



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Inpatient Claim Correction

(Formerly WebCorrect)

Revised February 2022

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



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

THCIC Contact

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



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



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>



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Texas Department of State
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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

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

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.

Activity	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Cutoff for initial submission	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 (Free)	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23	11-1-23
Facilities retrieve certification files	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23	12-1-24
Cutoff for corrections at time of certification (Associated Fees)	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-3-23	10-2-23	1-2-24
Certification/comments due	4-15-22	7-15-22	10-17-22	1-17-23	4-17-23	7-17-23	10-16-23	1-16-24

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

Last updated January 25, 2022




TEXAS
Health and Human
Services

Texas Department of Sta
Health Services

THCIC System

System13, Inc. / THCIC Web - Windows Internet Explorer

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:
th000008

PASSWORD:
.....

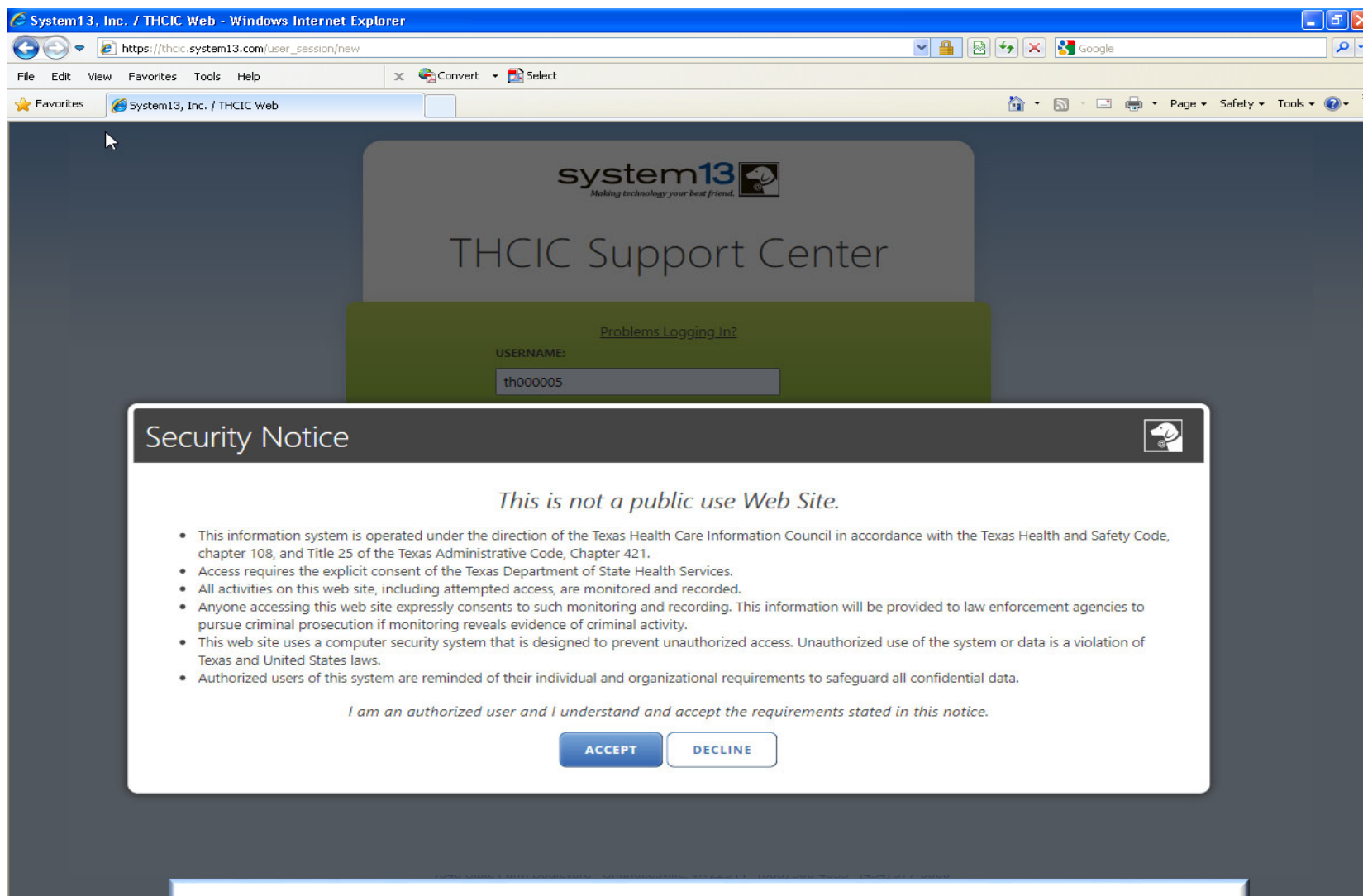
SIGN IN

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 URL bar shows https://thcic.system13.com/user_session/new. The page header includes the System13 logo and the text "Making technology your best friend." Below this, the "THCIC Support Center" title is displayed. A login form is visible with a "USERNAME:" label and a text input field containing "th000005". A "Problems Logging In?" link is also present. A "Security Notice" dialog box is overlaid on the page, containing the following text:

Security Notice

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.

Buttons: **ACCEPT** **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](#)

Q3
2021

SUBMISSION
 No claims are present for this quarter.

 Submission due **1 Dec 2021**
 Correction due **1 Feb 2022**

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

 Certification due **15 Apr 2022**

Q4
2021

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

Submission due **1 Mar 2022**
 Correction due **2 May 2022**

Certification due **15 Jul 2022**

Q1
2022

SUBMISSION
 No claims are present for this quarter.

 Submission due **1 Jun 2022**
 Correction due **1 Aug 2022**

CERTIFICATION
 No claims are present for this quarter.

 Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

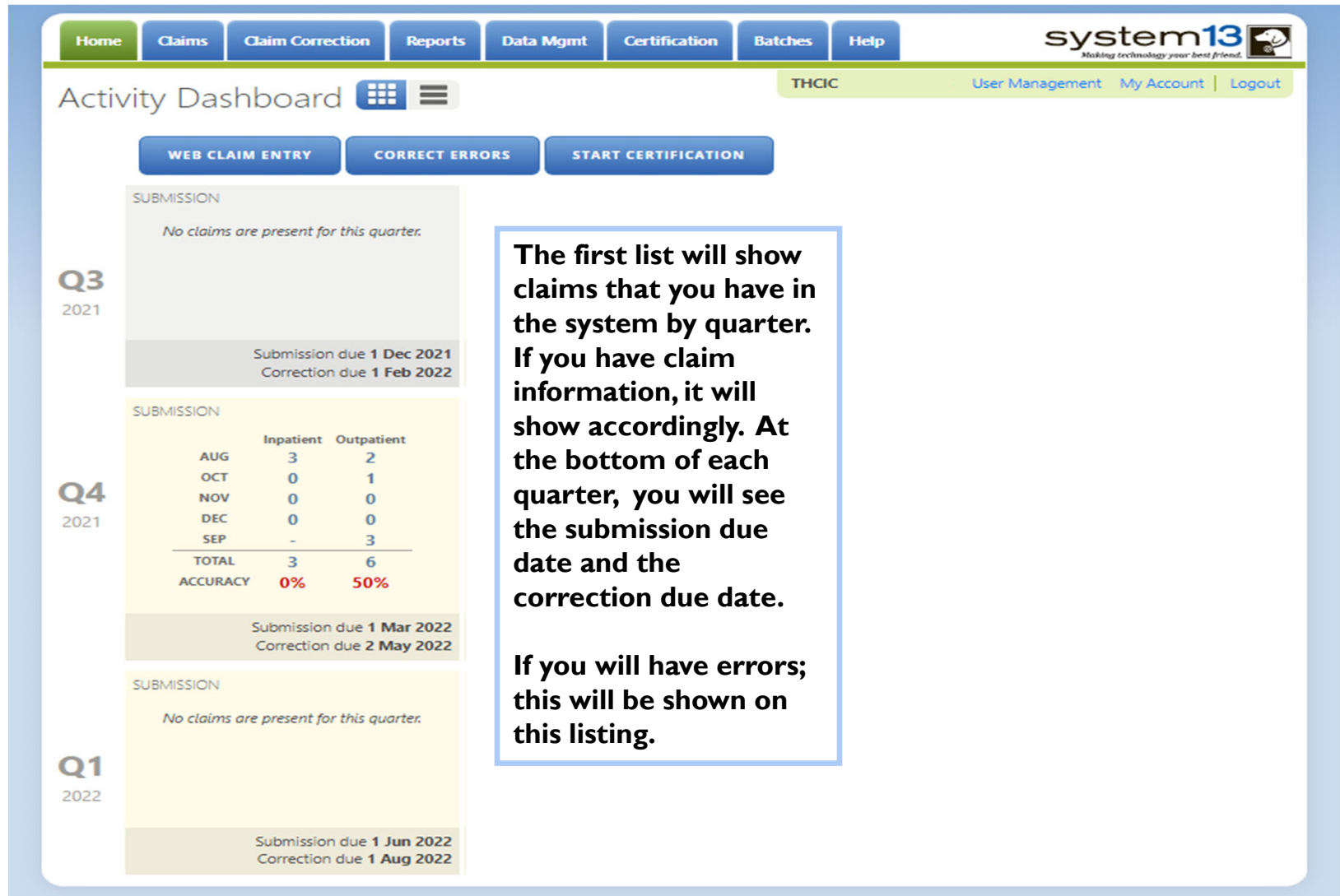
A
MONTH

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	0	0	0	0
Q3 2021	0	0	0	0
Q4 2021	0	3	0	3
Q1 2022	0	0	0	0

QUICK TIP:
 Primary contacts can click the 'User Management' link to create and manage additional users!

Provider Home Page – 1st Row



The screenshot displays the 'Provider Home Page - 1st Row' interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner, with the tagline 'Making technology your best friend.' Below the navigation bar, the 'Activity Dashboard' is visible, featuring a grid icon and a hamburger menu. To the right of the dashboard, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. Below the dashboard, there are three main sections: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. The first section, 'Q3 2021', shows 'No claims are present for this quarter.' and 'Submission due 1 Dec 2021' and 'Correction due 1 Feb 2022'. The second section, 'Q4 2021', shows a table of claims by month and type, with 'Submission due 1 Mar 2022' and 'Correction due 2 May 2022'. The third section, 'Q1 2022', shows 'No claims are present for this quarter.' and 'Submission due 1 Jun 2022' and 'Correction due 1 Aug 2022'. A text box on the right explains that the first list shows claims by quarter and that submission and correction due dates are shown at the bottom of each quarter.

Activity Dashboard

THCIC User Management My Account Logout

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

Q3 2021

SUBMISSION

No claims are present for this quarter.

Submission due 1 Dec 2021
Correction due 1 Feb 2022

Q4 2021

SUBMISSION

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

Submission due 1 Mar 2022
Correction due 2 May 2022

Q1 2022

SUBMISSION

No claims are present for this quarter.


Submission due 1 Jun 2022
Correction due 1 Aug 2022

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

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

Provider Home Page – 2nd Row

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



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

Activity Dashboard

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

Q3
2021

CERTIFICATION

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

Certification due 15 Apr 2022

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

Q4
2021

CERTIFICATION

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

Certification due 15 Jul 2022

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

Q1
2022

CERTIFICATION

No claims are present for this quarter.

Certification due 17 Oct 2022

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

Provider Home Page – 3rd Row

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Q3
2021

Q4
2021

Q1
2022

Next Deadline
Q4 2021 SUBMISSION
1 MONTH

Performance History

3
2.5
2
1.5
1
0.5
0

Q2 2021 Q3 2021 Q4 2021 Q1 2022

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

QUICK TIP:
Primary contacts can click the 'User Management' link to create and manage additional users!

