Inpatient WebClaim

Revised October 2018

Document #: 25-15005
Log into the System13 system at https://thcic.system13.com
Log In the System as a Provider

Put in THCIC ID username and password. Click ‘sign in’.
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.
This is the provider home page the data administrator/primary contact will see when they log in the system. The following pages is what the other data users/data certifier will see.
Data users do not have access to the data management tab and certification tab and WebCert desktop icon.
Certifier Provider Home Page

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

- **Home**: Navigate to the ‘main’ page of the provider home page.
- **Claims**: View all the claims submitted by their facility. This claim listing includes claims that need correction.
- **Claim Correction**: **Provides a listing of all claims that need correction.**
- **Reports**: **Various reports available for facility to view and documentation.**
- **Data Mgmt**: **Provides a listing of all claims that need correction.**
- **Certification**: Facilities can view current and historical certification data.
- **Batches**: **Allows to locate the batch numbers of batches sent in for processing.**
- **Help**: View various help topics to facilitate better access to the system.

**Indicates these tabs also have desktop icons.**
The user is able to view all claims submitted for their facility, even if they need data correction or have been accepted as is. The user will only be able to see claims that are currently in the system, which includes data that has been submitted and not removed due to the cutoff for corrections.

Help gives the user various help topics. The user will be able to get training materials, search and lookups, supporting documents and frequency asked questions.

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. Removal and replace functions are part of the normal encounter and event building processes that create the certification data.
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.
Provider Tab Help

THCIC Support Center

- Training Materials
  - WebClaim Help
  - WebCorrect Help
  - WebCert Help

- Video Tutorials
  - WebClaim: adding a new claim
  - WebCorrect: navigating through the errors

- Search and Lookups
  - NPI Registry lookup
  - Board of Medical Examiners: (Search for State License #)
  - Pediatric Medical Examiners
  - Dental Examiners
  - Roster of documented midwives in Texas

- Supporting Documents
  - Faculty Reporting Schedule
  - Regularly updated pages maintained by THCIC containing detailed technical information about 837 data and field formatting:
    - Inpatient THCIC 837 Technical Specification
    - Outpatient THCIC 837 Technical Specification
  - Hospital Reporting Requirements and Numbered Letters: A regularly updated page maintained by THCIC to keep hospitals informed of the hospital discharge data collection process and requirements.
  - THCIC Hospital Information Request change
  - Submitter Test Files

- Frequently Asked Questions
  - I forgot my password. How can I recover it?
    - If you know your THCIC User Id, visit the password recovery page.
    - If you don’t know your THCIC User Id, send an email to thchicelp@system13.com, requesting an account reset.
  - I forgot my username. How can I recover it?
    - Send email to thchicelp@system13.com, requesting your username.
  - How do I update the Certifier Name?
    - You will need to fill out a form.

Need more help? Contact Help Desk
Provider Tab Data Management

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.
The ‘User Management’ option will only be visible to provider primary contact/data administrator for the facility. Otherwise other user will only have the ‘My Account’ and ‘Logout’ features pictured below.
User management is a new feature that will allow providers/facilities to have multiple login user IDs for access to the System, if it is desired.

The assigned Provider Primary Contact/Data Administrator will be authorized to access the “User Management” option, which is on the System dashboard screen. Only the person listed as the Provider Primary Contact/Data Administrator will be able to access the User Management screen, which allows them to add or delete user(s) from the system. Each facility can allow for the addition of up to six (6) individual users for the facility. The individual users are assigned specific accesses to the System by the Provider Primary Contact/Data Administrator under the User Management link. There will be two types of user “roles”: Data User 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](http://www.dshs.state.tx.us/thcic/hospitals/numberedletters/2012/Vol15No3.pdf)
To add a user, you must fill out the information accordingly and choose the type of user ID and/or email scheme for this user. The data administrator is the only one who can add a user to the system.
From the role descriptions listed above, add the user as to how the user will have access to the system. An e-mail will be sent the user that indicates they have been added to the system and will also give them their userID and a link to change their password to access the system.
Choose what type of UserID to be assigned and/or the e-mail scheme to assign to the user.
User Management – User Roles / Email Schemes

**User Management - User Roles**

- **Data User**
  - Authorized to add new claims (WebClaim)
  - Authorized to correct claims (WebCorrect)
  - Authorized to delete claims
  - Authorized to view batch submissions
  - Authorized to perform advance searches
  - Authorized to generate a Pre-Certification Data Report

