

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

Outpatient Claim Correction

(Formerly WebCorrect)

Revised January 2025



THCIC System

System13, Inc. / THCIC Web x +

thcictrainer.system13.com/login

Templett - Online d... Home Page THCIC Trainer THCIC Homepage Capps Webpage Log in | T... Home Page | DSHS I... In

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

system13
Making technology your best friend.

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**

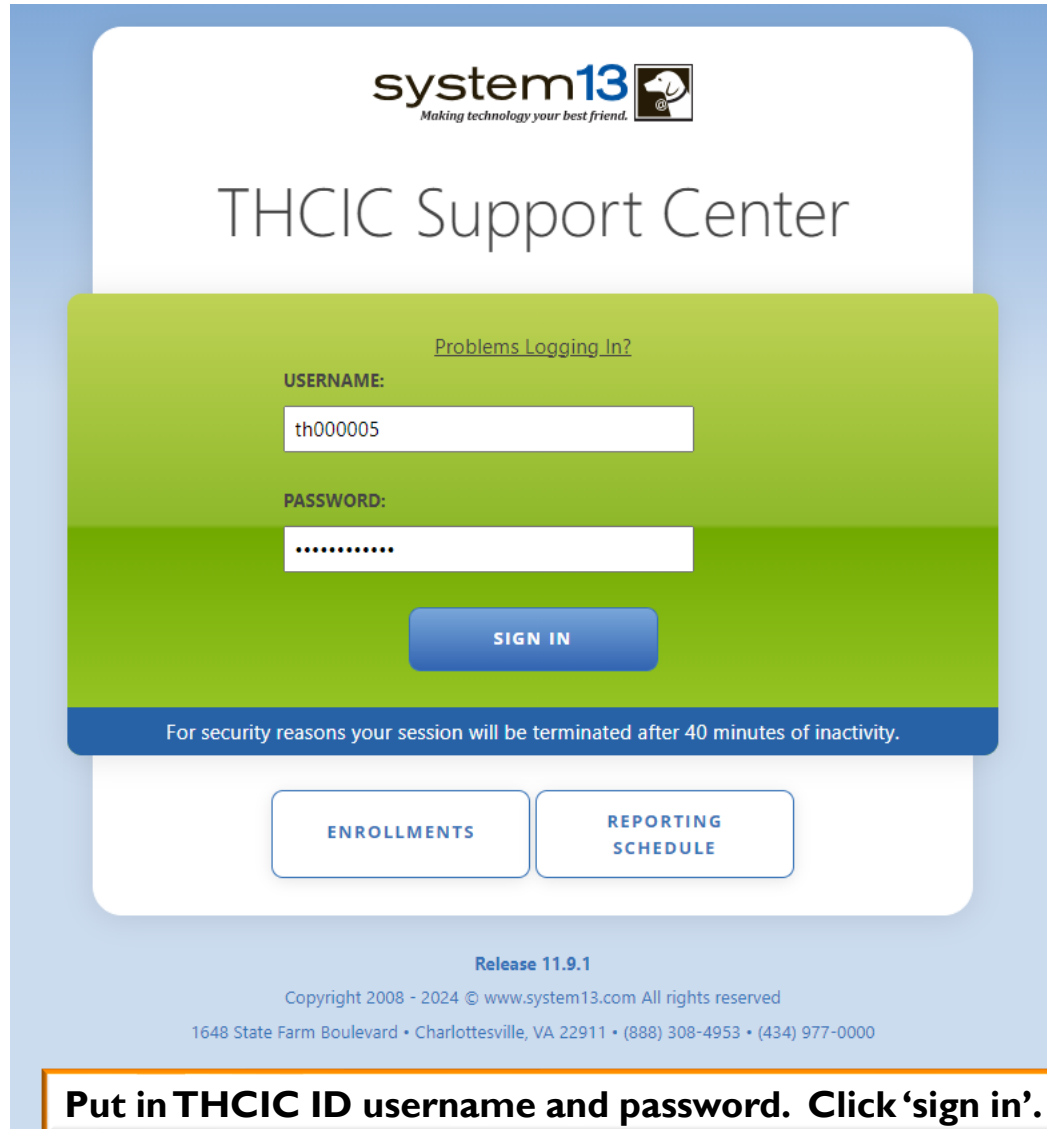
Release 11.9.1

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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 box contains the login fields: a "USERNAME:" label above a text input field containing "th000005", and a "PASSWORD:" label above a password input field filled with dots. A blue "SIGN IN" button is positioned below the password field. Above the username field, there is a link that says "Problems Logging In?". Below the green box, a blue banner states: "For security reasons your session will be terminated after 40 minutes of inactivity." At the bottom of the page, there are two buttons: "ENROLLMENTS" and "REPORTING SCHEDULE". The footer includes the text "Release 11.9.1", "Copyright 2008 - 2024 © www.system13.com All rights reserved", and the address "1648 State Farm Boulevard • Charlottesville, VA 22911 • (888) 308-4953 • (434) 977-0000".

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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

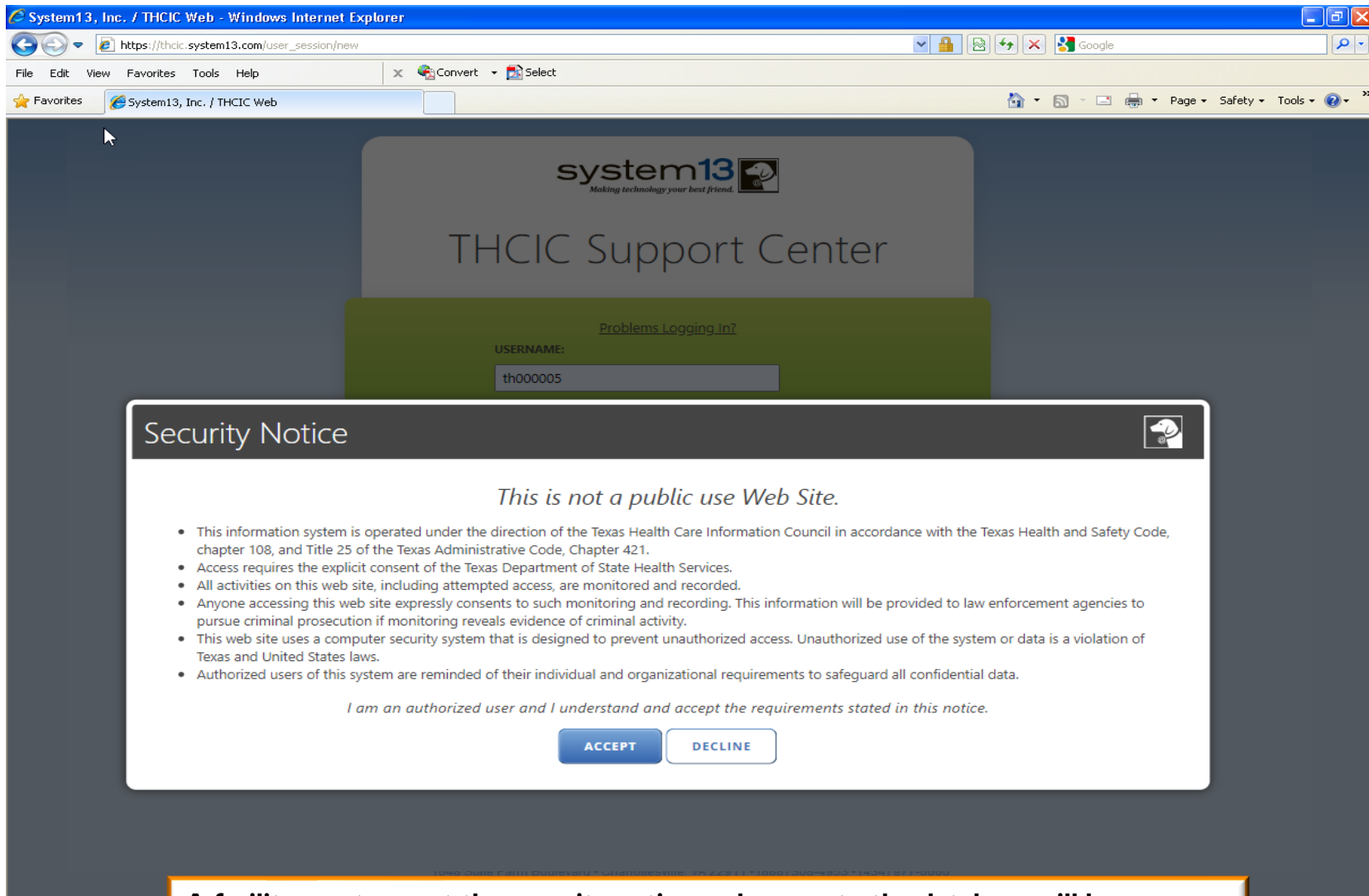
Release 11.9.1

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

Security Notice



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

Security Notice

This is not a public use Web Site.

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

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

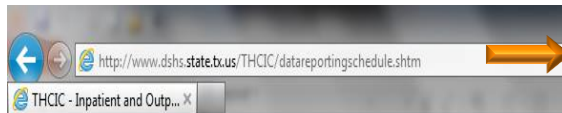
ACCEPT DECLINE

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

Data Reporting Schedule



When are my
submissions due?



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



Texas Health Care Information Collection

Home > Texas Health Care Information Collection Home > Data Reporting Schedule

(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.

New Provider Dashboard

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

Provider Home Page – Grid View



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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

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

Activity Dashboard

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

Q3
2023

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

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

Certification due **15 Apr 2024**

Q4
2023

SUBMISSION

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

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

CERTIFICATION

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

Certification due **15 Jul 2024**

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%

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

CERTIFICATION

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

Certification due **15 Oct 2024**

NEXT DEADLINE

Q3 2023 CERTIFICATION

19
DAYS

Performance History

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



QUICK TIP:

To protect your data, THCIC requires passwords to be reset every 60 days.

Provider Home Page – 1st Row

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

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Activity Dashboard  

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

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

Q3
2023

SUBMISSION
No claims are present for this quarter.

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

Q4
2023

SUBMISSION

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

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

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%


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

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

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

Provider Home Page – 2nd Row

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



Activity Dashboard

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

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

Q3

2023

CERTIFICATION

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

Certification due 15 Apr 2024

Q4

2023

CERTIFICATION

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

Certification due 15 Jul 2024

Q1

2024

CERTIFICATION

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

Certification due 15 Oct 2024

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  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q3

2023

Q4

2023

Q1

2024

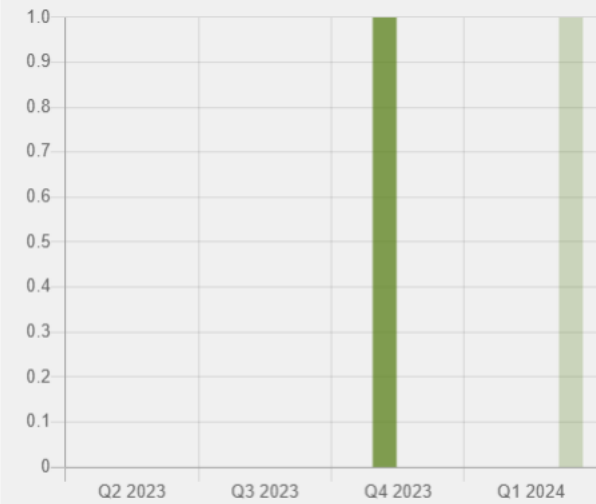
Last row will show you the next deadline submission. It will also show previously submitted data. The dashboard provides key deadlines broken down by quarter as well as prominently displaying the next deadline.

