



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

# Inpatient Claim Entry

(Formerly WebClaim)

**Revised December 2021**

# Background Information

- ✓ Chapter 108 of the Texas Health and Safety Code established and authorizes THCIC to collect and report on outpatient/inpatient discharge data.
- ✓ <http://www.statutes.legis.state.tx.us/Docs/HS/word/HS.108.doc>
- ✓ <http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.108.pdf>



# THCIC Rules



## **Title 25. Health Services**

### **Subchapter A** – Collection and Release of Hospital Discharge Data

### **Subchapter D** – Collection and Release of Outpatient Surgical and Radiological Procedures at Hospitals and Ambulatory Surgical Centers

 [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=25&pt=1&ch=421](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

TEXAS SECRETARY OF STATE

# 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



Fax: 512- 776-7740






E-mail: [THCIChelp@dshs.texas.gov](mailto:THCIChelp@dshs.texas.gov)



Web site: <http://www.dshs.texas.gov/THCIC>



# THCIC Contact

- ✓ Contact Dee Roes at email  [Dee.Roes@dshs.texas.gov](mailto: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](mailto: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](mailto:thcichelp@dshs.texas.gov).



TEXAS  
Health and Human  
Services

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Health Services



## Contact



Address:

System I 3, Inc

1648 State Farm Blvd.

Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: [THCIChelp@system13.com](mailto: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  
<http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm>

**TEXAS**  
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Health Services

HOME ABOUT DSHS NEWS I AM A... MOST POPULAR RESOURCES ONLINE SERVICES CONTACT US

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

Home >  
Texas Health Care Information Collection Home >  
Inpatient and Outpatient Data Reporting Schedule

## Data Reporting Schedule

**Texas Health Care Information Collection  
Center for Health Statistics**

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

In response to Coronavirus (COVID-19) emergency requirements THCIC staff will have limited access to providing responses and data requests.

**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  
Email: [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

Activity	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Cutoff for initial submission	9-1-21	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23
Cutoff for corrections (Free)	11-1-21	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23
Facilities retrieve certification files	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23
Cutoff for corrections at time of certification (Associated Fees)	1-3-22	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-2-23	10-2-23
Certification/comments due	1-18-22	4-15-22	7-15-22	10-17-22	1-16-23	4-17-23	7-17-23	10-16-23

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 1<sup>st</sup> or the 15<sup>th</sup> of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.

*Last updated October 26, 2021*

**TEXAS**  
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# THCIC System

System13, Inc. / THCIC Web - Windows Internet Explorer

https://thcic.system13.com/user\_session/new

File Edit View Favorites Tools Help

Convert Select

Favorites System13, Inc. / THCIC Web

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

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## THCIC Support Center

[Problems Logging In?](#)

USERNAME:

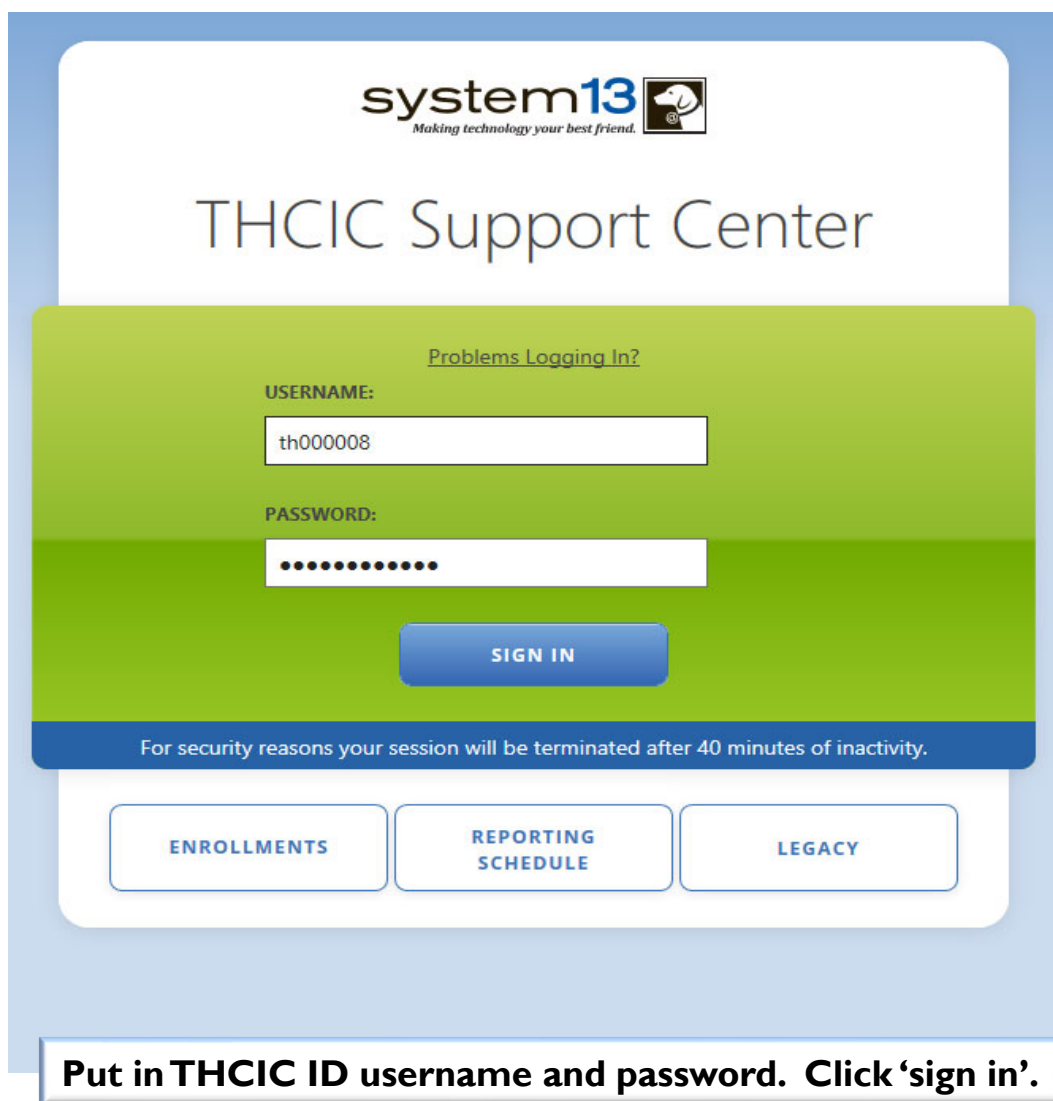
PASSWORD:


**SIGN IN**

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

**ENROLLMENTS** **REPORTING SCHEDULE** **LEGACY**

# Log In the System as a Provider



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## THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

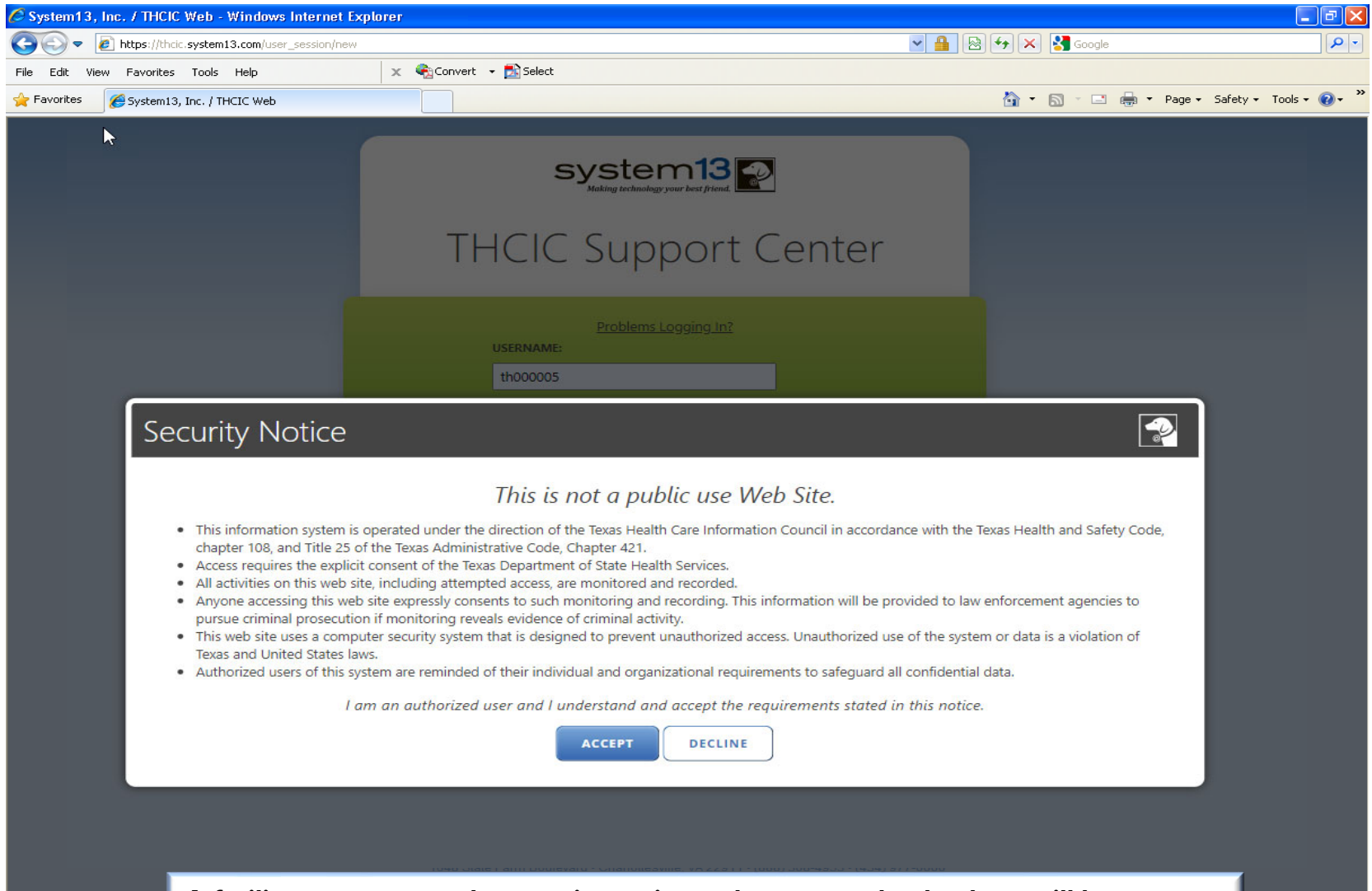
**SIGN IN**

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

**ENROLLMENTS**   **REPORTING SCHEDULE**   **LEGACY**

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

# Security Notice



The screenshot shows a Windows Internet Explorer browser window displaying the THCIC Support Center login page. The browser's address bar shows the URL [https://thcic.system13.com/user\\_session/new](https://thcic.system13.com/user_session/new). The page features the System13 logo and the text "THCIC Support Center". A login form is visible with a "USERNAME:" label and a text input field containing "th000005". A "Problems Logging In?" link is also present. Overlaid on the page is a "Security Notice" dialog box. The dialog box has a title bar with a close button and contains the following text:

*This is not a public use Web Site.*

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



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

At the bottom of the dialog box are two buttons: "ACCEPT" and "DECLINE".

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



# New Provider Dashboard

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





# Provider Home Page – Grid View



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

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Activity Dashboard

THCIC

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

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


<div>Q4 2019</div> <div> <div>SUBMISSION</div> <div>No claims are present for this quarter.</div> <div> Submission due <b>2 Mar 2020</b>  Correction due <b>1 May 2020</b> </div> </div> <div> <div>CERTIFICATION</div> <div>Please contact System13 if you still need to submit or correct claims for this quarter.</div> <div>Certification due <b>15 Jul 2020</b></div> </div>	<div> <div>NEXT DEADLINE</div> <div>Q1 2020 SUBMISSION</div> <div>12 HOURS</div> </div> <div> <div>Performance History</div> <div> <div>1</div> <div>0.8</div> <div>0.6</div> <div>0.4</div> <div>0.2</div> <div>0</div> </div> <div> <div>Q3 2019</div> <div>Q4 2019</div> <div>Q1 2020</div> <div>Q2 2020</div> </div> <div> <div>Inpatient - Bad</div> <div>Inpatient - Good</div> <div>Outpatient - Bad</div> <div>Outpatient - Good</div> </div> </div>
<div>Q1 2020</div> <div> <div>SUBMISSION</div> <div>No claims are present for this quarter.</div> <div> Submission due <b>1 Jun 2020</b>  Correction due <b>3 Aug 2020</b> </div> </div> <div> <div>CERTIFICATION</div> <div>No claims are present for this quarter.</div> <div>Certification due <b>15 Oct 2020</b></div> </div>	
<div>Q2 2020</div> <div> <div>SUBMISSION</div> <div>No claims are present for this quarter.</div> <div> Submission due <b>1 Sep 2020</b>  Correction due <b>2 Nov 2020</b> </div> </div> <div> <div>CERTIFICATION</div> <div>No claims are present for this quarter.</div> <div>Certification due <b>15 Jan 2021</b></div> </div>	



QUICK TIP:

Need to update provider or submitter contact information? Forms are available on the Help tab.

# Provider Home Page – 1<sup>st</sup> Row

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



Activity Dashboard
 


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

WEB CLAIM ENTRY
 CORRECT ERRORS
 START CERTIFICATION

**Q4**  
2019
 

SUBMISSION  
*No claims are present for this quarter.*

Submission due **2 Mar 2020**  
 Correction due **1 May 2020**

**Q1**  
2020
 

SUBMISSION  
*No claims are present for this quarter.*

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

**Q2**  
2020
 

SUBMISSION  
*No claims are present for this quarter.*

Submission due **1 Sep 2020**  
 Correction due **2 Nov 2020**

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

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

**Q4**  
2019
 

SUBMISSION  
 Inpatient  
*Data is already built into a certification set.*

Submission due **2 Mar 2020**  
 Correction due **1 May 2020**

**Q1**  
2020
 

SUBMISSION  

	Inpatient	Outpatient
JAN	2	0
FEB	0	1
MAR	0	0
OCT	-	2
<b>TOTAL</b>	<b>2</b>	<b>3</b>
<b>ACCURACY</b>	<b>100%</b>	<b>66%</b>

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

**Q2**  
2020
 

SUBMISSION  

	Inpatient	Outpatient
APR	1	1
MAY	0	3
JUN	0	0
<b>TOTAL</b>	<b>1</b>	<b>4</b>
<b>ACCURACY</b>	<b>0%</b>	<b>50%</b>

Submission due **1 Sep 2020**  
 Correction due **2 Nov 2020**

13

# Provider Home Page – 2<sup>nd</sup> Row





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

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Activity Dashboard  

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

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

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

CERTIFICATION

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

Certification due **15 Jul 2020**

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

CERTIFICATION

*No claims are present for this quarter.*

Certification due **15 Oct 2020**

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

CERTIFICATION

*No claims are present for this quarter.*



Certification due **15 Jan 2021**

# Provider Home Page – 3<sup>rd</sup> Row

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

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Activity Dashboard  

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

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

NEXT DEADLINE  
Q1 2020 SUBMISSION

12  
HOURS

Performance History

1

0.8

0.6

0.4

0.2

0

Q3 2019 Q4 2019 Q1 2020 Q2 2020

Inpatient - Bad

Inpatient - Good

Outpatient - Bad

Outpatient - Good

QUICK TIP:



Need to update provider or submitter contact information? Forms are available on the Help tab.

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

# Provider Home Page – List View

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

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Activity Dashboard  

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

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

**Q4 2019 SUBMISSION**

No claims are present for this quarter.  
Submission due **2 Mar 2020** | Correction due **1 May 2020**

**Q4 2019 CERTIFICATION**

Please contact System13 if you still need to submit or correct claims for this quarter.  
Certification due **15 Jul 2020**

**Q1 2020 SUBMISSION**

No claims are present for this quarter.  
Submission due **1 Jun 2020** | Correction due **3 Aug 2020**

**Q1 2020 CERTIFICATION**

No claims are present for this quarter.  
Certification due **15 Oct 2020**

**Q2 2020 SUBMISSION**

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


**Q2 2020 CERTIFICATION**

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

**NEXT DEADLINE**  
Q1 2020 SUBMISSION

**12 HOURS**

Performance History




1 0.8 0.6 0.4 0.2 0

Q3 2019 Q4 2019 Q1 2020 Q2 2020

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

QUICK TIP:

Need to update provider or submitter contact information? Forms are available on the Help tab.

