

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:

System 13

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>

TEXAS

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Texas Department of State Health Services

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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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Health Services



THCIC System

System13, Inc. / THCIC Web x +

thcictrainer.system13.com/login

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

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



THCIC Support Center

[Problems Logging In?](#)

USERNAME:

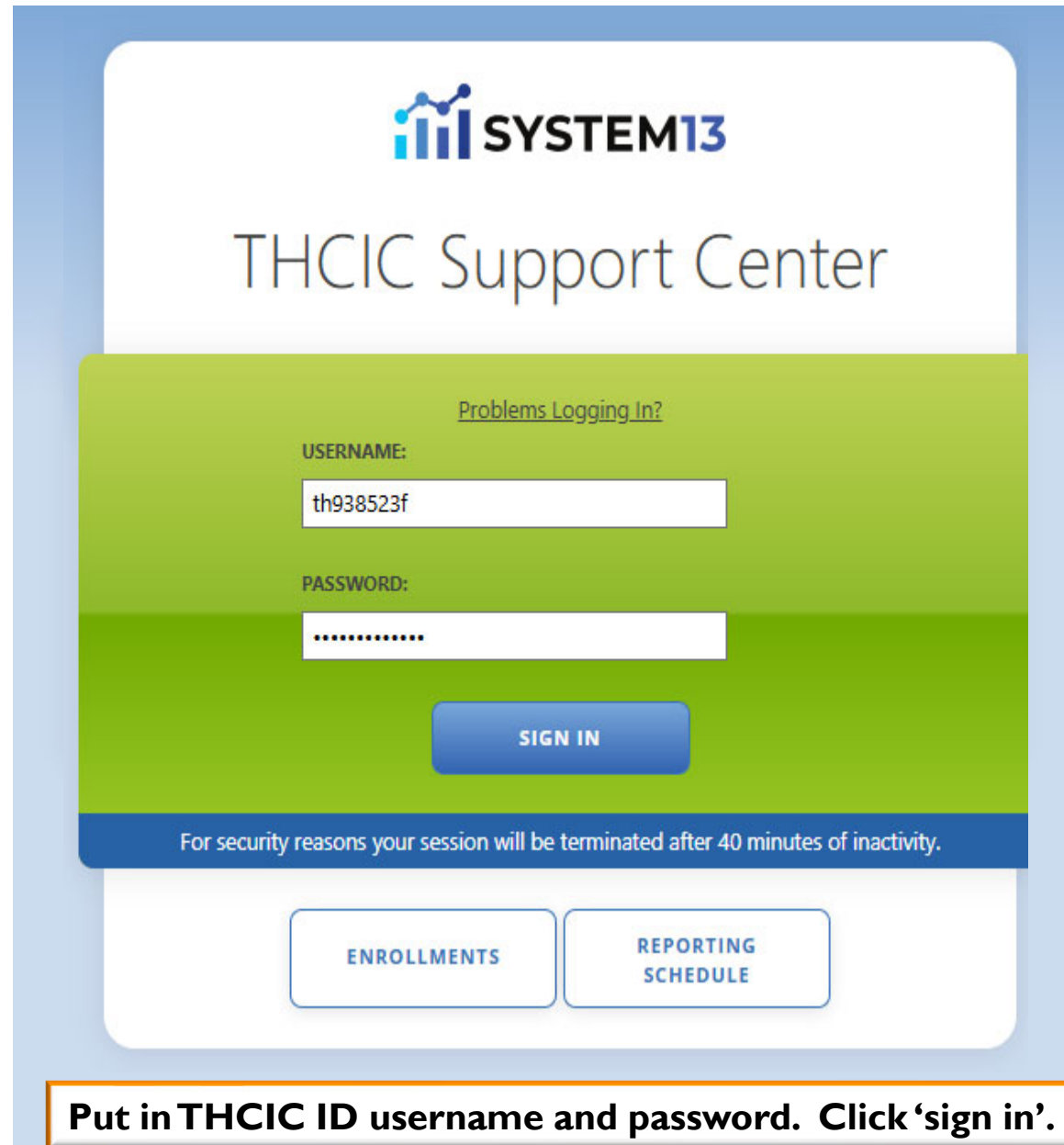
PASSWORD:

SIGN IN

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

ENROLLMENTS **REPORTING SCHEDULE**

Log In the System as a Provider



The screenshot shows the login interface for the SYSTEM13 THCIC Support Center. At the top, the SYSTEM13 logo is displayed above the title "THCIC Support Center". Below this, there is a green login box containing a link for "Problems Logging In?", a "USERNAME:" field with the value "th938523f", a "PASSWORD:" field with masked characters, and a blue "SIGN IN" button. A blue banner at the bottom of the login box states: "For security reasons your session will be terminated after 40 minutes of inactivity." Below the login box, there are two buttons: "ENROLLMENTS" and "REPORTING SCHEDULE". A text box at the bottom of the page contains the instruction: "Put in THCIC ID username and password. Click 'sign in'."

SYSTEM13

THCIC Support Center

[Problems Logging In?](#)

USERNAME:

th938523f

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



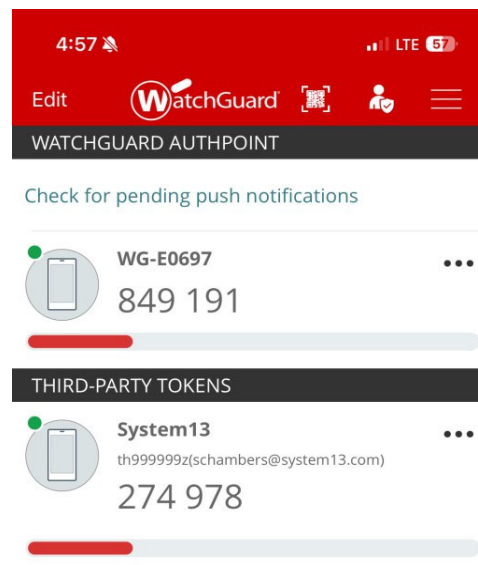
Scan the QR Code with your preferred Authenticator Application to activate your MFA token. If your token is already activated, input the code below.

Enter your 6-digit code:

6-digit code

VERIFY

Code by scanning the QR Code.



Provider Dashboard

- ‰ The 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. Activity Dashboard  

Provider Home Page – Grid View



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Q1 2025

SUBMISSION

	Inpatient	Outpatient
JAN	10	23
FEB	1	18
MAR	9	18
TOTAL	53	225
ACCURACY	24%	14%

Submission due **2 Jun 2025**
 Correction due **1 Aug 2025**

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 2025**

Q2 2025

SUBMISSION

	Outpatient
APR	2
MAY	0
JUN	2
TOTAL	4
ACCURACY	50%

Submission due **2 Sep 2025**
 Correction due **3 Nov 2025**

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 2026**

Q3 2025

SUBMISSION

	Outpatient
JUL	3
AUG	0
SEP	0
TOTAL	3
ACCURACY	33%

Submission due **1 Dec 2025**
 Correction due **2 Feb 2026**

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 Apr 2026**

NEXT DEADLINE

Q1 2025 CORRECTIONS

IN 15 DAYS

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q4 2024	10	5	2	1
Q1 2025	40	30	180	10
Q2 2025	5	2	1	1
Q3 2025	2	1	1	1

QUICK TIP:

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

Provider Home Page – 1st Row

The screenshot displays the SYSTEM13 Provider Home Page. At the top is a navigation bar with links: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The SYSTEM13 logo is on the right. Below the navigation bar is a green bar with 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main section is titled 'Activity Dashboard' and contains three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. Below these are three sections for quarters Q1, Q2, and Q3 2025. Each section shows a table of claims by month, categorized by Inpatient and Outpatient, along with a total and accuracy percentage. At the bottom of each quarter's data is a box indicating the submission and correction due dates.

Q1 2025

	Inpatient	Outpatient
JAN	10	23
FEB	1	18
MAR	9	18
TOTAL	53	225
ACCURACY	24%	14%

Submission due 2 Jun 2025
Correction due 1 Aug 2025

Q2 2025

	Outpatient
APR	2
MAY	0
JUN	2
TOTAL	4
ACCURACY	50%

Submission due 2 Sep 2025
Correction due 3 Nov 2025

Q3 2025

	Outpatient
JUL	3
AUG	0
SEP	0
TOTAL	3
ACCURACY	33%

Submission due 1 Dec 2025
Correction due 2 Feb 2026

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

The screenshot displays the SYSTEM13 Provider Home Page. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The SYSTEM13 logo is on the right. Below the navigation bar, the Activity Dashboard is visible, featuring three buttons: WEB CLAIM ENTRY, CORRECT ERRORS, and START CERTIFICATION. The dashboard is organized into three rows, each representing a quarter (Q1, Q2, Q3) for the year 2025. Each row includes a 'CERTIFICATION' section with instructions and a 'Certification due' date. To the right of each row, there is an orange-bordered box containing additional information.

Quarter	Certification Instructions	Certification Due Date	Additional Information
Q1 2025	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 2025	If the quarter data has been completed and no data is submitted, you will have to contact System13 to make a submission.
Q2 2025	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 2026	You will be given the quarter's certification due date.
Q3 2025	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 Apr 2026	If the data is available for certification, it will show that you have data to certify.

Provider Home Page – 3rd Row

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help



Activity Dashboard  

THCIC 1

User Management | My Account | Logout

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q1

2025

Q2

2025

Q3

2025

Next Deadline

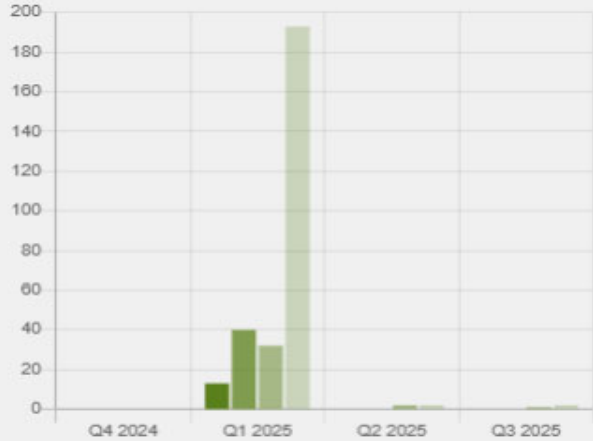
Q1 2025

Corrections

IN 14

DAYS

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q4 2024	0	0	0	0
Q1 2025	10	40	30	190
Q2 2025	0	0	0	0
Q3 2025	0	0	0	0

QUICK TIP:

See Help tab for links to file specs, documents, updates, newsletters, schedule, and more.