NEXT DEADLINE

Q3 2023 CERTIFICATION

19
DAYS

Performance History



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

Inpatient - Good


Inpatient - Bad

Outpatient - Good

Outpatient - Bad

QUICK TIP:

To protect your data, THCIC requires passwords to be reset every 60 days.



 Health and Human Services

Texas Department of State Health Services

Provider Home Page – List View

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

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Activity Dashboard  

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

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

Q3
2023
SUBMISSION

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

Q3
2023
CERTIFICATION

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

Q4
2023
SUBMISSION

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

Q4
2023
CERTIFICATION

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

Q1
2024
SUBMISSION

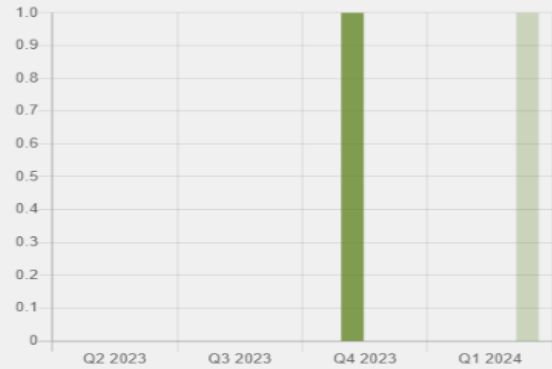
	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	0	
MAR	1	
TOTAL	1	
ACCURACY	0%	

Q1
2024
CERTIFICATION

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

NEXT DEADLINE
Q3 2023 CERTIFICATION
19
DAYS

Performance History



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



QUICK TIP:

To protect your data, THCIC requires passwords to be reset every 60 days.

Provider Home Page – 1st Row

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

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Activity Dashboard  

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

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

Q3
2023
SUBMISSION

No claims are present for this quarter.

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

Q3
2023
CERTIFICATION

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

Certification due **15 Apr 2024**

Q4
2023
SUBMISSION

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

Q4
2023
CERTIFICATION

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

Certification due **15 Jul 2024**

Q1
2024
SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	0	
MAR	1	
TOTAL	1	
ACCURACY	0%	

Q1
2024
CERTIFICATION

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

Certification due **15 Oct 2024**

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


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

The certification due date will be by the quarter.





Provider Home Page – 2nd Row

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

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

Activity Dashboard  

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

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS

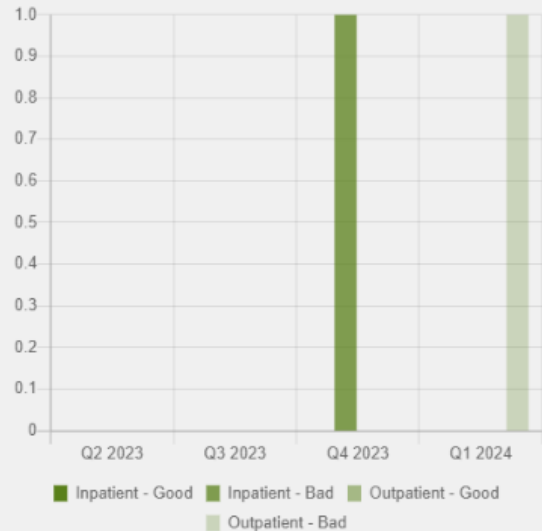
The top row of this listing will give you, your next due date. The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS

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

Performance History




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

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

QUICK TIP:

To protect your data, THCIC requires passwords to be reset every 60 days.



 health and human
Services | Health Services

Data Management/Primary Contact Provider Home Page

Provider
Tabs

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

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Activity Dashboard  

THCIC

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

Other Features

Activity Dashboard

Q3 2023

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Apr 2024**

Q4 2023

SUBMISSION

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

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

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

Certification due **15 Jul 2024**

Q1 2024

SUBMISSION

	Outpatient
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%

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

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

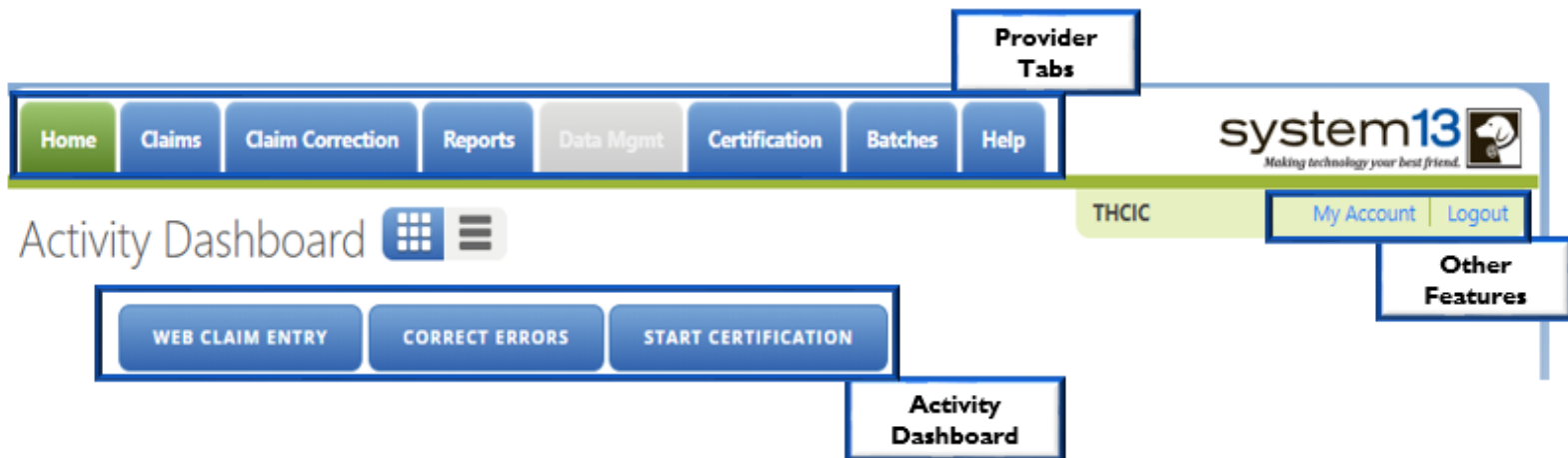
Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION
19 DAYS**Performance History**

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

QUICK TIP:
To protect your data, THCIC requires passwords to be reset every 60 days.

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.

Provider Tabs



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



Activity Dashboard  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Activity Dashboard

Activity Dashboard  

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

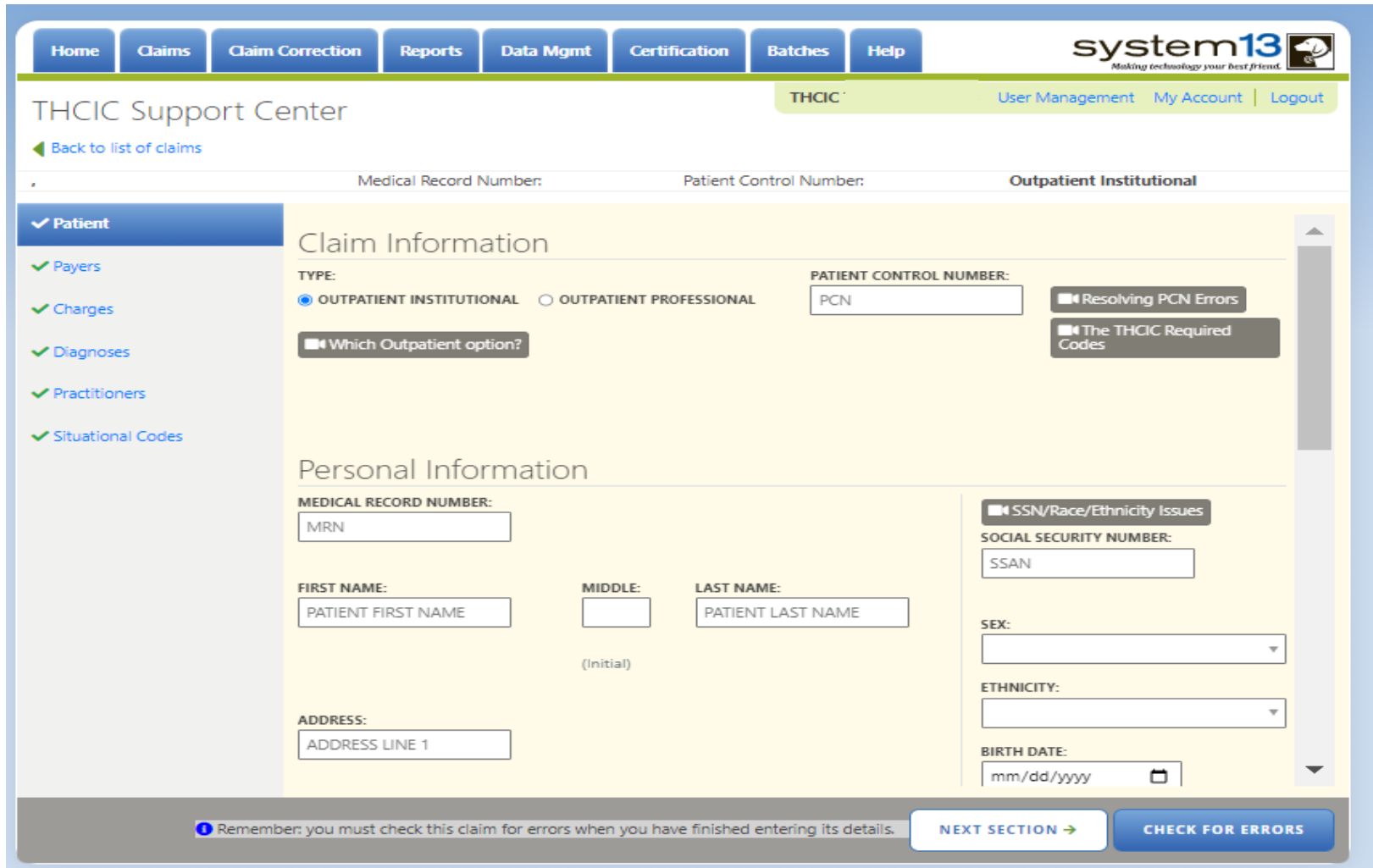
Start Certification is the same feature as the tab WebCertification – Allows facilities to certify their data.

START CERTIFICATION

Claim Entry Entry

WEB CLAIM ENTRY

ADD NEW CLAIM




The screenshot shows the 'THCIC Support Center' interface. At the top, there's a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'Claims' tab is active. Below the navigation bar, there's a header area with 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and includes a 'Back to list of claims' link. Below this, there's a section for 'Medical Record Number:', 'Patient Control Number:', and 'Outpatient Institutional'. The 'Patient' section is expanded, showing a list of links: Payers, Charges, Diagnoses, Practitioners, and Situational Codes. The 'Claim Information' section includes a 'TYPE:' dropdown with 'OUTPATIENT INSTITUTIONAL' selected, a 'PATIENT CONTROL NUMBER:' field with 'PCN', and a 'Which Outpatient option?' button. The 'Personal Information' section includes a 'MEDICAL RECORD NUMBER:' field with 'MRN', 'FIRST NAME:', 'MIDDLE:', and 'LAST NAME:' fields, a 'ADDRESS:' field with 'ADDRESS LINE 1', and a 'SEX:' dropdown. There are also buttons for 'Resolving PCN Errors', 'The THCIC Required Codes', and 'SSN/Race/Ethnicity Issues'. At the bottom, there's a footer with a reminder: 'Remember: you must check this claim for errors when you have finished entering its details.' and buttons for 'NEXT SECTION' and 'CHECK FOR ERRORS'.