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# Provider Home Page – 1<sup>st</sup> Row

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THCIC

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

Activity Dashboard

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

<b>Q4</b> 2019 SUBMISSION	<i>No claims are present for this quarter.</i> Submission due <b>2 Mar 2020</b>   Correction due <b>1 May 2020</b>
<b>Q4</b> 2019 CERTIFICATION	<i>Please contact System13 if you still need to submit or correct claims for this quarter.</i> Certification due <b>15 Jul 2020</b>
<b>Q1</b> 2020 SUBMISSION	<i>No claims are present for this quarter.</i> Submission due <b>1 Jun 2020</b>   Correction due <b>3 Aug 2020</b>
<b>Q1</b> 2020 CERTIFICATION	<i>No claims are present for this quarter.</i> Certification due <b>15 Oct 2020</b>
<b>Q2</b> 2020 SUBMISSION	<i>No claims are present for this quarter.</i> Submission due <b>1 Sep 2020</b>   Correction due <b>2 Nov 2020</b>
<b>Q2</b> 2020 CERTIFICATION	<i>No claims are present for this quarter.</i> Certification due <b>15 Jan 2021</b>

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

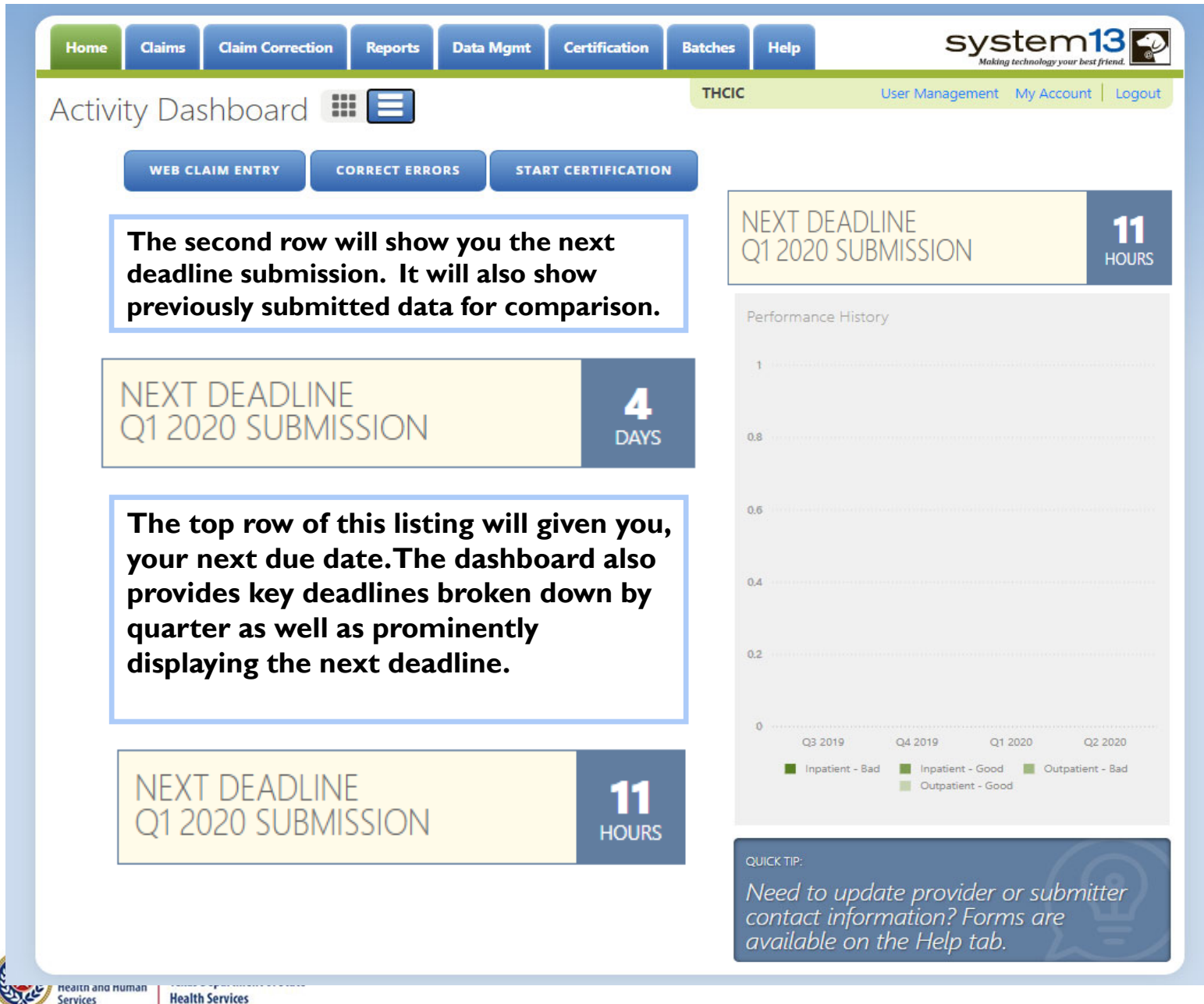
If you have claim information, it will show accordingly. At the bottom of each quarter, you will see the submission due date, correction due date.

The certification due date will be by the quarter.

**Q4**  
2019  
SUBMISSION

**Q4**  
2019  
CERTIFICATION

# Provider Home Page – 2<sup>nd</sup> Row



The screenshot displays the 'Provider Home Page - 2nd Row' of the system13 interface. The top navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo and tagline 'Making technology your best friend.' are in the top right. Below the navigation bar, the 'Activity Dashboard' is shown with a grid icon and a menu icon. The dashboard features three main sections: a top row with buttons for 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'; a middle row with a 'NEXT DEADLINE Q1 2020 SUBMISSION' box showing '4 DAYS'; and a bottom row with another 'NEXT DEADLINE Q1 2020 SUBMISSION' box showing '11 HOURS'. A 'Performance History' chart is on the right, showing data for Q3 2019, Q4 2019, Q1 2020, and Q2 2020, with a legend for Inpatient - Bad, Inpatient - Good, Outpatient - Bad, and Outpatient - Good. A 'QUICK TIP' box at the bottom right suggests updating provider or submitter contact information via the Help tab. The footer includes the Health Services logo and text.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

Activity Dashboard

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

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

NEXT DEADLINE Q1 2020 SUBMISSION 4 DAYS

**The top row of this listing will given 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 2020 SUBMISSION 11 HOURS

Performance History

1

0.8

0.6

0.4

0.2

0

Q3 2019 Q4 2019 Q1 2020 Q2 2020

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

QUICK TIP:  
Need to update provider or submitter contact information? Forms are available on the Help tab.

Health and Human Services Health Services



# Data Management/Primary Contact Provider Home Page

Provider Tabs

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help

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Activity Dashboard
THCIC

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

**Activity Dashboard**

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

**Q4 2019**

**SUBMISSION**  
Inpatient  
*Data is already built into a certification set.*

Submission due **2 Mar 2020**  
Correction due **1 May 2020**

**CERTIFICATION**  
Inpatient  
*Processing - please check back later.*

Certification due **15 Jul 2020**

**NEXT DEADLINE**  
Q1 2020 SUBMISSION

**4 DAYS**

**Q1 2020**

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

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

**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 2020**

**Q2 2020**

**SUBMISSION**  
*No claims are present for this quarter.*

Submission due **1 Sep 2020**  
Correction due **2 Nov 2020**

**CERTIFICATION**  
*No claims are present for this quarter.*

Certification due **15 Jan 2021**

**Performance History**

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



Texas Department of State  
Health Services

# Data Certifier Provider Home Page



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

Provider Tabs

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Activity Dashboard

Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q4 2019

SUBMISSION

**Inpatient**  
*Data is already built into a certification set.*

CERTIFICATION

**Inpatient**  
*Processing - please check back later.*

Submission due **2 Mar 2020**

Correction due **1 May 2020**

Q1 2020

SUBMISSION

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

CERTIFICATION

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

Submission due **1 Jun 2020**

Correction due **3 Aug 2020**

Q2 2020

SUBMISSION

*No claims are present for this quarter.*

CERTIFICATION

*No claims are present for this quarter.*

Submission due **1 Sep 2020**

Correction due **2 Nov 2020**

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My Account

Logout

Other Features

NEXT DEADLINE

Q1 2020 SUBMISSION

4 DAYS

Performance History

QUICK TIP:

*The recommended pattern for submitting batch claims is monthly instead of weekly or quarterly.*

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# Data Manager Provider Home Page

Data managers do not have access to the data management tab and certification tab and Certification desktop icon.

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

Activity Dashboard

Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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My Account

Logout

Other Features

Q4 2019

SUBMISSION

**Inpatient**  
 Data is already built into a certification set.

Submission due **2 Mar 2020**  
 Correction due **1 May 2020**

CERTIFICATION

**Inpatient**  
 Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020

SUBMISSION

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

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

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 2020**

Q2 2020

SUBMISSION

No claims are present for this quarter.

Submission due **1 Sep 2020**  
 Correction due **2 Nov 2020**

CERTIFICATION

No claims are present for this quarter.

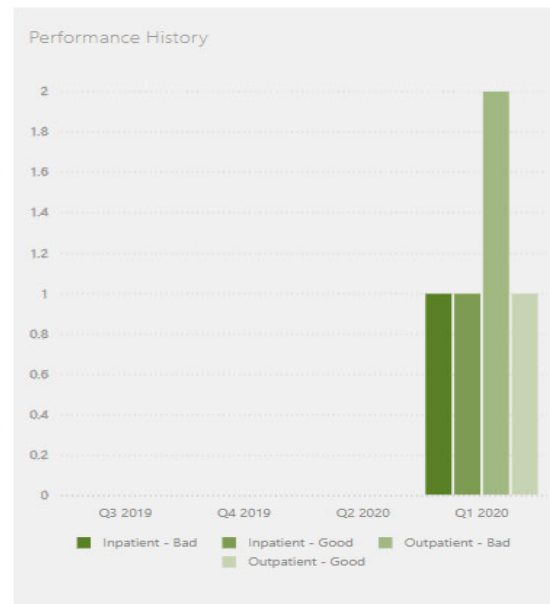
Certification due **15 Jan 2021**

NEXT DEADLINE

Q1 2020 SUBMISSION

4 DAYS

Performance History



Q3 2019

Q4 2019

Q2 2020

Q1 2020

Inpatient - Bad

Inpatient - Good

Outpatient - Bad

Outpatient - Good

QUICK TIP:

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

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# Data Management/Primary Contact Provider Home Page – Grid View

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Activity Dashboard

THCIC

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[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q4 2019

SUBMISSION

**Inpatient**  
*Data is already built into a certification set.*

**CERTIFICATION**  
**Inpatient**  
*Processing - please check back later.*

Submission due **2 Mar 2020**

Correction due **1 May 2020**

Certification due **15 Jul 2020**

Q1 2020

SUBMISSION

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

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

Submission due **1 Jun 2020**

Correction due **3 Aug 2020**

Certification due **15 Oct 2020**

Q2 2020

SUBMISSION

*No claims are present for this quarter.*

**CERTIFICATION**  
*No claims are present for this quarter.*

Submission due **1 Sep 2020**

Correction due **2 Nov 2020**

Certification due **15 Jan 2021**

NEXT DEADLINE

Q1 2020 SUBMISSION

4 DAYS

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q3 2019	1.0	1.0	0.0	0.0
Q4 2019	1.0	1.0	0.0	0.0
Q2 2020	1.0	1.0	0.0	0.0
Q1 2020	2.0	1.0	0.0	0.0

QUICK TIP:

*The recommended pattern for submitting batch claims is monthly instead of weekly or quarterly.*

Health and Human Services

Texas Department of State Health Services

22



# Data Management/Primary Contact Provider Home Page – List View

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

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**Activity Dashboard**

THCIC Trainer 000005

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

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

**Q4 2019 SUBMISSION**

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

**Q4 2019 CERTIFICATION**

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

**Q1 2020 SUBMISSION**

	Inpatient	Outpatient	
JAN	2	0	Submission due <b>1 Jun 2020</b>   Correction due <b>3 Aug 2020</b>
FEB	0	1	
MAR	0	0	
OCT	-	2	
<b>TOTAL</b>	<b>2</b>	<b>3</b>	
<b>ACCURACY</b>	<b>50%</b>	<b>33%</b>	

**Q1 2020 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 2020**

**Q2 2020 SUBMISSION**

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

**Q2 2020 CERTIFICATION**

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

**NEXT DEADLINE**  
**Q1 2020 SUBMISSION**

**4 DAYS**

**Performance History**

**QUICK TIP:**  
*Re-run your 'Frequency of Error Report' after completing all corrections for a quarter.*



**TEXAS**  
 Health and Human  
 Services

Texas Department of State  
 Health Services

# Provider Tabs



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

Activity Dashboard  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

# Activity Dashboard

Activity Dashboard



THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION



# Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

Medical Record Number: Patient Control Number: Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

### Claim Information

TYPE:  
☒ INPATIENT ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:  
PCN

Resolving PCN Errors

The THCIC Required Codes

### Personal Information

MEDICAL RECORD NUMBER:  
MRN

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

ADDRESS:  
ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:  
SSAN

SEX:  
[Dropdown]

ETHNICITY:  
[Dropdown]

BIRTH DATE:  
mm/dd/yyyy

FOR ERRORS


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

# Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

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

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

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 1234	1234	202010089998999747000005	10/08/2020	DOE, KAMELA	IN	11
<input type="checkbox"/> 7777	7777	202010079998999748000005	10/07/2020	DOE, QUINTON	IN	7
<input type="checkbox"/> 74741	741741	202009029998999757000005	09/02/2020	DOE, FAKE	IN	10
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> PCN-538	ERR-662	201610140006000040000005	10/14/2016	PPITT, JENNIFER	OUT-I	1

86 Claims

**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.**



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Health Services

# Start Certification /Certification

START CERTIFICATION

Certification

HomeClaimsClaim CorrectionReportsData MgmtCertificationBatchesHelp

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THCICUser ManagementMy AccountLogout

THCIC Support Center

Certification

INPATIENT

2020

1st Quarter  
Eligible Claims

2019

4th Quarter  
Generation in Progress

3rd Quarter  
No Data

2nd Quarter  
No Data

Older Quarters  
Select Quarter

OUTPATIENT

2020

1st Quarter  
Eligible Claims  
GENERATE QUARTER CERT. DATA (EOD)

2019

4th Quarter  
Eligible Claims  
Past cut-off date for generation of Cert. Data.

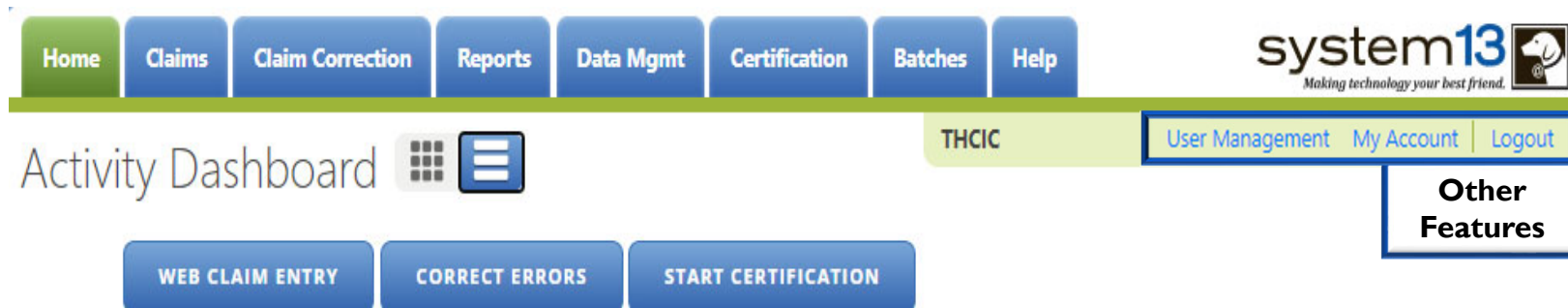
3rd Quarter  
Eligible Claims  
Past cut-off date for generation of Cert. Data.

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 WebCert page will show both inpatient and outpatient data. If the facility only submits outpatient data, it will only show outpatient data.




