



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Outpatient Web Claim Entry

(Formerly WebClaim)

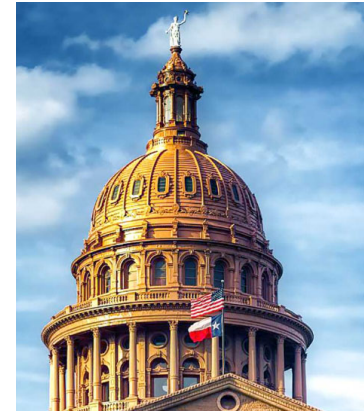
Revised October 2025

Background Information

- ✓ Chapter 108 of the Texas Health and Safety Code established and authorizes THCIC to collect and report on Inpatient/inpatient discharge data.
- ✓ <https://statutes.capitol.texas.gov/Docs/HS/htm/HS.108.htm>



THCIC Rules



Title 25. Health Services



Subchapter A – Collection and Release of Hospital Discharge Data



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



https://texas-sos.appianportalsgov.com/rules-and-meetings?chapter=421&interface=VIEW_TAC&part=1&title=25



TEXAS
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Services

Texas Department of State
Health Services

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

 SYSTEM13 Contact

Address:

System I 3

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>

Certification Due Dates



TEXAS
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Texas Department of State
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The THCIC reporting schedule is available online at
<https://www.dshs.texas.gov/texas-health-care-information-collection/facility-reporting-requirements/data-reporting-schedule>

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026
Cutoff for initial submission	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26	9-1-26	12-1-26	3-1-27
Cutoff for corrections	8-1-25	11-3-25	2-2-26	5-1-26	8-3-26	11-2-26	2-1-27	5-3-27
Facilities retrieve certification files	9-2-25	12-1-25	3-2-26	6-1-26	9-1-26	12-1-26	3-1-27	6-1-27
Certification/ comments due	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26	1-15-27	4-15-27	7-15-27

The reporting schedule is a rule driven schedule, under [Chapter 421](#), Title 25, Part 1 of the Texas Administrative Code, Subchapter D, [RULE 5421.66](#). 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.



Data Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

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

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

Cutoff for corrections, is when the corrections are due by for that quarter

Facilities receive certification files, by this date System13 sends the certification files

Certification/comments due, when the data must be certified and comments (if any) needed to be inputted into the system. If data is less than 100% accurate, comments must be submitted at certification.

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.

THCIC System

System13, Inc. / THCIC Web - Windows Internet Explorer

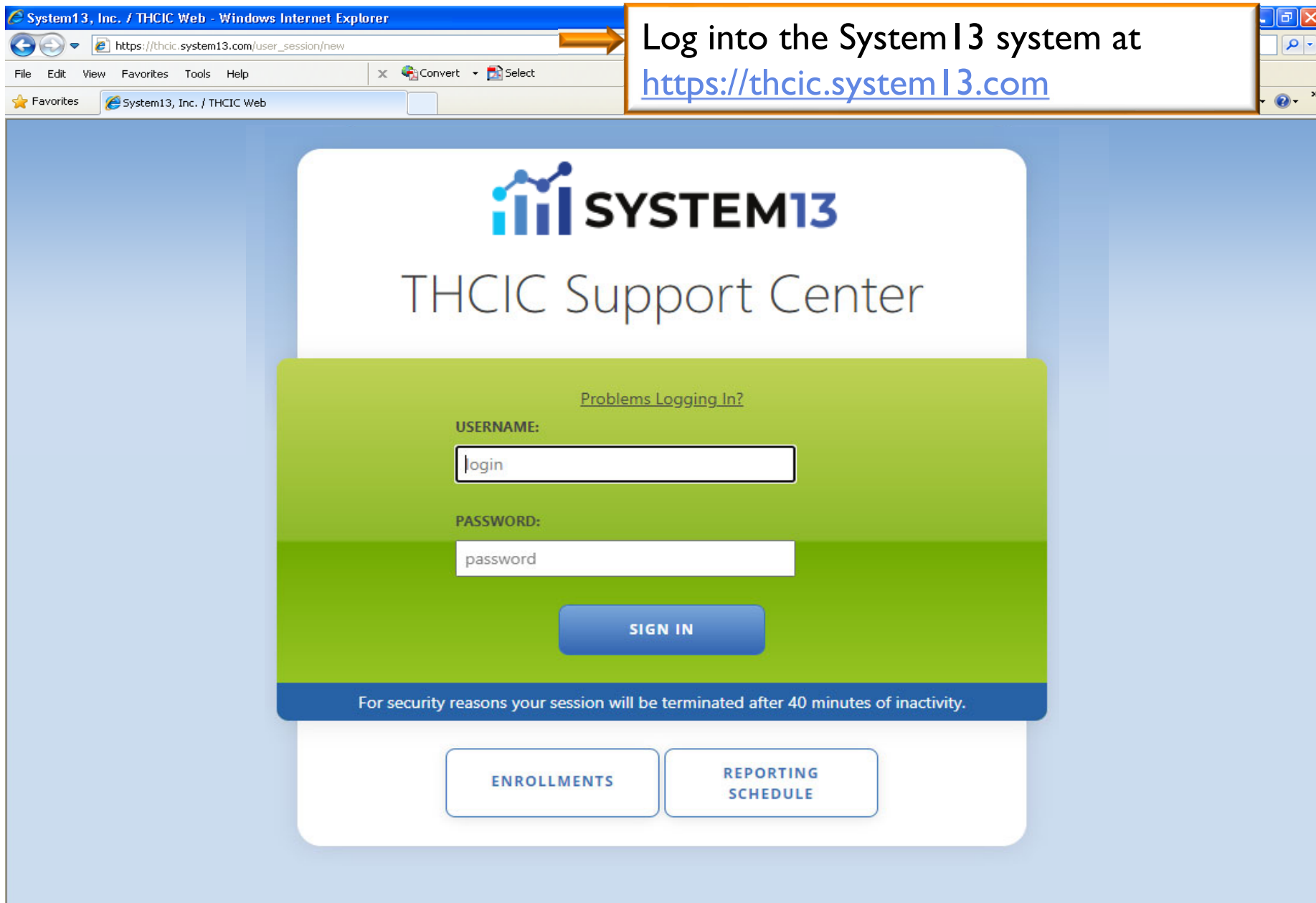
https://thcic.system13.com/user_session/new

File Edit View Favorites Tools Help

Convert Select

Favorites System13, Inc. / THCIC Web

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



The screenshot shows the login page for the SYSTEM13 THCIC Support Center. The page has a light blue background. At the top, there is a white box containing the SYSTEM13 logo (a blue bar chart with a line graph) and the text "SYSTEM13" in bold. Below this, the text "THCIC Support Center" is displayed. In the center, there is a green box with a white border. Inside this box, the text "Problems Logging In?" is at the top. Below it, the label "USERNAME:" is followed by a text input field containing the word "login". Below that, the label "PASSWORD:" is followed by a text input field containing the word "password". At the bottom of the green box is a blue button with the text "SIGN IN". Below the green box, there is a dark blue banner with the text "For security reasons your session will be terminated after 40 minutes of inactivity." At the bottom of the page, there are two white buttons with blue borders: "ENROLLMENTS" and "REPORTING SCHEDULE".

SYSTEM13

THCIC Support Center

[Problems Logging In?](#)

USERNAME:

login

PASSWORD:

password

SIGN IN

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

ENROLLMENTS

REPORTING SCHEDULE

Log In the System as a Provider



The screenshot shows the login interface for the SYSTEM13 THCIC Support Center. At the top, the SYSTEM13 logo is displayed above the text 'THCIC Support Center'. Below this, there is a green rectangular area containing the login fields. A link for 'Problems Logging In?' is positioned above the 'USERNAME:' label. The username field contains the text 'th0000008'. Below the username field is the 'PASSWORD:' label, and the password field is filled with dots. A blue 'SIGN IN' button is located below the password field. A blue banner at the bottom of the green area states: 'For security reasons your session will be terminated after 40 minutes of inactivity.' Below the green area, there are two white buttons with blue borders: 'ENROLLMENTS' and 'REPORTING SCHEDULE'. At the very bottom, a text box with an orange border contains the instruction: 'Put in THCIC ID username and password. Click 'sign in'.'

SYSTEM13

THCIC Support Center

[Problems Logging In?](#)

USERNAME:

th0000008

PASSWORD:

.....

SIGN IN

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

ENROLLMENTS

REPORTING SCHEDULE

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



Security Notice

System13, Inc. / THCIC Web - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC Web

SYSTEM13

THCIC Support Center

[Problems Logging In?](#)

USERNAME:

Security Notice

This is not a public use Web Site.

- This information system is operated under the direction of the Texas Health Care Information Collection 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

This site uses Licensed Content from the AMA. Use of this site implies consent with the AMA Terms & Conditions.

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.

Multi-Factor Authentication (MFA)

Confirm Your Identity

A code has been sent to the email associated with your account.

Enter your 6-digit code:

VERIFYRESEND CODE

Code received via email.

From: [System13 Trainer Notifier](#)
To: [Your Email Address](#)
Subject: THCIC HCDCS Account Sign In: Confirm Your Identity
Date: Wednesday, April 16, 2025 12:54:16 PM

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.

Please Confirm Your Identity

Dear THCIC Contact: (Your Name)

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

504057

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: THCIC Facility
- Facility Identifier: *****

Multi-Factor Authentication (MFA)

Confirm Your Identity



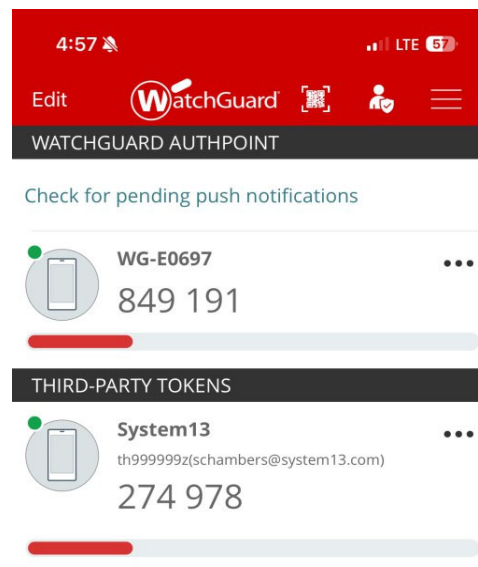
Scan the QR Code with your preferred Authenticator Application to activate your MFA token. If your token is already activated, input the code below.

