#)



Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, HAROLD	IN	10/19/2020	099	
<input type="checkbox"/> NAMEDOE, BERRY	IN	08/11/2021	1111	1111
<input type="checkbox"/> FAKEDOE, COREY	IN	08/11/2021	1212	1212

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

Reports

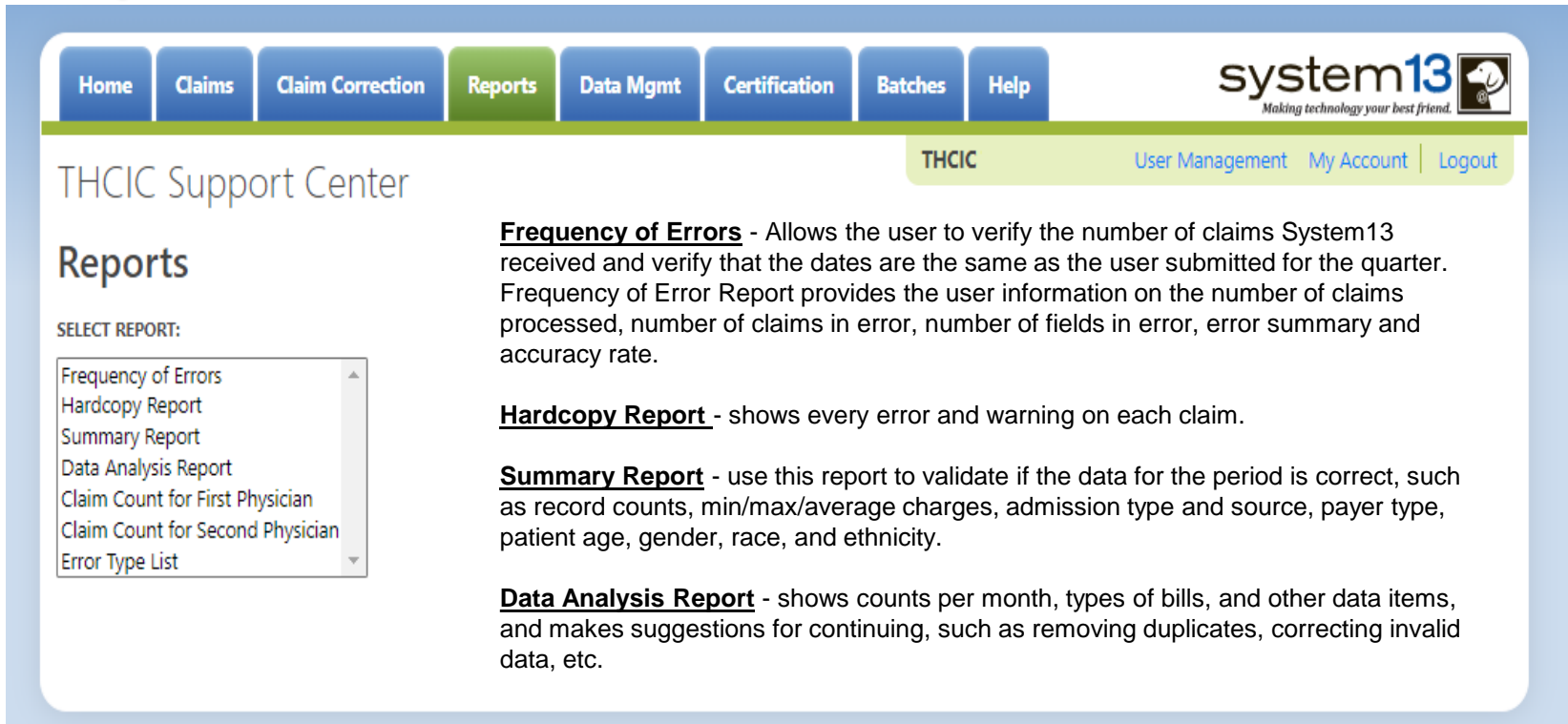


The screenshot shows the 'Reports' page in the THCIC Support Center. The page has a blue header with navigation tabs: Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the header, the page title 'THCIC Support Center' is displayed. To the right of the title are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and contains a 'SELECT REPORT:' section with a dropdown menu. The dropdown menu lists the following options: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report, Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. A 'GENERATE' button is located below the dropdown menu.

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 is open, showing a list of report 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 paragraphs of text describing the reports: 'Frequency of Errors', 'Hardcopy Report', and 'Data Analysis Report'. Each paragraph starts with the report name in bold and underlined, followed by a description of what the report provides.

THCIC Support Center

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THCIC User Management My Account Logout

Reports

SELECT REPORT:

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

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.