 Services |  Health Services

Provider Home Page – List View

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[Logout](#)

Activity Dashboard

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

Q1 2025 SUBMISSION

	Inpatient	Outpatient
JAN	10	23
FEB	1	18
MAR	9	18
TOTAL	53	225
ACCURACY	24%	14%

Submission due **2 Jun 2025** |
Correction due **1 Aug 2025**

Q1 2025 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 2025**

Q2 2025 SUBMISSION

	Outpatient
APR	2
MAY	0
JUN	2
TOTAL	4
ACCURACY	50%

Submission due **2 Sep 2025** |
Correction due **3 Nov 2025**

Q2 2025 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 2026**

Q3 2025 SUBMISSION

	Outpatient
JUL	3
AUG	0
SEP	0
TOTAL	3
ACCURACY	33%

Submission due **1 Dec 2025** |
Correction due **2 Feb 2026**

Q3 2025 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 Apr 2026**

NEXT DEADLINE Q1 2025 CORRECTIONS

IN 14 DAYS

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q4 2024	10	5	2	1
Q1 2025	40	190	30	2
Q2 2025	2	1	1	1
Q3 2025	1	1	1	1

QUICK TIP:

See [Help](#) tab for links to file specs, documents, updates, newsletters, schedule, and more.

Provider Home Page – 1st Row

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



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

Activity Dashboard

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

Q1
2025
SUBMISSION

	Inpatient	Outpatient
JAN	10	23
FEB	1	18
MAR	9	18
TOTAL	53	225
ACCURACY	24%	14%

Submission due **2 Jun 2025** |
Correction due **1 Aug 2025**

Q1
2025
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 2025**

Q2
2025
SUBMISSION

	Outpatient
APR	2
MAY	0
JUN	2
TOTAL	4
ACCURACY	50%

Submission due **2 Sep 2025** |
Correction due **3 Nov 2025**

Q2
2025
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 2026**

Q3
2025
SUBMISSION

	Outpatient
JUL	3
AUG	0
SEP	0
TOTAL	3
ACCURACY	33%

Submission due **1 Dec 2025** |
Correction due **2 Feb 2026**

Q3
2025
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 Apr 2026**

Q1
2025
CERTIFICATION

Q2
2025
CERTIFICATION

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 screenshot shows the SYSTEM13 Provider Home Page. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The SYSTEM13 logo is in the top right. Below the navigation bar, the page is titled 'Activity Dashboard'. A row of buttons includes 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. A prominent yellow and blue box displays 'NEXT DEADLINE Q1 2025 CORRECTIONS' and 'IN 14 DAYS'. To the right, a 'Performance History' bar chart shows data for Q4 2024, Q1 2025, Q2 2025, and Q3 2025, categorized by Inpatient - Good, Inpatient - Bad, Outpatient - Good, and Outpatient - Bad. A 'QUICK TIP' box at the bottom right suggests checking the Help tab for file specs, documents, updates, newsletters, schedule, and more. The footer includes the 'health and human Services' logo and 'Health Services' text.

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

NEXT DEADLINE
Q1 2025
CORRECTIONS

IN 14 DAYS

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

NEXT DEADLINE
Q1 2025
CORRECTIONS

IN 14 DAYS

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

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q4 2024	10	40	30	190
Q1 2025	10	40	30	190
Q2 2025	10	40	30	190
Q3 2025	10	40	30	190

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

QUICK TIP:
See Help tab for links to file specs, documents, updates, newsletters, schedule, and more.

Data Management/Primary Contact Provider Home Page

Provider Tabs

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help

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User Management
My Account
Logout

Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Other Features

Q1 2025

	Inpatient	Outpatient
JAN	10	23
FEB	1	18
MAR	9	18
TOTAL	53	225
ACCURACY	24%	14%

Submission due **2 Jun 2025**
Correction due **1 Aug 2025**

Q2 2025

	Outpatient
APR	2
MAY	0
JUN	2
TOTAL	4
ACCURACY	50%

Submission due **2 Sep 2025**
Correction due **3 Nov 2025**

Q3 2025

	Outpatient
JUL	3
AUG	0
SEP	0
TOTAL	3
ACCURACY	33%

Submission due **1 Dec 2025**
Correction due **2 Feb 2026**

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 2025**

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 2026**

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 Apr 2026**

NEXT DEADLINE
Q1 2025
CORRECTIONS

IN 14 DAYS

Performance History

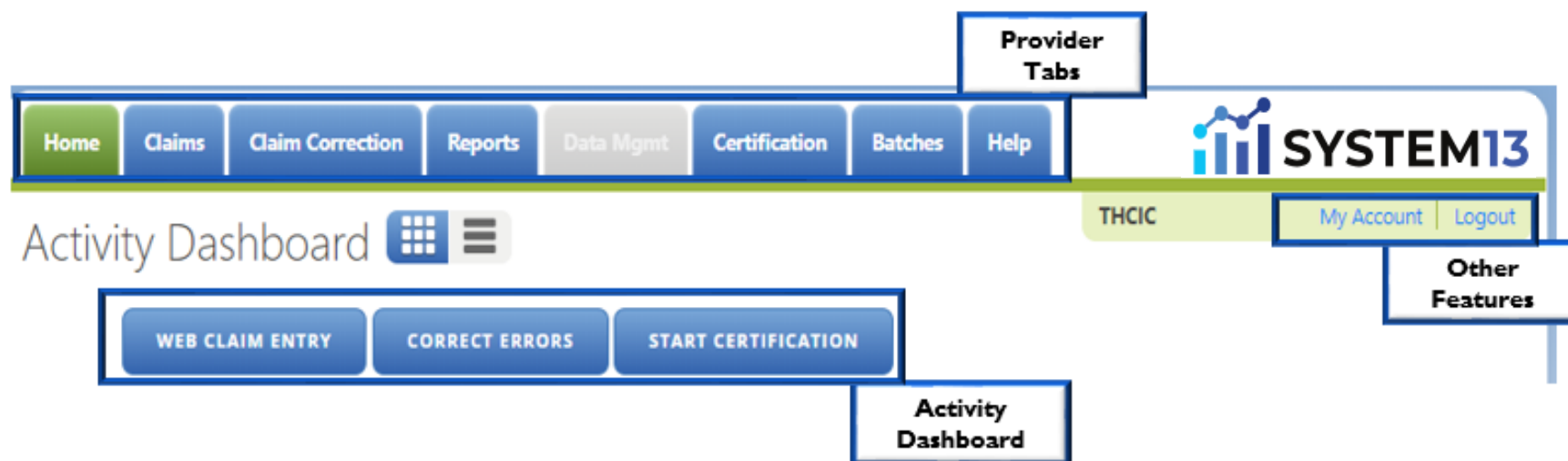
Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q4 2024	10	5	2	1
Q1 2025	40	30	180	10
Q2 2025	5	2	2	1
Q3 2025	5	2	2	1

QUICK TIP:

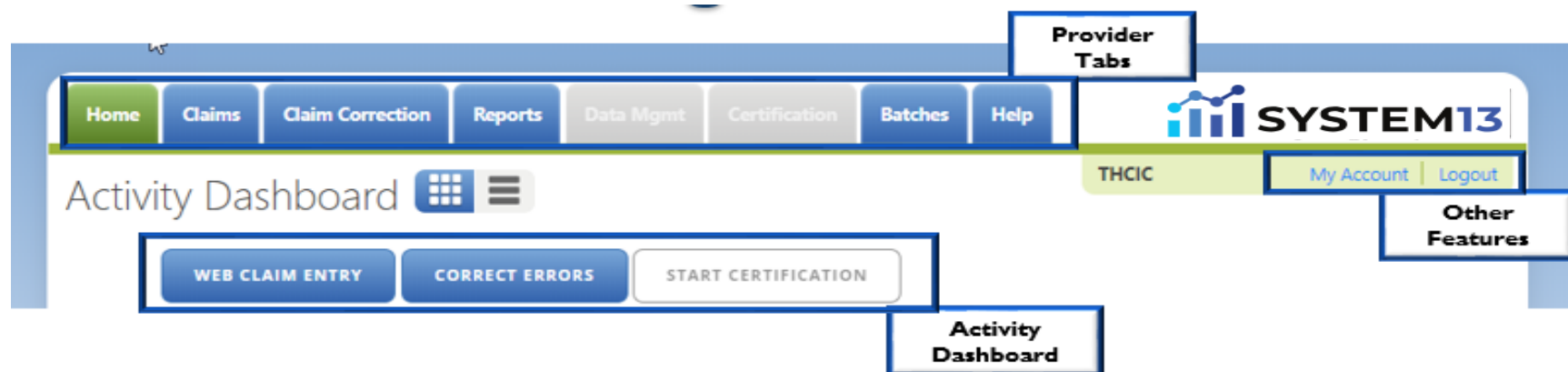
See Help tab for links to file specs, documents, updates, newsletters, schedule, and more.



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

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

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

Activity Dashboard  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Activity Dashboard

Activity Dashboard  

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

Claim Entry Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



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Texas Department of State
Health Services

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:

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

ADDRESS: ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER: SSAN

SEX AT BIRTH:

ETHNICITY:

BIRTH DATE:

CHECK FOR ERRORS

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

Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

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	Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐	147258369	147258369	202506179998999528000006	06/17/2025	DOE, JO	OUT-P	17
☐	PCN-5000	MRN-5000	202505010005000001000006	05/01/2025	DOE, JANE	OUT-I	13
☐	7848	7968	202507109998999523000006	07/10/2025	DOE, PATRICK	OUT-I	12
☐	7777	7777	202507099998999527000006	07/09/2025	DOE, ROBERT	OUT-I	6
☐	4592222	4592222	202506179998999529000006	06/17/2025	DOE, JANE	OUT-I	5
☐	PCN-5007	MRN-5007	202505010005000008000006	05/01/2025	DOE, SHAN	OUT-I	4
☐	PCN-5006	MRN-5006	202505010005000007000006	05/01/2025	DOE, DONISE	OUT-I	2
☐	PCN-5010	MRN-5010	202505010005000011000006	05/01/2025	LLIRA, DDEVIN	OUT-I	2
☐	88989	74584	202503289998999546000006	03/28/2025	DOE, HENRY	OUT-P	1
☐	741852	741852	202503289998999547000006	03/28/2025	DOE, LAURIE	OUT-P	1
☐	PCN-5004	MRN-5004	202505010005000005000006	05/01/2025	DOE, GRETCHEN	OUT-I	1
☐	PCN-5008	MRN-5008	202505010005000009000006	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 which opens the first claim on your listing.