Enter your 6-digit code:

6-digit code

VERIFY

Code by scanning the QR Code.



Provider Dashboard

- ‰ The 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 clam 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 for submission, correction and certification,.
- ‰ Two views (List and Grid View).

Provider Home Page – Grid View



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

Activity Dashboard

THCIC Trainee 1 000006 [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

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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	6
MAR	3
TOTAL	9
ACCURACY	77%

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

A
MONTH

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

QUICK TIP:

To request a submitter account, click the 'Enrollments' button on the login page.

15

Provider Home Page – 1st Row



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[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

SUBMISSION

No claims are present for this quarter.

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

Q4
2023

SUBMISSION

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

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

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

Q3
2023

SUBMISSION

No claims are present for this quarter.

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

Q4
2023

SUBMISSION

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

Provider Home Page – 2nd Row



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The screenshot displays the SYSTEM13 Provider Home Page. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'Certification' tab is currently selected. To the right of the navigation bar is the SYSTEM13 logo. Below the navigation bar, the page is titled 'Activity Dashboard'. On the right side of the dashboard, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. In the center of the dashboard, there are three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. Below these buttons, there are three informational boxes. The first box on the left states: 'If the quarter data has been completed and no data is submitted, you will have to contact System13 to make a submission.' The second box on the left states: 'You will be given the quarter's certification due date.' The third box on the left states: 'If the data is available for certification, it will show that you have data to certify.' On the right side of the dashboard, there are three 'CERTIFICATION' sections. Each section contains a message: 'Please contact System13 if you still need to submit or correct claims for this quarter.' followed by a 'Certification due 15 Apr 2024' date. The second section contains a message: '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.' followed by a 'Certification due 15 Jul 2024' date. The third section contains a message: '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.' followed by a 'Certification due 15 Oct 2024' date.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

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

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.

CERTIFICATION

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

Certification due 15 Apr 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

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

Provider Home Page – 3rd Row



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

Activity Dashboard  

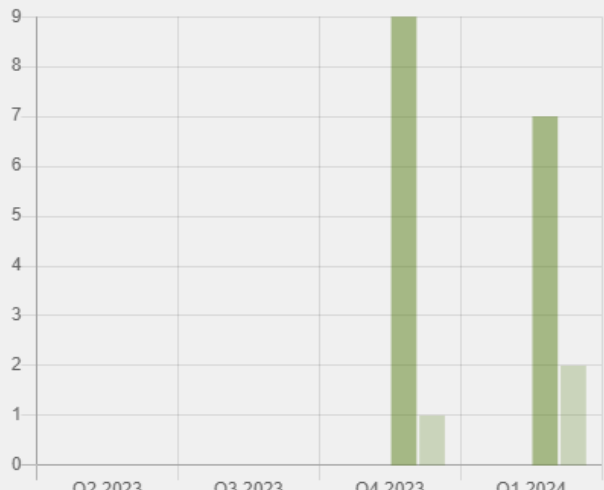
THCIC [User Management](#) [My Account](#) [Logout](#)

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

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	1	0
Q1 2024	7	2	2	0

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

QUICK TIP:

To request a submitter account, click the 'Enrollments' button on the login page.

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.

Provider Home Page – List View

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

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

Activity Dashboard

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

Q4 2023 SUBMISSION

No claims are present for this quarter.
Submission due **1 Mar 2024** | Correction due **1 May 2024**

Q4 2023 CERTIFICATION

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

Q1 2024 SUBMISSION

	Outpatient	
OCT	2	Submission due 3 Jun 2024 Correction due 1 Aug 2024
NOV	3	
DEC	2	
JAN	0	
FEB	6	
MAR	4	
TOTAL	17	
ACCURACY	88%	

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**

Q2 2024 SUBMISSION

	Outpatient	
APR	1	Submission due 2 Sep 2024 Correction due 1 Nov 2024
MAY	4	
JUN	0	
TOTAL	5	
ACCURACY	100%	

Q2 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 Jan 2025**

NEXT DEADLINE
Q1 2024 SUBMISSION

4 DAYS

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q3 2023	0	0	0	0
Q4 2023	0	0	0	0
Q1 2024	15	2	0	0
Q2 2024	0	0	5	1

QUICK TIP:
There is no minimum allowable accuracy threshold. Be sure to correct claims to 100% accuracy.

Provider Home Page – 1st Row

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



Activity Dashboard

THCIC

User ManagementMy AccountLogout

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

	Outpatient	
JUL	3	Submission due 1 Mar 2024 Correction due 1 May 2024
OCT	2	
NOV	3	
DEC	2	
TOTAL	10	
ACCURACY	90%	

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	6	
MAR	3	
TOTAL	9	
ACCURACY	77%	

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**

Q3
2023
SUBMISSION

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.

Q3
2023
SUBMISSION

Q3
2023
CERTIFICATION



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](#)

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

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

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	2	0	0

QUICK TIP:

To request a submitter account, click the 'Enrollments' button on the login page.

Data Management/Primary Contact Provider Home Page

Provider Tabs

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

SYSTEM13

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

Activity Dashboard

Activity Dashboard

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

Other Features

Q3 2023

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Apr 2024**

Q4 2023

SUBMISSION

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

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

Certification due **15 Jul 2024**

Q1 2024

SUBMISSION

	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

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

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A MONTH

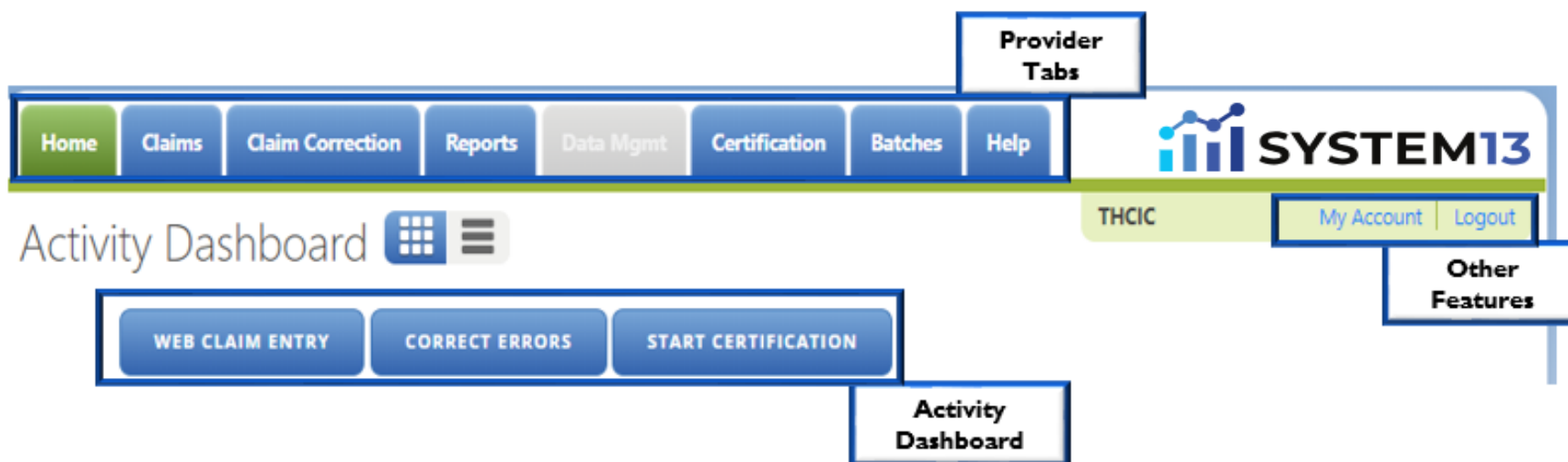
Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

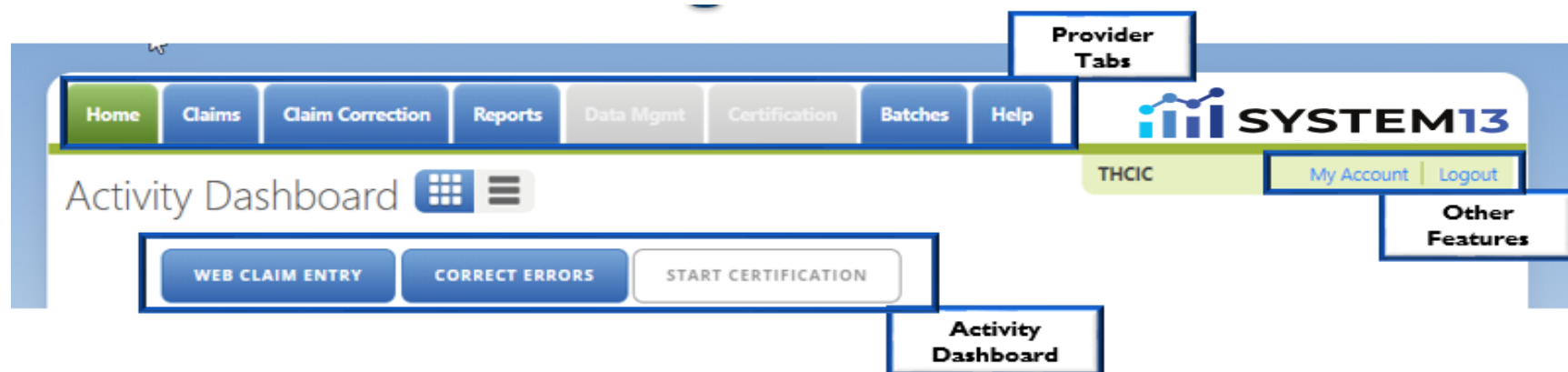
QUICK TIP:
To request a submitter account, click the 'Enrollments' button on the login page. **TEXAS**
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Health Services



Data Certifier / Data Manager Provider Home Page



Only the primary contact have access to the data management.



