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

# Outpatient Claim Correction

## (Formerly WebCorrect)

**Revised October 2025**

TEXAS Health and Human 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 Dee Roes at email Dee.Roes@dshs.texas.gov if submitter test/production files reject due to a submission address or EIN/NPI number.

- Contact Tiffany Overton at email Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.

- For general questions or to request information about THCIC please e-mail to thcichelp@dshs.texas.gov.

# SYSTEM13 Contact


Address:
System13
1648 State Farm Blvd.
Charlottesville, VA 22911


Phone: 1-888-308-4953

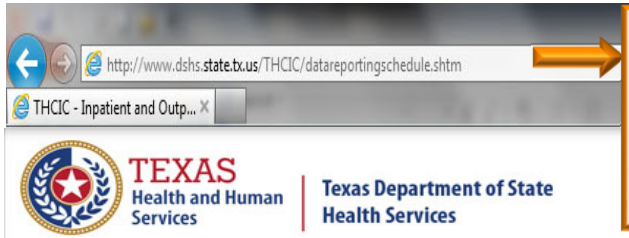

Fax: 434-979-1047


E-mail: THCIChelp@system13.com


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

# Data Reporting Schedule

When are my submissions due?




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

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- Texas Health Care Information Collection (THCIC) Home
- About THCIC
- Contact THCIC Staff
- Facility Reporting Requirements
- General Public Information
- Health Data Researcher Information
- Statutes and Rules
- Texas Health Data
- Center for Health Statistics (CHS) and other DSHS Data

**Mailing Address**

THCIC
Dept. of State Health Services
Center for Health Statistics, MC 1898
PO Box 149347
Austin, Texas 78714-9347

**Location**

Moreton Building, M-660
1100 West 49th Street
Austin, TX 78756

Phone: 512-776-7261
Fax: 512-776-7740

Home > Texas Health Care Information Collection Home > 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 |
|---|---|---|---|---|---|---|---|
| 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 |
| Cutoff for corrections | 8-1-2025 | 11-3-25 | 2-2-26 | 5-1-26 | 8-3-26 | 11-2-26 | 2-1-27 |
| Facilities retrieve certification files | 9-2-2025 | 12-1-25 | 3-2-26 | 6-1-26 | 9-1-26 | 12-1-26 | 3-1-27 |
| Certification/ comments due | 10-15-25 | 1-15-26 | 4-15-26 | 7-15-26 | 10-15-26 | 1-15-27 | 4-15-27 |

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.

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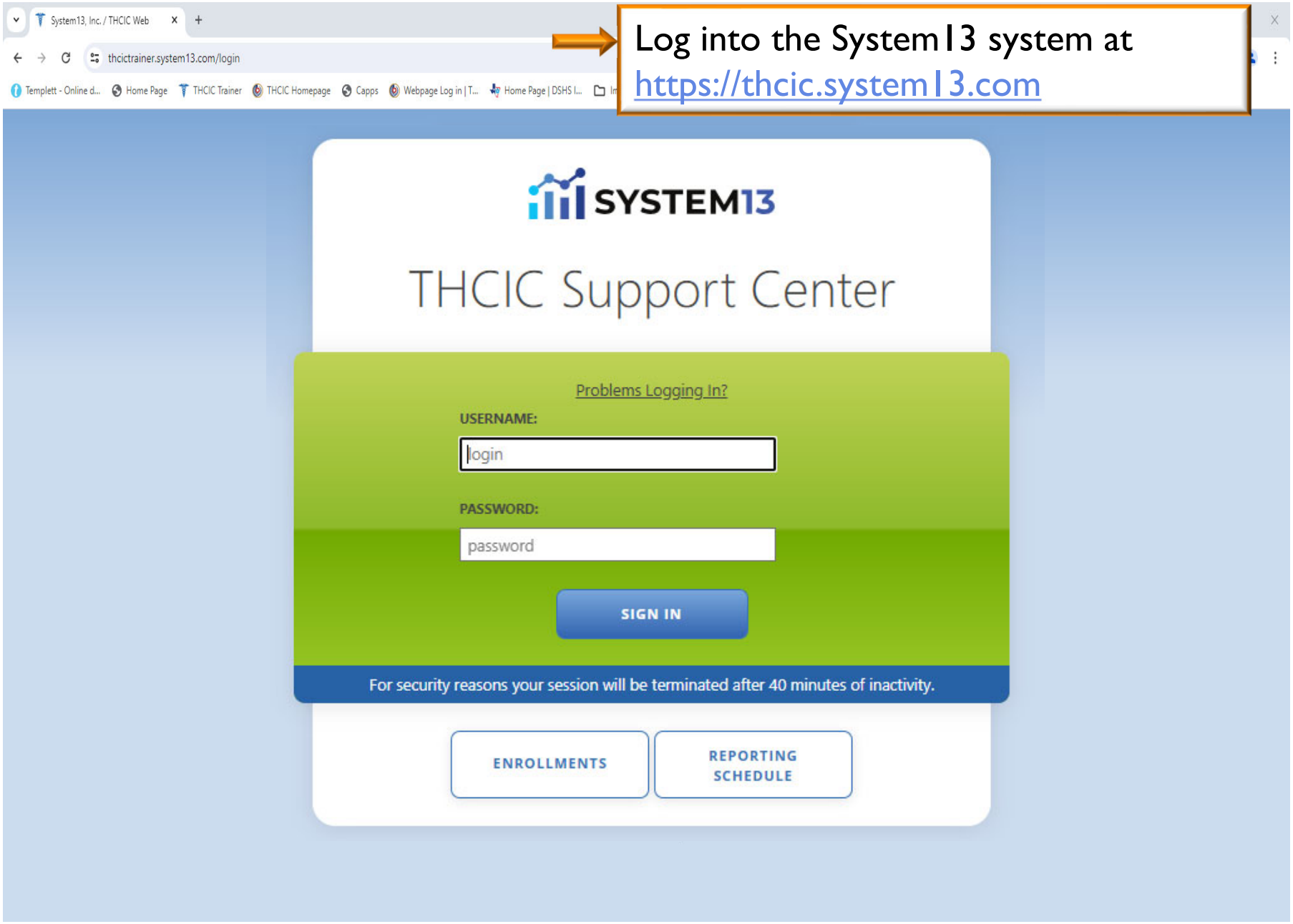
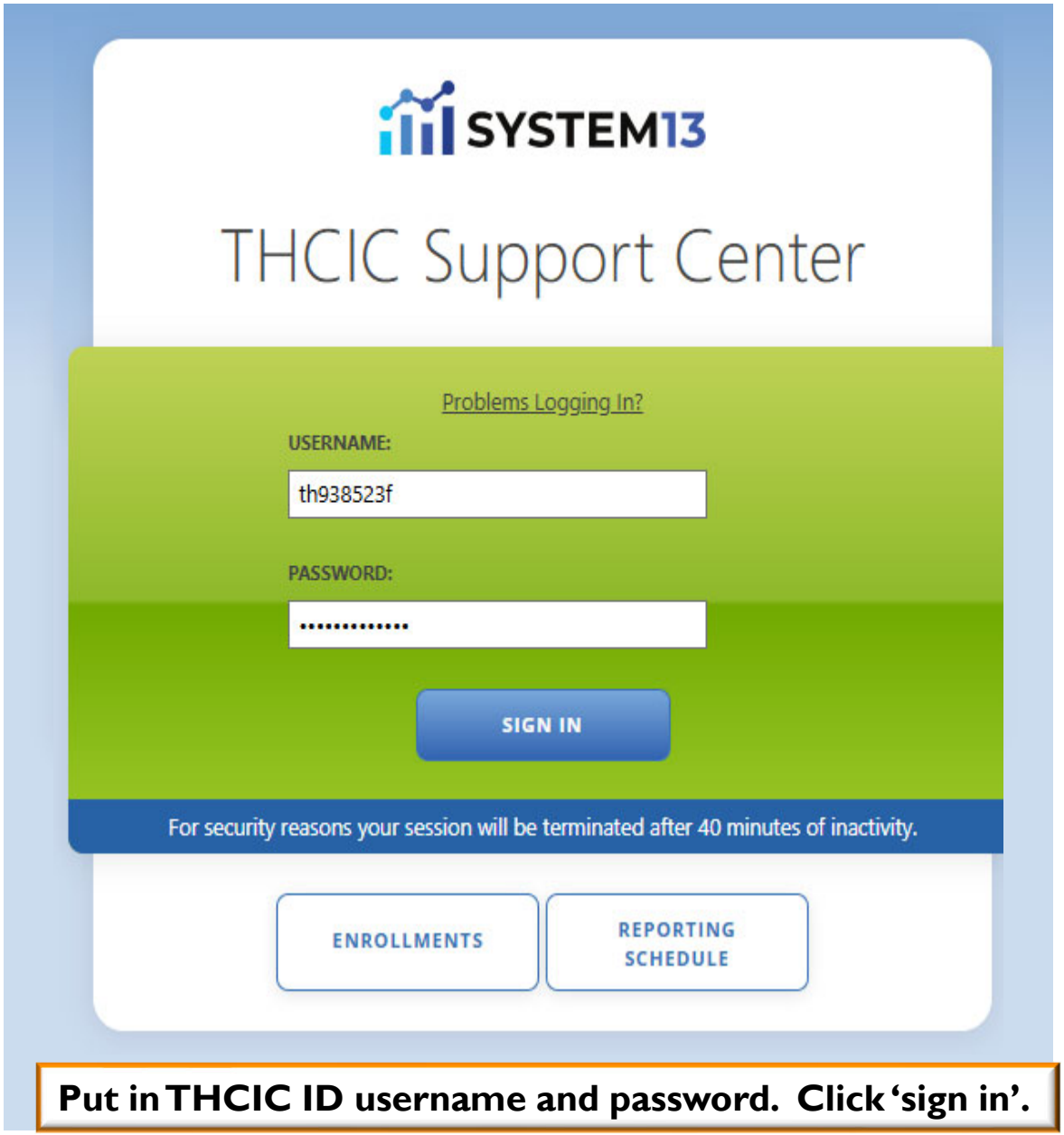
# THCIC System

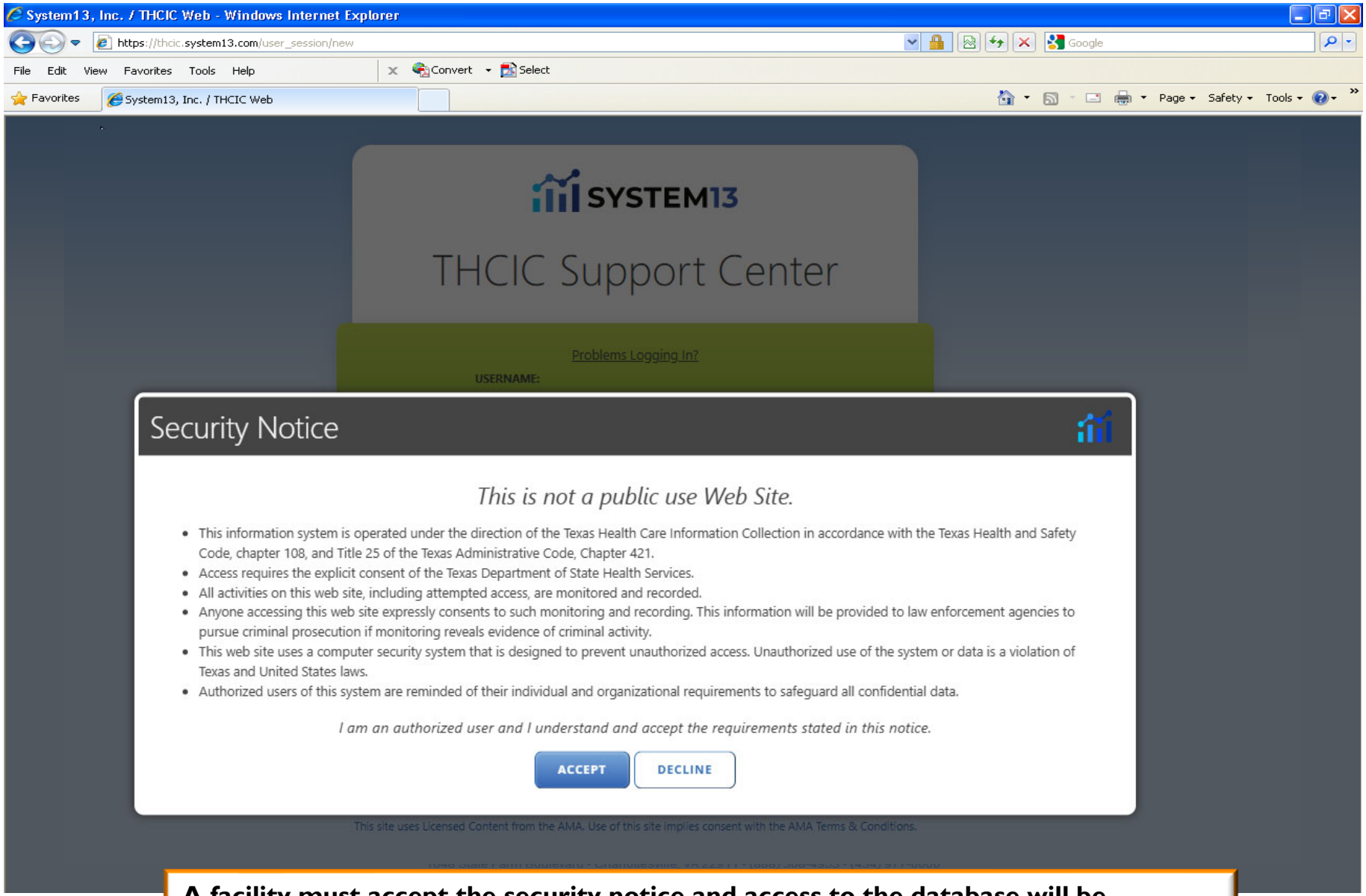


# Log In the System as a Provider



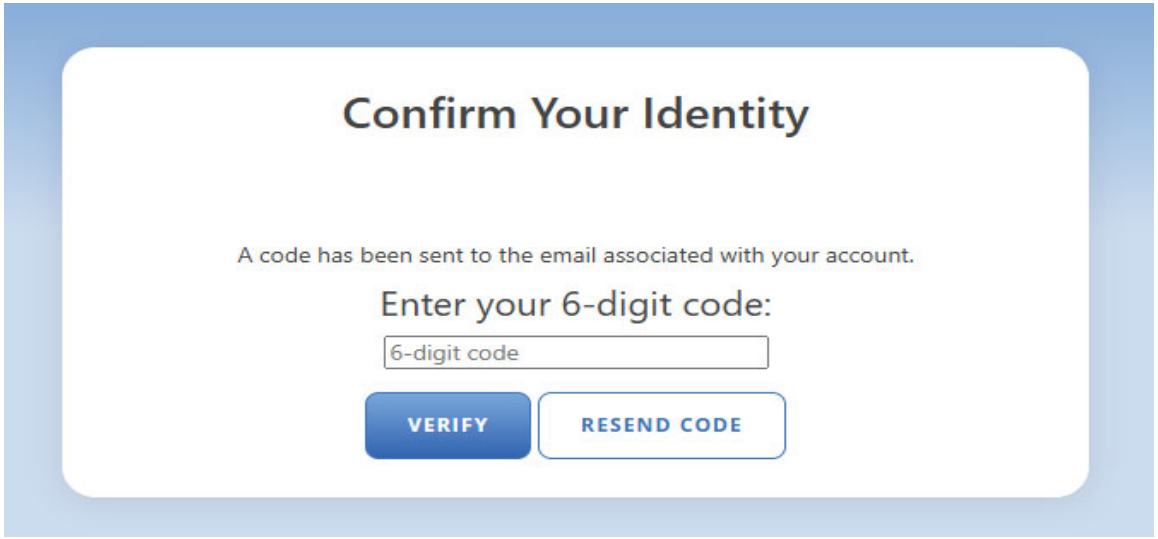

**Put in THCIC ID username and password. Click 'sign in'.**

# Security Notice




**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)




**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.

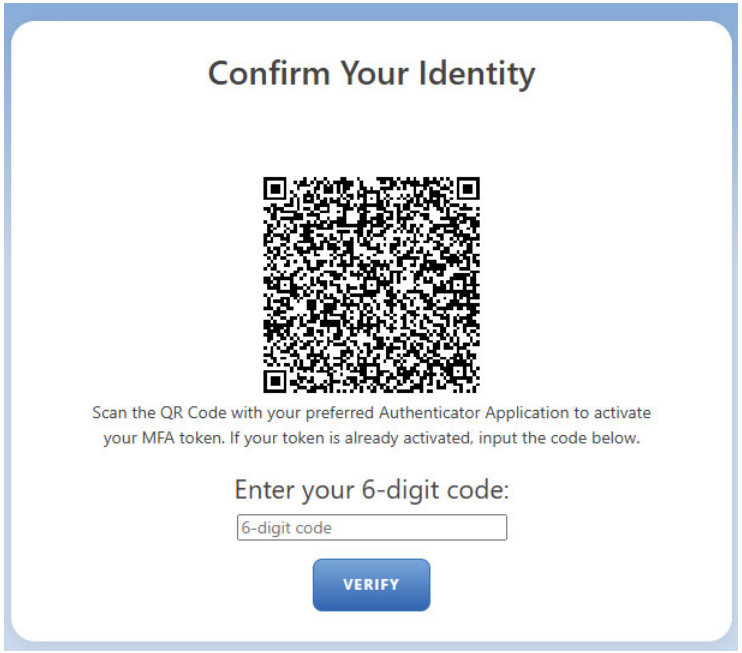
Neither THCIC nor System13 will call you and ask you for this code, nor will we ask you for a password. Please report any suspicious activity.

Thank you.
-- THCIC/System13 Support

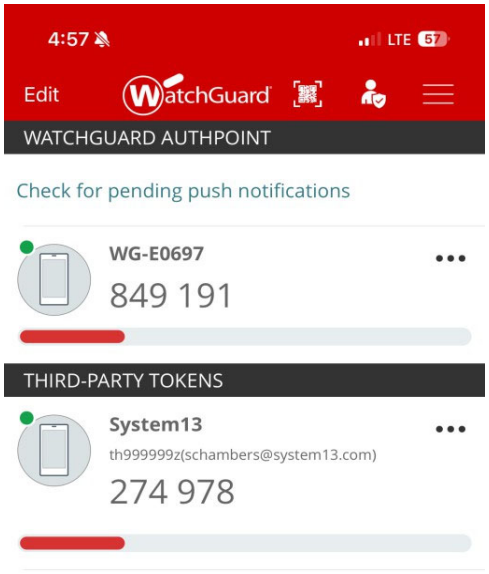
**Organization Information:**

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

# Multi-Factor Authentication (MFA)




**Code by scanning the QR Code.**

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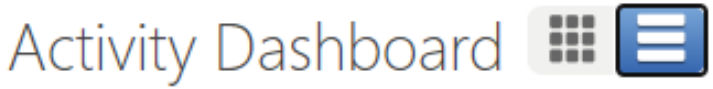
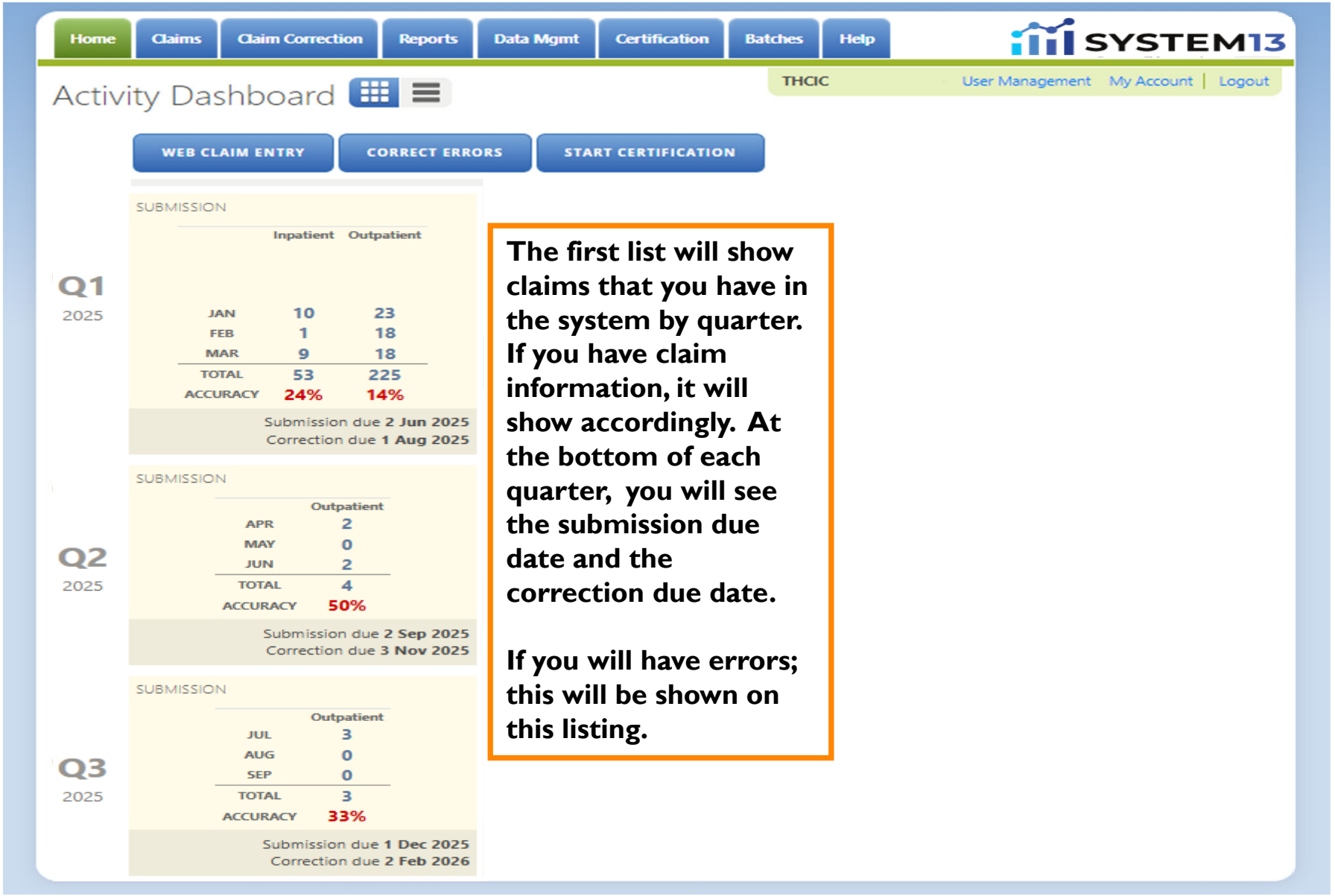
# Provider Dashboard

- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.
- A graph of historical 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.
- Two views. 

# Provider Home Page – Grid View

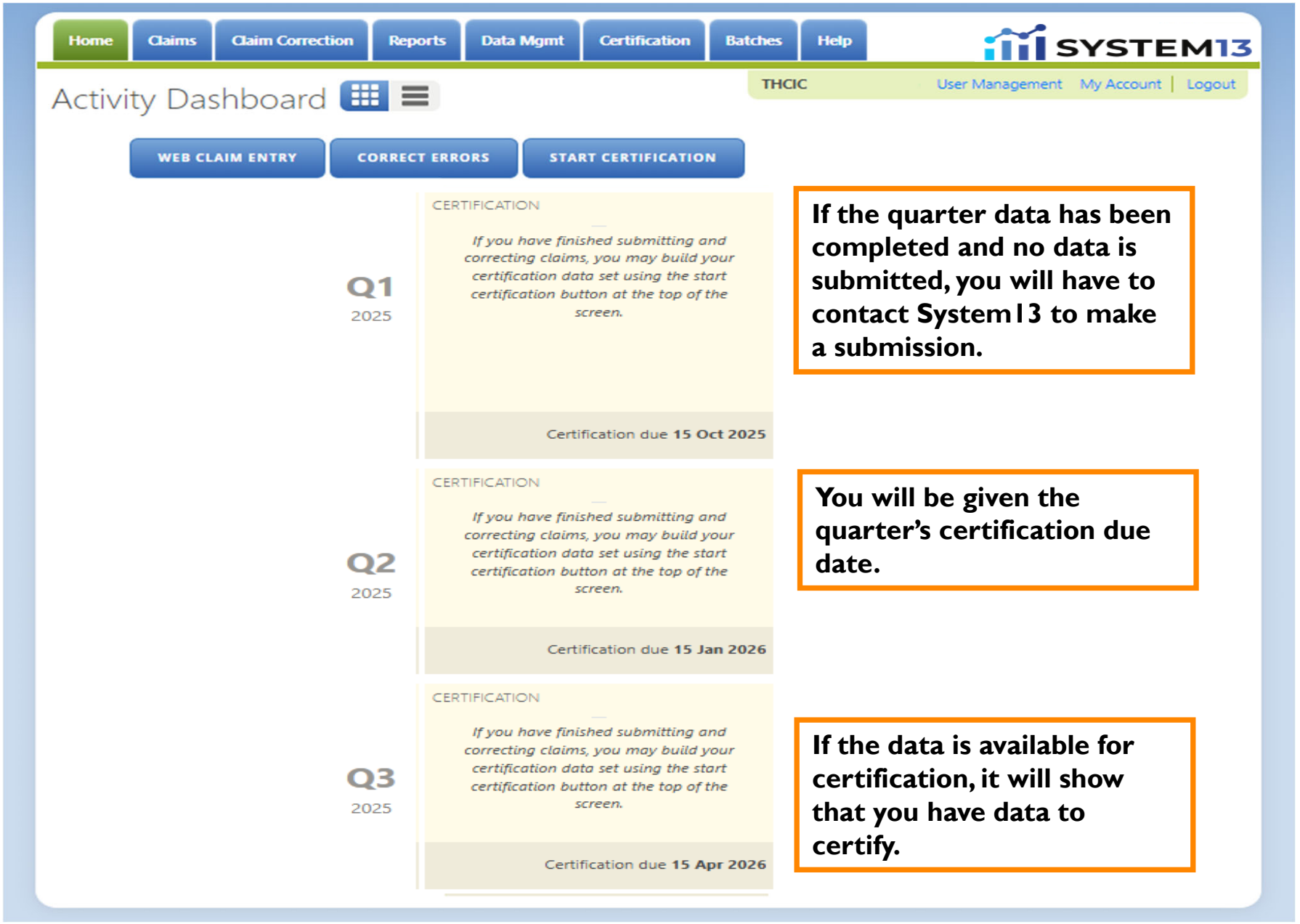
# Provider Home Page – 1st Row




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

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

# Provider Home Page – 2nd Row




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

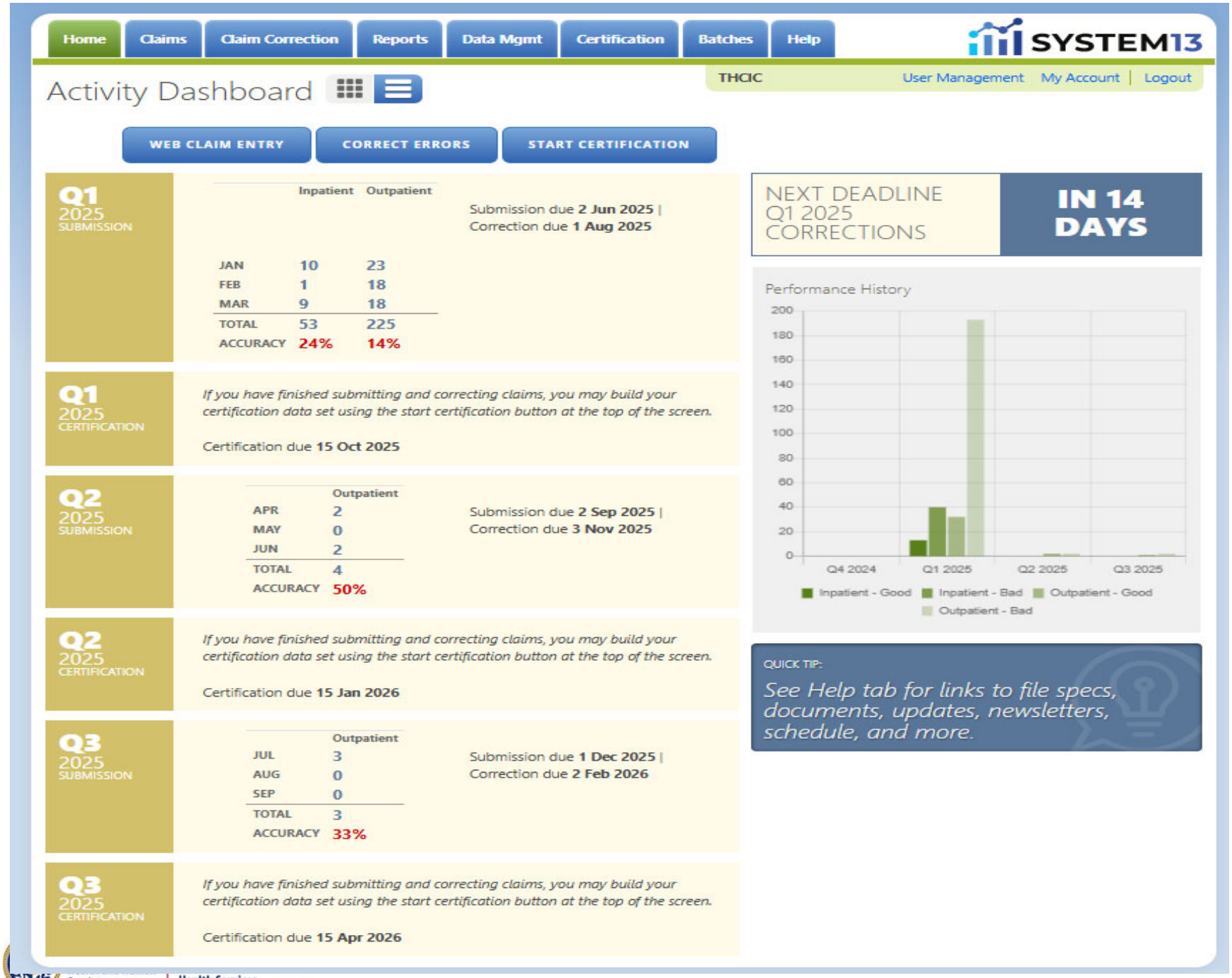
**You will be given the quarter's certification due date.**

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

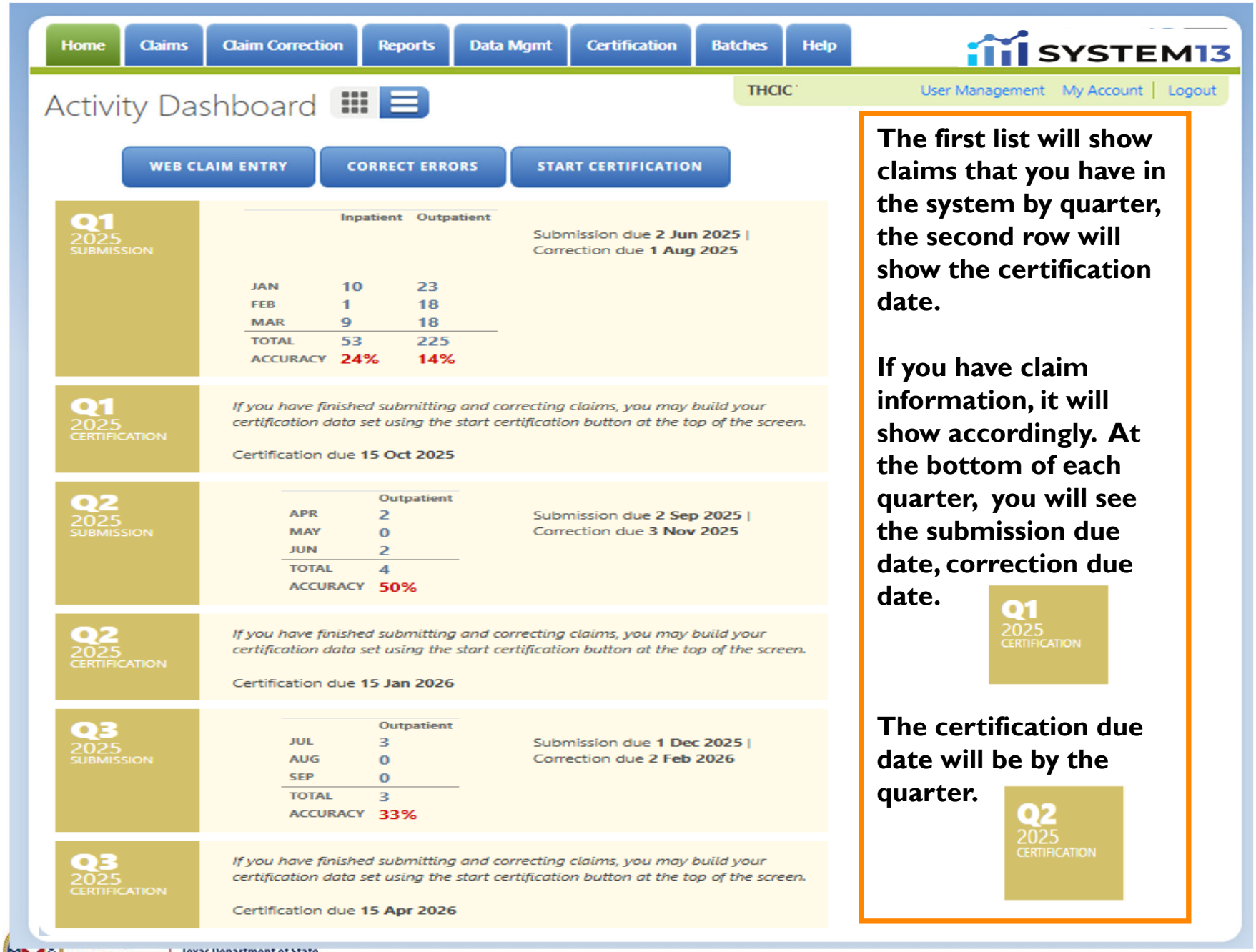
# Provider Home Page – 3rd Row


**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



# Provider Home Page – 1st Row



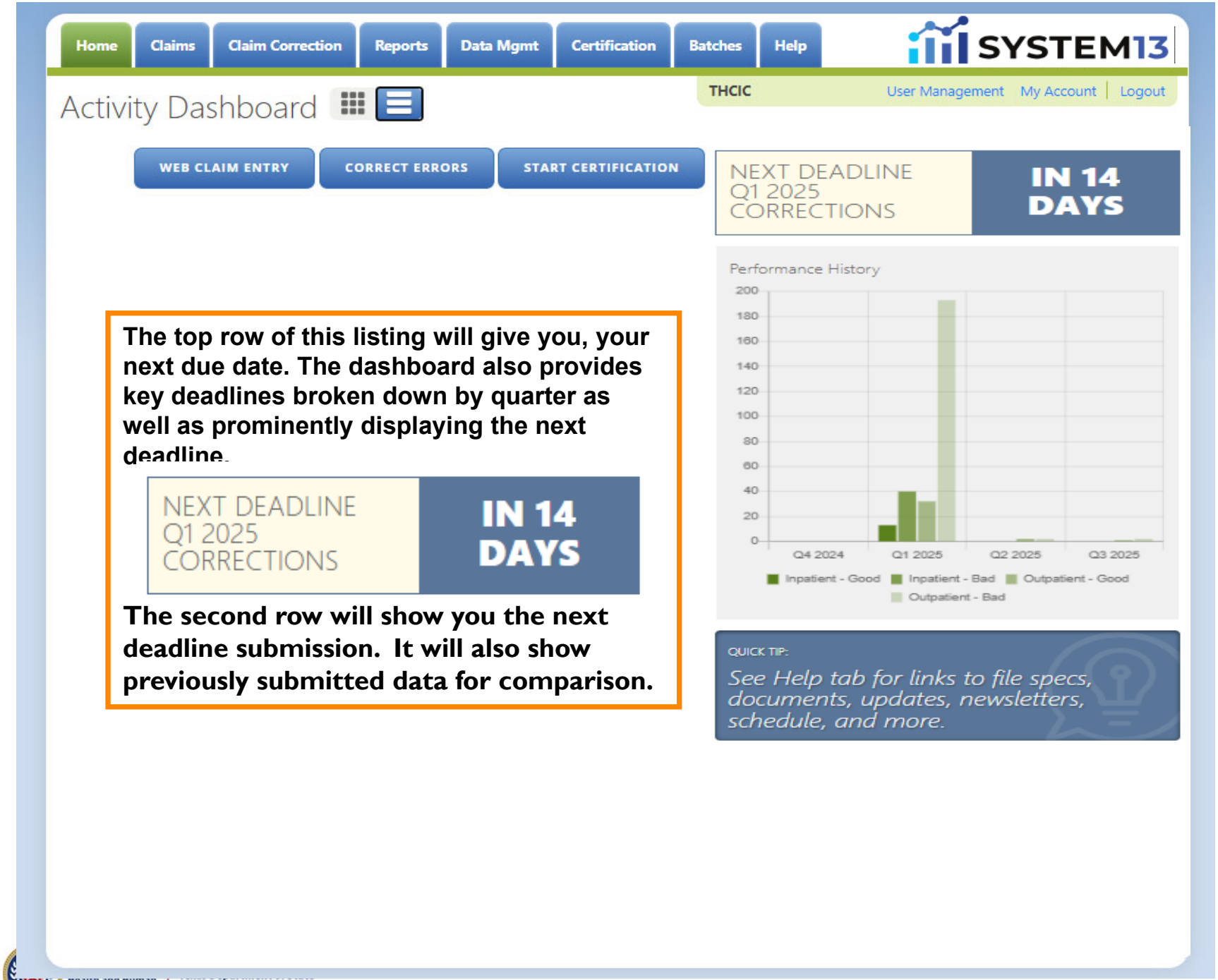

**The first list will show claims that you have in the system by quarter, the second row will show the certification date.**