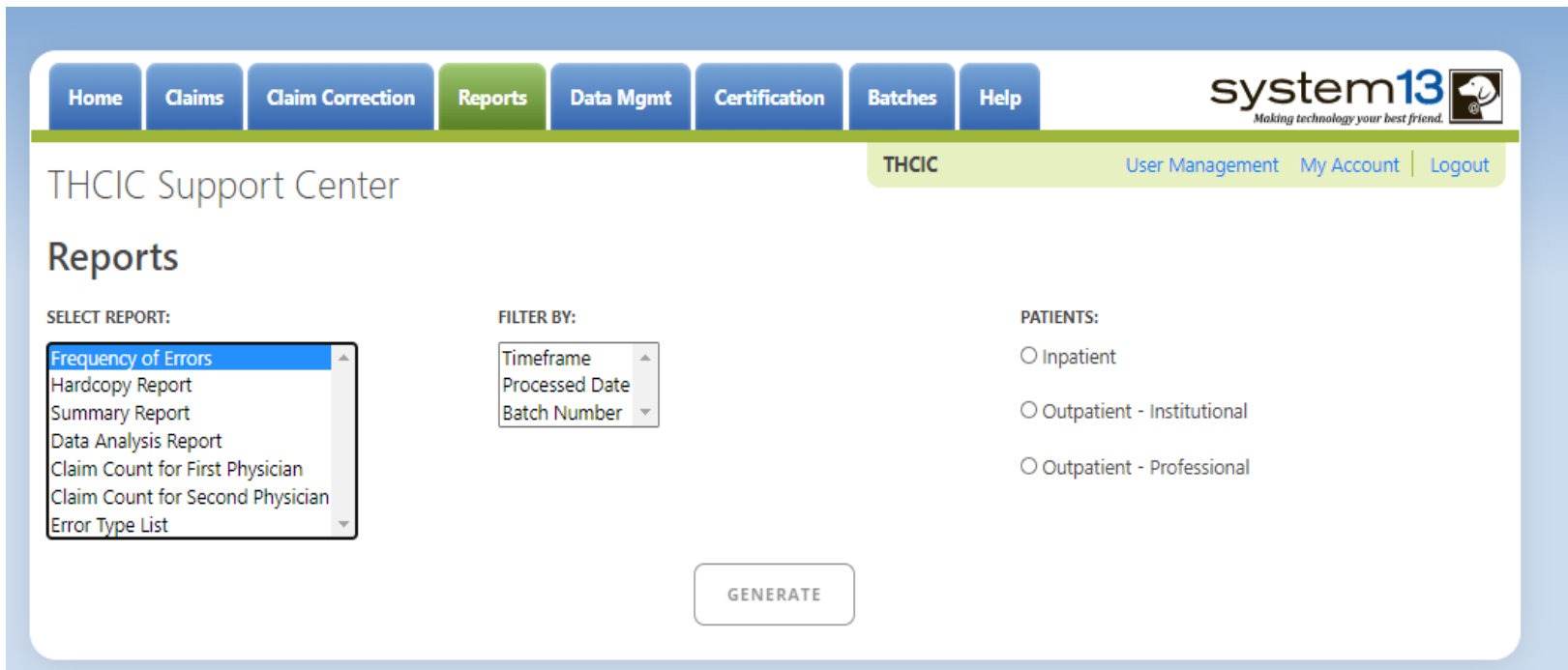
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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

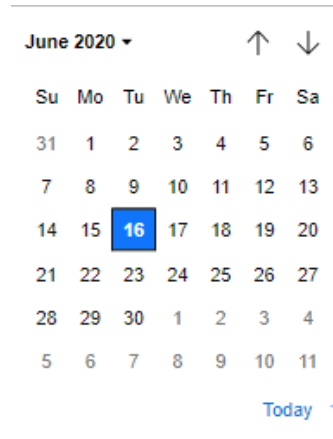
PATIENTS:




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

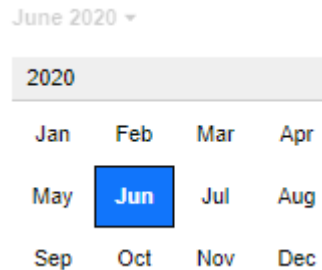
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

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

Filter Report By Processed Date

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

FILTER BY:

Timeframe
Processed Date
Batch Number

DATE:

mm/dd/yyyy

PATIENTS:

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

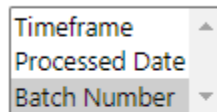
GENERATE

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

Filter Report By Batch Number

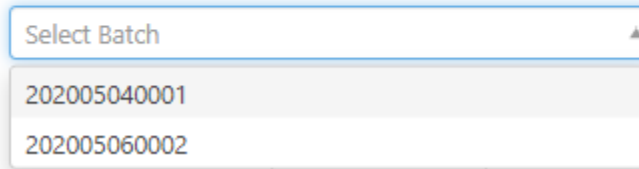
- ✓ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:



Timeframe ▲
Processed Date
Batch Number ▼

BATCH:



Select Batch ▲
202005040001
202005060002

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

Provider Tab Data Management

Data Mgmt

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

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THCIC Support Center

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

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

Data Analysis Report through the Reports Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

THCIC Support Center MB - THCIC Acceptance Outpatient Pro 000004 User Management My Account Logout

Reports

Select Report:

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

Please select one
2q15
1q15
4q14
3q14

Patients:

☐ Inpatient
☒ Outpatient

Reports

Select Report:

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

Quarter:

1q15

Generate

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

Data Analysis Report through the Reports Tab

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

Quarter Analysis

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

Quarter Comparison

Qtr	Total
4q12	3
3q12	0
2q12	0

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

The MRR process will:

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

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

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

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

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Duplicate Remove Process (DR)

The DR function will:

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

Select Action

MODIFY/REPLACE/REMOVE (MRR)

REMOVE DUPLICATES (DR)

Provider Tab Data Management

Data Mgmt

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace

The MRR function will:

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

MRR DR Information

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

YES NO

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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



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 user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. Two sections are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe matching claims by Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal alert titled 'Modify/Replace/Remove Alert' is open, explaining the MRR function's purpose and asking for confirmation to proceed.

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Modify/Replace/Remove Alert

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

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

Do you wish to continue?