Health and Human Services Texas Department of State Health Services

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](#)

Q3 2021 SUBMISSION

No claims are present for this quarter.
Submission due **1 Dec 2021** | Correction due **1 Feb 2022**

Q3 2021 CERTIFICATION

Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

	Inpatient	Outpatient	
AUG	3	2	Submission due 1 Mar 2022 Correction due 2 May 2022
OCT	0	1	
NOV	0	0	
DEC	0	0	
SEP	-	3	
TOTAL	3	6	
ACCURACY	0%	50%	

Q4 2021 CERTIFICATION

If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2022**

Q1 2022 SUBMISSION

No claims are present for this quarter.
Submission due **1 Jun 2022** | Correction due **1 Aug 2022**

Q1 2022 CERTIFICATION

No claims are present for this quarter.
Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A MONTH

Performance History



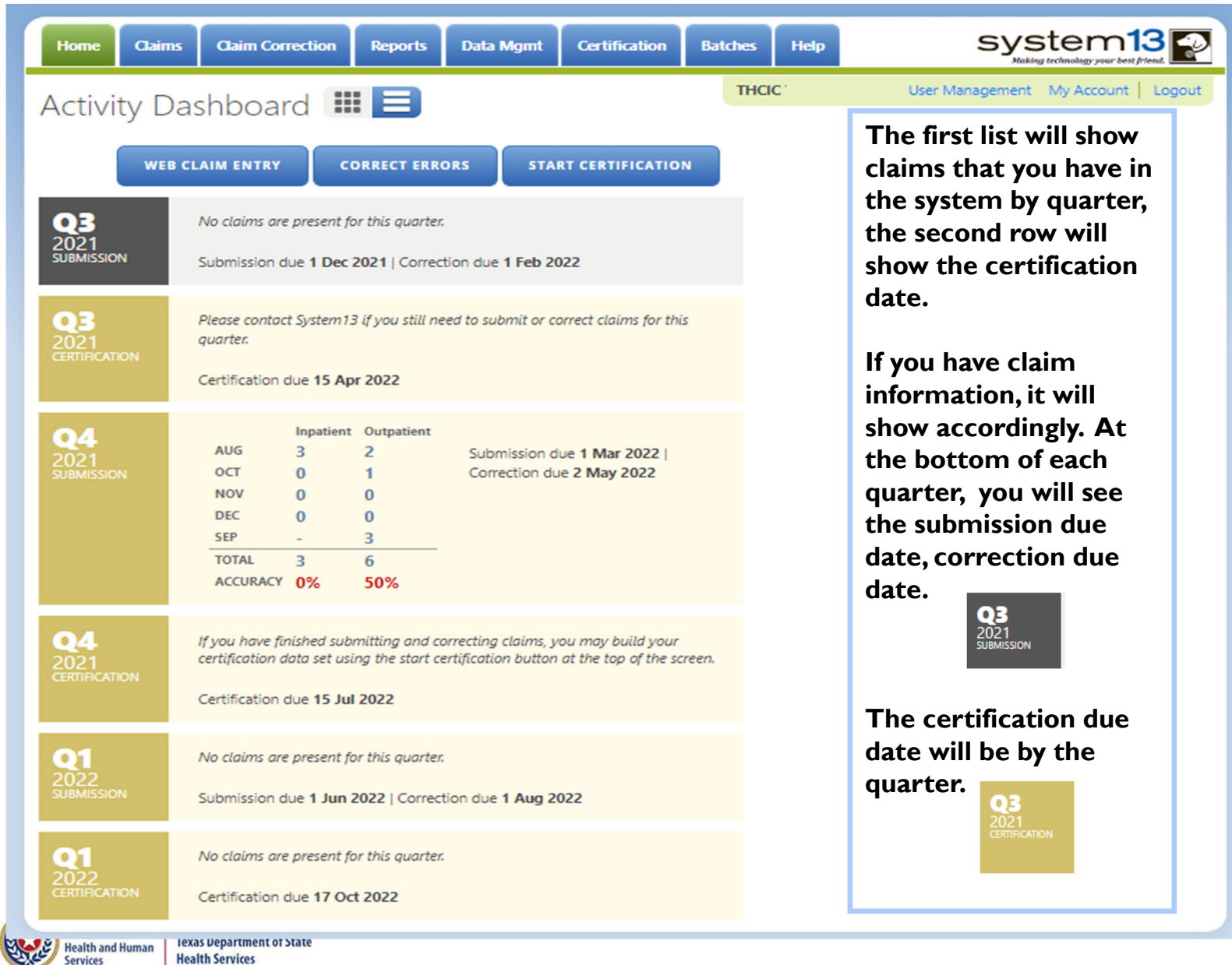
Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	3	0	0	0
Q3 2021	3	0	0	0
Q4 2021	3	0	0	0
Q1 2022	3	0	0	0

QUICK TIP:

Primary contacts can click the 'User Management' link to create and manage additional users!

 **TEXAS**
Health and Human
ServicesTexas Department of State
Health Services

Provider Home Page – 1st Row



The screenshot displays the 'Provider Home Page - 1st Row' of the 'system13' web application. The interface features a top navigation bar with links: 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 'Activity Dashboard' is visible, showing a grid of activity cards. The first row of the dashboard contains three cards: 'Q3 2021 SUBMISSION', 'Q3 2021 CERTIFICATION', and 'Q4 2021 SUBMISSION'. The 'Q3 2021 SUBMISSION' card shows 'No claims are present for this quarter.' and 'Submission due 1 Dec 2021 | Correction due 1 Feb 2022'. The 'Q3 2021 CERTIFICATION' card shows 'Please contact System13 if you still need to submit or correct claims for this quarter.' and 'Certification due 15 Apr 2022'. The 'Q4 2021 SUBMISSION' card shows a table of claims by month and quarter, with 'Submission due 1 Mar 2022 | Correction due 2 May 2022'. The 'Q4 2021 CERTIFICATION' card shows '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.' and 'Certification due 15 Jul 2022'. The 'Q1 2022 SUBMISSION' card shows 'No claims are present for this quarter.' and 'Submission due 1 Jun 2022 | Correction due 1 Aug 2022'. The 'Q1 2022 CERTIFICATION' card shows 'No claims are present for this quarter.' and 'Certification due 17 Oct 2022'. The bottom of the page features the 'Health and Human Services' logo and the 'Texas Department of State Health Services' text.

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

Q3 2021 SUBMISSION
No claims are present for this quarter.
Submission due 1 Dec 2021 | Correction due 1 Feb 2022

Q3 2021 CERTIFICATION
Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due 15 Apr 2022

Q4 2021 SUBMISSION

	Inpatient	Outpatient	
AUG	3	2	Submission due 1 Mar 2022 Correction due 2 May 2022
OCT	0	1	
NOV	0	0	
DEC	0	0	
SEP	-	3	
TOTAL	3	6	
ACCURACY	0%	50%	

Q4 2021 CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due 15 Jul 2022

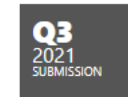
Q1 2022 SUBMISSION
No claims are present for this quarter.
Submission due 1 Jun 2022 | Correction due 1 Aug 2022

Q1 2022 CERTIFICATION
No claims are present for this quarter.
Certification due 17 Oct 2022

Health and Human Services Texas Department of State Health Services

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

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





The certification due date will be by the quarter.



Provider Home Page – 2nd Row

[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

11
HOURS

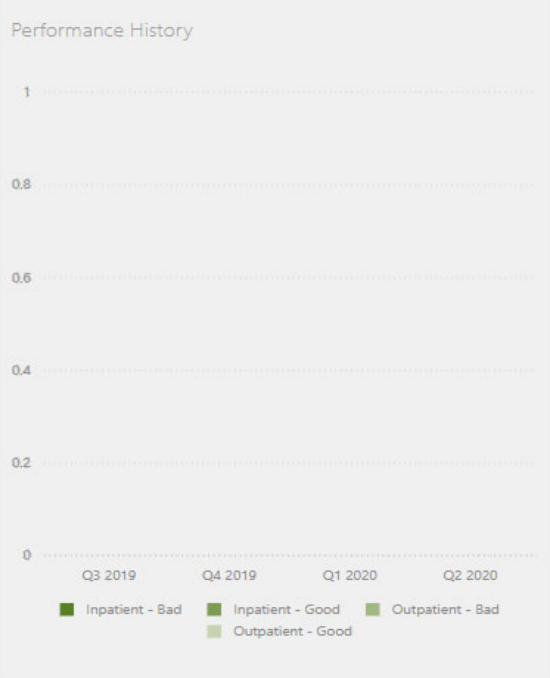
NEXT DEADLINE
Q1 2020 SUBMISSION

4
DAYS

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

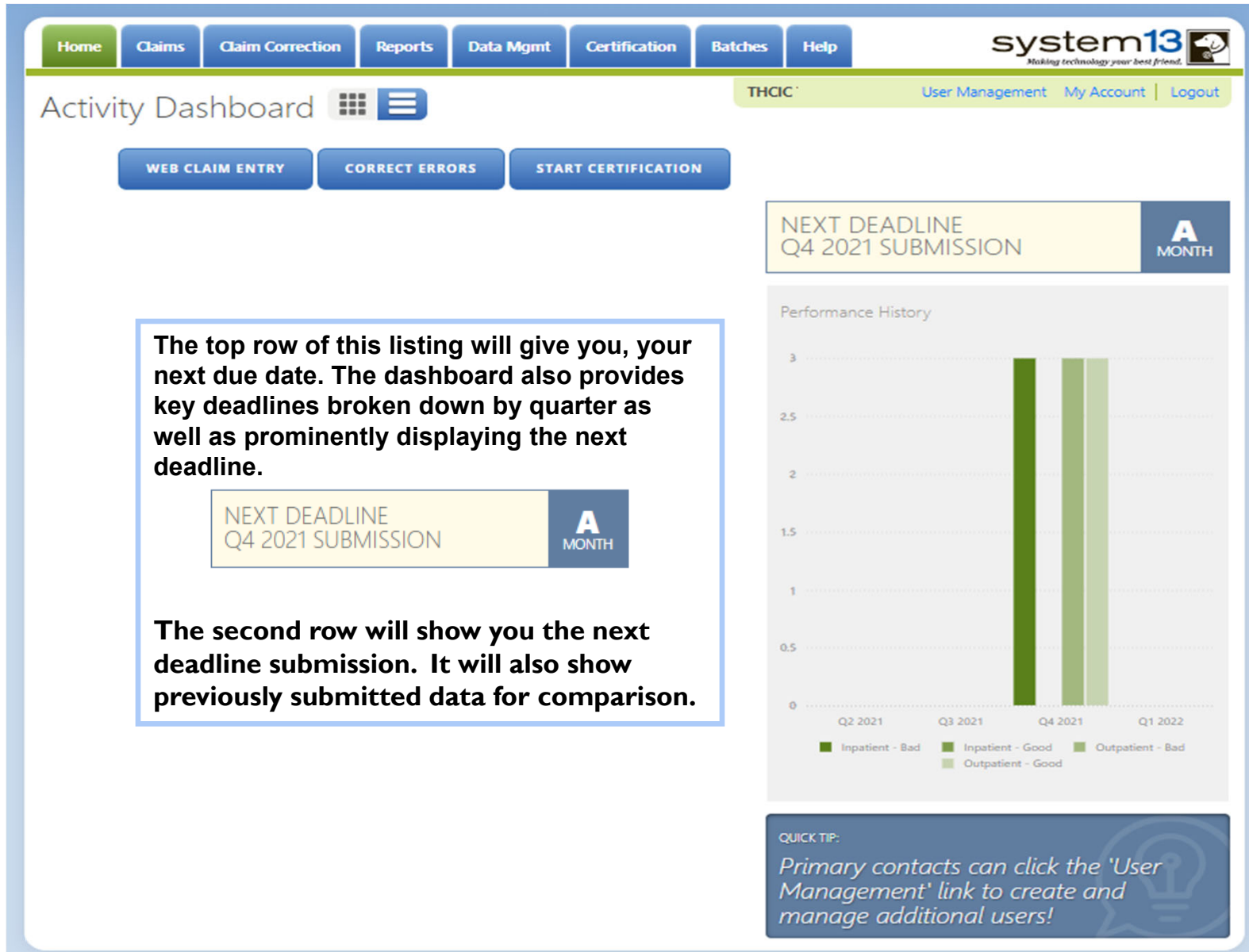
■ Inpatient - Bad ■ Inpatient - Good ■ Outpatient - Bad ■ Outpatient - Good

QUICK TIP:

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

 Health and Human Services | Health Services

Provider Home Page – 2nd Row



The screenshot displays the 'Provider Home Page - 2nd Row' of a web application. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner, with the tagline 'Making technology your best friend.' Below the navigation bar, the 'Activity Dashboard' is visible, featuring a grid icon and a menu icon. A row of three buttons is present: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. To the right of these buttons, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area is divided into two sections. The left section contains a text box explaining that the top row of the listing provides the next due date and key deadlines broken down by quarter, as well as prominently displaying the next deadline. Below this text box is a small widget titled 'NEXT DEADLINE Q4 2021 SUBMISSION' with a blue 'A MONTH' indicator. The right section contains a 'Performance History' bar chart showing data for Q2 2021, Q3 2021, Q4 2021, and Q1 2022. The chart has a y-axis ranging from 0 to 3. The legend indicates four categories: Inpatient - Bad (dark green), Inpatient - Good (medium green), Outpatient - Bad (light green), and Outpatient - Good (very light green). The chart shows that for Q4 2021, the 'Inpatient - Good' category has the highest value, followed by 'Inpatient - Bad'. For Q1 2022, the 'Outpatient - Good' category has the highest value, followed by 'Outpatient - Bad'. At the bottom right, a 'QUICK TIP' box states: 'Primary contacts can click the 'User Management' link to create and manage additional users!'.

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

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

NEXT DEADLINE Q4 2021 SUBMISSION A MONTH

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

Performance History

3 2.5 2 1.5 1 0.5 0

Q2 2021 Q3 2021 Q4 2021 Q1 2022

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

QUICK TIP:
Primary contacts can click the 'User Management' link to create and manage additional users!

Data Management/Primary Contact Provider Home Page

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help

Provider
Tabs

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

Activity Dashboard

THCIC

Other
Features

Activity Dashboard

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

Q3 2021

SUBMISSION: No claims are present for this quarter.

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

Submission due **1 Dec 2021**
Correction due **1 Feb 2022**

Q4 2021

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

Submission due **1 Mar 2022**
Correction due **2 May 2022**

Q1 2022

SUBMISSION: No claims are present for this quarter.

CERTIFICATION: No claims are present for this quarter.