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




**The certification due date will be by the quarter.**

# Provider Home Page – 2nd Row

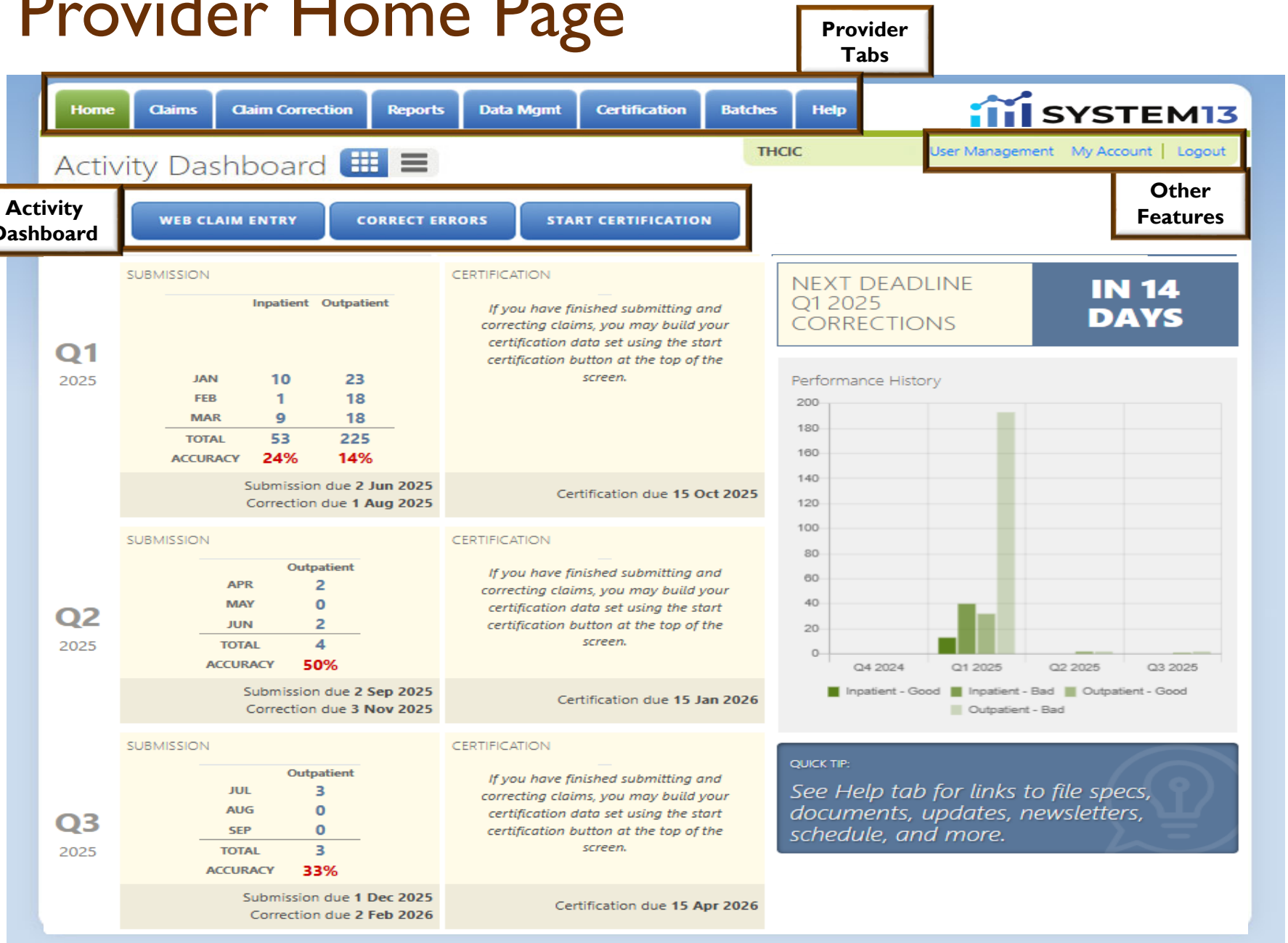



**The top row of this listing will give you, your next due date. The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.**

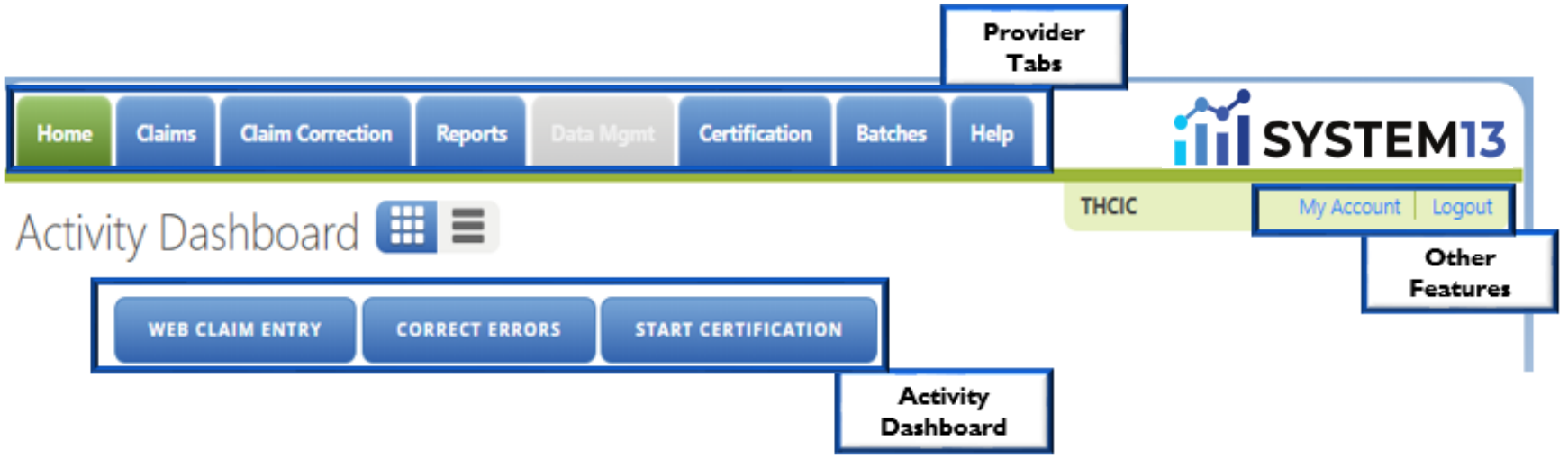



**The second row will show you the next deadline submission. It will also show previously submitted data for comparison.**

# Data Management/Primary Contact Provider Home Page



# Data Certifier / Data Manager Provider Home Page




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


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

# Provider Tabs


**Home** — Navigate to the 'main' page of the provider home page.

**Claims** — View all the claims submitted by their facility. This claim listing includes claims that need correction.

**Claim Correction** — Provides a listing of all claims that need correction.

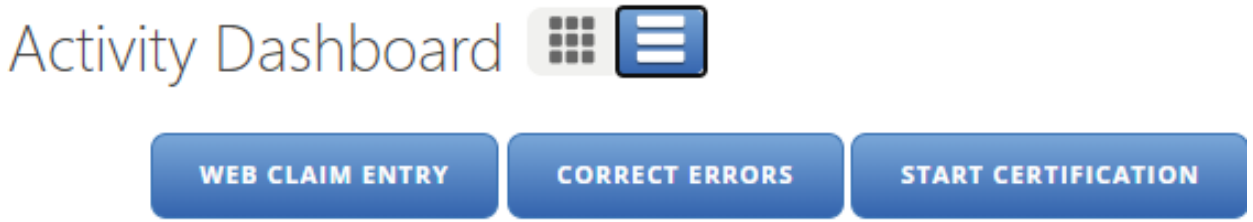
**Reports** — Various reports available for facility to view and documentation.

**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.

**Certification** — Facilities can view current and historical certification data.

**Batches** — Allows to locate the batch numbers of batches sent in for processing.

**Help** — View various help topics to facilitate better access to the system.



# Activity Dashboard


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


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


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

# Claim Entry Entry

WEB CLAIM ENTRY

ADD NEW CLAIM

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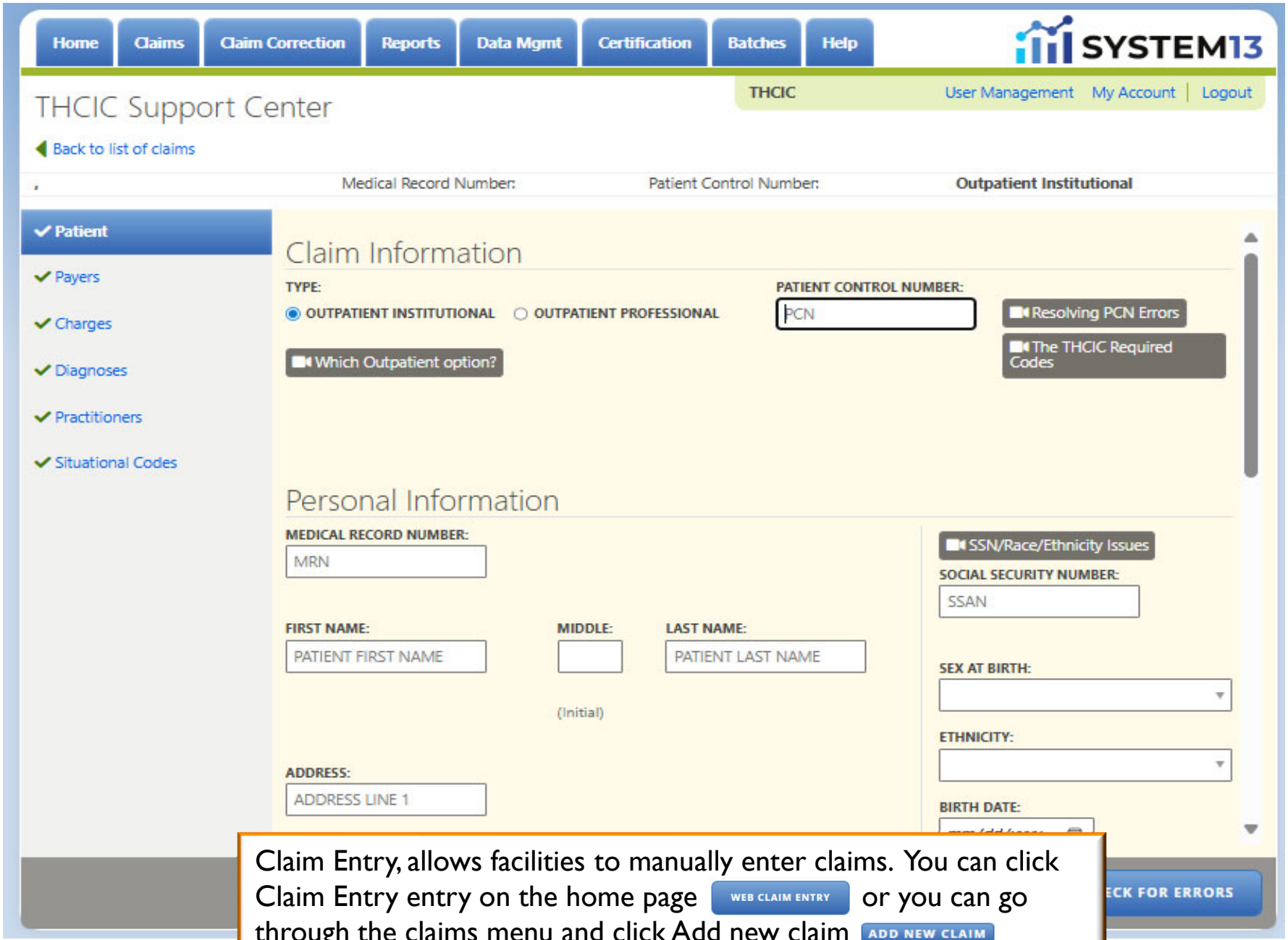
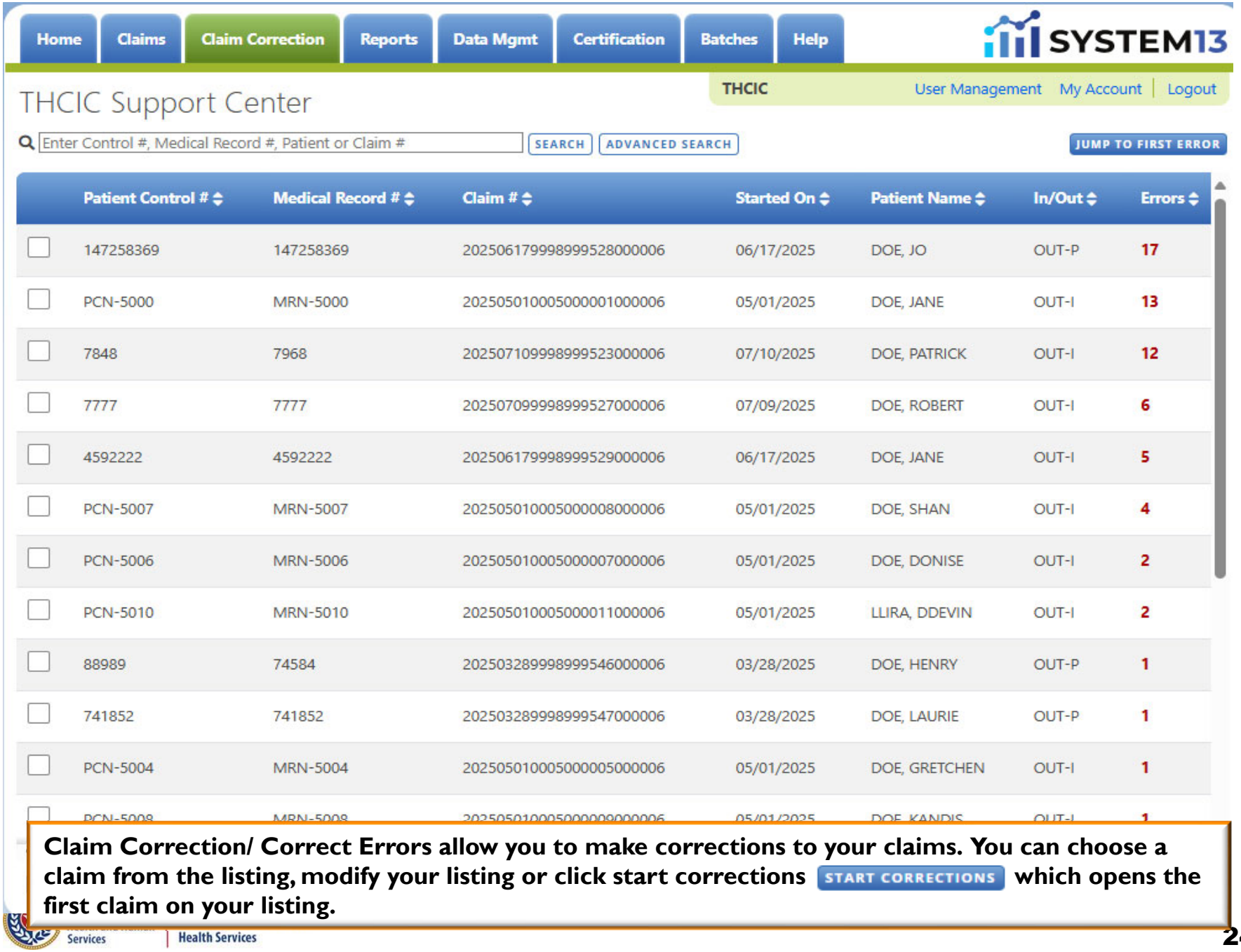



Claim Entry, allows facilities to manually enter claims. You can click Claim Entry entry on the home page WEB CLAIM ENTRY or you can go through the claims menu and click Add new claim ADD NEW CLAIM

# Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

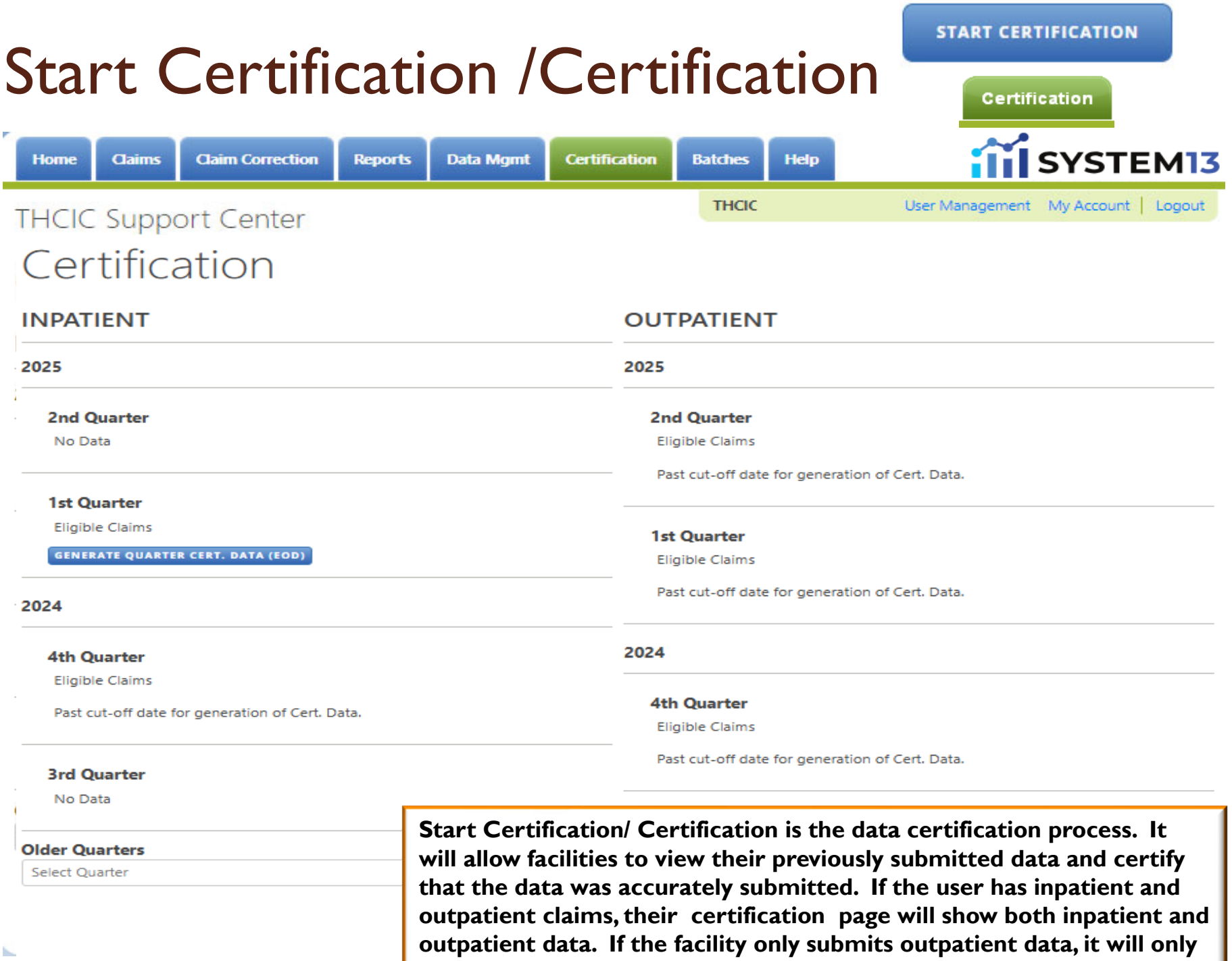



| Patient Control # | Medical Record # | Claim # | Started On | Patient Name | In/Out | Errors |
|---|---|---|---|---|---|---|
| 147258369 | 147258369 | 20250617999899952800006 | 06/17/2025 | DOE, JO | OUT-P | 17 |
| PCN-5000 | MRN-5000 | 20250501000500000100006 | 05/01/2025 | DOE, JANE | OUT-I | 13 |
| 7848 | 7968 | 20250710999899952300006 | 07/10/2025 | DOE, PATRICK | OUT-I | 12 |
| 7777 | 7777 | 20250709999899952700006 | 07/09/2025 | DOE, ROBERT | OUT-I | 6 |
| 4592222 | 4592222 | 20250617999899952900006 | 06/17/2025 | DOE, JANE | OUT-I | 5 |
| PCN-5007 | MRN-5007 | 20250501000500000800006 | 05/01/2025 | DOE, SHAN | OUT-I | 4 |
| PCN-5006 | MRN-5006 | 20250501000500000700006 | 05/01/2025 | DOE, DONISE | OUT-I | 2 |
| PCN-5010 | MRN-5010 | 20250501000500001100006 | 05/01/2025 | LLIRA, DDEVIN | OUT-I | 2 |
| 88989 | 74584 | 20250328999899954600006 | 03/28/2025 | DOE, HENRY | OUT-P | 1 |
| 741852 | 741852 | 20250328999899954700006 | 03/28/2025 | DOE, LAURIE | OUT-P | 1 |
| PCN-5004 | MRN-5004 | 20250501000500000500006 | 05/01/2025 | DOE, GRETCHEN | OUT-I | 1 |
| PCN-5008 | MRN-5008 | 20250501000500000900006 | 05/01/2025 | DOE, KANDIS | OUT-I | 1 |

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

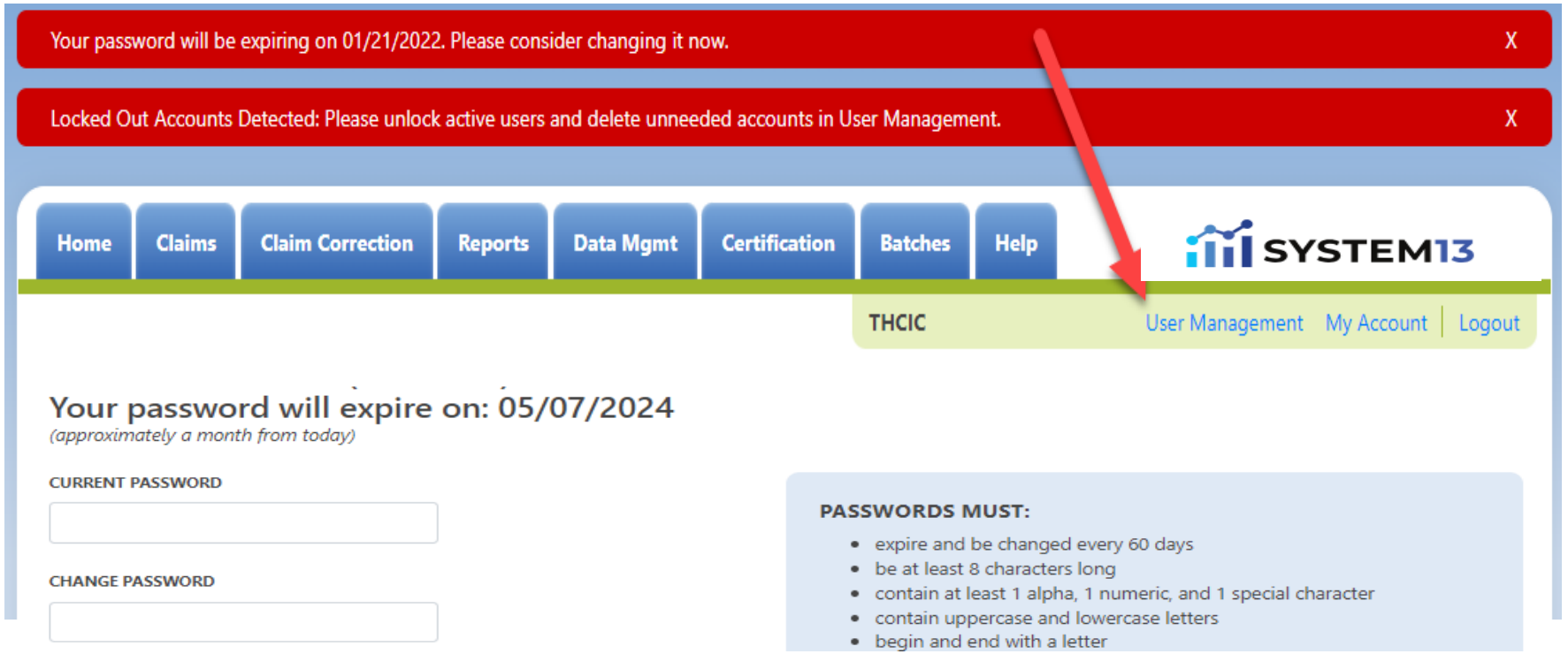
Services | Health Services

# Start Certification /Certification




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

# Banner Messages and Locked Accounts

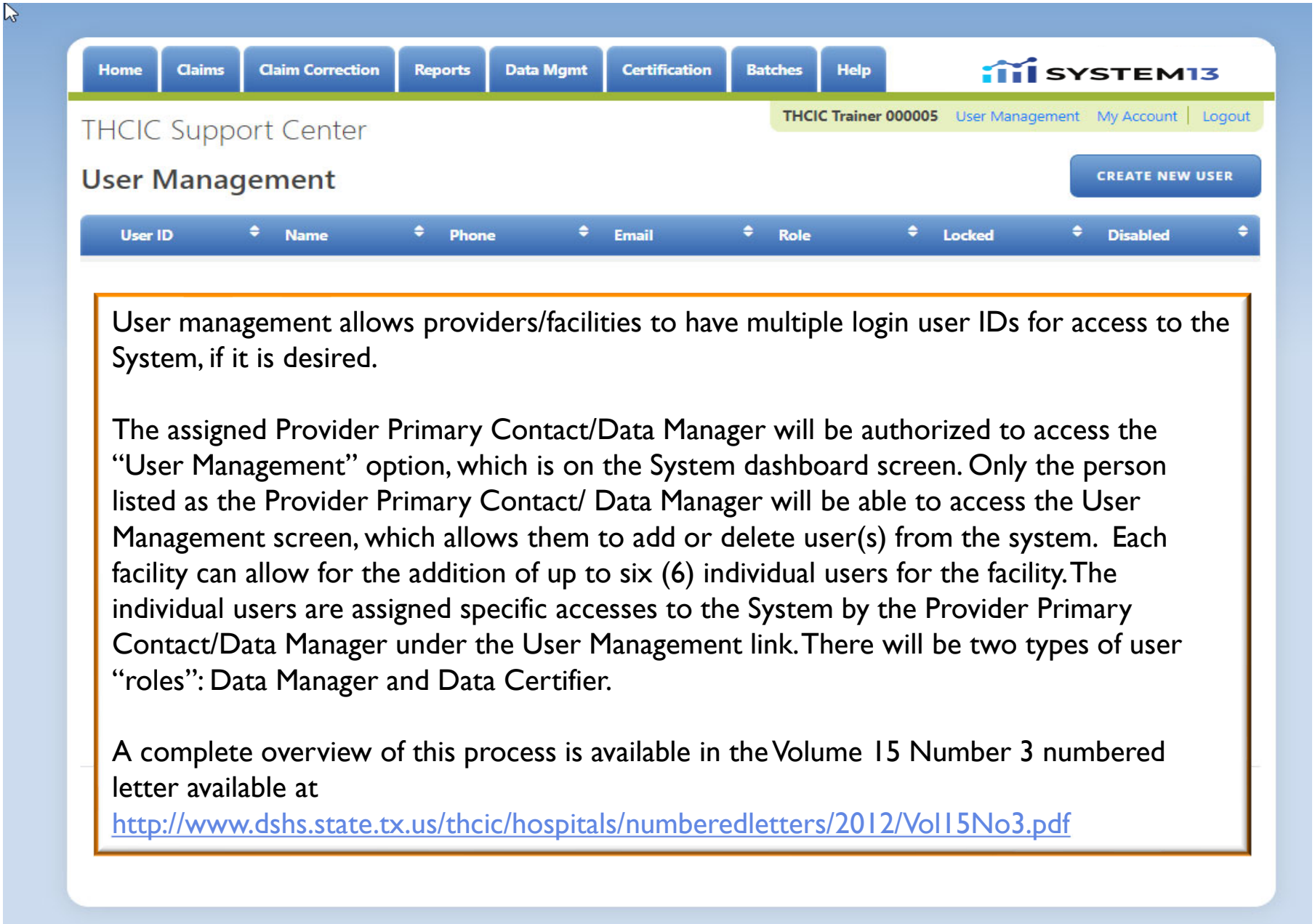



Red error messages have moved to the top of the screen. They will not disappear until you either click the X on the right side of the banner or click on one of the function tabs.

# Provider Other Features


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

# User Management

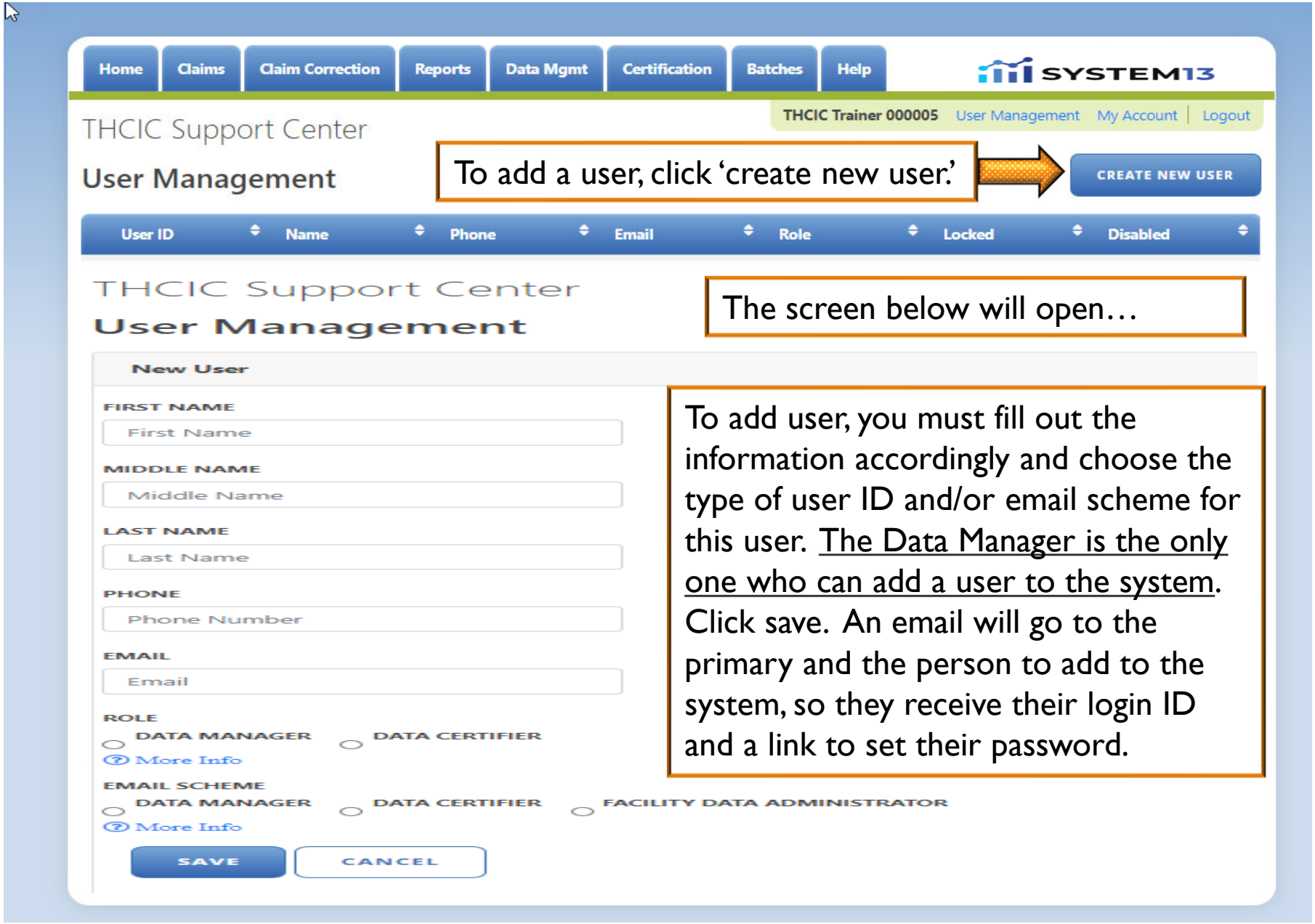



User management allows providers/facilities to have multiple login user IDs for access to the System, if it is desired.