YES NO



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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 user is logged in as 'THCIC Trainee 1 000006' and has access to 'User Management', 'My Account', and 'Logout' options. The main heading is 'THCIC Support Center'. Below this, the section 'Data Management Actions on Quarterly Data' is visible. Two primary actions are listed: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The 'MRR' section includes a list of functions: matching claims with patient, medical, admission, and elimination details; applying late charges, corrections, and replacement information (xx7 bill types); and removing claims that match a Void/Cancel of a prior claim (xx8 bill types). Under 'Select Claim Type', 'INPATIENT' and 'OUTPATIENT' (selected) are shown. Under 'Select Action', buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)' are present. A modal dialog titled 'Process Submitted' is overlaid, stating: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' with an 'OK' button.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

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

The MRR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Process Submitted

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

OK




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Data Management Emails

Data Mgmt

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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 run, it is recommended that the data analysis report is ran through the reports tab.

Modify/Replace/Remove Process (MRR)


The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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






DN

Thu 10/8/2020 2:52 PM

Do Not Reply <noreply@system13.com>

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

To:  Overton, Tiffany (DSHS);  Bhattacharj, Pragna (DSHS)

 We removed extra line breaks from this message.

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

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

Sincerely,

System13, Inc. Customer Support

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

Select Claim Type

☐ INPATIENT

☒ OUTPATIENT

Provider Tab Data Management

Data Mgmt

Duplicate Removal

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

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

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

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

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

This report will open as a PDF as shown below.

Provider Tab Data Management – Duplicate Removal Process (DR)

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Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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



Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. A modal dialog titled 'MRR DR Information' is open, asking for confirmation to proceed. The dialog text includes a recommendation to run a 'Pre-Certification Data Analysis Report' and provides instructions on the report's content. Below the text are 'YES' and 'NO' buttons, with a mouse cursor clicking the 'YES' button. In the background, the 'Modify/Replace' section is visible, showing a list of actions and a 'Select Claim Type' section with 'INPATIENT' and 'OUTPATIENT' radio buttons. The 'OUTPATIENT' button is selected. The 'Select Action' section has two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. The footer of the application shows 'Release 9.3.0'.

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Data Management Actions on Quarterly Data

Modify/Replace

The MRR function will:

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

MRR DR Information

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

Do you wish to continue?

YES **NO**

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Release 9.3.0



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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 tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main content area is titled 'Data Management Actions on Quarterly Data' and lists two processes: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both processes list matching criteria: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' dialog box is open in the foreground, warning that the DR function should not be selected unless the only bill type is (xx1). It provides instructions on how to view bill types and offers 'YES' and 'NO' buttons to continue.

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Duplicate Removal Alert

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

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

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

Do you wish to continue?

YES NO



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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 user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. Two primary actions are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal dialog titled 'Process Submitted' is open, 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 Type' section shows 'OUTPATIENT' selected, and the 'Select Action' section shows buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. The footer of the application shows 'Release 9.3.0'.

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with:
 - Patient Co
 - Medical R
 - Admission
 - Admission
- Eliminate duplicates
- Apply late charges
- Apply corrections
- 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)

Process Submitted

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

OK

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Release 9.3.0




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Data Management Email

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Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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



Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Thu 10/8/2020 3:11 PM

Do Not Reply <noreply@system13.com>

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

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

We removed extra line breaks from this message.

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

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

Sincerely,

System13, Inc. Customer Support

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

Batches

Batches

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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 primary contact/ 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 13 cannot retrieve this batch for you.

6 Batches



Provider Tab Help

Help

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Claim Correction

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Certification

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TRAINING MATERIALS

Claim Entry

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- [Outpatient](#)

Claim Correction

- [Inpatient](#)
- [Outpatient](#)

Submitter

- [Inpatient](#)
- [Outpatient](#)

Reports

- [Inpatient](#)
- [Outpatient](#)

Certification

- [Inpatient](#)
- [Outpatient](#)











SEARCH AND LOOKUPS

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

SUPPORTING DOCUMENTS

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

SUPPORT VIDEOS

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

FREQUENTLY ASKED QUESTIONS

How can I change my password?

If you want to change your password, visit your [user account page](#).

How do I update the Certifier Name?

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

NEED MORE HELP? CONTACT HELP DESK



Provider Tab Help – Need More Help

Help

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Online Help & Resources

TRAINING MATERIALS

Claim Entry

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Claim Correction

- [Inpatient](#)
- [Outpatient](#)

SEARCH AND LOOKUPS

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How do I update the Certifier Name?
You will need to fill out a [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 Goyne, VP

THCIC
Phone: 512-776-7261 and ask for THCIC staff
Email: thcichelp@dshs.texas.gov
Site: <https://dshs.texas.gov/thcic>

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Claim Correction

AGENDA



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



Claim Correction Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

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.

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

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



Go To Correct Errors/ Claim Correction




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



Opening Claim Correction

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

START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 741741	741741	202006089998999768000005	06/08/2020	DOE, JANE	IN	23
<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"/> 258	258	202006019998999776000005	06/01/2020	DOE, KANDI	IN	28
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> PCN-548	ERR-672	201610140006000050000005	10/14/2016	PPITT, BBECKY	IN	1
<input type="checkbox"/> PCN-558	ERR-682	201610140006000060000005	10/14/2016	RROSSI, JJOHN	IN	1
<input type="checkbox"/> PCN-554	ERR-678	201610140006000056000005	10/14/2016	RROSSI, JJOHN	IN	1
<input type="checkbox"/> PCN-559	ERR-683	201610140006000061000005	10/14/2016	PPATTERSON, HHILDA	IN	1
<input type="checkbox"/> PCN-556	ERR-680	201610140006000058000005	10/14/2016	BBERRY, RRACHAEL	IN	1
<input type="checkbox"/> PCN-547	ERR-671	201610140006000049000005	10/14/2016	SSMITH, GGISELE	IN	1
<input type="checkbox"/> PCN-537	ERR-661	201610140006000039000005	10/14/2016	CCOWELL, JJENNIFER	IN	1