Submission due **1 Jun 2022**
Correction due **1 Aug 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	3	0	0	0
Q3 2021	0	3	0	0
Q4 2021	0	3	0	3
Q1 2022	0	0	0	0

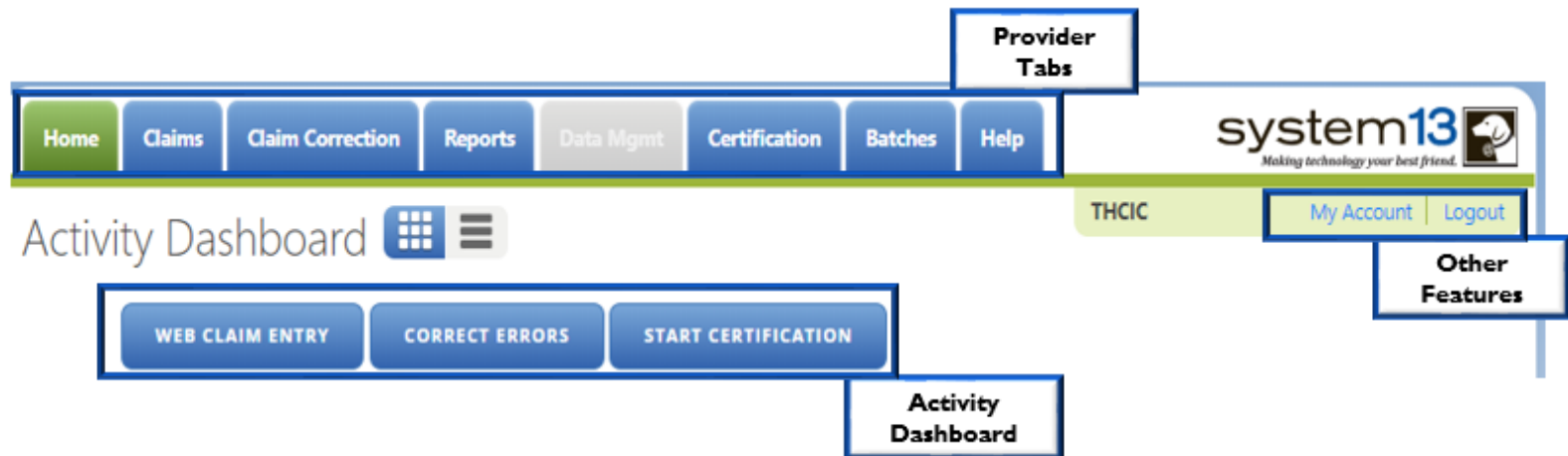
QUICK TIP:

Primary contacts can click the 'User Management' link to create and manage additional users!

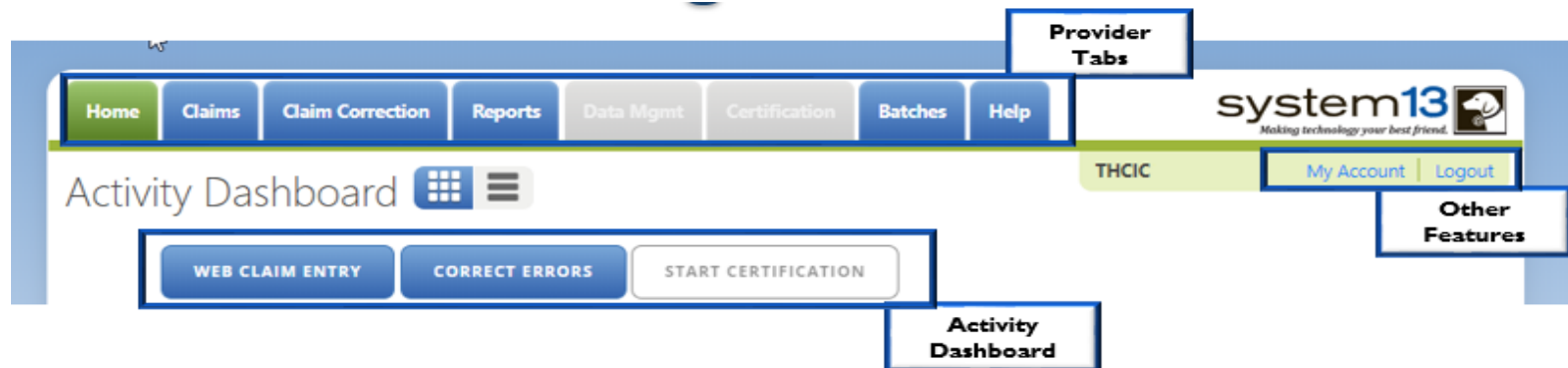
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Texas Department of State
Health Services

Data Certifier / Data Manager Provider Home Page



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



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

Data Management/Primary Contact Provider Home Page – Grid View

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[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

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
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**

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

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Data Management/Primary Contact Provider Home Page – List View

[Home](#)
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Activity Dashboard

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

Q3 2021 SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2021** | Correction due **1 Feb 2022**

Q3 2021 CERTIFICATION

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

Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

	Inpatient	Outpatient	
AUG	3	2	Submission due 1 Mar 2022 Correction due 2 May 2022
OCT	0	1	
NOV	0	0	
DEC	0	0	
SEP	-	3	
TOTAL	3	6	
ACCURACY	0%	50%	

Q4 2021 CERTIFICATION

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

Certification due **15 Jul 2022**

Q1 2022 SUBMISSION

No claims are present for this quarter.

Submission due **1 Jun 2022** | Correction due **1 Aug 2022**

Q1 2022 CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A MONTH

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad
Q2 2021	0	0	0
Q3 2021	3	3	3
Q4 2021	3	3	3
Q1 2022	0	0	0

QUICK TIP:

Primary contacts can click the 'User Management' link to create and manage additional users!

Services
 |
 Health Services

Provider Tabs



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

Activity Dashboard  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Activity Dashboard

Activity Dashboard



THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

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

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

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

NEXT SECTION → CHECK 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](#)



THCIC Support Center

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

<input type="checkbox"/>	Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/>	123456654321	123456654321	202108119998999722000005	08/11/2021	DOE, KENI	IN	3
<input type="checkbox"/>	12345	12345	202108119998999723000005	08/11/2021	DOE, KENNETH	IN	2
<input type="checkbox"/>	11111	1111	202108099998999731000005	08/09/2021	DOE, KENDRA	IN	1
<input type="checkbox"/>	8989	8989	202010089998999744000005	10/08/2020	DOE, ISAIAH	IN	25
<input type="checkbox"/>	11223	11223	202010089998999745000005	10/08/2020	DOE, JEHOVAH	IN	26
<input type="checkbox"/>	9876	9876	202010089998999746000005	10/08/2020	DOE, KYLE	IN	22
<input type="checkbox"/>	1234	1234	202010089998999747000005	10/08/2020	DOE, KAMELA	IN	11
<input type="checkbox"/>	77777	77777	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-523 ERR-638		201610140006000025000005	10/14/2016	SSORENSTAM, SSHAQUILLE	OUT-I	1

72 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 **START CORRECTIONS** which opens the first claim on your listing.



Health Services

Start Certification /Certification

START CERTIFICATION

Certification

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

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THCIC Support Center

THCIC

User Management

My Account

Logout

Certification

INPATIENT

2021

4th Quarter

No Data

3rd Quarter

No Data

2nd Quarter

No Data

1st Quarter

No Data

Older Quarters

Select Quarter

OUTPATIENT

2021

4th Quarter

Eligible Claims

GENERATE QUARTER CERT. DATA (EOD)

3rd Quarter

Eligible Claims

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

2nd Quarter

No Data

1st Quarter

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

Banner Messages and Locked Accounts

The screenshot displays the system13 web application interface. At the top, two red banner messages are visible: "Your password will be expiring on 01/21/2022. Please consider changing it now." and "Locked Out Accounts Detected: Please unlock active users and delete unneeded accounts in User Management." Each banner has a small 'X' icon on the right side. A red arrow points from the first banner to the 'User Management' link in the top navigation bar. Below the banners is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. To the right of the tabs is the system13 logo with the tagline "Making technology your best friend." and a small icon. Below the navigation bar, the user is logged in as "THCIC". The main content area shows a message: "Your password will expire on: 01/21/2022 (approximately 3 days from today)". Below this is a form for changing the password, with a label "CURRENT PASSWORD" and a text input field containing "current password". To the right of the form is a box titled "PASSWORDS MUST:" with a bullet point: "expire and be changed every 60 days".

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

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

Your password will expire on: 01/21/2022
(approximately 3 days from today)

CURRENT PASSWORD

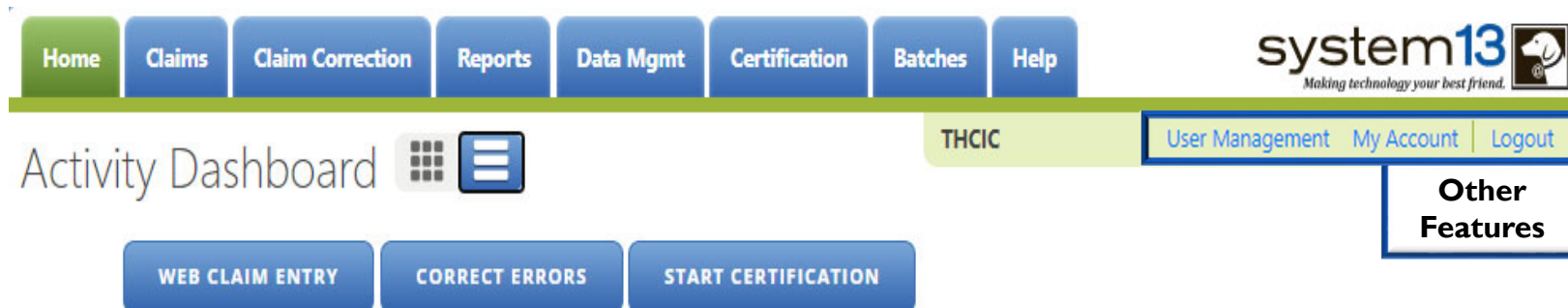
current password

PASSWORDS MUST:

- expire and be changed every 60 days

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

Provider Other Features

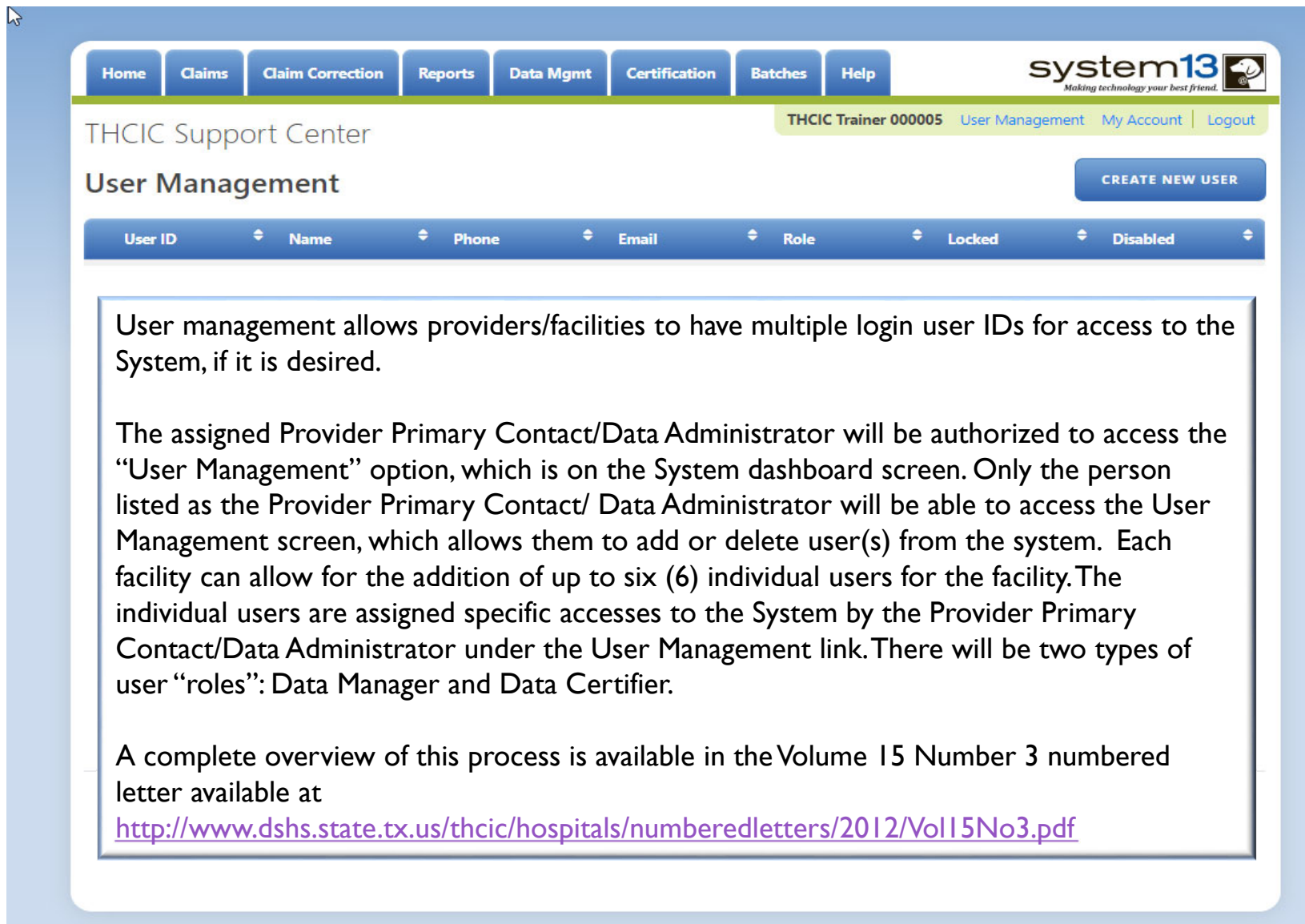


The screenshot displays the 'Provider Other Features' interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is present with the tagline 'Making technology your best friend.' Below the navigation bar, the 'Activity Dashboard' is visible, featuring a grid icon and a list icon. To the right, a user menu shows 'THCIC' and options for 'User Management', 'My Account', and 'Logout'. A box labeled 'Other Features' is highlighted, containing three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'.