Data Managers do not have access to the data management tab and certification tab and WebCert 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

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



TEXAS
Health and Human
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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

System13 DVLP1 1 000007 User Management My Account Logout

Back to list of claims

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:

☒ OUTPATIENT INSTITUTIONAL

☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:

PCN

Personal Information

MEDICAL RECORD NUMBER:

MRN

SOCIAL SECURITY NUMBER:

SSAN

FIRST NAME: MIDDLE: LAST NAME:

PATIENT FIRST NAME (Initial) PATIENT LAST NAME

ADDRESS:

ADDRESS LINE 1

ADDRESS LINE 2

SEX:

ETHNICITY:

BIRTH DATE:

mm / dd / yyyy

RACE:

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

NEXT SECTION →

CHECK FOR ERRORS

WEB CLAIM ENTRY

ADD NEW CLAIM

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

Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

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

THCIC Support Center

THCIC Trainee 1 000006 User Management My Account Logout

Q [Enter Control #, Medical Record #, Patient or Claim #] SEARCH ADVANCED SEARCH JUMP TO FIRST ERROR

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐ 741	741	202103309998999733000006	03/30/2021	DOE, JEFF	OUT-I	15
☐ 123	123	202103309998999734000006	03/30/2021	DOE, SYLVIA	OUT-I	14
☐ 789456	789456	202010149998999740000006	10/14/2020	DOE, MARISOL	OUT-I	4
☐ 852852	852852	202009239998999751000006	09/23/2020	DOE, FAKECLAIM	OUT-I	2
☐ 741	741	202009239998999752000006	09/23/2020	DOE, KENDRA	OUT-I	4
☐ 78969	78969	202007089998999759000006	07/08/2020	DOE, NATASHA	OUT-I	2
☐ 258	258	202007019998999761000006	07/01/2020	DOE, GEORGETTA	OUT-I	2
☐ 852	852	202006039998999772000006	06/03/2020	DOE, JANE DOE	OUT-I	9
☐ 3333	3333	201808089998999803000006	08/08/2018	DOE, YOUNGEE	OUT-I	13
☐ 147258369	147258369	201808089998999805000006	08/08/2018	DOE, NORMA	OUT-P	5
☐ 456123	456123	201705179998999835000006	05/17/2017	DOE, JOE	OUT-P	2
☐ PCN-542	ERR-666	201610140005000044000006	10/14/2016	JJOLIE, DDAVE	OUT-I	1
☐ PCN-539	ERR-663	201610140005000041000006	10/14/2016	WWASHINGTON, JJAY	OUT-I	1

SELECT ALL 36 Claims DELETE

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 correction: **JUMP TO FIRST ERROR** which opens the first claim on your listing and allows you to use **NEXT CLAIM →** through the navigation.



Services

Health Services

Start Certification /Certification

START CERTIFICATION

Certification

The screenshot shows the SYSTEM13 WebCert interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification (highlighted), Batches, and Help. To the right of the navigation bar is the SYSTEM13 logo. Below the navigation bar, the page title is "THCIC Support Center" and "Certification". On the right side, there is a user information bar showing "THCIC Trainee 1 000006" and links for "User Management", "My Account", and "Logout". The main content area is divided into two columns: "INPATIENT" and "OUTPATIENT". Each column has a section for "2023" and "2022". Under "2023", there is a "1st Quarter" section with "No Data". Under "2022", there is a "4th Quarter" section with "No Data", a "3rd Quarter" section with "No Data", and a "2nd Quarter" section with "No Data". At the bottom of each column, there is an "Older Quarters" section with a "Select Quarter" dropdown menu.

INPATIENT	OUTPATIENT
2023	2023
1st Quarter No Data	1st Quarter No Data
2022	2022
4th Quarter No Data	4th Quarter No Data
3rd Quarter No Data	3rd Quarter No Data
2nd Quarter No Data	
Older Quarters Select Quarter	

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



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Services

Texas Department of State
Health Services



Provider Other Features

The screenshot displays the SYSTEM13 Activity Dashboard. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below this, the 'Activity Dashboard' title is followed by a grid icon and a menu icon. To the right, a green bar shows 'THCIC' and a dropdown menu with 'User Management', 'My Account', and 'Logout'. A red box highlights the 'Other Features' link. Below the dashboard title, three blue buttons are visible: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'.

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



User Management

THCIC Support Center

THCIC Trainer 000005 User Management My Account Logout

User Management [CREATE NEW USER](#)

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

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

The assigned Provider Primary Contact/Data Manager 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 Manager 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 Manager under the User Management link. There will be two types of user “roles”: Data Manager and Data Certifier.

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



User Management – To Add User

The screenshot displays the SYSTEM13 User Management interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC Trainer 000005'. The main heading is 'THCIC Support Center User Management'. A callout box with an arrow points to the 'CREATE NEW USER' button, stating: 'To add a user, click 'create new user.''. Below this is a table header with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. Another callout box points to the 'New User' form, stating: 'The screen below will open...'. The 'New User' form contains fields for First Name, Middle Name, Last Name, Phone Number, and Email. It also has radio buttons for Role (DATA MANAGER, DATA CERTIFIER) and Email Scheme (DATA MANAGER, DATA CERTIFIER, FACILITY DATA ADMINISTRATOR). A 'More Info' link is present for both the Role and Email Scheme sections. At the bottom of the form are 'SAVE' and 'CANCEL' buttons.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

THCIC Trainer 000005 User Management My Account Logout

User Management

To add a user, click 'create new user.'

CREATE NEW USER

User ID Name Phone Email Role Locked Disabled

THCIC Support Center

User Management

The screen below will open...

New User

FIRST NAME
First Name

MIDDLE NAME
Middle Name

LAST NAME
Last Name

PHONE
Phone Number

EMAIL
Email

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

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

SAVE CANCEL

To add user, you must fill out the information accordingly and choose the type of user ID and/or email scheme for this user. The Data Manager 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)

OK

Email Schemes

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

Data Manager

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

Data Certifier

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

Facility Data Administrator

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

OK

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



User Management – List of User(s)

The screenshot shows the SYSTEM13 User Management interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below this, the page title is 'THCIC Support Center' and 'User Management'. A 'CREATE NEW USER' button is visible. The main table lists users with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. The user 'th000005c' is selected, indicated by a checkmark in the first column. Below the table, there is a 'DELETE' button.

User ID	Name	Phone	Email	Role	Locked	Disabled
☒ th000005c	OVERTON, TIFFANY	512-776-2352	tiffany.overton@dshs.state.tx.us	Data Certifier		

DELETE

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



User Management – Lock Features

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

THCIC Support Center

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

User Management

User ID: th000005c

Intrusion Lock: ☒

Account Lock: ☐

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

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

THCIC Support Center

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

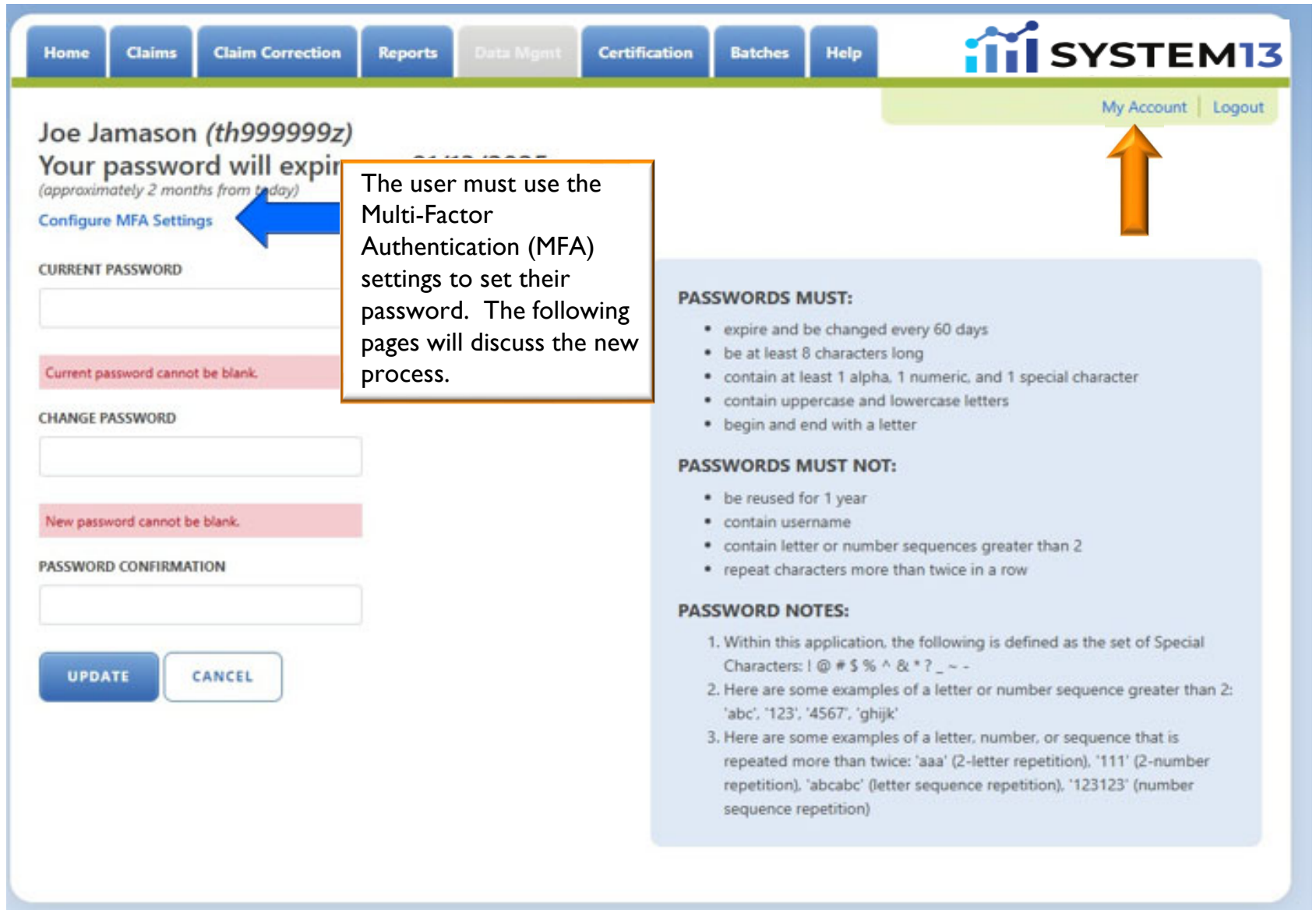
User Management

User ID: th000005c

Intrusion Lock: ☐

Account Lock: ☒

Other Features - My Account Password Update/Change



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

My Account Logout

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

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

PASSWORDS MUST:

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

PASSWORDS MUST NOT:

- be reused for 1 year
- contain username
- contain letter or number sequences greater than 2
- repeat characters more than twice in a row

PASSWORD NOTES:

1. Within this application, the following is defined as the set of Special Characters: ! @ # \$ % ^ & * ? _ ~ -
2. Here are some examples of a letter or number sequence greater than 2: 'abc', '123', '4567', 'ghijk'
3. Here are some examples of a letter, number, or sequence that is repeated more than twice: 'aaa' (2-letter repetition), '111' (2-number repetition), 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

Multi-Factor Authentication (MFA) Configuration

Multi-Factor Authentication Configuration

Joe Jamason (*th999999z*)

Select how you will obtain your 6-digit code:

☒ Email (default)

☐ Authenticator Application (recommended)

SAVE

CANCEL

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

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

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

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

INSTRUCTIONS

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

Email:

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

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

Authenticator Application:

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

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

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

MFA Configuration – Email

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

Multi-Factor Authentication Configuration

Joe Jamason (th999999z)

Select how you will obtain your 6-digit code:

☒ Email (default)

☐ Authenticator Application (recommended)

SAVE

CANCEL

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

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

Once verified you will be presented with the homepage.

INSTRUCTIONS

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

Email:

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

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

Authenticator Application:

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

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

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



Log In the System (Email)

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

The email will have your username as well as your one-time code. You will also be able to see the facility and its 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.

The image shows a screenshot of an email and a web page. The email is from 'System13 Acceptance Notifier' to 'Joe Jamason'. It contains a link to 'Confirm Your Identity' and a one-time code '839620'. The web page is the 'Confirm Your Identity' page for 'Joe Jamason (th999999z)'. It has a text input field for the 6-digit code, which currently contains '839620'. Below the input field are two buttons: 'VERIFY' and 'RESEND CODE'. At the bottom of the web page, there is a footer with release information, copyright notice, and contact details.

Confirm Your Identity
Joe Jamason (th999999z)

Enter your 6-digit code:

VERIFY **RESEND CODE**

Release 12.2.0-alpha.mfa
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THCIC HCDCS Account Sign In: Confirm Your Identity inbox x

No System13 Acceptance Notifier <noreply@system13.com>
to me ▾

Please Confirm Your Identity

Dear Joe Jamason:

To complete the login process for your th999999z account, enter this one-time code to confirm your identity:
839620

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

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

Thank you.
-- THCIC/System13 Support

Organization Information:

- Facility Name: Big 'Ole Hospital
- Facility Identifier: 999999

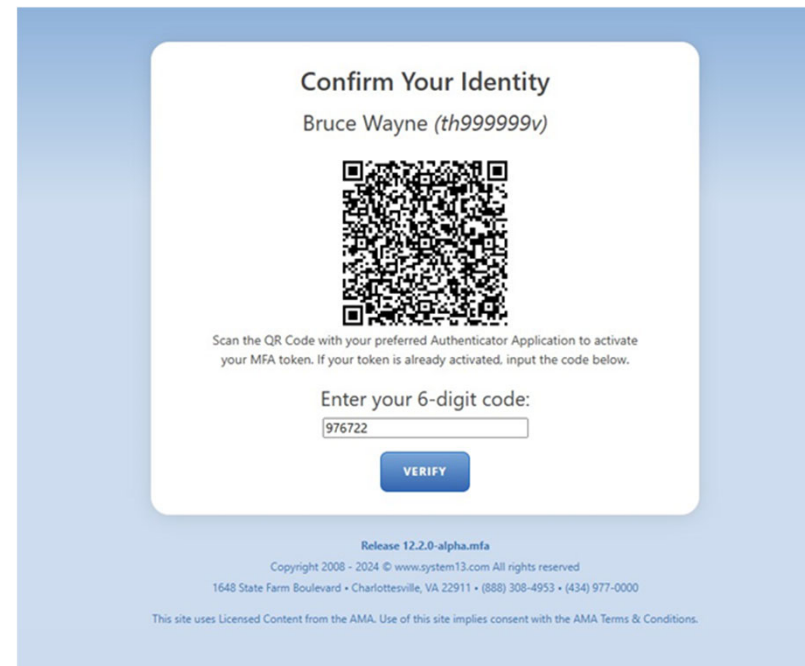
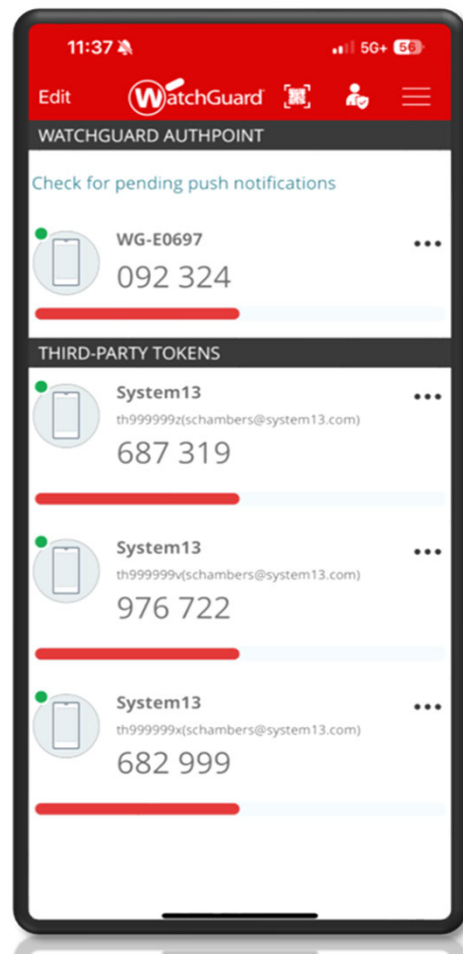
Reply **Forward**

Log In the System (Auth App)

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

(Remember this code changes every 30-seconds.)

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



Updating MFA Settings



TEXAS
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Texas Department of State
Health Services

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

SYSTEM13

Activity Dashboard

My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

SUBMISSION Q2 2024

No claims are present for this quarter.

Submission due 3 Sep 2024
Correction due 1 Nov 2024

CERTIFICATION

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

Certification due 15 Jan 2025

NEXT DEADLINE Q3 2024 SUBMISSION

Performance History

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.

SYSTEM13

Joe Jamason (th999999z)

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

Configure MFA Settings

CURRENT PASSWORD

Current password cannot be blank.

CHANGE PASSWORD

New password cannot be blank.

PASSWORD CONFIRMATION

UPDATE CANCEL

PASSWORDS MUST:

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

PASSWORDS MUST NOT:

- be reused for 1 year
- contain username
- contain letter or number sequences greater than 2
- repeat characters more than twice in a row

PASSWORD NOTES:

- Within this application, the following is defined as the set of Special Characters: ! @ # \$ % ^ & * 7 _ ~ -
- 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

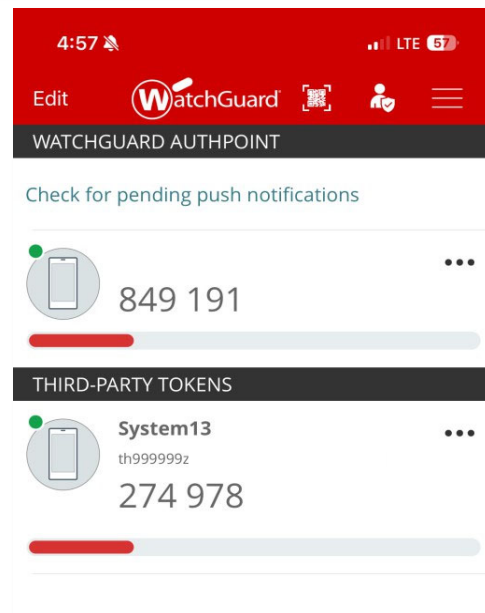
Joe Jamason (*th999999z*)

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.