[SELECT ALL](#)


96 Claims

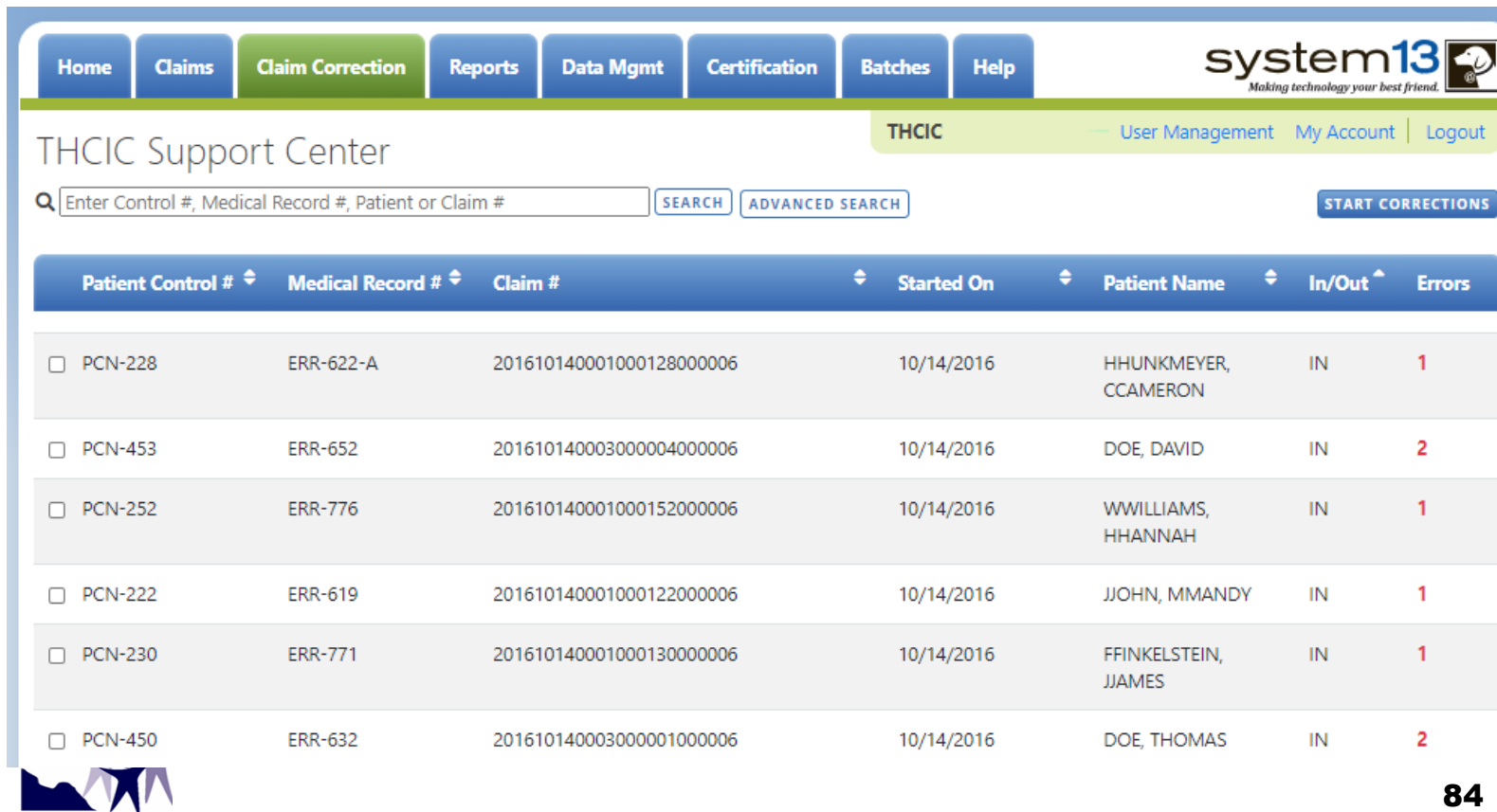
[DELETE](#)
[ACCEPT AS IS](#)



List of all the claims that are in the system and needs corrections.

Sorting Claim Correction Listing

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



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Q Enter Control #, Medical Record #, Patient or Claim # [SEARCH](#) [ADVANCED SEARCH](#) [START CORRECTIONS](#)

Patient Control # ▾	Medical Record # ▾	Claim # ▾	Started On ▾	Patient Name ▾	In/Out ▴	Errors
<input type="checkbox"/> PCN-228	ERR-622-A	201610140001000128000006	10/14/2016	HHUNKMEYER, CCAMERON	IN	1
<input type="checkbox"/> PCN-453	ERR-652	201610140003000004000006	10/14/2016	DOE, DAVID	IN	2
<input type="checkbox"/> PCN-252	ERR-776	201610140001000152000006	10/14/2016	WWILLIAMS, HHANNAH	IN	1
<input type="checkbox"/> PCN-222	ERR-619	201610140001000122000006	10/14/2016	JJOHN, MMANDY	IN	1
<input type="checkbox"/> PCN-230	ERR-771	201610140001000130000006	10/14/2016	FFINKELSTEIN, JJAMES	IN	1
<input type="checkbox"/> PCN-450	ERR-632	201610140003000001000006	10/14/2016	DOE, THOMAS	IN	2

Search for Claims

THCIC Support Center

THCIC

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

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

SEARCH

ADVANCED SEARCH

START CORRECTIONS

The user can search claims by:

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

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

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Q X SEARCH ADVANCED SEARCH

START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> PCN-453	ERR-652	201610140003000004000006	10/14/2016	DOE, DAVID	IN	2
<input type="checkbox"/> PCN-450	ERR-632	201610140003000001000006	10/14/2016	DOE, THOMAS	IN	2