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

Claim Corrections / Correct Errors

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

SELECT ALL 135 Claims DELETE ACCEPT AS IS

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



Start Certification /Certification

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

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

THCIC Support Center

Certification

INPATIENT

2023

4th Quarter

Eligible Claims

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

3rd Quarter

No Data

2nd Quarter

Eligible Claims

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

1st Quarter

Eligible Claims

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

Older Quarters

Select Quarter

OUTPATIENT

2023

4th Quarter

No Data

3rd Quarter

No Data

2nd Quarter

Eligible Claims

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

1st Quarter

No Data

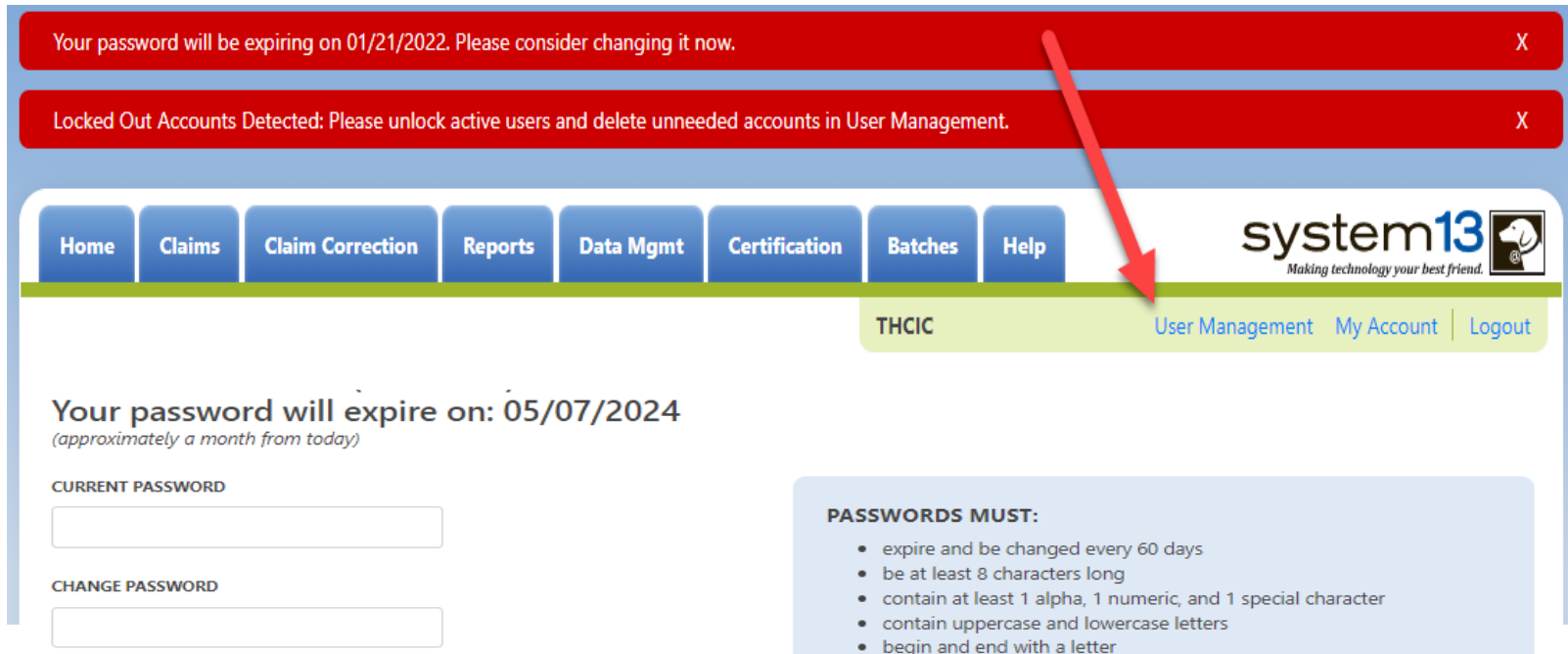
Start Certification/ Certification is the data certification process. It will allow facilities to view their previously submitted data and certify that the data was accurately submitted. If the user has inpatient and outpatient claims, their certification page will show both inpatient and outpatient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



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Banner Messages and Locked Accounts



The screenshot displays the system13 user interface. At the top, two red banner messages are visible, each with a close button (X) on the right. The first banner states: "Your password will be expiring on 01/21/2022. Please consider changing it now." The second banner states: "Locked Out Accounts Detected: Please unlock active users and delete unneeded accounts in User Management." 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. Below the navigation bar is a green bar containing 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 displays a message: "Your password will expire on: 05/07/2024 (approximately a month from today)". Below this message are two input fields: "CURRENT PASSWORD" and "CHANGE PASSWORD". To the right of these fields is a box titled "PASSWORDS MUST:" containing a list of requirements: "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", and "begin and end with a letter".

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

system13
Making technology your best friend.

THCIC User Management My Account Logout

Your password will expire on: 05/07/2024
(approximately a month from today)

CURRENT PASSWORD

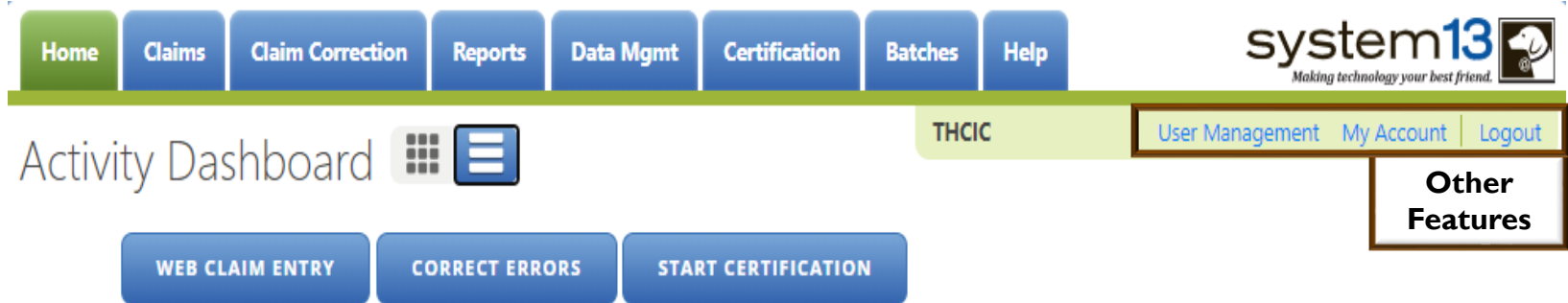
CHANGE PASSWORD

PASSWORDS MUST:

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

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 'system13' interface with the tagline 'Making technology your best friend.' and a user profile icon. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The main content area is titled 'Activity Dashboard' and features three primary action buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. On the right side, there is a 'THCIC' status indicator and a user menu containing 'User Management', 'My Account', and 'Logout'. A box labeled 'Other Features' is also present in the top right corner.

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

system13
Making technology your best friend.

THCIC Support Center

THCIC Trainer 000005 User Management My Account Logout

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 displays 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 with an arrow points to the 'CREATE NEW USER' button, stating: 'To add a user, click 'create new user.''. Below this is a table header with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. Another callout box states: 'The screen below will open...'. The 'New User' form is shown with fields for FIRST NAME, MIDDLE NAME, LAST NAME, PHONE, and EMAIL. Under the ROLE section, there are radio buttons for DATA MANAGER and DATA CERTIFIER, with a 'More Info' link. Under the EMAIL SCHEME section, there are radio buttons for DATA MANAGER, DATA CERTIFIER, and FACILITY DATA ADMINISTRATOR, also with a 'More Info' link. At the bottom of the form are 'SAVE' and 'CANCEL' buttons. A large callout box on the right explains: '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

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)

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)



Role

☐ DATA MANAGER ☐ DATA CERTIFIER

[? More Role Info](#)

Role is a required field.

Email Scheme

☐ DATA MANAGER ☐ DATA CERTIFIER ☐ FACILITY DATA ADMINISTRATOR

[? More Email Scheme Info](#)

Email Scheme is a required field.



User Management – List of User(s)

HomeClaimsClaim CorrectionReportsData MgmtCertificationBatchesHelp

system13
Making technology your best friend.