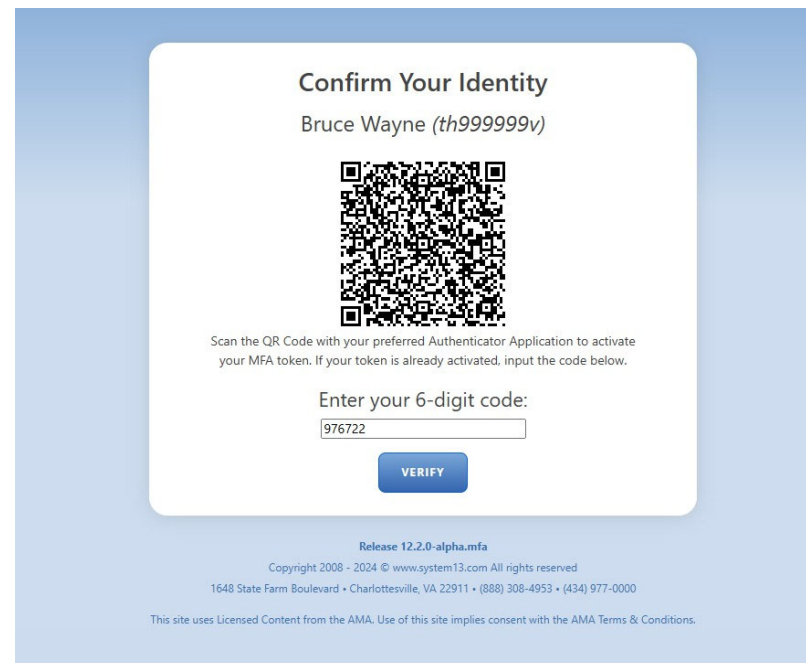
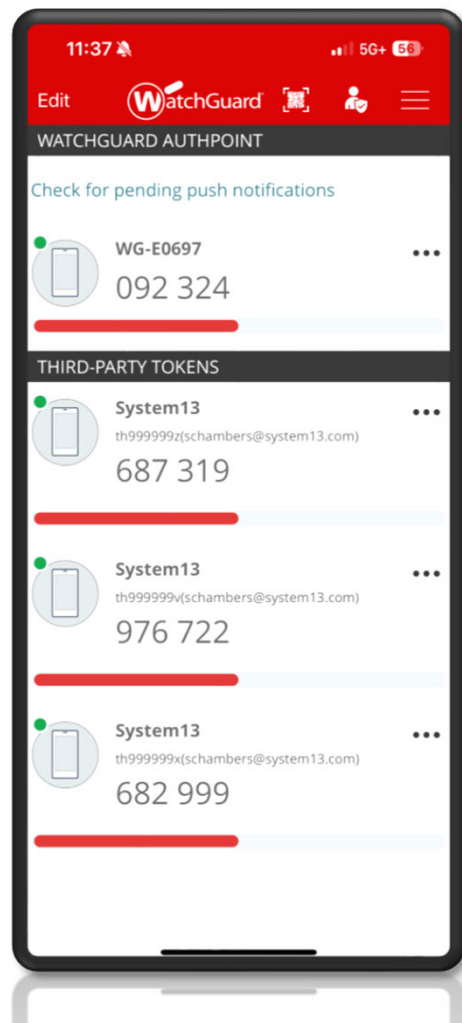
With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

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



Texas Department of State
Health Services

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

Please only use one Authentication APP.

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

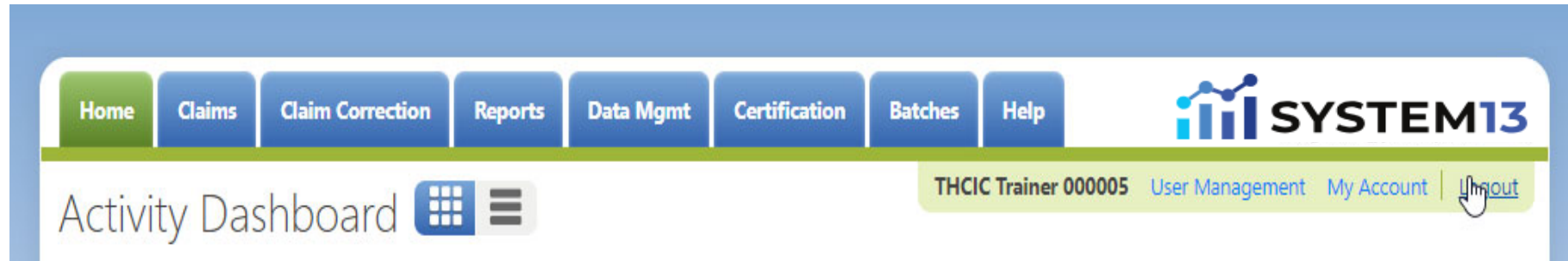
Double check the username on the app/email and the username for the site.

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

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

Issues with the MFA process, please contact System I3 at 888-308-4953 or email thcichelp@systemi3.com.

Other Features - Logout



Logout logs you out of the system.



Other Features - Logout

System13, Inc. / THCIC Web x +

thcic.system13.com/dashboard/submitter

 **SYSTEM13**

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

Inactivity

A screenshot of the SYSTEM13 THCIC Support Center login page. At the top, the SYSTEM13 logo is displayed. Below it, the text "THCIC Support Center" is shown. A red banner message states: "Your session has timed out. Please log back into the application." Below this, there is a link for "Problems Logging In?". The login form includes fields for "USERNAME:" (containing "login") and "PASSWORD:" (containing "password"). A blue "SIGN IN" button is positioned below the password field. At the bottom of the form, a blue banner message reads: "For security reasons your session will be terminated after 40 minutes of inactivity." Below the main form area, there are two buttons: "ENROLLMENTS" and "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.

Data Management/Primary Contact Provider Home Page – Grid View

SYSTEM13

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY **CORRECT ERRORS** **START CERTIFICATION**

Q4 2019

SUBMISSION
Inpatient
Data is already built into a certification set.
Submission due **2 Mar 2020**
Correction due **1 May 2020**

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

Q1 2020

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

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

Certification due **15 Oct 2020**

Q2 2020

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

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

NEXT DEADLINE
Q1 2020 SUBMISSION
4 DAYS

Performance History

Legend: Inpatient - Bad, Inpatient - Good, Outpatient - Bad

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

Data Management/Primary Contact Provider Home Page – List View

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

SYSTEM13

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

	Outpatient	
JUL	3	Submission due 1 Mar 2024 Correction due 1 May 2024
OCT	2	
NOV	3	
DEC	2	
TOTAL	10	
ACCURACY	90%	

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	6	
MAR	3	
TOTAL	9	
ACCURACY	77%	

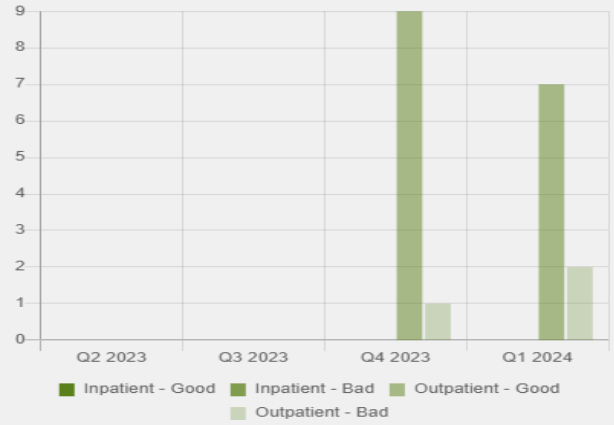
Q1 2024 CERTIFICATION

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

A MONTH

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	0	0	7	2

QUICK TIP:

To request a submitter account, click the 'Enrollments' button on the login page.

 **TEXAS**
Health and Human
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Health Services



Provider Tab Claims

Claims

System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC WebClaim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

THCIC User Management My Account Logout

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐ 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
☐ 123	123	202005279998999780000005	05/27/2020	DOE, JONATHAN	OUT-I	9
☐ 123	123	202005279998999781000005	05/27/2020	DOE, JONATHAN	OUT-I	18A
☐ 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
☐ 987654321	987654321	202004139998999783000005	04/13/2020	DOE, KELLY	OUT-I	-
☐ 123654	123654	202004089998999784000005	04/08/2020	DOE, JESSICA	IN	-
☐ 1234656	1234656	202002289998999785000005	02/28/2020	DOE, KANDIS	IN	-
☐ 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
☐ 741852	741852	202002059998999787000005	02/05/2020	DOE, VIV	OUT-I	-
☐ 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
☐ 741741	741741	201908079998999791000005	08/07/2019	DOE, AUSTRALIA	OUT-I	1
☐ 332211	332211	201908079998999792000005	08/07/2019	DOE, KATHERINE	OUT-I	1
☐ 12369	12369	201907179998999793000005	07/17/2019	DOE, JANICE	OUT-I	-

SELECT ALL 898 Claims DELETE

Accepted As Is

No Correction Needed

Errors

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



New Claims in Progress

NEW CLAIMS IN PROGRESS

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

THCIC User Management My Account Logout

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

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



New Claims in Progress

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC User Management My Account Logout

THCIC Support Center

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, JOHN	OUT-I	05/29/2020	852	852
☐ DOE, JANE	OUT-I	06/01/2020	741	741

New Claims in Progress lists Web 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

SYSTEM13

THCIC User Management My Account Logout

THCIC Support Center

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, JOHN	OUT-I	05/29/2020	852	852
☐ 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 claim's menu.



Reports

Reports

The screenshot shows the SYSTEM13 web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the SYSTEM13 logo. Below the navigation bar, there is a header area with 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'Reports'. Under 'Reports', there is a 'SELECT REPORT:' label and a dropdown menu. The dropdown menu is open, showing a list of report types: 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.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC User Management My Account Logout

THCIC Support Center

Reports

SELECT REPORT:

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

GENERATE

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



Reports Available

Reports

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC User Management My Account Logout

THCIC Support Center

Reports

SELECT REPORT:

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

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

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

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

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

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

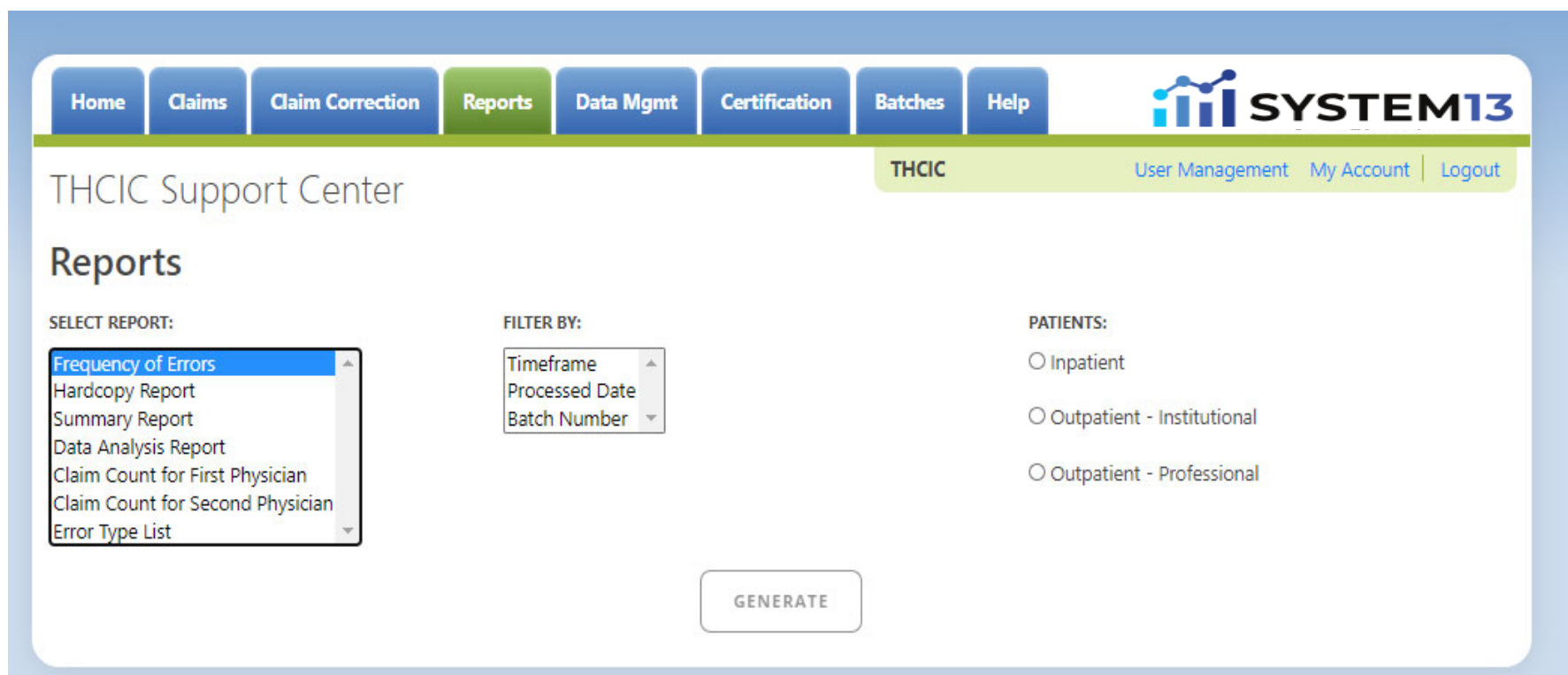
Claim Count for Second Physician - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by second physician name, sorted by name. It will also include the physician ID but will not include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

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



Reports Functionality

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



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

THCIC Support Center

No claims match selection criteria.

Type of Claims

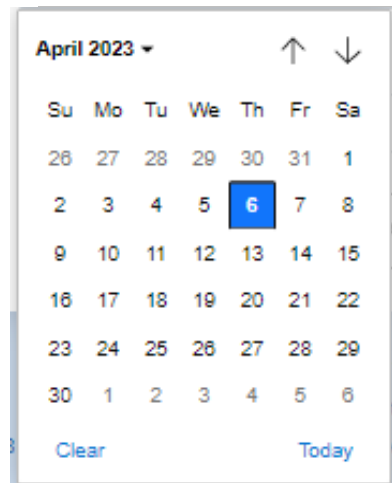
PATIENTS:

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

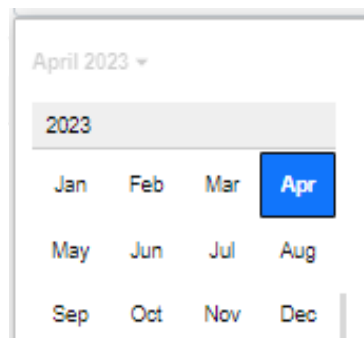
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

Functionality of the Calendar Feature

- Feature of the calendar 



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



- Choosing the sidebar will change the year



Filter Report By Timeframe

- ✓ To create by timeframe.

FILTER BY:

Timeframe

Processed Date

Batch Number

FROM:

mm/dd/yyyy

THROUGH:

mm/dd/yyyy

GENERATE

PATIENTS:

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

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

Filter Report By Processed Date

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

FILTER BY:

Timeframe

Processed Date

Batch Number

DATE:

mm/dd/yyyy

PATIENTS:

☐ Inpatient

☐ Outpatient - Institutional

☐ Outpatient - Professional

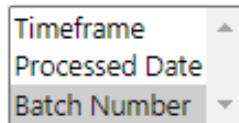
GENERATE

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

Filter Report By Batch Number

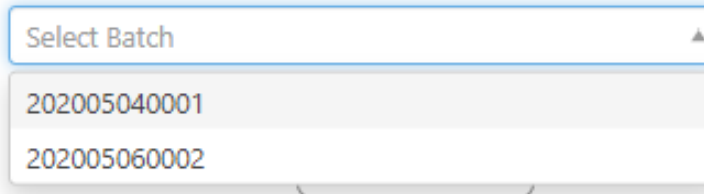
- ✕ To create a report by batch number, you have to choose a batch from the batch listing in the system.

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'. Two options are visible: '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

THCIC Support Center

THCIC User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Select Claim Type

☐ INPATIENT
☐ OUTPATIENT

Duplicate Remove Process (DR)

The DR function will:

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

Select Action

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

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



Data Analysis Report through the Reports Tab

The screenshot shows the SYSTEM13 web application interface. At the top is a navigation bar with tabs: Home, Claims, Claim Correction, Reports (highlighted in green), Data Mgmt, Certification, Batches, and Help. To the right of the tabs is the SYSTEM13 logo. Below the navigation bar is a header area with 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'Reports'. Under 'Reports', there are three sections: 'SELECT REPORT:', 'QUARTER:', and 'PATIENTS:'. The 'SELECT REPORT:' section has a dropdown menu with options: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report (highlighted), Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. The 'QUARTER:' section has a dropdown menu with options: Select Quarter, 20q4, 20q3, 20q2, and 20q1. The 'PATIENTS:' section has two radio buttons: Inpatient and Outpatient (selected). A 'GENERATE' button is located below the 'QUARTER:' dropdown.

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

Data Analysis Report through the Reports Tab

2Q2020 Data Analysis Report (Outpatient)

Report Date: 09-Oct-2020

THCIC ID: |

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q20	7

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

The MRR process will:

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

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

After the provider completes all of the prompts, the MRR or DR process is submitted to run in the background. When the process is completed, the Data Manager 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)

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 in green), Certification, Batches, and Help. To the right of the navigation bar is the SYSTEM13 logo and a user management section with links for User Management, My Account, and Logout. Below the navigation bar, the page title is 'THCIC Support Center'. The main content area is titled 'Data Management Actions on Quarterly Data'. It features two columns of information. The left column is titled 'Modify/Replace/Remove Process (MRR)' and describes the MRR function, including matching claims with the same key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour), eliminating duplicate claims, applying late charges (xx5 bill types), applying corrections to claims (xx6 bill types - outpatient professional only), applying replacement information (xx7 bill types), and removing claims that match a Void/Cancel of a prior claim (xx8 bill types). The right column is titled 'Duplicate Remove Process (DR)' and describes the DR function, including matching claims with the same key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour, Bill Type) and retaining the most recently submitted claim. Below the MRR section, there is a 'Select Claim Type' section with two radio buttons: INPATIENT and OUTPATIENT (selected). Below the DR section, there is a 'Select Action' section with two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' (highlighted with a mouse cursor) and 'REMOVE DUPLICATES (DR)'.

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

SYSTEM13

THCIC User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Duplicate Remove Process (DR)

The DR function will:

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

Select Action

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

Provider Tab Data Management

Data Mgmt

The screenshot displays the SYSTEM13 web application interface. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The SYSTEM13 logo is in the top right. Below the navigation bar, the page title is "THCIC Support Center". The main heading is "Data Management Actions on Quarterly Data". A modal dialog titled "MRR DR Information" is open, containing the following text:

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

Below the dialog, the "Select Claim Type" section has two radio buttons: ☐ INPATIENT and ☒ OUTPATIENT. The "Select Action" section has two buttons: "MODIFY/REPLACE/REMOVE (MRR)" and "REMOVE DUPLICATES (DR)".



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Provider Tab Data Management

Data Mgmt

The screenshot displays the SYSTEM13 web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The SYSTEM13 logo is in the top right corner. Below the navigation bar, the page title is 'THCIC Support Center'. A secondary navigation bar contains links for Data Management, My Account, and Logout. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two columns. The left column is titled 'Modify/Replace/Remove Process (MRR)' and describes the function: 'The MRR function will:' followed by a list of key values to match: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. The right column is titled 'Duplicate Remove Process (DR)' and describes the function: 'The DR function will:' followed by the same list of key values. A modal dialog box titled 'Modify/Replace/Remove Alert' is overlaid on the bottom half of the screen. It contains the following text: 'The MRR function is to be used to process and remove claims with bill types (xx5, xx6, xx7 and xx8). You may apply this functionality **now** to reduce the number of overall claims, including error claims. This will result in a more accurate count of claims being reported on the Frequency of Errors Report (FER) and on the Summary Report. Do you wish to continue?'. At the bottom of the dialog are two buttons: 'YES' and 'NO'.

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

SYSTEM13

THCIC Support Center

Data Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Modify/Replace/Remove Alert

The MRR function is to be used to process and remove claims with bill types (xx5, xx6, xx7 and xx8).
You may apply this functionality **now** to reduce the number of overall claims, including error claims. This will result in a more accurate count of claims being reported on the Frequency of Errors Report (FER) and on the Summary Report.
Do you wish to continue?

YES NO



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Services

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Health Services

Provider Tab Data Management

Data Mgmt

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

SYSTEM13

THCIC Support Center

THCIC er Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with
 - 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)

Duplicate Remove Process (DR)

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Process Submitted

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

OK



Data Management Emails

Data Mgmt

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

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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

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); Bhattarai,Pragya (DSHS)
We removed extra line breaks from this message.

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

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

Sincerely,
System13, Inc. Customer Support

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

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.