THCIC Support Center

Q X

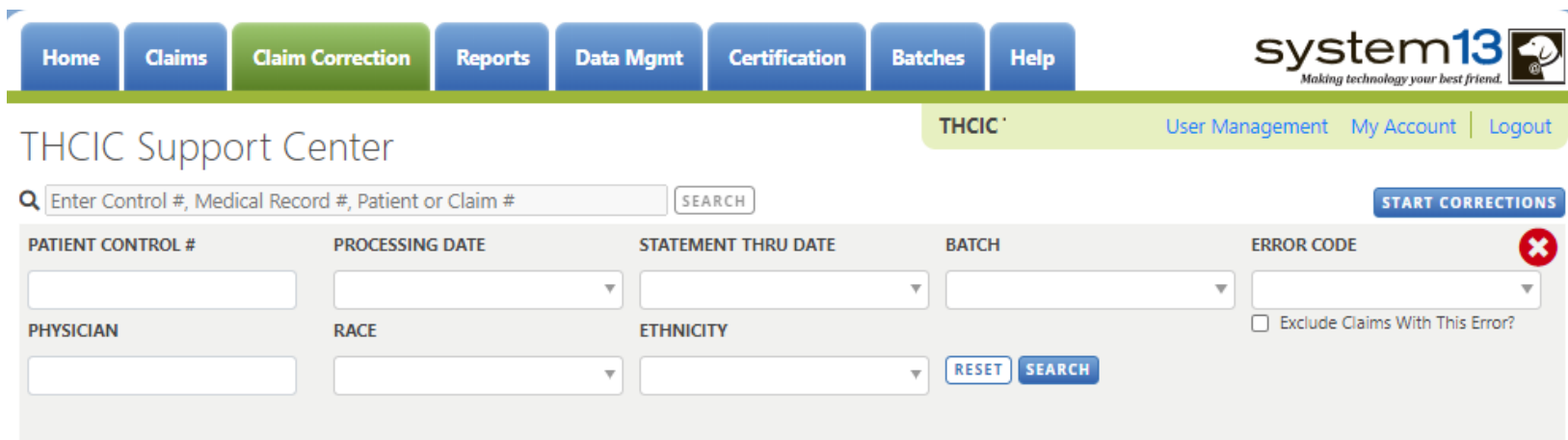
SEARCH

ADVANCED SEARCH


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

Advanced Search for Claims

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



The screenshot shows the 'THCIC Support Center' interface. At the top is a navigation bar with buttons for Home, Claims, Claim Correction (highlighted), Reports, Data Mgmt, Certification, Batches, and Help. To the right is the 'system13' logo with the tagline 'Making technology your best friend.' Below the navigation bar, the page title 'THCIC Support Center' is displayed. To the right of the title are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. Below the title is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and a 'SEARCH' button. To the right of the search bar is a 'START CORRECTIONS' button. Below the search bar is a form with several search criteria: 'PATIENT CONTROL #' (text input), 'PROCESSING DATE' (dropdown), 'STATEMENT THRU DATE' (dropdown), 'BATCH' (dropdown), and 'ERROR CODE' (dropdown). Below these are 'PHYSICIAN' (text input), 'RACE' (dropdown), and 'ETHNICITY' (dropdown). To the right of the 'ERROR CODE' dropdown is a checkbox labeled 'Exclude Claims With This Error?'. At the bottom of the form are 'RESET' and 'SEARCH' buttons. A red 'X' icon is located to the right of the 'ERROR CODE' dropdown.

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




Advanced Search for Claims

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

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

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

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


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

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

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

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

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

Delete Claim

DELETE

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

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THCIC Support Center

<input type="checkbox"/>	Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input checked="" type="checkbox"/>	1236545	1236545	202403289998999601000005	03/28/2024	DOE, JOE	OUT-I	18
<input checked="" type="checkbox"/>	12581258	12581258	202403199998999602000005	03/19/2024	DOE, JACKSON	OUT-I	14
<input checked="" type="checkbox"/>	123654	123654	202308239998999641000005	03/28/2024	DOE, JOE	IN	4
<input type="checkbox"/>	099		202010199998999738000005	03/19/2024	DOE, HAROLD	IN	29
<input type="checkbox"/>	74741						
<input type="checkbox"/>	258						
<input type="checkbox"/>	7496						
<input type="checkbox"/>	441	441	202005279998999782000005	03/19/2024	DOE, JOHN	IN	13
<input checked="" type="checkbox"/>	PCN-557	ERR-681	201610140006000059000005	03/28/2024	MMOSS, RRUTH	OUT-I	1
<input checked="" type="checkbox"/>	PCN-541	ERR-665	201610140006000043000005	03/19/2024	EASTERWOOD,		2

47 Claims (5 Selected)

Only the primary contact can delete a claim. When the primary contact has a claim 'checked', it can be deleted. If the claim is deleted, there is no way Ssystem I3 can get this claim back. Data will have to be reentered into the system.