- **Data Certifier**
  - Authorized to perform all functions as a Data User
  - Authorized to generate Certification Data (Encounter on Demand(EOD))
  - Authorized to download Certification File
  - Authorized to download Certification Reports
  - Authorized to Certify quarterly data (WebCert)
  - Authorized to request free regeneration (regen) of Certification data

**User Management - Email Schemes**

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

- **Data Certifier** (Scheme Name '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 Administrator** (Scheme Name 'Data Administrator')
  - All Notifications received by the Data Certifier and Data User
  - MRR (Merge, Remove, Replace)
  - DR (Duplicate Removal)

Choose what type of access the user will have in the system and also which emails they will receive, an option of no emails is available also.
# User Management – Adding a User

## THCIC Support Center

### User Management

<table>
<thead>
<tr>
<th>Locked</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
<th>UserID</th>
<th>Data Certifier</th>
<th>Data User</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DOE, JACK</td>
<td>(123) 456-7890</td>
<td><a href="mailto:jdoe@yourfacility.com">jdoe@yourfacility.com</a></td>
<td>th00002n</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OVERTON, TIFFANY</td>
<td>(512) 776-2352</td>
<td><a href="mailto:tiffany.overture@dshs.state.tx.us">tiffany.overture@dshs.state.tx.us</a></td>
<td>th00002o</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

2 users
The administrator can clear intrusion or account lock(s). A user will get locked out of the system if they have more than three (3) failed login attempts. The administrator can clear the ‘intrusion lock’ by unchecking the box above. The administrator can put an ‘account lock’ on a user’s account to prevent a user’s account from being used. (i.e. employee was on an extended leave.)
Other Features My Account

NEW FEATURE - When a user’s account has been disabled due to three failed login attempts, the user currently receives the message “Consecutive failed login limit exceeded, account has been disabled”. The System has been modified to display a new message, “Contact the help desk or <data administrator’s actual name>”, if the user is not the provider’s Data Administrator.

The user will put in the current password, then a new password and confirm the new password. The password perimeters are listed above when changing your password. Click to change the password. Log back into the system with the new 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

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”, “ghi”
3. Here are some examples of a letter, number, or sequence that is repeated more than twice: “aab” (2-letter repetition), “111” (2-number repetition), “abcabc” (letter sequence repetition), “123123” (number sequence repetition)
Other Feature Logout

THCIC Support Center

Reports

WebCert

Certification

WebClaim

New Claim

New Claims in Progress

0 claims in progress

Batches
Inactivity

If you have been idle in the system for 40 minutes, you will be logged out of the system and will have to log back in to have access. If you were in WebCorrect or WebClaim and have not saved before you went idle in the system, you will lose these changes.
Provider Dashboard
The user can go to Reports by the provider tab or by the provider dashboard icon.
The only data a facility can run seven reports on is data that is currently in the system, this excludes certification data. Data for previous quarters will remain in the system until the last day for cutoff for corrections. Other options will become available once the type of report is selected.
Type of Reports

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

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

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

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

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

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

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

The user can go to data corrections by provider tab the tab or the dashboard icon.
Before the system opens up to the WebCorrect listing, it will load tables. Loading tables allows the system to provide drop down menus that are available to look up data in certain data fields. This process can take up to a few minutes to load, but once loaded the user will get this WebCorrect listing that list all the claims in the system with errors.
WebCert/Certification

The user can go to Certification by the provider tab Certification or by the provider dashboard icon.
WebCert (certification) is the data certification process. It will allow facilities to view their previously submitted data and certify that the data was accurately submitted. If the user has inpatient and outpatient claims, their WebCert page will show both inpatient and outpatient data. If the facility only submits outpatient data, it will only show outpatient data, as indicated here.
The user can go to WebClaim by the provider dashboard icon.

WebClaim is a desktop icon that allows the user to manually enter claims into the system one by one.
Before the system opens up to the WebClaim, which allows facilities to manually enter claims, it will load tables. Loading tables allows the system to provide drop down menus that are available to look up data in certain data fields. This process can take up to a few minutes to load, but once loaded the user will have to choose the type of claim to enter as pictured above.
New Claims in Progress

The user can go to New Claims in progress by the provider dashboard icon.