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 Manager 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



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 SYSTEM13 logo is on the right. Below the navigation bar, the page title is 'THCIC Support Center'. A sub-header reads 'Data Management Actions on Quarterly Data'. A modal dialog box titled 'MRR DR Information' is open in the center. The dialog contains the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. At the bottom of the dialog are two buttons: 'YES' (highlighted with a mouse cursor) and 'NO'. In the background, the 'Modify/Replace' section is visible, listing actions like 'Match claims with', 'Eliminate duplicates', 'Apply late charges', 'Apply correction', 'Apply the replacement', and 'Remove claims'. Below this, there are sections for 'Select Claim Type' (with radio buttons for INPATIENT and OUTPATIENT, where OUTPATIENT is selected) and 'Select Action' (with buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'). The footer of the application shows 'Release 9.3.0'.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

My Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace

The MRR function will:

- Match claims with
 - Patient Code
 - Medical Record
 - Admission
 - Admission
- Eliminate duplicates
- Apply late charges
- Apply correction
- Apply the replacement
- Remove claims

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

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

SYSTEM13

THCIC Support Center

THCIC Provider Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Duplicate Removal Alert

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

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

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

Do you wish to continue?

YES NO

Provider Tab Data Management

Data Mgmt

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

SYSTEM13

THCIC Support Center

THCIC Provider Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Process Submitted

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

OK



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Texas Department of State
Health Services

Data Management Email

Data Mgmt

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



THCIC

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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

 We removed extra line breaks from this message.

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

The 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
☐	201507140042	07/14/2015	245	2	In
☐	201507140031	07/14/2015	145	0	Out
☐	201507140090	07/14/2015	134	5	Out
☐	201610140002	10/14/2016	153	64	In
☐	201610140004	10/14/2016	45	5	In
☐	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

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

https://thcictrainer.system13.com/help

File Edit View Favorites Tools Help

System13, Inc. / THCIC Web Help

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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

Outpatient Web Claim Entry Training

AGENDA



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



Texas Department of State
Health Services

Initial Submission Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026
Cutoff for initial submission	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26	9-1-26	12-1-26	3-1-27
Cutoff for corrections	8-1-25	11-3-25	2-2-26	5-1-26	8-3-26	11-2-26	2-1-27	5-3-27
Facilities retrieve certification files	9-2-25	12-1-25	3-2-26	6-1-26	9-1-26	12-1-26	3-1-27	6-1-27
Certification/ comments due	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26	1-15-27	4-15-27	7-15-27

The reporting schedule is a rule driven schedule, under [Chapter 421](#), Title 25, Part 1 of the Texas Administrative Code, Subchapter D, [RULE 5421.66](#). 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 Manager (aka Provider Primary Contact) and Certifier will now receive an email a few days after the “Cutoff for Initial Submission. This email will be sent approximately sixty days after the end of each quarter. The email will have four reports attached to it:

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

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

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

Generate Quarter Cert. Data (EOD) 

Various Options for Entering Web Claim Entry

 You can enter Web Claim Entry from:

 Provider Home page – click 

  Listing – click 

 To continue a claim in process click 

Dropdown Lists

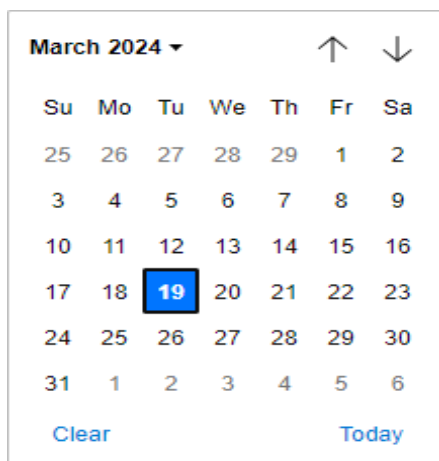
- ✓ The user can tell if a field has a drop down list by the arrow on the field.

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

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

Calendars/ Adding or Deleting Choices

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



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

E-CODES:

OTHER DIAGNOSIS CODES:

E-CODES:

OTHER DIAGNOSIS CODES:

Outpatient Institutional

Opening Web Claim Entry for Inpatient/Outpatient Facilities

The screenshot shows the SYSTEM13 Web Claim Entry 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. Below the navigation bar, the page title is "THCIC Support Center". On the right, there are links for "THCIC", "User Management", "My Account", and "Logout".

The main content area is titled "Medical Record Number:" and "Patient Control Number:". The "Patient Control Number:" field is labeled "PCN". The "Medical Record Number:" field is labeled "MRN".

On the left, there is a sidebar with a "Patient" section and a list of links: Payers, Charges, Diagnoses, Practitioners, and Situational Codes. The "Patient" section is highlighted.

The main content area is divided into two sections: "Claim Information" and "Personal Information".

Claim Information:

- TYPE:** ☐ INPATIENT ☒ OUTPATIENT INSTITUTIONAL
- PATIENT CONTROL NUMBER:** PCN
- Buttons:** Resolving PCN Errors, The THCIC Required Codes

Personal Information:

- MEDICAL RECORD NUMBER:** MRN
- FIRST NAME:** PATIENT FIRST NAME
- MIDDLE:** (Initial)
- LAST NAME:** PATIENT LAST NAME
- ADDRESS:** ADDRESS LINE 1
- SSN/Race/Ethnicity Issues:** SOCIAL SECURITY NUMBER: SSAN
- SEX:** (Dropdown menu)
- ETHNICITY:** (Dropdown menu)
- BIRTH DATE:** mm/dd/yyyy

At the bottom, there is a reminder: "Reminder: check this claim for errors when finished entering its details." and two buttons: "NEXT SECTION" and "CHECK FOR ERRORS".

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



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Opening Web Claim Entry Through Provider Home Page



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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

User Management My Account Logout

Medical Record Number: Patient Control Number: Outpatient Institutional

Back to list of claims

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:
☒ OUTPATIENT INSTITUTIONAL ☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

Which Outpatient option?

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER:
MRN

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

ADDRESS:
ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:
SSAN

SEX:
[Dropdown]

ETHNICITY:
[Dropdown]

BIRTH DATE:
mm/dd/yyyy

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

NEXT SECTION →

CHECK FOR ERRORS

Patient Tab

Outpatient Institutional



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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

User Management My Account Logout

Medical Record Number: Patient Control Number: Outpatient Institutional

Back to list of claims

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:

☒ OUTPATIENT INSTITUTIONAL ☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER: PCN

Which Outpatient option?

Resolving PCN Errors

The THCIC Required Codes

Choose the type of claim to be entered.

Personal Information

MEDICAL RECORD NUMBER: MRN

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

ADDRESS: ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER: SSAN

SEX:

ETHNICITY:

BIRTH DATE: mm/dd/yyyy

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

NEXT SECTION →

CHECK FOR ERRORS

Web Claim Entry Data Input - Patient Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:

☐ INPATIENT ☒ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

PCN

Resolving PCN Errors

The THCIC Required

1st Choose Claim Type

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

Then enter patient's personal Information

Personal Information

MEDICAL RECORD NUMBER:

MRN

FIRST NAME: MIDDLE: LAST NAME:

PATIENT FIRST NAME (Initial) PATIENT LAST NAME

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:

SSAN

SEX:

ETHNICITY:

BIRTH DATE:

Tab

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:

SSAN

SEX:

ETHNICITY:

BIRTH DATE:

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

NEXT SECTION →

CHECK FOR ERRORS

All navigation of the application should be confined to the TAB (not ENTER) key or via mouse selections.

Scroll down to complete the tab claim.

Patient Tab



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

THCIC Support Center

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

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Claim Information

TYPE:
☒ OUTPATIENT INSTITUTIONAL ☐ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

Which Outpatient option?

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER:
MRN

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

ADDRESS:
ADDRESS LINE 1

SOCIAL SECURITY NUMBER:
SSAN

SEX:
[Dropdown]

ETHNICITY:
[Dropdown]

BIRTH DATE:
mm/dd/yyyy [Calendar Icon]

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

Video: Help with SSN/

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

Entering Claim Information



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THCIC Support Center

[Back to list of claims](#)

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

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

CITY:

STATE:

ZIP:

COUNTRY:

united

AE - UNITED ARAB EMIRATES

GB - UNITED KINGDOM

TZ - TANZANIA, UNITED REPUBLIC OF

UM - UNITED STATES MINOR OUTLYING ISLANDS

US - UNITED STATES

TYPE CODE:

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

NEXT SECTION →

CHECK FOR ERRORS

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

Patient Tab



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THCIC Support Center

[Back to list of claims](#)

Medical Record Number:

Patient Control Number:

Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Context

ZIP CODE

COUNTRY:

Bill Type

Statement:

FROM: mm/dd/yyyy

THROUGH: mm/dd/yyyy

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

PATIENT STATUS:

May 2024

Su Mo Tu We Th Fr Sa

28 29 30 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

Clear Today

Field with calendar lookup .

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

NEXT SECTION →

CHECK FOR ERRORS

Payer Tab

The screenshot shows the 'Payer Tab' in the SYSTEM13 application. 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' with links for User Management, My Account, and Logout. The page title is 'THCIC Support Center'. Below this, a breadcrumb link 'Back to list of claims' is visible. The patient information section shows 'DOE, JONATHAN' with Medical Record Number: 789, Patient Control Number: 789, and Outpatient Institutional status. The left sidebar contains a list of tabs: Patient, Payers (selected), Charges, Diagnoses, Practitioners, and Situational Codes. The main content area is titled 'Primary Payer'. It contains a 'SOURCE CODE:' dropdown menu with a list of options: MC - MEDICAID, OF - OTHER FEDERAL PROGRAM, TV - TITLE V, VA - VETERAN ADMINISTRATION PLAN, WC - WORKERS COMPENSATION HEALTH CLAIM, ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, OR CHARITY. To the right of the dropdown is an 'ID:' field labeled 'PAYER ID'. Below the dropdown is a 'NAME:' field labeled 'PAYER NAME'. Red arrows point from text annotations to these fields. The annotations are: 'Insurance ID number. Put the first 10 characters of the insurance ID number.' pointing to the PAYER ID field; 'Choose the type of insurance.' pointing to the SOURCE CODE dropdown; and 'Name of insurance, not the name of the insured.' pointing to the PAYER NAME field. At the bottom of the page, there is a footer with the Texas Health and Human Services logo and the text 'Texas Department of State Health Services'.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC User Management My Account Logout

THCIC Support Center

Back to list of claims

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

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Primary Payer

SOURCE CODE:

MC - MEDICAID

OF - OTHER FEDERAL PROGRAM

TV - TITLE V

VA - VETERAN ADMINISTRATION PLAN

WC - WORKERS COMPENSATION HEALTH CLAIM

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

ID: PAYER ID

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

Choose the type of insurance.