Services

Health Services

Start Certification /Certification

START CERTIFICATION

Certification



Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

THCIC

User Management

My Account

Logout

THCIC Support Center Certification

INPATIENT

2025

2nd Quarter

No Data

1st Quarter

Eligible Claims

GENERATE QUARTER CERT. DATA (EOD)

2024

4th Quarter

Eligible Claims

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

3rd Quarter

No Data

Older Quarters

Select Quarter

OUTPATIENT

2025

2nd Quarter

Eligible Claims

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

1st Quarter

Eligible Claims

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

2024

4th Quarter

Eligible Claims

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

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



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Banner Messages and Locked Accounts

The screenshot displays the SYSTEM13 application interface. At the top, two red banner messages are visible: "Your password will be expiring on 01/21/2022. Please consider changing it now." and "Locked Out Accounts Detected: Please unlock active users and delete unneeded accounts in User Management." Both banners have a red 'X' icon on the right. A red arrow points from the first banner to the 'Help' tab in the navigation bar. The navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below the navigation bar, the user is logged in as 'THCIC' and has links for 'User Management', 'My Account', and 'Logout'. The main content area shows a password expiration notice: "Your password will expire on: 05/07/2024 (approximately a month from today)". Below this are input fields for 'CURRENT PASSWORD' and 'CHANGE PASSWORD'. To the right, a 'PASSWORDS MUST:' section lists requirements: expire every 60 days, at least 8 characters long, contain at least 1 alpha, 1 numeric, and 1 special character, contain uppercase and lowercase letters, and begin and end with a letter.

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

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC User Management My Account Logout

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

CURRENT PASSWORD

CHANGE PASSWORD

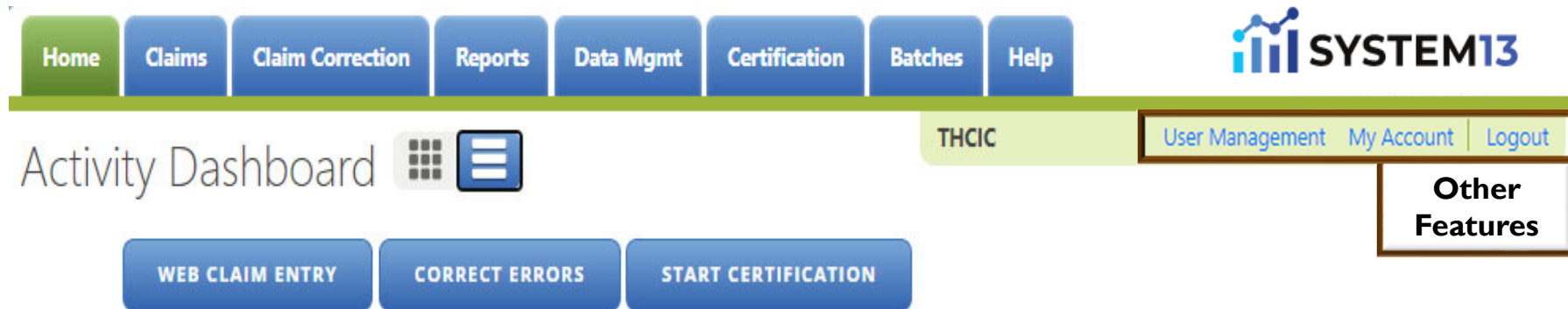
PASSWORDS MUST:

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

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



Provider Other Features



The '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.

THCIC

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



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 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

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

THCIC Support Center
User Management

THCIC Trainer 000005 User Management My Account Logout

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 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)

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

OK

[More Role Info](#)

Role is a required field.

Email Scheme

☐ DATA MANAGER ☐ DATA CERTIFIER ☐ FACILITY DATA ADMINISTRATOR

[More Email Scheme Info](#)

Email Scheme is a required field.



User Management – List of User(s)

HomeClaimsClaim CorrectionReportsData MgmtCertificationBatchesHelp

THCIC Support Center

THCIC Trainer 000005User ManagementMy AccountLogout

CREATE NEW USER

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

User Management

CREATE NEW USER

User ID	Name	Phone	Email	Role	Locked	Disabled
☒ 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](#)

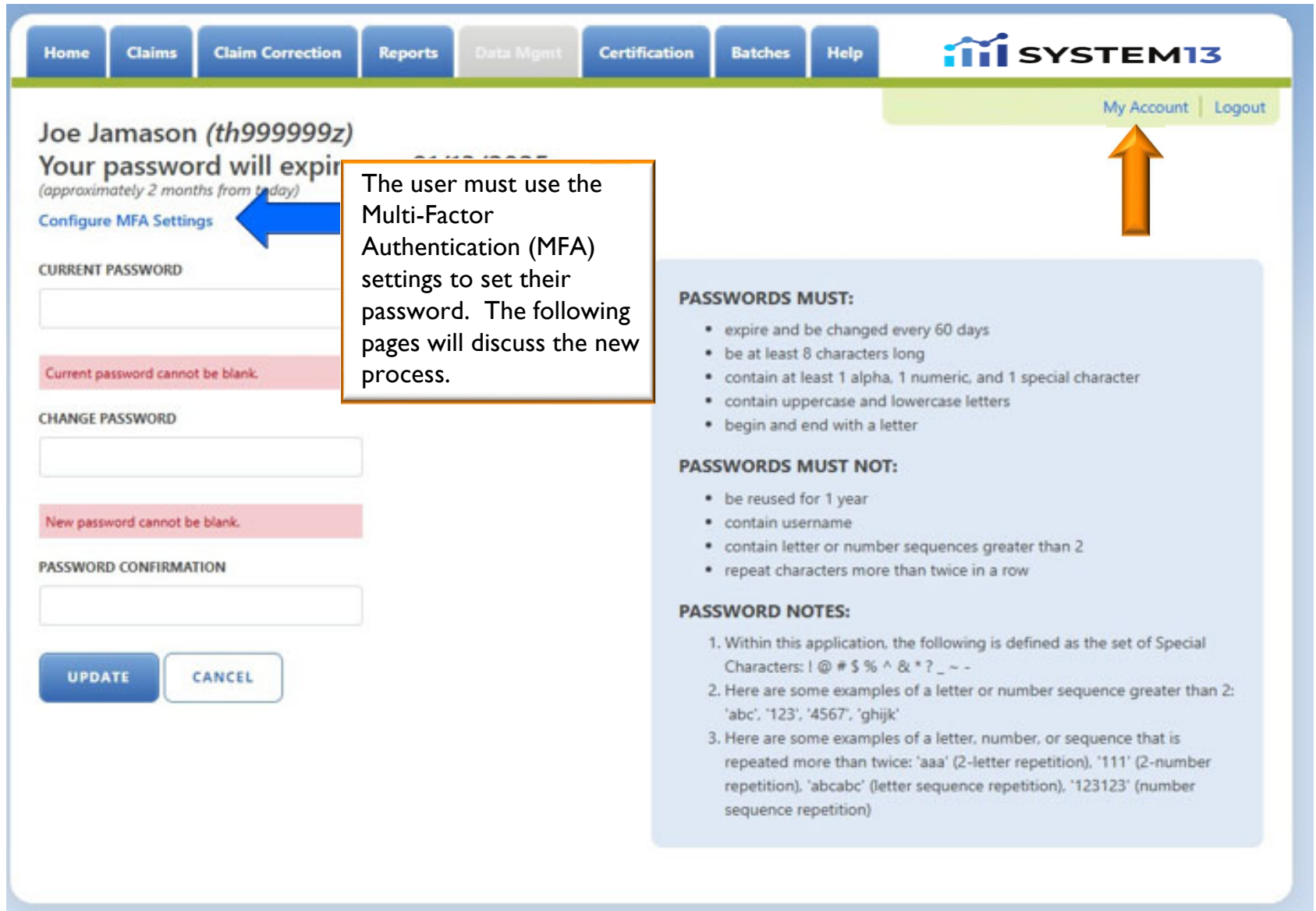
User Management

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 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.

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 contains '839620'. There are 'VERIFY' and 'RESEND CODE' buttons. The footer of the web page includes 'Release 12.2.0-alpha.mfa', copyright information, and contact details for System13.

Confirm Your Identity
Joe Jamason (th999999z)

Enter your 6-digit code:
839620

VERIFY **RESEND CODE**

Release 12.2.0-alpha.mfa
Copyright 2008 - 2024 © www.system13.com All rights reserved
1648 State Farm Boulevard • Charlottesville, VA 22911 • (888) 308-4953 • (434) 977-0000
This site uses Licensed Content from the AMA. Use of this site implies consent with the AMA Terms & Conditions.

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

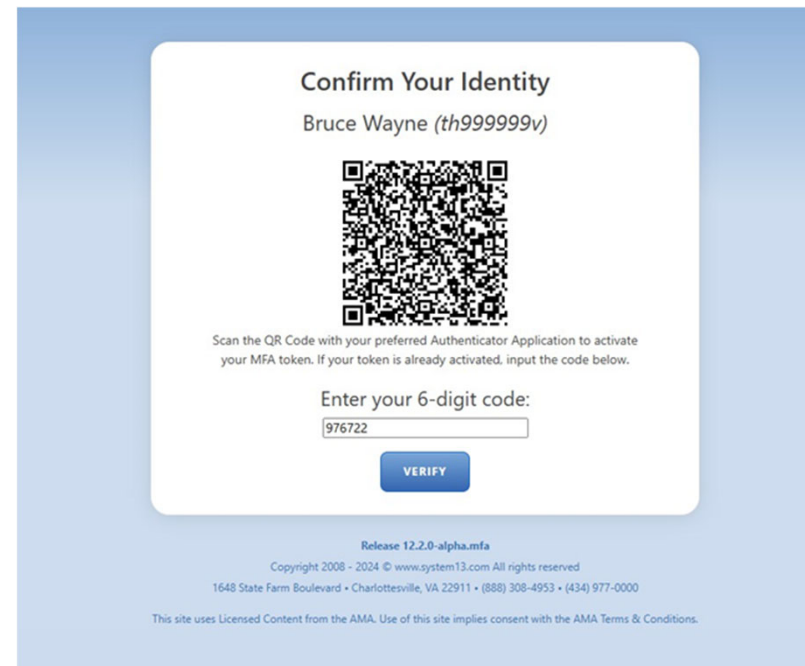
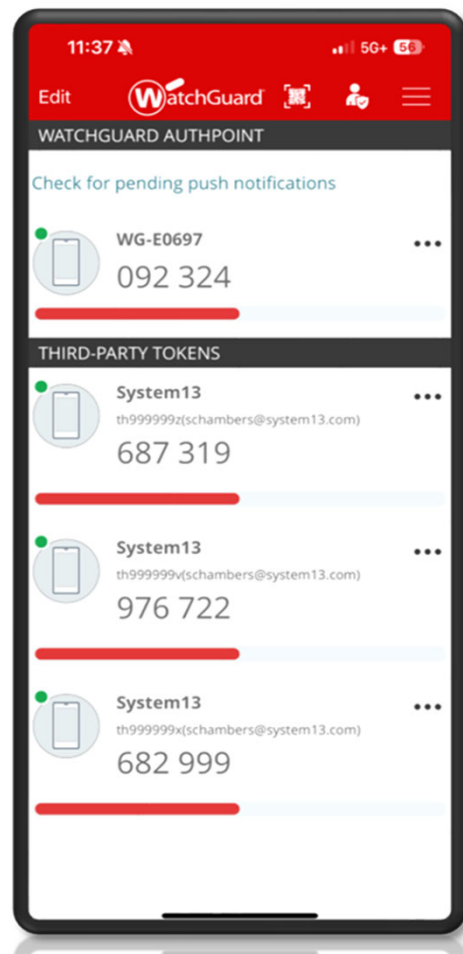
Reply **Forward**

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
Health and Human
Services

Texas Department of State
Health Services

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

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

SUBMISSION: No claims are present for this quarter. Q2 2024. 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.