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

User Management



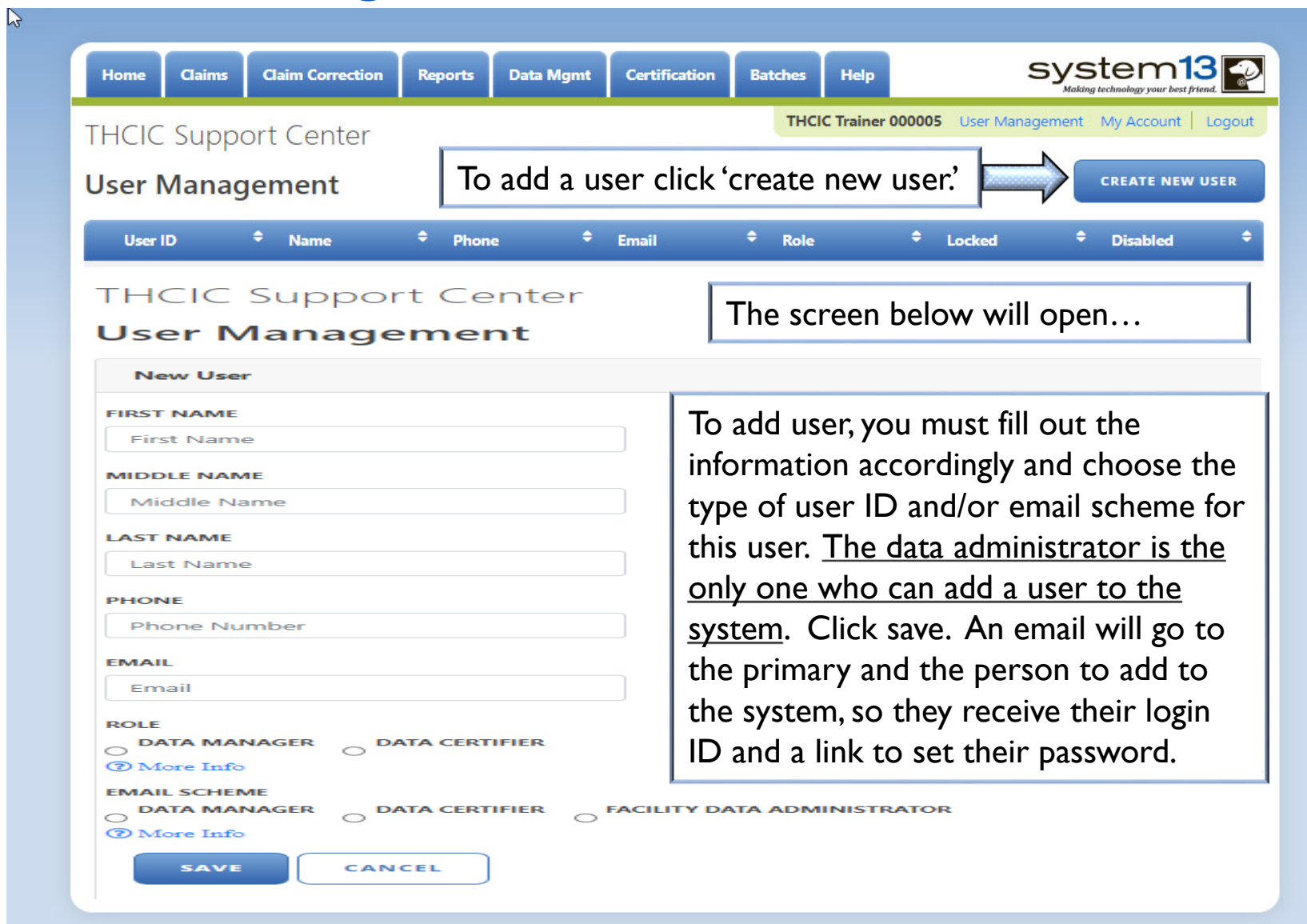
The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. To the right of these buttons is the 'system13' logo with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center' and 'User Management'. A user identifier 'THCIC Trainer 000005' is displayed, along with links for 'User Management', 'My Account', and 'Logout'. A 'CREATE NEW USER' button is visible on the right. Below the title, there is a table header with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. The main content area contains three paragraphs of text explaining the user management process.

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

The assigned Provider Primary Contact/Data 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 the following fields and options:

- FIRST NAME**: Text input field.
- MIDDLE NAME**: Text input field.
- LAST NAME**: Text input field.
- PHONE**: Text input field labeled 'Phone Number'.
- EMAIL**: Text input field labeled 'Email'.
- ROLE**: Radio buttons for **DATA MANAGER** and **DATA CERTIFIER**, with a [More Info](#) link.
- EMAIL SCHEME**: Radio buttons for **DATA MANAGER**, **DATA CERTIFIER**, and **FACILITY DATA ADMINISTRATOR**, with a [More Info](#) link.
- Buttons**: **SAVE** and **CANCEL**.

A callout box on the right side of the form provides instructions: '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 (Claim Correction)
 - ✕ 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 seleted 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



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[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

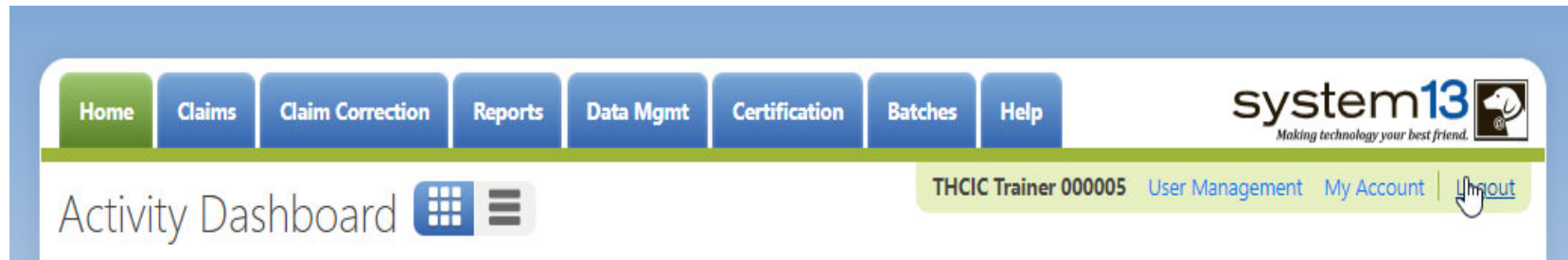
PASSWORDS MUST NOT:

- 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)

Other Features - Logout



Logout logs you out of the system.

Other Features - Logout



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

Inactivity

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

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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**

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

Provider Home Page – Grid View



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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](#)

Q3
2021

SUBMISSION
No claims are present for this quarter.

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

Submission due **1 Dec 2021**
 Correction due **1 Feb 2022**

Certification due **15 Apr 2022**

Q4
2021

	Inpatient	Outpatient
AUG	3	2
OCT	0	1
NOV	0	0
DEC	0	0
SEP	-	3
TOTAL	3	6
ACCURACY	0%	50%

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

Submission due **1 Mar 2022**
 Correction due **2 May 2022**

Certification due **15 Jul 2022**

Q1
2022

SUBMISSION
No claims are present for this quarter.

CERTIFICATION
No claims are present for this quarter.

Submission due **1 Jun 2022**
 Correction due **1 Aug 2022**

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	0	0	0	0
Q3 2021	0	0	0	0
Q4 2021	0	3	0	3
Q1 2022	0	0	0	0

QUICK TIP:
Primary contacts can click the 'User Management' link to create and manage additional users!

Provider Home Page – List View

[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](#)

Q3 2021 SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2021** | Correction due **1 Feb 2022**

Q3 2021 CERTIFICATION

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

Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

	Inpatient	Outpatient	
AUG	3	2	Submission due 1 Mar 2022 Correction due 2 May 2022
OCT	0	1	
NOV	0	0	
DEC	0	0	
SEP	-	3	
TOTAL	3	6	
ACCURACY	0%	50%	

Q4 2021 CERTIFICATION

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

Certification due **15 Jul 2022**

Q1 2022 SUBMISSION

No claims are present for this quarter.

Submission due **1 Jun 2022** | Correction due **1 Aug 2022**

Q1 2022 CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A MONTH

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	0	0	0	0
Q3 2021	0	0	0	0
Q4 2021	0	3	0	6
Q1 2022	0	0	0	0

QUICK TIP:

Primary contacts can click the 'User Management' link to create and manage additional users!

Provider Tab Claims

Claims

System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

System13, Inc. / THCIC WebClaim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

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"/> 8989	8989	202010089998999744000005	10/08/2020	DOE, ISAIAH	IN	25A
<input type="checkbox"/> 11223	11223	202010089998999745000005	10/08/2020	DOE, JEHOVAH	IN	26
<input type="checkbox"/> 9876	9876	202010089998999746000005	10/08/2020	DOE, KYLE	IN	22
<input type="checkbox"/> 1234	1234	202010089998999747000005	10/08/2020	DOE, KAMELA	IN	11
<input type="checkbox"/> 77777	77777	202010079998999748000005	10/07/2020	DOE, QUINTON	IN	7
<input type="checkbox"/> 74741	741741	202009029998999757000005	09/02/2020	DOE, FAKE	IN	10
<input type="checkbox"/> 123456	123456	202009029998999758000005	09/02/2020	DOE, VERONICA	OUT-I	-
<input type="checkbox"/> 777	777	202006089998999766000005	06/08/2020	DOE, TERRY	IN	-
<input type="checkbox"/> 998	998	202006089998999767000005	06/08/2020	DOE, JACK	IN	-
<input type="checkbox"/> 741741	741741	202006089998999768000005	06/08/2020	DOE, JANE	IN	-
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 753	753	202006039998999770000005	06/03/2020	DOE, TESSA	OUT-I	4A
<input type="checkbox"/> 789	789	202006019998999774000005	06/01/2020	DOE, JANE	OUT-I	-
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29