Accept As Is

ACCEPT AS IS

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

Back to list of claims

DOE, JOHN Medical Record Number: 441 Patient Control Number: 441 Inpatient

202005279998999782000005

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS ACCEPT AS IS

Error Summary

Count	Error Code	Error Message
1	E-672	Invalid Revenue Procedure Code
1	E-648	Missing Admitting Diagnosis
1	E-694	Missing Attending Practitioner First Name
1	E-691	Missing Attending Practitioner Last Name

4 errors in this claim

Accept As Is

ACCEPT AS IS

The screenshot displays the system13 THCIC Support Center interface. 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 main content area shows a claim for DOE, JOHN with Medical Record Number 441 and Patient Control Number 441. The claim status is Inpatient. A red banner indicates that the claim has been successfully submitted but still has errors. A table titled 'Error Summary' lists four errors: Invalid Revenue Procedure Code (E-672), Missing Admitting Diagnosis (E-648), and Missing Attending Practitioner First Name (E-694). An 'Accept As Is' dialog box is open, asking the user to confirm the submission despite the errors. The dialog box contains the text: 'Please do not confirm until you have attempted to correct all fields with errors and the remaining fields with errors have correct data.' and buttons for 'CONFIRM' and 'CANCEL'.

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THCIC Support Center

THCIC Trainer 000005 User Management My Account Logout

Back to list of claims

DOE, JOHN Medical Record Number: 441 Patient Control Number: 441 Inpatient

✓ Patient

✓ Payers

1 Charges

1 Diagnoses & Procs

2 Practitioners

✓ Situational Co

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS ACCEPT AS IS ✓

Error Summary

Count	Error Code	Error Message
1	E-672	Invalid Revenue Procedure Code
1	E-648	Missing Admitting Diagnosis
1	E-694	Missing Attending Practitioner First Name

Accept As Is

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

CONFIRM CANCEL

4 errors in this claim

Accept As Is

ACCEPT AS IS

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

Accepted As Is.

X

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

Accept As Is

ACCEPT AS IS

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

The screenshot shows the 'system13' web application interface. The top navigation bar includes links for Home, Claims (highlighted), Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, there's a 'THCIC Support Center' section with a search bar and buttons for 'SEARCH' and 'ADVANCED SEARCH'. To the right of the search bar are buttons for 'NEW CLAIMS IN PROGRESS' and 'ADD NEW CLAIM'. Below this is a table with the following columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. The table contains one row with the following data: Patient Control # 666, Medical Record # 666, Claim # 202109299998999719000005, Started On 09/29/2021, Patient Name DOE, COOKIE, In/Out IN, and Errors 2A.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
666	666	202109299998999719000005	09/29/2021	DOE, COOKIE	IN	2A

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

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

693 - Invalid Physician 1 (Operating) Identifier

Start Corrections



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


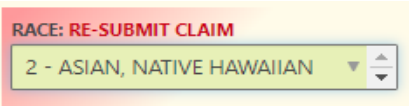





Start Corrections will move sequentially through all claims in the current claims correction list and open the edit screen focused on the first error in the claim. By using Start Corrections followed by SUBMIT and Next Claim all errors can be accessed in order.



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

Errors in a Claim




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



Check for Errors



CHECK FOR ERRORS

-  Clicking check for errors will save the changes. If you do not check for errors, the errors will be updated on the screen, but not submitted.
-  After the user has gone through all errors click check for errors, which checks for errors and resubmits corrected claim.
-  Always check for errors before moving to the next claim so the error count and error status of the claim will be updated. If the claim is not submitted the error status will not be accurate and the claim will stay on the Claim Correction listing. The claim may still have other errors also. The user must click check for errors for the claim to be checked for errors and to be taken off the claim correction listing, if it no longer has errors.



Check for Errors

CHECK FOR ERRORS



Review Errors button:

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

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



The user will get a list of all errors that are still on the claim.



Click **REVIEW ERRORS** and the user will be taken back into the claims that was just submitted to review the error(s) on the claim.



Press ENTER to navigate on a tab to go through errors or click next which will take the user to the next error in the claim. Once all error has been reviewed or modified, submit claim.



If there are no more errors the user will get the following message.

Claim has been successfully submitted.

NEXT CLAIM →




Look Up Calendar

BIRTH DATE:

01/24/1866

631 - Patient age > 115 years or < zero years

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

631 - Patient age > 115 years or < zero years

BIRTH DATE:

01/14/1866

January 1866

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

Today



Look Up Features

FACILITY TYPE CODE:

13 - HOSPITAL OUTPATIENT ✕ ▲

- 12 - HOSPITAL INPATIENT MEDICARE PART B
- 13 - HOSPITAL OUTPATIENT
- 14 - HOSPITAL LABORATORY SVCS TO NON-PATIENTS
- 22 - SKILLED NURSING FACILITY INPAT MEDICARE B
- 23 - SKILLED NURSING FACILITY OUTPAT
- 43 - RELIG NON-MED HEALTH CARE, OUTPAT SVCS
- 82 - SPECIAL FACILITY HOSPICE (HOSPITAL BASED)

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

SOCIAL SECURITY NUMBER:

SSAN ▶


[Video: Help with SSN/race/ethnicity common issues](#)

Fields that have a ▶ have linked videos to describe what needs to be included.



Start Corrections

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

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THCIC Support Center

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 777	777	202006089998999766000005	06/08/2020	DOE, TERRY	IN	15
<input type="checkbox"/> 998	998	202006089998999767000005	06/08/2020	DOE, JACK	IN	8
<input type="checkbox"/> 741741	741741	202006089998999768000005	06/08/2020	DOE, JANE	IN	23
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 753	753	202006039998999770000005	06/03/2020	DOE, TESSA	OUT-I	10
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29
<input type="checkbox"/> 258	258	202006019998999776000005	06/01/2020	DOE, KANDI	IN	28
<input type="checkbox"/> 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
<input type="checkbox"/> 123	123	202005279998999780000005	05/27/2020	DOE, JONATHAN	OUT-I	8
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	3
<input type="checkbox"/> 741741	741741	201908079998999791000005	08/07/2019	DOE, AUSTRALIA	OUT-I	1
<input type="checkbox"/> 332211	332211	201908079998999792000005	08/07/2019	DOE, KATHERINE	OUT-I	1

130 Claims

To start corrections with Claim Correction, click : .
 Or click a claim to open.