The assigned Provider Primary Contact/Data 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



# User Management – User Roles / Email Schemes

## Roles

*The role determines the functionality available to a user.*

**Data User**
- 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 User
- 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

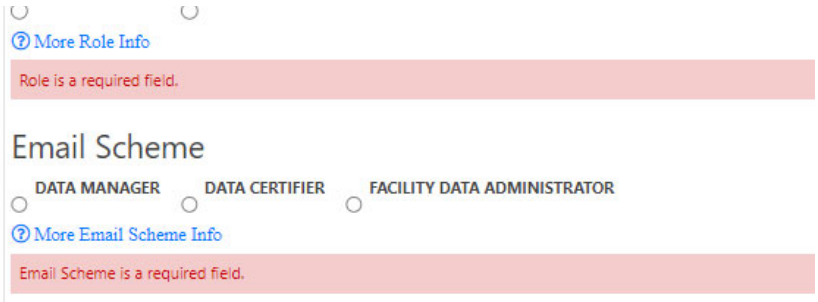
*The email scheme determines which type of email notifications a user will receive.*

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

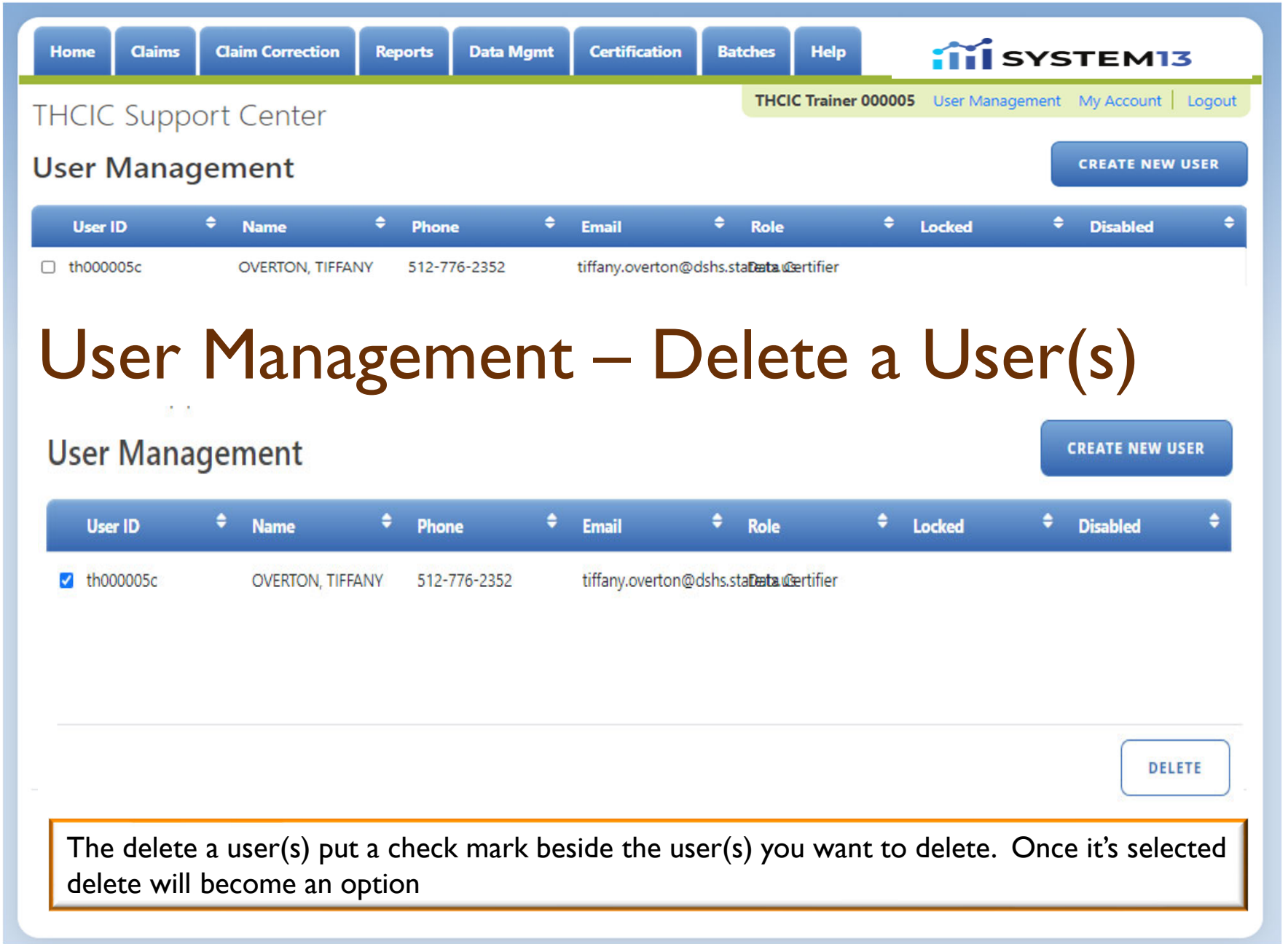
**Data Certifier**
- All notifications received by the Data User
- Certification Download File Availability
- Certified
- Rejected - Elected Not to Certify
- EOD (Encounter on Demand) Generated

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

OK



# User Management – List of User(s)

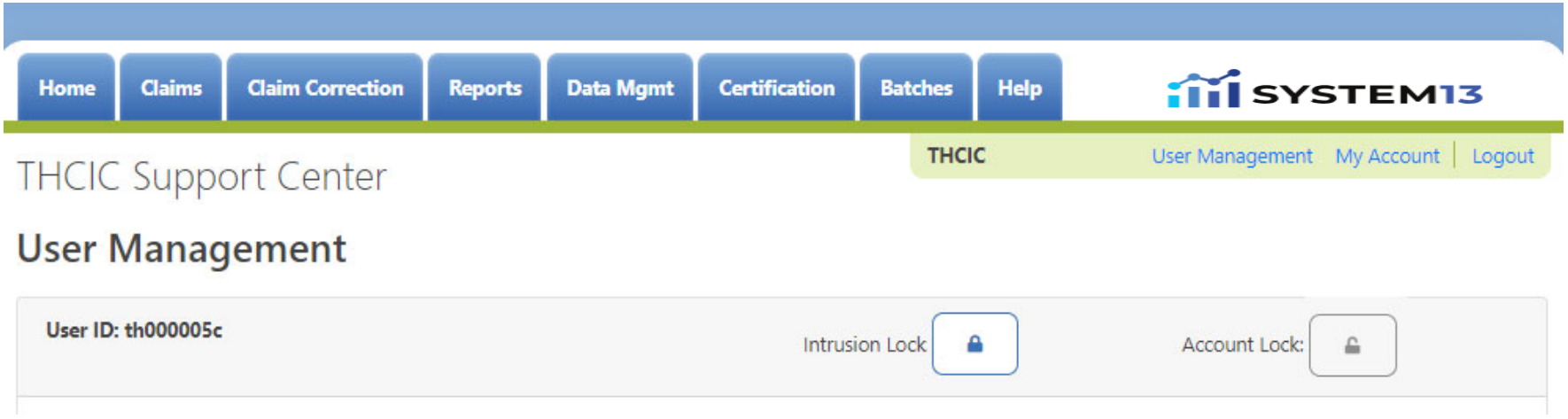



# User Management – Delete a User(s)

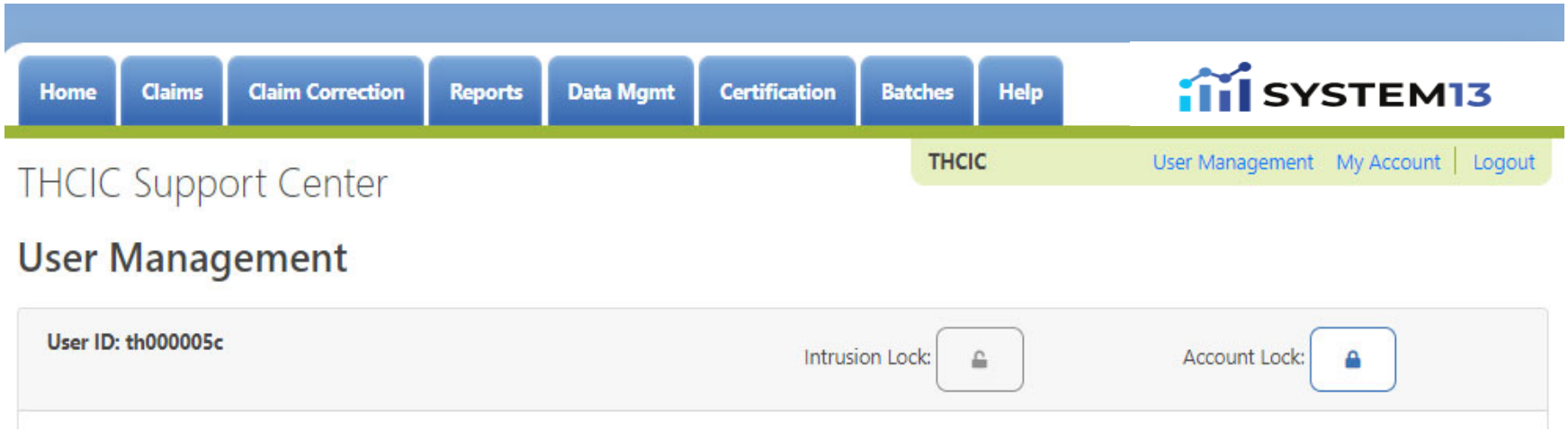



The delete a user(s) put a check mark beside the user(s) you want to delete. Once it's selected delete will become an option

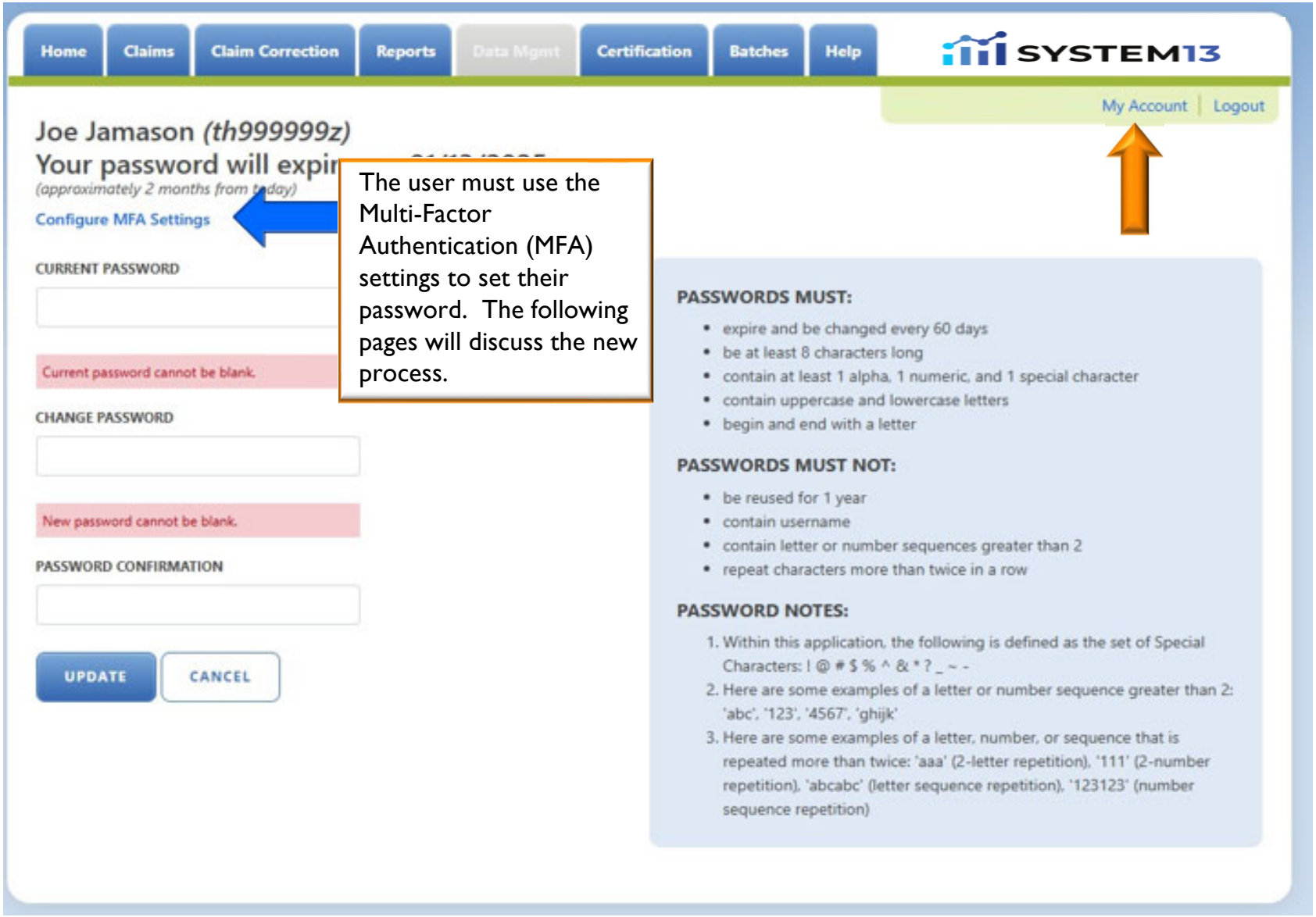
# User Management – Lock Features



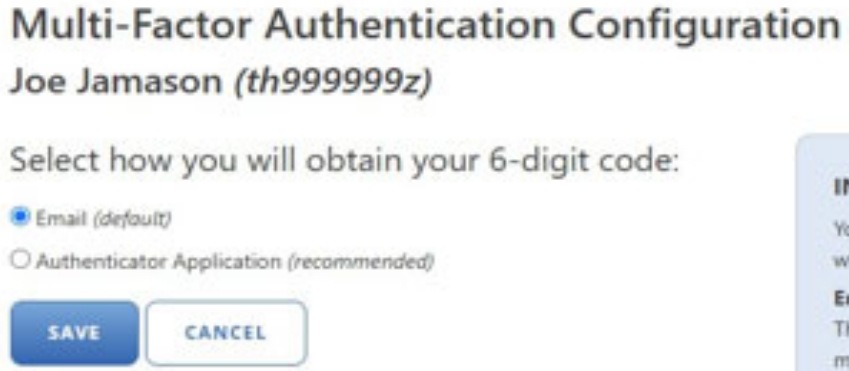

The administrator can clear intrusion or account lock(s). When the locks are on the system, they will be colored blue. A user will get locked out of the system if they have more than three (3) failed login attempts. The administrator can clear the 'intrusion lock' by unchecking the box above. The administrator 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.)

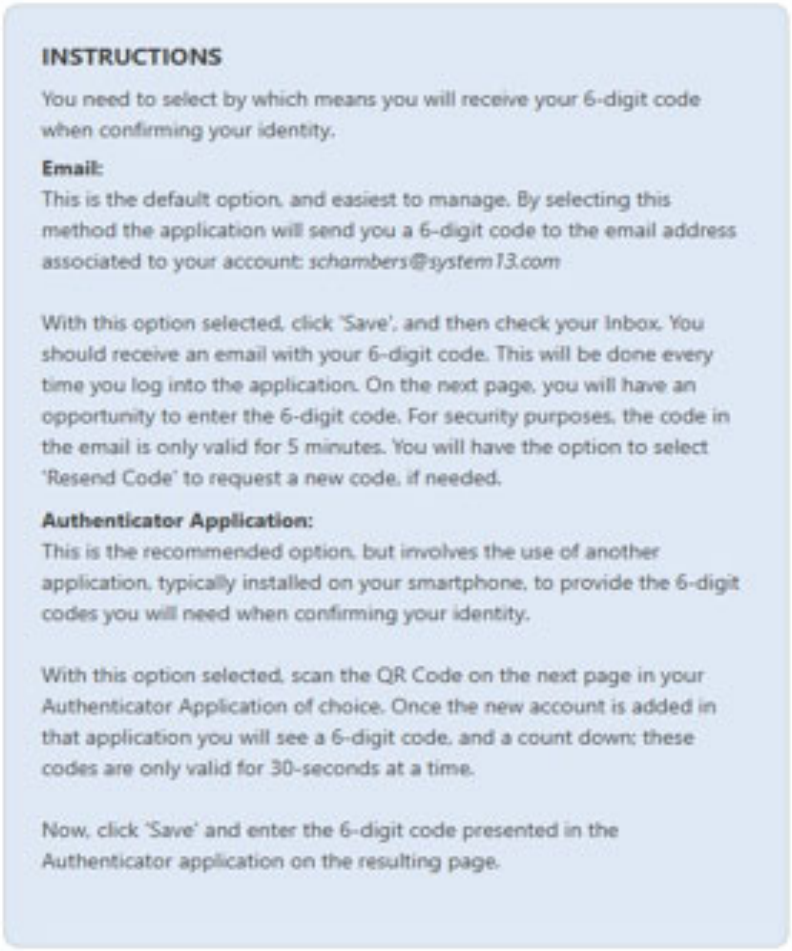


# Other Features - My Account Password Update/Change



# Multi-Factor Authentication (MFA) Configuration




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

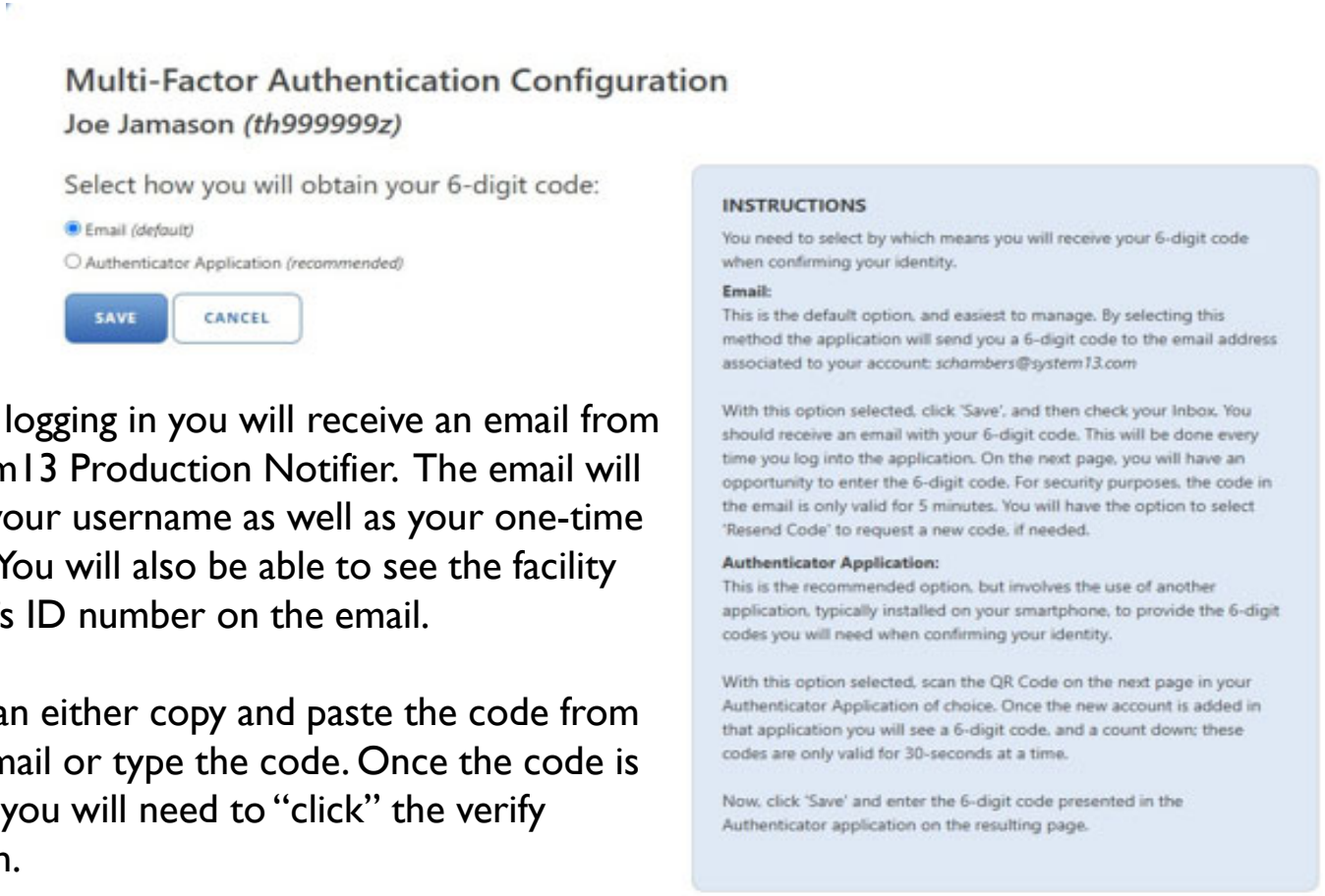
Email: Will send your code via Email, this is the easier option and does
not require additional update.

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".

# 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.




Upon logging in you will receive an email from System13 Production Notifier. The email will have your username as well as your one-time code. You will also be able to see the facility and it's ID number on the email.

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

Once verified you will be presented with the homepage.

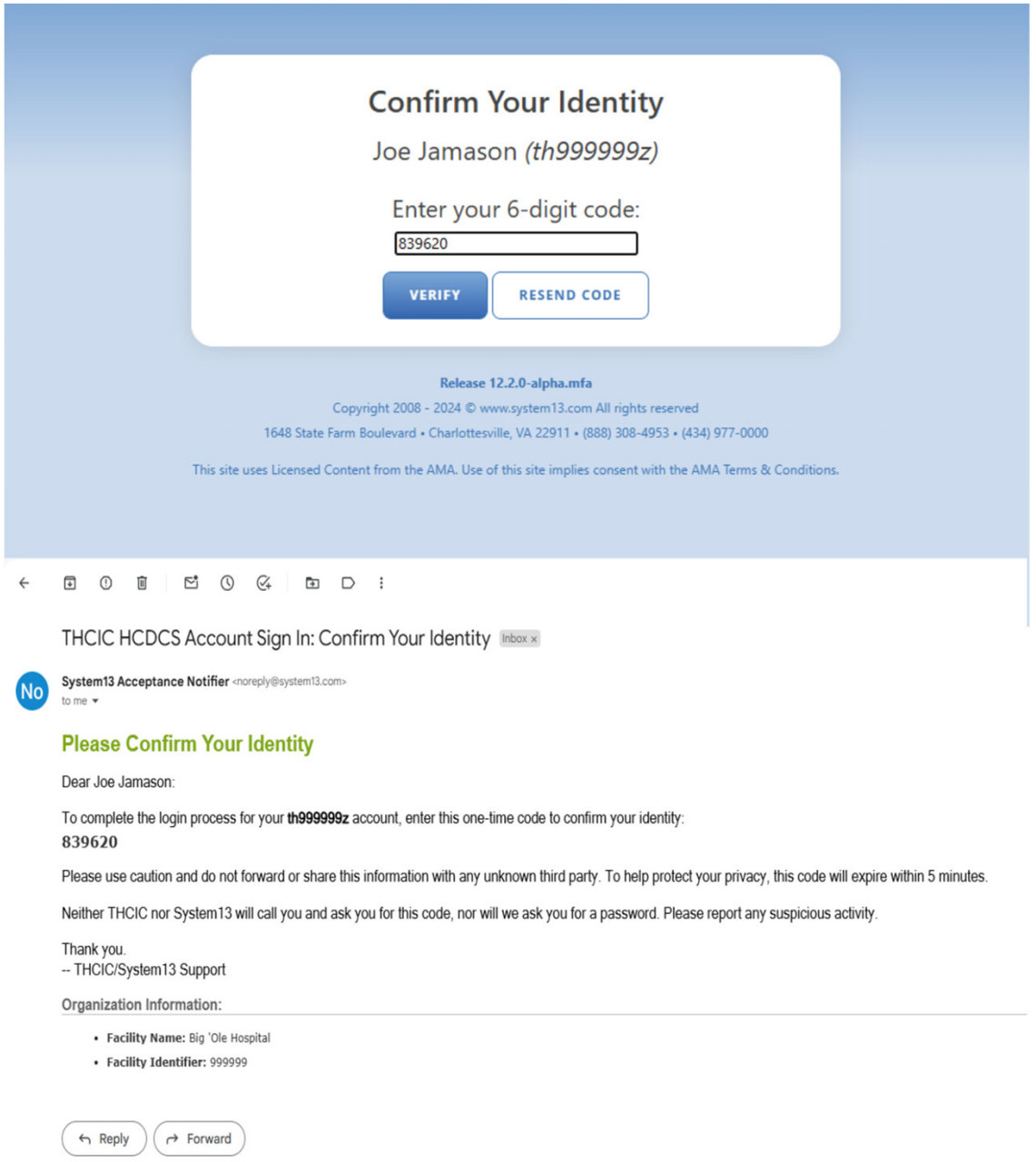
# Log In the System (Email)

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

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

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

Once verified you will be presented with the homepage.

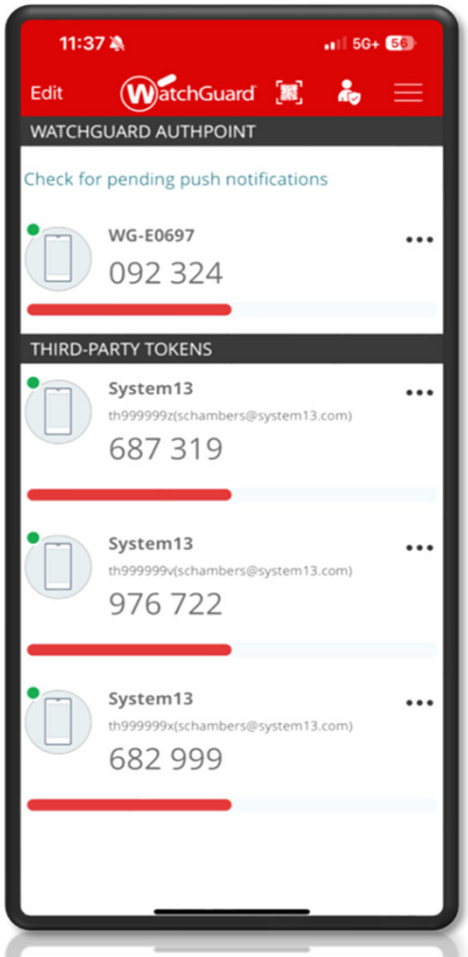


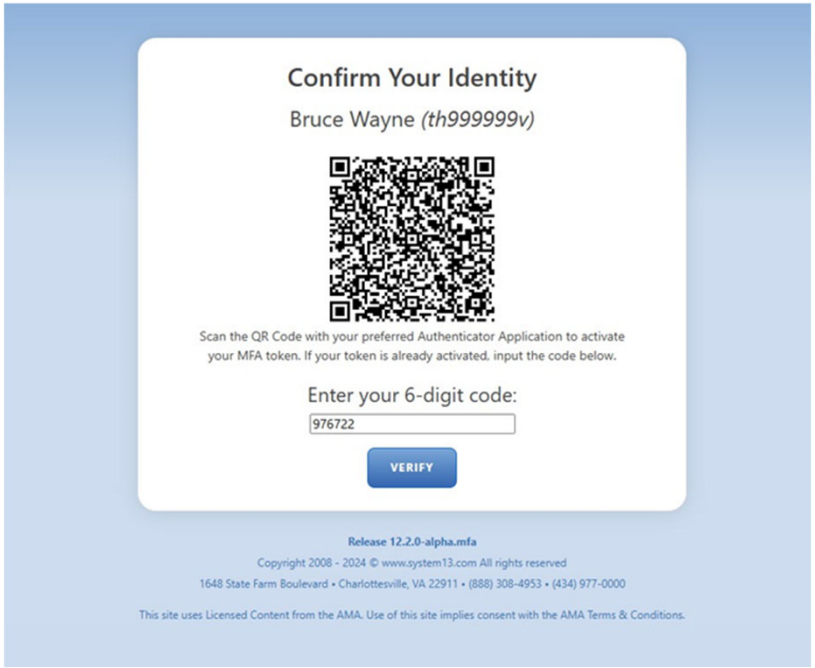
# Log In the System (Auth App)

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

(Remember this code changes every 30-seconds.)

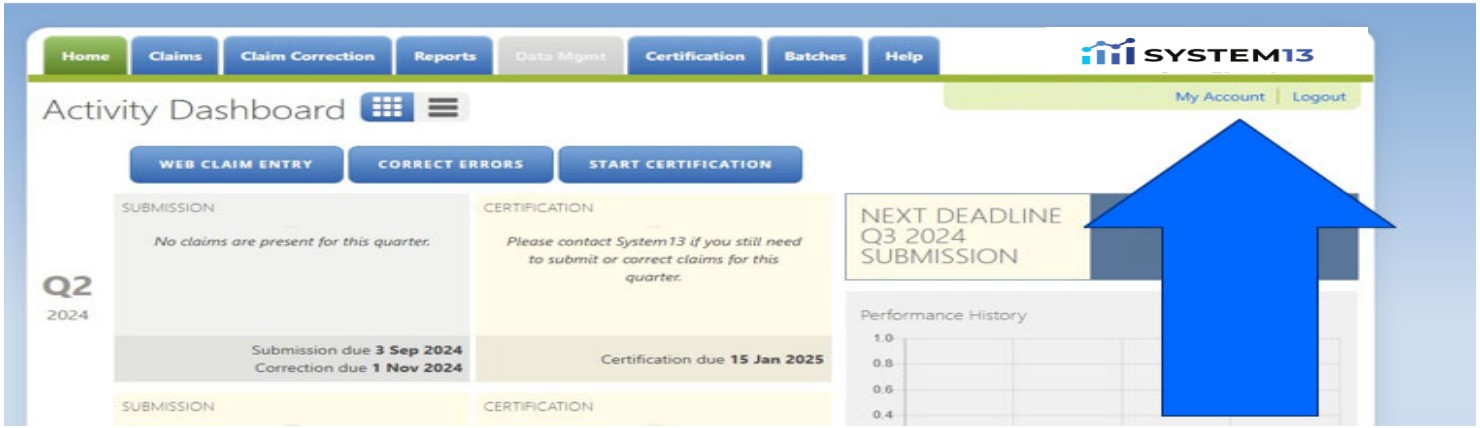
For users with multiple accounts your username will be over/under the code that you are looking for.



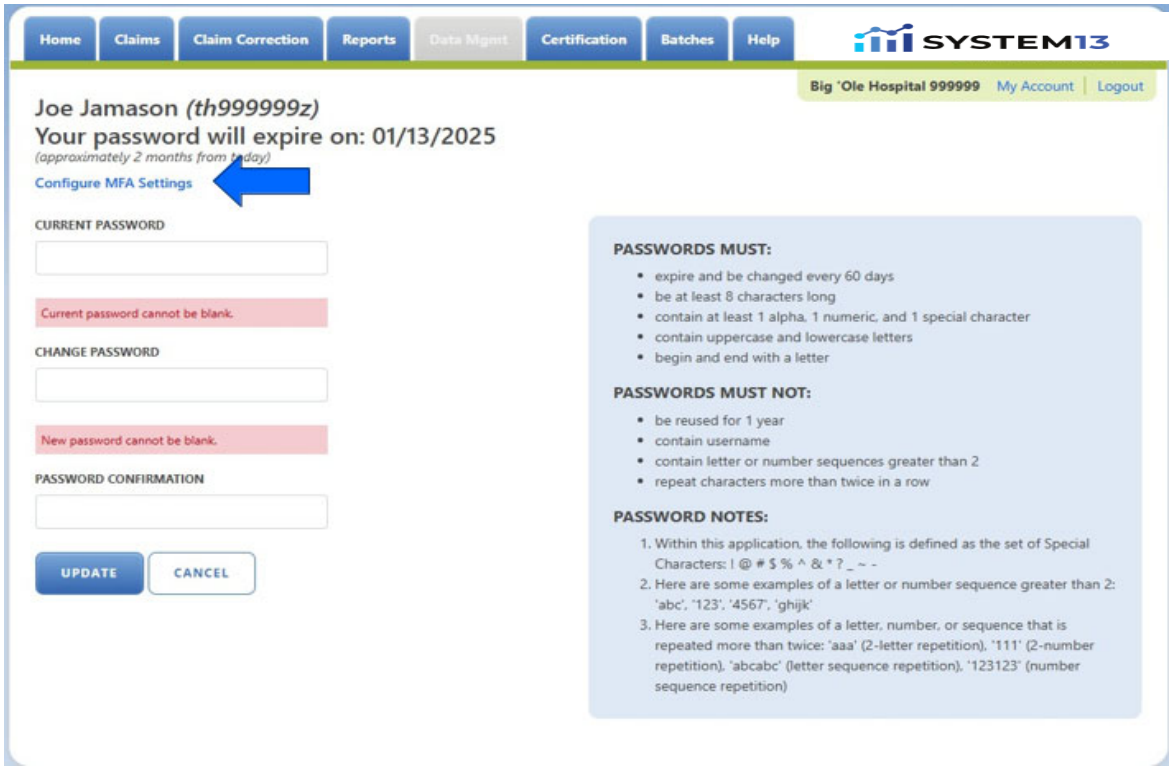
# Updating MFA Settings

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



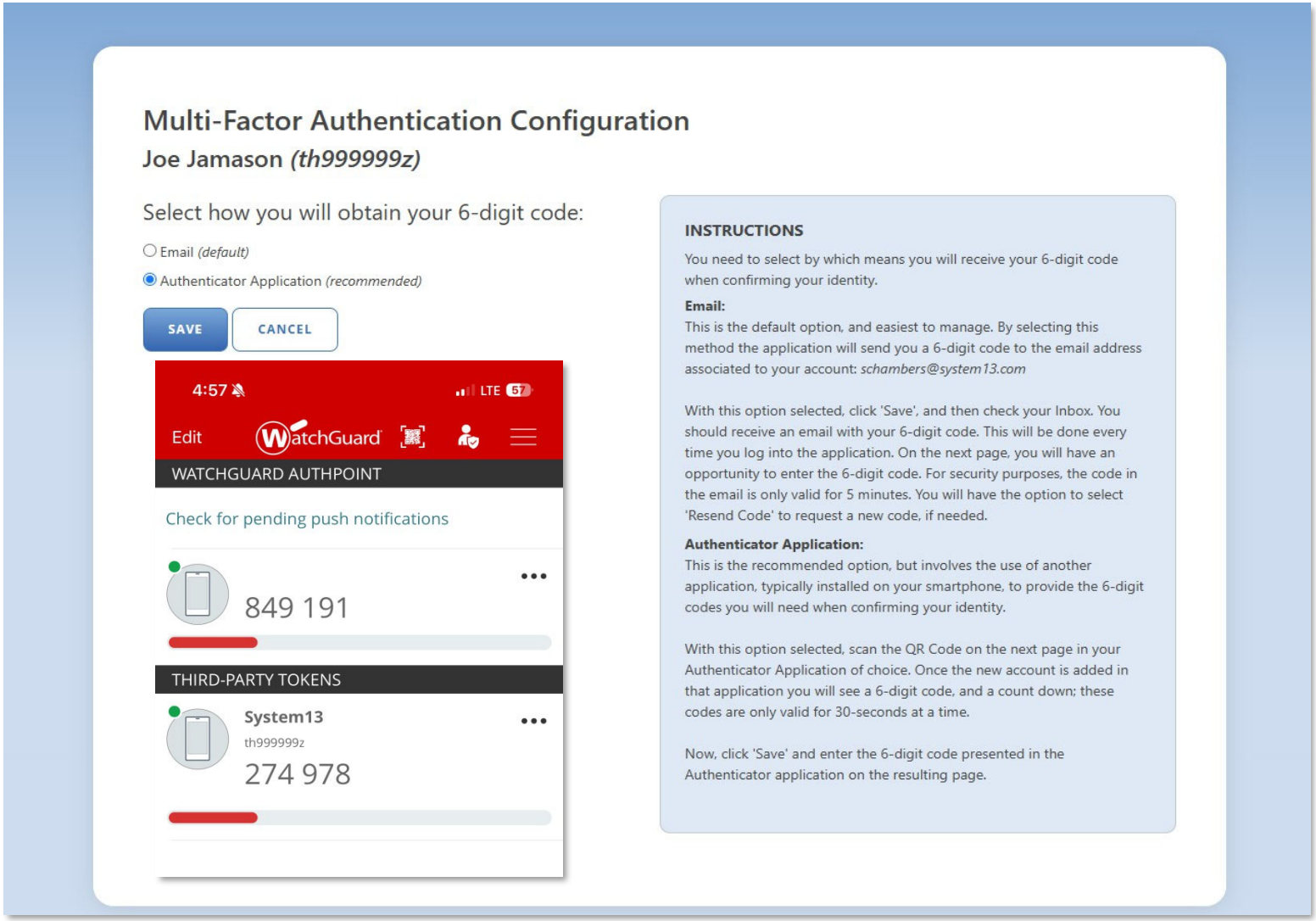

Then click "Configure MFA Settings".