Joe Jamason (th999999z)

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

[Configure MFA Settings](#)

CURRENT PASSWORD

CHANGE PASSWORD

PASSWORD CONFIRMATION

UPDATE | CANCEL

PASSWORDS MUST:

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

PASSWORDS MUST NOT:

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

PASSWORD NOTES:

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

Updating MFA Settings

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

Multi-Factor Authentication Configuration

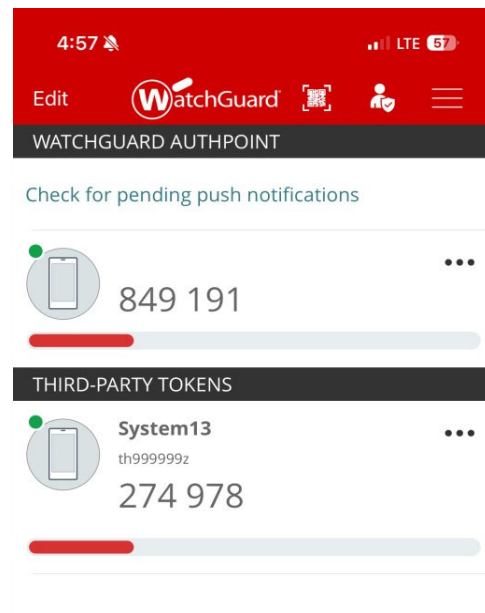
Joe Jamason (*th999999z*)

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.

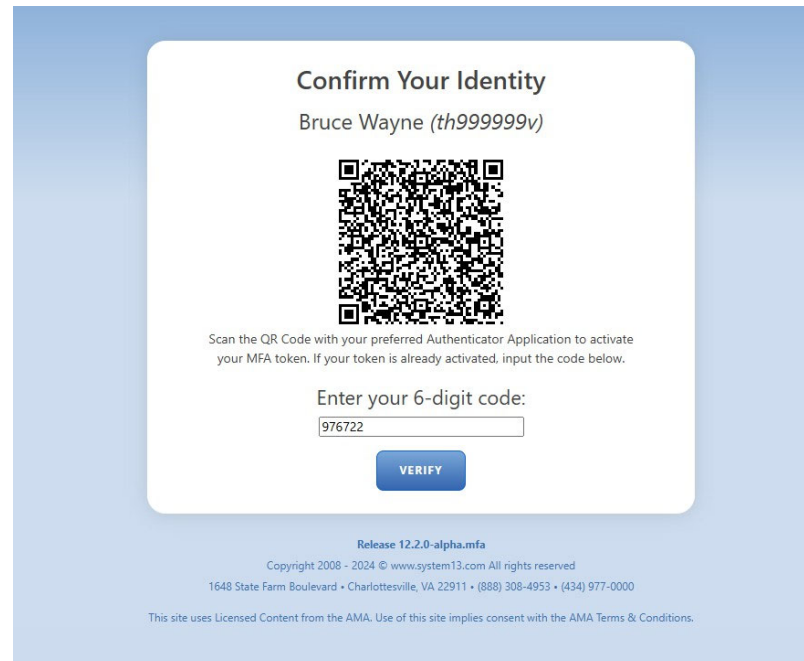
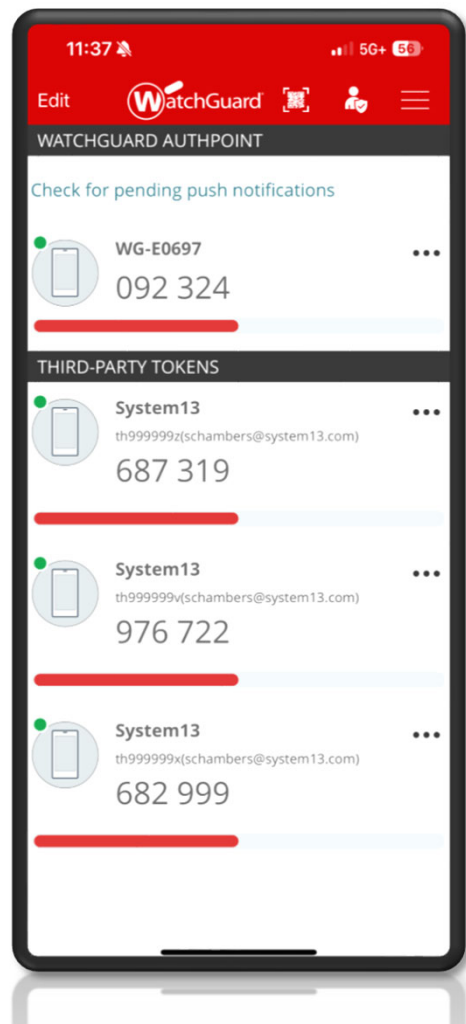
With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

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
Health and Human
Services

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.

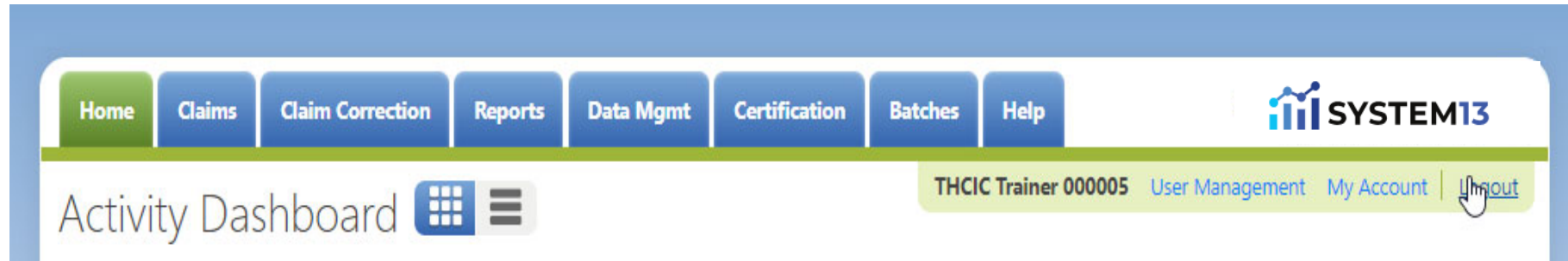
Double check the username on the app/email and the username for the site.

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>

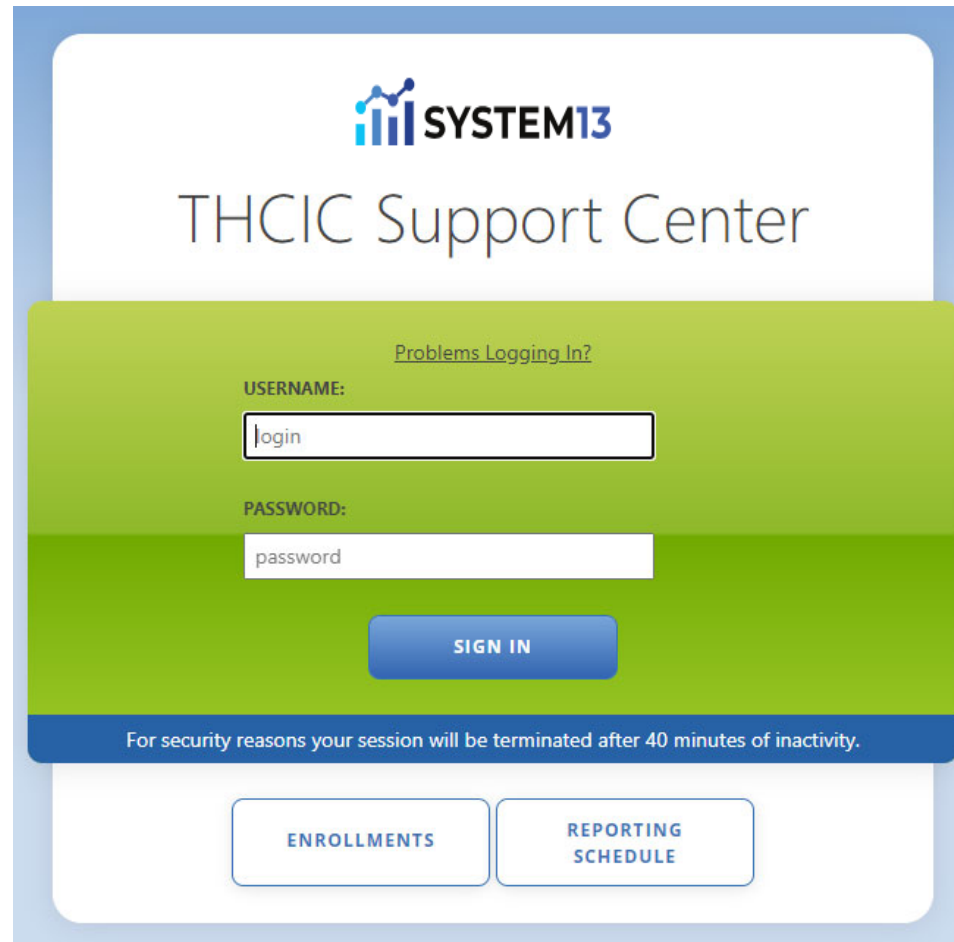
Issues with the MFA process, please contact System13 at 888-308-4953 or email thcichelp@system13.com.

Other Features - Logout



Logout logs you out of the system.