SELECT ALL 921 Claims DELETE

Accepted As Is

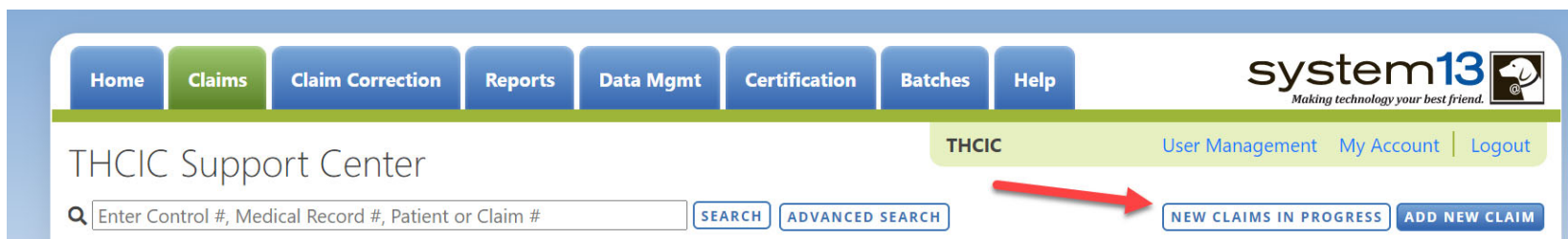
No Correction Needed

Errors

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

New Claims in Progress

NEW CLAIMS IN PROGRESS



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

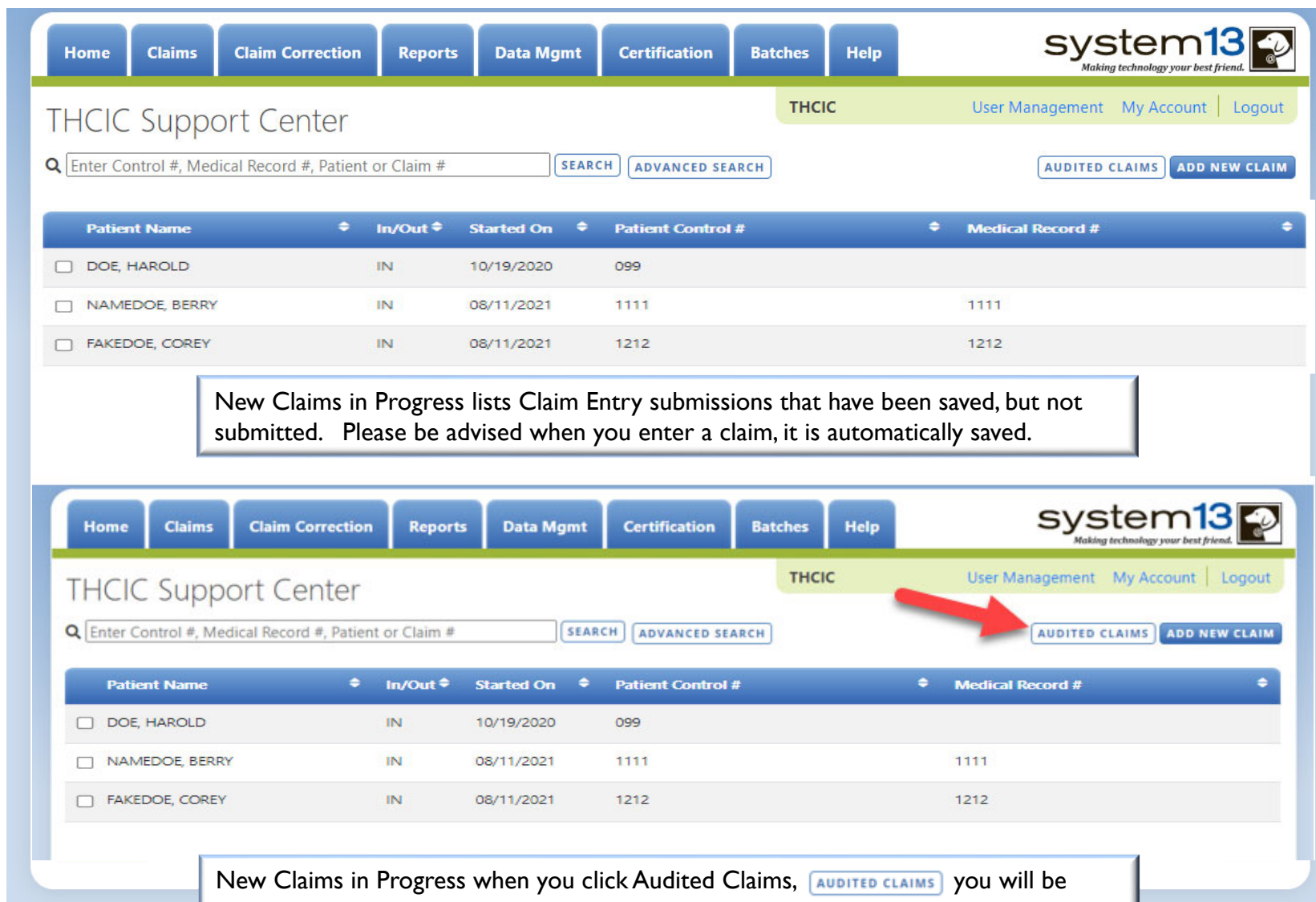
THCIC User Management My Account Logout

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 Claim Entry.

New Claims in Progress



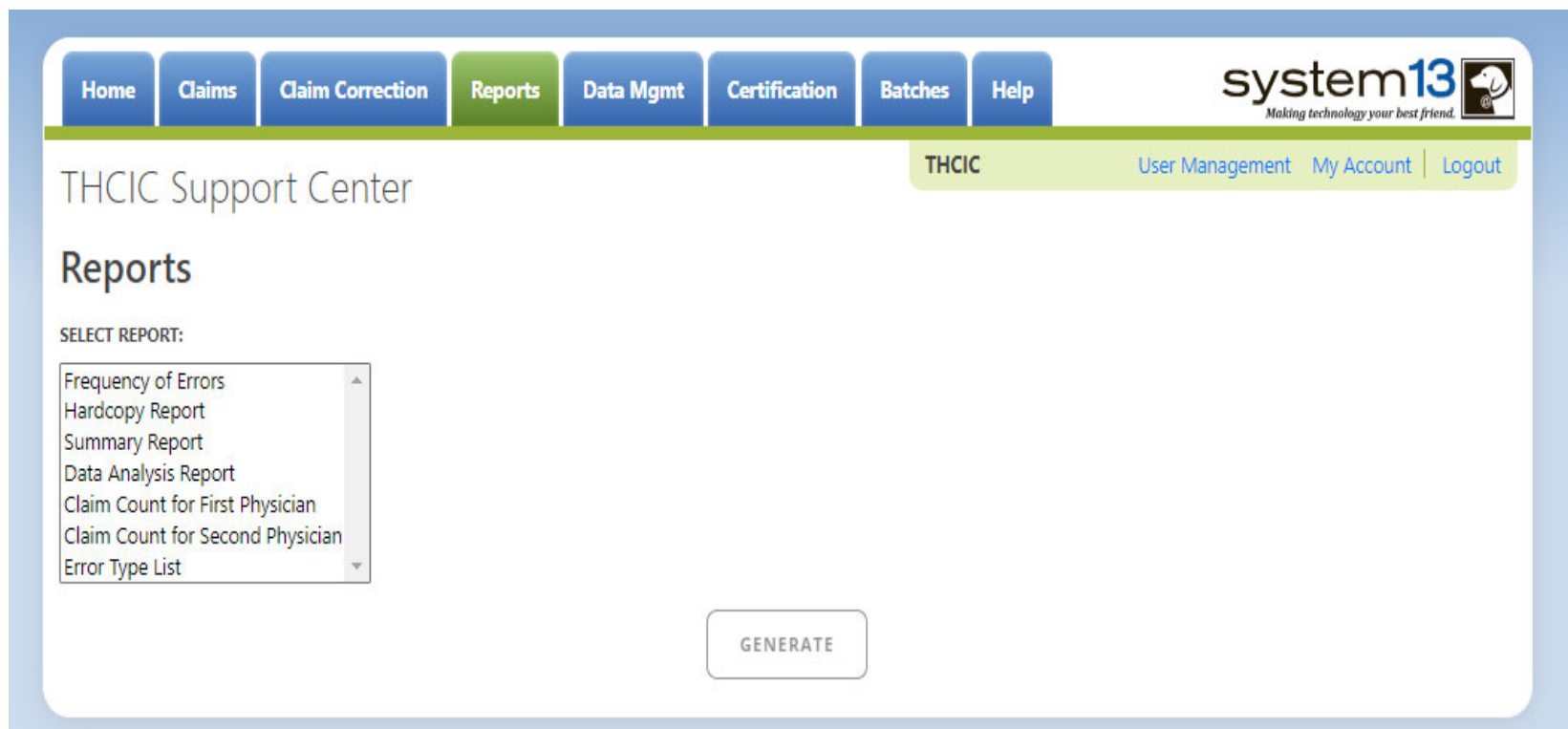
The screenshot shows the 'system13' interface with the 'THCIC Support Center' header. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'THCIC' tab is active, and the 'AUDITED CLAIMS' button is highlighted with a red arrow. Below the header is a search bar and a table of claims.

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, HAROLD	IN	10/19/2020	099	
<input type="checkbox"/> NAMEDOE, BERRY	IN	08/11/2021	1111	1111
<input type="checkbox"/> FAKEDOE, COREY	IN	08/11/2021	1212	1212

New Claims in Progress lists Claim Entry submissions that have been saved, but not submitted. Please be advised when you enter a claim, it is automatically saved.

New Claims in Progress when you click Audited Claims, **AUDITED CLAIMS** you will be taken back to the claims menu.

Reports Reports



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

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THCIC Support Center

THCIC User Management My Account Logout

Reports

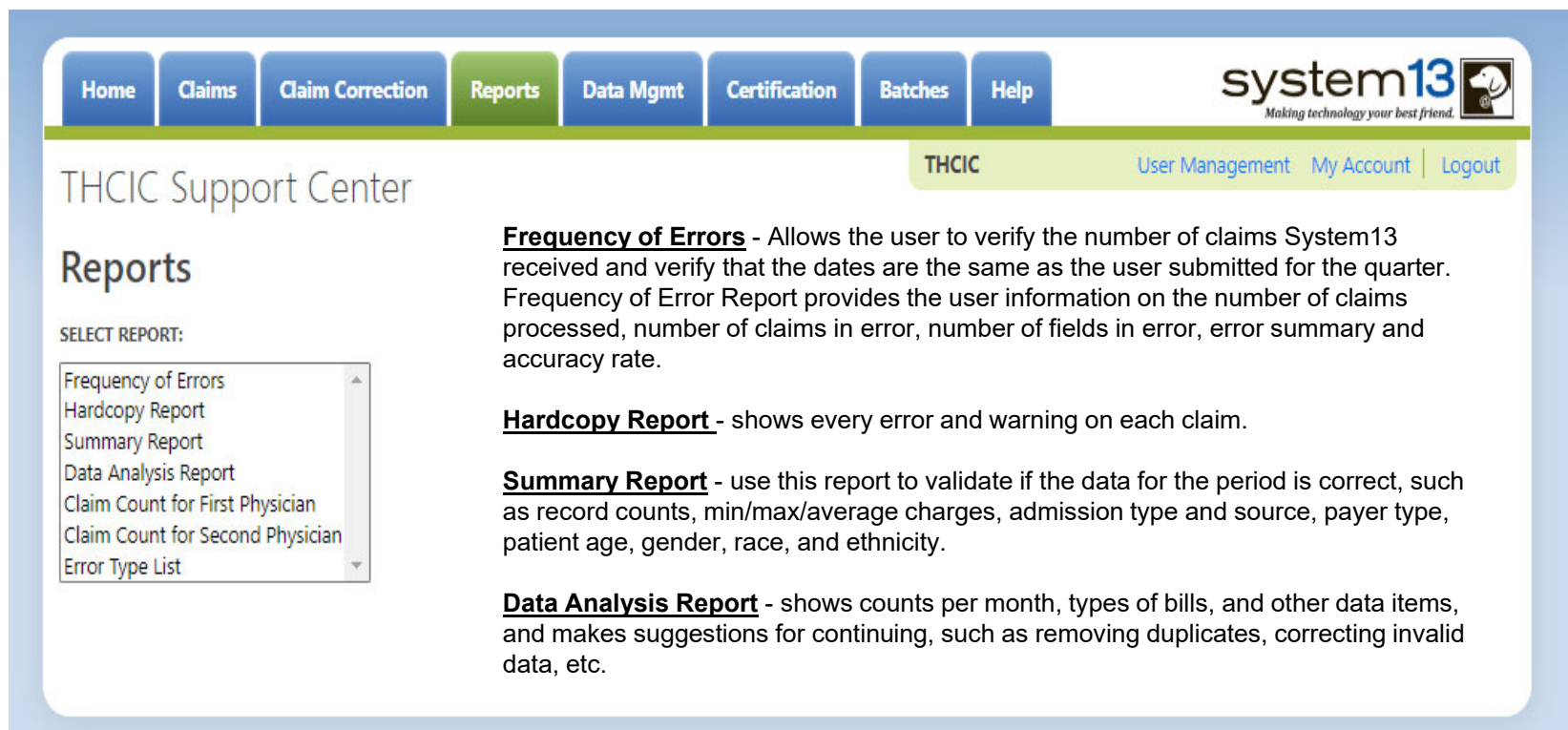
SELECT REPORT:

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

GENERATE

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

Reports Available Reports






The screenshot shows the 'Reports' section of the System13 web application. The navigation bar includes links for Home, Claims, Claim Correction, Reports (highlighted), 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'. 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 detailed descriptions for the first three reports: Frequency of Errors, Hardcopy Report, and Summary Report. The Frequency of Errors report allows users to verify the number of claims received and the dates submitted. The Hardcopy Report shows every error and warning on each claim. The Summary Report is used to validate data for a period, such as record counts, min/max/average charges, admission type, payer type, patient age, gender, race, and ethnicity. The Data Analysis Report shows counts per month, types of bills, and other data items, and makes suggestions for continuing, such as removing duplicates and correcting invalid data.

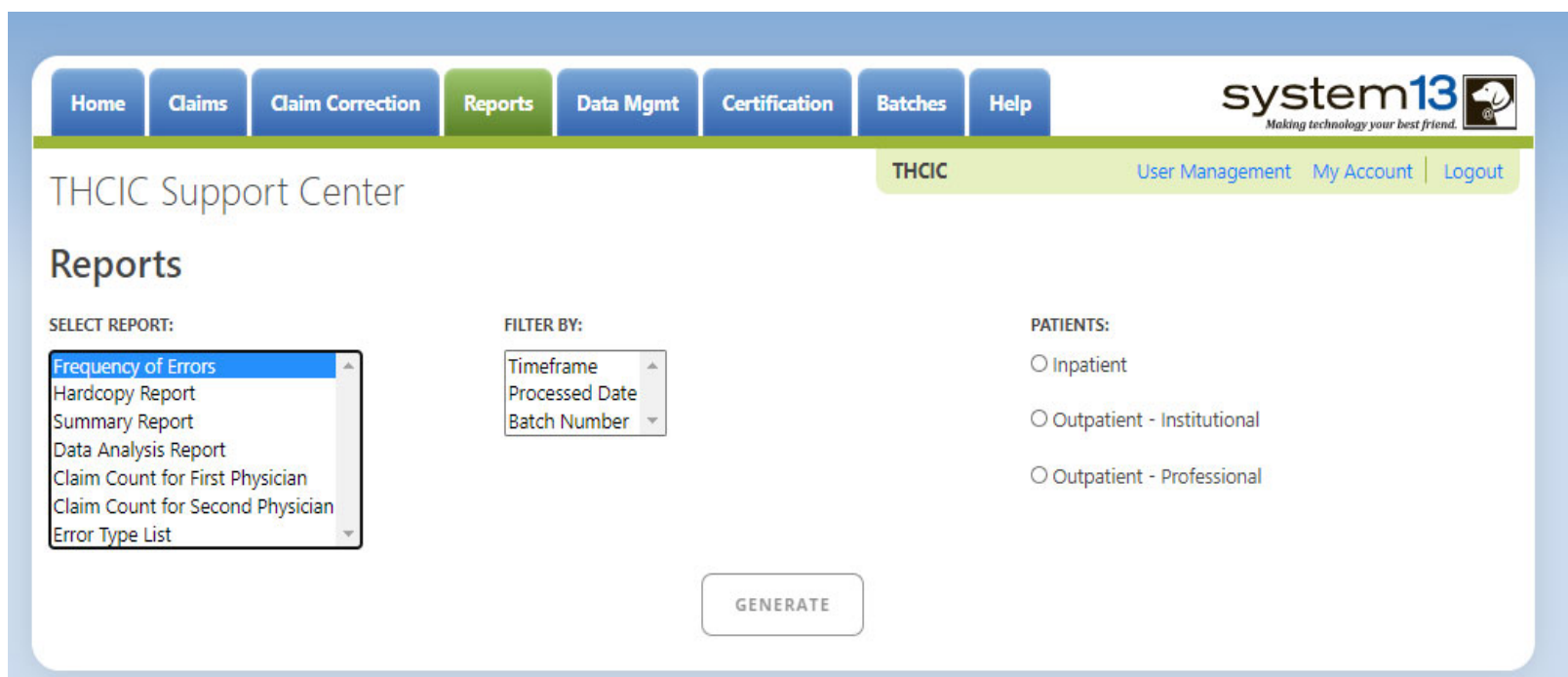
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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.