Texas Department of State  
Health Services

# Provider Other Features

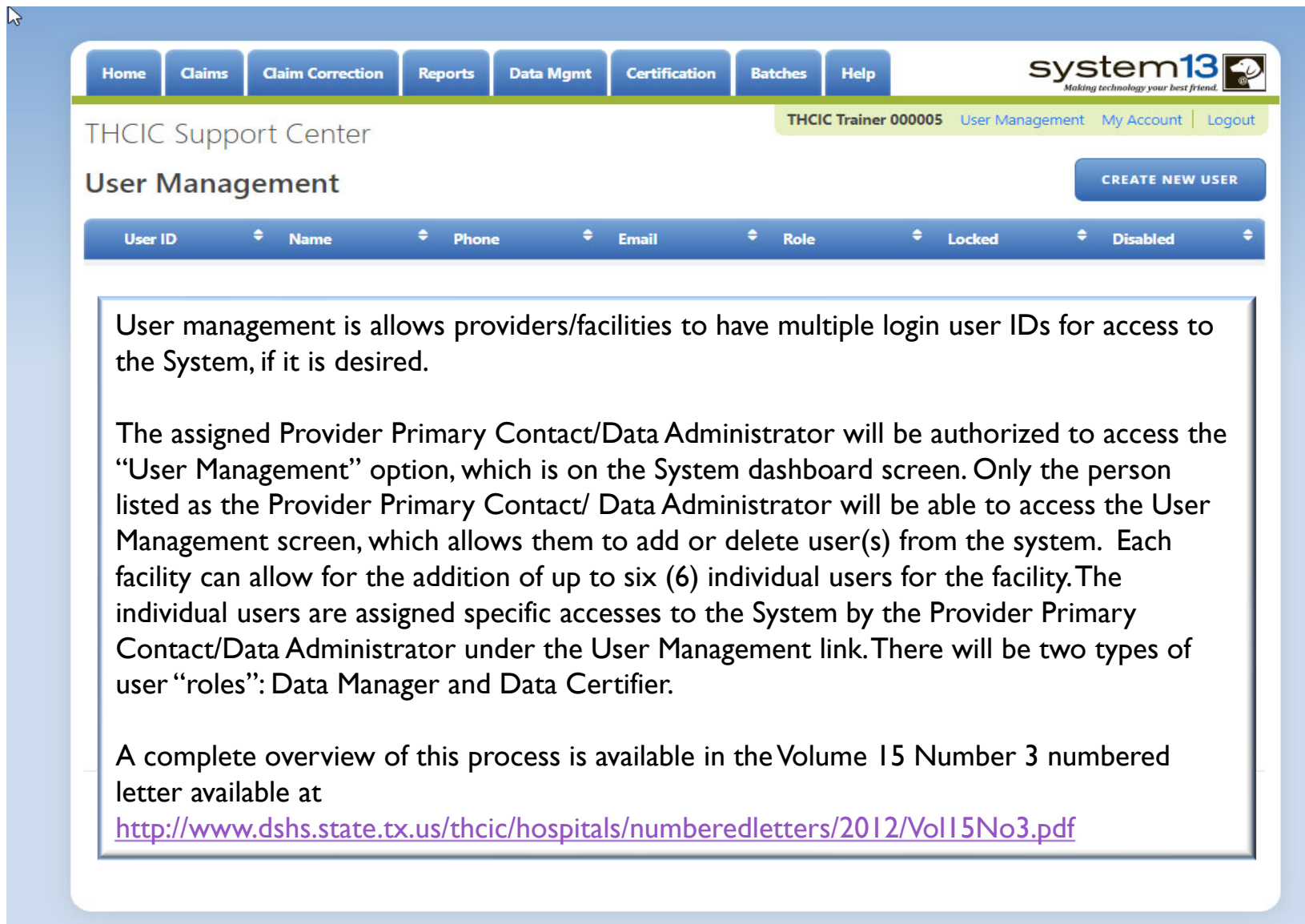


The screenshot shows the 'Provider Other Features' dashboard. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below this is a green bar with the 'system13' logo and the tagline 'Making technology your best friend.' To the right of the logo are links for User Management, My Account, and Logout. Below the green bar is a section titled 'Activity Dashboard' with a grid icon and a list icon. Below this are three buttons: WEB CLAIM ENTRY, CORRECT ERRORS, and START CERTIFICATION. On the right side, there is a box labeled 'Other Features'.

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


 THCIC Test Hospital/Facility 000002
 [My Account](#)
[Logout](#)

# User Management



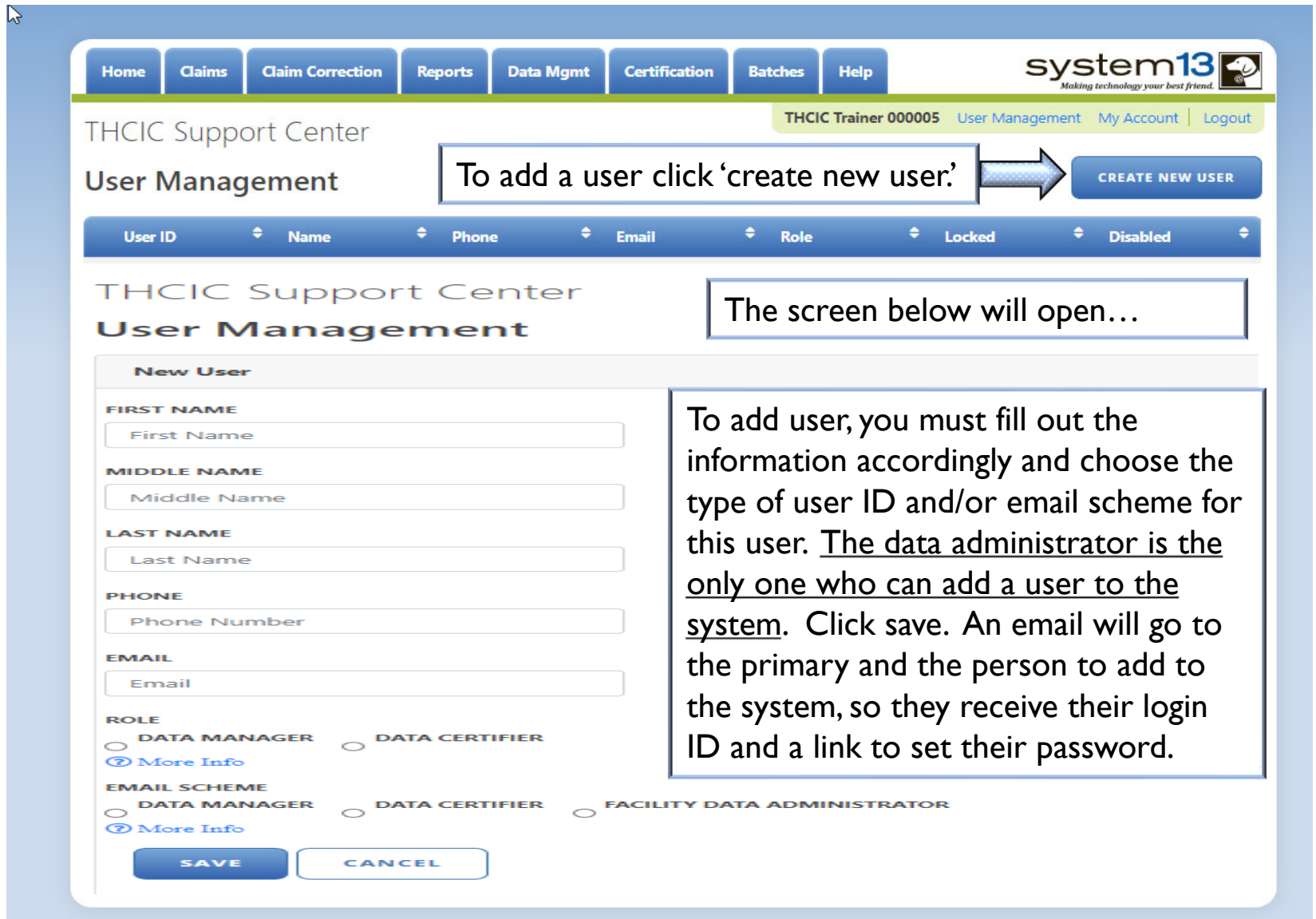
The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. To the right of these buttons is the 'system13' logo with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. On the right side of this section, there is a user profile 'THCIC Trainer 000005' and links for 'User Management', 'My Account', and 'Logout'. The main heading is 'User Management', and there is a 'CREATE NEW USER' button. Below the heading is a table with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. The table is currently empty. Below the table, there is a text box containing the following information:

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

The assigned Provider Primary Contact/Data Administrator will be authorized to access the “User Management” option, which is on the System dashboard screen. Only the person listed as the Provider Primary Contact/ Data Administrator will be able to access the User Management screen, which allows them to add or delete user(s) from the system. Each facility can allow for the addition of up to six (6) individual users for the facility. The individual users are assigned specific accesses to the System by the Provider Primary Contact/Data Administrator under the User Management link. There will be two types of user “roles”: Data Manager and Data Certifier.

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

# User Management – To Add User



The screenshot displays the 'system13' User Management interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC Trainer 000005'. The main heading is 'THCIC Support Center User Management'. A callout box with an arrow points to the 'CREATE NEW USER' button, stating: 'To add a user click 'create new user.''. Below this is a table header with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. Another callout box points to the 'New User' form, stating: 'The screen below will open...'. The 'New User' form contains fields for First Name, Middle Name, Last Name, Phone Number, and Email. It also has radio buttons for Role (DATA MANAGER, DATA CERTIFIER) and Email Scheme (DATA MANAGER, DATA CERTIFIER, FACILITY DATA ADMINISTRATOR), each with a 'More Info' link. 'SAVE' and 'CANCEL' buttons are at the bottom.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Trainer 000005 User Management My Account Logout

THCIC Support Center  
User Management

To add a user click 'create new user.'

CREATE NEW USER

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

THCIC Support Center  
User Management

The screen below will open...

**New User**

FIRST NAME  
First Name

MIDDLE NAME  
Middle Name

LAST NAME  
Last Name

PHONE  
Phone Number

EMAIL  
Email

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

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

SAVE CANCEL

To add user, you must fill out the information accordingly and choose the type of user ID and/or email scheme for this user. The data administrator is the only one who can add a user to the system. Click save. An email will go to the primary and the person to add to the system, so they receive their login ID and a link to set their password.



# User Management – User Roles / Email Schemes

## User Management - User Roles

- ✕ Data Manager
  - ✕ Authorized to add new claims (Web Claim)
  - ✕ 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 Manager
  - ✕ 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 Manager (Scheme Name 'Data Manager')
  - ✕ FER (Frequency of Errors Report)
  - ✕ Count of Excluded/Rejected Claims
- ✕ Data Certifier (Scheme Name 'Data Certifier')
  - ✕ All Notifications received by the Data Manager
  - ✕ 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 Manager
  - ✕ 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 – List of User(s)

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



THCIC Support Center

THCIC Trainer 000005
 [User Management](#)
[My Account](#)
[Logout](#)

User Management

CREATE NEW USER

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

## User Management – Delete a User(s)

User Management

CREATE NEW USER


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

DELETE

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

# User Management – Lock Features

[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



TEXAS  
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Health Services

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

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

Your Name and Login ID

Your password will expire on: 07/20/2020

(approximately 2 months from today)

CURRENT PASSWORD

CHANGE PASSWORD

PASSWORD CONFIRMATION

[UPDATE](#)[CANCEL](#)

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 [UPDATE](#) 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', '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)



# Password Process

## ✓ Passwords Must:

- ✗ Expire and be changed every sixty (60) days
- ✗ Be at least eight (8) Characters long
- ✗ Contain at least one (1) alpha, one (1) numeric and one (1) special character
- ✗ Contain uppercase and lowercase letters

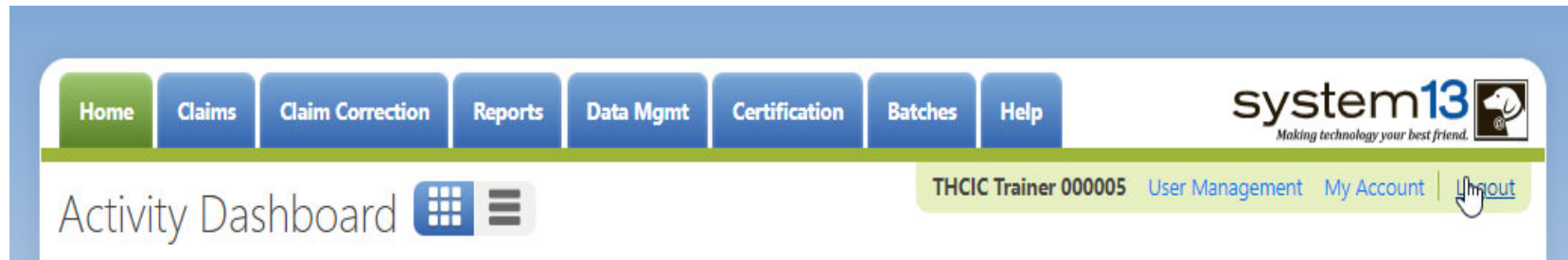
## ✓ Passwords Must Not:

- ✗ Be reused for one (1) year.
- ✗ Begin or end with non-alpha characters
- ✗ Contain username
- ✗ Contain letter or number sequences greater than two (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 sequences greater than two (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), '333' (2-number repetition), 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

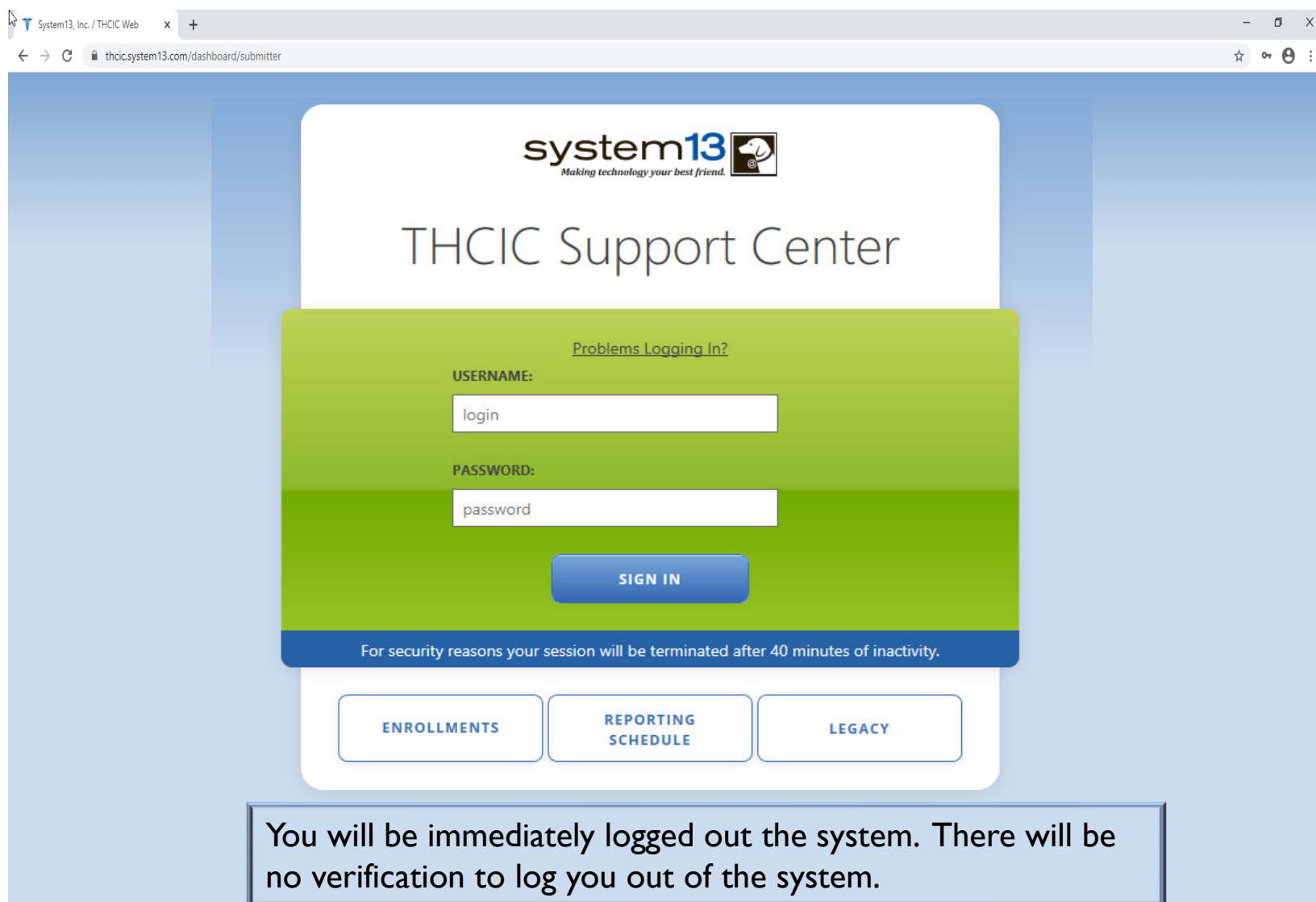
# Other Features - Logout



Logout logs you out of the system.