Other Features - Logout



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

Inactivity

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


THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

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

ENROLLMENTS

REPORTING
SCHEDULE

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

Provider Home Page – Grid View



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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

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

Activity Dashboard

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

Q1 2025

	Inpatient	Outpatient
JAN	10	23
FEB	1	18
MAR	9	18
TOTAL	53	225
ACCURACY	24%	14%

Submission due **2 Jun 2025**
Correction due **1 Aug 2025**

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 2025**

Q2 2025

	Outpatient
APR	2
MAY	0
JUN	2
TOTAL	4
ACCURACY	50%

Submission due **2 Sep 2025**
Correction due **3 Nov 2025**

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 2026**

Q3 2025

	Outpatient
JUL	3
AUG	0
SEP	0
TOTAL	3
ACCURACY	33%

Submission due **1 Dec 2025**
Correction due **2 Feb 2026**

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 Apr 2026**

NEXT DEADLINE

Q1 2025
CORRECTIONS

IN 15 DAYS

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q4 2024	10	5	0	0
Q1 2025	40	30	0	190
Q2 2025	5	2	0	0
Q3 2025	2	1	0	0

QUICK TIP:

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

Provider Home Page – List View

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

Activity Dashboard

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

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

Q1 2025 SUBMISSION

	Inpatient	Outpatient
JAN	10	23
FEB	1	18
MAR	9	18
TOTAL	53	225
ACCURACY	24%	14%

Submission due **2 Jun 2025** |
Correction due **1 Aug 2025**

Q1 2025 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 2025**

Q2 2025 SUBMISSION

	Outpatient
APR	2
MAY	0
JUN	2
TOTAL	4
ACCURACY	50%

Submission due **2 Sep 2025** |
Correction due **3 Nov 2025**

Q2 2025 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 2026**

Q3 2025 SUBMISSION

	Outpatient
JUL	3
AUG	0
SEP	0
TOTAL	3
ACCURACY	33%

Submission due **1 Dec 2025** |
Correction due **2 Feb 2026**

Q3 2025 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 Apr 2026**

NEXT DEADLINE
Q1 2025
CORRECTIONS

IN 14 DAYS

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q4 2024	0	0	0	0
Q1 2025	10	190	30	0
Q2 2025	0	0	0	0
Q3 2025	0	0	0	0

QUICK TIP:

See [Help](#) tab for links to file specs, documents, updates, newsletters, schedule, and more.





Provider Tab Claims

Claims

System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC WebClaim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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
☐	147258369	147258369	202506179998999528000006	06/17/2025	DOE, JO	OUT-P	8
☐	PCN-5000	MRN-5000	202505010005000001000006	05/01/2025	DOE, JANE	OUT-I	-
☐	7848	7968	202507109998999523000006	07/10/2025	DOE, PATRICK	OUT-I	2
☐	7777	7777	202507099998999527000006	07/09/2025	DOE, ROBERT	OUT-I	-
☐	88989	74584	202503289998999546000006	03/28/2025	DOE, HENRY	OUT-P	16
☐	4592222	4592222	202506179998999529000006	06/17/2025	DOE, JANE	OUT-I	-
☐	PCN-5005	MRN-5005	202505010005000006000006	05/01/2025	DOE, HECTOR	OUT-I	-
☐	PCN-5007	MRN-5007	202505010005000008000006	05/01/2025	DOE, SHAN	OUT-I	18A
☐	PCN-5010	MRN-5010	202505010005000011000006	05/01/2025	LLIRA, DDEVIN	OUT-I	-
☐	741852	741852	202503289998999547000006	03/28/2025	DOE, LAURIE	OUT-P	-
☐	PCN-5004	MRN-5004	202505010005000005000006	05/01/2025	DOE, GRETCHEN	OUT-I	-
☐	PCN-5008	MRN-5008	202505010005000009000006	05/01/2025	DOE, KANDIS	OUT-I	-
☐	PCN-5009	MRN-5009	202505010005000010000006	05/01/2025	DOE, JEANETTE	OUT-I	1

Errors

Accepted As Is

No Correction Needed

DELETE

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

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 Claim Entry.



New Claims in Progress

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

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 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 Support Center

THCIC User Management My Account Logout

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ 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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

THCIC User Management My Account Logout

Reports

SELECT REPORT:

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

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

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.

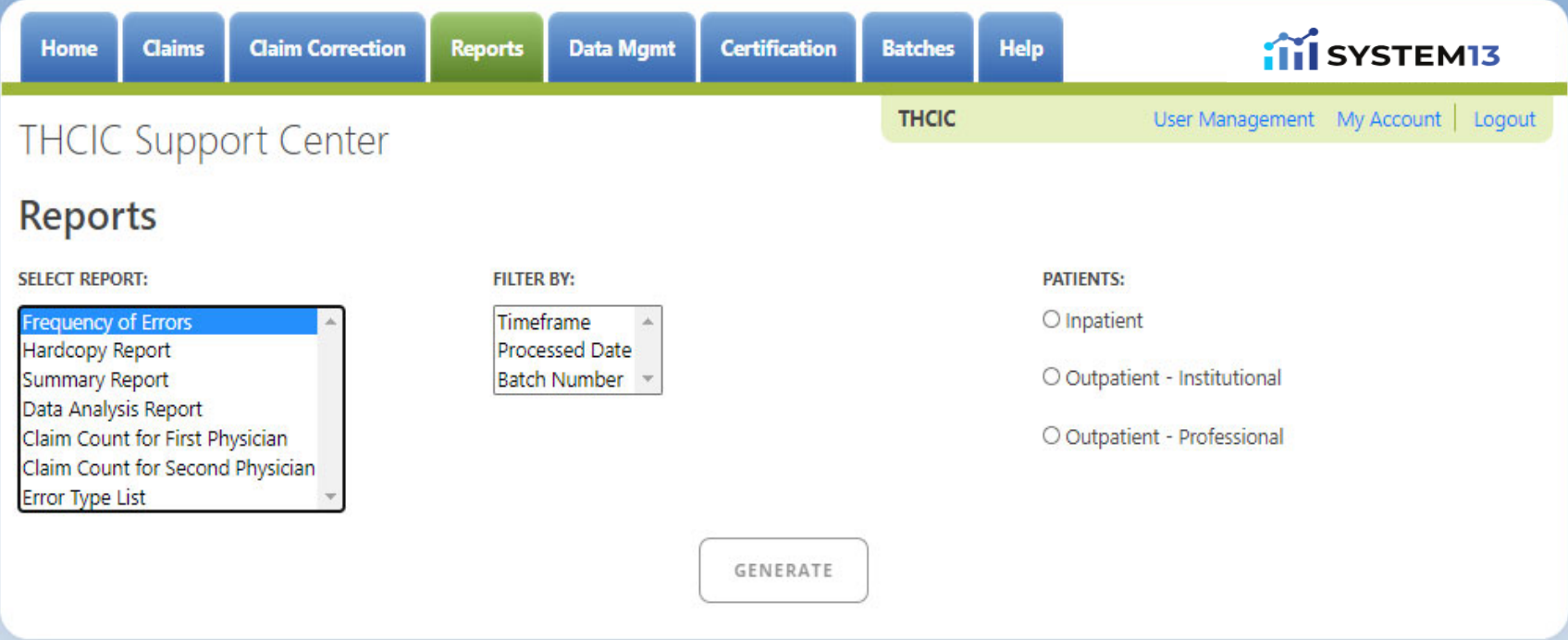
Claim Count for Second Physician - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by second physician name, sorted by name. It will also include the physician ID but will not include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

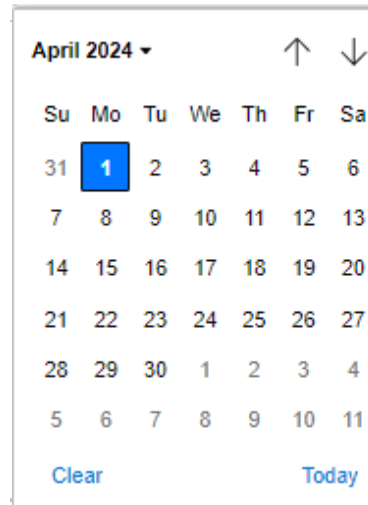
PATIENTS:

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

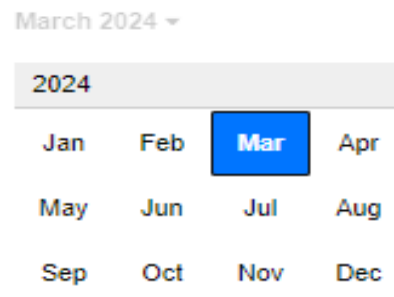
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

Functionality of the Calendar Feature

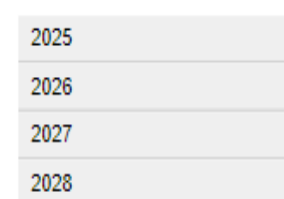
- Feature of the calendar 



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

Filter Report By Processed Date

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

FILTER BY:

Timeframe

Processed Date

Batch Number

DATE:

mm/dd/yyyy

PATIENTS:

☐ Inpatient

☐ Outpatient - Institutional

☐ Outpatient - Professional

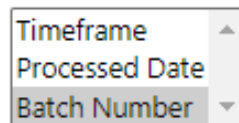
GENERATE

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

Filter Report By Batch Number

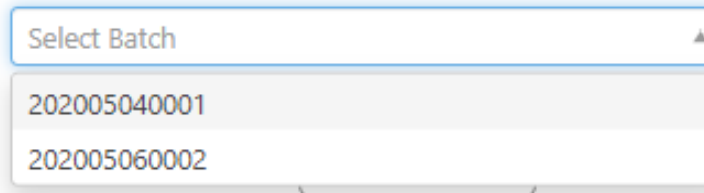
- ✕ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:



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

BATCH:



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

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

Provider Tab Data Management

Data Mgmt

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



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 \(DR\)](#)

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



Data Analysis Report through the Reports Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Support Center

MB - THCIC Acceptance Outpatient Pro 000004 [User Management](#) [My Account](#) [Logout](#)

Reports

SELECT REPORT:

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

QUARTER:

- Select Quarter
- 24q1
 - 23q4
 - 23q3
 - 23q2

PATIENTS:

- ☐ Inpatient
- ☐ Outpatient

GENERATE

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



Data Analysis Report through the Reports Tab

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

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q23	7

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

The MRR process will:

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

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

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

[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. 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". On the right, 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 titled "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?

Below the text are two buttons: "YES" and "NO".

In the background, the "Modify/Replace" section is visible, showing a list of actions for the MRR function and a "Select Claim Type" section with radio buttons for "INPATIENT" and "OUTPATIENT" (selected).



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Provider Tab Data Management

Data Mgmt

The screenshot displays the SYSTEM13 web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The SYSTEM13 logo is in the top right corner. Below the navigation bar, the page title is 'THCIC Support Center'. A user information bar shows 'THCIC Trainee 1 000006' with links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data'. It contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe the function and list matching criteria: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal dialog box titled 'Modify/Replace/Remove Alert' is open in the foreground. 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

THCIC Trainee 1 000006 User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Modify/Replace/Remove Alert

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

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

Do you wish to continue?