The screenshot shows the 'Reports' section of the 'THCIC Support Center' interface. 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 'THCIC Support Center' is displayed, followed by a sub-header 'Reports'. The main content area contains three sections: 'SELECT REPORT:', 'FILTER BY:', and 'PATIENTS:'. The 'SELECT REPORT:' section has a dropdown menu with the following options: Frequency of Errors (selected), Hardcopy Report, Summary Report, Data Analysis Report, Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. The 'FILTER BY:' section has a dropdown menu with the following options: Timeframe, Processed Date, and Batch Number. The 'PATIENTS:' section has three radio button options: Inpatient, Outpatient - Institutional, and Outpatient - Professional. At the bottom right of the form is a 'GENERATE' button.

-  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:

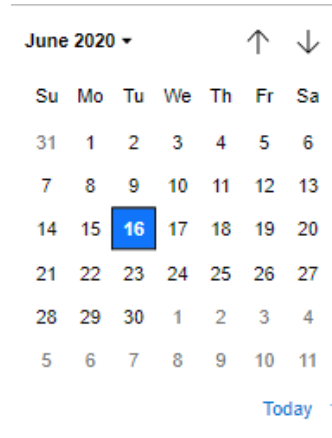
- ☐ Inpatient
- ☐ Outpatient - Institutional
- ☐ Outpatient - Professional


****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.

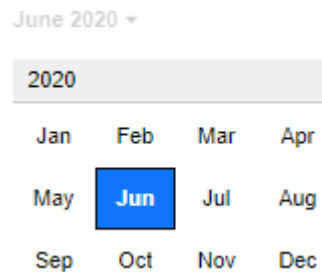


Functionality of the Calendar Feature

- 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

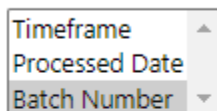
GENERATE

- ✓ 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

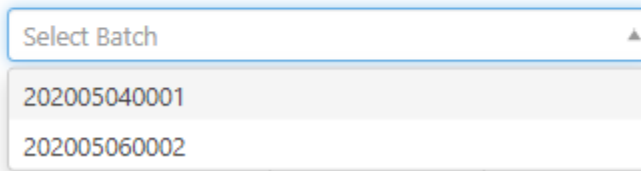
- ✓ To create a report by batch number, you have to choose a batch from the batch listing in the system.

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 Support Center

THCIC User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Select Claim Type

☐ INPATIENT
☐ OUTPATIENT

Duplicate Remove Process (DR)

The DR function will:

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

Select Action


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

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




Texas Department of State
Health Services

Data Analysis Report through the Reports Tab

[Home](#)
[Claims](#)
[Claim Correction](#)
[Reports](#)
[Data Mgmt](#)
[Certification](#)
[Batches](#)
[Help](#)
system13


THCIC Support Center

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

Reports

Select Report:

Frequency of Errors
 Hardcopy Report
 Summary Report
Data Analysis Report
 Claim Count for First Physician

Please select one
 2q15
1q15
 4q14
 3q14

Patients:

☐ Inpatient
☒ Outpatient

Reports

Select Report:

Frequency of Errors
 Hardcopy Report
 Summary Report
Data Analysis Report
 Claim Count for First Physician

Quarter:

1q15

Generate

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



Data Analysis Report through the Reports Tab

4Q2012 Data Analysis Report (Inpatient)

Report Date: 18-Apr-2013

THCIC ID: 000004 MB - THCIC Acceptance Outpatient Pro

Quarter Analysis

Month	Total	xx0	xx1	xx2	xx3	xx4	xx5	xx6	xx7	xx8	???
Jul	0	0	0	0	0	0	0	0	0	0	0
Aug	0	0	0	0	0	0	0	0	0	0	0
Sep	0	0	0	0	0	0	0	0	0	0	0
Oct	1	0	1	0	0	0	0	0	0	0	0
Nov	0	0	0	0	0	0	0	0	0	0	0
Dec	2	0	2	0	0	0	0	0	0	0	0

Quarter Comparison

Qtr	Total
4q12	3
3q12	0
2q12	0

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 tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. A modal dialog titled 'MRR DR Information' is open, containing the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?'. Below the text are 'YES' and 'NO' buttons. In the background, the 'Modify/Replace' section is visible, listing actions like 'Match claims with', 'Eliminate duplicates', and 'Apply late charges'. The 'Select Claim Type' section has 'INPATIENT' and 'OUTPATIENT' (selected) radio buttons. The 'Select Action' section has 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)' buttons.

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace

The MRR function will:

- Match claims with
 - Patient Co
 - Medical R
 - Admission
 - Admission
- Eliminate duplicates
- Apply late charges
- Apply correction
- Apply the replacement
- Remove claims that

MRR DR Information

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

YES NO

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. Two sections are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe matching claims by Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A modal dialog titled 'Modify/Replace/Remove Alert' is open, explaining the MRR function's purpose and asking for confirmation to proceed.

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THCIC Trainee 1 000006 User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Modify/Replace/Remove Alert

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

YES NO

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 Trainee 1 000006'. The main content area is titled 'Data Management Actions on Quarterly Data' and features two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The MRR section lists several actions, including matching claims, eliminating duplicates, and applying corrections. A modal dialog titled 'Process Submitted' is overlaid on the screen, indicating that the request has been submitted and an email will be sent to the Provider Primary Contact (Data Administrator) upon completion. The modal includes an 'OK' button. Below the modal, there are sections for 'Select Claim Type' (with radio buttons for INPATIENT and OUTPATIENT) and 'Select Action' (with buttons for MODIFY/REPLACE/REMOVE (MRR) and REMOVE DUPLICATES (DR)).

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

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

Process Submitted

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

OK

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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




Texas Department of State
Health Services

Data Management Emails

Data Mgmt

[Home](#)
[Claims](#)
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 [User Management](#)
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THCIC Support Center

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

Modify/Replace/Remove Process (MRR)

The MRR function will:

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


Duplicate Remove Process (DR)

The DR function will:

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



Select Claim Type


☐ INPATIENT
☒ OUTPATIENT



Thu 10/8/2020 2:52 PM
Do Not Reply <noreply@system13.com>

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

To:  Overton, Tiffany (DSHS);  Bhattarai, Pragya (DSHS)

 We removed extra line breaks from this message.

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

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

Sincerely,

System13, Inc. Customer Support

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

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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THCIC Support Center

THCIC

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

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

[MODIFY/REPLACE/REMOVE \(MRR\)](#)[REMOVE DUPLICATES \(DR\)](#)

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. A modal dialog titled 'MRR DR Information' is open, asking for confirmation to proceed. The dialog text includes instructions about the 'Pre-Certification Data Analysis Report' and a 'Do you wish to continue?' prompt with 'YES' and 'NO' buttons. The 'YES' button is being clicked. In the background, the 'Modify/Replace' section is visible, showing a list of actions and a 'Select Claim Type' dropdown with 'OUTPATIENT' selected. The 'Select Action' section has buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. The footer shows 'Release 9.3.0'.

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THCIC Support Center

THCIC Trainee 1 000006 User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace

The MRR function will:

- Match claims with:
 - Patient Co
 - Medical R
 - Admission
 - Admission
- Eliminate duplicates
- Apply late charge
- Apply correction
- Apply the replacement
- Remove claims to

MRR DR Information

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

Do you wish to continue?

YES **NO**

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Select Action

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

Release 9.3.0

Provider Tab Data Management

Data Mgmt

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 Trainee 1 000006'. 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 list matching criteria: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' modal is open, warning that the DR function should not be selected unless the only bill type is (xx1). It instructs users to view bill types in the Reports Tab and run the 'Pre-certification Data Analysis Report'. The modal also notes that the MRR function removes duplicates and modifies claims with other bill types. At the bottom of the modal are 'YES' and 'NO' buttons.

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

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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Duplicate Removal Alert

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

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

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

Do you wish to continue?

YES NO

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' and has access to 'User Management', 'My Account', and 'Logout' options. The main heading is 'THCIC Support Center'. Below this, the section is titled 'Data Management Actions on Quarterly Data'. Two primary actions are listed: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal dialog titled 'Process Submitted' is overlaid on the screen, indicating that the request has been submitted and an email will be sent to the Provider Primary Contact (Data Administrator) upon completion. The modal includes an 'OK' button. In the background, under 'Modify/Replace/Remove Process (MRR)', a list of actions is visible: 'The MRR function will:', 'Match claims with:', 'Patient Co', 'Medical R', 'Admission', 'Admission', 'Eliminate duplica', 'Apply late charg', 'Apply correction', 'Apply the replacement information (xx7 bill types)', and 'Remove claims that match a Void/Cancel of a prior claim (xx8 bill types)'. At the bottom, there are sections for 'Select Claim Type' (with radio buttons for INPATIENT and selected OUTPATIENT) and 'Select Action' (with buttons for MODIFY/REPLACE/REMOVE (MRR) and REMOVE DUPLICATES (DR)).

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

system13
Making technology your best friend.

THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

Process Submitted

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

OK

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT


Select Action

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

Data Management Email

Data Mgmt

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



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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

☐ INPATIENT
☒ OUTPATIENT

Thu 10/8/2020 3:11 PM
 Do Not Reply <noreply@system13.com>
 The Duplicate Claim Removal (DR) process has completed for provider 000006 Outpatient Data [G2]

To: Overton, Tiffany (DSHS); Bhattarai, Pragna (DSHS)
 We removed extra line breaks from this message.

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

The Duplicate Claim Removal (DR) process has completed for provider 000006 Outpatient data. The DR reviewed 489 active claims, eliminated 0 duplicate claims, leaving 489 active claims.


Sincerely,
 System13, Inc. Customer Support

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

Batches

Batches

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



THCIC Support Center

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

Batch Number	Processed Date	Total Claims	Claims with Errors	In/Out
<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

[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

Claim Entry Inpatient Outpatient	Claim Correction Inpatient Outpatient	Submitter Inpatient Outpatient	Reports Inpatient Outpatient	Certification Inpatient Outpatient
---	--	---	---	---