# Other Features - Logout



System13, Inc. / THCIC Web x +

← → ↻ thcic.system13.com/dashboard/submitter ☆ ⚙ ⌂

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## THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

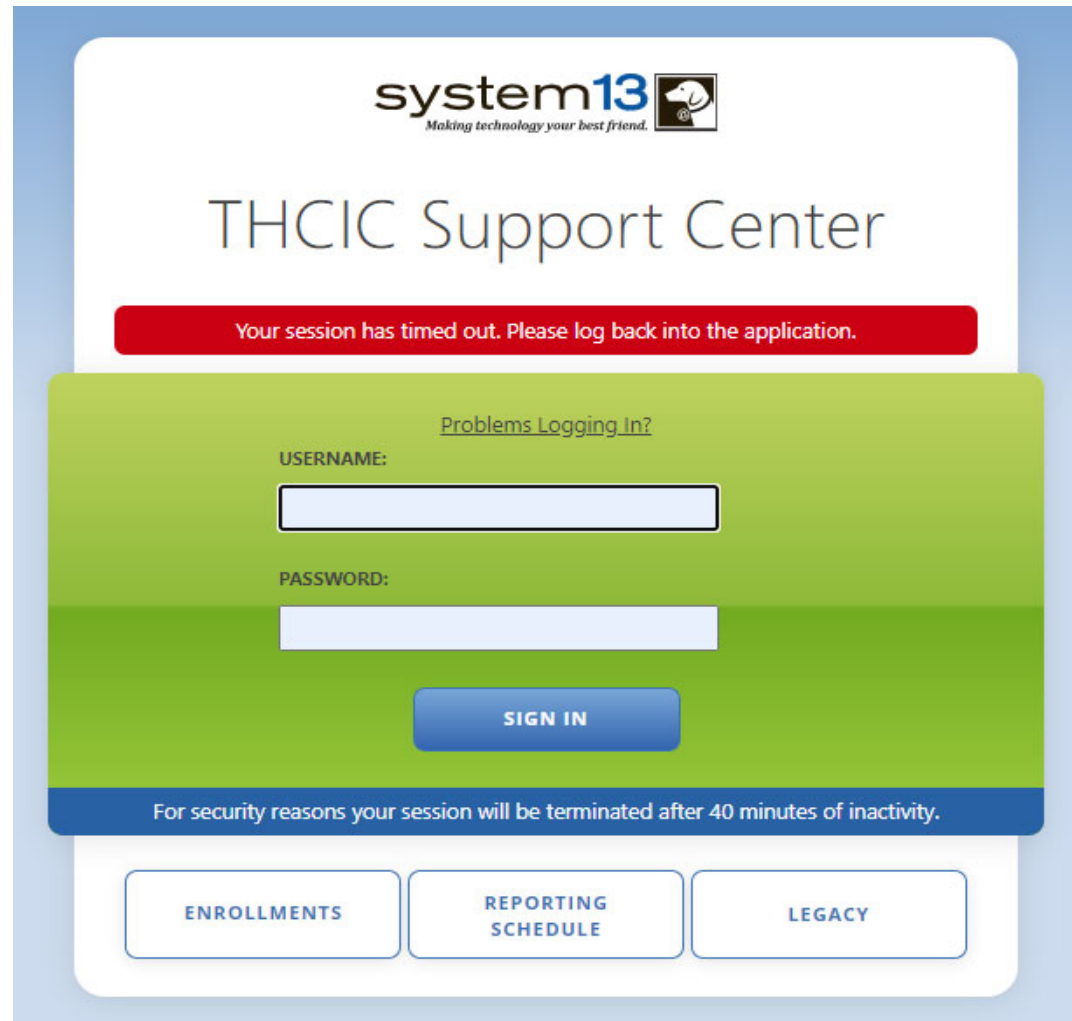
**SIGN IN**


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

**ENROLLMENTS** **REPORTING SCHEDULE** **LEGACY**

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

# Inactivity



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## THCIC Support Center

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

[Problems Logging In?](#)

USERNAME:

PASSWORD:

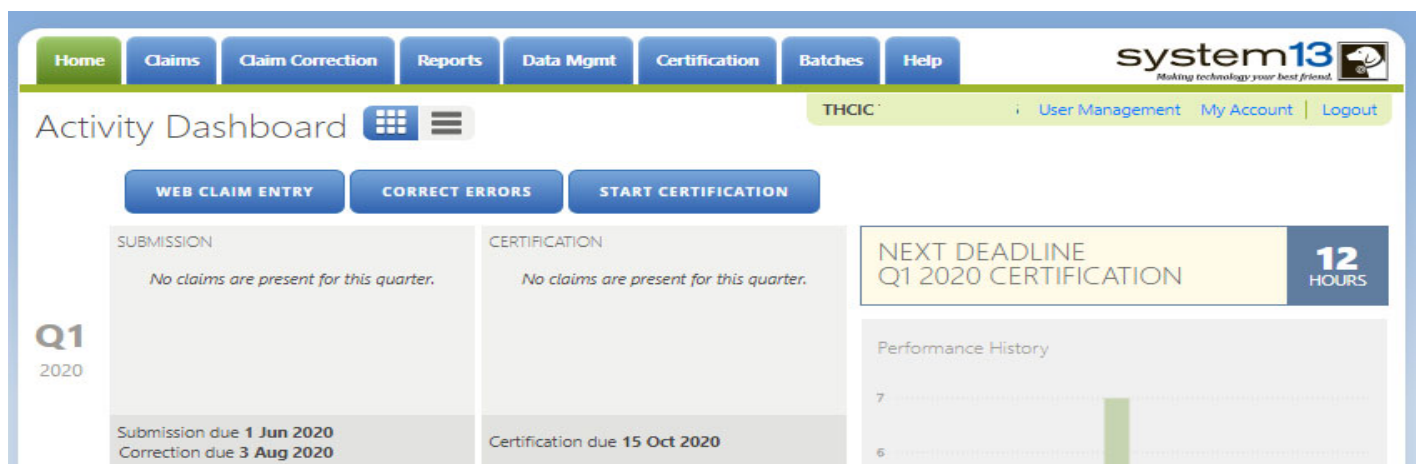
**SIGN IN**

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

**ENROLLMENTS**   **REPORTING SCHEDULE**   **LEGACY**

**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.**

# Other Provider Tabs



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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

**Q1 2020**

**SUBMISSION**  
No claims are present for this quarter.  
Submission due **1 Jun 2020**  
Correction due **3 Aug 2020**

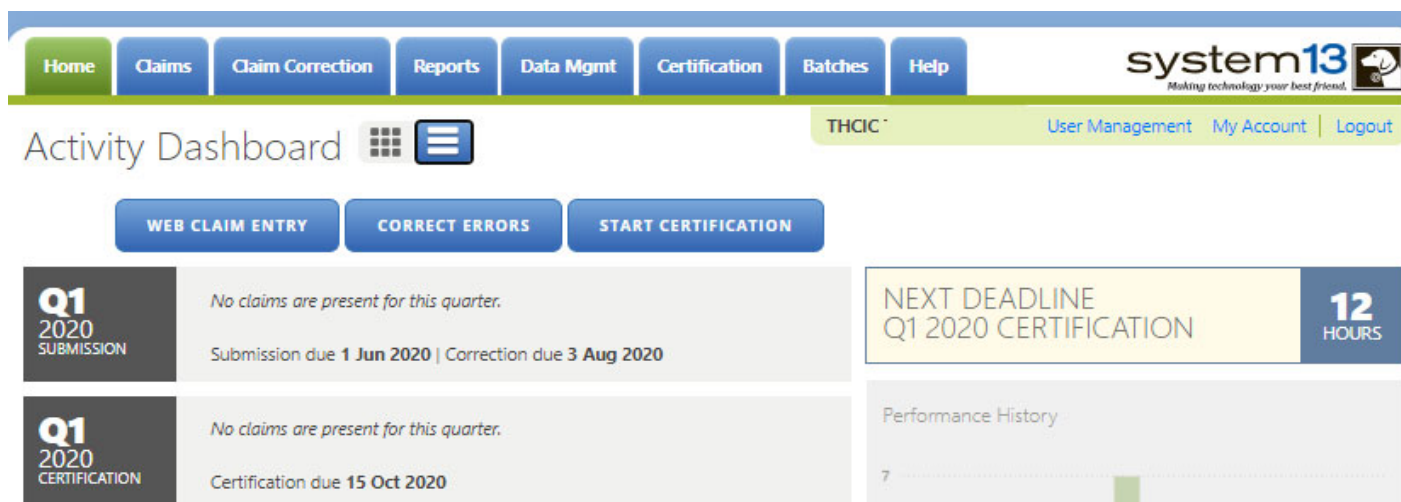
**CERTIFICATION**  
No claims are present for this quarter.  
Certification due **15 Oct 2020**

**NEXT DEADLINE**  
Q1 2020 CERTIFICATION  
**12 HOURS**

Performance History

7

6



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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

**Q1 2020 SUBMISSION**  
No claims are present for this quarter.  
Submission due **1 Jun 2020** | Correction due **3 Aug 2020**

**Q1 2020 CERTIFICATION**  
No claims are present for this quarter.  
Certification due **15 Oct 2020**

**NEXT DEADLINE**  
Q1 2020 CERTIFICATION  
**12 HOURS**

Performance History

7

# Provider Tab Claims

System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC WebClaim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 7082839	7352594	201507140042000168000005	07/14/2015	Turner, Oscar	IN	-
<input type="checkbox"/> PCN-237	MRN-237	201610140002000137000005	10/14/2016	DDION, AANNETTE	IN	-
<input type="checkbox"/> 8363345	8088973	201507140042000169000005	07/14/2015	Wiza, Andre	IN	-
<input type="checkbox"/> PCN-238	MRN-238	201610140002000138000005	10/14/2016	SSIMPSON, RRACHAEL	IN	1
<input type="checkbox"/> 7731018	7142926	201507140042000170000005	07/14/2015	HAYES, HEBER	IN	26A
<input type="checkbox"/> PCN-239	MRN-239	201610140002000139000005	10/14/2016	MMOSS, MMANDY	IN	-

SELECT ALL 907 Claims DELETE

No Correction Needed

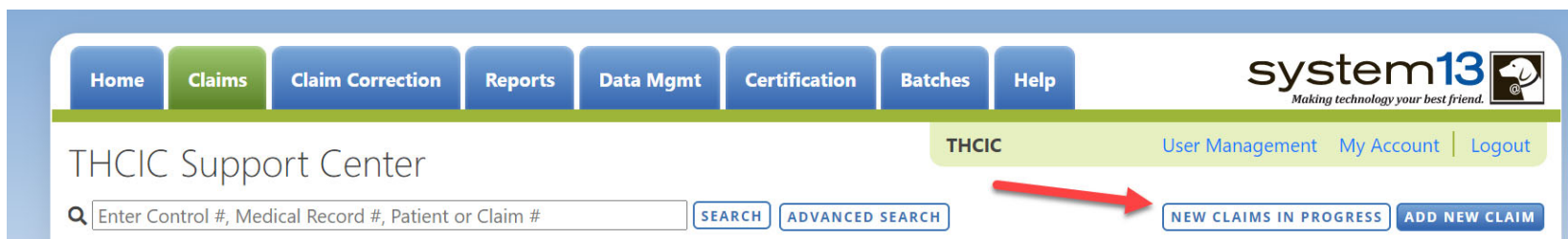
Errors

Accepted As Is

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

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THCIC Support Center

THCIC User Management My Account Logout

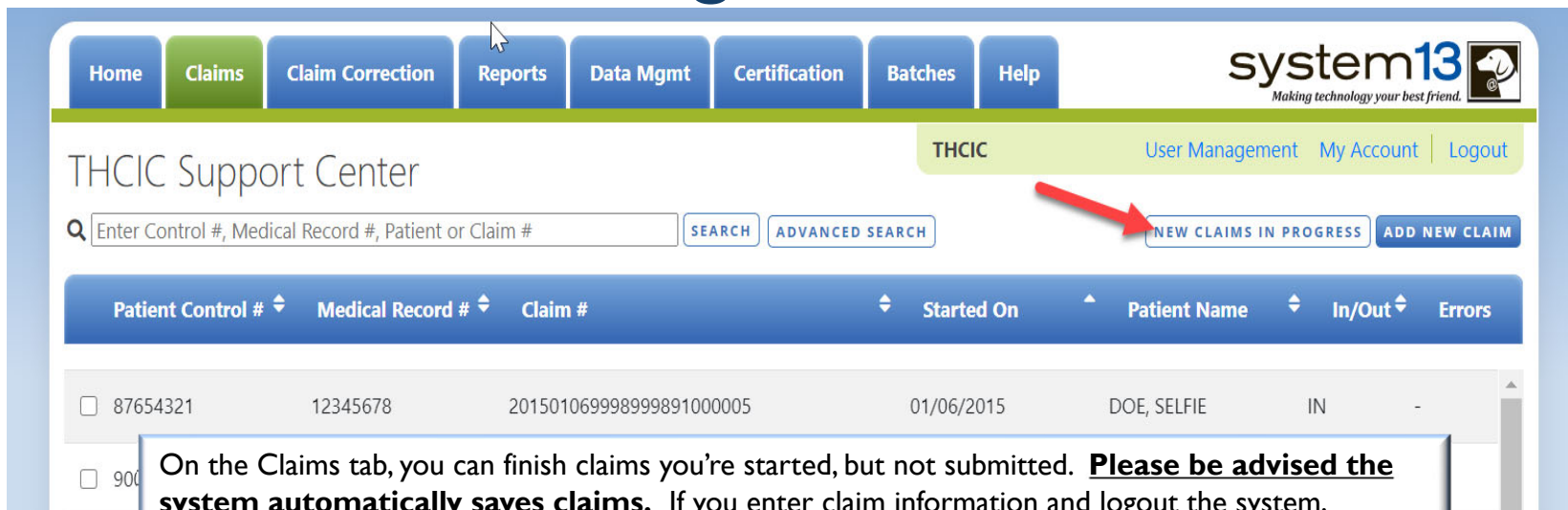
Q Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

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



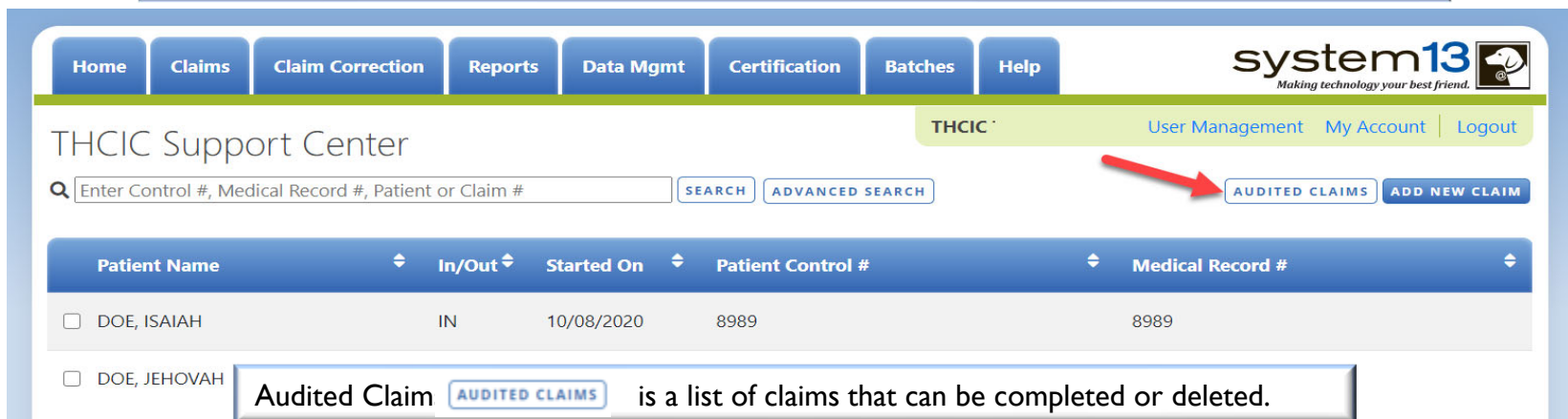
# New Claims in Progress



The screenshot shows the 'system13' interface with the 'Claims' tab selected. A red arrow points to the 'NEW CLAIMS IN PROGRESS' button. Below the navigation bar, there is a search bar and a table of claims.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 87654321	12345678	201501069998999891000005	01/06/2015	DOE, SELFIE	IN	-
<input type="checkbox"/> 900						

On the Claims tab, you can finish claims you're started, but not submitted. **Please be advised the system automatically saves claims.** If you enter claim information and logout the system, whatever you entered will be saved. These claims can be located by clicking New Claims in Progress through the claims tab. These claims can also be deleted by choosing the check box next to the claim and delete will come as an option on the bottom right .