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



# Updating MFA Settings

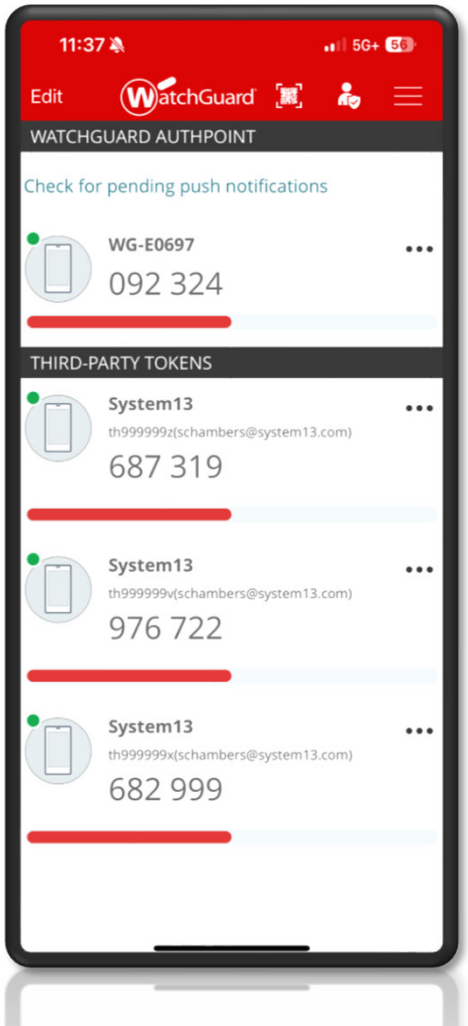
To update the MFA settings, click the preferred settings then click save.

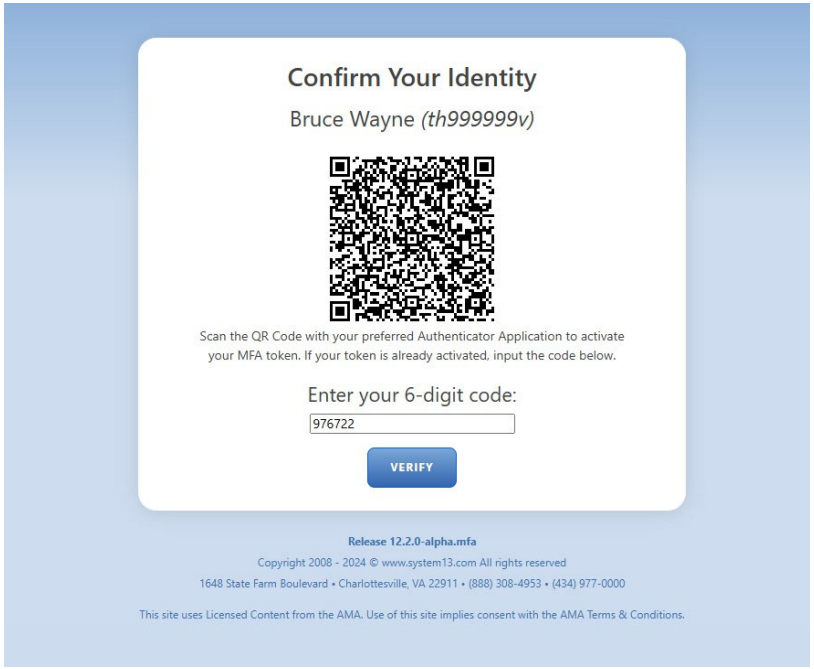


# Log In the System (Auth APP)

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

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



# Troubleshooting the MFA Process

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

Please only use one Authentication APP.

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

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

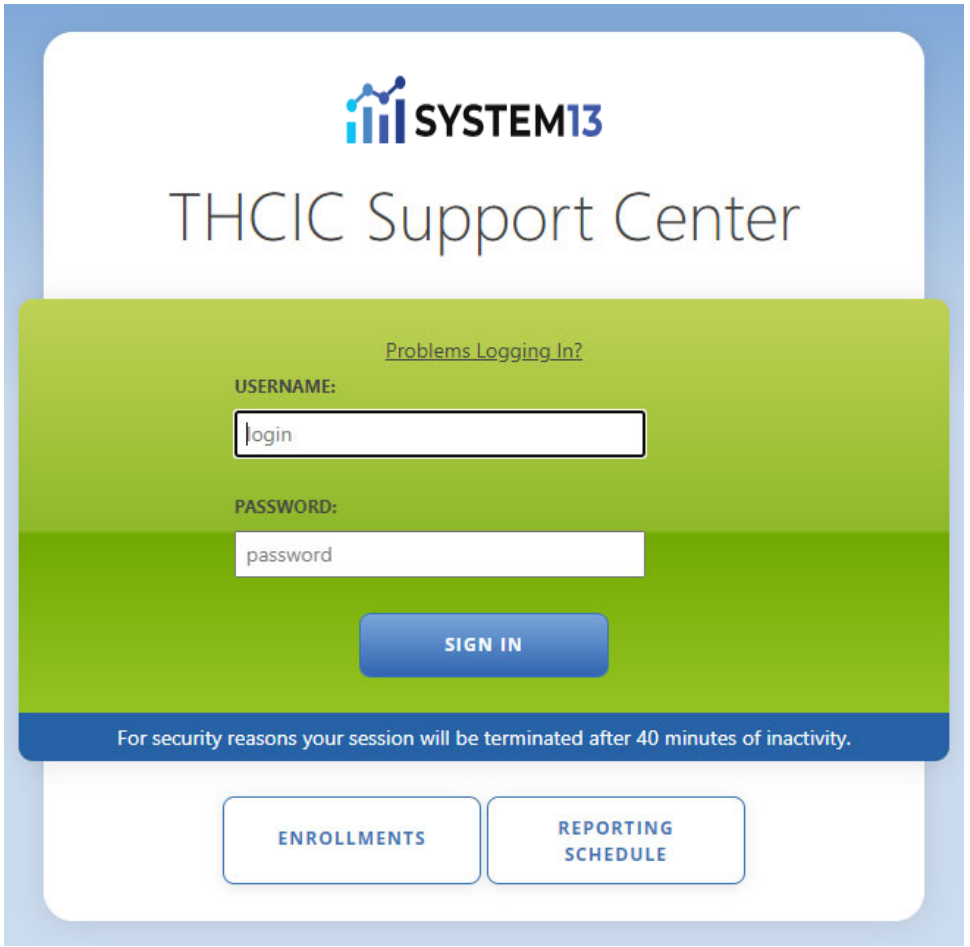
More information about this process can be in the THCIC numbered letter, Volume 27, number 5 available at https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/numberedletters/2024/Vol27No5.pdf

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

# Other Features - Logout

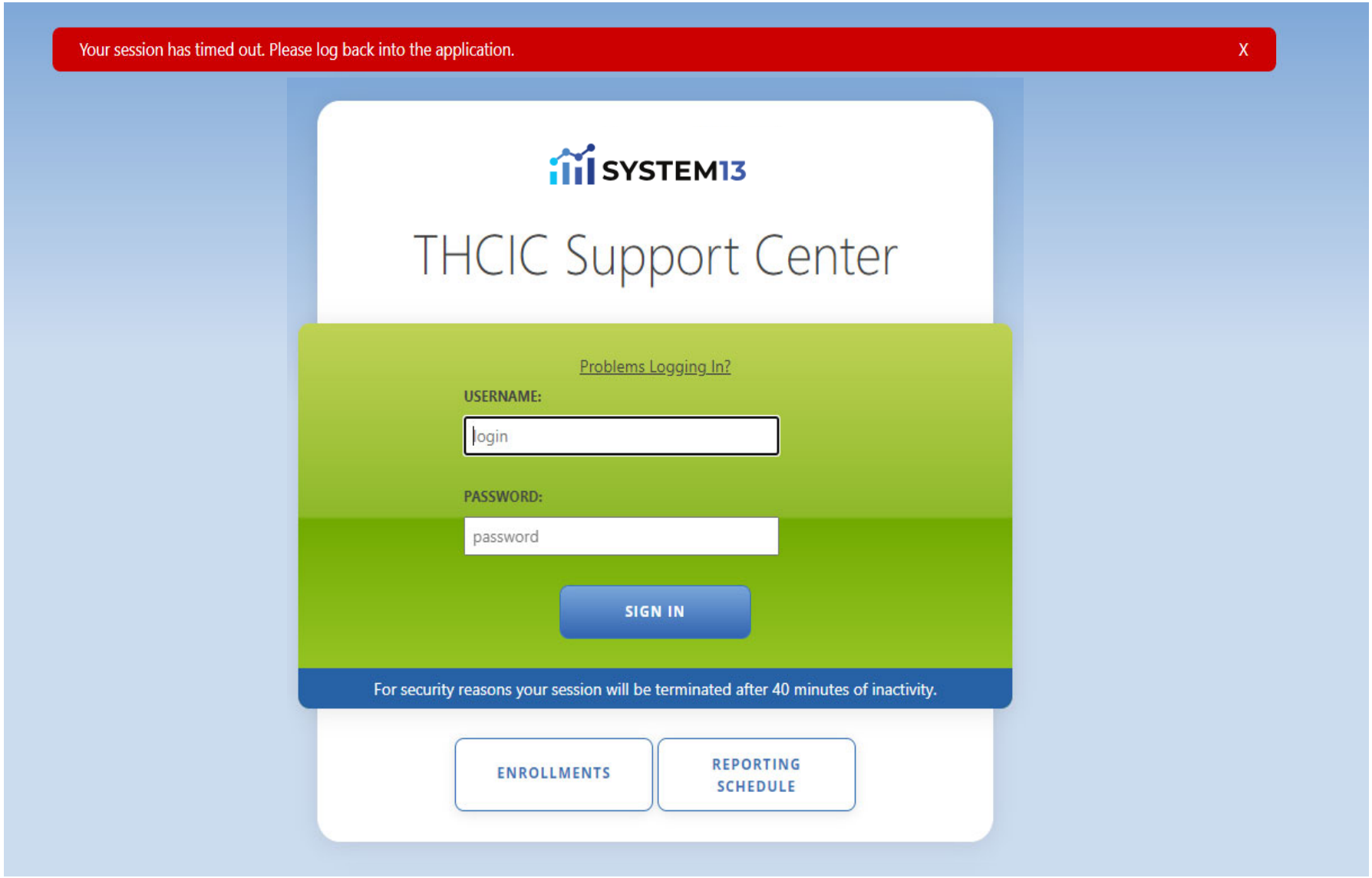

Logout logs you out of the system.

# Other Features - Logout




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

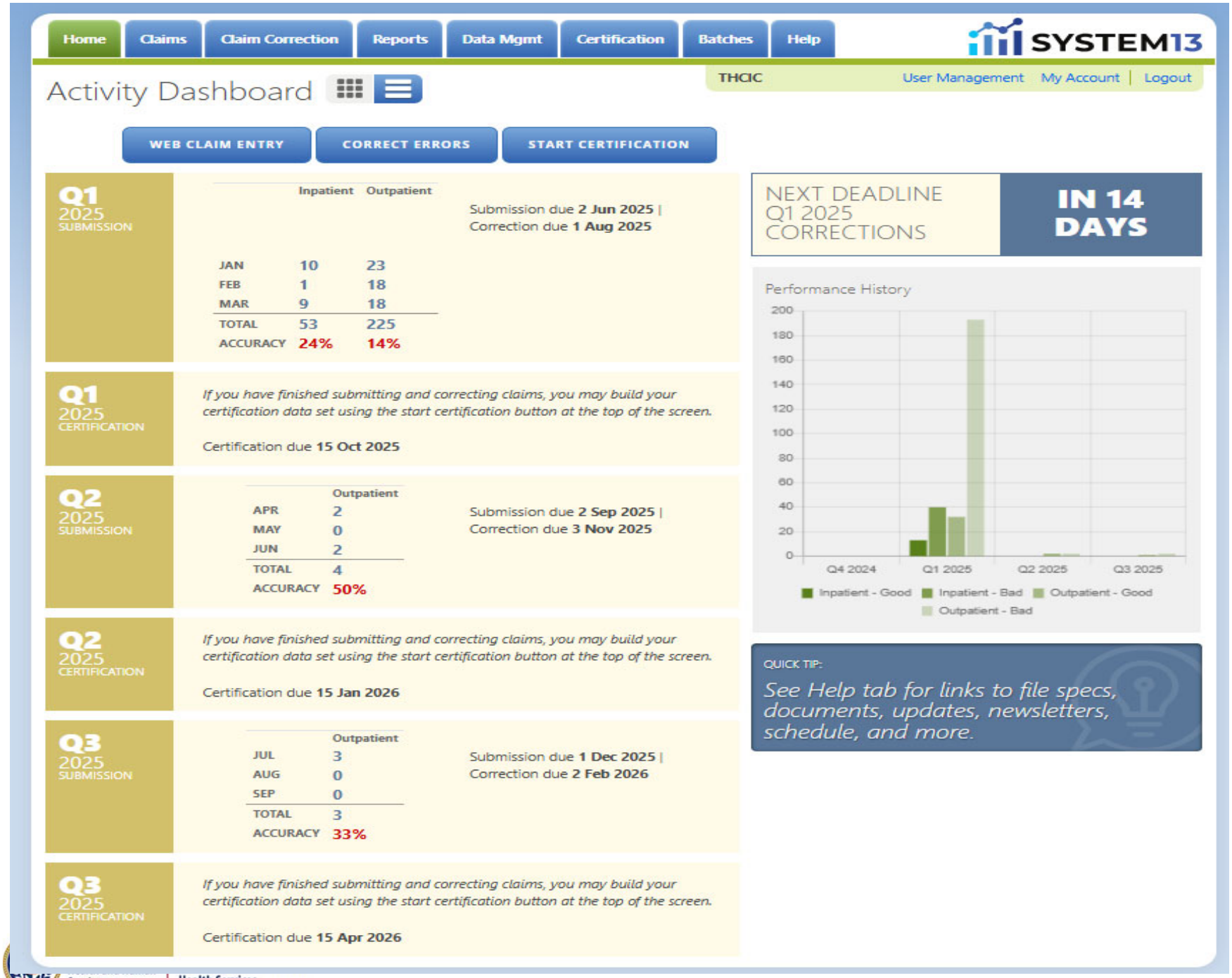
# Inactivity



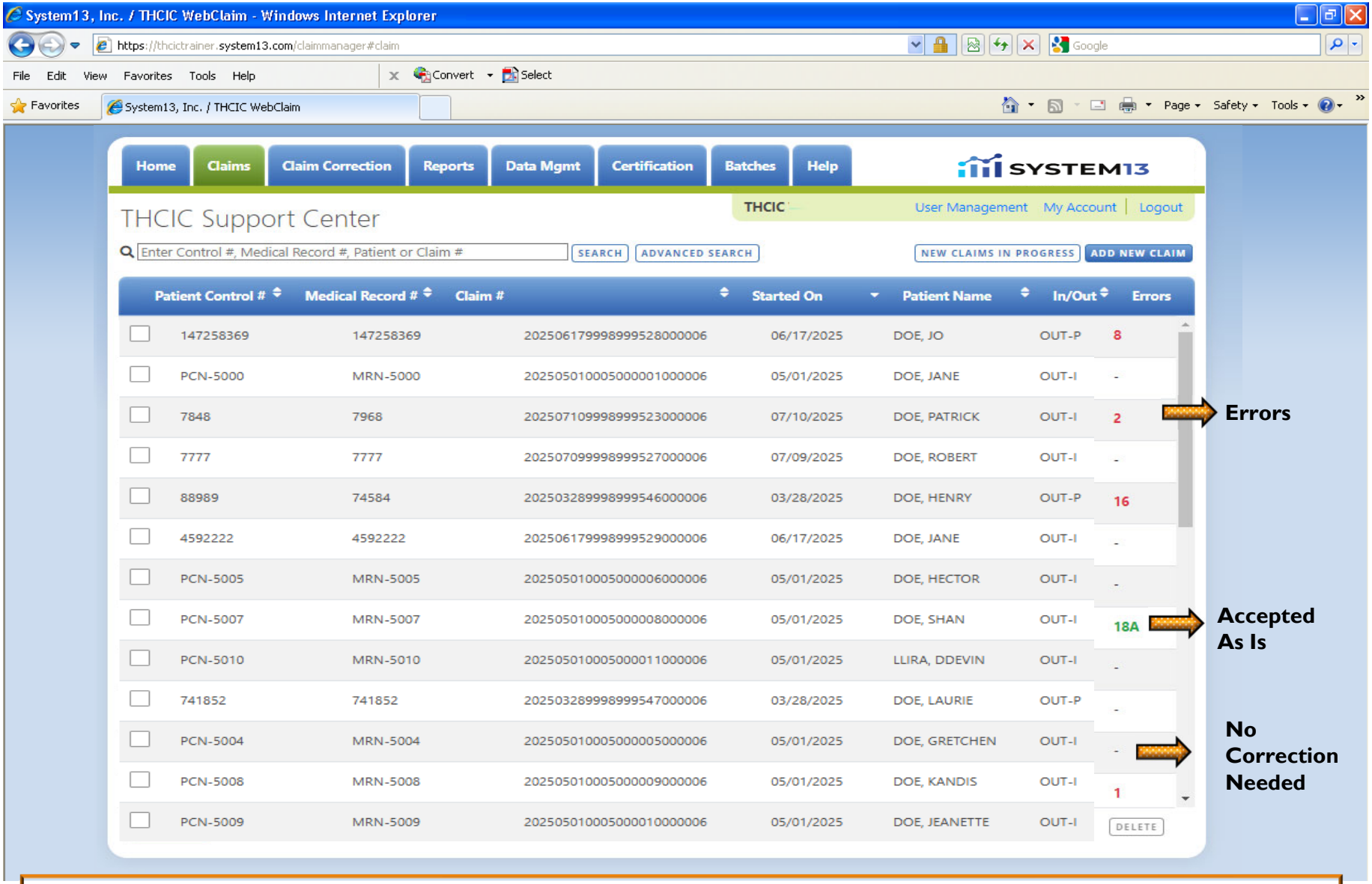

**If you have been idle in the system for 40 minutes, you will be logged out of the system and will have to log back in to have access. If you was in Claim Correction or Claim Entry, the system automatically saves.**

# Provider Home Page – Grid View

# Provider Home Page – List View



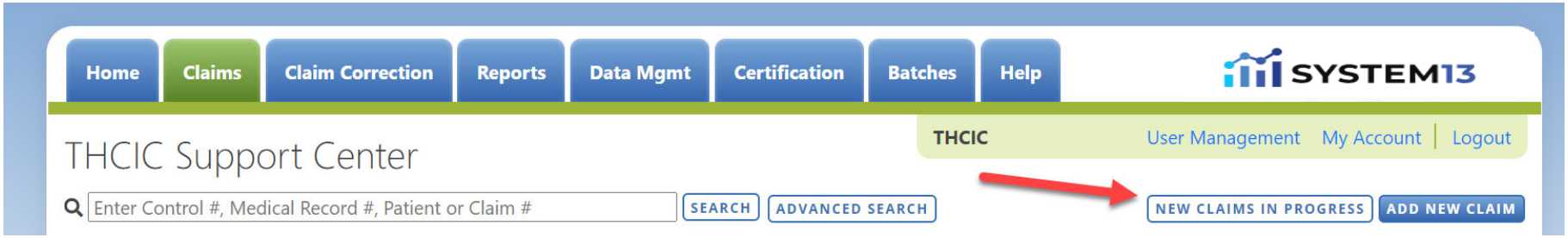
# Provider Tab Claims




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.

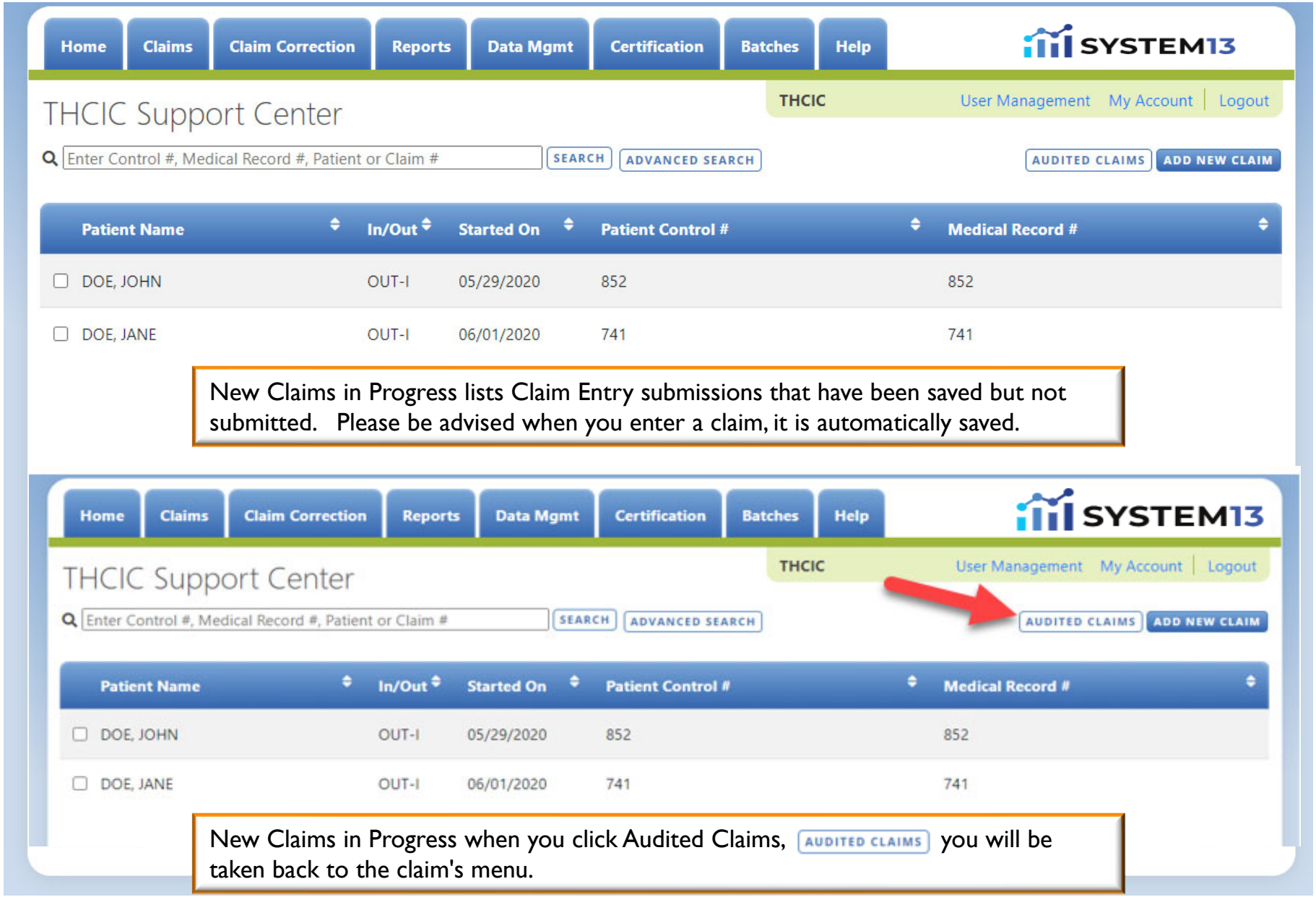
# New Claims in Progress

NEW CLAIMS IN PROGRESS

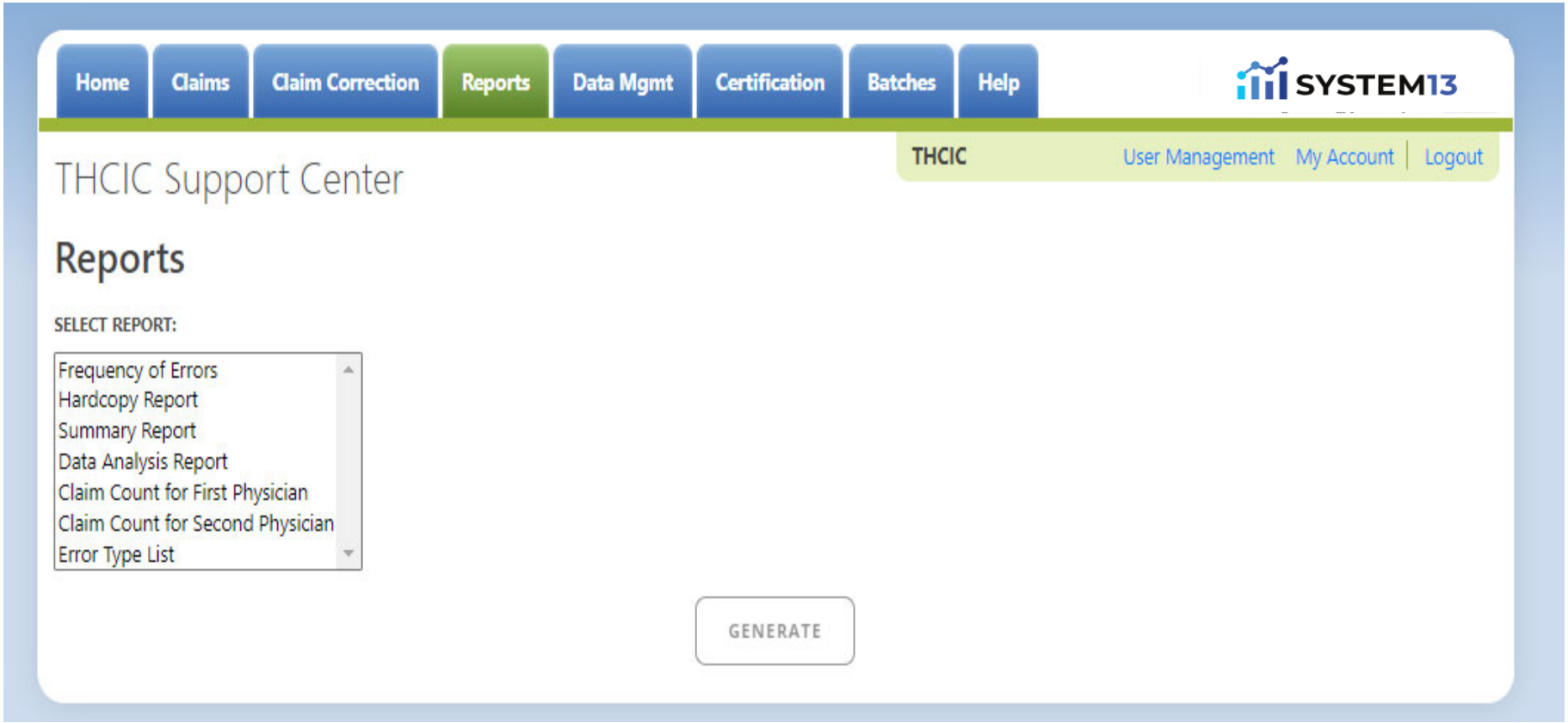



New Claims in Progress – Through the Claims tab, this feature allows facilities to continue completing claims that you have started entering using Claim Entry.

# New Claims in Progress



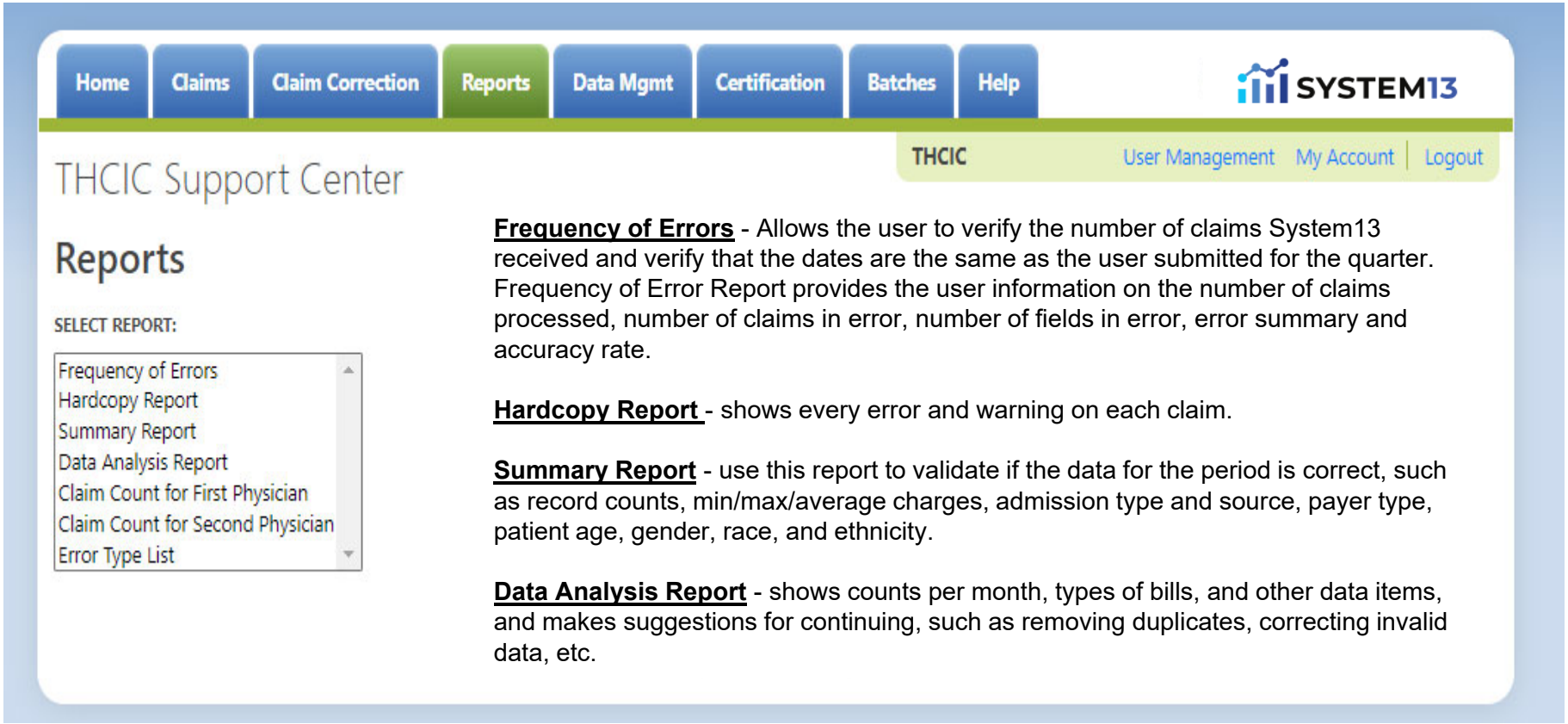
# Reports Reports




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




**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.

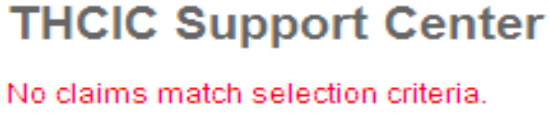
**Claim Count for Second Physician** - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by second physician name, sorted by name. It will also include the physician ID but will not include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

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

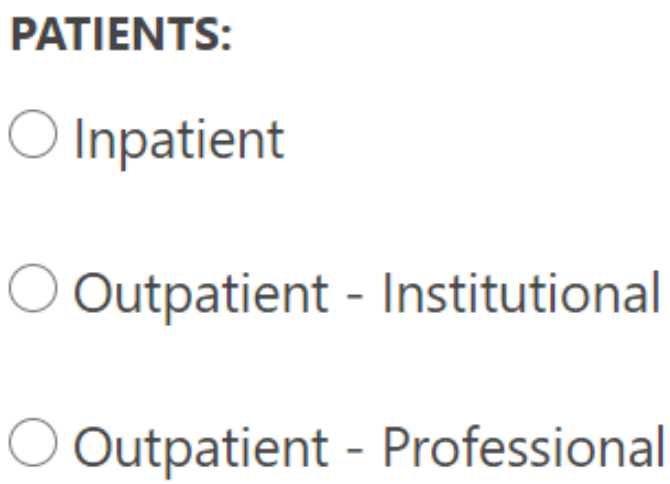
# Reports Functionality

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


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



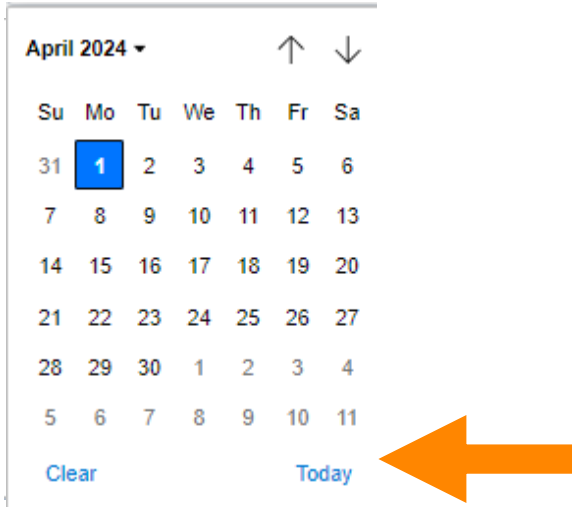
# Type of Claims



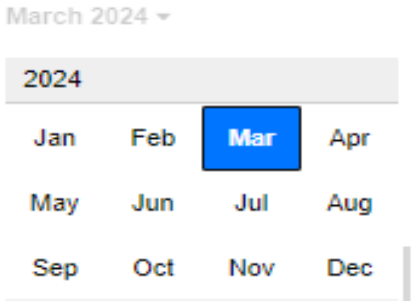

**<u>Only one type of claim can be chosen to review patient data at a time</u>.**
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

# Functionality of the Calendar Feature

- Feature of the calendar



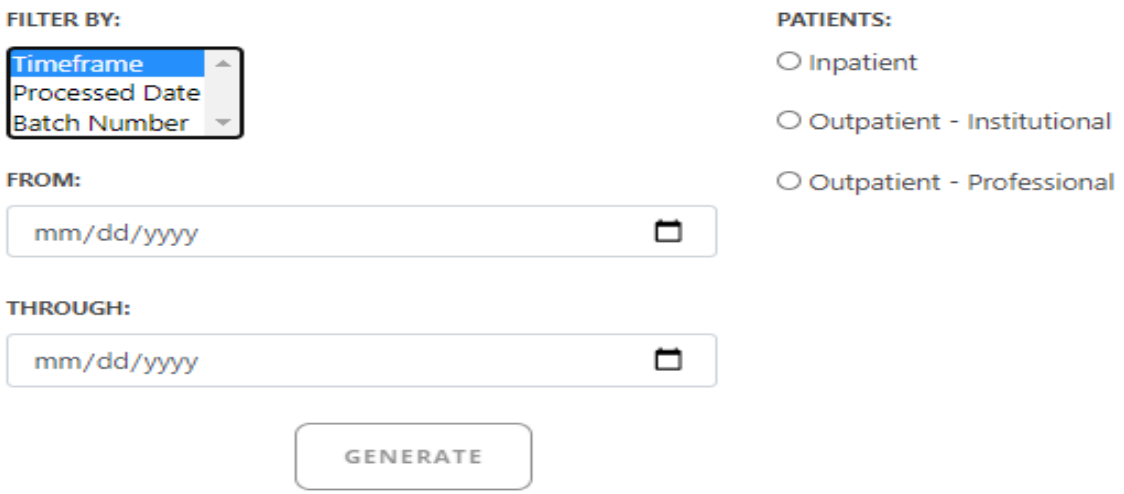

- The icon will open choosing the current date.
  - ↑ ↓ will move the calendar back a month.
  - Choosing the month's drop-down menu will change the month




  - Choosing the sidebar will change the year

# Filter Report By Timeframe

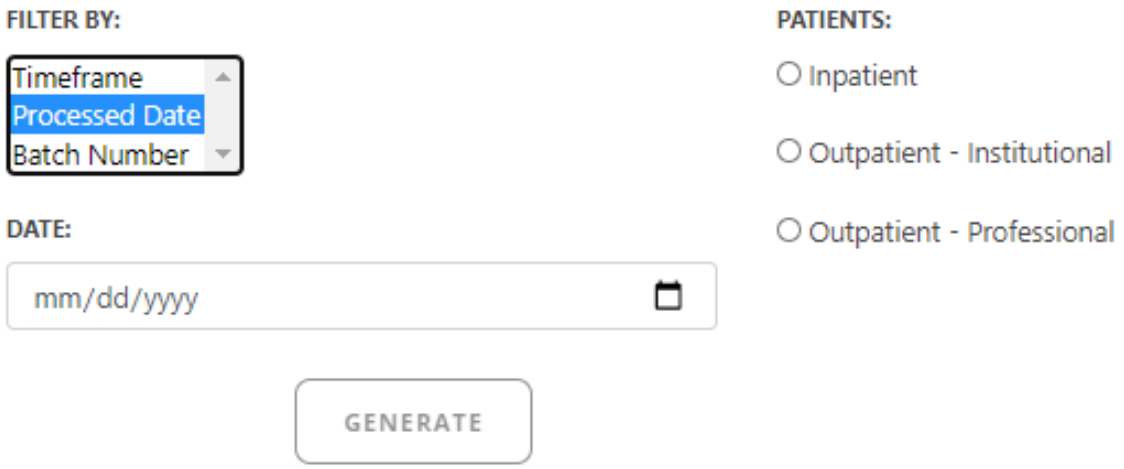
- To create by timeframe.