THCIC Support Center

THCIC Trainer 000005User ManagementMy AccountLogout

User Management

CREATE NEW USER

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

User Management

CREATE NEW USER

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

DELETE

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



User Management – Lock Features



THCIC Support Center

User Management

User ID: th000005c

Intrusion Lock: ☒

Account Lock: ☒

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



THCIC Support Center

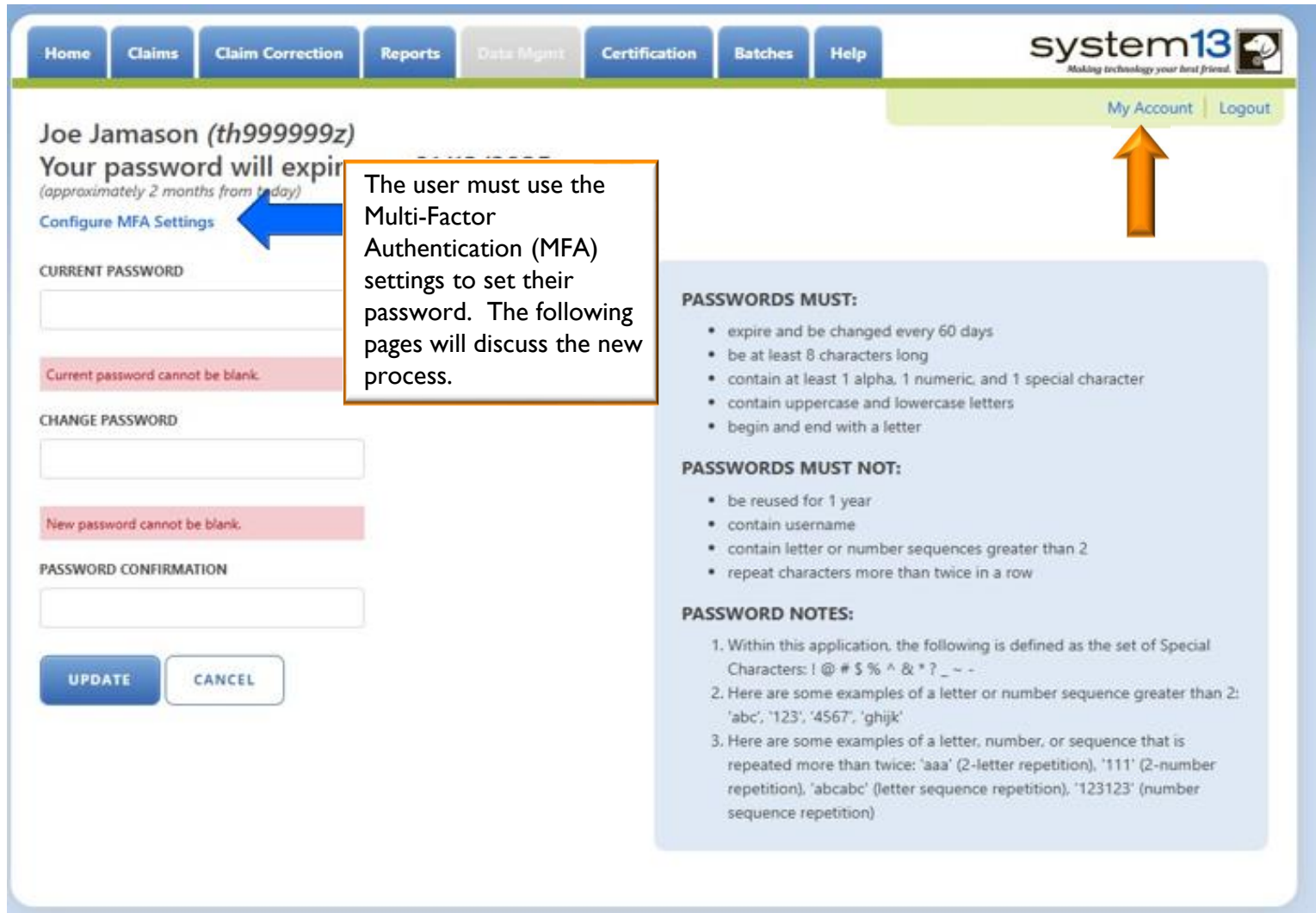
User Management

User ID: th000005c

Intrusion Lock: ☐

Account Lock: ☒

Other Features - My Account Password Update/Change



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 'My Account' link is highlighted in the top right corner, with an orange arrow pointing to it. Below the navigation bar, the user's name 'Joe Jamason (th999999z)' is displayed. A message states 'Your password will expire (approximately 2 months from today)'. A blue arrow points to the 'Configure MFA Settings' link. The 'CURRENT PASSWORD' section has a text input field and a red error message: 'Current password cannot be blank.' The 'CHANGE PASSWORD' section has a text input field and a red error message: 'New password cannot be blank.' The 'PASSWORD CONFIRMATION' section has a text input field. At the bottom, there are 'UPDATE' and 'CANCEL' buttons. A text box on the right side of the page provides password requirements and notes.

Joe Jamason (th999999z)
Your password will expire
(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:

839620

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

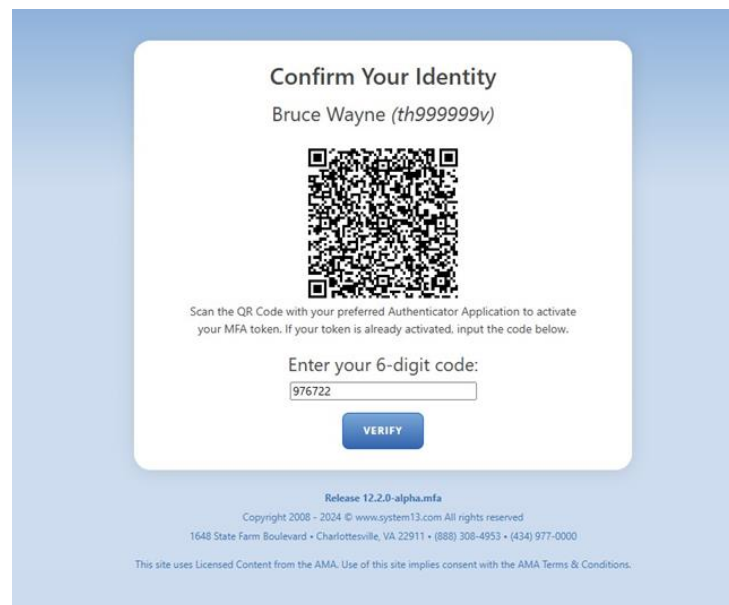
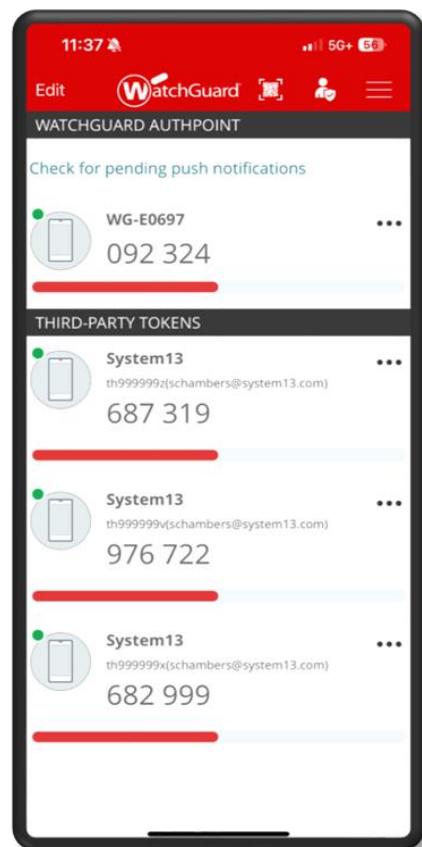
➦ Forward

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.

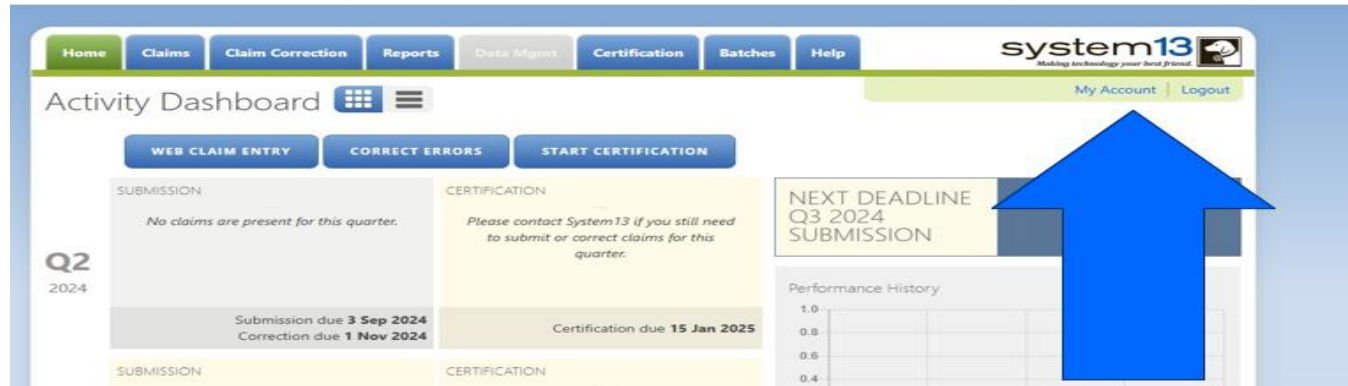
(Remember this code changes every 30-seconds.)

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



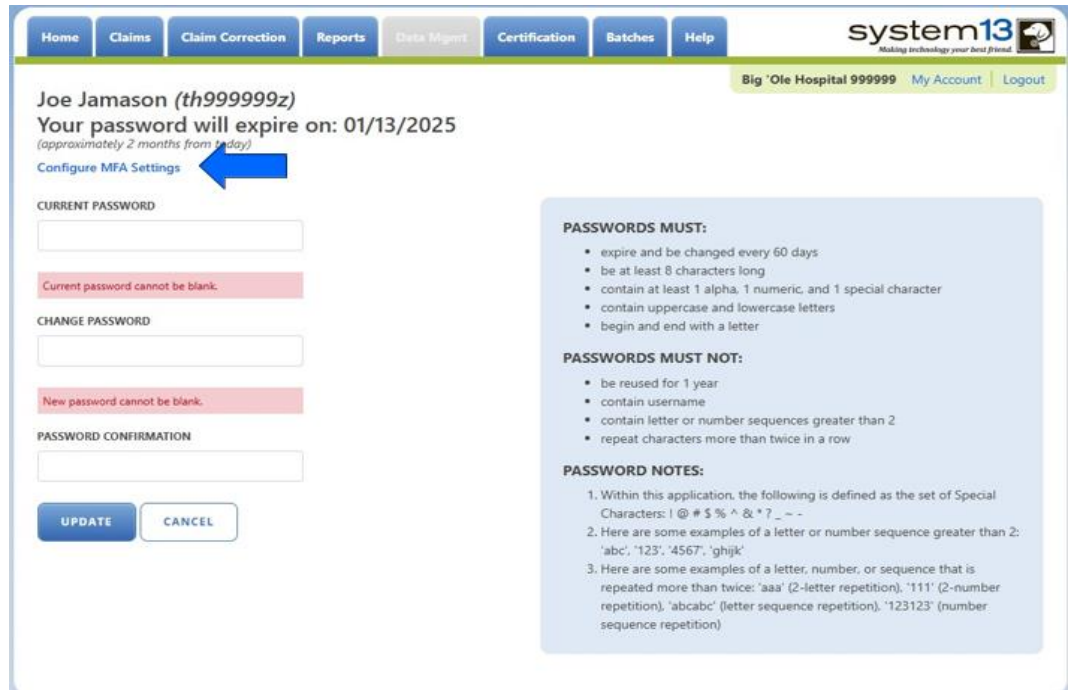
Updating MFA Settings

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 indicates that the password will expire on 01/13/2025 (approximately 2 months from today). A blue arrow points to the 'Configure MFA Settings' link. The page includes fields for 'CURRENT PASSWORD', 'CHANGE PASSWORD', and 'PASSWORD CONFIRMATION', each with a 'UPDATE' button. A 'CANCEL' button is also present. 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

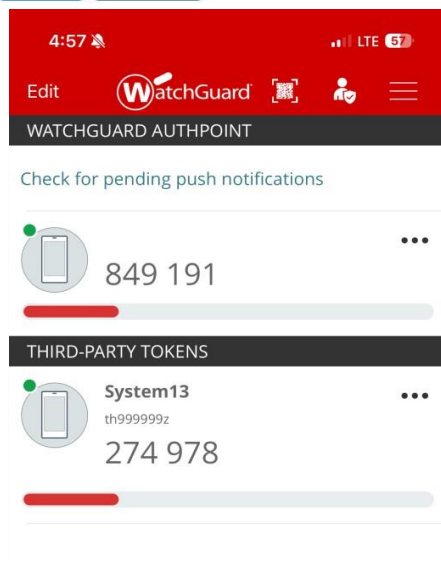
Joe Jamason (*th999999z*)

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.