Errors in the Claim

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

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THCIC Support Center

[Back to list of claims](#) 202308239998999641000005

DOE, JOE Medical Record Number: 123654 Patient Control Number: 123654 Inpatient

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold
632 - Patient Birth Date > Admission Date and Admission Type not newborn
639 - Missing Facility Type Code
640 - Missing Claim Frequency Type Code
727 - Missing Admission Date and Hour
722 - Invalid Admission Hour
645 - Missing Admission Type
646 - Missing Admission Source
728 - Invalid Discharge Hour
647 - Missing Patient Discharge Status

Claim Information

PATIENT CONTROL NUMBER
123654

Personal Information

NAME JOE DOE	MEDICAL RECORD NUMBER 123654	SOCIAL SECURITY NUMBER 999999999
ADDRESS 1212 WIND DRIVE AUSTIN, TX 78741 UNITED STATES	BIRTH DATE 05/05/1989	RACE 4 - White
	SEX M - Male	ETHNICITY 1 - Hispanic origin

Bill Type

STATEMENT FROM/THRU From: 03/27/2024 Through: 03/27/2024	FACILITY TYPE CODE
	CLAIM FREQUENCY TYPE CODE

Admission Information

18 errors in this claim

Number of errors in the claim is 18.

CHECK FOR ERRORS

Error – Payers Tab

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

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THCIC User Management My Account Logout

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202308239998999641000005

DOE, JOE Medical Record Number: 123654 Patient Control Number: 123654 Inpatient

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors

Last selected error is in bold

701 - Primary Payer Name is required

697 - Missing Claim Filing Indicator Code for Subscriber

Primary Payer

SOURCE CODE: PAYER ID

NAME: PAYER NAME

Secondary Payer

SOURCE CODE: PAYER ID

NAME: PAYER NAME

18 errors in this claim

CHECK FOR ERRORS



Error – Payers Tab

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors

Last selected error is in bold

701 - Primary Payer Name is required

697 - Missing Claim Filing Indicator Code for Subscriber

Primary Payer

SOURCE CODE:

ID:

PAYER ID

NAME:

PAYER NAME

Primary Payer

SOURCE CODE:

ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN,

ID:

PAYER ID

NAME:

SELF PAY

If the user clicks in the field that has the error an explanation of this error will be displayed on the lefthand side. Clicking in the field will indicate what the error is.

Clicking  will close the tab.

If the option 'ZZ – Mutually defined, or Self Pay, or Unknown, or Charity' is chosen as the payer, do not identify the payer's name in the payer name field. Payer name should be entered as Self Pay, as shown above.



Error – Charges Tab

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is on the right with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. On the right side of the header, there are links for 'User Management', 'My Account', and 'Logout'. A dropdown menu shows the claim number '202404250038002153488000'. Below this, the text 'Outpatient Institutional-ED' is displayed. On the left side, there is a sidebar with a list of items: Patient, Payers, Charges (highlighted with a red '4'), Diagnoses, Practitioners, and Situational Codes. Below the sidebar, there is a section titled 'Active Errors' with the text 'Last selected error is in bold'. It lists several error types: '673 - Charges not present for Revenue Code', '671 - Invalid Revenue Code', '685 - Missing Unit Measurement Code', and '676 - Missing or Invalid Unit Quantity'. The main content area shows a table of charges. The first three rows are: 0250 HC - 82947, 0301 HC - 82947, and 0450 HC - 99283. The fourth row is highlighted in red and contains the text '*Resolve audit errors to delete item'. The fifth row is 0730 HC - 93005. To the right of the charge table, there is a form for editing a charge. It includes fields for 'REVENUE CODE: CHECK FOR ERRORS', 'QUALIFIER:', 'PROCEDURE CODE:', 'MODIFIERS:', 'PROCEDURE DATE:', 'PROCEDURE THRU DATE:', 'RATE:', 'QTY:', 'UNIT:', 'CHARGE:', and 'NON-COVERED CHARGE:'. The 'CHARGE' field shows '0.00' and the 'NON-COVERED CHARGE' field shows '0.00'. A red box highlights the 'REVENUE CODE' field.

THCIC Support Center

Back to list of claims

202404250038002153488000

Outpatient Institutional-ED

✓ Patient

✓ Payers

4 Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold

673 - Charges not present for Revenue Code

671 - Invalid Revenue Code

685 - Missing Unit Measurement Code.

676 - Missing or Invalid Unit Quantity

0250	HC - 82947	X
0301	HC - 82947	X
0450	HC - 99283	X
*Resolve audit errors to delete item		
0730	HC - 93005	X

REVENUE CODE: CHECK FOR ERRORS

QUALIFIER:

PROCEDURE CODE:

Type to search by code

MODIFIERS:

PROCEDURE DATE:

mm/dd/yyyy

PROCEDURE THRU DATE:

mm/dd/yyyy

RATE:

0.00

QTY:

0.0

UNIT:

CHARGE:

0.00

NON-COVERED CHARGE:

0.00

To correct an error on the charges tab, you must make the error correct, before you can delete it. If you want to delete a charge that is already on the claim, just click the X next to the charge line.



Error – Charges Tab

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

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THCIC Support Center

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DOE, JOE Medical Record Number: 123654 Patient Control Number: 123654 Inpatient

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold
670 - Revenue Code in first
service line detail is missing

Charges

Description	Procedure	Qty	Rate	Charge	Non covered
1			-	\$0.00	-

Total Charges: \$0.00

18 errors in this claim

CHECK FOR ERRORS



Charges Tab



Monetary amounts can be entered as partial dollar amounts by entering a decimal.