New Claims in Progress allows the user to complete claims saved via WebClaim.
Before the system opens up to the New Claims in Progress from the home page, it will load tables. Loading tables allows the system to provide drop down menus that are available to look up data in certain data fields. This process can take up to a few minutes to load. Once loaded the user will get this New Claims in Progress listing that lists WebClaim submissions that have been saved, but not submitted.
Batches

The user can go to Batches by the provider tab or the dashboard icon.
Batches is a list of files sent in by 5010 upload. This listing is only for batches currently in the system. *Only the system administrator can delete batches.*

<table>
<thead>
<tr>
<th>Batch Number</th>
<th>Processed Date</th>
<th>Total Claims</th>
<th>Claims with Errors</th>
<th>In/Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>201507140042</td>
<td>07/14/2015</td>
<td>245</td>
<td>73</td>
<td>In</td>
</tr>
<tr>
<td>201507140031</td>
<td>07/14/2015</td>
<td>145</td>
<td>27</td>
<td>Out</td>
</tr>
<tr>
<td>201507140090</td>
<td>07/14/2015</td>
<td>134</td>
<td>20</td>
<td>Out</td>
</tr>
</tbody>
</table>

Select All

3 batches
WebClaim

The user can go to WebClaim by the provider dashboard icon.

WebClaim is a desktop icon that allows the user to manually enter claims into the system one by one.
Inpatient WebClaim Training

WebClaim

- Reporting Schedule
- New System Feature
- Submitting claims manually using WebClaim
- Saving / Submitting Claims
- New claims in progress
The Data Reporting Schedule is available at [http://www.dhs.texas.gov/THCIC/datareportingschedule.shtm](http://www.dhs.texas.gov/THCIC/datareportingschedule.shtm). The schedule includes key activity due dates by quarter and quarterly activities by due date.
# Initial Submission Due Dates

**Inpatient and Outpatient Data Reporting Schedule**

Texas Health Care Information Collection
Center for Health Statistics

## Key Activity Due Dates by Quarter

<table>
<thead>
<tr>
<th>Activity</th>
<th>Q2 2018</th>
<th>Q3 2018</th>
<th>Q4 2018</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
<th>Q4 2019</th>
<th>Q1 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutoff for initial submission</td>
<td>9-3-18</td>
<td>12-3-18</td>
<td>3-1-19</td>
<td>6-3-19</td>
<td>9-3-19</td>
<td>12-2-19</td>
<td>3-2-20</td>
<td>6-1-20</td>
</tr>
<tr>
<td>Cutoff for corrections (Free)</td>
<td>11-1-18</td>
<td>2-1-19</td>
<td>5-1-19</td>
<td>8-1-19</td>
<td>11-1-19</td>
<td>2-3-20</td>
<td>5-1-20</td>
<td>8-3-20</td>
</tr>
<tr>
<td>Facilities retrieve certification files</td>
<td>12-3-18</td>
<td>3-1-19</td>
<td>6-3-19</td>
<td>9-3-19</td>
<td>12-2-19</td>
<td>3-2-20</td>
<td>6-1-20</td>
<td>9-1-20</td>
</tr>
<tr>
<td>Cutoff for corrections at time of certification (Associated Fees)</td>
<td>1-2-19</td>
<td>4-1-19</td>
<td>7-1-19</td>
<td>10-1-19</td>
<td>1-2-20</td>
<td>4-1-20</td>
<td>7-1-20</td>
<td>10-1-20</td>
</tr>
</tbody>
</table>
System Feature

After the *Cutoff for initial submission* the Data Administrator (aka Provider Primary Contact) and Certifier will now receive an email a few days after the “Cutoff for Initial Submission. This email will be sent approximately sixty days after the end of each quarter. The email will have four reports attached to it:

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

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

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

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

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

*Cutoff for initial submission is the date when the submission data is due in the system.*
Various Options for Entering WebClaim

You can enter WebClaim from:
- **Claims Listing** – click
- **New Claims in** – click
- **Provider Home page** –

[Images of check marks and claim icons]
When the system is loading tables it’s loading drop down menus that are available to you to look up data. This process can take up to a few minutes to load. When WebClaim first opens, ‘Loading Tables’ will appear. The system loads tables for the look up menus available. If you go back to the home page before another tab is chosen the tables will have to reload.
Patient Tab

The type of claim will have to be selected before the entry screen will be shown.
Dropdown Lists

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

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

- Use the up and down arrow keys to move to the value.

- Press Enter when the highlighted selection is on the correct choice.