NAME: PAYER NAME

Name of insurance, not the name of the insured.

Remember: you must submit t

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

Charges Tab



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THCIC Support Center

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Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

REVENUE CODE:

QUALIFIER:

PROCEDURE CODE:

MODIFIERS:

PROCEDURE DATE:

PROCEDURE THRU DATE:

RATE:

QTY:

UNIT:

CHARGE:

NON COVERED CHARGE:

✕

\$0.00

ADD CHARGE

Click 'Add Charge' [ADD CHARGE](#) to add another charge to the claim. 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.

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

[SUBMIT CLAIM](#)

[NEXT SECTION →](#)

Diagnosis Tab



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THCIC Support Center

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

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

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

Diagnoses

PRINCIPAL DIAGNOSIS:

Type to search by code or description

REASON FOR VISIT:

Type to search by code or description

E-CODES:

+ ADD E-CODE

OTHER DIAGNOSIS CODES:

+ ADD OTHER DIAGNOSIS

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

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

NEXT SECTION →

CHECK FOR ERRORS

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Practitioners Tab



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Medical Record Number: Patient Control Number: Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

Physician 1 (Operating)

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

Physician 2 (Other/ED Attending)

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

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

NEXT SECTION →

CHECK FOR ERRORS

Practitioners Tab



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

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[Situational Codes](#)

Correcting Physician Errors

Physician 1 (Operating)

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

Physician 2 (Other/ED Attending)

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

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

NEXT SECTION →

CHECK FOR ERRORS

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

Situational Codes Tab only available on Outpatient Institutional

The screenshot displays the SYSTEM13 web application interface. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The SYSTEM13 logo is in the top right corner. Below the navigation bar, the page title is "THCIC Support Center". A breadcrumb trail shows "THCIC" followed by "User Management", "My Account", and "Logout". A "Back to list of claims" link is present. The main content area is divided into three sections: "Medical Record Number:", "Patient Control Number:", and "Outpatient Institutional". The "Situational Codes" tab is selected in the left sidebar, which also lists Patient, Payers, Charges, Diagnoses, and Practitioners. The main content area has three sections: "Conditions" with a "+ ADD CONDITION CODE" button, "Values" with a "+ ADD VALUE CODE" button, "Occurrence Spans" with a "+ ADD OCCURRENCE SPAN" button, and "Occurrences by Date" with a "+ ADD OCCURRENCE" button. At the bottom, a grey bar contains a reminder: "Reminder: check this claim for errors when finished entering its details.", a "NEXT SECTION →" button, and a "CHECK FOR ERRORS" button.

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SYSTEM13

THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

Medical Record Number: Patient Control Number: Outpatient Institutional

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

Conditions

+ ADD CONDITION CODE

Values

+ ADD VALUE CODE

Occurrence Spans

+ ADD OCCURRENCE SPAN

Occurrences by Date

+ ADD OCCURRENCE

Reminder: check this claim for errors when finished entering its details. NEXT SECTION → CHECK FOR ERRORS



Situational Codes Tab only available on Outpatient Institutional

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

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

Outpatient Professional

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

Patient Tab



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Services

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Medical Record Number: Patient Control Number: Outpatient Professional

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

Claim Information

TYPE:
☐ OUTPATIENT INSTITUTIONAL ☒ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:

[Which Outpatient option?](#)

[Resolving PCN Errors](#)

[The THCIC Required Codes](#)

Personal Information

MEDICAL RECORD NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

ADDRESS:

[SSN/Race/Ethnicity Issues](#)

SOCIAL SECURITY NUMBER:

SEX AT BIRTH:

ETHNICITY:

BIRTH DATE:

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

Patient Tab



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[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

Bill Type

Statement:

FROM: mm/dd/yyyy

THROUGH: mm/dd/yyyy

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

Admission Information

RELATED CAUSES 1:

RELATED CAUSES 2:

RELATED CAUSES 3:

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

NEXT SECTION →

CHECK FOR ERRORS

Payer Tab



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Medical Record Number: Patient Control Number: Outpatient Professional

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

Primary Payer

SOURCE CODE:

ID:

NAME:

Secondary Payer

SOURCE CODE:

ID:

NAME:

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

Medicaid or Medicare Claims only.

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Charges Tab



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Medical Record Number:

Patient Control Number:

Outpatient Professional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

QUALIFIER:

PROCEDURE CODE:

Type to search by code

MODIFIERS:

PROCEDURE DATE:

mm/dd/yyyy

PROCEDURE THRU DATE:

mm/dd/yyyy

SERVICE FACILITY CODE:

QTY:

0.0

UNIT:

CHARGE:

0.00

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

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

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)



Diagnosis Tab

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

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Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL DIAGNOSIS:

Type to search by code or description

REASON FOR VISIT:

Type to search by code or description

E-CODES:

+ ADD E-CODE

OTHER DIAGNOSIS CODES:

+ ADD OTHER DIAGNOSIS

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

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

NEXT SECTION →

CHECK FOR ERRORS

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Practitioners Tab



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Medical Record Number: Patient Control Number: Outpatient Professional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

Correcting Physician Errors

Rendering1 Physician

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

Rendering2 Physician

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

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

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

NEXT SECTION →

CHECK FOR ERRORS

Submitting Your Claim

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

CHECK FOR ERRORS

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

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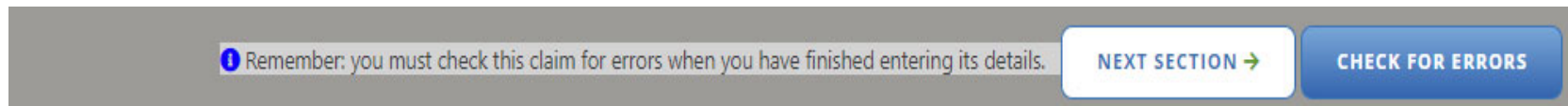
SEARCH
ADVANCED SEARCH

AUDITED CLAIMS
ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, JOHN	OUT-I	05/29/2020	852	852
☐ DOE, JANE	OUT-I	06/01/2020	741	741
☐ ,	OUT-I	06/01/2020		
☐ ,	OUT-I	06/01/2020		

Check for Errors/ Submitting Your Claim

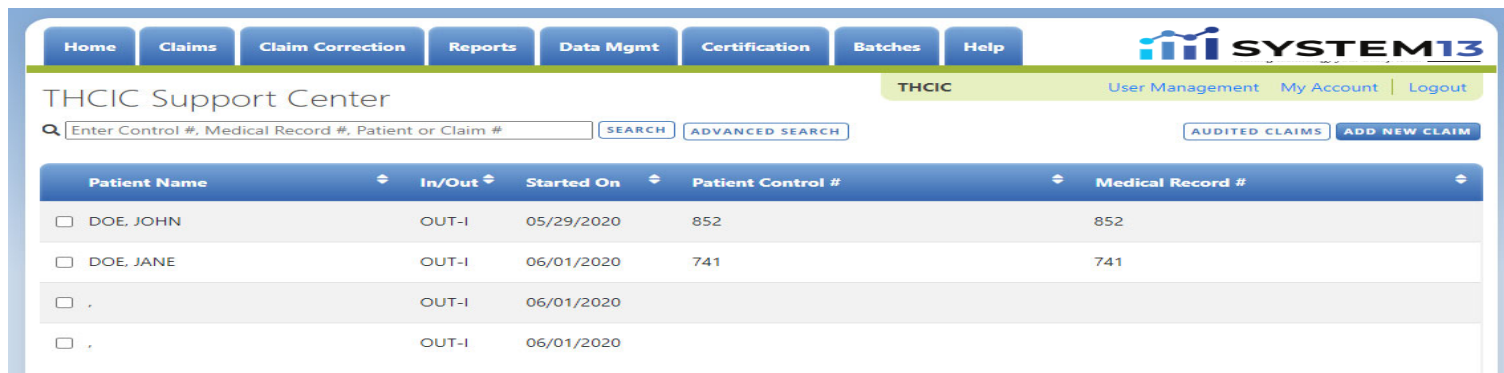
- ✓ The claims are automatically saved.
- ✓ You must click “check for errors” to submit claims entered in the system. The claims will be checked for errors and submitted.



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

NEW CLAIMS IN PROGRESS

. Once opened you can complete and submit the claim.



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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, JOHN	OUT-I	05/29/2020	852	852
☐ DOE, JANE	OUT-I	06/01/2020	741	741
☐ .	OUT-I	06/01/2020		
☐ .	OUT-I	06/01/2020		



Other Options

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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

AUDITED CLAIMS ADD NEW CLAIM

Claim has been successfully submitted. X

OPEN CLAIM IN WEBCLAIM

OPEN CLAIM IN WEBCLAIM

will open the claim to update the information.

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

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

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

Options...Delete Claim(s)



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THCIC Support Center

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

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, KANDI	OUT-I	06/01/2020	258	258
☐ DOE, LLOYD	OUT-I	06/01/2020	7496	7496

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

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

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THCIC Support Center

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

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, KANDI	OUT-I	06/01/2020	258	258
☒ DOE, LLOYD	OUT-I	06/01/2020	7496	7496

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

Options...Search for Claims

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

- % Type in your search request.

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

	Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐	6739380	5877357	201507140042000009000005	07/14/2015	Pouros, Jovani	IN	-
☐	6735776	6511439	201507140042000054000005	07/14/2015	Effertz, Daija	IN	-

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

Incomplete (Saved) Claims

New Claims in Progress



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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

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

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, KANDI	OUT-I	06/01/2020	258	258
☐ DOE, LLOYD	OUT-I	06/01/2020	7496	7496

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

Web Claim Entry

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



SYSTEM13 Contact



Address:

System I 3

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>