YES NO



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Provider Tab Data Management

Data Mgmt

The screenshot displays the SYSTEM13 web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' with links for User Management, My Account, and Logout. The main heading is 'Data Management Actions on Quarterly Data'. Two primary actions are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal window titled 'Process Submitted' is overlaid, indicating that the request has been submitted and an email will be sent to the Provider Primary Contact (Data Administrator) upon completion. The modal includes an 'OK' button. In the background, the 'MRR' section lists functions such as matching claims with patient, medical, admission, and elimination details, applying late charges, corrections, and removing claims that match void/cancel of prior claims. The 'Select Claim Type' section shows 'OUTPATIENT' selected, and the 'Select Action' section shows 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)' buttons.

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

SYSTEM13

THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

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



TEXAS
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Services

Texas Department of State
Health Services



Data Management Emails

Data Mgmt

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

SYSTEM13

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

THCIC Support Center

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

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

DN

Thu 10/8/2020 2:52 PM

Do Not Reply <noreply@system13.com>

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

To: Overton, Tiffany (DSHS); 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

Select Claim Type

☐ INPATIENT

☒ OUTPATIENT

Provider Tab Data Management

Data Mgmt

Duplicate Removal

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

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

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

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Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

MODIFY/REPLACE/REMOVE (MRR)

REMOVE DUPLICATES (DR)

Provider Tab Data Management

Data Mgmt

The screenshot displays the SYSTEM13 web application interface. 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 user information bar shows "THCIC Trainee 1 000006" with links for User Management, My Account, and Logout.

The main content area is titled "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?

There are two buttons: "YES" (highlighted with a mouse cursor) and "NO".

In the background, the "Modify/Replace" section is visible, listing actions such as "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)").

At the bottom of the interface, it says "Release 9.3.0".

Provider Tab Data Management

Data Mgmt

The screenshot displays the SYSTEM13 web application interface. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' with links for User Management, My Account, and Logout. The main heading is 'Data Management Actions on Quarterly Data'. Two panels are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both panels list matching criteria: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' modal is open in the foreground, containing a warning about bill types and instructions to use the MRR function for non-final bills. The modal has 'YES' and 'NO' buttons.

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

SYSTEM13

THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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

The screenshot displays the SYSTEM13 web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' with links for User Management, My Account, and Logout. The main heading is 'THCIC Support Center'. Below this, the section is 'Data Management Actions on Quarterly Data'. Two main options are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal dialog titled 'Process Submitted' is open, displaying the message: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' with an 'OK' button. The background content is partially obscured by the modal.

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

SYSTEM13

THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Release 9.3.0



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Data Management Email

Data Mgmt

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



THCIC Support Center

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

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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, Pragma (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](#)

SYSTEM13

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

THCIC Support Center

[SEARCH](#)

☐	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.

[SELECT ALL](#) 6 Batches [DELETE](#)



Provider Tab Help

Help

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

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

SYSTEM13

THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry

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

Claim Correction

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

Submitter

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

Reports

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

Certification

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

SEARCH AND LOOKUPS

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

SUPPORTING DOCUMENTS

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

SUPPORT VIDEOS

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

FREQUENTLY ASKED QUESTIONS

How can I change my password?

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

How do I update the Certifier Name?

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

NEED MORE HELP? CONTACT HELP DESK



Provider Tab Help – Need More Help

Help

The screenshot displays the SYSTEM13 THCIC Support Center website. The main navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The page title is "THCIC Support Center" and the subtitle is "Online Help & Resources".

TRAINING MATERIALS

- Claim Entry
 - ☒ Inpatient
 - ☒ Outpatient
- Claim Correction
 - ☒ Inpatient
 - ☒ Outpatient

SEARCH AND LOOKUPS

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

SUPPORT VIDEOS

- [What type of claim data files can be up](#)
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- [Common errors in Diagnosis Codes, E-](#)
- [Resolving PCN-Patient Control Numbe](#)
- [Explaining the THCIC Required Codes](#)
- [Common errors with Physician informa](#)
- [WebClaim - How to enter claims](#)
- [WebCorrect - How to correct claims](#)

FREQUENTLY ASKED QUESTIONS

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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](#).

CONTACT US

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

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

NEED MORE HELP? CONTACT HELP DESK

Claim Correction

AGENDA



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





Claim Correction Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	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

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

SYSTEM13

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

THCIC Support Center

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

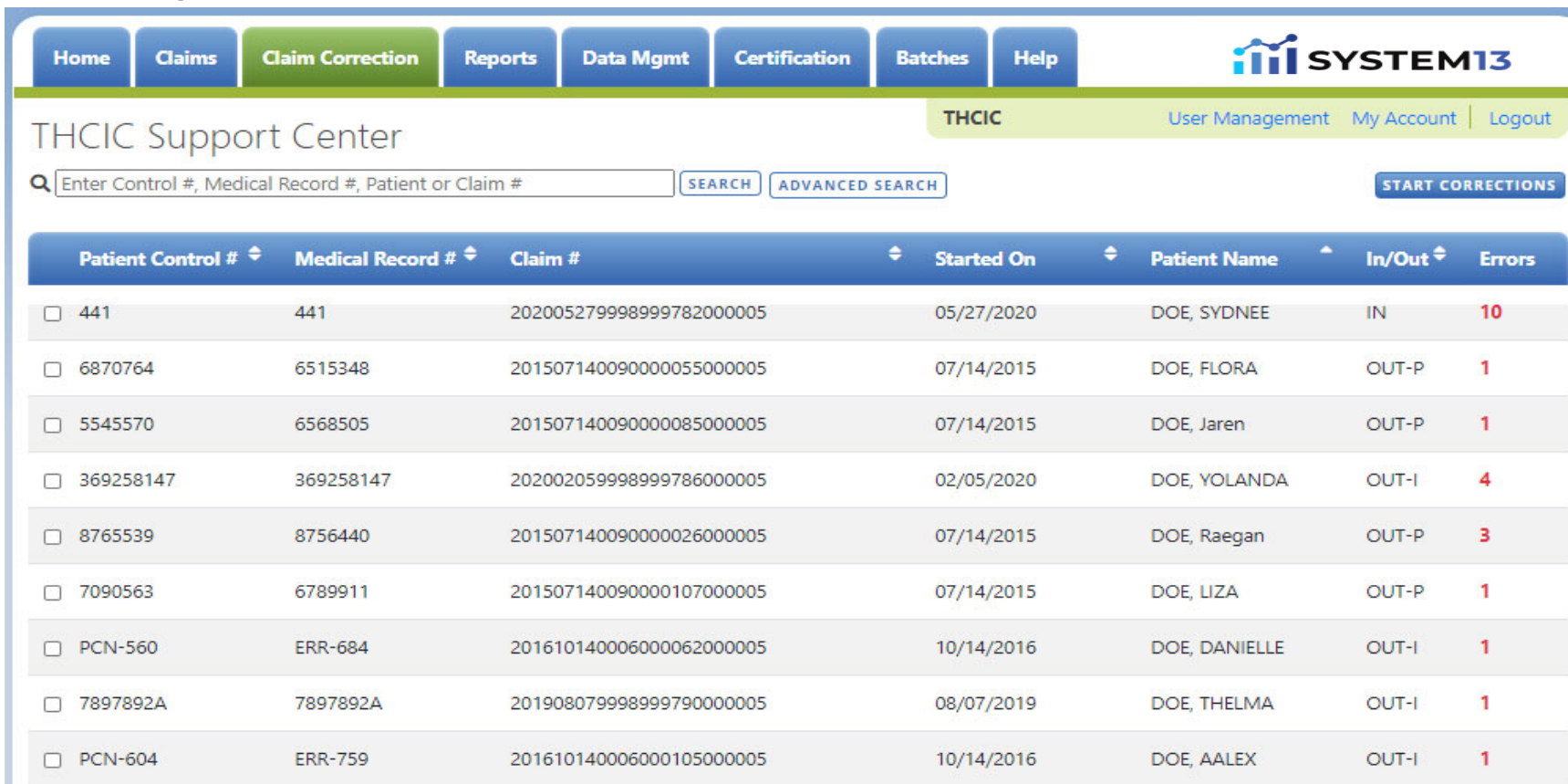
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐ 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
☐ 6870764	6515348	201507140090000055000005	07/14/2015	DOE, FLORA	OUT-P	1
☐ 5545570	6568505	201507140090000085000005	07/14/2015	DOE, Jaren	OUT-P	1
☐ 369258147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

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



Sorting Claim Correction Listing

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



The screenshot shows the SYSTEM13 web application interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction (highlighted), Reports, Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the SYSTEM13 logo. Below the navigation bar, there is a section for 'THCIC Support Center' with links for 'User Management', 'My Account', and 'Logout'. A search bar is present with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and buttons for 'SEARCH' and 'ADVANCED SEARCH'. A 'START CORRECTIONS' button is also visible. The main content area displays a table of claim correction listings. The table has columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. Each row represents a claim correction entry, with checkboxes on the left for selection. The 'Errors' column shows the number of errors for each entry.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐ 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
☐ 6870764	6515348	201507140090000055000005	07/14/2015	DOE, FLORA	OUT-P	1
☐ 5545570	6568505	201507140090000085000005	07/14/2015	DOE, Jaren	OUT-P	1
☐ 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
☐ 8765539	8756440	201507140090000026000005	07/14/2015	DOE, Raegan	OUT-P	3
☐ 7090563	6789911	201507140090000107000005	07/14/2015	DOE, LIZA	OUT-P	1
☐ PCN-560	ERR-684	201610140006000062000005	10/14/2016	DOE, DANIELLE	OUT-I	1
☐ 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
☐ PCN-604	ERR-759	201610140006000105000005	10/14/2016	DOE, AALEX	OUT-I	1



Search for Claims

THCIC Support Center

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

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

SEARCH

ADVANCED SEARCH

START CORRECTIONS

The user can search claims by:

✕ Control #

✕ Medical record #

✕ Patient or Claim #

THCIC Support Center

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

Q 6789

SEARCH

ADVANCED SEARCH

START CORRECTIONS

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

Q 6789



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

Advanced Search for Claims

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

The screenshot shows the SYSTEM13 web application interface. At the top is a navigation bar with buttons for Home, Claims, Claim Correction (highlighted in green), Reports, Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the SYSTEM13 logo. Below the navigation bar is a green bar containing the text 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center'. Below the title is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and a 'SEARCH' button. To the right of the search bar is a 'START CORRECTIONS' button. Below the search bar is a form with several input fields and dropdown menus. The form is organized into two rows. The first row contains 'PATIENT CONTROL #' (text input), 'PROCESSING DATE' (dropdown), 'STATEMENT THRU DATE' (dropdown), 'BATCH' (dropdown), and 'ERROR CODE' (dropdown). The second row contains 'PHYSICIAN' (text input), 'RACE' (dropdown), 'ETHNICITY' (dropdown), and a checkbox labeled 'Exclude Claims With This Error?'. To the right of the second row are 'RESET' and 'SEARCH' buttons. A red 'X' icon is located to the right of the 'ERROR CODE' dropdown.