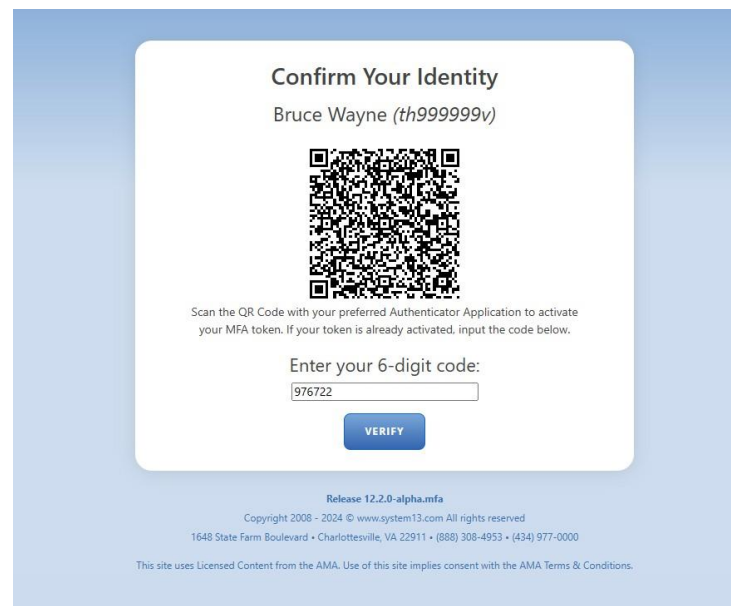
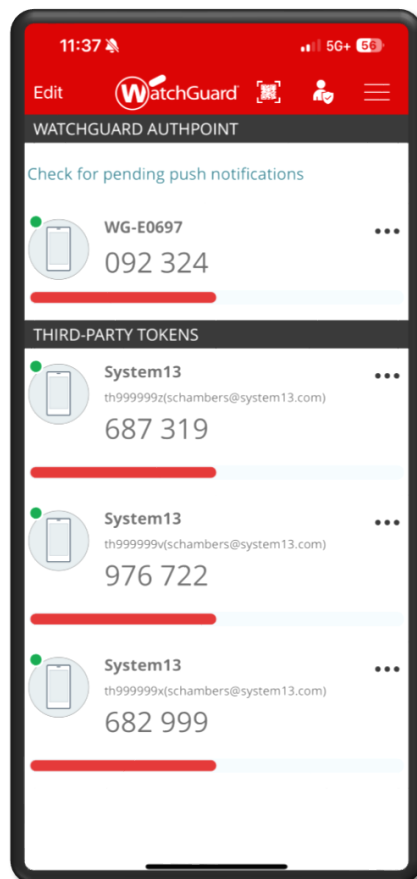
With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

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.

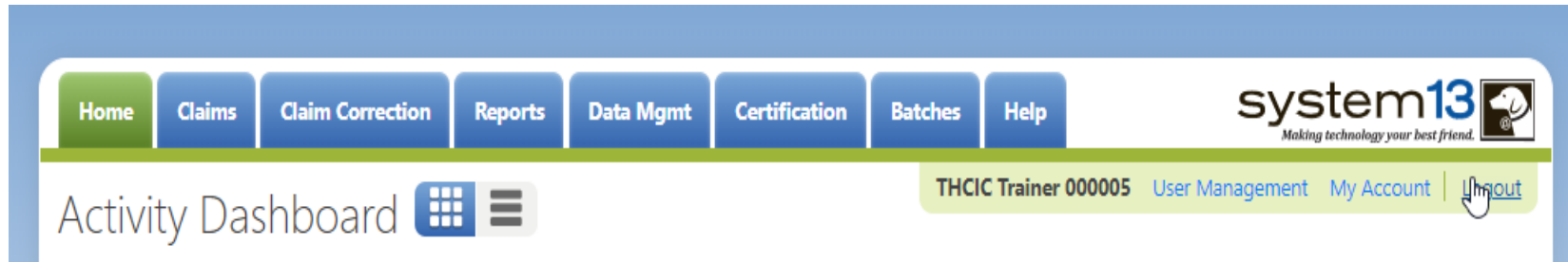
Double check the username on the app/email and the username for the site.

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>

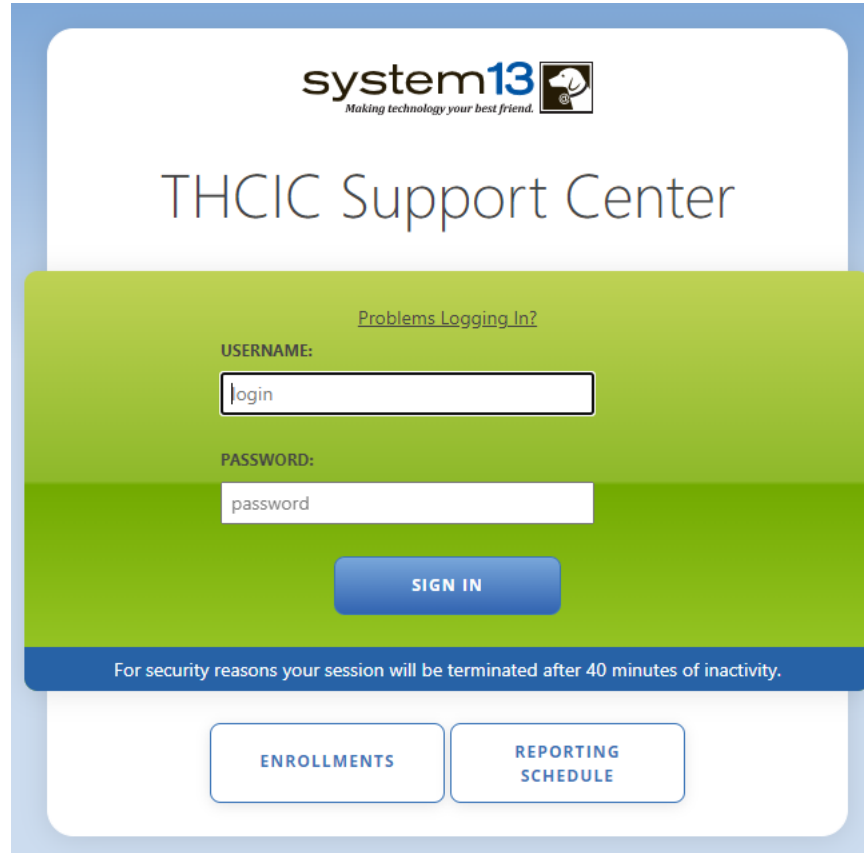
Issues with the MFA process, please contact System13 at 888-308-4953 or email thcichelp@system13.com.


Other Features - Logout



Logout logs you out of the system.

Other Features - Logout



system13 
Making technology your best friend.

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**

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

system13 
Making technology your best friend.

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

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
Health and Human
Services

Texas Department of State
Health Services

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

system13
Making technology your best friend.

Activity Dashboard

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

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

Q3
2023

SUBMISSION
 No claims are present for this quarter.

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

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

 Certification due **15 Apr 2024**

Q4
2023

SUBMISSION

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

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

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

 Certification due **15 Jul 2024**

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%

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

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

 Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	0.0	0.0	0.9	0.1

QUICK TIP:
 To protect your data, THCIC requires passwords to be reset every 60 days.

Provider Home Page – List View

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

system13
Making technology your best friend.

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

Activity Dashboard

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

Q3
2023
SUBMISSION

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

Q3
2023
CERTIFICATION

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

Q4
2023
SUBMISSION

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

Q4
2023
CERTIFICATION

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

Q1
2024
SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	0	
MAR	1	
TOTAL	1	
ACCURACY	0%	

Q1
2024
CERTIFICATION

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

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS

Performance History

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

QUICK TIP:

To protect your data, THCIC requires passwords to be reset every 60 days.

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"/> 111122212	111122212	202403199998999603000006	03/19/2024	DOE, KENDRA	OUT-I	8
<input type="checkbox"/> 489489	489489	202403199998999604000006	03/19/2024	DOE, KENDRA	OUT-I	-
<input type="checkbox"/> 565656	565656	202403199998999605000006	03/19/2024	DOE, DANIEL	OUT-P	2
<input type="checkbox"/> 147741	147741	202403199998999606000006	03/19/2024	DOE, LINDA	OUT-I	-
<input type="checkbox"/> 898998	898998	202403089998999609000006	03/08/2024	DOE, JENNIFER	OUT-I	16
<input type="checkbox"/> 852258	852258	202402149998999614000006	02/14/2024	PENSON, SYDNEE	OUT-I	-
<input type="checkbox"/> 789987	789987	202402149998999615000006	02/14/2024	YOUNG, REYNOLD	OUT-I	-
<input type="checkbox"/> 852852	852852	202402079998999618000006	02/07/2024	, MARK	OUT-P	18A
<input type="checkbox"/> 789369	789369	202402079998999619000006	02/07/2024	DOE, LAURA	OUT-I	-
<input type="checkbox"/> 456123	456123	202402079998999623000006	02/07/2024	DOE, JESSICA	OUT-I	-
<input type="checkbox"/> 789456	789456	202402079998999624000006	02/07/2024	RDRIQUEZ, MILEY	OUT-I	-
<input type="checkbox"/> 982839	982839	202312059998999625000006	12/05/2023	DOE, YOLANDA	OUT-I	1

SELECT ALL 716 Claims DELETE

Errors

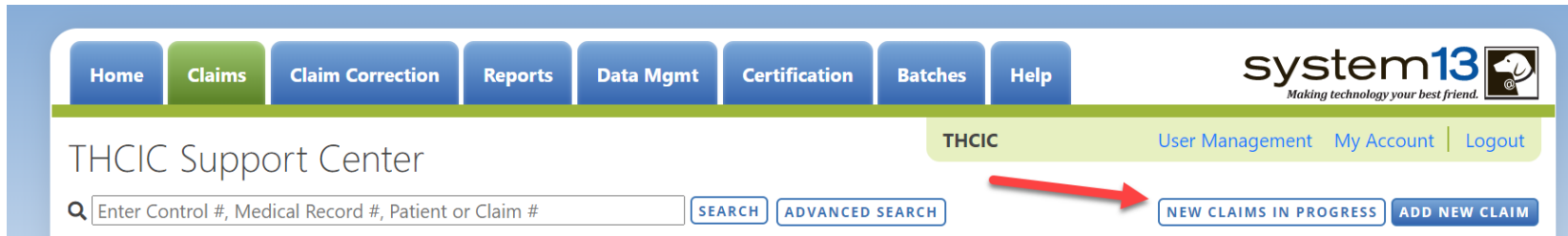
Accepted As Is

No Correction Needed

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




The screenshot shows the system13 interface. At the top, there is a navigation bar with tabs: Home, Claims (highlighted in green), 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, there is a section titled "THCIC Support Center". To the right of this section, there are links: "THCIC", "User Management", "My Account", and "Logout". Below these links, there is a search bar with the placeholder text "Enter Control #, Medical Record #, Patient or Claim #". To the right of the search bar are two buttons: "SEARCH" and "ADVANCED SEARCH". Further to the right, there are two buttons: "NEW CLAIMS IN PROGRESS" and "ADD NEW CLAIM". A red arrow points from the "ADVANCED SEARCH" button to the "NEW CLAIMS IN PROGRESS" button.