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

# Filter Report By Processed Date

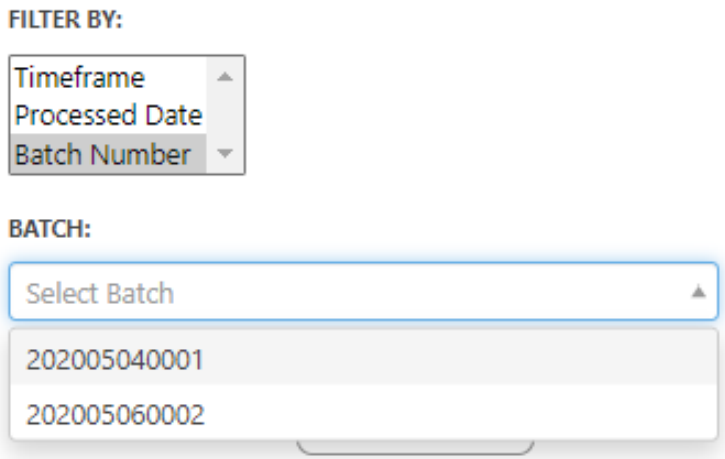
- To create a report, filter by processed date.




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

# Filter Report By Batch Number

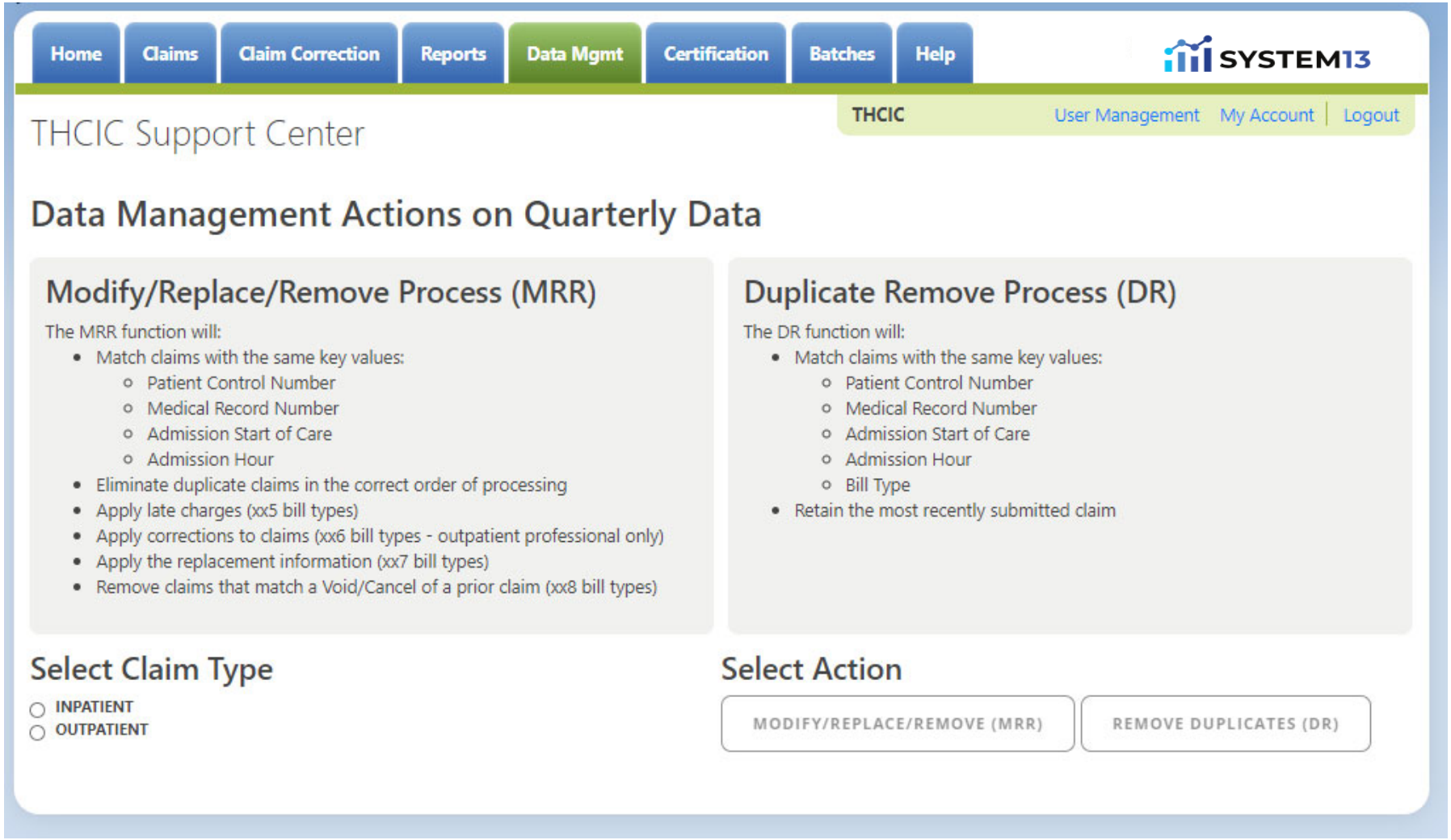
- To create a report by batch number, you have to choose a batch from the batch listing in the system.




- 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.

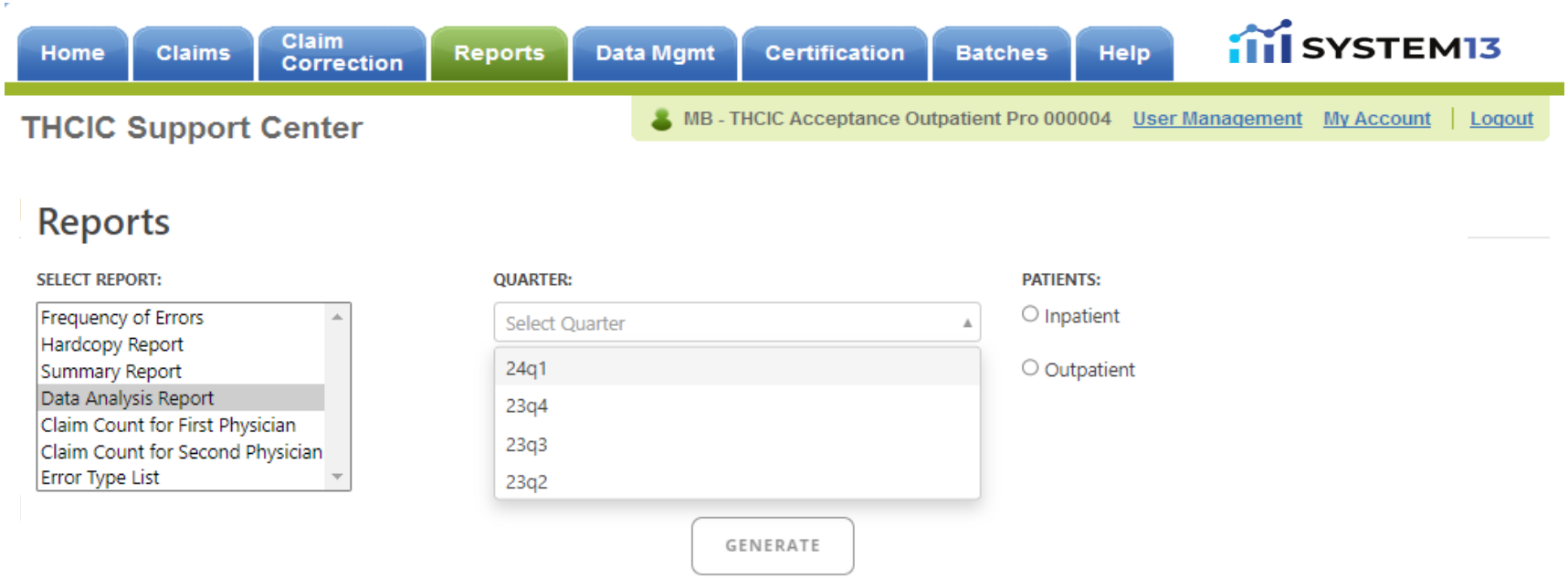
# Provider Tab Data Management

Data Mgmt




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

# Data Analysis Report through the Reports Tab




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

# Data Analysis Report through the Reports Tab

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

### Quarter Analysis

| Month | Total | xx0 | xx1 | xx2 | xx3 | xx4 | xx5 | xx6 | xx7 | xx8 | ??? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Feb | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Apr | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| May | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jun | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

### Quarter Comparison

| Qtr | Total |
|---|---|
| 2q23 | 7 |
| | |
| | |

### Messages

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

# Provider Tab Data Management


## 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.

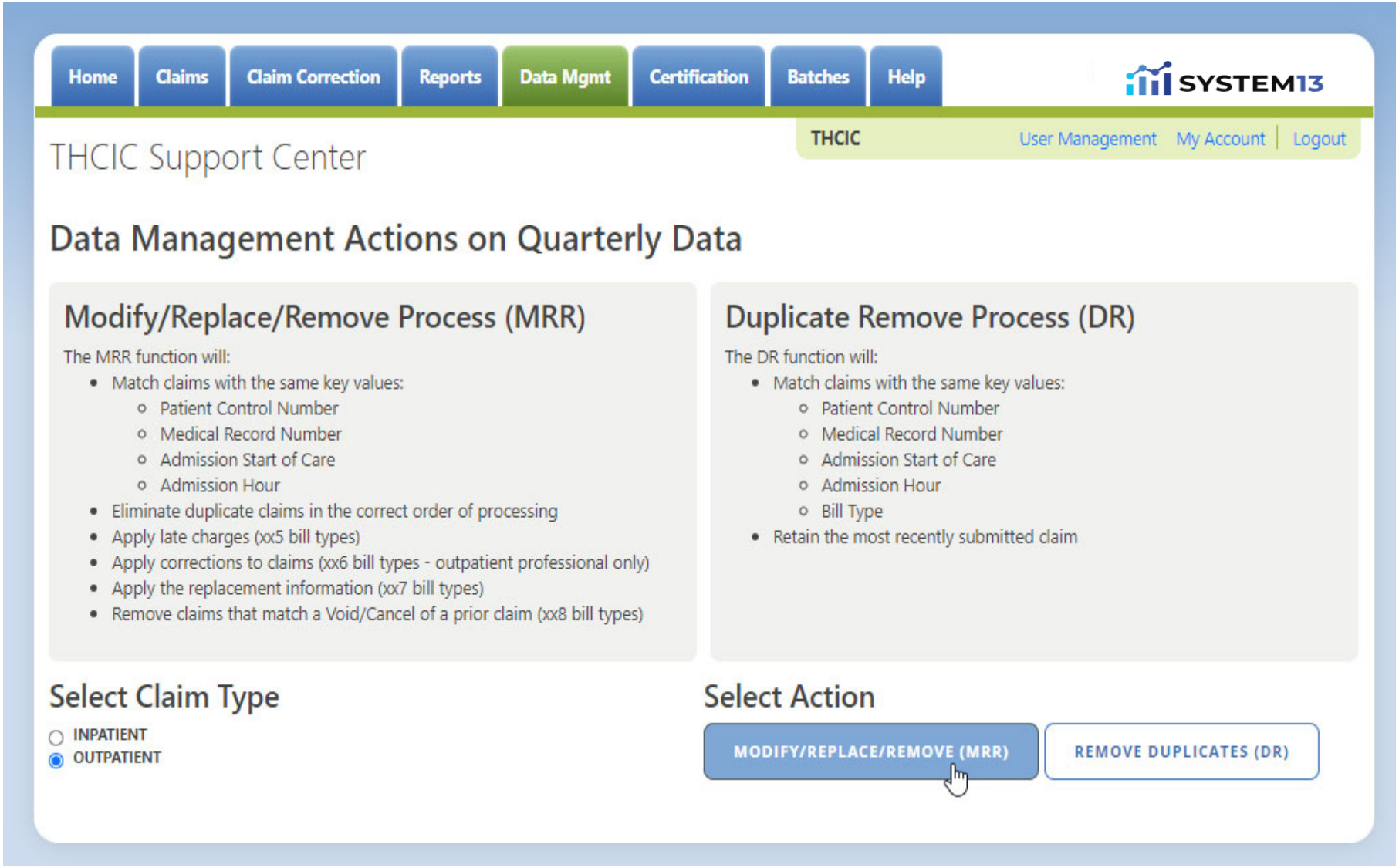
The MRR process will:

- 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.

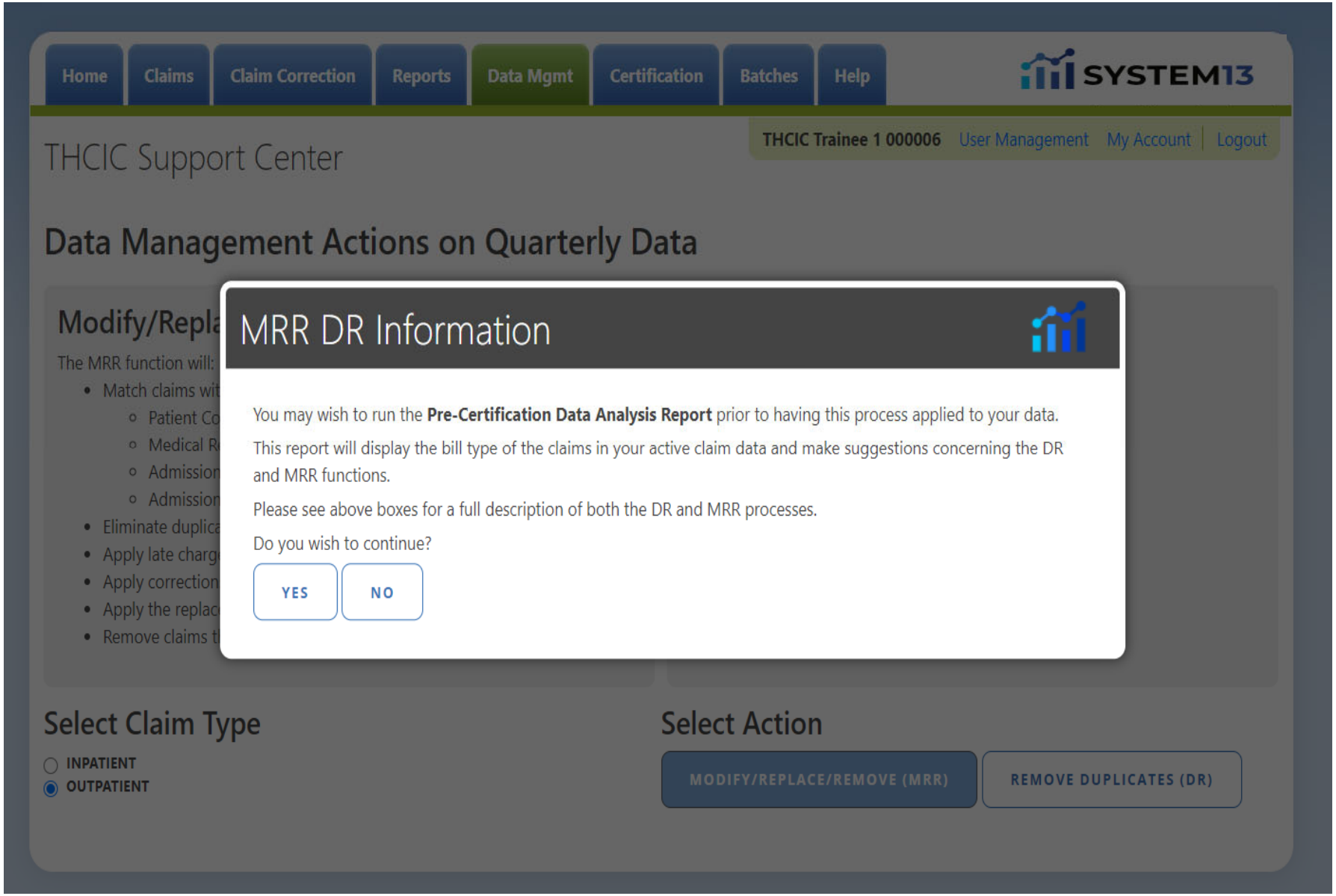
After the provider completes all of the prompts, the MRR or DR process is submitted to run in the background. When the process is completed, the Data Manager is sent an email describing the number of records that were analyzed and any that fit each category of removal.

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



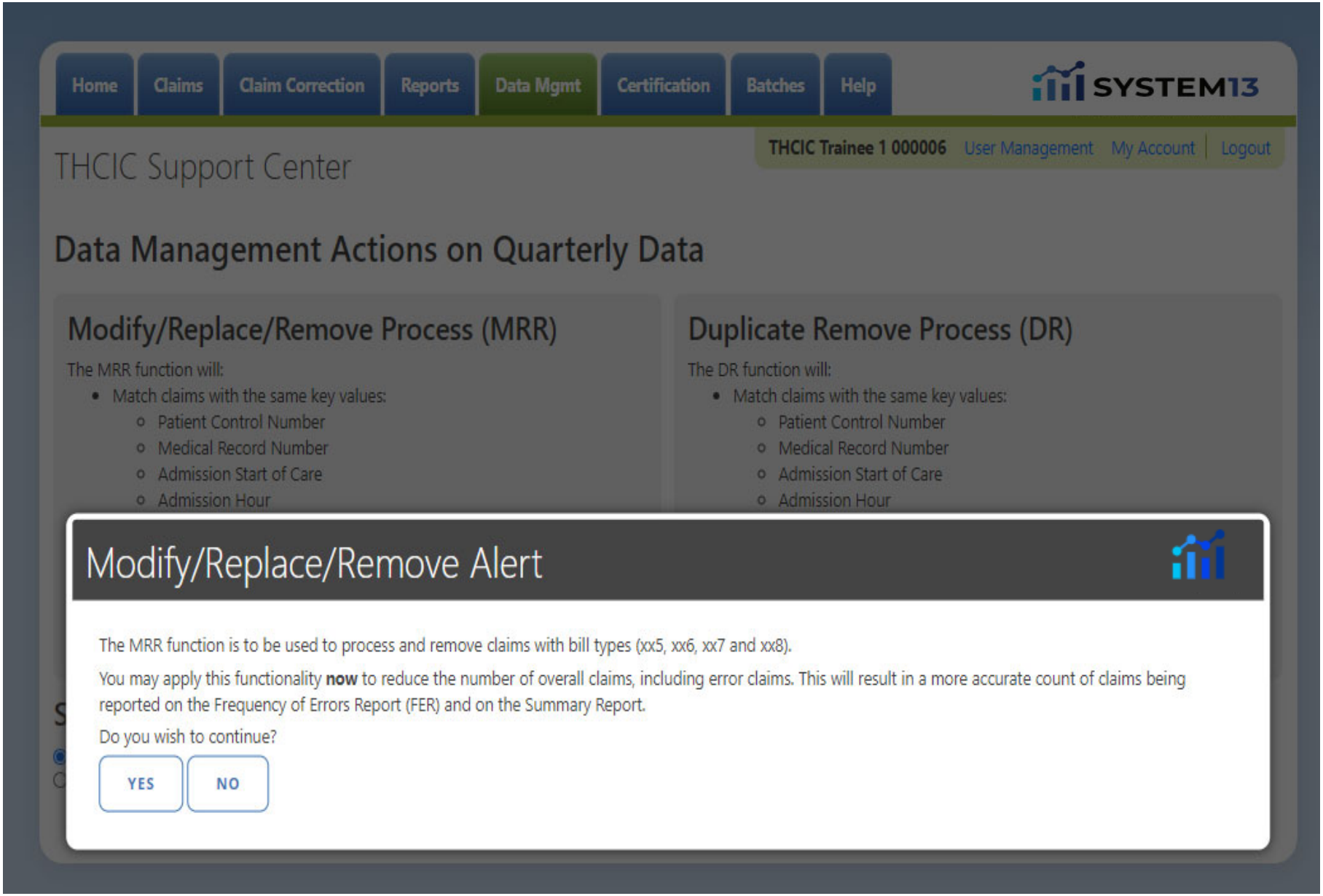
# Provider Tab Data Management

Data Mgmt



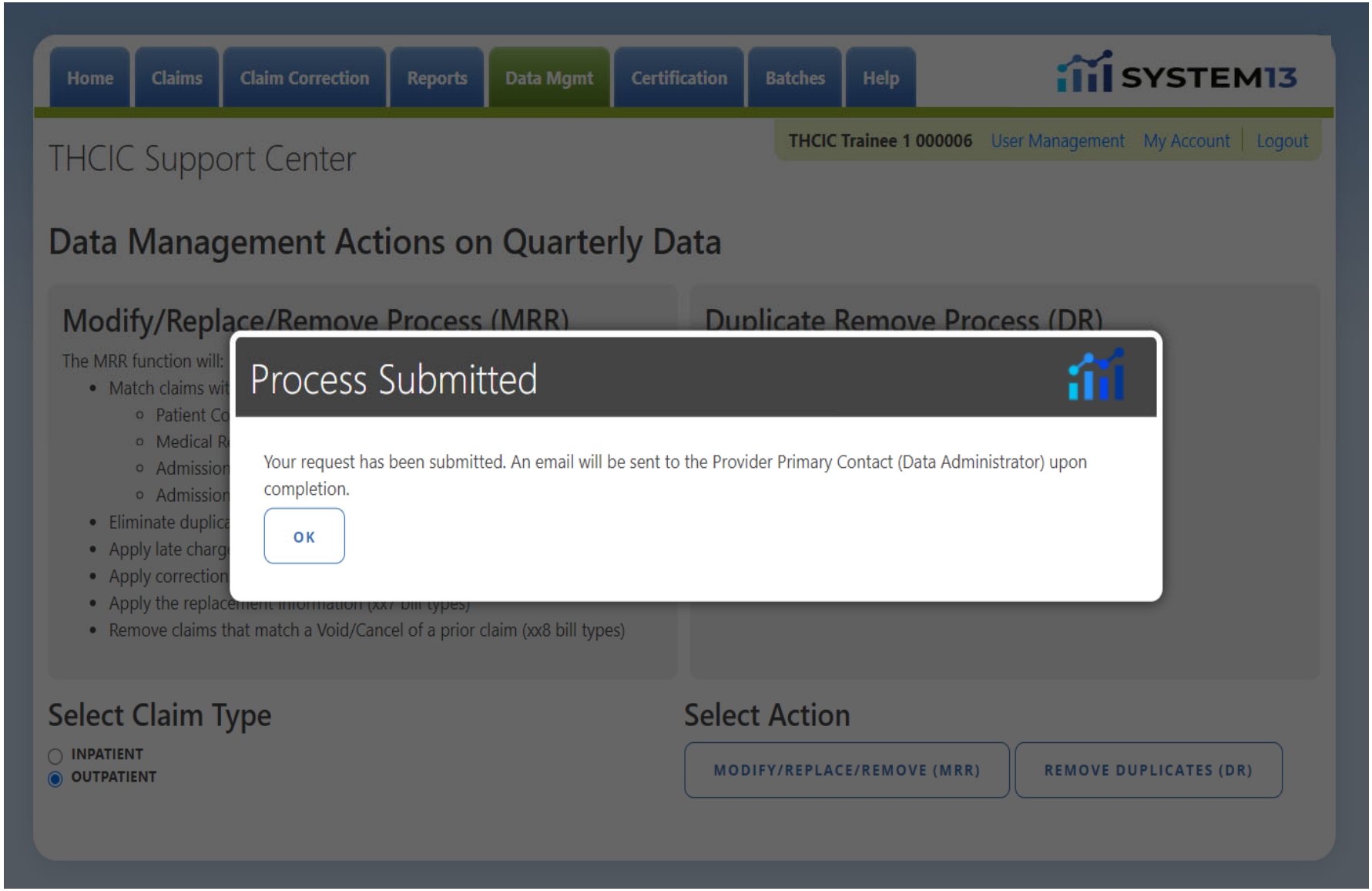
# Provider Tab Data Management

Data Mgmt



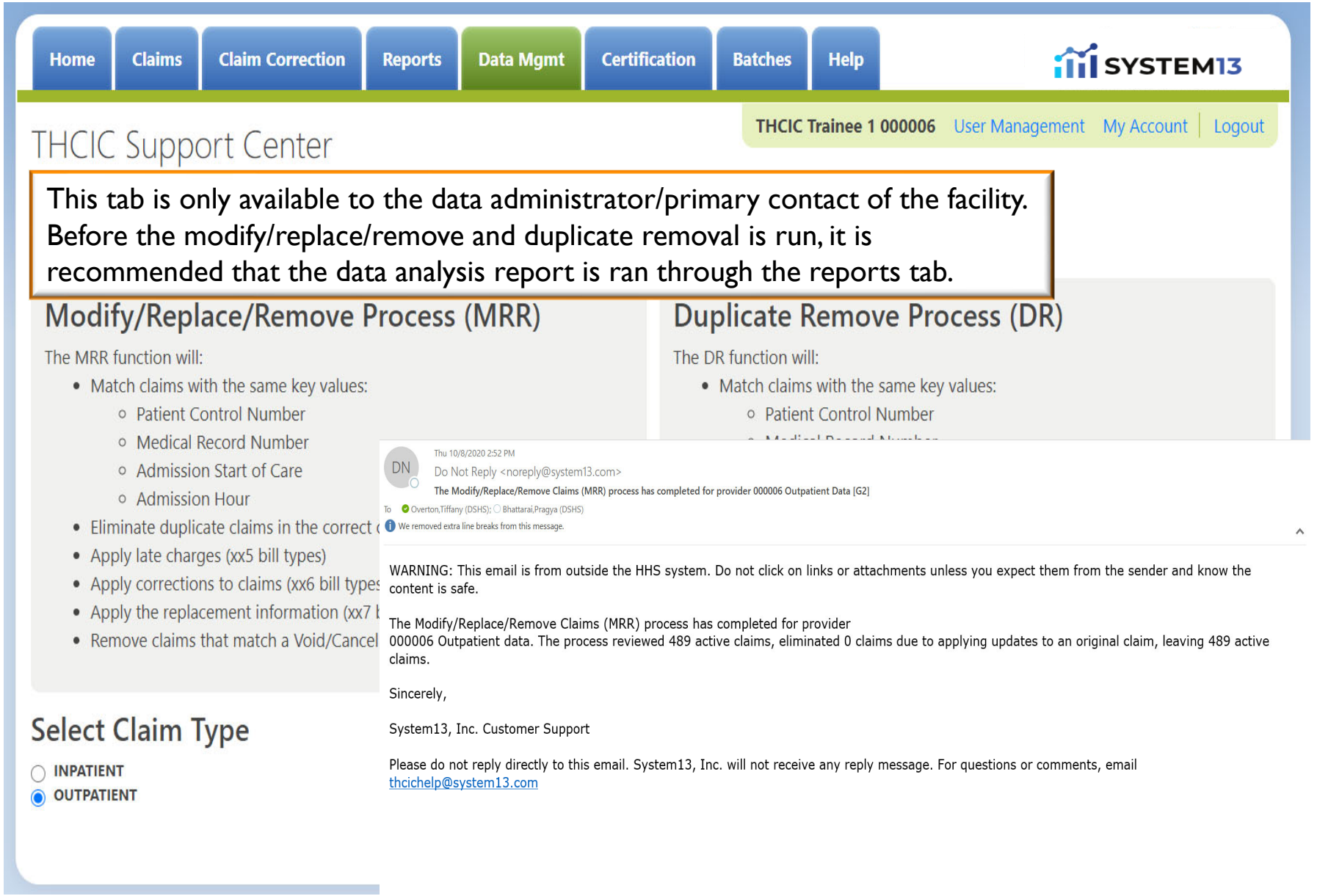
# Provider Tab Data Management

Data Mgmt



# Data Management Emails

Data Mgmt



# 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.

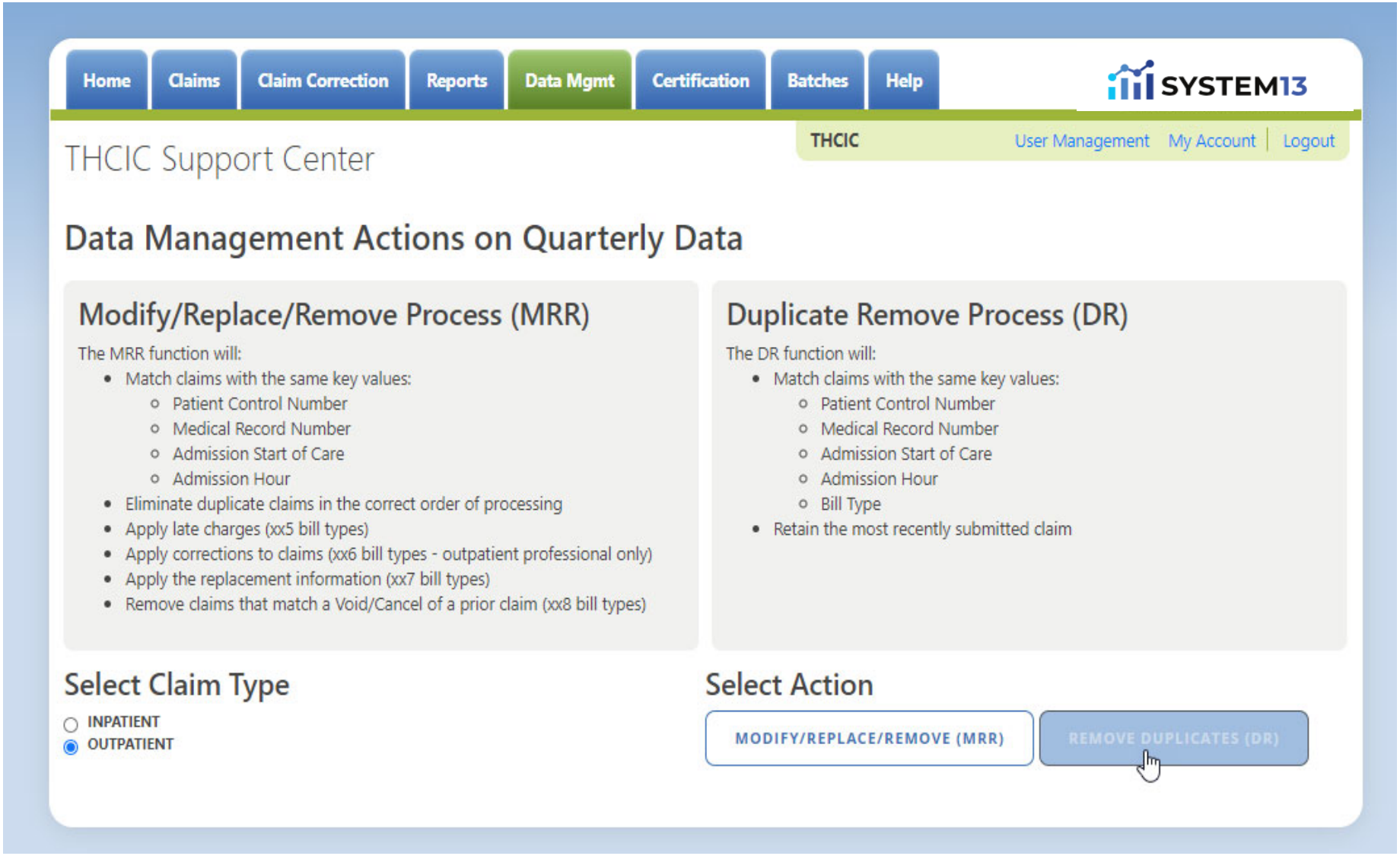
After the provider completes all of the prompts, the MRR or DR process is submitted to run in the background. When the process is completed, the Data Manager is sent an email describing the number of records that were analyzed and any that fit each category of removal.

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.