The user must select a qualifier to enable the Procedure Code List.



The modifiers are entered in sequence with the next modifier being activated as the user navigates from left to right.



If the Total Claim Charges are marked in error a recalculate button will appear. Clicking will sum the charges in all the revenue line items present in the claim.



Click on the Add Charge button that is located next to Total Claim Charges to add a new charge to the claim.



Click on the line item on the left screen to display the detail charge record in right screen.

Error – Diagnoses & Procedures

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

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Back to list of claims

202308239998999641000005

DOE, JOE

Medical Record Number: 123654

Patient Control Number: 123654

Inpatient

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

Situational Codes

Active Errors

Last selected error is in bold

608 - Missing Principal Diagnosis

648 - Missing Admitting Diagnosis

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL DIAGNOSIS:

PRINCIPAL DIAGNOSIS POA:

ADMITTING DIAGNOSIS:

E-CODES:

OTHER DIAGNOSIS CODES:

Procedures

PRINCIPAL PROCEDURE:


PRINCIPAL PROCEDURE DATE:

PRINCIPAL PROCEDURE QUALIFIER:





OTHER PROCEDURE CODES:

18 errors in this claim

CHECK FOR ERRORS



Diagnosis & Procedure Tab and Situational Tab

-  Selection of codes in the procedure code, value code, occurrence spans and Occurrences by dates fields without an accompanying entry of the associated field on the line item will be saved automatically.
-  Enter all data prompted for on the line before saving.
-  Tabbing out of the last field on the line will generate a new entry line for additional line-item entry up to the maximum amount allowed for the type of data being entered.
-  Present on Admission (POA) for inpatient facilities required to submit this data will show an error if the data is not submitted on data on/after January 29, 2011.

Error - Practitioners

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

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202006089998999767000005

DOE, JACK

Medical Record Number: 998

Patient Control Number: 998

Inpatient

[Patient](#)

[Payers](#)

[Charges](#)

[Diagnoses & Procs](#)

4 [Practitioners](#)

[Situational Codes](#)

Active Errors
Last selected error is in bold

694 - Missing Attending Practitioner First Name

691 - Missing Attending Practitioner Last Name

689 - Missing Attending Practitioner Identifier

688 - Invalid Attending Practitioner Qualifier

Correcting Physician Errors

Attending Physician

NAME

ID

Operating Physician

NAME

ID

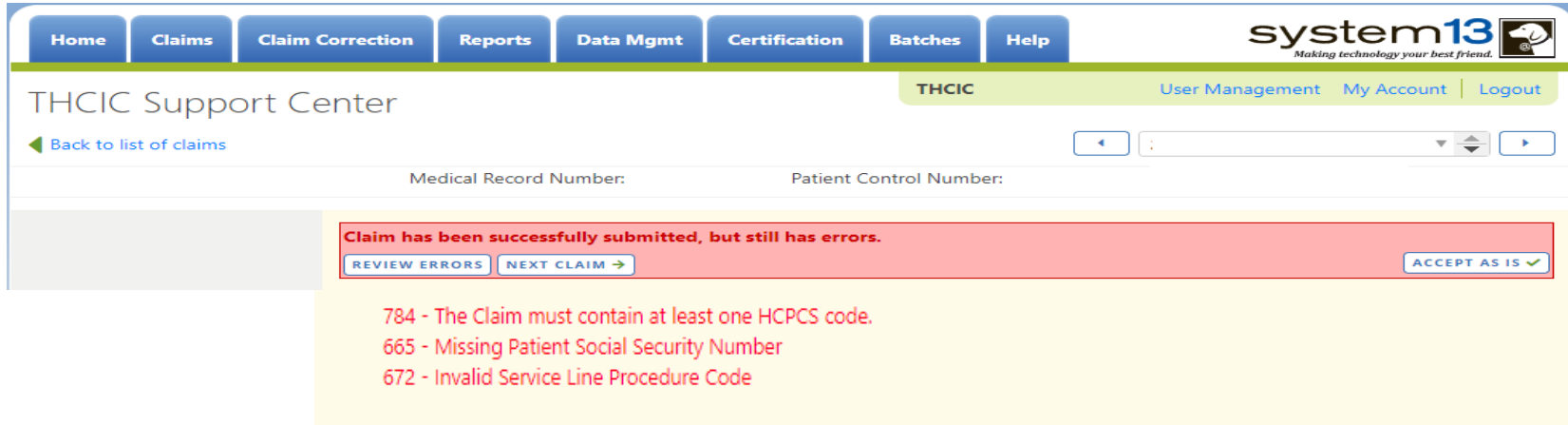
Please be advised the physician error will always show on the ID type or ID number, even if the error is with the physician's name. Please make sure the ID type, number and name are correct. If the physician's name isn't present the error will show on that field.

4 errors in this claim

CHECK FOR ERRORS



Submit Claim, but Still Contains Errors



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

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

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The next claim will open up to the first error on the next claim. Accept as is, needs to be verified that the claim still has errors, but will be taken off the claim correction listing. It only clears the notification of all the errors in the claim itself. The errors still count against the total accuracy rate in the FER unless it is properly corrected through the Correction Tab, or by submitting a corrected claim batch file through the system.

Accepted As Is.

Claim Successfully Submitted

Claim has been successfully submitted.

[NEXT CLAIM →](#)

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



Inpatient Claim Correction

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.texas.gov

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

THCIC Contact



Address:

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



Phone: 512- 776-7261






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 I 3, Inc

1648 State Farm Blvd.

Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@system13.com



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