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

New Claims in Progress

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



THCIC Support Center

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

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

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

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

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

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



THCIC Support Center

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

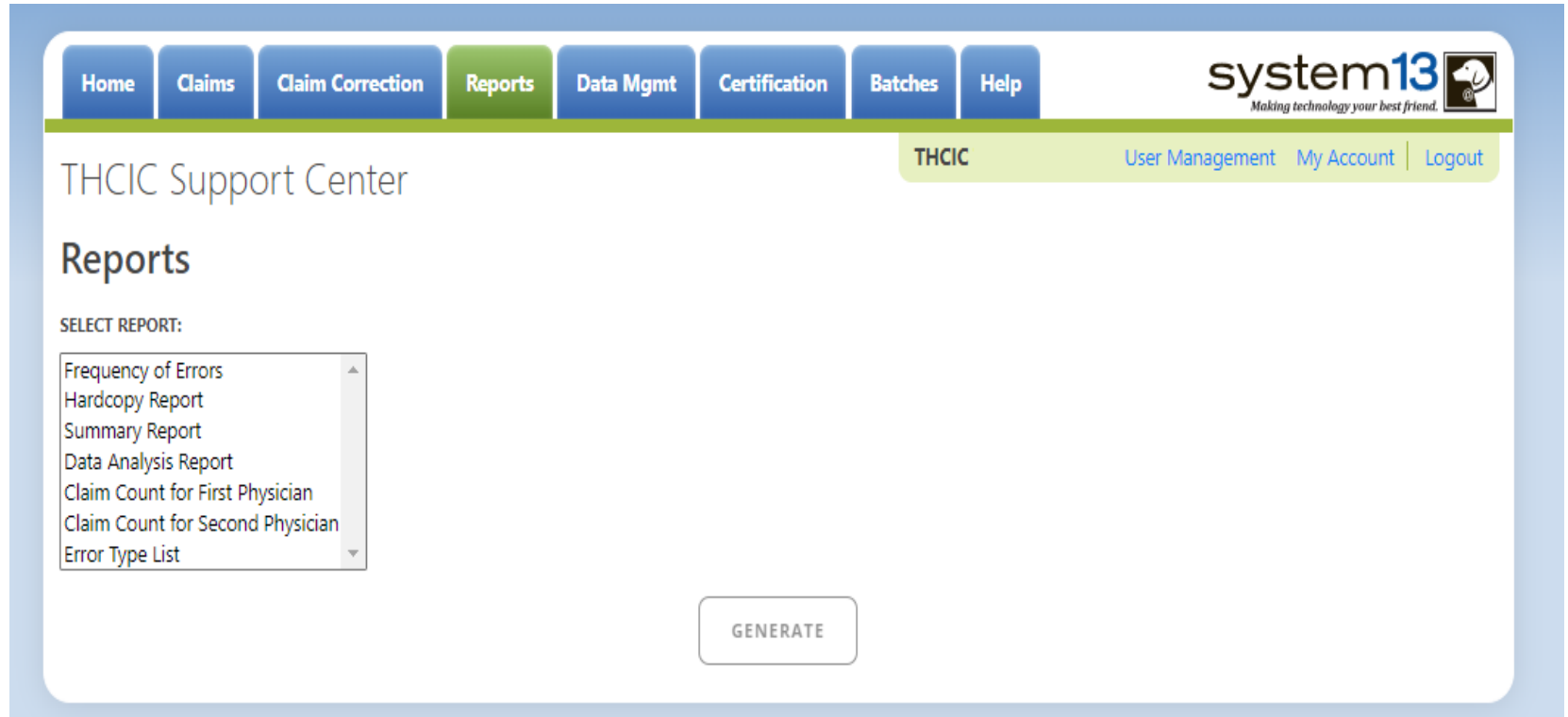
[SEARCH](#)
[ADVANCED SEARCH](#)

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

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

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

Reports

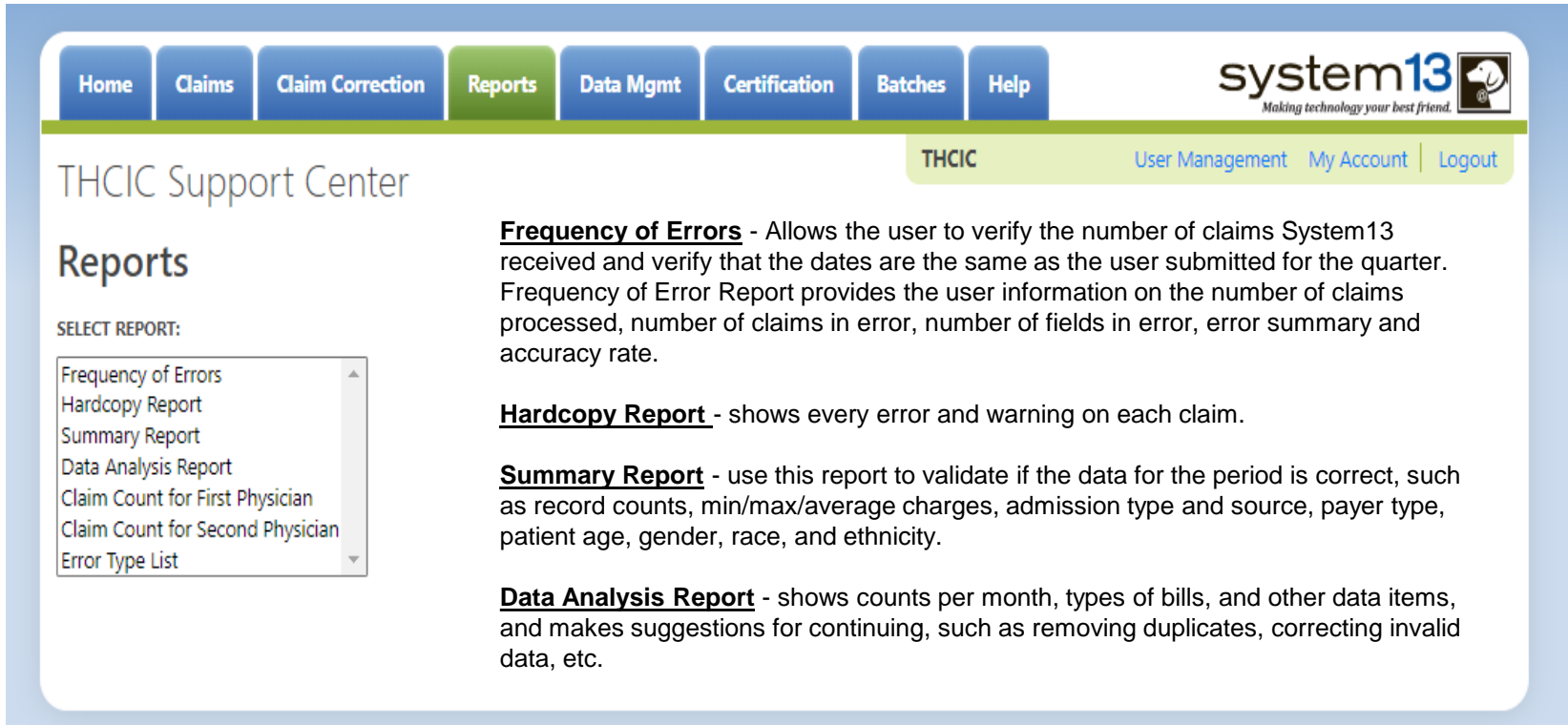
[Reports](#)

The screenshot shows 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, 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 contains a "SELECT REPORT:" section. This section has a dropdown menu with the following options: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report, Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. Below the dropdown menu is a "GENERATE" button.

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

Reports Available

Reports



The screenshot shows the 'Reports' section of the System13 web application. 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 dog's head. Below the navigation bar, the page title is 'THCIC Support Center'. 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 contains a 'SELECT REPORT:' dropdown menu. The dropdown menu lists the following reports: 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'.

THCIC Support Center

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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.

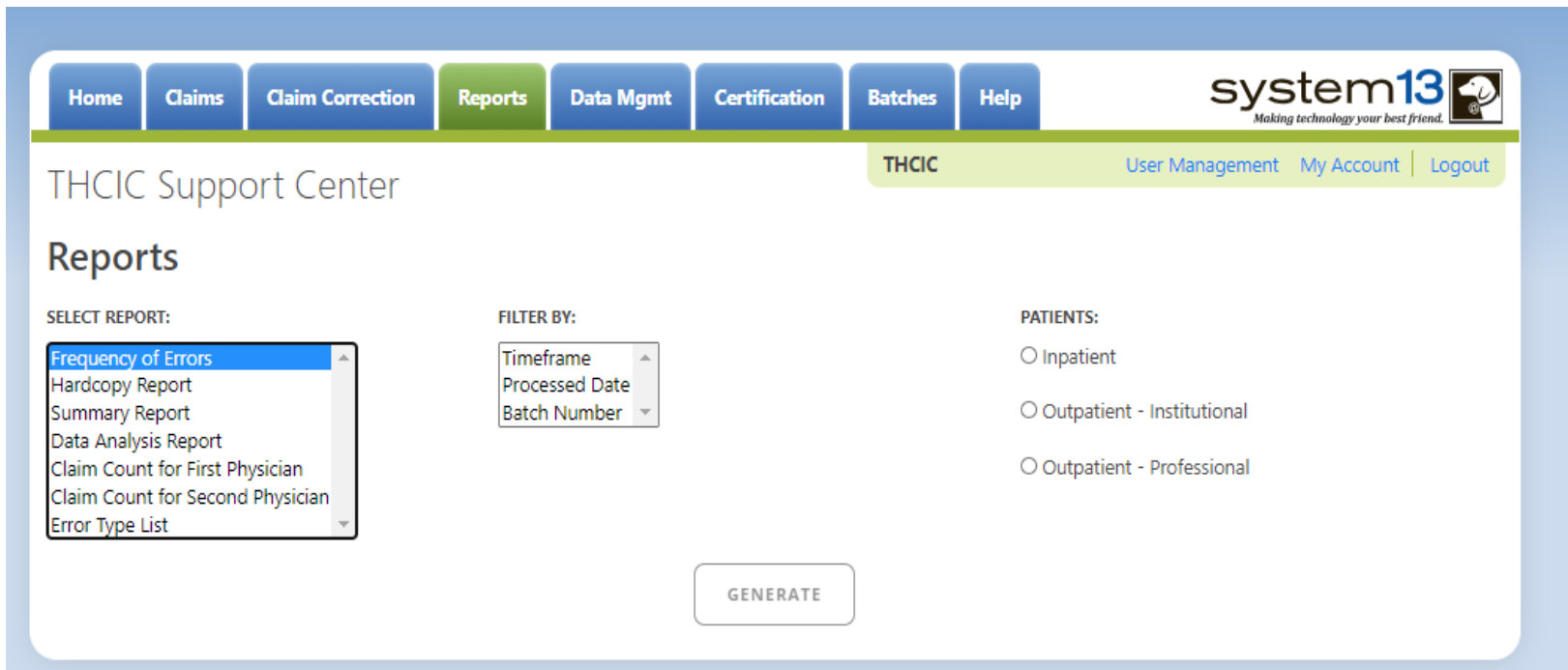
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID but will not include patient information.