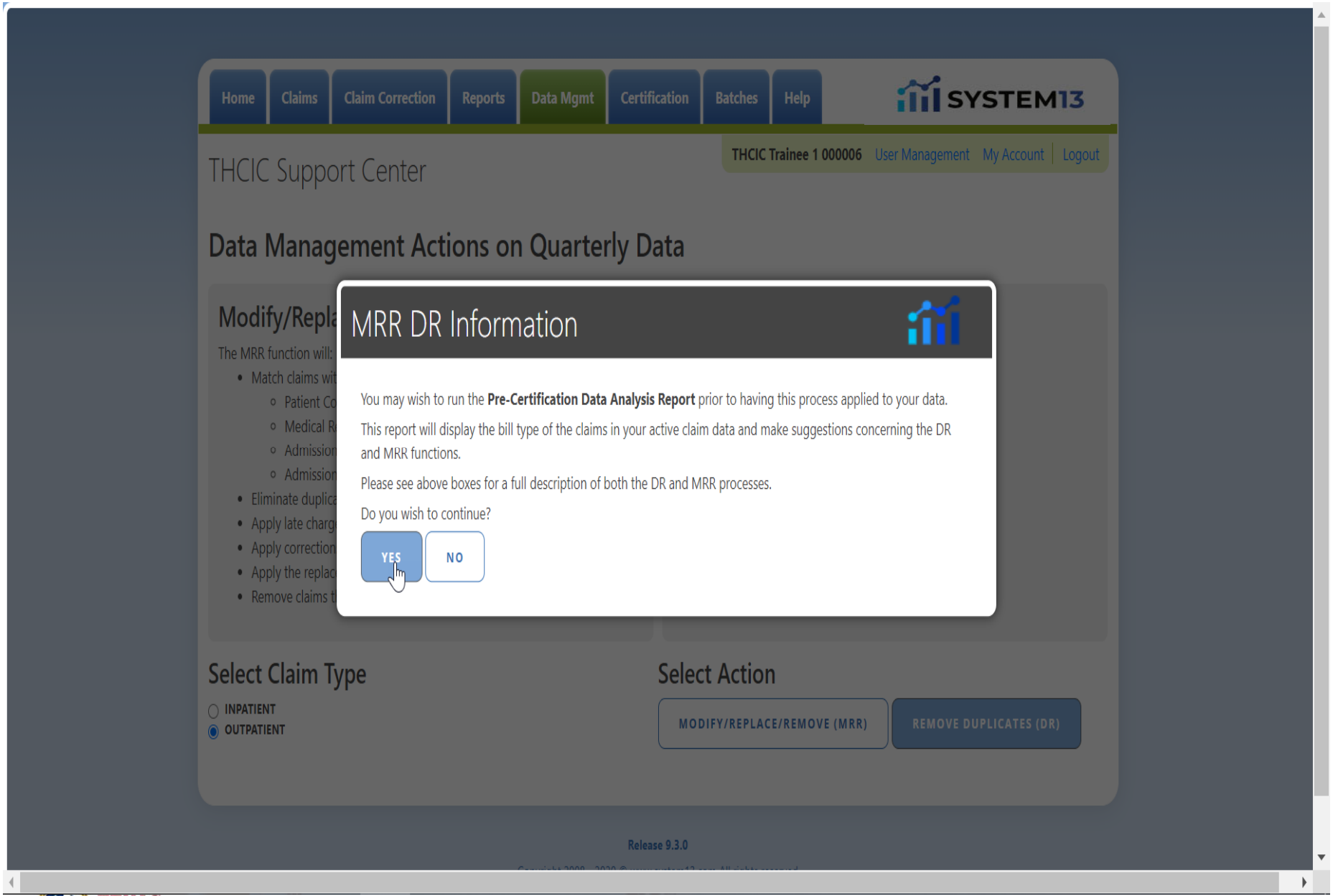
This report will open as a PDF as shown below.

# Provider Tab Data Management – Duplicate Removal Process (DR)



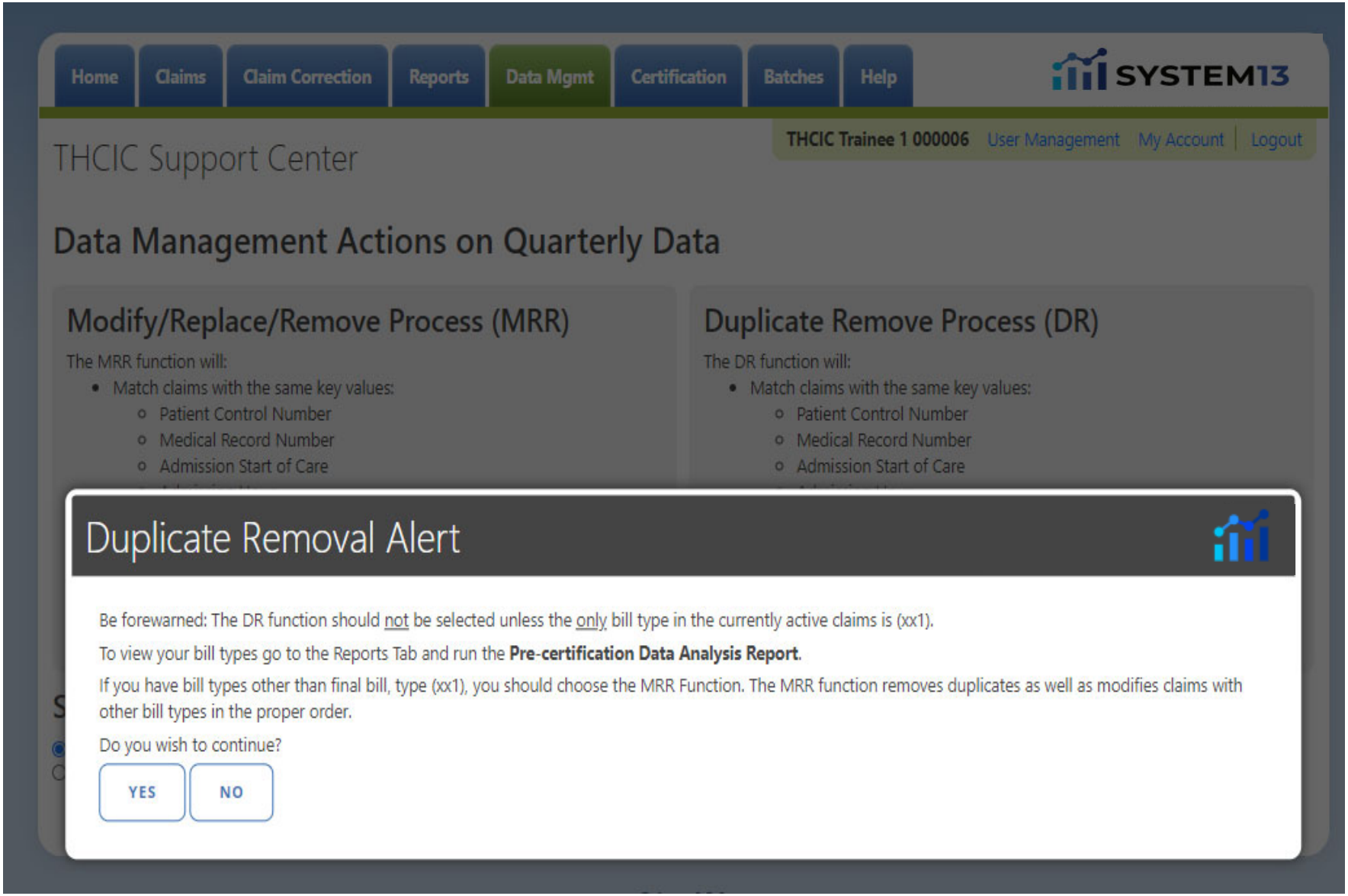
# Provider Tab Data Management

Data Mgmt



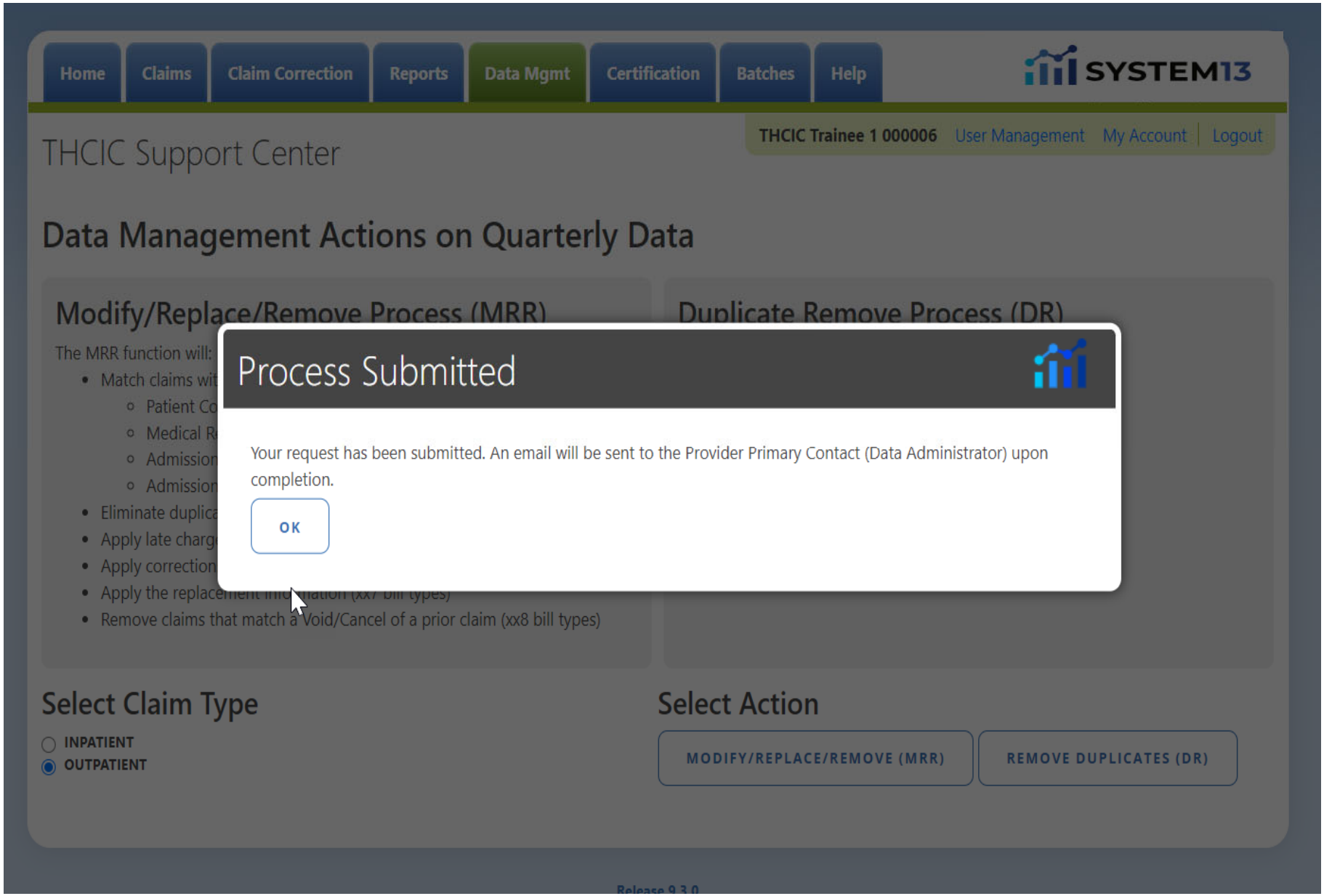
# Provider Tab Data Management

Data Mgmt



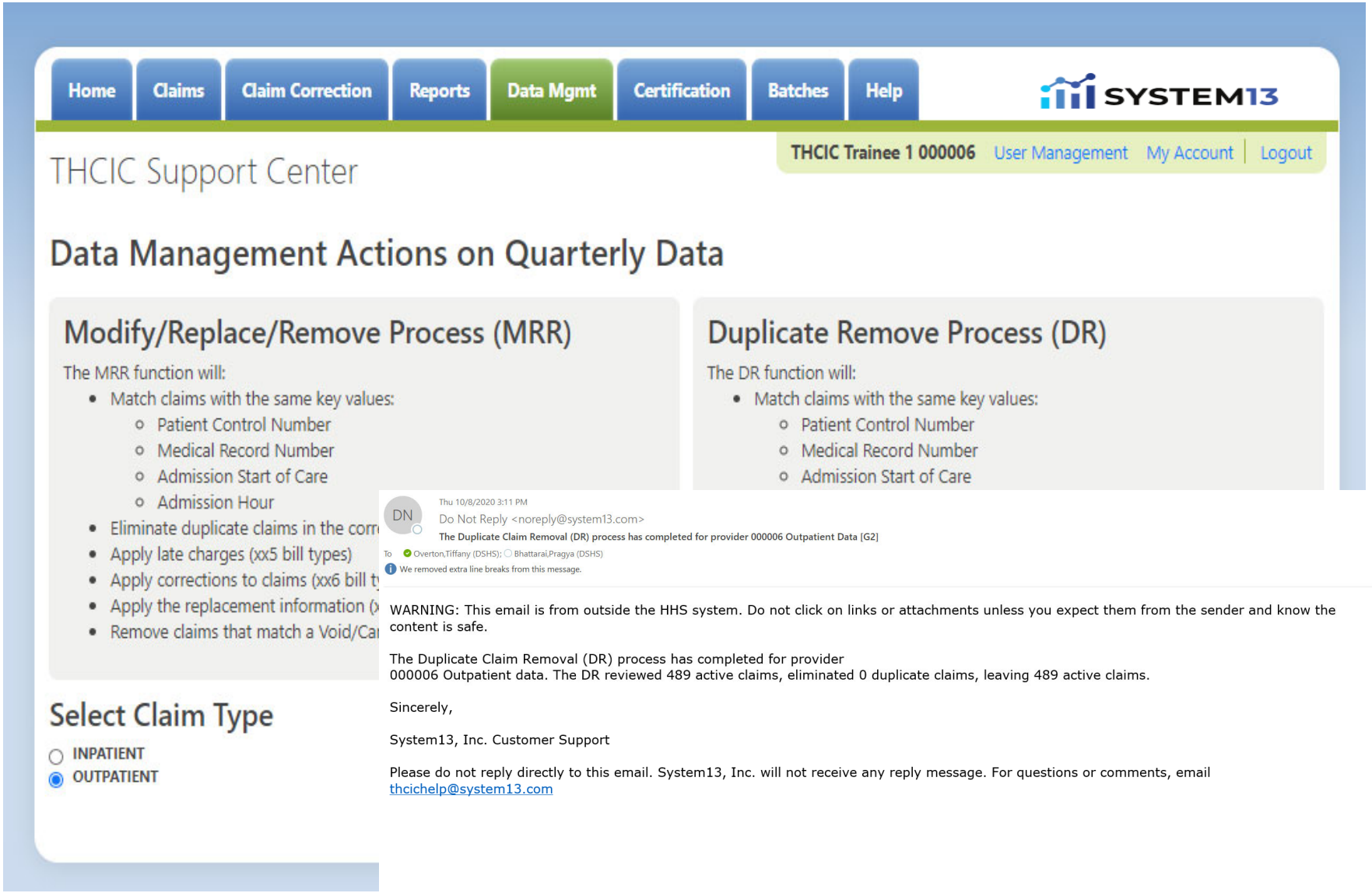
# Provider Tab Data Management

Data Mgmt



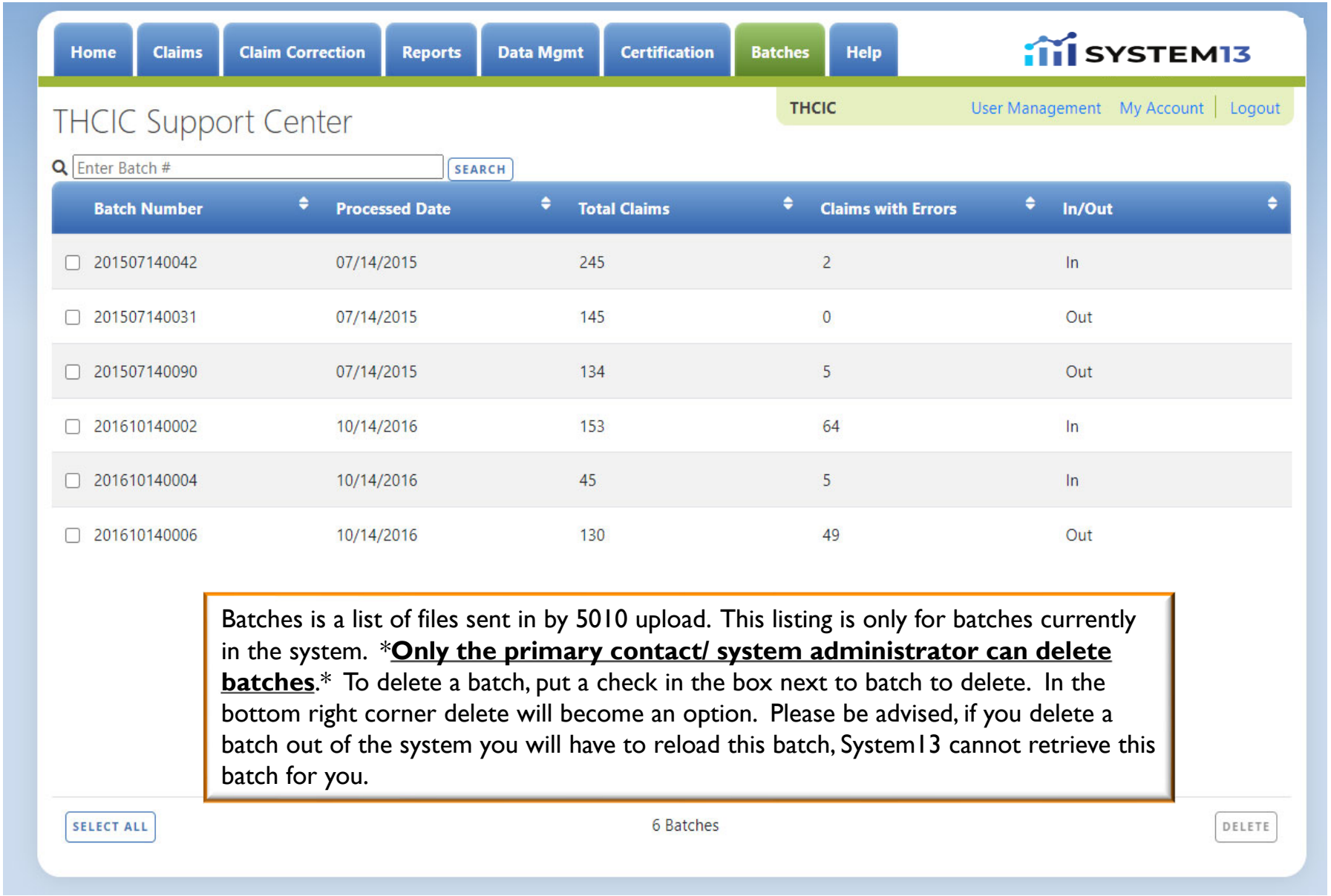
# Data Management Email

Data Mgmt



# Batches

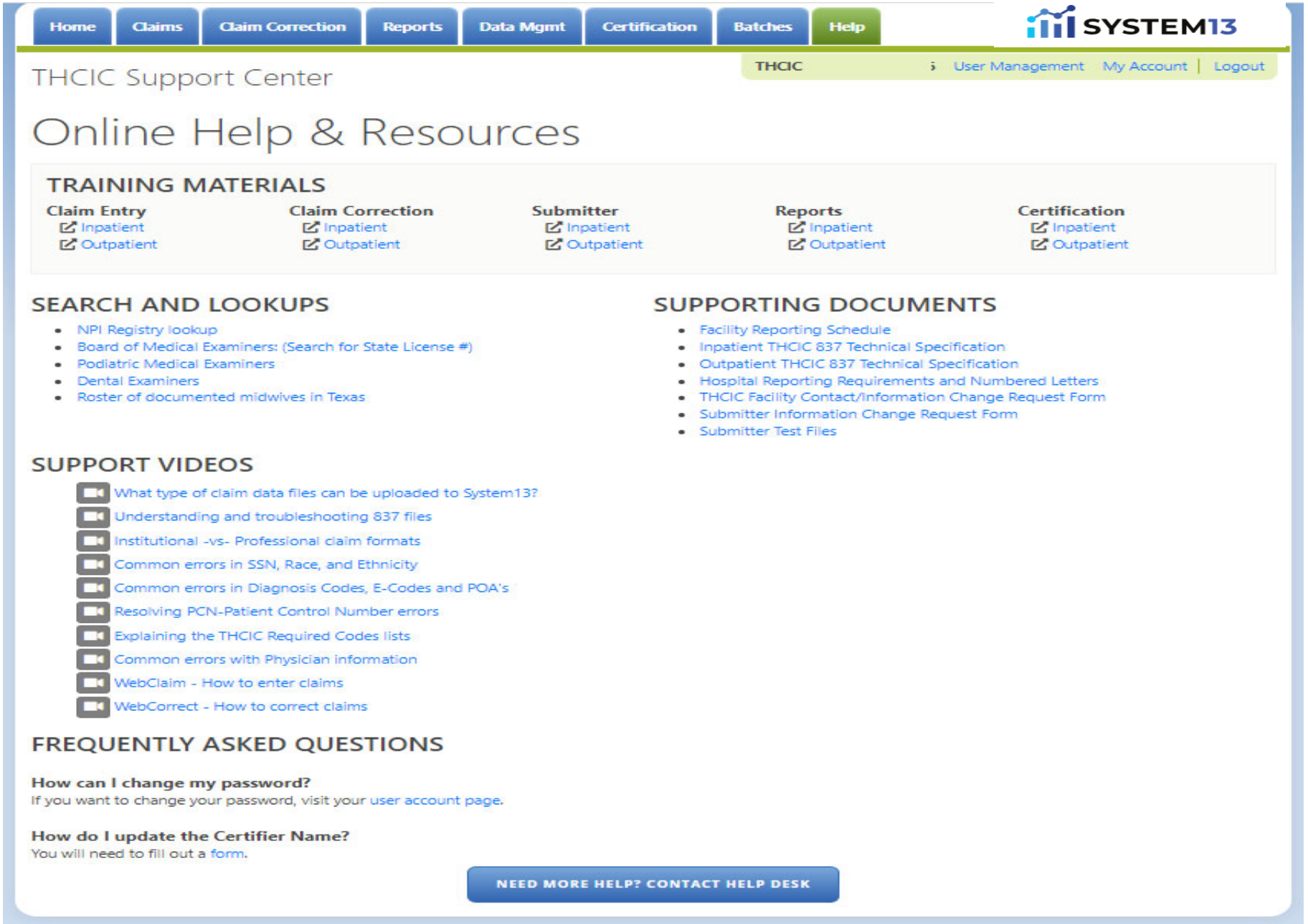
Batches




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, System13 cannot retrieve this batch for you.

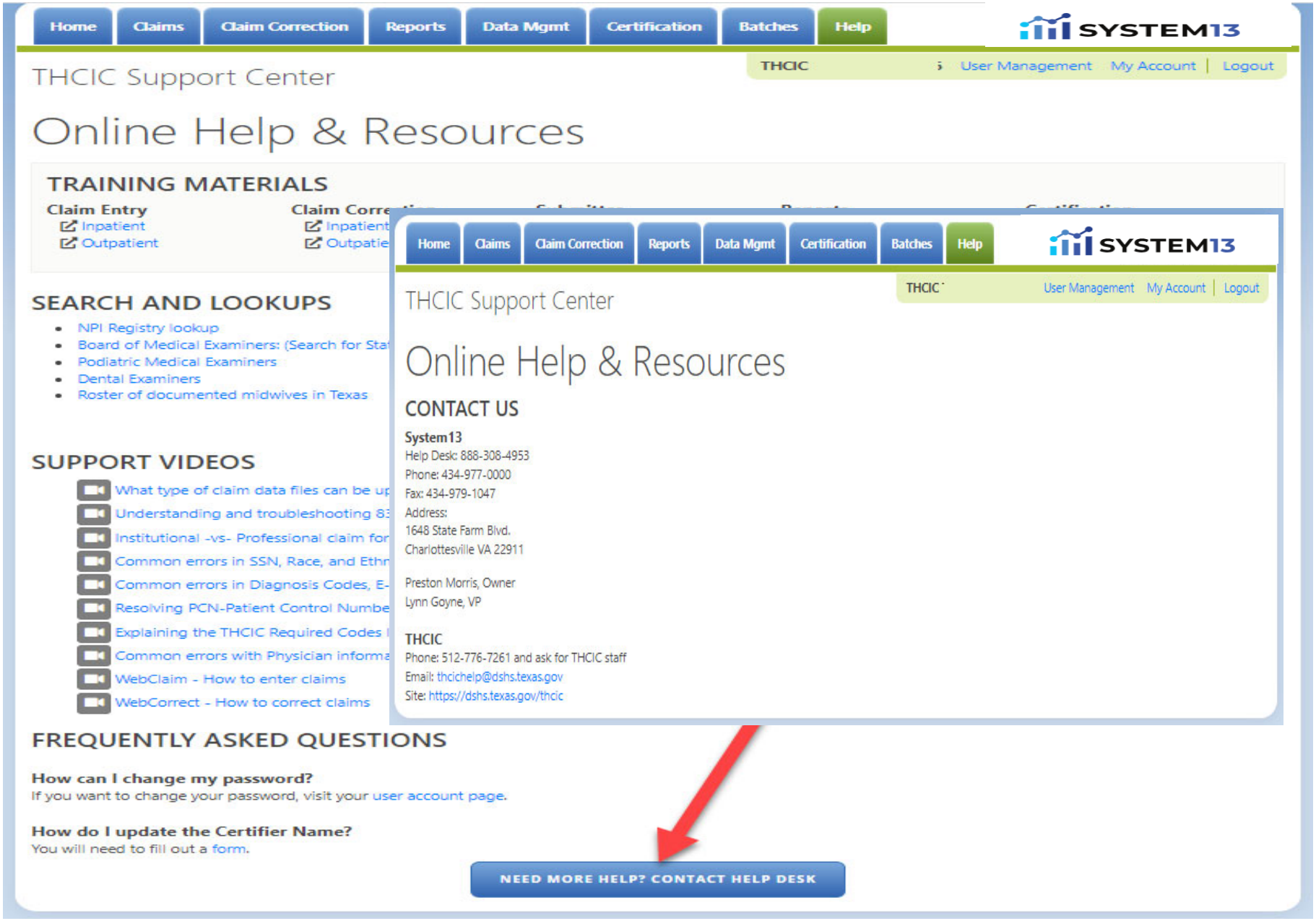
# Provider Tab Help

Help



# Provider Tab Help – Need More Help

Help



# Claim Correction


- Data Correction Schedule
- System Feature
- Claim Correction
- Navigating In Claim Correction
- Making corrections to your data by using Claim Correction
- Data  Correction – Methods
  - Hospitals will use one of the following methods for correcting files or claims:
  - Hospital submits a corrected replacement claim (XX7) file or void/cancel (XX8) claim file and a corrected original bill type claim file to System 13 through the hospital's own information system (But an original XX1 must be originally submitted.)
  - Vendor's Correction Mechanism

# Claim Correction Due Dates

TEXAS Health and Human Services | Texas Department of State Health Services

## 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 |
|---|---|---|---|---|---|---|---|
| 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 |
| Cutoff for corrections | 8-1-2025 | 11-3-25 | 2-2-26 | 5-1-26 | 8-3-26 | 11-2-26 | 2-1-27 |
| Facilities retrieve certification files | 9-2-2025 | 12-1-25 | 3-2-26 | 6-1-26 | 9-1-26 | 12-1-26 | 3-1-27 |
| Certification/ comments due | 10-15-25 | 1-15-26 | 4-15-26 | 7-15-26 | 10-15-26 | 1-15-27 | 4-15-27 |

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

# System Feature

**After the *Cutoff for initial submission** the Data 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.

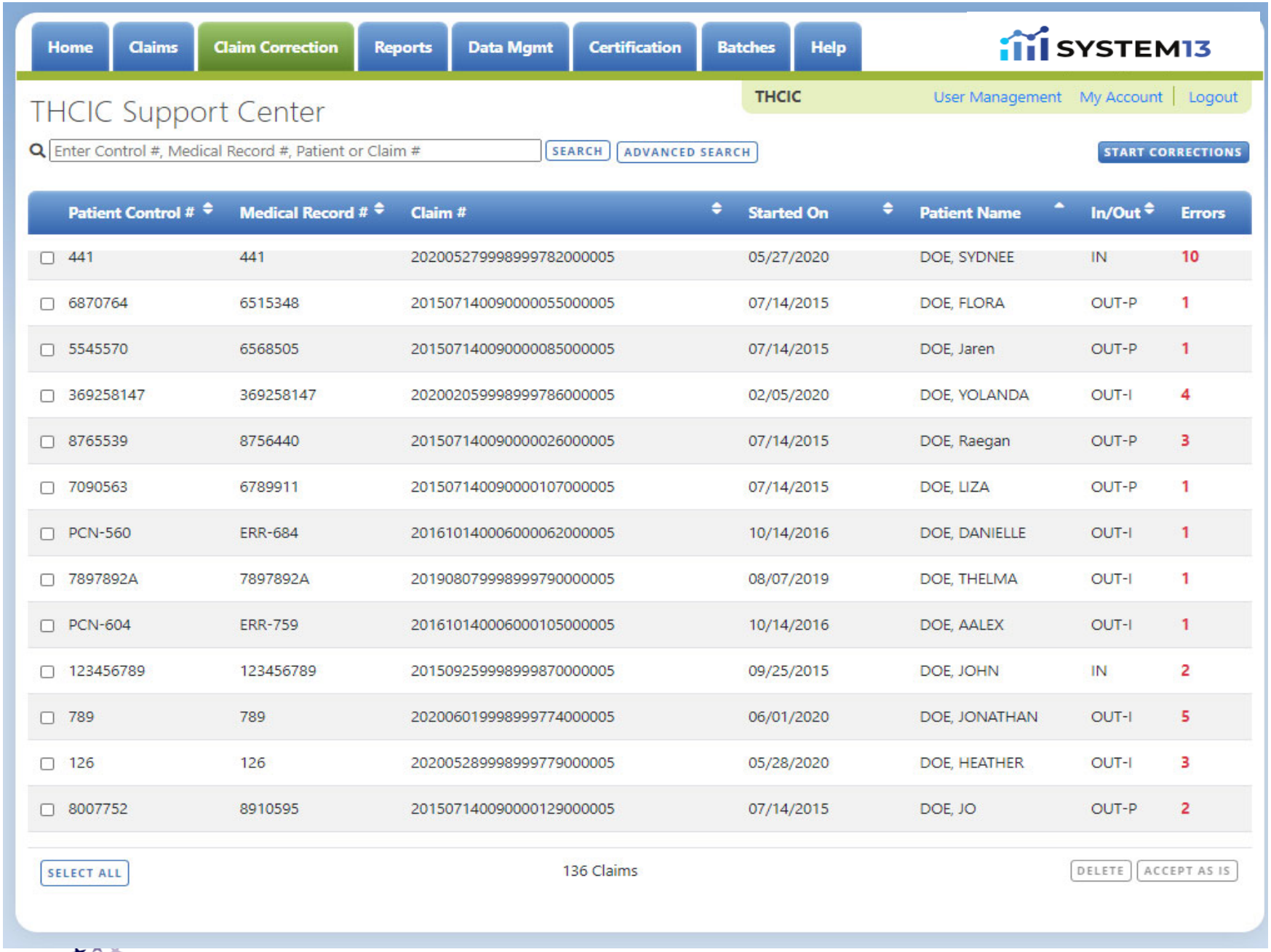
The email will suggest that if the Certifier determines that the data is complete and accurate after reviewing the reports, then they should consider choosing the Encounter or Event on Demand (EOD) option on their certification tab for that quarter. If you do not choose to start the EOD option, the certification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

# Go To Correct Errors/ Claim Correction

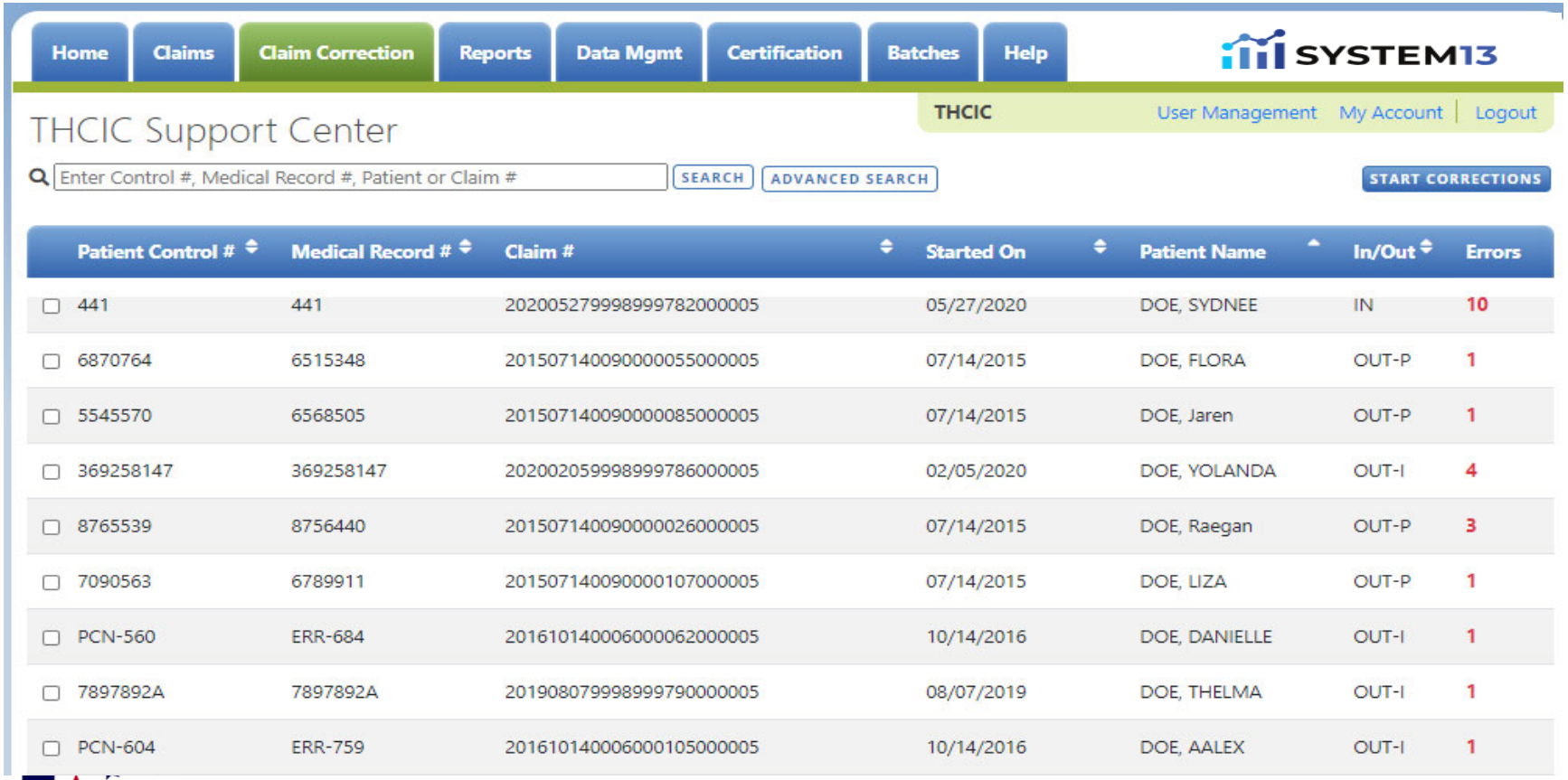

**The user can go to claim correction through the provider tab or the dashboard icon**

# Opening Claim Correction



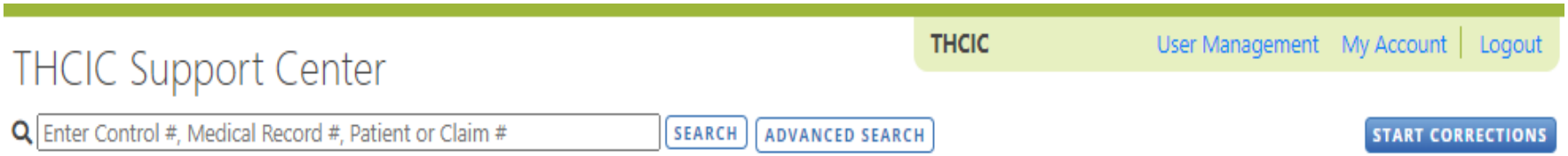
# Sorting Claim Correction Listing

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



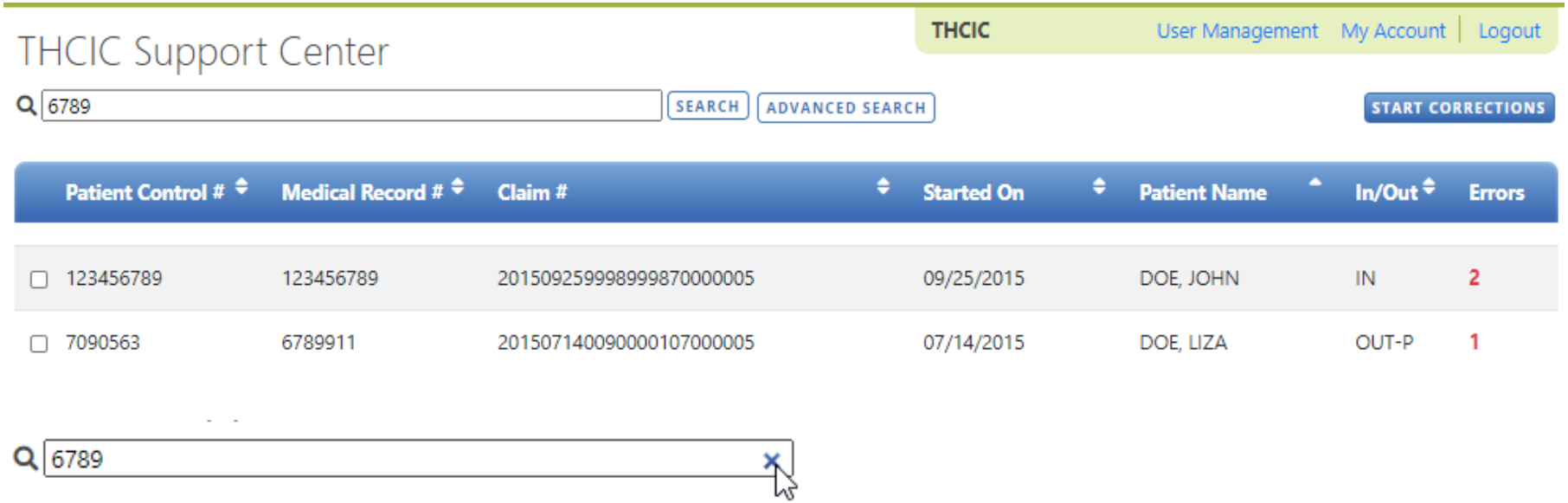

| Patient Control # | Medical Record # | Claim # | Started On | Patient Name | In/Out | Errors |
|---|---|---|---|---|---|---|
| 441 | 441 | 20200527999899978200005 | 05/27/2020 | DOE, SYDNEE | IN | 10 |
| 6870764 | 6515348 | 20150714009000055000005 | 07/14/2015 | DOE, FLORA | OUT-P | 1 |
| 5545570 | 6568505 | 20150714009000085000005 | 07/14/2015 | DOE, Jaren | OUT-P | 1 |
| 369258147 | 369258147 | 20200205999899978600005 | 02/05/2020 | DOE, YOLANDA | OUT-I | 4 |
| 8765539 | 8756440 | 20150714009000026000005 | 07/14/2015 | DOE, Raegan | OUT-P | 3 |
| 7090563 | 6789911 | 20150714009000107000005 | 07/14/2015 | DOE, LIZA | OUT-P | 1 |
| PCN-560 | ERR-684 | 20161014000600006200005 | 10/14/2016 | DOE, DANIELLE | OUT-I | 1 |
| 7897892A | 7897892A | 20190807999899979000005 | 08/07/2019 | DOE, THELMA | OUT-I | 1 |
| PCN-604 | ERR-759 | 20161014000600010500005 | 10/14/2016 | DOE, AALEX | OUT-I | 1 |