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



Advanced Search for Claims

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

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

PATIENT CONTROL #	PROCESSING DATE	STATEMENT THRU DATE	BATCH	ERROR CODE
				601 - Principal Procedure not reported when Other Procedure(s) reported x
PHYSICIAN	RACE	ETHNICITY	RESET SEARCH	☒ Exclude Claims With This Error?

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



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

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

PATIENT CONTROL #	PROCESSING DATE	STATEMENT THRU DATE	BATCH	ERROR CODE
				601 - Principal Procedure not reported when Other Procedure(s) reported x
PHYSICIAN	RACE	ETHNICITY	RESET SEARCH	☒ Exclude Claims With This Error?

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐ 8765539	8756440	201507140090000026000005	07/14/2015	DOE, Raegan	OUT-P	3

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

Delete Claim

DELETE

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

SYSTEM13

THCIC Support Center

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
☒	1236545	1236545	202403289998999601000005	03/28/2024	DOE, JOE	OUT-I	18
☒	12581258	12581258	202403199998999602000005	03/19/2024	DOE, JACKSON	OUT-I	14
☒	123654	123654	202308239998999641000005	03/28/2024	DOE, JOE	IN	4
☐	099		202010199998999738000005	03/19/2024	DOE, HAROLD	IN	29
☐	74741						
☐	258						
☐	7496						
☐	441	441	202005279998999782000005	03/19/2024	DOE, JOHN	IN	13
☒	PCN-557	ERR-681	201610140006000059000005	03/28/2024	MMOSS, RRUTH	OUT-I	1
☒	PCN-541	ERR-665	201610140006000043000005	03/19/2024	EASTERWOOD,	IN	2

[SELECT ALL](#) 47 Claims (5 Selected) [DELETE](#)

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

Accept As Is

ACCEPT AS IS

To mark a claim 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.

The screenshot displays the SYSTEM13 THCIC Support Center interface. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as a user with the ID 202505010001000015000005. The main content area shows the claim for DOE, PETER, with Medical Record Number MRN-1014 and Patient Control Number PCN-1014. The claim is currently in the 'Inpatient' status. A red banner at the top of the claim details section states: 'Claim has been successfully submitted, but still has errors.' Below this banner is a table titled 'Error Summary' with four columns: Count, Error Code, Error Message, and Severity. The table lists four errors, all with a severity of 'Error'. A red button labeled 'ACCEPT AS IS' with a green checkmark is visible in the top right corner of the error summary section. A red bar at the bottom of the interface indicates '4 errors in this claim'.

Count	Error Code	Error Message	Severity
1	E-634	Missing Patient Race	Error
1	E-633	Missing Patient Gender	Error
1	E-698	Invalid Claim Filing Indicator Code for Other Subscriber	Error
1	E-688	Invalid Attending Practitioner Qualifier	Error

Accept As Is

ACCEPT AS IS

The screenshot displays the SYSTEM13 web application 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' with options for User Management, My Account, and Logout. The main header identifies the user as 'DOE, PETER' and provides medical and patient control numbers: 'MRN-1014' and 'PCN-1014', along with the status 'Inpatient'. A left sidebar lists navigation items: Patient (2), Payers (1), Charges (checked), Diagnoses & Procs (checked), Practitioners (1), and Situational Codes (checked). The main content area shows a message: 'Claim has been successfully submitted, but still has errors.' with buttons for 'REVIEW ERRORS' and 'ACCEPT AS IS'. Below this is an 'Error Summary' table with columns for Count, Error, and Severity. A modal dialog box titled 'Accept As Is' is open, containing the text: 'Please do not confirm until you have attempted to correct all fields with errors and the remaining fields with errors have correct data. Errors with 'Warning' severity do not impact accuracy rate.' and buttons for 'CONFIRM' and 'CANCEL'. A footer bar at the bottom left indicates '4 errors in this claim'.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

SYSTEM13

THCIC Trainer 000005 User Management My Account Logout

THCIC Support Center

Back to list of claims

202505010001000015000005

DOE, PETER Medical Record Number: MRN-1014 Patient Control Number: PCN-1014 Inpatient

2 Patient

1 Payers

✓ Charges

✓ Diagnoses & Procs

1 Practitioners

✓ Situational Codes

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS ACCEPT AS IS ✓

Error Summary

Count	Error	Severity
1	E	Error
1	E	Error
1	E	Error
1	E	Error

Accept As Is

Please do not confirm until you have attempted to correct all fields with errors and the remaining fields with errors have correct data. Errors with 'Warning' severity do not impact accuracy rate.

CONFIRM CANCEL

4 errors in this claim

Accept As Is

ACCEPT AS IS

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

Accepted As Is.

x

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

Accept As Is

ACCEPT AS IS

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

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help



THCIC Support Center

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

Q

SEARCH

ADVANCED SEARCH

NEW CLAIMS IN PROGRESS

ADD NEW CLAIM

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

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

Claim has been successfully submitted, but still has errors.

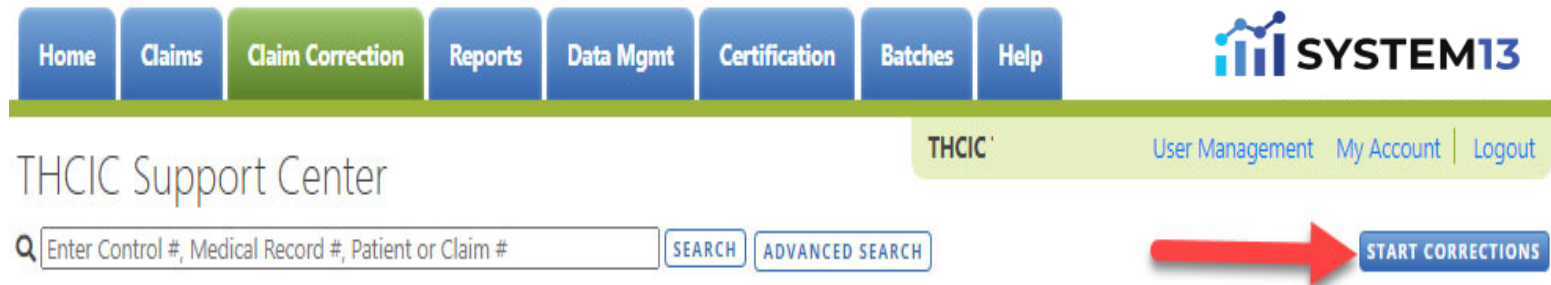
[REVIEW ERRORS](#)

[NEXT CLAIM →](#)

[ACCEPT AS IS ✓](#)

693 - Invalid Physician 1 (Operating) Identifier

Start Corrections



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

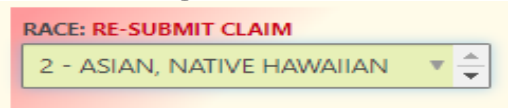


Start Corrections will move sequentially through all claims in the current claims correction list and open the edit screen focused on the first error in the claim. By using Start Corrections followed by SUBMIT and Next Claim all errors can be accessed in order.



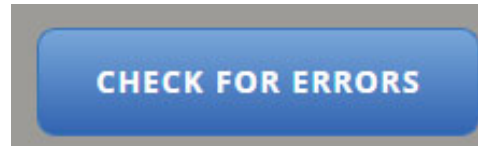
The start correction will go through each claim as they are listed on the Claim Correction listing.

Errors in a Claim

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



Check for Errors



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



Check for Errors

CHECK FOR ERRORS



Review Errors button:

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

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



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



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



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



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

Claim has been successfully submitted.

NEXT CLAIM →



Look Up Calendar

BIRTH DATE:

01/24/1866

631 - Patient age > 115 years or < zero years

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

631 - Patient age > 115 years or < zero years

BIRTH DATE:

01/14/1866

January 1866

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

Today



Look Up Features

FACILITY TYPE CODE:

13 - HOSPITAL OUTPATIENT

12 - HOSPITAL INPATIENT MEDICARE PART B

13 - HOSPITAL OUTPATIENT

14 - HOSPITAL LABORATORY SVCS TO NON-PATIENTS

22 - SKILLED NURSING FACILITY INPAT MEDICARE B

23 - SKILLED NURSING FACILITY OUTPAT

43 - RELIG NON-MED HEALTH CARE, OUTPAT SVCS

82 - SPECIAL FACILITY HOSPICE (HOSPITAL BASED)

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

SOCIAL SECURITY NUMBER:

SSAN

Video: Help with SSN/race/ethnicity common issues

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



Errors in the Claim

Home

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Claim Correction

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202002059998999786000005

DOE, JANE

Medical Record Number: 369258147

Patient Control Number: 369258147

Outpatient Institutional

19 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

Situational Codes

Active Errors

Last selected error is in bold

725 - Missing Patient Address Line 1

729 - Missing Patient City

626 - Missing Patient State

627 - Missing Patient ZIP

665 - Missing Patient Social Security Number

633 - Missing Patient Gender

635 - Missing Patient Ethnicity

630 - Missing Patient Birth Date

634 - Missing Patient Race

719 - Invalid Statement From Date

720 - Invalid Statement Thru Date

639 - Missing Facility Type

Claim Information

PATIENT CONTROL NUMBER
369258147

Personal Information

NAME
JANE DOE

MEDICAL RECORD NUMBER
369258147

SOCIAL SECURITY NUMBER

ADDRESS
802 WIND BLOWN DRIVE
UNITED STATES

BIRTH DATE
01/01/1980

SEX

RACE
5 - OTHER RACE

ETHNICITY

Bill Type

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

FACILITY TYPE CODE
13 - HOSPITAL OUTPATIENT

CLAIM FREQUENCY TYPE CODE
1 - ADMIT THROUGH DISCHARGE CLAIM

28 errors in this claim

Number of errors in the claim is 28.

CHECK FOR ERRORS

Errors in the Claim

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

SYSTEM13

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202002059998999786000005

DOE, JANE

Medical Record Number: 369258147

Patient Control Number: 369258147

Outpatient Institutional

14 Patient

2 Payers

1 Charges

1 Diagnoses

Practitioners

Situational Codes

Active Errors

Last selected error is in bold

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

725 - Missing Patient Address Line 1

729 - Missing Patient City

626 - Missing Patient State

627 - Missing Patient ZIP

665 - Missing Patient Social Security Number

633 - Missing Patient Gender

635 - Missing Patient Ethnicity

630 - Missing Patient Birth Date

634 - Missing Patient Race

719 - Invalid Statement From Date

720 - Invalid Statement Thru Date

639 - Missing Facility Type Code

640 - Missing Claim Frequency Type Code

Claim Information

PATIENT CONTROL NUMBER:
1236545

Resolving PCN Errors

The THCIC Required Codes

Personal Information

NAME
JOE DOE

MEDICAL RECORD NUMBER
1236545

SOCIAL SECURITY NUMBER

ADDRESS

BIRTH DATE

RACE

SEX

ETHNICITY

Bill Type

STATEMENT FROM/THRU
From:
Through:

FACILITY TYPE CODE

CLAIM FREQUENCY TYPE CODE

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

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

18 errors in this claim

CHECK FOR ERRORS

Error - Payer

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold

701 - Primary Payer Name is required

697 - Missing Claim Filing Indicator Code for Subscriber

Primary Payer

SOURCE CODE:

ID:

PAYER ID

NAME:

PAYER NAME

Primary Payer

SOURCE CODE:

ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN,

ID:

PAYER ID

NAME:

SELF PAY

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

Clicking  will close the tab.