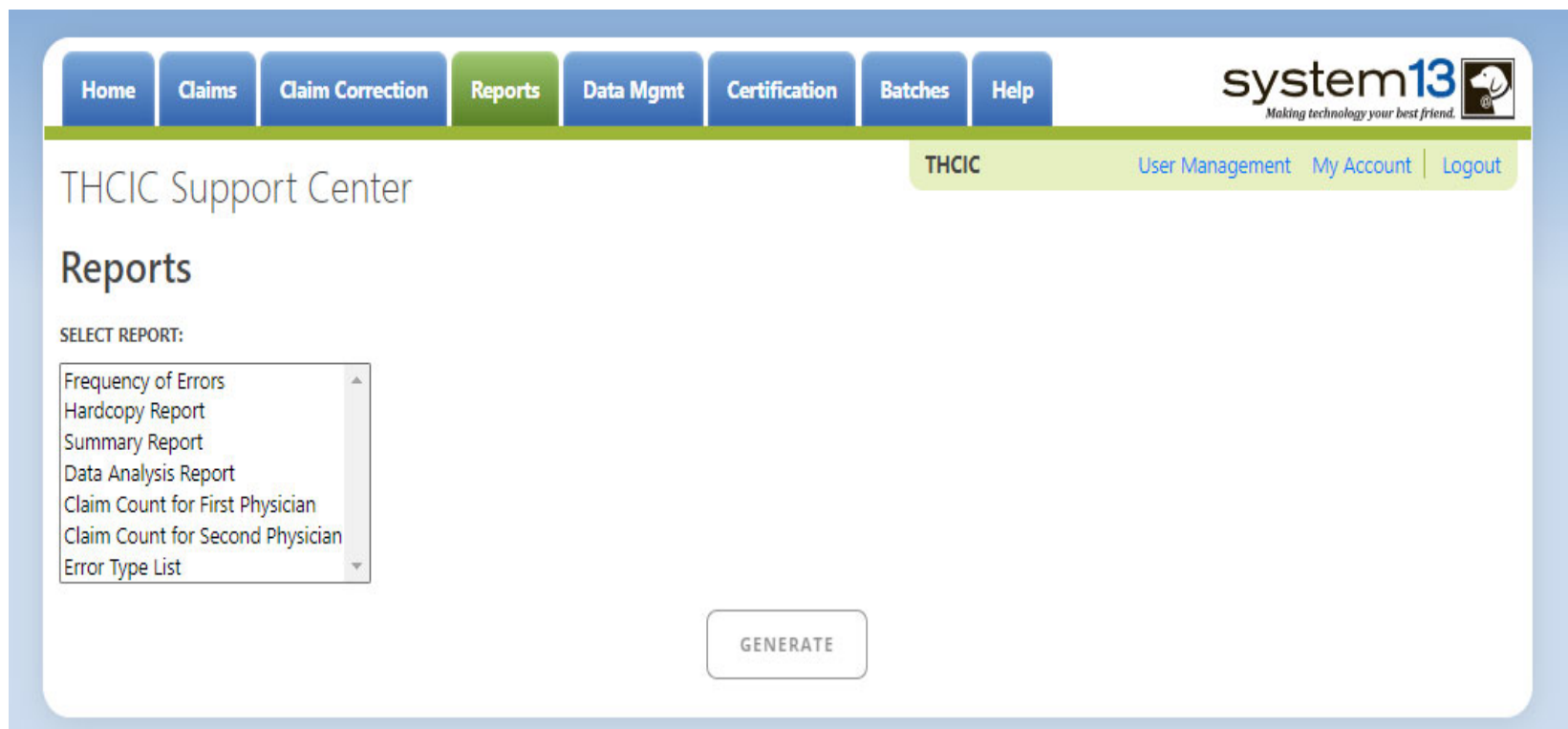


The screenshot shows the 'system13' interface with the 'Claims' tab selected. A red arrow points to the 'AUDITED CLAIMS' button. Below the navigation bar, there is a search bar and a table of claims.

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, ISIAIH	IN	10/08/2020	8989	8989
<input type="checkbox"/> DOE, JEHOVAH				

**Audited Claim** **AUDITED CLAIMS** is a list of claims that can be completed or deleted.

# Reports Reports



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

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THCIC User Management My Account Logout

**Reports**

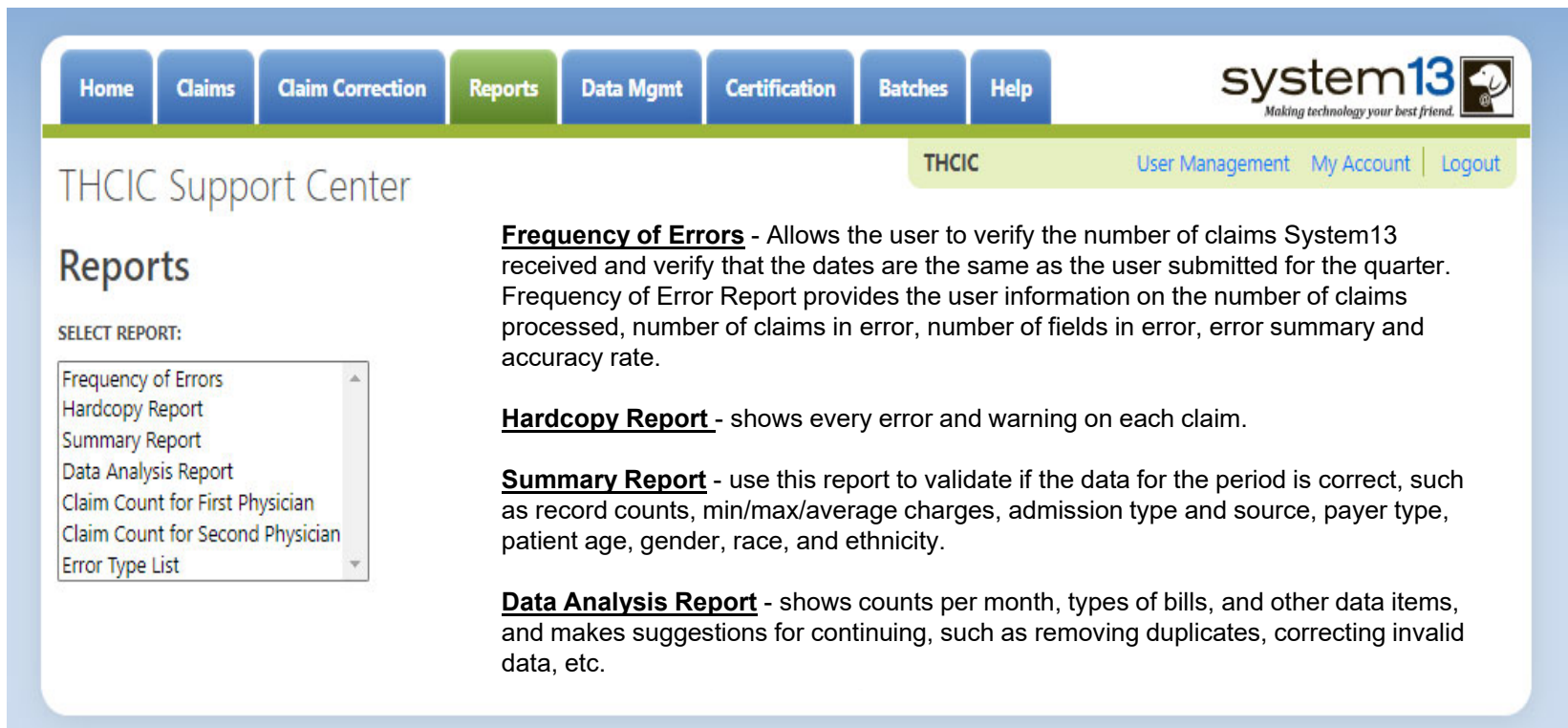
SELECT REPORT:

- 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



The screenshot shows the 'Reports' section of the System13 web application. At the top, there is a navigation bar with links: Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the 'system13' logo with the tagline 'Making technology your best friend.' and a user profile icon. Below the navigation bar, the page title is 'THCIC Support Center'. On the right side of the page, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and features a 'SELECT REPORT:' dropdown menu. The dropdown menu lists the following reports: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report, Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. To the right of the dropdown menu, there are three detailed descriptions of the reports: 'Frequency of Errors', 'Hardcopy Report', and 'Data Analysis Report'.

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

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

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


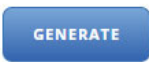
**Data Analysis Report** - shows counts per month, types of bills, and other data items, and makes suggestions for continuing, such as removing duplicates, correcting invalid data, etc.

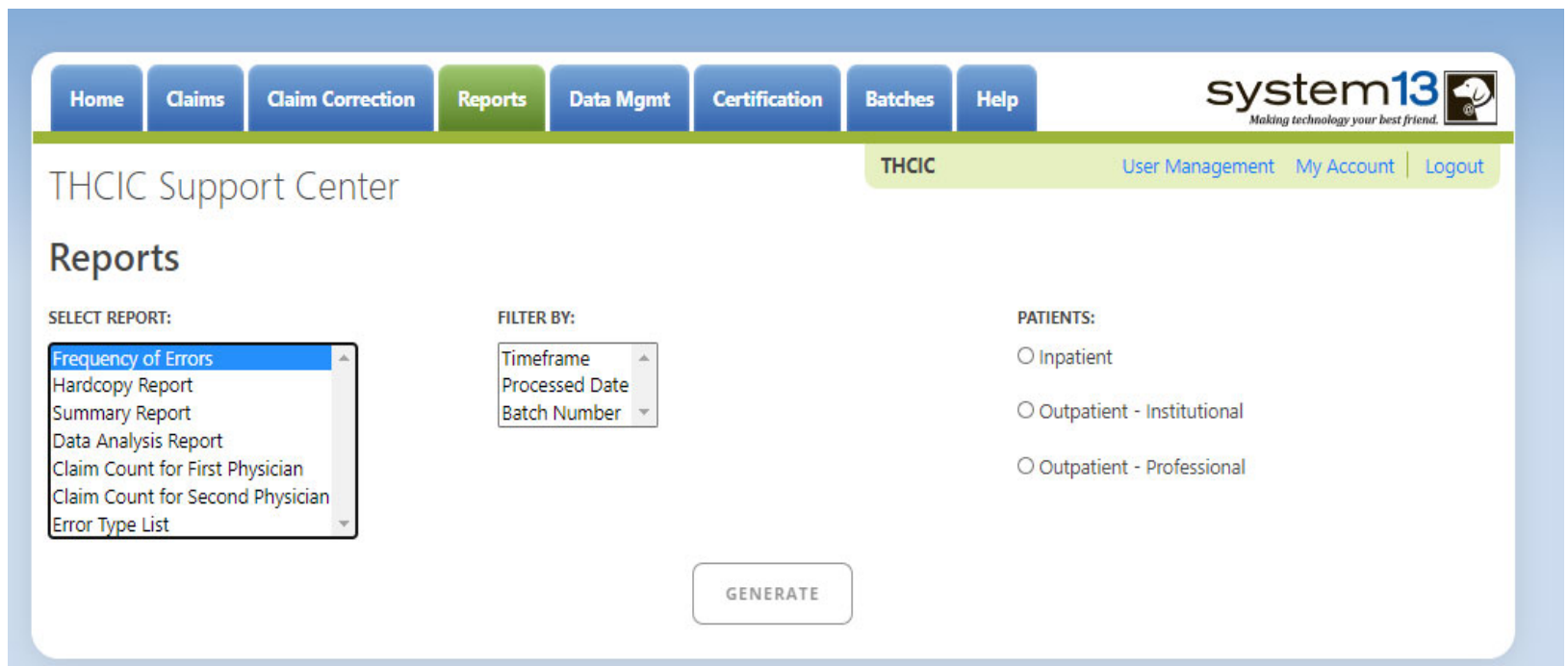
**Claim Count for First Physician** - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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

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

# Reports Functionality

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



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

**THCIC Support Center**

No claims match selection criteria.

# Type of Claims

## PATIENTS:

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

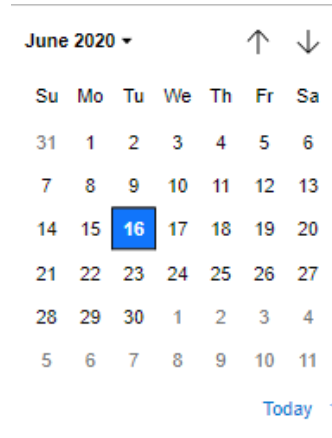
**\*\*Only one type of claim can be chosen to review patient data at a time.\*\***  
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.




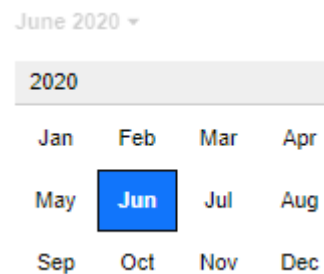


# Functionality of the Calendar Feature

- Feature of the calendar 



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



- Choosing the sidebar will change the year



# Filter Report By Timeframe

- ✓ To create by timeframe.

**FILTER BY:**

Timeframe
Processed Date
Batch Number

**FROM:**

mm/dd/yyyy

**THROUGH:**

mm/dd/yyyy


**PATIENTS:**

☐ Inpatient

☐ Outpatient - Institutional

☐ Outpatient - Professional

**GENERATE**

- ✓ 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

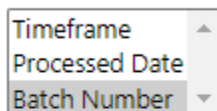
**GENERATE**

- ✓ 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

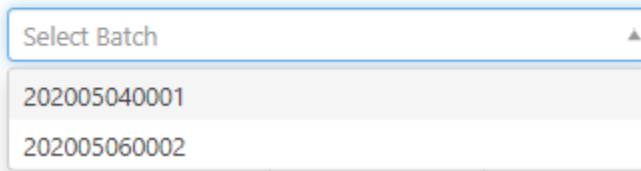
- ✓ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:



Timeframe  
Processed Date  
Batch Number

BATCH:

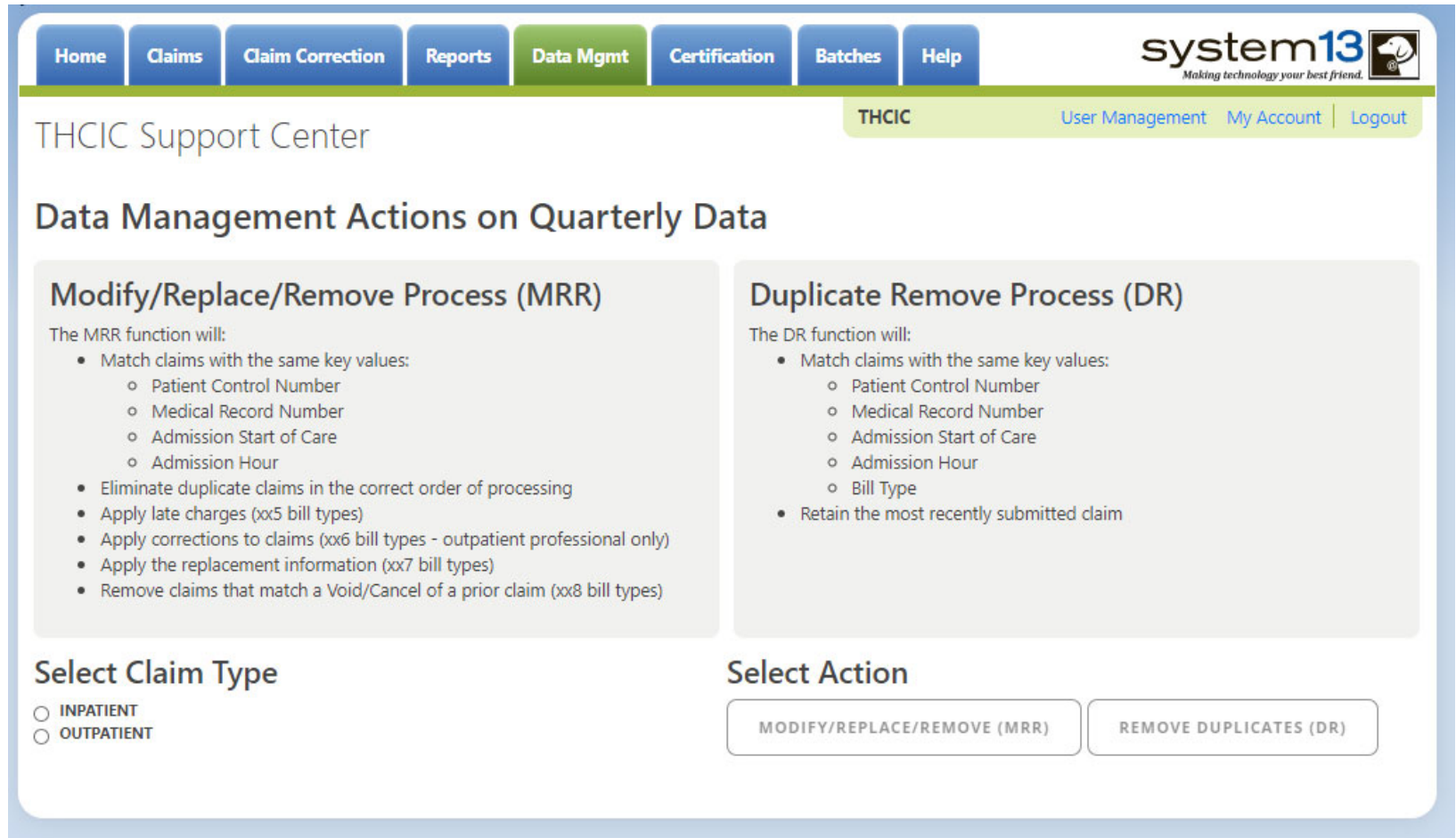


Select Batch  
202005040001  
202005060002

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

# Provider Tab Data Management

Data Mgmt



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

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THCIC User Management My Account Logout

## Data Management Actions on Quarterly Data

### Modify/Replace/Remove Process (MRR)

The MRR function will:

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

### Select Claim Type

☐ INPATIENT  
☐ OUTPATIENT

### Duplicate Remove Process (DR)

The DR function will:

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

### Select Action

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

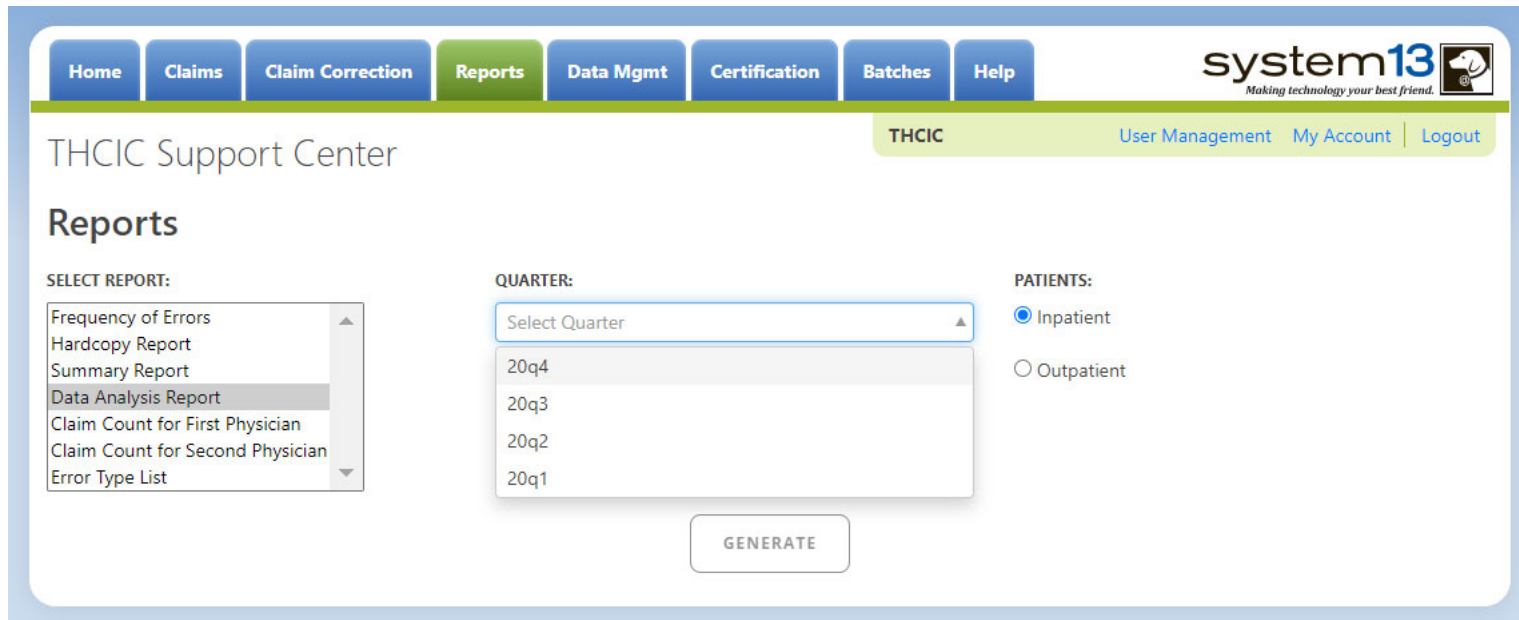
This tab is only available to the data administrator/primary contact of the facility. Before the modify/replace/remove and duplicate removal is ran, it is recommended that the data analysis report is ran through the reports tab.



Texas Department of State  
Health Services



# Data Management – Running Data Analysis Report through the Reports Tab



The screenshot shows the 'system13' web application interface. At the top is a navigation bar with tabs: Home, Claims, Claim Correction, Reports (highlighted in green), Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the 'system13' logo with the tagline 'Making technology your best friend.' Below the navigation bar is a sub-header area with 'THCIC Support Center' on the left and 'THCIC User Management My Account Logout' on the right. The main content area is titled 'Reports'. Under 'SELECT REPORT:', there is a dropdown menu with options: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report (highlighted), Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. To the right of this is a 'QUARTER:' dropdown menu with options: Select Quarter, 20q4, 20q3, 20q2, and 20q1. Further right is a 'PATIENTS:' section with two radio buttons: 'Inpatient' (selected) and 'Outpatient'. At the bottom center of the form is a 'GENERATE' button.

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



# Data Analysis Report through the Reports Tab

## 2Q2020 Data Analysis Report

Report Date: 09-Oct-2020

THCIC ID: |

### Quarter Analysis

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

### Quarter Comparison

Qtr	Total
2q20	7

### Messages

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

# Provider Tab Data Management

Data Mgmt

## Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

The MRR process will:

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

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

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



Texas Department of State  
Health Services

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

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

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

THCIC Support Center

## Data Management Actions on Quarterly Data

### Modify/Replace/Remove Process (MRR)

The MRR function will:

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

### 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 with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the page title is 'THCIC Support Center'. The main content area is titled 'Data Management Actions on Quarterly Data'. It features two columns: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Each column lists key values for matching claims: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal window titled 'MRR DR Information' is overlaid on the page. It contains the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. At the bottom of the modal are 'YES' and 'NO' buttons. In the background, under the 'MRR' section, there is a 'Select Claim Type' section with radio buttons for 'INPATIENT' (selected) and 'OUTPATIENT'.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Management My Account Logout

THCIC Support Center

## Data Management Actions on Quarterly Data

### Modify/Replace/Remove Process (MRR)

The MRR function will:

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

### 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

### MRR DR Information

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

Do you wish to continue?

YES NO

Select Claim Type  
☒ INPATIENT  
☐ OUTPATIENT



# 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 with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the 'THCIC Support Center' is visible, along with links for 'er Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe functions for matching claims based on Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal dialog titled 'Modify/Replace/Remove Alert' is open in the foreground, containing 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 'YES' and 'NO' buttons.

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

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THCIC Support Center

er 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



# Provider Tab Data Management

Data Mgmt

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

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THCIC Data Management My Account Logout

### Data Management Actions on Quarterly Data

#### Modify/Replace/Remove Process (MRR)

The MRR function will:

- Match claims with the same key values:
  - Patient Control Number
  - Medical Record Number
  - Admission Start of Care
  - Admission Hour
- Eliminate duplicate claims in the correct order of processing
- Apply late charges (xx5 bill types)
- Apply corrections
- Apply the most recent claim
- Remove duplicate claims

#### 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

☒ INPATIENT  
☐ OUTPATIENT

#### Process Submitted

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

OK

ATES (DR)



Texas Department of State  
Health Services



# Data Management Emails

Data Mgmt

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

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

### 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 process
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types - outpatient)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel of a prior claim

### Select Claim Type

☒ INPATIENT  
☐ OUTPATIENT

### Duplicate Remove Process (DR)

The DR function will:

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

Wed 9/9/2020 7:53 AM

DN Do Not Reply <noreply@system13.com>

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

To: Overton, Tiffany (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 Inpatient data. The process reviewed 198 active claims, eliminated 0 claims due to applying updates to an original claim, leaving 198 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](mailto:thcichelp@system13.com)

# Provider Tab Data Management

Data Mgmt

## Duplicate Removal

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

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

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

If you have multiple bill types other than xx1 or xx0, you should use the MRR function. For example if you have other types such as xx8s, then removing duplicate xx1s and later applying the xx8s during encounter processing will possibly leave no claims. If you have only xx1s or xx0s and need to remove duplicate xx1s and xx0s, then the DR function should be the choice. The Data Analysis Report can help you decide.

Running the MRR or DR function is not a requirement and is only a recommendation. If a provider chooses not to run the MRR or DR function prior to the scheduled "Cutoff for corrections at time of certification", System13 will run these functions as part of the normal encounter and event building process that create the certification data.

This report will open as a PDF as shown below.

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

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

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## 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 tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC 1' and has access to Management, My Account, and Logout options. The main content area is titled 'THCIC Support Center' and 'Data Management Actions on Quarterly Data'. It features two columns: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both columns list key values for matching claims: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A confirmation dialog box titled 'MRR DR Information' is overlaid on the screen. The dialog contains the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. At the bottom of the dialog are 'YES' and 'NO' buttons. In the background, under the 'MRR' section, there is a 'Select Claim Type' section with radio buttons for 'INPATIENT' (selected) and 'OUTPATIENT'.

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

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THCIC 1 Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

**Modify/Replace/Remove Process (MRR)**

The MRR function will:

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

**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

**MRR DR Information**

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

YES NO

Select Claim Type  
☒ INPATIENT  
☐ OUTPATIENT

# Provider Tab Data Management

Data Mgmt

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

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THCIC Support Center

THCIC Provider Management My Account Logout

## Data Management Actions on Quarterly Data

### Modify/Replace/Remove Process (MRR)

The MRR function will:

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

### Duplicate Remove Process (DR)

The DR function will:

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

### Duplicate Removal Alert

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

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

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

Do you wish to continue?

YES NO



# Provider Tab Data Management

Data Mgmt

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 with the tagline 'Making technology your best friend.' is in the top right. Below the navigation bar, the page title is 'THCIC Support Center'. A secondary navigation bar contains 'THCIC', 'r Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two columns: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Each column lists key values for matching claims (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour) and actions to be performed. A modal dialog box titled 'Process Submitted' is overlaid on the screen, containing the text: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button. Below the modal, the 'Select Claim' section is partially visible, showing radio buttons for 'INPATIENT' (selected) and 'OUTPATIENT'.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

THCIC r 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
- Apply the rules
- Remove claims

### 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

☒ INPATIENT  
☐ OUTPATIENT

### Process Submitted

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

OK

ATES (DR)



# Data Management Emails

Data Mgmt

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THCIC T..... 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 - out)
- Apply the replacement information (xx7 bill typ
- Remove claims that match a Void/Cancel of a p

### 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

### Select Claim Type

☒ INPATIENT  
☐ OUTPATIENT

Wed 9/9/2020 7:53 AM

DN Do Not Reply <noreply@system13.com>

The Duplicate Claim Removal (DR) process has completed for provider 000006 Inpatient Data [G2]

To: Overton, Tiffany (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 Inpatient data. The DR reviewed 198 active claims, eliminated 0 duplicate claims, leaving 198 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](mailto:thcichelp@system13.com)

# Batches

Batches

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THCIC Support Center

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

Batches is a list of files sent in by 5010 upload. This listing is only for batches currently in the system. **\*Only the 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 I3 cannot retrieve this batch for you.

6 Batches



# Provider Tab Help

Help

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

https://thcictrainer.system13.com/help

File Edit View Favorites Tools Help X Convert Select

System13, Inc. / THCIC Web Help

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

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THCIC User Management My Account Logout

## THCIC Support Center

### Online Help & Resources

#### TRAINING MATERIALS

Reports	WebCert	WebClaim	WebCorrect
Inpatient Outpatient	Inpatient Outpatient	Inpatient Outpatient	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

#### 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 [thcichelp@system13.com](mailto:thcichelp@system13.com), requesting an account reset.

**I forgot my username. How can I recover it?**  
Send email to [thcichelp@system13.com](mailto:thcichelp@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**

# Outpatient Web Claim Training

AGENDA



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





# Initial Submission Due Dates

## Data Reporting Schedule

### Texas Health Care Information Collection

### Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

In response to Coronavirus (COVID-19) emergency requirements THCIC staff will have limited access to providing responses and data requests.

Activity	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Cutoff for initial submission	9-1-21	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23
Cutoff for corrections (Free)	11-1-21	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23
Facilities retrieve certification files	12-1-21	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23
Cutoff for corrections at time of certification (Associated Fees)	1-3-22	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-2-23	10-2-23
Certification/comments due	1-18-22	4-15-22	7-15-22	10-17-22	1-16-23	4-17-23	7-17-23	10-16-23

The reporting schedule is a rule driven schedule, under [Chapter 421](#), Title 25, Part 1 of the Texas Administrative Code, Subchapter D, [RULE 5421.66](#). The due dates are either the 1<sup>st</sup> or the 15<sup>th</sup> of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.

*Last updated October 26, 2021*



# 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.**

Generate Quarter Cert. Data (EOD) ➡

# Various Options for Entering Web Claim

 You can enter Web Claim from:

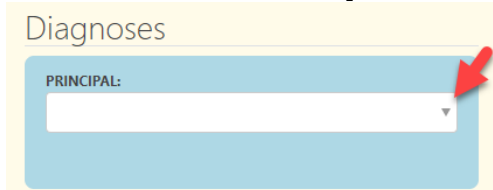
 Provider Home page – click 

  Listing – click 

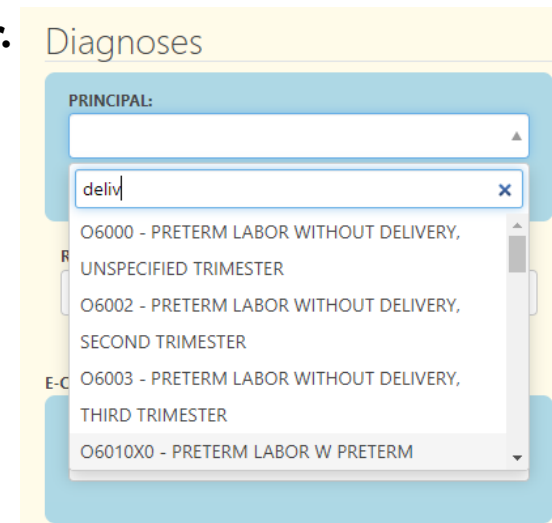
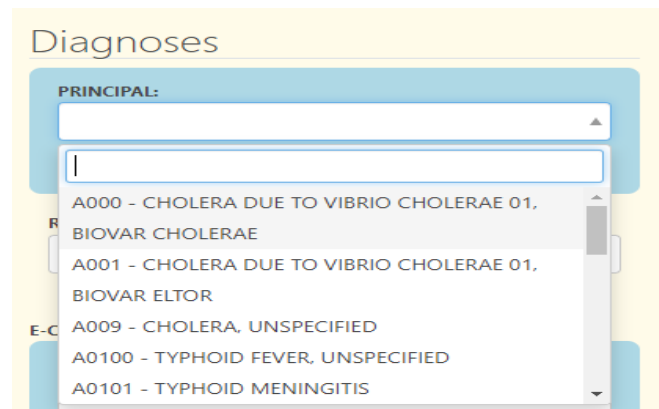
 To continue a claim in process click 



# Dropdown Lists

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



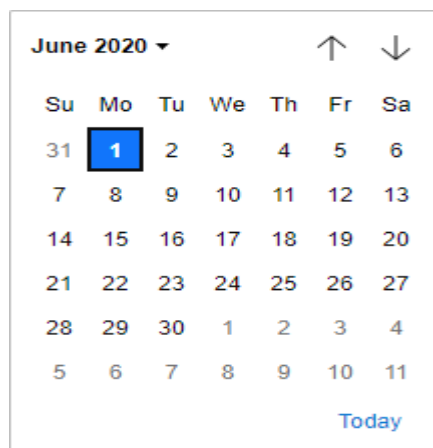
- ✕ Typing into a text box with a dropdown list will search the list for matches and display the list to the user.



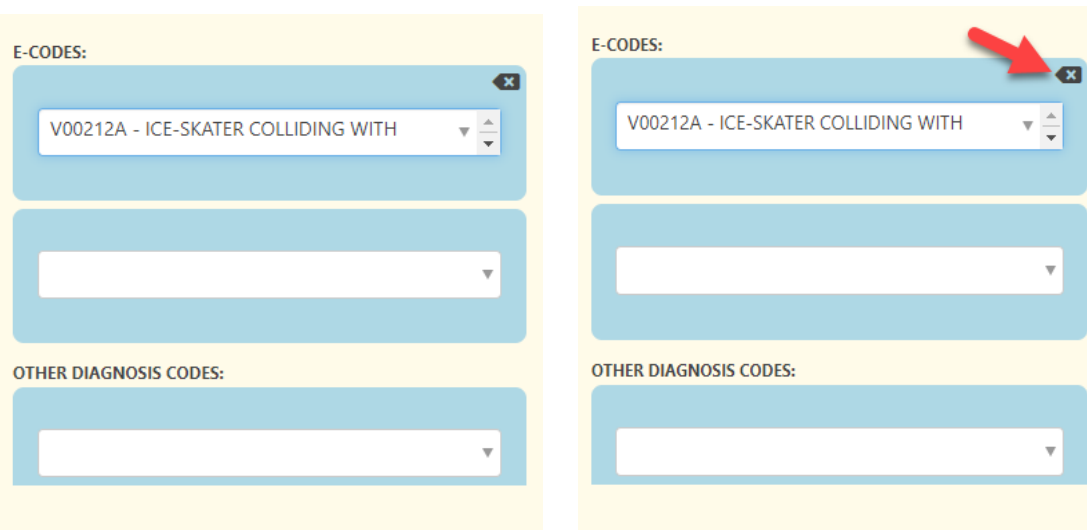
- ✕ Use the up and down arrow keys to move to the value.
- ✕ Press **ENTER**  when the highlighted selection is on the correct choice.
- ✕ Press **TAB**  to move to the next field on the screen.

# Calendars/ Adding or Deleting Choices

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



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



The form consists of two main sections: 'E-CODES:' and 'OTHER DIAGNOSIS CODES:'. Each section contains a list of input fields. In the 'E-CODES:' section, the first input field contains the text 'V00212A - ICE-SKATER COLLIDING WITH'. A red arrow points to an 'X' icon located to the right of this input field, indicating a delete function. Below the 'E-CODES:' section is the 'OTHER DIAGNOSIS CODES:' section, which also contains input fields.

# Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

Medical Record Number: Patient Control Number: Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

### Claim Information

TYPE:  
☒ INPATIENT ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:  
PCN

Resolving PCN Errors

The THCIC Required Codes

### Personal Information

MEDICAL RECORD NUMBER:  
MRN

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

ADDRESS:  
ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:  
SSAN

SEX:  
[Dropdown]

ETHNICITY:  
[Dropdown]

BIRTH DATE:  
mm/dd/yyyy

FOR ERRORS

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

# Patient Tab

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Medical Record Number:
 Patient Control Number:
 Inpatient

✓ Patient
 

✓ Payers
 ✓ Charges
 ✓ Diagnoses & Procs
 ✓ Practitioners
 ✓ Situational Codes

### Claim Information

TYPE:  
☒ INPATIENT
 ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

Resolving PCN Errors

The THCIC Required Codes

### Personal Information

MEDICAL RECORD NUMBER:

FIRST NAME:

MIDDLE:  

  
(Initial)

LAST NAME:

ADDRESS:

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:

SEX:

ETHNICITY:

BIRTH DATE:

Remember: you must check this claim for errors when you have finished entering its details.
 [NEXT SECTION →](#)
[CHECK FOR ERRORS](#)

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



# Patient Tab

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Medical Record Number:
 Patient Control Number:
 Outpatient Institutional

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses

✓ Practitioners

✓ Situational Codes

### Claim Information

TYPE:

☒ INPATIENT
 ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

PCN

**1<sup>st</sup> Choose Claim Type**

### Personal Information

MEDICAL RECORD NUMBER:

MRN

SOCIAL SECURITY NUMBER:

SSAN

FIRST NAME: MIDDLE: LAST NAME:

PATIENT FIRST NAME (Initial) PATIENT LAST NAME

SEX:

ETHNICITY:

BIRTH DATE:

mm/dd/yyyy

RACE:

ADDRESS:

ADDRESS LINE 1

ADDRESS LINE 2

**All navigation of the application should be confined to the TAB**

**(not ENTER) key or via mouse selections.**

**Then enter patient's personal Information**

**Scroll down to complete the tab claim.**

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

[NEXT SECTION →](#) [CHECK FOR ERRORS](#)

# Patient Tab

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THCIC Support Center
 

THCIC
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[Logout](#)

[Back to list of claims](#)

Medical Record Number:
 Patient Control Number:
 Outpatient Institutional

✓ Patient
 

✓ Payers
 ✓ Charges
 ✓ Diagnoses
 ✓ Practitioners
 ✓ Situational Codes

### Claim Information

TYPE:

☒ INPATIENT
 ☐ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

PCN

### Personal Information

MEDICAL RECORD NUMBER:

MRN

SOCIAL SECURITY NUMBER:

SSAN

FIRST NAME: MIDDLE: LAST NAME:

PATIENT FIRST NAME

(Initial)

PATIENT LAST NAME

ADDRESS:

ADDRESS LINE 1

ADDRESS LINE 2

SEX:

ETHNICITY:

BIRTH DATE:

mm/dd/yyyy

RACE:

Remember: you must check this claim for errors when you have finished entering its details.
 [NEXT SECTION →](#)
[CHECK FOR ERRORS](#)

 Field with video  will direct you to videos to aid with the entry of the field.

# Entering Claim Information

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Back to list of claims

Medical Record Number:Patient Control Number:Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

☒ INPATIENT☐ OUTPATIENT INSTITUTIONAL

PCN

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

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER:  
SSAN

SEX:  
F - FEMALE  
M - MALE  
U - UNKNOWN

RACE:

ADDRESS LINE 2

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

NEXT SECTION →

CHECK FOR ERRORS

If the field has an arrow, this indicates that the field has a look up menu.

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# Patient Tab

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Medical Record Number:
 Patient Control Number:
 Inpatient

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

Bill Type
   
**Statement:**

FROM:

THROUGH:

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

  
 Admission Information
   

FROM:

ADMISSION HOUR:
  hr
   
 (0-23)

ADMISSION TYPE:

POINT OF ORIGIN (ADMISSION SOURCE):

DISCHARGE HOUR:
  hr
   
 (0-23)

PATIENT STATUS:

Scroll down to get to the bottom of the patient tab.

Remember: you must check this claim for errors when you have finished entering its details.
 [NEXT SECTION →](#)
[CHECK FOR ERRORS](#)

# Payer Tab

The screenshot shows the 'Payer Tab' in the 'system13' application. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. A secondary navigation bar contains 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Primary Payer' and includes fields for 'Medical Record Number:', 'Patient Control Number:', and 'Inpatient'. A left sidebar lists navigation options: Patient, Payers (selected), Charges, Diagnoses & Procs, Practitioners, and Situational Codes. The 'Payers' section contains a 'SOURCE CODE:' dropdown menu with options: MC - MEDICAID, OF - OTHER FEDERAL PROGRAM, TV - TITLE V, VA - VETERAN ADMINISTRATION PLAN, WC - WORKERS COMPENSATION HEALTH CLAIM, ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, OR CHARITY. There is also an 'ID:' field with the placeholder 'PAYER ID'. A 'NAME:' field with the placeholder 'PAYER NAME' is located below the source code dropdown. Three callout boxes provide instructions: 'Payer ID – put the first ten characters of the ID number.', 'Source code – Choose the type of insurance.', and 'Please choose ZZ if the insurance information meets the perimeters above. Name will be Selfpay, Unknown or Charity. Do not identify your patient as the payer name.' At the bottom, a footer bar contains a reminder: 'Remember: you must check this claim for errors when you have finished entering its details.', and two buttons: 'NEXT SECTION' and 'CHECK FOR ERRORS'.

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THCIC Support Center

THCIC User Management My Account Logout

Medical Record Number: Patient Control Number: Inpatient

✓ Patient  
✓ **Payers**  
✓ Charges  
✓ Diagnoses & Procs  
✓ Practitioners  
✓ Situational Codes

Primary Payer

SOURCE CODE:  
ID:  
PAYER ID

MC - MEDICAID  
OF - OTHER FEDERAL PROGRAM  
TV - TITLE V  
VA - VETERAN ADMINISTRATION PLAN  
WC - WORKERS COMPENSATION HEALTH CLAIM  
ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, OR CHARITY

Payer ID – put the first ten characters of the ID number.

Source code – Choose the type of insurance.

NAME:  
PAYER NAME

Please choose ZZ if the insurance information meets the perimeters above. Name will be Selfpay, Unknown or Charity. Do not identify your patient as the payer name.

Remember: you must check this claim for errors when you have finished entering its details. NEXT SECTION CHECK FOR ERRORS



# Charges Tab

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Medical Record Number:
 Patient Control Number:
 Inpatient

✓ Patient
 ✓ Payers
 ✓ **Charges**
 ✓ Diagnoses & Procs
 ✓ Practitioners
 ✓ Situational Codes

REVENUE CODE:
 QUALIFIER:

PROCEDURE CODE:

MODIFIERS:

RATE: 0.00 × QTY: UNIT: = CHARGE: 0.00

NON COVERED CHARGE: 0.00

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

Click 'Add Charge' to add another charge to the claim. X by the entry can delete this charge.

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

[NEXT SECTION →](#)
[CHECK FOR ERRORS](#)



# Diagnosis & Procedure Tab

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Medical Record Number:
 Patient Control Number:
 **Inpatient**

✓ Patient  
 ✓ Payers  
 ✓ Charges  
 ✓ **Diagnoses & Procs**  
 ✓ Practitioners  
 ✓ Situational Codes

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

### Diagnoses

PRINCIPAL DIAGNOSIS:

PRINCIPAL DIAGNOSIS POA:

ADMITTING DIAGNOSIS:

E-CODES:  

+ ADD E-CODE

OTHER DIAGNOSIS CODES:  

+ ADD OTHER DIAGNOSIS

### Procedures

PRINCIPAL PROCEDURE QUALIFIER:

PRINCIPAL PROCEDURE:

PRINCIPAL PROCEDURE DATE:

OTHER PROCEDURE CODES:  

+ ADD OTHER PROCEDURE

ERRORS

When adding fields, you will be able to add multiple fields because the fields will allow you to add multiple codes.

# 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

<https://www.dshs.state.tx.us/thcic/hospitals/FacilityList.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

[https://www.dshs.state.tx.us/thcic/hospitals/TechReqSpec5010\\_Inpatient\\_THCIC\\_837.pdf](https://www.dshs.state.tx.us/thcic/hospitals/TechReqSpec5010_Inpatient_THCIC_837.pdf)

**POA data is NOT required for outpatient data.**

# Diagnosis & Procedure Tab

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Back to list of claims

Medical Record Number:

Patient Control Number:

Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

✓ Practitioners

✓ Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL DIAGNOSIS:

PRINCIPAL DIAGNOSIS POA:

N - NO = NOT PRESENT AT THE TIME OF INPATIENT

N - NO = NOT PRESENT AT THE TIME OF INPATIENT

ADMISSION

U - UNKNOWN = DOCUMENTATION INSUFFICIENT

TO DETERMINE IF CONDITION WAS PRESENT ON

ADMISSION

E-C

W - CLINICALLY UNDETERMINED = PROVIDER

UNABLE TO CLINICALLY DETERMINE IF CONDITION

OTHER DIAGNOSIS CODES:

+ ADD OTHER DIAGNOSIS

Procedures

PRINCIPAL PROCEDURE QUALIFIER:

PRINCIPAL PROCEDURE:

PRINCIPAL PROCEDURE DATE:

mm/dd/yyyy

OTHER PROCEDURE CODES:

+ ADD OTHER PROCEDURE

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

<https://www.dshs.state.tx.us/thcic/hospitals/FacilityList.xls>

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

NEXT SECTION →

CHECK FOR ERRORS

86

# Situational Codes Tab

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

**system13**  
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**THCIC Support Center**  
[Back to list of claims](#)

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

Medical Record Number:
 Patient Control Number:
 **Inpatient**

✓ Patient
 ✓ Payers
 ✓ Charges
 ✓ Diagnoses & Procs
 ✓ Practitioners
 ✓ **Situational Codes**

Conditions

+ ADD CONDITION CODE

Values

+ ADD VALUE CODE

Occurrence Spans

+ ADD OCCURRENCE SPAN

Occurrences by Date

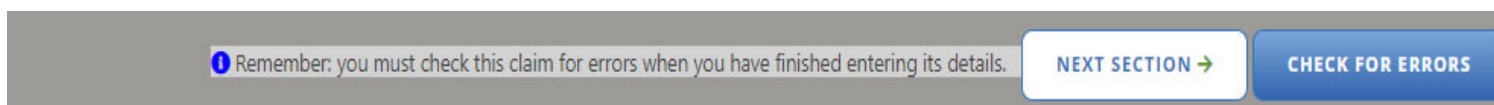
+ ADD OCCURRENCE

When adding fields, you will be able to add multiple fields because the fields will allow you to add multiple codes.

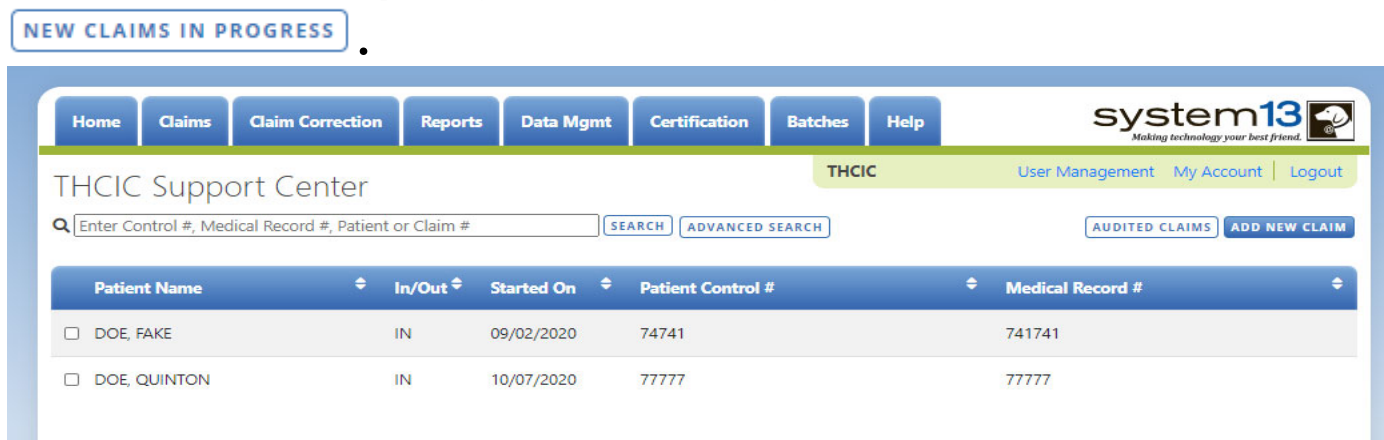
Remember: you must check this claim for errors when you have finished entering its details.
 [NEXT SECTION →](#)
[CHECK FOR ERRORS](#)

# Check for Errors/ Submitting Your Claim

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

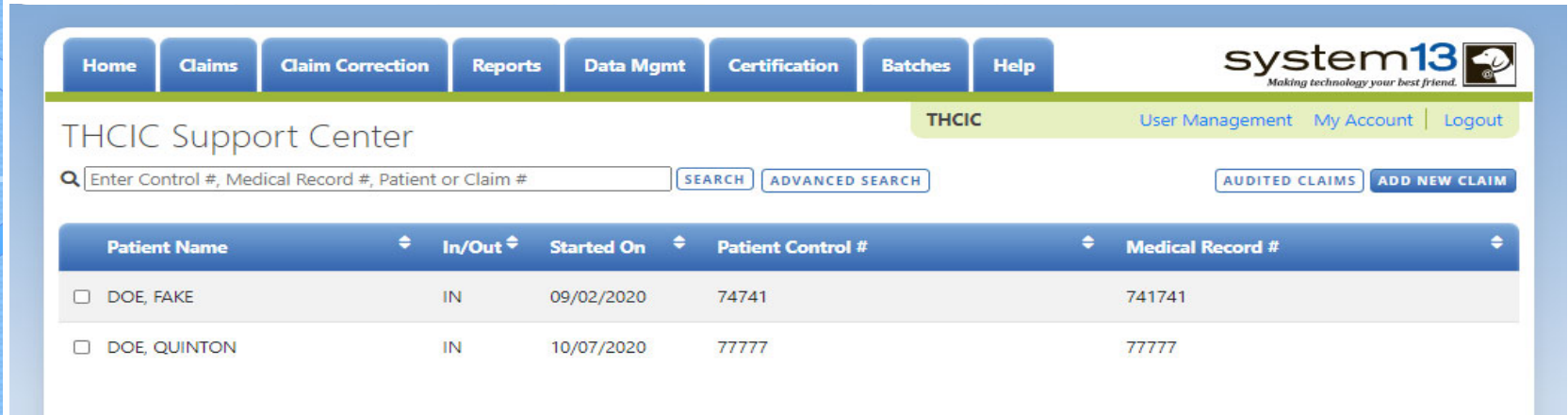


- ✓ If you do not “check for errors” the claim, it will go to new claims in progress through the claims tab,





# Options...Delete Claim(s)



The screenshot shows the 'system13' interface with the 'THCIC Support Center' header. A navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below the header, there's a search bar with the placeholder 'Enter Control #, Medical Record #, Patient or Claim #' and buttons for 'SEARCH' and 'ADVANCED SEARCH'. To the right of the search bar are buttons for 'AUDITED CLAIMS' and 'ADD NEW CLAIM'. A table lists two claims:

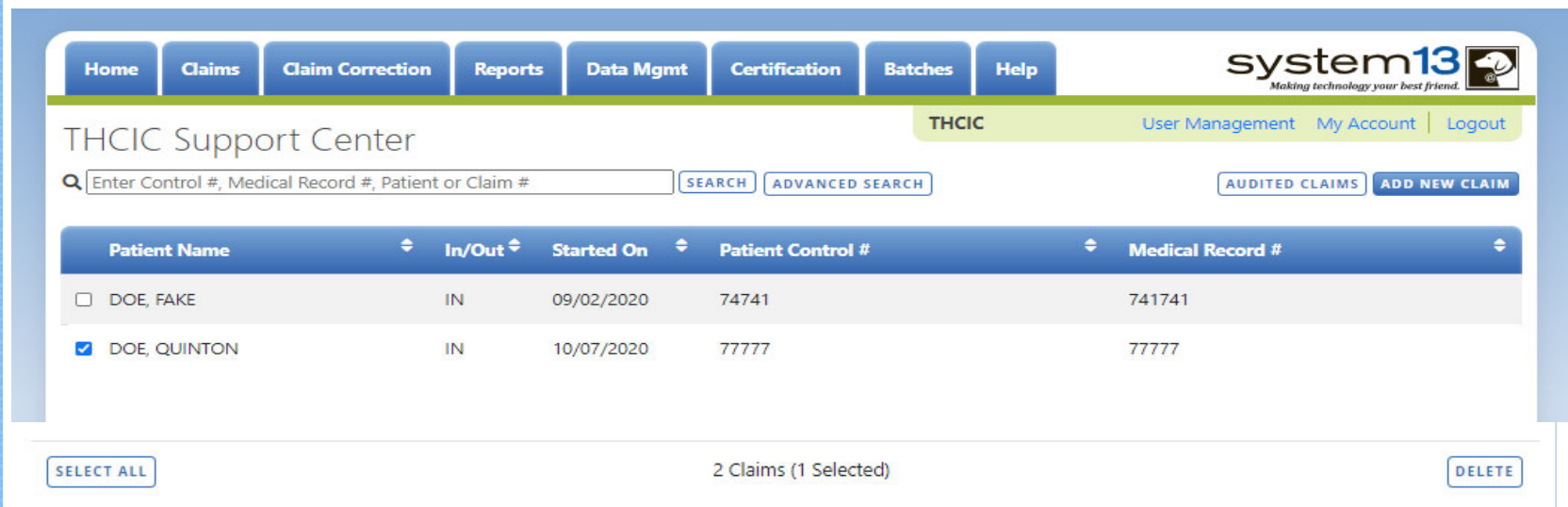
Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, FAKE	IN	09/02/2020	74741	741741
<input type="checkbox"/> DOE, QUINTON	IN	10/07/2020	77777	77777

SELECT ALL

2 Claims

DELETE

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



This screenshot shows the same interface as the previous one, but with the second claim, 'DOE, QUINTON', selected. The checkbox next to the patient name is now checked. The 'DELETE' button is now visible in the bottom right corner.