SEARCH AND LOOKUPS

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

SUPPORTING DOCUMENTS

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

SUPPORT VIDEOS

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

FREQUENTLY ASKED QUESTIONS

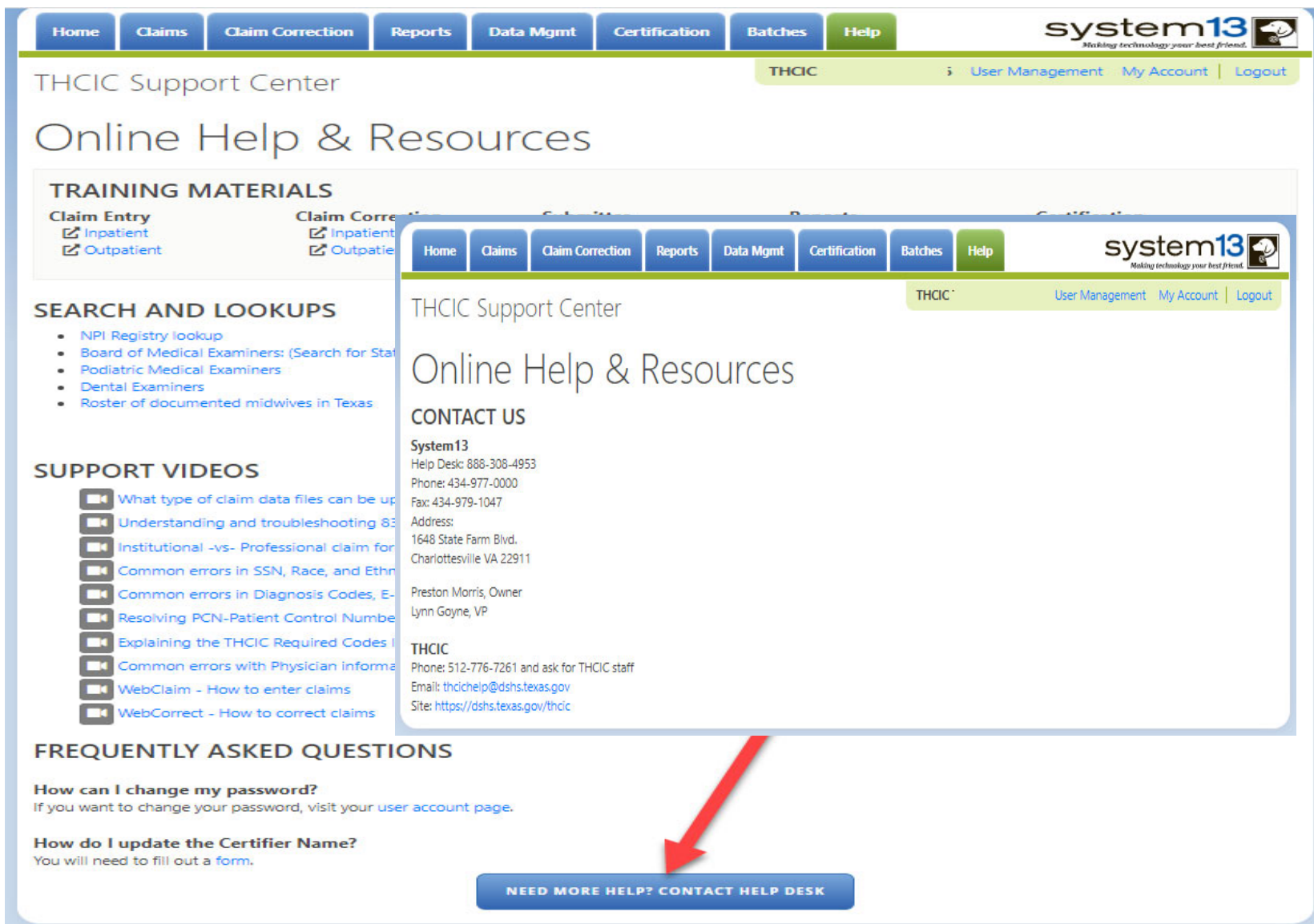
How can I change my password?
If you want to change your password, visit your [user account page](#).

How do I update the Certifier Name?
You will need to fill out a [form](#).

NEED MORE HELP? CONTACT HELP DESK

Provider Tab Help – Need More Help

Help



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

system13
 Making technology your best friend.

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

THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry
[Inpatient](#)
[Outpatient](#)

Claim Correction
[Inpatient](#)
[Outpatient](#)

SEARCH AND LOOKUPS

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

SUPPORT VIDEOS

- What type of claim data files can be up
- Understanding and troubleshooting 83
- Institutional -vs- Professional claim for
- Common errors in SSN, Race, and Ethn
- Common errors in Diagnosis Codes, E-
- Resolving PCN-Patient Control Numbe
- Explaining the THCIC Required Codes I
- Common errors with Physician informa
- WebClaim - How to enter claims
- WebCorrect - How to correct claims

CONTACT US

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

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

FREQUENTLY ASKED QUESTIONS

How can I change my password?
 If you want to change your password, visit your [user account page](#).

How do I update the Certifier Name?
 You will need to fill out a [form](#).

NEED MORE HELP? CONTACT HELP DESK

Claim Correction

AGENDA



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





Claim Correction Due Dates

Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

Activity	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Cutoff for initial submission	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 (Free)	2-1-22	5-2-22	8-1-22	11-1-22	2-1-23	5-1-23	8-1-23	11-1-23
Facilities retrieve certification files	3-1-22	6-1-22	9-1-22	12-1-22	3-1-23	6-1-23	9-1-23	12-1-24
** Cutoff for corrections at time of certification (Associated Fees)	4-1-22	7-1-22	10-3-22	1-2-23	4-3-23	7-3-23	10-2-23	1-2-24
Certification/comments due	4-15-22	7-15-22	10-17-22	1-17-23	4-17-23	7-17-23	10-16-23	1-16-24

'Cutoff for corrections' is the date when all corrections must be submitted via Claim Correction or uploading a new file data file. If changes are to be made to the data after the cutoff for corrections, System I 3 will assess a fee. **** Please note**, cutoff for corrections at the time of certification is for facilities that make changes to their data at the time of certification. A fee will be assessed through System I 3 to make these changes to data at certification.

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.**



Go To Correct Errors/ Claim Correction



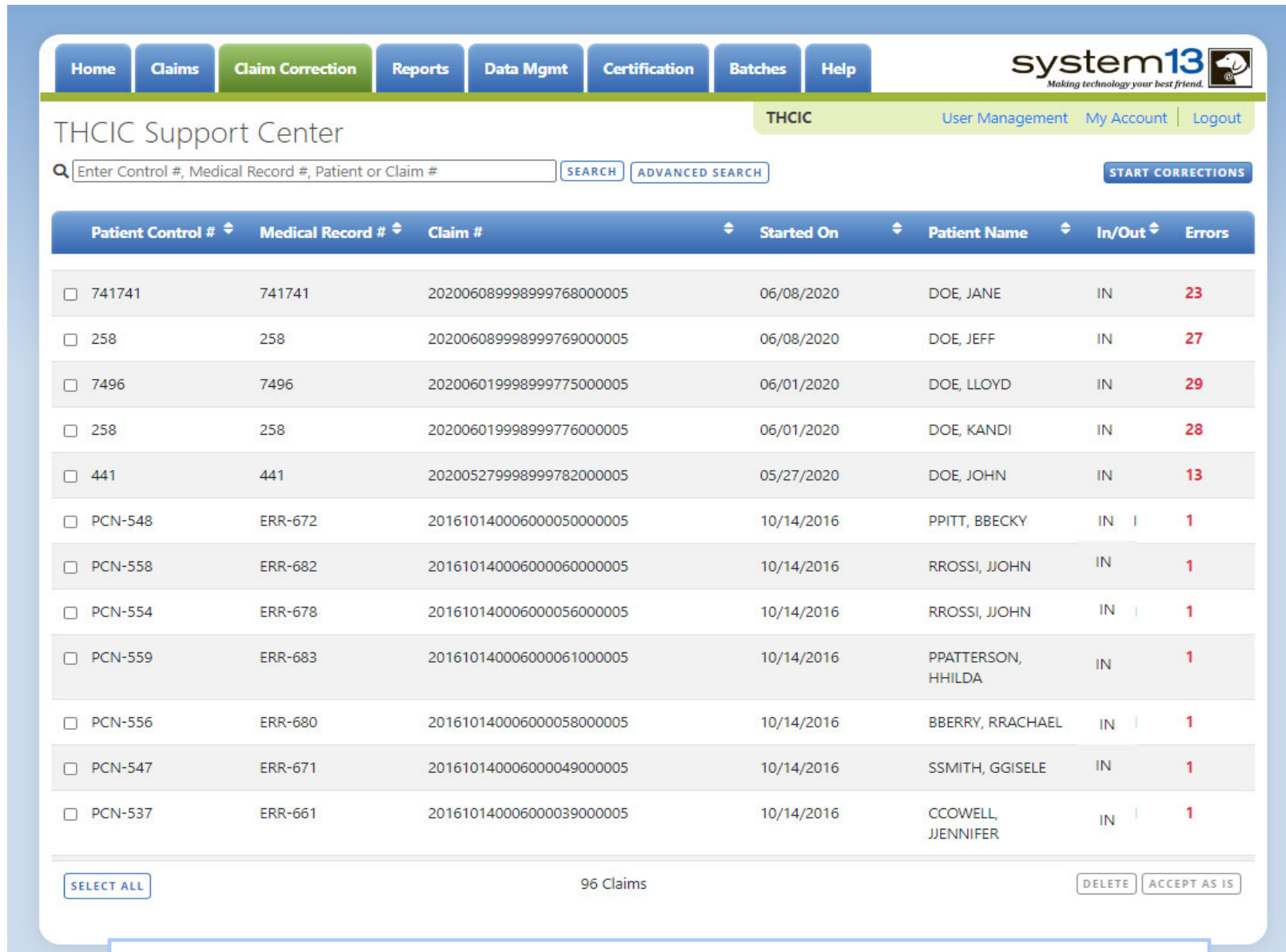
The user can go to claim corrections through the provider tab or the dashboard icon

Claim Correction

CORRECT ERRORS



Opening Claim Correction




The screenshot displays the 'system13' web application interface for 'Claim Correction'. The top navigation bar includes links for Home, Claims, Claim Correction (highlighted), Reports, Data Mgmt, Certification, Batches, and Help. The 'THCIC Support Center' section features a search bar and a 'START CORRECTIONS' button. Below this is a table listing claims with columns for Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. The table shows 13 rows of data, each with a checkbox and a red number indicating the number of errors. At the bottom, there is a 'SELECT ALL' button, a count of '96 Claims', and buttons for 'DELETE' and 'ACCEPT AS IS'.

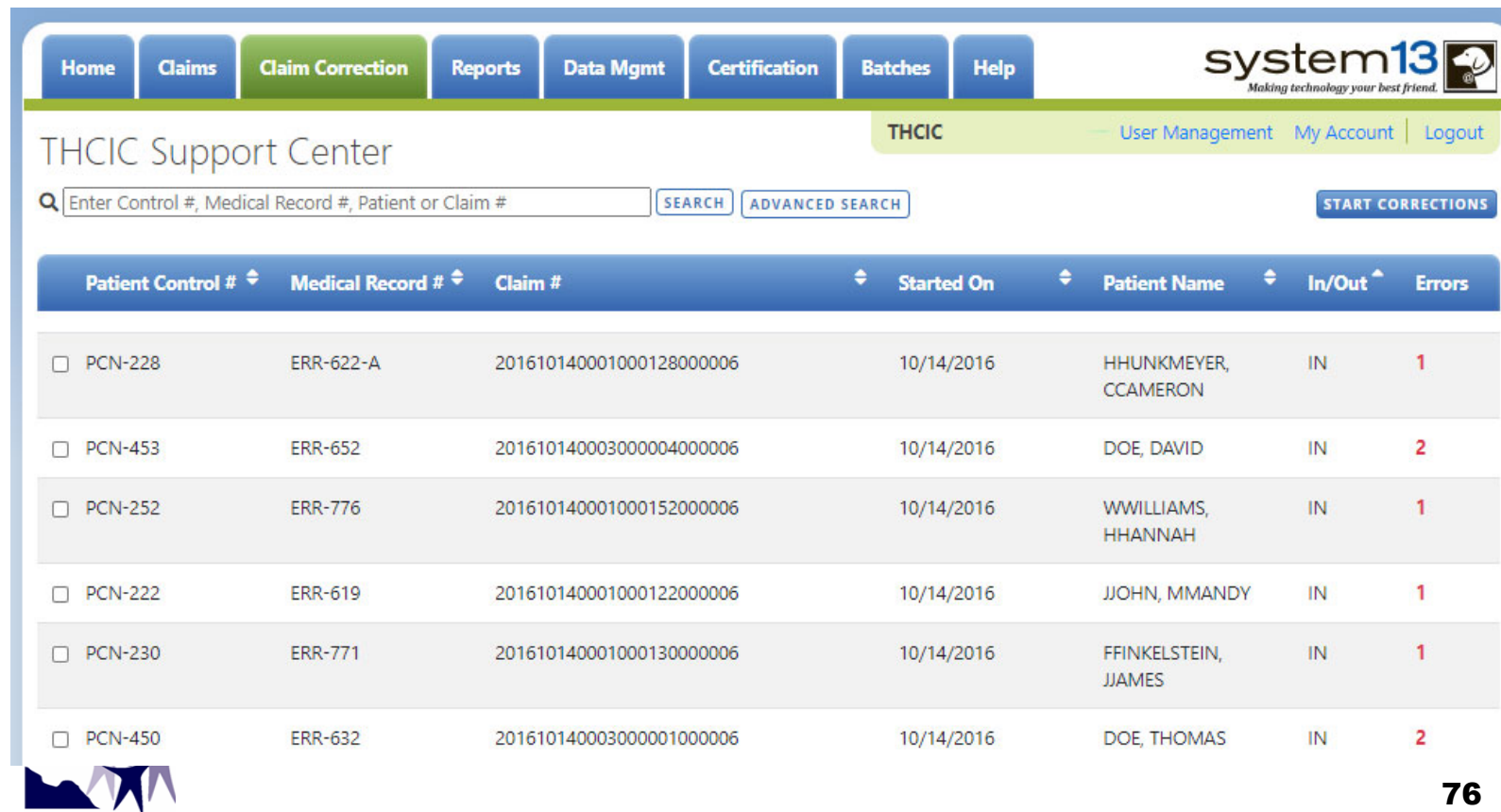
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 741741	741741	202006089998999768000005	06/08/2020	DOE, JANE	IN	23
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29
<input type="checkbox"/> 258	258	202006019998999776000005	06/01/2020	DOE, KANDI	IN	28
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> PCN-548	ERR-672	201610140006000050000005	10/14/2016	PPITT, BBECKY	IN	1
<input type="checkbox"/> PCN-558	ERR-682	201610140006000060000005	10/14/2016	RROSSI, JJOHN	IN	1
<input type="checkbox"/> PCN-554	ERR-678	201610140006000056000005	10/14/2016	RROSSI, JJOHN	IN	1
<input type="checkbox"/> PCN-559	ERR-683	201610140006000061000005	10/14/2016	PPATTERSON, HHILDA	IN	1
<input type="checkbox"/> PCN-556	ERR-680	201610140006000058000005	10/14/2016	BBERRY, RRACHAEL	IN	1
<input type="checkbox"/> PCN-547	ERR-671	201610140006000049000005	10/14/2016	SSMITH, GGISELE	IN	1
<input type="checkbox"/> PCN-537	ERR-661	201610140006000039000005	10/14/2016	CCOWELL, JJENNIFER	IN	1



List of all the claims that are in the system and needs corrections.