# Search for Claims




The user can search claims by:

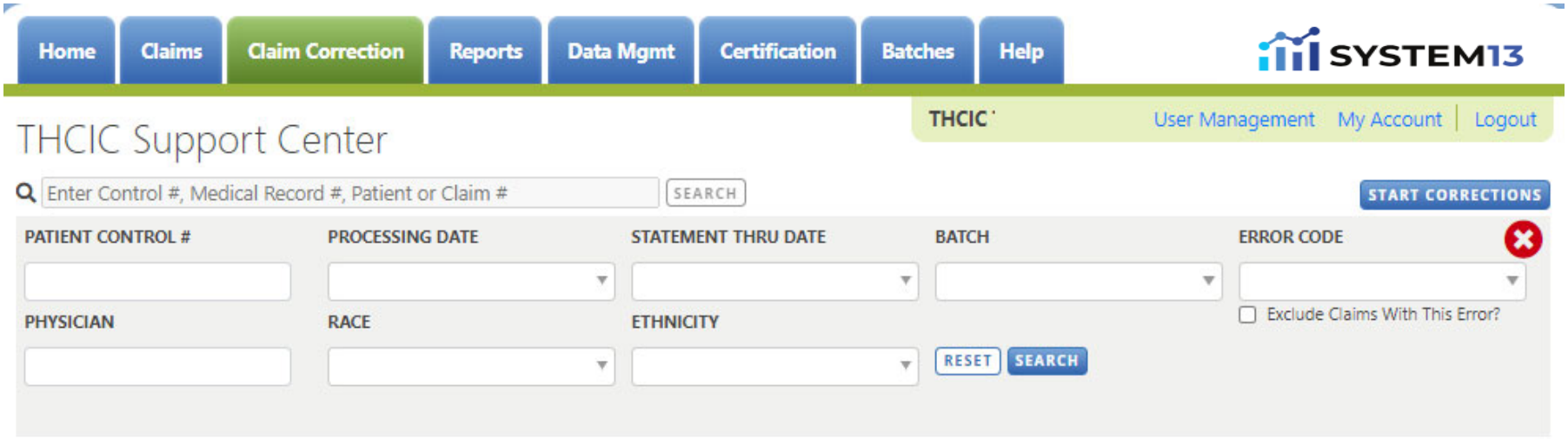
- Control #
- Medical record #
- Patient or Claim #




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

# Advanced Search for Claims

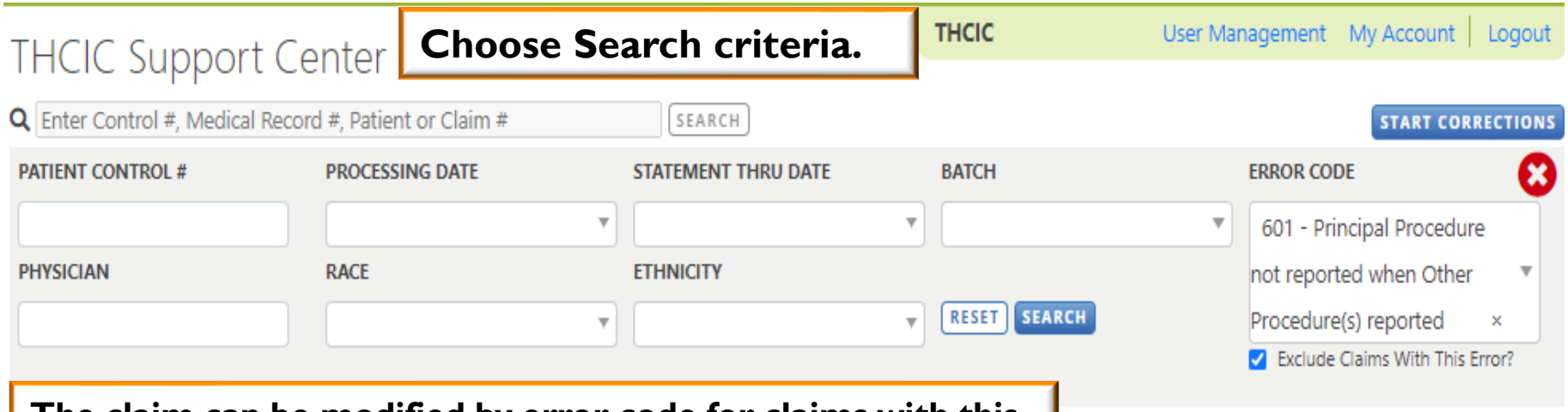
- **Advanced Search – The user can search by the search criteria below**



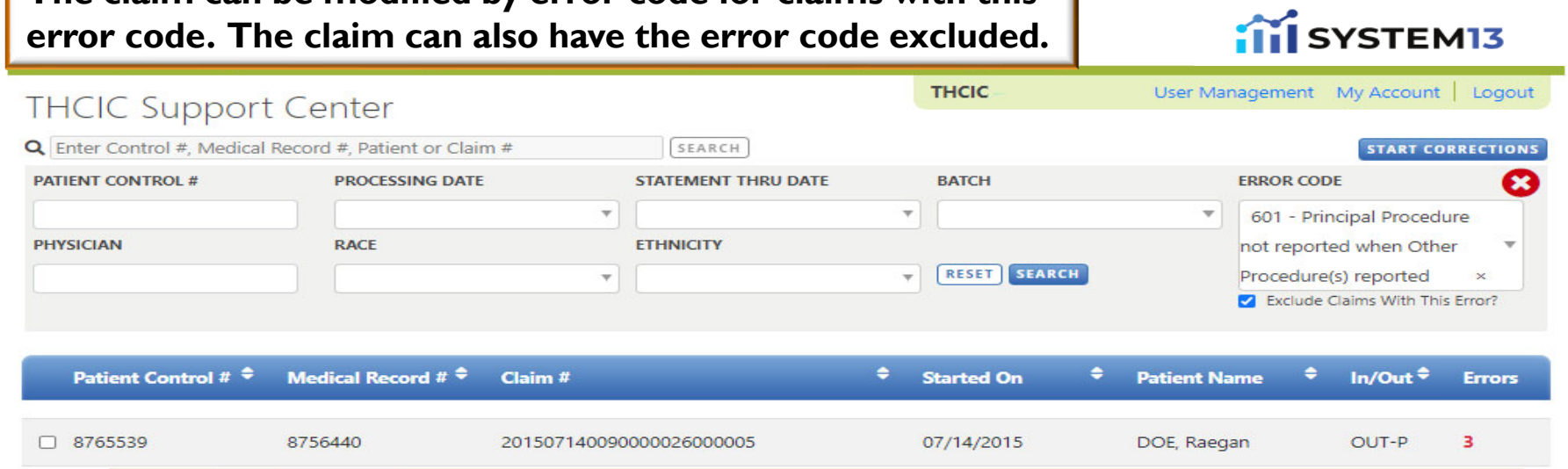

- **Type in search request or choose search criteria.**
- **Click search to sort listing by search criteria requested.**
- **Click ⊗ to return to the unfiltered list of claims.**

# Advanced Search for Claims

**Choose Search criteria.**

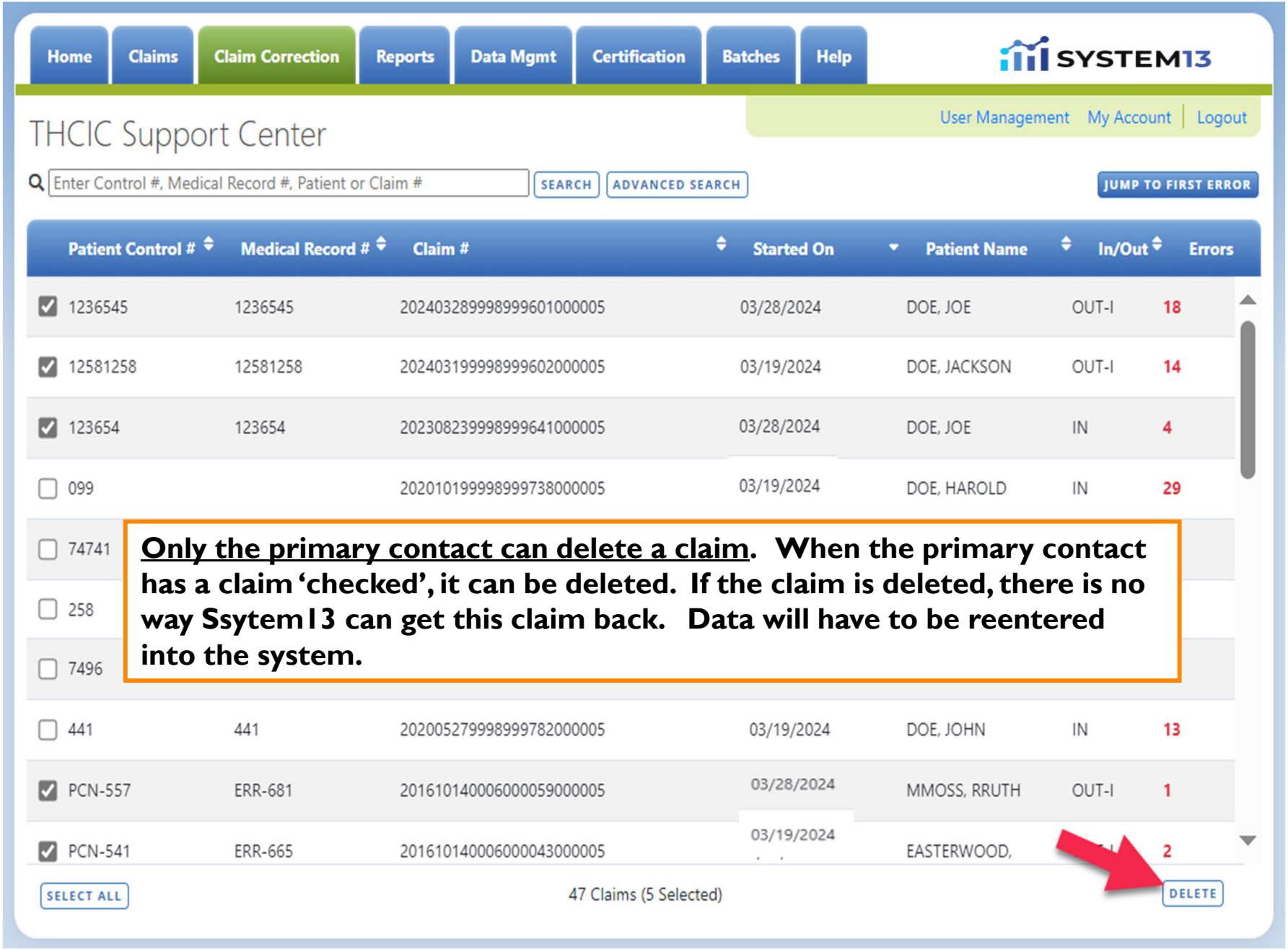



**The claim can be modified by error code for claims with this error code. The claim can also have the error code excluded.**




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

# Delete Claim DELETE

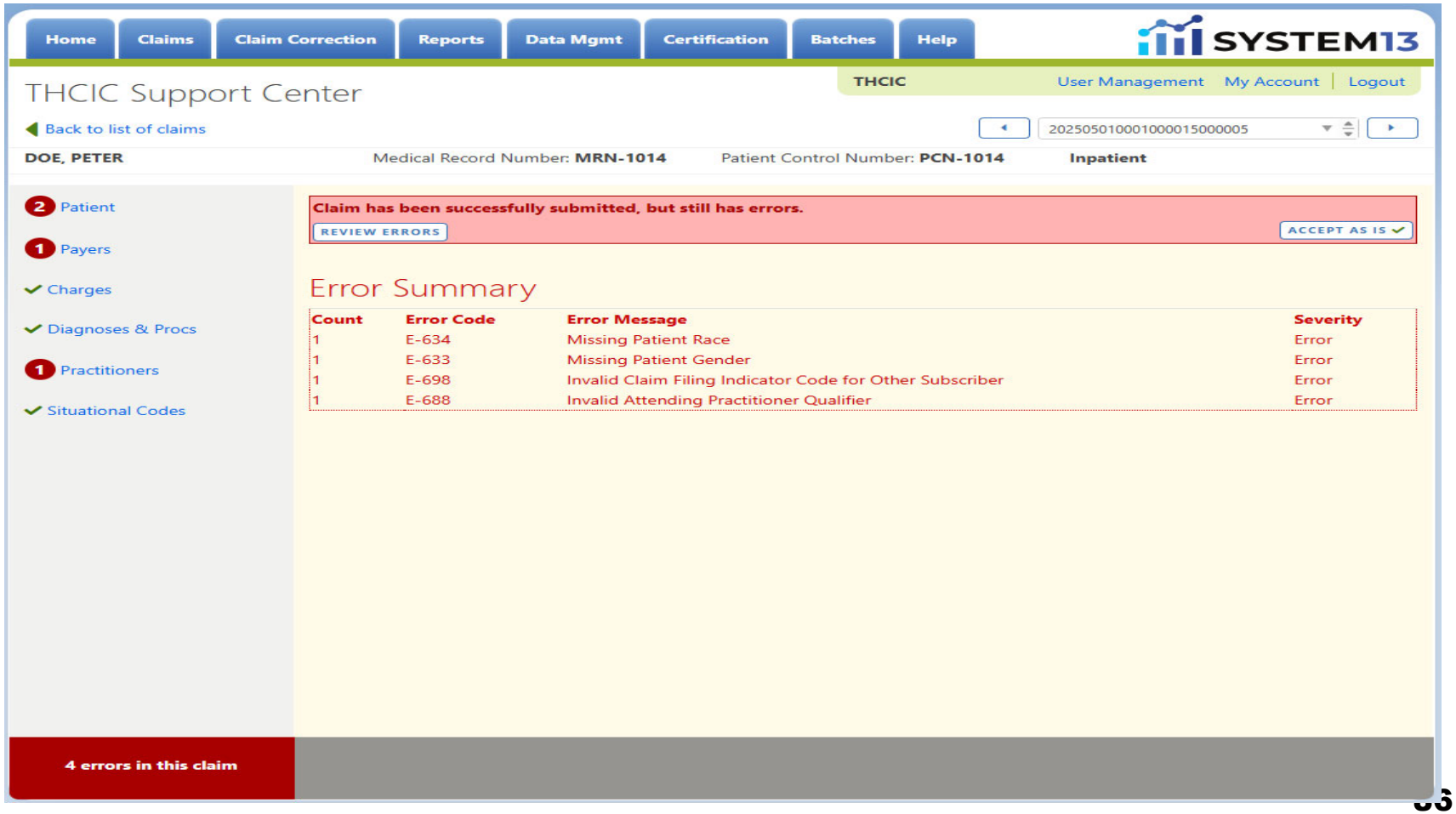



**<u>Only the primary contact can delete a claim</u>. When the primary contact has a claim 'checked', it can be deleted. If the claim is deleted, there is no way Ssytem13 can get this claim back. Data will have to be reentered into the system.**

# Accept As Is

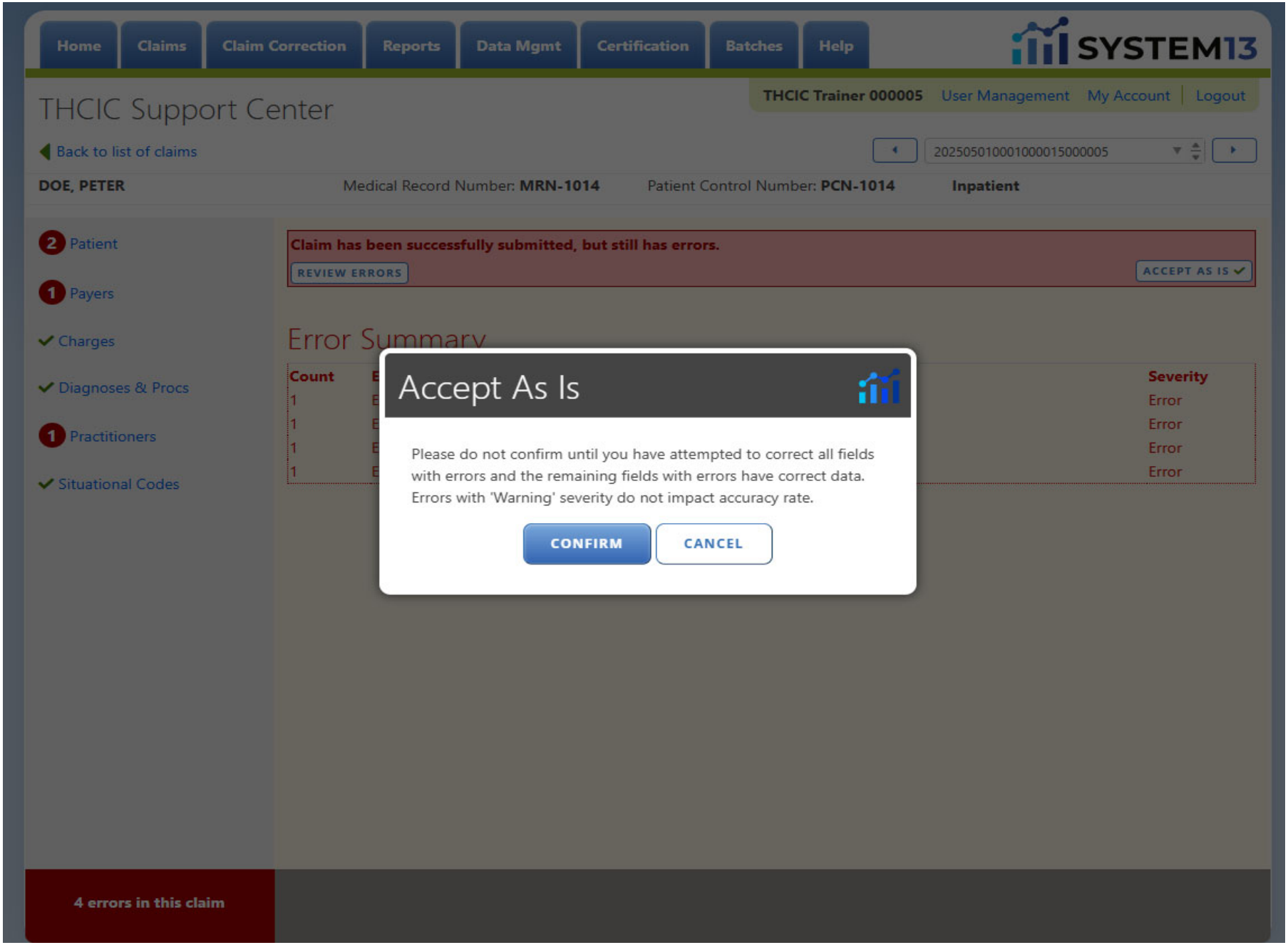
ACCEPT AS IS

To mark a claim that has errors, “Accept As Is”, the button can be clicked after check errors. Please do not confirm, accept as is, until you have attempted to correct all errors and the remaining fields with errors have correct data. Errors with “warning” severity do not impact accuracy rate. If you get the information to correct the error after, accept as is, you can make corrections to this claim from the claims listing tab. If you still have errors, the claim will go back to the claim correction listing.



# Accept As Is

ACCEPT AS IS



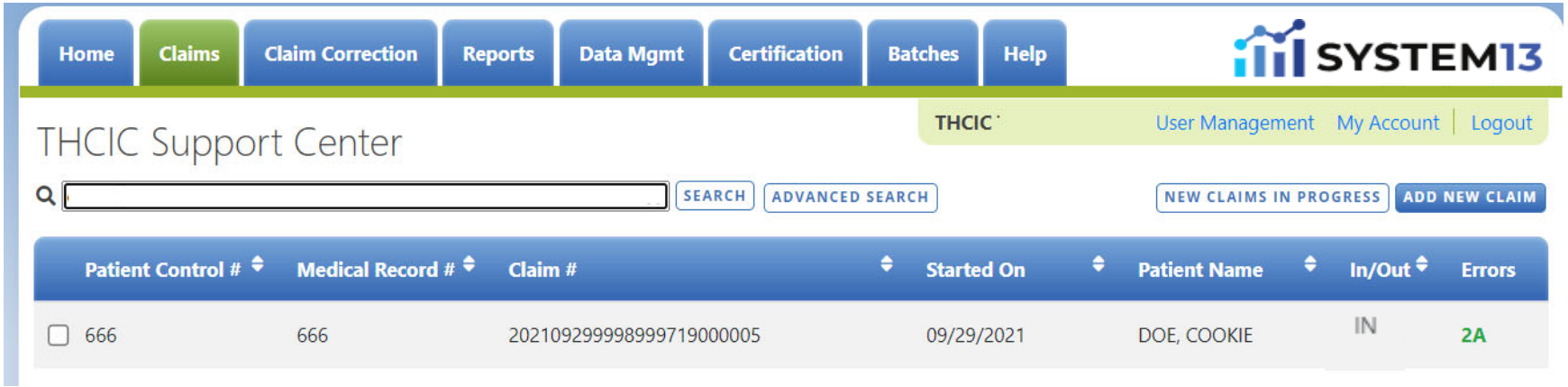
# Accept As Is


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

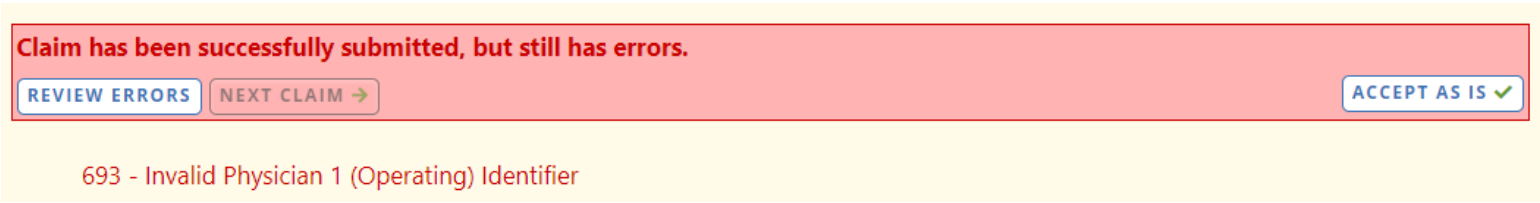

Please be advised, even if you remove the claim from correction listing using “Accept As Is”, the error(s) in claims that have been "accepted as is" still exist and will go against your accuracy rate during certification. Comments will need to be made at the time of certification, as to why the error(s)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

# Accept As Is

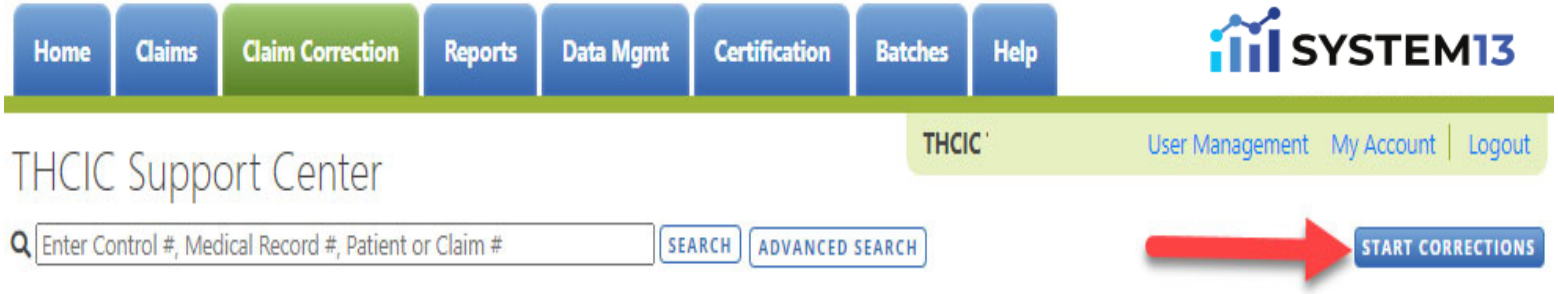

The claim will be removed from the claim correction list but will still be on the "Claim" listing with a green "A" and a number, which the number indicates how many errors are on the claim and the "A" indicates the claim was accepted as is. Even after a claim has been accepted as is, it can still be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




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



# Start Corrections




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

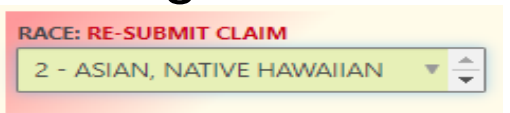
- Start Corrections will move sequentially through all claims in the current claims correction list and open the edit screen focused on the first error in the claim. By using Start Corrections followed by SUBMIT and Next Claim all errors can be accessed in order.

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

# Errors in a Claim

- The errors in a claim will be identified by a pink tint.


- When changes are made to a claim's field the changes will be indicated by a faded red tint/ green display.

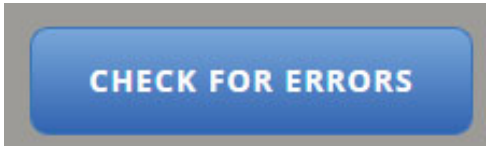



- On the tab that identifies that identifies the different tab of the claim, the number encircled in red will indicate how many errors are on the claim tab, as shown below.


- Each claim gives an error count as to how many errors are on the claim at the lower left corner.

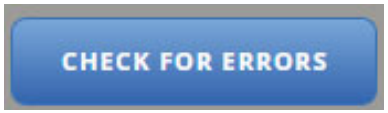

- By clicking the  , this allows the user to open that part of the claim to make corrections.

# Check for Errors

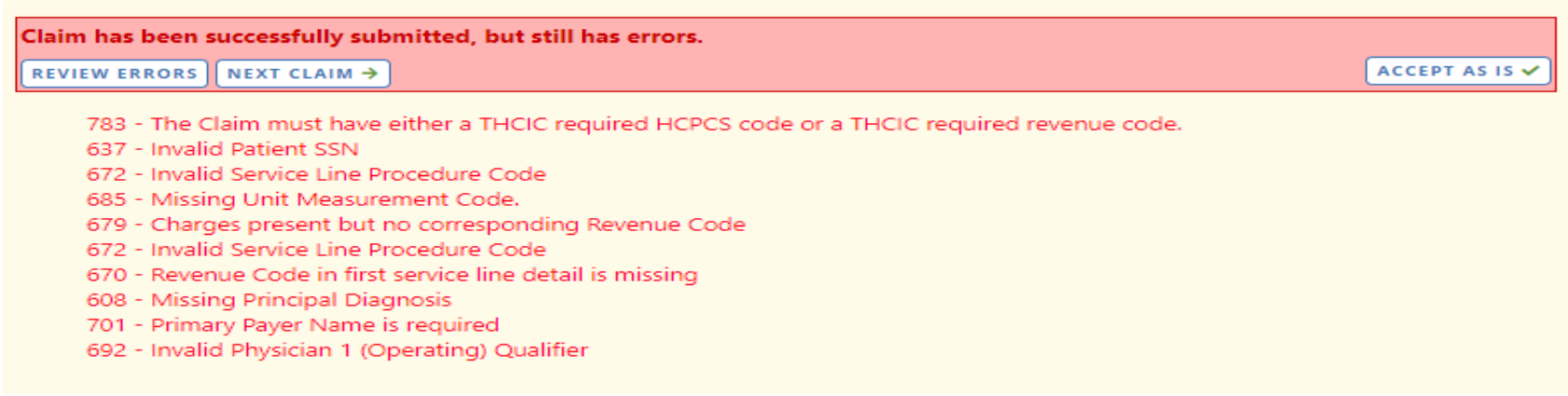



- Clicking check for errors will save the changes. If you do not check for errors, the errors will be updated on the screen, but not submitted.
- After the user has gone through all errors click check for errors, which checks for errors and resubmits corrected claim.
- Always check for errors before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

# Check for Errors

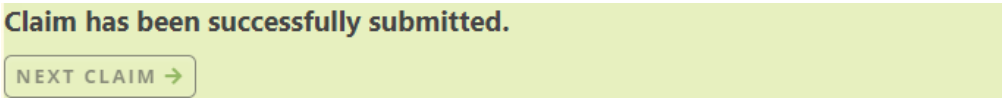



**Review Errors button**:



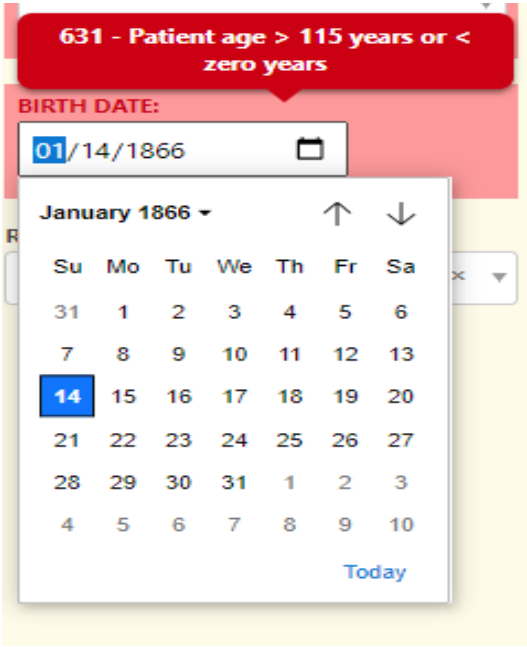

- The user will get a list of all errors that are still on the claim.
- Click 

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

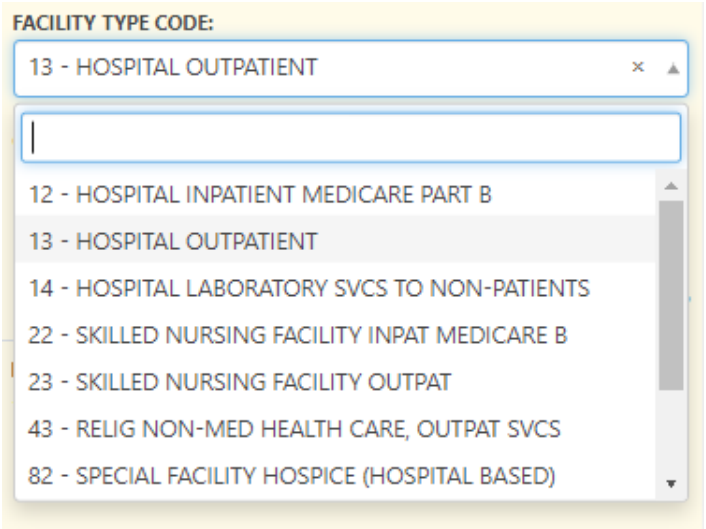


# Look Up Calendar

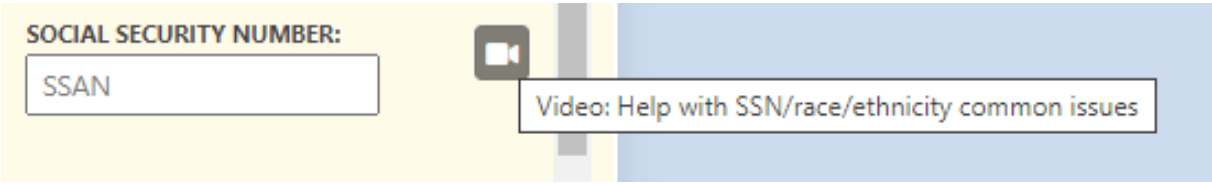

The fields that have calendars are indicated by the icon and open up as listed below.