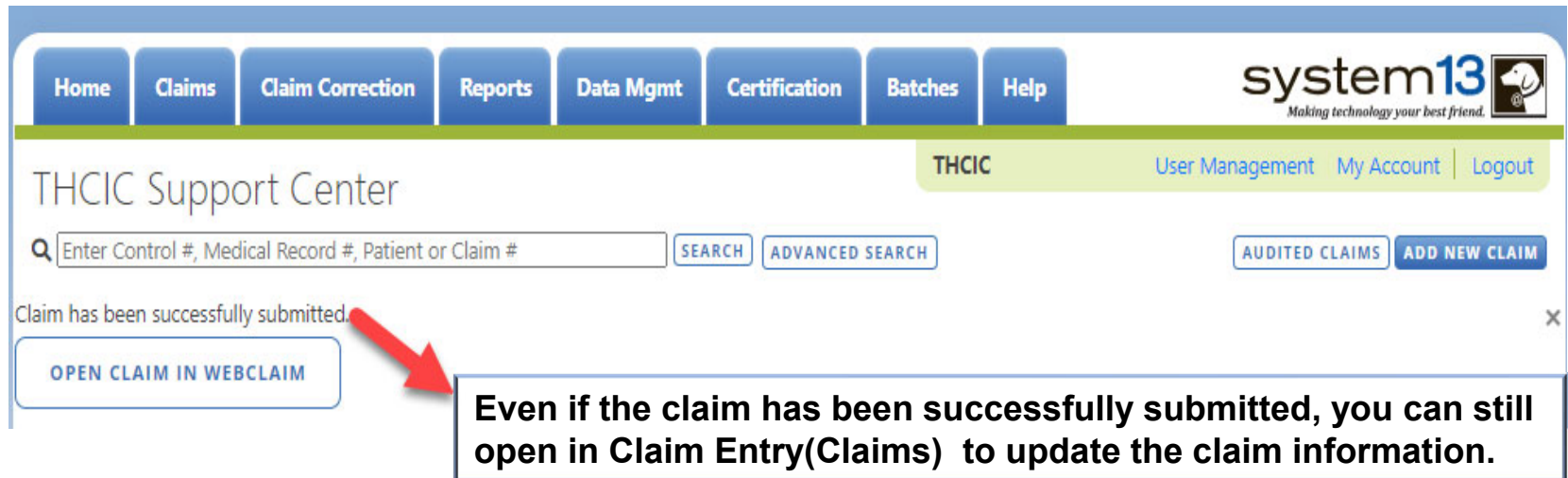
Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, FAKE	IN	09/02/2020	74741	741741
<input checked="" type="checkbox"/> DOE, QUINTON	IN	10/07/2020	77777	77777

SELECT ALL

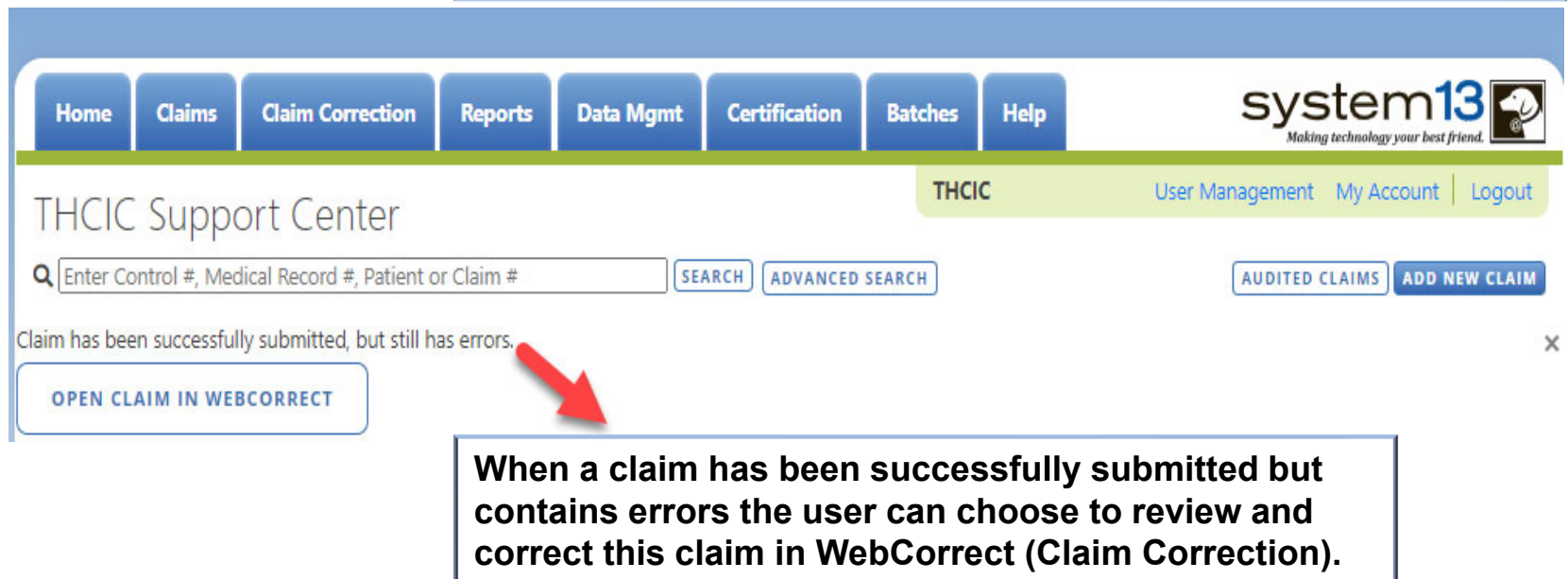
2 Claims (1 Selected)

DELETE

# Claim Successfully Submitted ...Claim Submitted with Errors

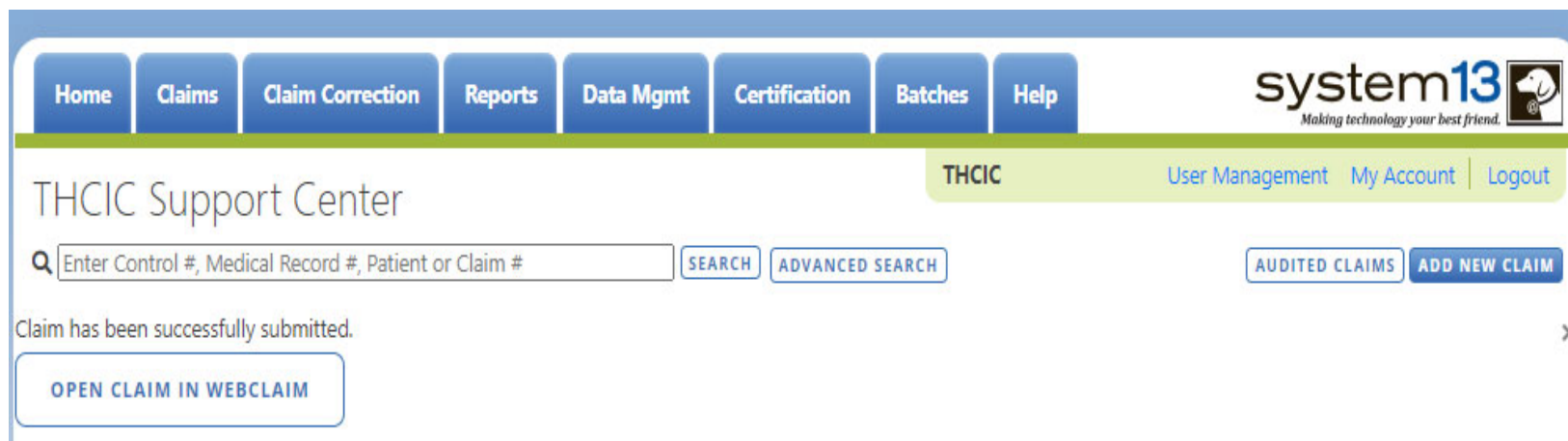


The screenshot shows the system13 THCIC Support Center interface. The navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo is in the top right corner with the tagline "Making technology your best friend." Below the navigation bar, the page title is "THCIC Support Center". There is a search bar with the placeholder text "Enter Control #, Medical Record #, Patient or Claim #" and buttons for "SEARCH" and "ADVANCED SEARCH". To the right of the search bar are buttons for "AUDITED CLAIMS" and "ADD NEW CLAIM". A message box at the bottom left states "Claim has been successfully submitted." with a red arrow pointing to a callout box. The callout box contains the text: "Even if the claim has been successfully submitted, you can still open in Claim Entry(Claims) to update the claim information." Below the message box is a button labeled "OPEN CLAIM IN WEBCLAIM".



The screenshot shows the system13 THCIC Support Center interface. The 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 with the tagline "Making technology your best friend." Below the navigation bar, the page title is "THCIC Support Center". There is a search bar with the placeholder text "Enter Control #, Medical Record #, Patient or Claim #" and buttons for "SEARCH" and "ADVANCED SEARCH". To the right of the search bar are buttons for "AUDITED CLAIMS" and "ADD NEW CLAIM". A message box at the bottom left states "Claim has been successfully submitted, but still has errors." with a red arrow pointing to a callout box. The callout box contains the text: "When a claim has been successfully submitted but contains errors the user can choose to review and correct this claim in WebCorrect (Claim Correction)." Below the message box is a button labeled "OPEN CLAIM IN WEBCORRECT".

# Other Options



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

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

AUDITED CLAIMS ADD NEW CLAIM

Claim has been successfully submitted. X

OPEN CLAIM IN WEBCLAIM

OPEN CLAIM IN WEBCLAIM

will open the claim to update the information.

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

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

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

# Options...Search for Claims

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

Q

- Type in your search request.

Q  X

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

Q

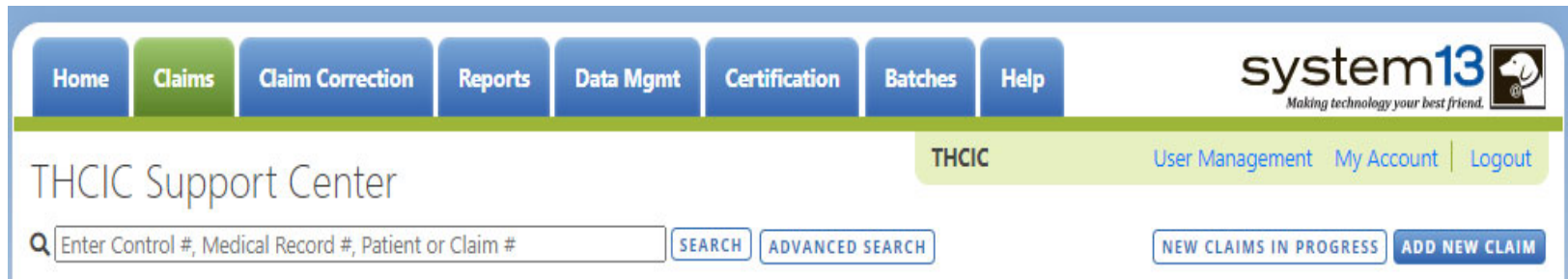
	Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/>	6739380	5877357	201507140042000009000005	07/14/2015	Pouros, Jovani	IN	-
<input type="checkbox"/>	6735776	6511439	2015071400420000054000005	07/14/2015	Effertz, Daija	IN	-

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

Q  X

# Incomplete (Saved) Claims

## New Claims in Progress



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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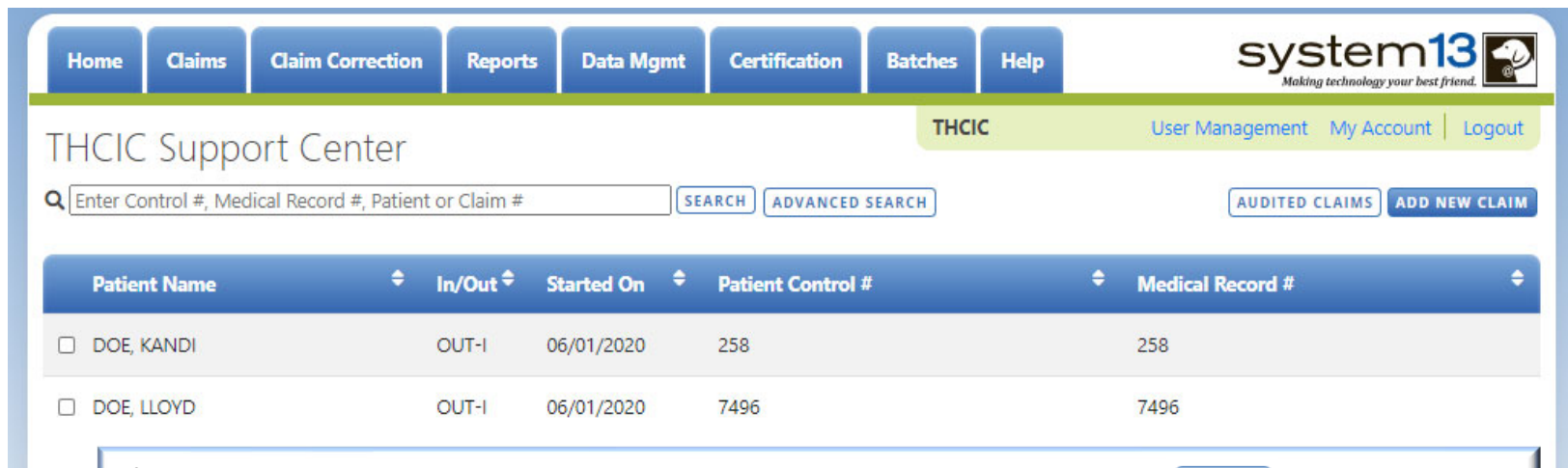
THCIC Support Center

THCIC User Management My Account Logout

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

If the user does not click “check for errors” the claim is still automatically saved. To complete this claim, the user will have to click the claims tab and click new claims in progress. A listing of the claims that have been saved, but not submitted will open. The user can complete entering these claims or if the user chooses to delete these claims, put an X beside the claim and delete will become an option.



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

THCIC User Management My Account Logout

Q 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 #
<input type="checkbox"/> DOE, KANDI	OUT-I	06/01/2020	258	258
<input type="checkbox"/> DOE, LLOYD	OUT-I	06/01/2020	7496	7496

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



# Inpatient Claim Entry

## Questions/ Comments



Questions, comments or need clarification please e-mail



[thcichelp@dshs.state.tx.us](mailto:thcichelp@dshs.state.tx.us)

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



Fax: 512- 776-7740






E-mail: [THCIChelp@dshs.state.tx.us](mailto:THCIChelp@dshs.state.tx.us)



Web site: <http://www.dshs.state.tx.us/THCIC>

# THCIC Contact

- ✓ Contact Tiffany Overton at email  [Tiffany.Overton@dshs.state.tx.us](mailto:Tiffany.Overton@dshs.state.tx.us) if a facility has questions concerning the submission, correction, or certification of data.
- ✓ Contact Dee Roes at email  [Dee.Roes@dshs.state.tx.us](mailto: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](mailto:thcichelp@dshs.state.tx.us).



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services



## Contact



Address:

System I 3, Inc

1648 State Farm Blvd.

Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: [THCIChelp@system13.com](mailto:THCIChelp@system13.com)



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