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 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 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

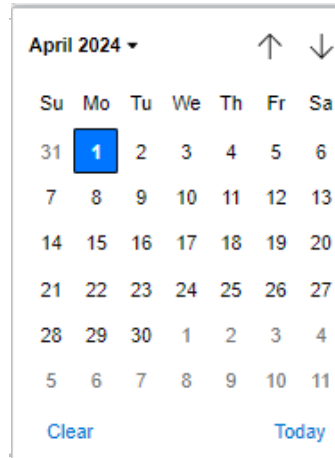
PATIENTS:






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

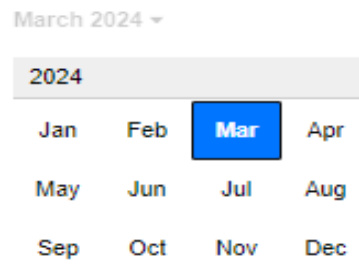
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

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:

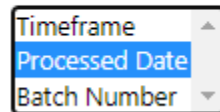
- ☐ Inpatient
- ☐ Outpatient - Institutional
- ☐ Outpatient - Professional

- ✓ 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:



DATE:



PATIENTS:

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

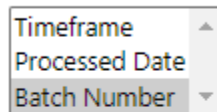
GENERATE

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

Filter Report By Batch Number

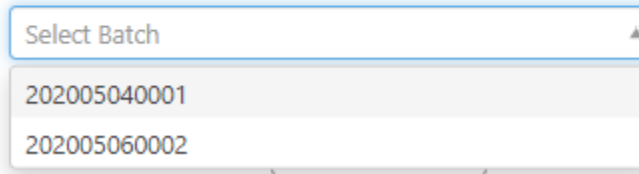
- ✓ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:



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

BATCH:



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

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

Provider Tab Data Management

Data Mgmt

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☐ OUTPATIENT


Select Action

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


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

Data 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
Claim Count for Second Physician
Error Type List

QUARTER:

Select Quarter
24q1
23q4
23q3
23q2

PATIENTS:

☐ Inpatient
☐ Outpatient

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	???
Jan	0	0	0	0	0	0	0	0	0	0	0
Feb	0	0	0	0	0	0	0	0	0	0	0
Mar	0	0	0	0	0	0	0	0	0	0	0
Apr	3	0	3	0	0	0	0	0	0	0	0
May	2	0	2	0	0	0	0	0	0	0	0
Jun	2	0	2	0	0	0	0	0	0	0	0

Quarter Comparison

Qtr	Total
2q23	7

Messages

*	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

THCIC

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

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

MODIFY/REPLACE/REMOVE (MRR)

REMOVE DUPLICATES (DR)

Provider Tab Data Management

Data Mgmt

The screenshot 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 is titled 'Data Management Actions on Quarterly Data'. A modal window titled 'MRR DR Information' is open, featuring a dog icon in the top right corner. The modal text reads: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. At the bottom of the modal are two buttons: 'YES' and 'NO'. In the background, the 'Modify/Replace' section is partially visible, showing a list of actions like 'Match claims with', 'Eliminate duplicates', and 'Apply late charges'. Below this, there are sections for 'Select Claim Type' (with radio buttons for Inpatient and Outpatient) and 'Select Action' (with buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)').

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC 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 list matching criteria: 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 continue. The alert includes 'YES' and 'NO' buttons.

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

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Modify/Replace/Remove Alert

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

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

Do you wish to continue?

YES NO



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Provider Tab Data Management

Data Mgmt

HomeClaimsClaim CorrectionReportsData MgmtCertificationBatchesHelp

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THCIC Support Center

Data Management Actions on Quarterly Data


Modify/Replace/Remove Process (MRR)

Duplicate Remove Process (DR)

The MRR function will:

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

Process Submitted



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

OK

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

MODIFY/REPLACE/REMOVE (MRR)

REMOVE DUPLICATES (DR)




TEXAS
Health and Human
Services

Texas Department of State
Health Services

Data Management Emails

Data Mgmt

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

THCIC Support Center

This tab is only available to the data administrator/primary contact of the facility. Before the modify/replace/remove and duplicate removal is 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




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)

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

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

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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



Provider Tab Data Management

Data Mgmt

The screenshot 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 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?'. There are 'YES' and 'NO' buttons, with the 'YES' button being highlighted by a mouse cursor. In the background, the 'Modify/Replace' section is visible, showing a list of actions to be performed on claims, including matching claims with patient data, applying corrections, and removing duplicates. Below the dialog, there are sections for 'Select Claim Type' (with radio buttons for INPATIENT and OUTPATIENT) and 'Select Action' (with buttons for MODIFY/REPLACE/REMOVE (MRR) and REMOVE DUPLICATES (DR)).

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THCIC Support Center

THCIC Trainee 1 000006 User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace

The MRR function will:

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

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the 'THCIC Support Center' is visible, along with user information: 'THCIC Trainee 1 000006' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections list key values for matching claims: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' dialog box is prominently displayed in the foreground. It contains a warning message about selecting the DR function based on the bill type (xx1), instructions on how to view bill types, and a question 'Do you wish to continue?' with 'YES' and 'NO' buttons.

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

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THCIC Support Center

THCIC Trainee 1 000006 User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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



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' with links for User Management, My Account, and Logout. The main heading is 'THCIC Support Center'. Below this, the section is 'Data Management Actions on Quarterly Data'. Two main options 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 has an 'OK' button. In the background, under 'Modify/Replace/Remove Process (MRR)', there is a list of actions: Match claims with Patient Co, Medical R, Admission, Admission, Eliminate duplica, Apply late charg, Apply correction, Apply the replacement information (xx7 bill types), and Remove claims that match a Void/Cancel of a prior claim (xx8 bill types). At the bottom, there are sections for 'Select Claim Type' (with radio buttons for INPATIENT and selected OUTPATIENT) and 'Select Action' (with buttons for MODIFY/REPLACE/REMOVE (MRR) and REMOVE DUPLICATES (DR)).

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

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

Process Submitted

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

OK

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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




TEXAS
Health and Human
Services

Texas Department of State
Health Services

Data Management Email

Data Mgmt

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



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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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



THCIC Support Center

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

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

Batches is a list of files sent in by 5010 upload. This listing is only for batches currently in the system. ***Only the 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 I 3 cannot retrieve this batch for you.

6 Batches



Provider Tab Help

Help

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

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THCIC Support Center

THCIC

User Management

My Account

Logout

Online Help & Resources

TRAINING MATERIALS

Claim Entry

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

Claim Correction

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

Submitter

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

Reports

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

Certification

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

SEARCH AND LOOKUPS

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

SUPPORTING DOCUMENTS

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

SUPPORT VIDEOS

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

FREQUENTLY ASKED QUESTIONS

How can I change my password?

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

How do I update the Certifier Name?

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

NEED MORE HELP? CONTACT HELP DESK



Provider Tab Help – Need More Help

Help

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

- TRAINING MATERIALS**: Includes links for Claim Entry (Inpatient, Outpatient) and Claim Correction (Inpatient, Outpatient).
- SEARCH AND LOOKUPS**: Lists links for NPI Registry lookup, Board of Medical Examiners (Search for State), Podiatric Medical Examiners, Dental Examiners, and Roster of documented midwives in Texas.
- SUPPORT VIDEOS**: Lists several video topics, including 'What type of claim data files can be uploaded?', 'Understanding and troubleshooting 834 files', 'Institutional -vs- Professional claim for services', 'Common errors in SSN, Race, and Ethnicity', 'Common errors in Diagnosis Codes, E-Numbers', 'Resolving PCN-Patient Control Number', 'Explaining the THCIC Required Codes', 'Common errors with Physician information', 'WebClaim - How to enter claims', and 'WebCorrect - How to correct claims'.
- FREQUENTLY ASKED QUESTIONS**: Includes questions like 'How can I change my password?' and 'How do I update the Certifier Name?'. A red arrow points from this section to a button at the bottom.

At the bottom of the page, there is a blue button that reads 'NEED MORE HELP? CONTACT HELP DESK'.

Claim Correction

AGENDA



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



Claim Correction Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

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 correction through the provider tab or the dashboard icon

Claim Correction

CORRECT ERRORS



Opening Claim Correction

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

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

THCIC Support Center


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







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

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



Sorting Claim Correction Listing

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

<div>Home Claims Claim Correction Reports Data Mgmt Certification Batches Help</div>							system13 <small>Making technology your best friend.</small>	
THCIC Support Center				THCIC	User Management	My Account	Logout	
<input type="text" value="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"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10		
<input type="checkbox"/> 6870764	6515348	201507140090000055000005	07/14/2015	DOE, FLORA	OUT-P	1		
<input type="checkbox"/> 5545570	6568505	201507140090000085000005	07/14/2015	DOE, Jaren	OUT-P	1		
<input type="checkbox"/> 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4		
<input type="checkbox"/> 8765539	8756440	201507140090000026000005	07/14/2015	DOE, Raegan	OUT-P	3		
<input type="checkbox"/> 7090563	6789911	201507140090000107000005	07/14/2015	DOE, LIZA	OUT-P	1		
<input type="checkbox"/> PCN-560	ERR-684	201610140006000062000005	10/14/2016	DOE, DANIELLE	OUT-I	1		
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1		
<input type="checkbox"/> PCN-604	ERR-759	201610140006000105000005	10/14/2016	DOE, AALEX	OUT-I	1		



Search for Claims

THCIC Support Center

THCIC

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

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

SEARCH

ADVANCED SEARCH

START CORRECTIONS

The user can search claims by:

✕ Control #

✕ Medical record #

✕ Patient or Claim #

THCIC Support Center

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

Q 6789

SEARCH

ADVANCED SEARCH

START CORRECTIONS

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

Q 6789




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

Advanced Search for Claims

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

The screenshot shows the 'THCIC Support Center' interface. At the top is a navigation bar with buttons for Home, Claims, Claim Correction (highlighted in green), 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 '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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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

HomeClaimsClaim CorrectionReportsData MgmtCertificationBatchesHelp

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THCIC Support Center

User ManagementMy AccountLogout

Q Enter Control #, Medical Record #, Patient or Claim #SEARCHADVANCED SEARCHJUMP TO FIRST ERROR

	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

SELECT ALL

47 Claims (5 Selected)

DELETE

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 correction. You must first review the errors. Once the errors have been reviewed and the facility cannot make the corrections to pull the claim from the correction listing "Accept As Is" is an option.

The screenshot displays the 'system13' web interface for claim correction. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'User Management' with options for 'My Account' and 'Logout'. The main header shows 'THCIC Support Center' and a 'Back to list of claims' link. The patient information section identifies 'DOE, JOHN' with Medical Record Number 441 and Patient Control Number 441, noting the patient is an 'Inpatient'. A red banner at the top of the error section states: 'Claim has been successfully submitted, but still has errors.' Below this banner is a 'REVIEW ERRORS' button and an 'ACCEPT AS IS' button with a dropdown arrow. The 'Error Summary' table lists four errors:

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

A red bar at the bottom left of the screen indicates '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 message indicates 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.

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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 correction. You must first review the errors. Then click, “Check For Errors”. If the facility cannot make the corrections, “Accept As Is” is an option.



The “Accept as is” function in the data correction functionality does not correct an error. 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

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 right side of the header features the 'system13' logo with the tagline 'Making technology your best friend.' and a user profile icon. Below the navigation bar, the page title is 'THCIC Support Center'. A search bar is present with 'SEARCH' and 'ADVANCED SEARCH' buttons. To the right of the search bar are buttons for 'NEW CLAIMS IN PROGRESS' and 'ADD NEW CLAIM'. The main content area displays a table of claims with the following columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. A single claim is listed with a green '2A' in the Errors column.

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

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

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

693 - Invalid Physician 1 (Operating) Identifier

Start Corrections



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


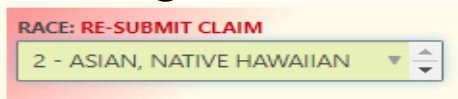





Start Corrections will move sequentially through all claims in the current claims correction list and open the edit screen focused on the first error in the claim. By using Start Corrections followed by SUBMIT and Next Claim all errors can be accessed in order.



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

Errors in a Claim




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



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 in this field.