# Look Up Features

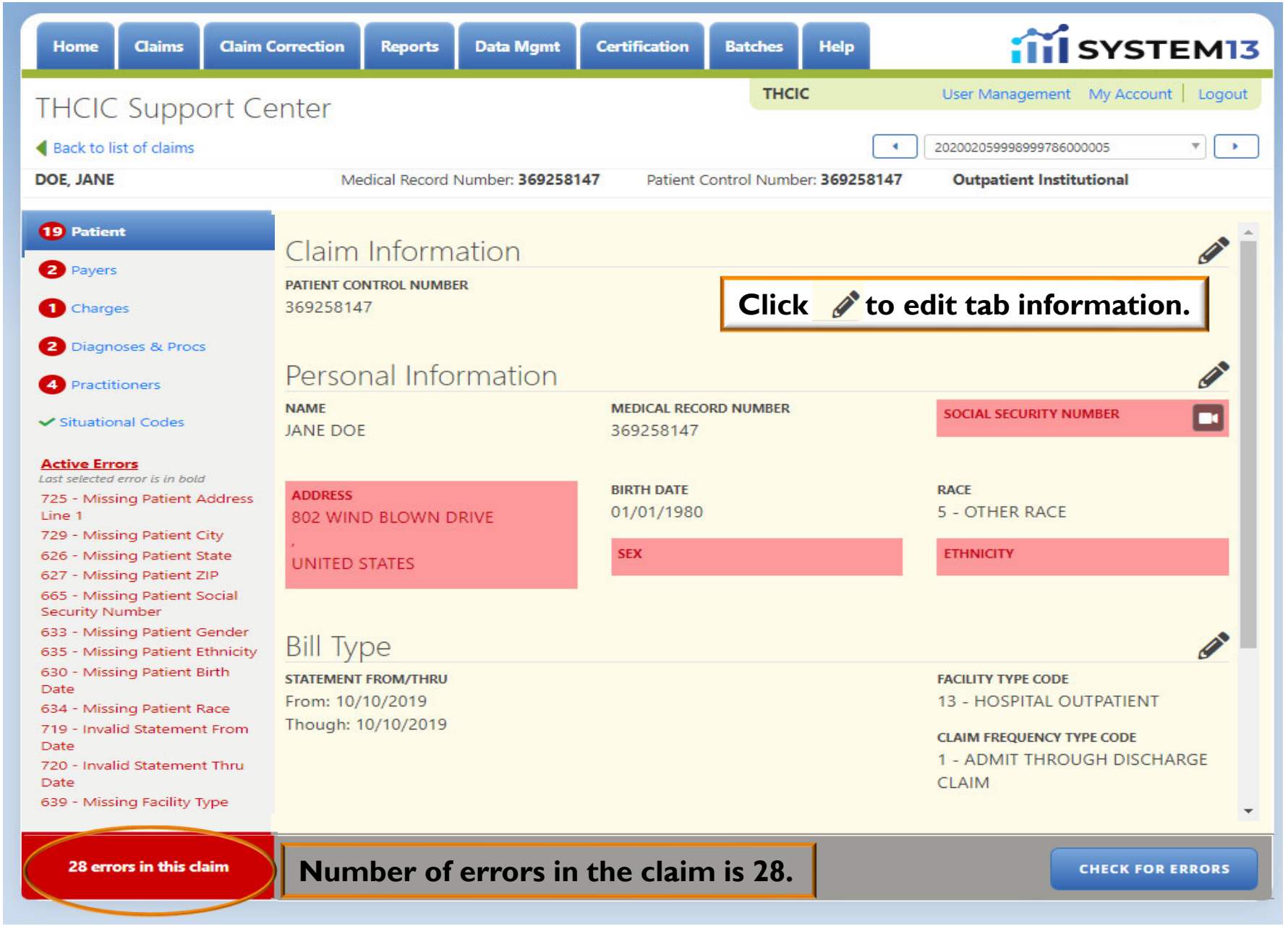



The fields that have the arrow ▲ have look up menus like listed below.

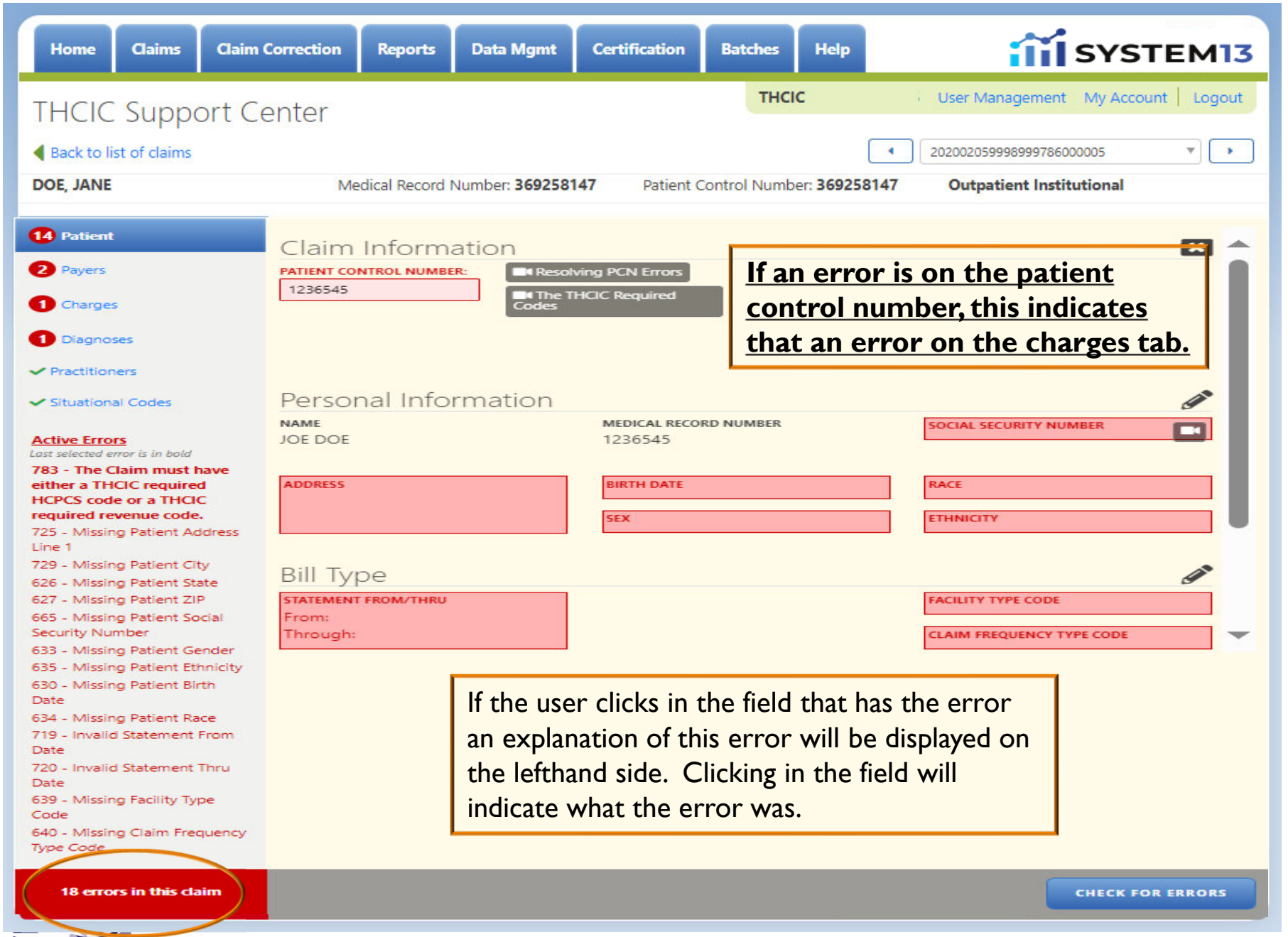



Fields that have a have linked videos to describe what needs to be included in this field.

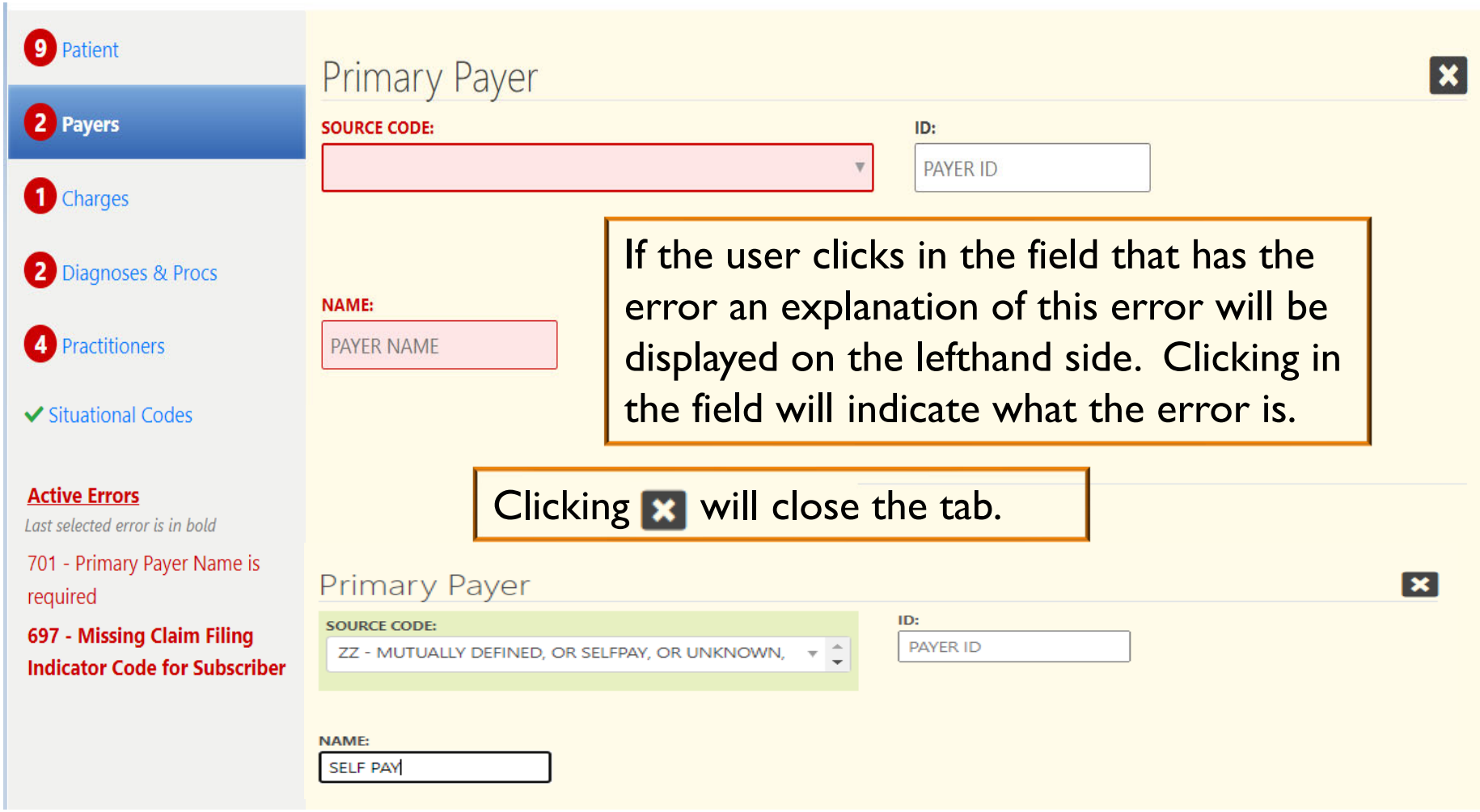
# Errors in the Claim



# Errors in the Claim



# Error - Payer

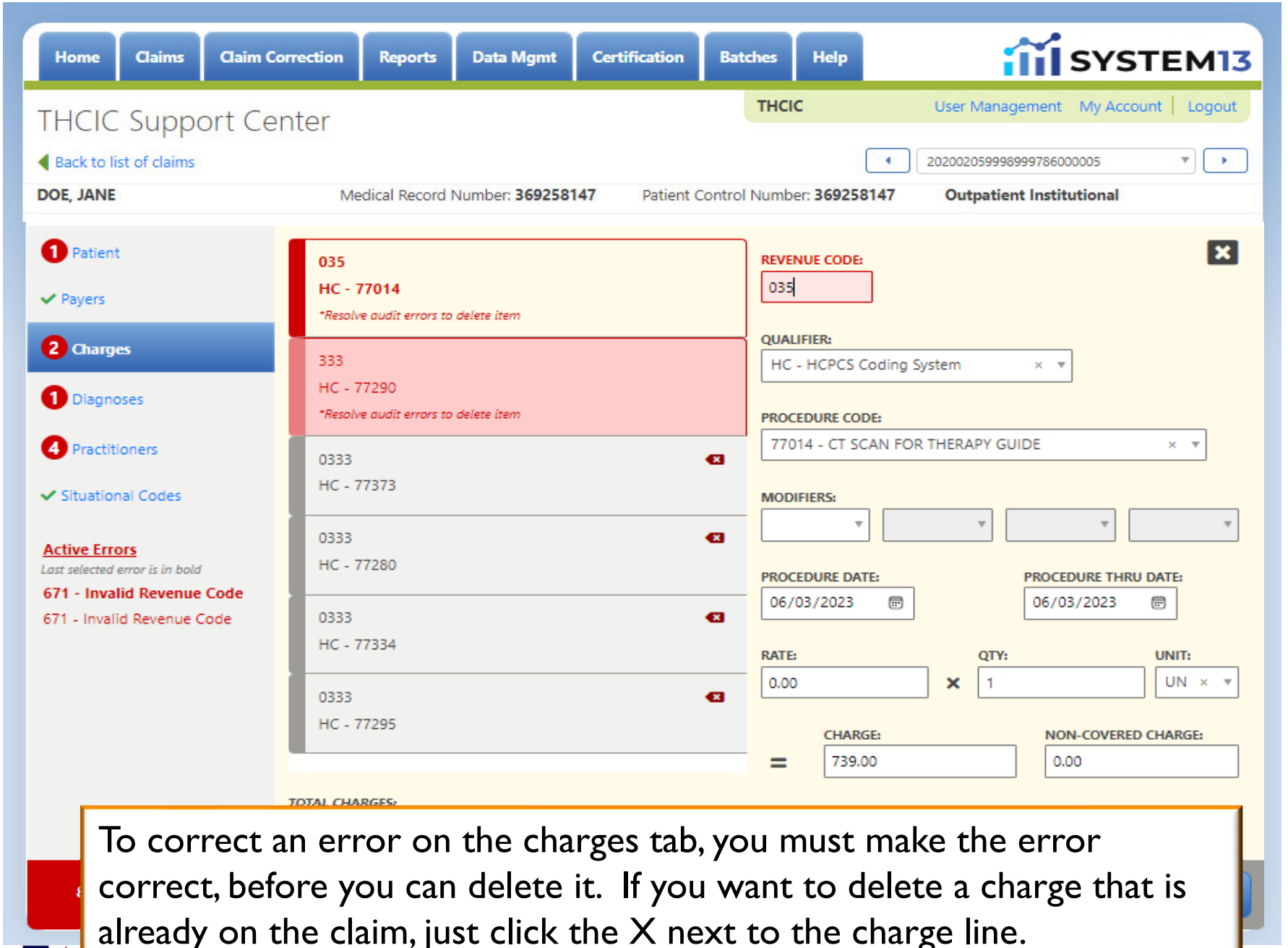



If the option 'ZZ – Mutually defined, or Self Pay, or Unknown, or Charity' is chosen as the payer, do not identify the payer's name in the payer name field. Payer name should be entered as Self Pay, as shown above

# Charges Tab

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

# Errors - Charges Tab




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

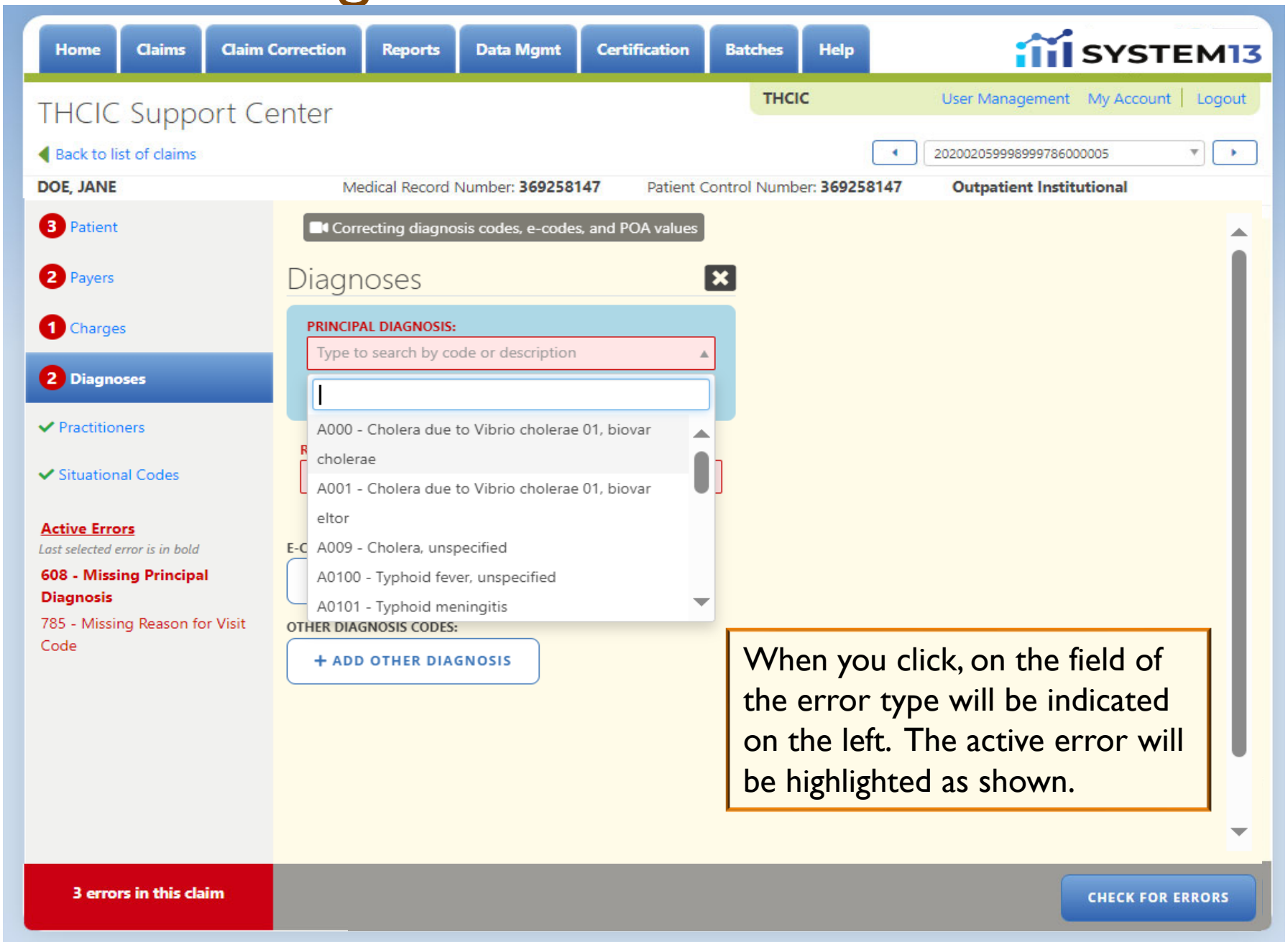
# Diagnosis & Procedure Tab and Situational Tab

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

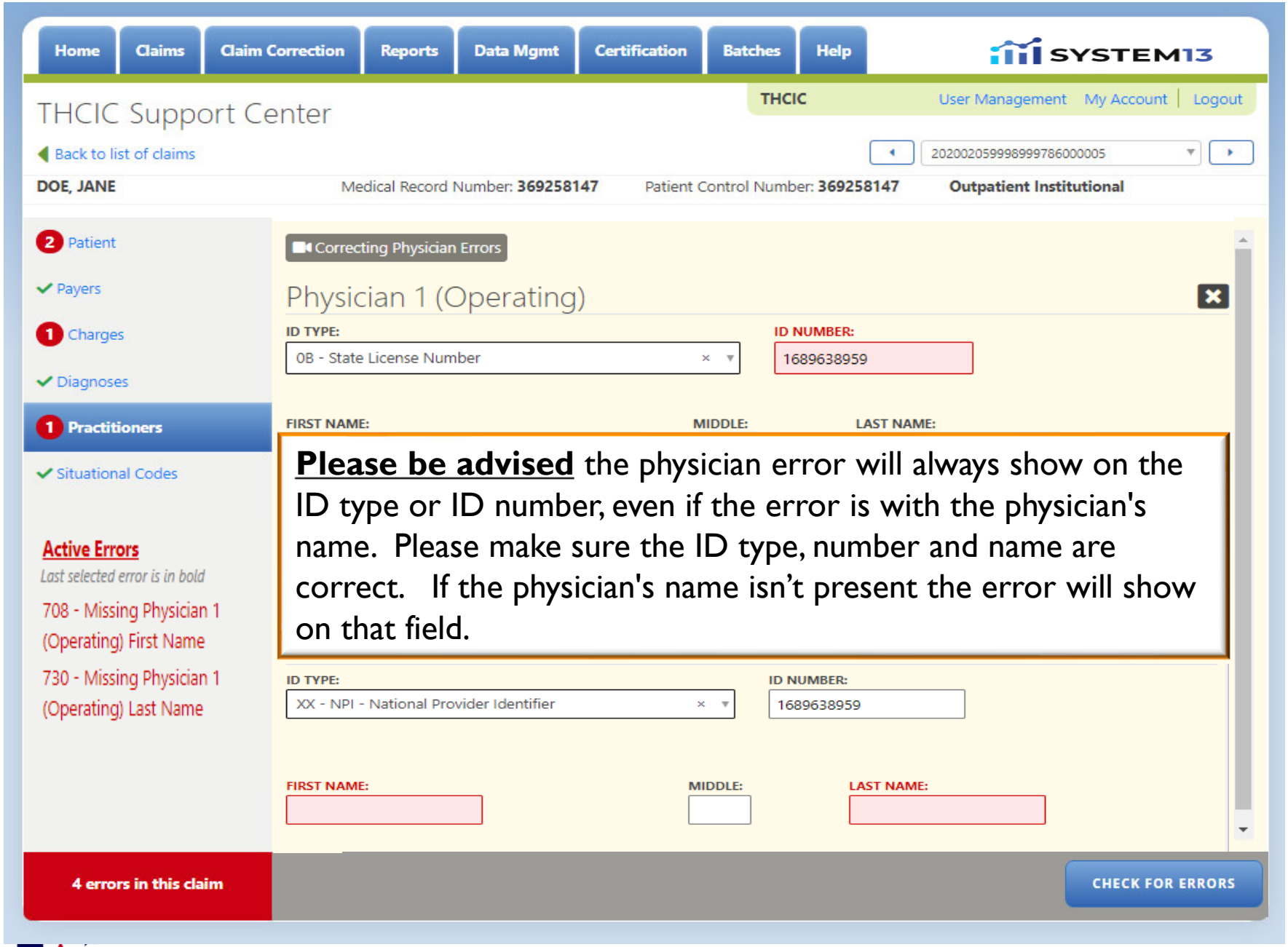
- Enter all data prompted data on the line.

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

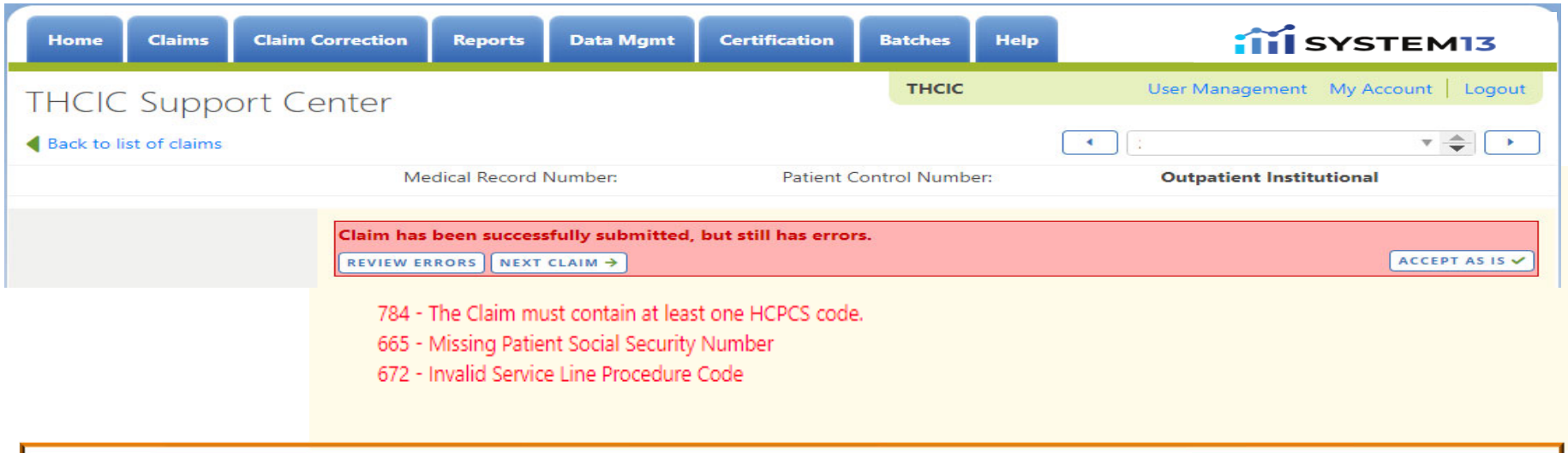
# Error – Diagnosis & Procedures



# Error - Practitioners

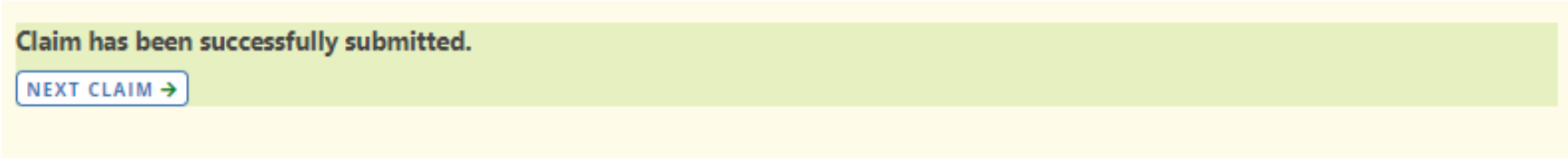


# Submit Claim, but Still Contains Errors



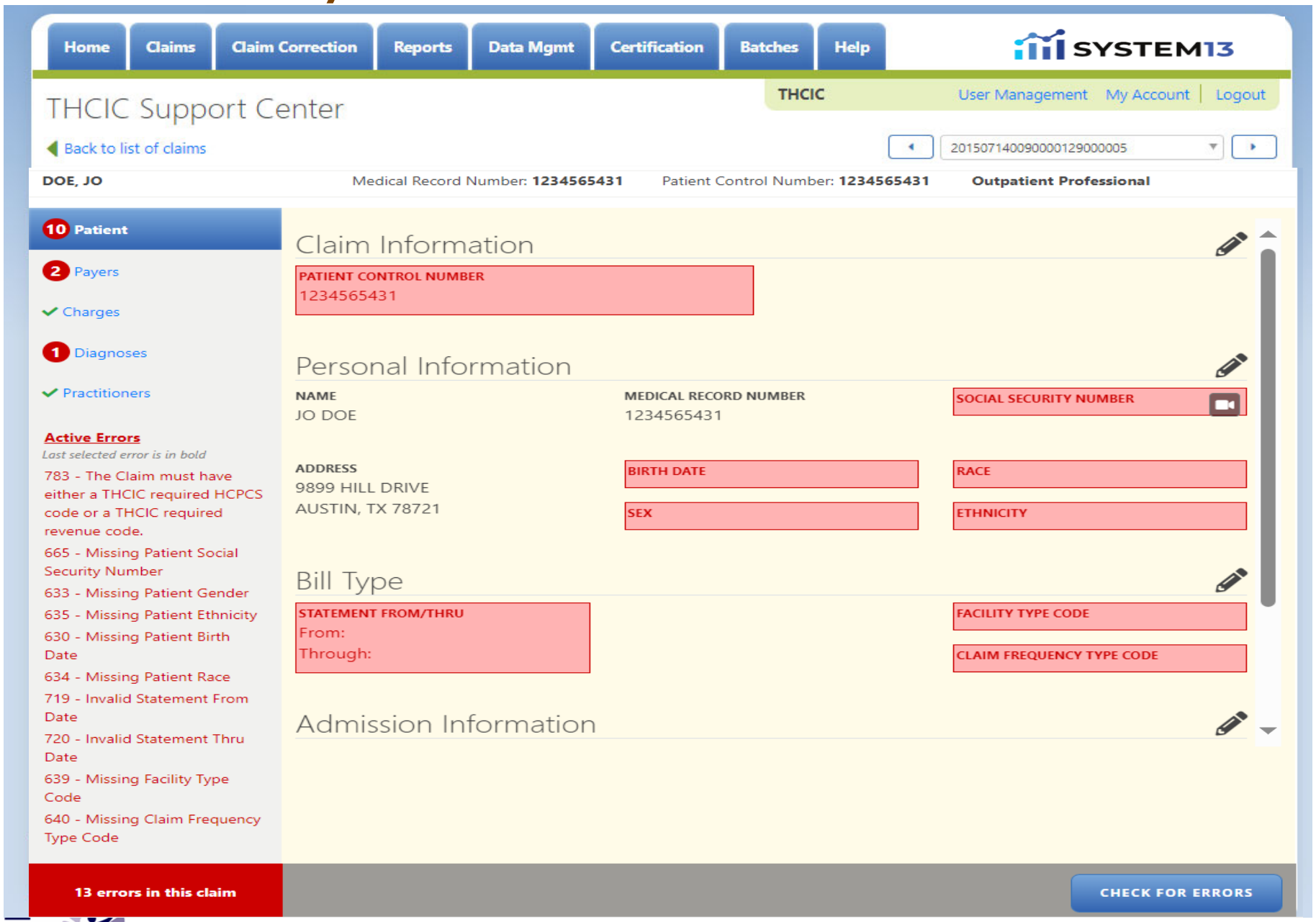

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The next claim will open up to the first error on the next claim. Accept as is, needs to be verified that the claim still has errors, but will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


# Claim Successfully Submitted

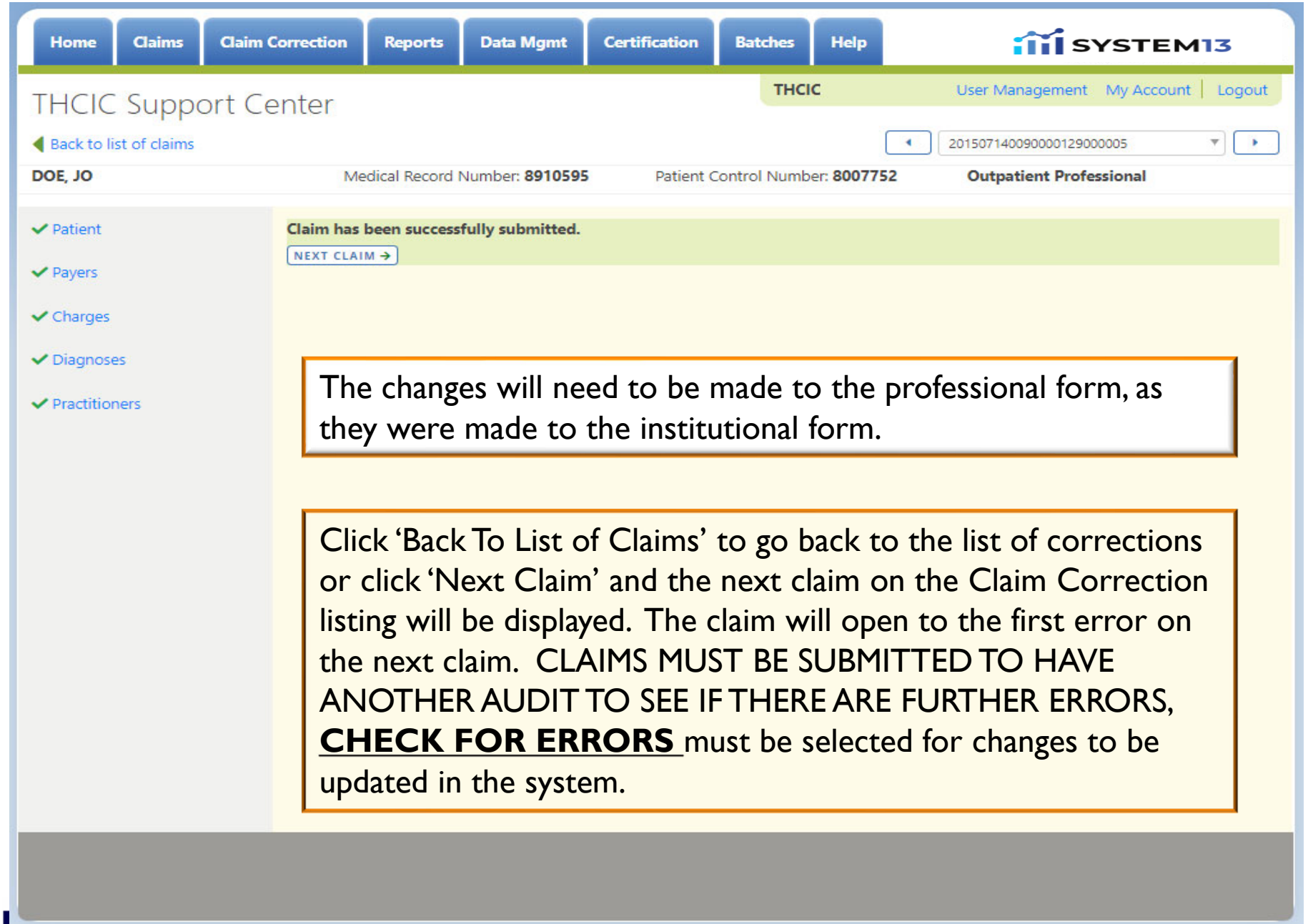



Claim successfully submitted, you can go to the next claim on the claim correction listing.

# Professional Charges Tabs correct the claims the same way as institutional



# Claim Correction Professional Submission




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

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

# Claim Correction

## Questions/ Comments

Questions, comments or need clarification please e-mail
thcichelp@dshs.texas.gov
The e-mail should include the facility's THCIC ID.

# THCIC Contact

Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756

Phone: 512- 776-7261

E-mail: THCIChelp@dshs.texas.gov

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

# THCIC Contact

- Contact Tiffany Overton email at Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- Contact Adrianna Jackson email at Adrianna.Jackson2@dshs.texas.gov if outpatient submitter test/production files reject due to a submission address or EIN/NPI number.
- For general questions or to request information about THCIC please e-mail to thcichelp@dshs.texas.gov

# THCIC Contact

- Contact Tiffany Overton email at Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- Contact Adrianna Jackson email at Adrianna.Jackson2@dshs.texas.gov if outpatient submitter test/production files reject due to a submission address or EIN/NPI number.
- For general questions or to request information about THCIC please e-mail to thcichelp@dshs.texas.gov

# SYSTEM13 Contact

Address:
System13
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