- Press Tab to move to the next field on the screen.
Patient Tab

THCIC Support Center

Medical Record Number: Patient Control Number: Inpatient

Claim Information

Type
- Inpatient
- Outpatient Institutional

Patient Control Number:

Personal Information

Medical Record Number:

First Name: Middle: Last Name:

Address:

City: State: Zip Code:

Social Security Number:

Sex:

Ethnicity:

Birth Date:

Race:

Country:
Patient Tab
Patient Tab

THCIC Support Center

Medical Record Number: [Field]
Patient Control Number: [Field]

Inpatient

Primary Payer

Source Code: [Field]
ID: [Field]

Name: [Field]

Secondary Payer

Source Code: [Field]
ID: [Field]

Name: [Field]
Charges Tab

This image shows the Charges Tab interface of the THCIC Support Center. The interface allows for the input of various charges associated with a patient's medical record. It includes options for Patient, Payer, Charges, Diagnosis & Proc, Practitioners, and Situational Codes. The screen displays details for a specific charge, including Revenue Code, Qualifier, Procedure Code, Modifiers, Rate, Qty, Unit, Charge, and Non covered charge. The total charges are displayed as $0.
Present on Admission (POA)

POA data is required on inpatient data for acute care facilities as determined by the facility type. The list for Hospitals to verify POA status, either yes (required) or no (not required) can be found at http://www.dshs.state.tx.us/thcic/hospitals/FacilitesList.xls

If a non-exempt hospital doesn’t send POA indicators for the corresponding diagnosis fields, the claim will be marked as an error.

Exempt hospitals can also send POA data. Please be advised if an exempt facility sends POA data the POA data must be valid, otherwise, the claim(s) will show the corresponding field(s) in error.

Specifications for POA data can be found in the Technical Specifications for Inpatient Data in http://www.dshs.state.tx.us/THCIC/hospitals/Inpatient_THCIC837.pdf

POA data is NOT required for outpatient data.
Situational Codes Tab

THCIC Support Center

Medical Record Number:

Patient Control Number:

Inpatient

Conditions

Code:

Values

Code:

Amount:

Occurrence Spans

Code:

From:

To:

HH/ DD/YYYY

HH/ DD/YYYY

Occurrences by Date

Code:

Date:

HH/ DD/YYYY

HH/ DD/YYYY

LOADING 0%

Submit Claim

Save Claim

Next Section
Saving Your Claim

✓ If the user needs to start over or clear the screen you can [Logout] of the system without saving the claim.

✓ The user can save a partial completed claim by clicking [Save Claim]. This claim will be saved under New Claims In Progress.

✓ Moving through tabs without explicitly saving will preserve modifications while the user remains within the currently loaded claim. The user must Save and/or Submit before moving to the next claim.

✓ Pressing ENTER when the focus is on a button will generate the same effect as clicking on the button.
Date Fields

If you highlight a date field you must press delete to remove the current contents before modifying the date.

If you just start typing in a date field the data will overstrike the current contents of the field (preferred method to modify dates.)
WebClaim Data Input

Patient Tab

1st Choose Claim Type

2nd Patient Control Number

3rd Medical Record Number

Then enter Patient’s Personal Information

All navigation of the application should be confined to the TAB key or via mouse selections. Enter key does not work to move field to field

Completion Status Bar will be at the bottom of the tab, when you scroll down.

Loading 0%
WebClaim Data Input
Patient Tab
If the field has a down arrow \( \downarrow \) that indicates that the field has a look up menu. To choose something from the look up menu you must highlight your choice and hit enter or highlight and click the mouse.
If the field is a required field and no information is provided, the field will appear with a pink tint.
Correcting Claim Information

Once the field is updated it will have a **green tint**.
Entering Claim Information

ID: Put in the first 10 characters of the insurance ID number.

Source Code: Choose the type of insurance.

Name: Do not identify the patient's name. If the payer source is 'ZZ – Mutually defined, or Self Pay, or Unknown, or Charity' as the payer, do not identify the payer's name as the 'payer name'. Payer name should also be Self Pay, as pictured below.

If the claim has a secondary payer, use the guidelines specified for the primary payer.
Entering Claim Information

Charges

THCIC Support Center

JACK TERRIER

Medical Record Number: 884823947
Patient Control Number: 7896969
Inpatient

1

0100

HC
URR: reading of 55 to 59.9

Revenue Code: 0100
Qualifier: HC - HCPCS Coding System

Procedure Code: 0001F - HEART FAILURE COMPOSITE

Modifiers:

G3 -
50 -

Rate: $4,500
Qty: 1
Unit: DA - Days
Charge: $4,500.00

Non covered charge: $0

Total Charges: $4,500

Add Charge

LOADING 80% Submit Claim Save Claim Next Section
POA data is required on Inpatient data for acute care facilities as determined by the facility type.