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



Charges Tab



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



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



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



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



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



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



Errors - Charges Tab

SYSTEM13

THCIC User Management My Account Logout

THCIC Support Center

[Back to list of claims](#) 20200205999699978600005

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

1 Patient
✓ Payers

2 Charges

1 Diagnoses

4 Practitioners
✓ Situational Codes

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

035 HC - 77014 <i>*Resolve audit errors to delete item</i>	REVENUE CODE: 035
333 HC - 77290 <i>*Resolve audit errors to delete item</i>	QUALIFIER: HC - HCPCS Coding System
0333 HC - 77373	PROCEDURE CODE: 77014 - CT SCAN FOR THERAPY GUIDE
0333 HC - 77280	MODIFIERS: [] [] [] []
0333 HC - 77334	PROCEDURE DATE: 06/03/2023
0333 HC - 77295	PROCEDURE THRU DATE: 06/03/2023
	RATE: 0.00
	QTY: 1
	UNIT: UN
	CHARGE: 739.00
	NON-COVERED CHARGE: 0.00

TOTAL CHARGES:

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

Diagnosis & Procedure Tab and Situational Tab



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



Enter all data prompted data on the line.



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



Error – Diagnosis & Procedures

The screenshot displays the SYSTEM13 THCIC Support Center interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The SYSTEM13 logo is in the top right corner. Below the navigation bar, the page title is "THCIC Support Center". A green bar contains links for "User Management", "My Account", and "Logout". A search bar shows the ID "202002059998999786000005".

The main content area is for "DOE, JANE". It shows the "Medical Record Number: 369258147" and "Patient Control Number: 369258147". The status is "Outpatient Institutional". A sidebar on the left lists steps: 3 Patient, 2 Payers, 1 Charges, and 2 Diagnoses (highlighted). Below the sidebar, there are links for "Practitioners" and "Situational Codes". A section titled "Active Errors" shows "Last selected error is in bold": "608 - Missing Principal Diagnosis" and "785 - Missing Reason for Visit Code".

The main area is titled "Diagnoses" and has a sub-header "Correcting diagnosis codes, e-codes, and POA values". It features a search box "Type to search by code or description" with a dropdown list of codes: A000 - Cholera due to Vibrio cholerae 01, biovar cholerae; A001 - Cholera due to Vibrio cholerae 01, biovar eltor; A009 - Cholera, unspecified; A0100 - Typhoid fever, unspecified; and A0101 - Typhoid meningitis. Below the list is a button "+ ADD OTHER DIAGNOSIS".

A text box on the right states: "When you click, on the field of the error type will be indicated on the left. The active error will be highlighted as shown." At the bottom, a red bar indicates "3 errors in this claim" and a blue button says "CHECK FOR ERRORS".



Error - Practitioners

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SYSTEM13

THCIC Support Center

THCIC

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202002059998999786000005

DOE, JANE

Medical Record Number: 369258147

Patient Control Number: 369258147

Outpatient Institutional

2 Patient

✓ Payers

1 Charges

✓ Diagnoses

1 Practitioners

✓ Situational Codes

Active Errors

Last selected error is in bold

708 - Missing Physician 1 (Operating) First Name

730 - Missing Physician 1 (Operating) Last Name

Correcting Physician Errors

Physician 1 (Operating)

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

FIRST NAME: MIDDLE: LAST NAME:

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

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

FIRST NAME: MIDDLE: LAST NAME:

4 errors in this claim

CHECK FOR ERRORS



Submit Claim, but Still Contains Errors

The screenshot shows the SYSTEM13 THCIC Support Center 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 'User Management', 'My Account', and 'Logout'. A search bar is present with a dropdown menu. Below the search bar, there are input fields for 'Medical Record Number:' and 'Patient Control Number:', followed by a dropdown menu set to 'Outpatient Institutional'. A red error message box states: 'Claim has been successfully submitted, but still has errors.' Below this message are three buttons: 'REVIEW ERRORS', 'NEXT CLAIM →', and 'ACCEPT AS IS ✓'. Below the error message, a list of errors is displayed: '784 - The Claim must contain at least one HCPCS code.', '665 - Missing Patient Social Security Number', and '672 - Invalid Service Line Procedure Code'.

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

Accepted As Is.

Claim Successfully Submitted

Claim has been successfully submitted.

[NEXT CLAIM →](#)

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



Professional Charges Tabs correct the claims the same way as institutional

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Claim Correction

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Data Mgmt

Certification

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201507140090000129000005

DOE, JO

Medical Record Number: 1234565431

Patient Control Number: 1234565431

Outpatient Professional

10 Patient

2 Payers

Charges

1 Diagnoses

Practitioners

Active Errors

Last selected error is in bold

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

665 - Missing Patient Social Security Number

633 - Missing Patient Gender

635 - Missing Patient Ethnicity

630 - Missing Patient Birth Date

634 - Missing Patient Race

719 - Invalid Statement From Date

720 - Invalid Statement Thru Date

639 - Missing Facility Type Code

640 - Missing Claim Frequency Type Code

Claim Information

PATIENT CONTROL NUMBER
1234565431

Personal Information

NAME
JO DOE

MEDICAL RECORD NUMBER
1234565431

SOCIAL SECURITY NUMBER

ADDRESS
9899 HILL DRIVE
AUSTIN, TX 78721

BIRTH DATE

RACE

SEX

ETHNICITY

Bill Type

STATEMENT FROM/THRU
From:
Through:

FACILITY TYPE CODE

CLAIM FREQUENCY TYPE CODE

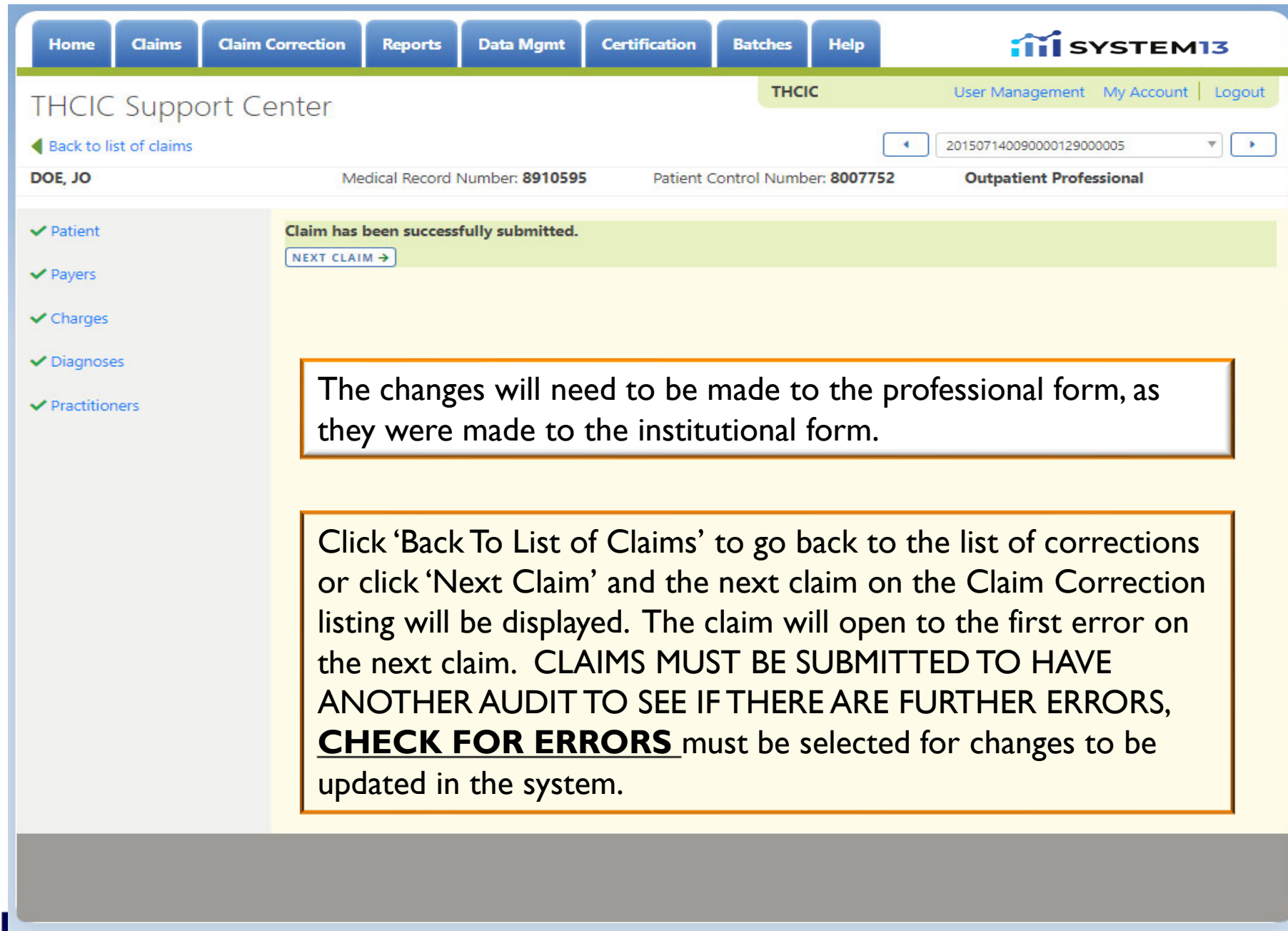
Admission Information

13 errors in this claim

CHECK FOR ERRORS



Claim Correction Professional Submission



The screenshot displays the SYSTEM13 web application interface. At the top, a navigation bar includes links for 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'. A green banner at the top right contains links for User Management, My Account, and Logout. A search bar on the right shows the ID '201507140090000129000005'. The main content area shows a green message: 'Claim has been successfully submitted.' with a 'NEXT CLAIM →' button. A left sidebar lists categories: Patient, Payers, Charges, Diagnoses, and Practitioners, each with a green checkmark. Two text boxes provide instructions on how to proceed after a successful submission.

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

201507140090000129000005

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

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

Claim has been successfully submitted.

NEXT CLAIM →

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

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The claim will open 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:

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>