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](#)

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

19 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors

Last selected error is in bold

725 - Missing Patient Address Line 1

729 - Missing Patient City

626 - Missing Patient State

627 - Missing Patient ZIP

665 - Missing Patient Social Security Number

633 - Missing Patient Gender

635 - Missing Patient Ethnicity

630 - Missing Patient Birth Date

634 - Missing Patient Race


719 - Invalid Statement From Date

720 - Invalid Statement Thru Date

639 - Missing Facility Type

Claim Information

PATIENT CONTROL NUMBER
369258147

Click  to edit tab information.

Personal Information

NAME
JANE DOE

MEDICAL RECORD NUMBER
369258147

SOCIAL SECURITY NUMBER

ADDRESS
802 WIND BLOWN DRIVE
UNITED STATES

BIRTH DATE
01/01/1980

SEX

RACE
5 - OTHER RACE

ETHNICITY

Bill Type

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

FACILITY TYPE CODE
13 - HOSPITAL OUTPATIENT

CLAIM FREQUENCY TYPE CODE
1 - ADMIT THROUGH DISCHARGE CLAIM

28 errors in this claim

Number of errors in the claim is 28.

CHECK FOR ERRORS

91

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](#)

202002059998999786000005

DOE, JANE

Medical Record Number: 369258147

Patient Control Number: 369258147

Outpatient Institutional

14 Patient

2 Payers

1 Charges

1 Diagnoses

[Practitioners](#)

[Situational Codes](#)

Active Errors
Last selected error is in bold
783 - The Claim must have either a THCIC required HCPCS code or a THCIC required revenue code.
725 - Missing Patient Address Line 1
729 - Missing Patient City
626 - Missing Patient State
627 - Missing Patient ZIP
665 - Missing Patient Social Security Number
633 - Missing Patient Gender
635 - Missing Patient Ethnicity
630 - Missing Patient Birth Date
634 - Missing Patient Race
719 - Invalid Statement From Date
720 - Invalid Statement Thru Date
639 - Missing Facility Type Code
640 - Missing Claim Frequency Type Code

Claim Information

PATIENT CONTROL NUMBER:
1236545

Resolving PCN Errors

The THCIC Required Codes

Personal Information

NAME
JOE DOE

MEDICAL RECORD NUMBER
1236545

SOCIAL SECURITY NUMBER

ADDRESS

BIRTH DATE

RACE

SEX

ETHNICITY

Bill Type

STATEMENT FROM/THRU
From:
Through:

FACILITY TYPE CODE

CLAIM FREQUENCY TYPE CODE

18 errors in this claim

CHECK FOR ERRORS

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

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 was.

Error - Payer

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



Charges Tab



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



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



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



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



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



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



Errors - Charges Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

Back to list of claims

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

1 Patient
✓ Payers

2 Charges

1 Diagnoses
4 Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold
671 - Invalid Revenue Code
671 - Invalid Revenue Code

035
HC - 77014
*Resolve audit errors to delete item

333
HC - 77290
*Resolve audit errors to delete item

0333
HC - 77373

0333
HC - 77280

0333
HC - 77334

0333
HC - 77295

REVENUE CODE:
035

QUALIFIER:
HC - HCPCS Coding System

PROCEDURE CODE:
77014 - CT SCAN FOR THERAPY GUIDE

MODIFIERS:

PROCEDURE DATE:
06/03/2023

PROCEDURE THRU DATE:
06/03/2023

RATE:
0.00

QTY:
1

UNIT:
UN

CHARGE:
739.00

NON-COVERED CHARGE:
0.00

TOTAL CHARGES:

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.



Diagnosis & Procedure Tab and Situational Tab



Selection of codes in the procedure code, value code, occurrence spans and Occurrences by dates fields without an accompanying entry of the associated field on the line item will be saved automatically.



Enter all data prompted data on the line.



Tabbing out of the last field on the line will generate a new entry line for additional line-item entry up to the maximum amount allowed for the type of data being entered.



Error – Diagnosis & Procedures

The screenshot displays the system13 THCIC Support Center interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo with the tagline "Making technology your best friend." is in the top right. Below the navigation bar, the page title "THCIC Support Center" is shown, along with a date range selector set to "202002059998999786000005".

The main content area is titled "DOE, JANE" and includes fields for "Medical Record Number: 369258147", "Patient Control Number: 369258147", and "Outpatient Institutional". A sidebar on the left contains a list of tabs: 3 Patient, 2 Payers, 1 Charges, 2 Diagnoses (highlighted), and a section for "Active Errors" with a note "Last selected error is in bold". The "Active Errors" section lists "608 - Missing Principal Diagnosis" and "785 - Missing Reason for Visit Code".

The "Diagnoses" section is open, showing a search bar with the text "Type to search by code or description". Below the search bar, a list of diagnosis codes is displayed, including "A000 - Cholera due to Vibrio cholerae 01, biovar cholerae", "A001 - Cholera due to Vibrio cholerae 01, biovar eltor", "A009 - Cholera, unspecified", "A0100 - Typhoid fever, unspecified", and "A0101 - Typhoid meningitis". A button labeled "+ ADD OTHER DIAGNOSIS" is at the bottom of the list.

A text box on the right side of the interface states: "When you click, on the field of the error type will be indicated on the left. The active error will be highlighted as shown."

At the bottom of the interface, a red bar indicates "3 errors in this claim", and a blue button labeled "CHECK FOR ERRORS" is on the right.



Error - Practitioners

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

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THCIC Support Center

[Back to list of claims](#) 202002059998999786000005

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

2 Patient

✓ Payers

1 Charges

✓ Diagnoses

1 Practitioners

✓ Situational Codes

Correcting Physician Errors

Physician 1 (Operating)

ID TYPE: OB - State License Number ID NUMBER: 1689638959

FIRST NAME: MIDDLE: LAST NAME:

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.

ID TYPE: XX - NPI - National Provider Identifier ID NUMBER: 1689638959

FIRST NAME: MIDDLE: LAST NAME:

4 errors in this claim

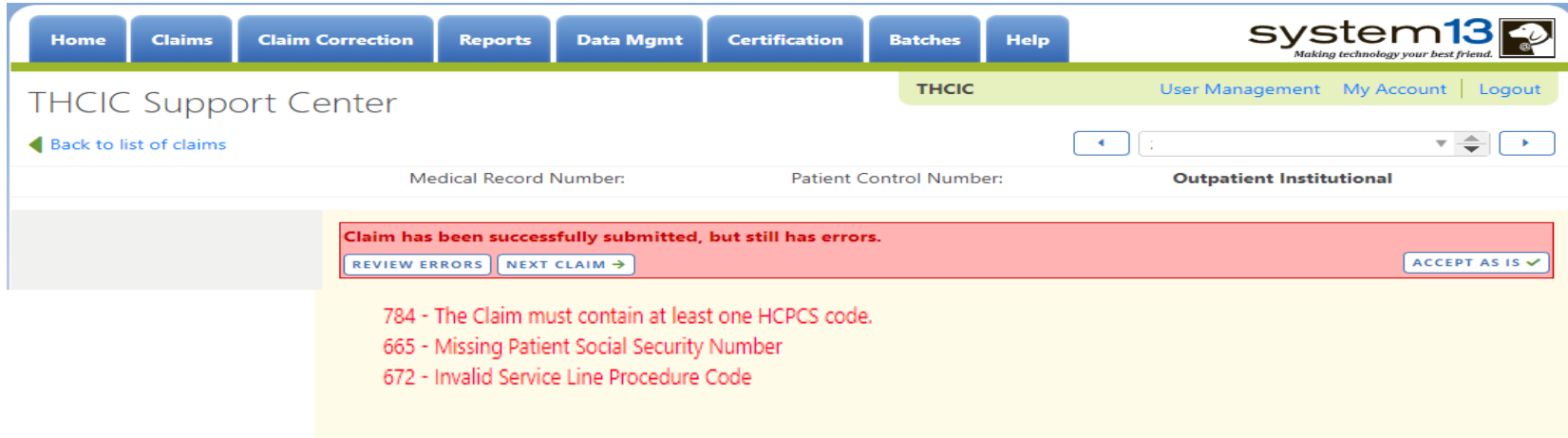
CHECK FOR ERRORS

708 - Missing Physician 1 (Operating) First Name

730 - Missing Physician 1 (Operating) Last Name



Submit Claim, but Still Contains Errors



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 in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. There are links for 'User Management', 'My Account', and 'Logout'. A search bar is present with a dropdown menu. Below the search bar, there are input fields for 'Medical Record Number:' and 'Patient Control Number:'. A dropdown menu is set to 'Outpatient Institutional'. A red notification box in the center states: 'Claim has been successfully submitted, but still has errors.' Below this message are three buttons: 'REVIEW ERRORS', 'NEXT CLAIM →', and 'ACCEPT AS IS ✓'. Below the notification box, there is a list of errors: 784 - The Claim must contain at least one HCPCS code, 665 - Missing Patient Social Security Number, and 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.

X

Claim Successfully Submitted

Claim has been successfully submitted.

[NEXT CLAIM →](#)

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



Professional Charges Tabs correct the claims the same way as institutional

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

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THCIC Support Center

THCIC

User Management

My Account

Logout

Back to list of claims

201507140090000129000005

DOE, JO

Medical Record Number: 1234565431

Patient Control Number: 1234565431

Outpatient Professional

10 Patient

2 Payers

Charges

1 Diagnoses

Practitioners

Active Errors

Last selected error is in bold

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

665 - Missing Patient Social Security Number

633 - Missing Patient Gender

635 - Missing Patient Ethnicity

630 - Missing Patient Birth Date

634 - Missing Patient Race

719 - Invalid Statement From Date

720 - Invalid Statement Thru Date

639 - Missing Facility Type Code

640 - Missing Claim Frequency Type Code

Claim Information

PATIENT CONTROL NUMBER
1234565431

Personal Information

NAME
JO DOE

MEDICAL RECORD NUMBER
1234565431

SOCIAL SECURITY NUMBER

ADDRESS
9899 HILL DRIVE
AUSTIN, TX 78721

BIRTH DATE

RACE

SEX

ETHNICITY

Bill Type

STATEMENT FROM/THRU
From:
Through:

FACILITY TYPE CODE

CLAIM FREQUENCY TYPE CODE

Admission Information

13 errors in this claim

CHECK FOR ERRORS



Claim Correction Professional Submission

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 search bar contains the text '201507140090000129000005'. Below the header, the page displays 'DOE, JO' as the patient name, 'Medical Record Number: 8910595', 'Patient Control Number: 8007752', and 'Outpatient Professional' as the provider. A green banner at the top of the main content area states 'Claim has been successfully submitted.' with a 'NEXT CLAIM →' button. On the left side, there is a sidebar with a list of items: Patient, Payers, Charges, Diagnoses, and Practitioners, each with a green checkmark. Two text boxes are overlaid on the right side of the page, providing instructions on how to proceed after a successful submission.

THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

201507140090000129000005

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

✓ Patient
✓ Payers
✓ Charges
✓ Diagnoses
✓ Practitioners

Claim has been successfully submitted.
NEXT CLAIM →

The changes will need to be made to the professional form, as they were made to the institutional form.

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



Claim Correction

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.texas.gov

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



THCIC Contact



Address:

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



Phone: 512- 776-7261






E-mail: THCIChelp@dshs.texas.gov



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



THCIC Contact

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





Address:

System I 3, Inc

1648 State Farm Blvd.

Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@system13.com



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