A list of hospitals that are required to submit POA data can be found at [http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls](http://www.dshs.state.tx.us/thcic/hospitals/FacilitiesList.xls)
Entering Claim Information
Practitioners

THCIC Support Center

JACK TERRIER
Medical Record Number: 884823947
Patient Control Number: 7895969
Inpatient

Attending Physician

- **ID Type:** XX - NPI - National Provider Identifier
- **ID Number:** 17876744740
- **First Name:** JOHN
- **Middle:** 
- **Last Name:** JONES

Operating Physician

- **ID Type:** 
- **ID Number:**
- **First Name:** 
- **Middle:** 
- **Last Name:** 
Entering Claim Information

Situational Codes

**Conditions**
- Code: 03 - Patient covered by insurance not reflected
  - Code: 04 - Information only bill

**Values**
- Code: 
  - Amount: 

**Occurrence Spans**
- Code: 
  - From: 
  - To: 

**Occurrences by Date**
- Code: 
  - Date: 

**THCIC Support Center**

JACK TERRIER

Medical Record Number: 884823947
Patient Control Number: 7896969
Inpatient
Save in WebCorrect

Once the user has made recommended changes in the WebCorrect there are 2 options:

Save ✓ will allow the user to save a claim and audit will run on this claim when it’s submitted.

Save, Next Error ✓ will allow the user to save and move to the next error in the claim.
Claim Successfully Submitted

…Claim Submitted with Errors

When a claim has been successfully submitted, but contains errors the user can choose to review and correct this claim in WebCorrect.
Other Options

This listing is also the new claims in progress listing the user will get if the user has saved claims, without submitting the claims. The user can add new claim by clicking the add new button. Choose one of the claims to complete by double clicking the claim. Previously partly completed claim from listing above can be deleted. To locate a claim. (If you have more claims on the listing.)

<table>
<thead>
<tr>
<th>Patient</th>
<th>In/Out</th>
<th>Started on</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIGGS, KANDIS</td>
<td>In</td>
<td>05/27/2011</td>
<td>32% complete</td>
</tr>
<tr>
<td>DOE, LAURA</td>
<td>In</td>
<td>05/27/2011</td>
<td>28% complete</td>
</tr>
</tbody>
</table>
Options…Add New Claim

You can choose... Add new claim. If you choose to add a new claim you will go back to a blank claim page.
Please be advised when the user adds a new claim, whatever the last claim type the user entered will be selected automatically. If you want to choose another type of claim you will choose the other type of claim to enter. If you go back to the home page and choose WebClaim you will have to choose the type of claim to enter, as pictured below.
Options…Delete Claim(s)

- Delete claim from listing.
- Select the claim you want to delete.
- After selecting claim the delete option will become available in the lower right corner.
Options…Search for Claims

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

THCIC Support Center

- Enter Control #, Medical Record #, Patient or Claim #
- Search
- Advanced Search

- Type in your search request.

- Click search to sort your listing by criteria requested.
- Click clear to return to the unfiltered list of claims.
If the user chooses to ‘Save’ without submitting the claim it will be on your ‘New Claims in Progress’ listing. Please be advised if the user saves the claim, then enters more information and close WebClaim, without saving again, only the information before the last ‘save’ will be ‘saved.’ The number of claims that have been saved, but not submitted will be shown on the ‘New Claims in Progress’ icon as indicated above.
You can also click one the saved claims and complete this claim. You will have to submit the claim in order for the claim to show entered into the system. Saved claims are not submitted claims. This is also the claim in progress listing.

Claims in progress are claims that have been entered via WebClaim, but were only saved claims and not submitted. On the provider home page you will get a number of how many claims are on this list.
Inpatient WebClaim

Questions/ Comments

Questions, comments or need clarification please e-mail thcichelp@dshs.state.tx.us
The e-mail should include the facility’s THCIC ID.
THCIC Contact

Address:
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THCIC Contact

Contact Tiffany Overton at 512-776-2352 or Tiffany.Overton@dshs.state.tx.us if a facility has questions concerning the submission, correction, or certification of data.

Contact Dee Roes at 512-776-3374 or Dee.Roes@dshs.state.tx.us if submitter test/production files reject due to a submission address or EIN/NPI number.

For general questions or to request information about THCIC please e-mail to thcichelp@dshs.state.tx.us.
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