Sorting Claim Correction Listing

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



Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> PCN-228	ERR-622-A	201610140001000128000006	10/14/2016	HHUNKMEYER, CCAMERON	IN	1
<input type="checkbox"/> PCN-453	ERR-652	201610140003000004000006	10/14/2016	DOE, DAVID	IN	2
<input type="checkbox"/> PCN-252	ERR-776	201610140001000152000006	10/14/2016	WWILLIAMS, HHANNAH	IN	1
<input type="checkbox"/> PCN-222	ERR-619	201610140001000122000006	10/14/2016	JJOHN, MMANDY	IN	1
<input type="checkbox"/> PCN-230	ERR-771	201610140001000130000006	10/14/2016	FFINKELSTEIN, JJAMES	IN	1
<input type="checkbox"/> PCN-450	ERR-632	201610140003000001000006	10/14/2016	DOE, THOMAS	IN	2

Search for Claims

THCIC Support Center

THCIC

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

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

SEARCH

ADVANCED SEARCH

START CORRECTIONS

The user can search claims by:

✕ Control #

✕ Medical record #

✕ Patient or Claim #

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

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THCIC Support Center

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

Q ✕ SEARCH ADVANCED SEARCH

START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> PCN-453	ERR-652	201610140003000004000006	10/14/2016	DOE, DAVID	IN	2
<input type="checkbox"/> PCN-450	ERR-632	201610140003000001000006	10/14/2016	DOE, THOMAS	IN	2

THCIC Support Center

Q ✕

SEARCH


ADVANCED SEARCH

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

Advanced Search for Claims

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

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction (highlighted in green), Reports, Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the 'system13' logo with the tagline 'Making technology your best friend.' Below the navigation bar, the page title 'THCIC Support Center' is displayed. On the right side of the page, there are links for 'User Management', 'My Account', and 'Logout'. The main search area features a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and a 'SEARCH' button. To the right of the search bar is a 'START CORRECTIONS' button. Below the search bar, there is a form with several input fields: 'PATIENT CONTROL #' (text input), 'PROCESSING DATE' (dropdown menu), 'STATEMENT THRU DATE' (dropdown menu), 'BATCH' (dropdown menu), and 'ERROR CODE' (dropdown menu). There is also a checkbox labeled 'Exclude Claims With This Error?'. Below these fields, there are 'RESET' and 'SEARCH' buttons. A red 'X' icon is visible next to the 'ERROR CODE' dropdown menu.

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



Advanced Search for Claims

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

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

PATIENT CONTROL #	PROCESSING DATE	STATEMENT THRU DATE	BATCH	ERROR CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	601 - Principal Procedure not reported when Other Procedure(s) reported ×
PHYSICIAN	RACE	ETHNICITY	<input type="button" value="RESET"/> <input type="button" value="SEARCH"/>	<input checked="" type="checkbox"/> Exclude Claims With This Error?
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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

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

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

PATIENT CONTROL #	PROCESSING DATE	STATEMENT THRU DATE	BATCH	ERROR CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	601 - Principal Procedure not reported when Other Procedure(s) reported ×
PHYSICIAN	RACE	ETHNICITY	<input type="button" value="RESET"/> <input type="button" value="SEARCH"/>	<input checked="" type="checkbox"/> Exclude Claims With This Error?
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 8765539	8756440	201507140090000026000005	07/14/2015	DOE, Raegan	OUT-P	3

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

Delete Claim DELETE

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

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

THCIC Support Center

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 1234	678	202109299998999720000005	09/29/2021	DOE, JACKIE	OUT-I	16
<input type="checkbox"/> PCN-						
<input type="checkbox"/> PCN-						
<input checked="" type="checkbox"/> PCN-523 ERR-638		201610140006000025000005	10/14/2016	SSORENSTAM, SSHAQUILLE	OUT-I	1
<input checked="" type="checkbox"/> PCN-516	ERR-631	201610140006000018000005	10/14/2016	MMCGRAW, DDAN	OUT-I	1
<input checked="" type="checkbox"/> PCN-521	ERR-636	201610140006000023000005	10/14/2016	CCARREY, VVALENTINO	OUT-I	1
<input checked="" type="checkbox"/> PCN-513	ERR-628	201610140006000015000005	10/14/2016	OOML, DDEREK	OUT-I	1

79 Claims (4 Selected)

When the user has a claim 'checked' the user can Delete. If the claim is deleted, there is no way Ssystem13 can get this claim back. Data will have to be reentered into the system.

Accept As Is

ACCEPT AS IS

HomeClaimsClaim CorrectionReportsData MgmtCertificationBatchesHelp

system13
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THCIC User ManagementMy AccountLogout

THCIC Support Center

Q Enter Control #, Medical Record #, Patient or Claim #SEARCHADVANCED SEARCHSTART CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 1234	678	202109299998999720000005	09/29/2021	DOE, JACKIE	OUT-I	16
<input type="checkbox"/> PCN-512	ERR-627	201610140006000014000005	10/14/2016	SSEINFELD, SSTEVE	OUT-I	1
<input type="checkbox"/> PCN-						1
<input checked="" type="checkbox"/> PCN-						1
<input checked="" type="checkbox"/> PCN-516	ERR-631	201610140006000018000005	10/14/2016	MMCGRAW, DDAN	OUT-I	1
<input checked="" type="checkbox"/> PCN-521	ERR-636	201610140006000023000005	10/14/2016	CCARREY, VVALENTINO	OUT-I	1
<input checked="" type="checkbox"/> PCN-513	ERR-628	201610140006000015000005	10/14/2016	OONEAL, DDEREK	OUT-I	1

SELECT ALL

79 Claims (4 Selected)

DELETEACCEPT AS IS

When the user has a claim 'checked' the user cannot "Accept As Is". "Accept As Is" feature that allows the system users to remove a submitted claim with errors from the claim correction list, without making the corrections to this claim. Multiple claims cannot be "accepted as is".

Accept As Is

ACCEPT AS IS

The screenshot shows the system13 THCIC Support Center interface. A modal dialog titled "Functionality Moved" is displayed in the center. The dialog contains the following text: "This functionality has been moved. To accept a claim as-is, you must attempt to make all corrections, submit the claim, then click 'Accept As Is' on the error summary screen. The error summary screen is displayed after submitting a claim that still has errors." Below the text is an "OK" button. The background interface includes a navigation bar with tabs: Home, Claims, Claim Correction (active), 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, there's a "THCIC" section with links for "User Management", "My Account", and "Logout". A search bar is present with the placeholder text "Enter Control #, Medical Record #, Patient or Claim #". Below the search bar, there's a table of claims. The table has columns for Patient ID, Error Code, Claim ID, Date, Name, Status, and Count. The table shows several rows of data, including PCN-164, PCN-211, and PCN-162. At the bottom of the table, there's a "SELECT ALL" button, a status indicator "79 Claims (3 Selected)", and buttons for "DELETE" and "ACCEPT AS IS".

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THCIC Support Center

THCIC User Management My Account Logout

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

START CORRECTIONS

Functionality Moved

This functionality has been moved. To accept a claim as-is, you must attempt to make all corrections, submit the claim, then click "Accept As Is" on the error summary screen. The error summary screen is displayed after submitting a claim that still has errors.

OK

Patient ID	Error Code	Claim ID	Date	Name	Status	Count
258						
7496						
PCN-220						
74741						
8443928						
PCN-164	ERR-680	201610140002000066000005	10/14/2016	GGRISHAM, TTAMMY	IN	1
PCN-211	ERR-727	201610140002000111000005	10/14/2016	DIE, RRUTH	IN	3
PCN-162	ERR-678	201610140002000064000005	10/14/2016	LIJIMA, TTVDA	IN	1

SELECT ALL 79 Claims (3 Selected) DELETE ACCEPT AS IS

Accept As Is

ACCEPT AS IS

To mark a claim(s) that has errors, "Accept As Is", the "Accept As Is" button has been added to the claim error screen under claim corrections. You must first review the errors. Once the errors have been reviewed and the facility cannot make the corrections to pull the claim from the correction listing "Accept As Is" is an option.

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is 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 green bar contains 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. A search bar shows the ID '202109299998999719000005'. Below this, patient information is displayed: 'DOE, COOKIE', 'Medical Record Number: 666', 'Patient Control Number: 666', and 'Outpatient Institutional'. A left sidebar lists navigation options: Patient (1), Payers, Charges, Diagnoses, Practitioners (1), and Situational Codes. The main content area features a red banner stating 'Claim has been successfully submitted, but still has errors.' with buttons for 'REVIEW ERRORS', 'NEXT CLAIM', and 'ACCEPT AS IS'. Below the banner, two error messages are listed: '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'. A red bar at the bottom of the main area indicates '2 errors in this claim'.

Accept As Is

ACCEPT AS IS

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

The screenshot displays the THCIC Support Center interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is on the right. Below the navigation bar, the page title is 'THCIC Support Center'. A search bar contains the text '202109299998999719000005'. The patient information section shows 'DOE, COOKIE', 'Medical Record Number: 666', 'Patient Control Number: 666', and 'Outpatient Institutional'. A sidebar on the left lists categories: Patient (1), Payers (✓), Charges (✓), Diagnoses (✓), Practitioners (1), and Situational Codes (✓). The main content area has a red banner stating 'Claim has been successfully submitted, but still has errors.' with buttons for 'REVIEW ERRORS', 'NEXT CLAIM', and 'ACCEPT AS IS'. Below the banner, two error messages are listed: '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'. At the bottom left, a red box indicates '2 errors in this claim'.

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

Accept As Is

ACCEPT AS IS

The screenshot displays the 'system13' web application interface for the 'THCIC Support Center'. The top navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC' with options for User Management, My Account, and Logout. The main content area shows a claim for 'DOE, COOKIE' with Medical Record Number 666 and Patient Control Number 666. A red banner indicates 'Claim has been successfully submitted, but still has errors.' with buttons for 'REVIEW ERRORS', 'NEXT CLAIM', and 'ACCEPT AS IS'. A modal dialog box titled 'Accept As Is' is open, containing the text: 'Please do not confirm until you have attempted to correct all fields with errors and the remaining fields with errors have correct data.' and buttons for 'CONFIRM' and 'CANCEL'. A footer bar at the bottom left states '2 errors in this claim'.

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THCIC Support Center

THCIC User Management My Account Logout

Back to list of claims

202109299998999719000005

DOE, COOKIE Medical Record Number: 666 Patient Control Number: 666 Outpatient Institutional

1 Patient

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS NEXT CLAIM ACCEPT AS IS

665 - Missing Patient Social Security Number
602 - Invalid Provider's (Overseas) Identification

Accept As Is

Please do not confirm until you have attempted to correct all fields with errors and the remaining fields with errors have correct data.

CONFIRM CANCEL

2 errors in this claim

Accept As Is

ACCEPT AS IS

Accepted As Is.

X

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

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

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

THCIC Support Center

[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"/> 666	666	202109299998999719000005	09/29/2021	DOE, COOKIE	OUT-I	2A

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

Claim has been successfully submitted, but still has errors.

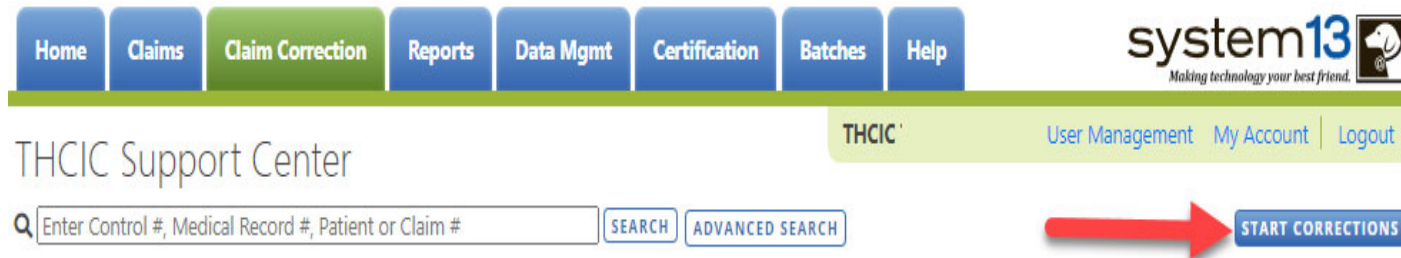
[REVIEW ERRORS](#)

[NEXT CLAIM →](#)

[ACCEPT AS IS ✓](#)

693 - Invalid Physician 1 (Operating) Identifier

Start Corrections



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


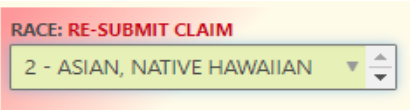





Start Corrections will move sequentially through all claims in the current claims correction list and open the edit screen focused on the first error in the claim. By using Start Corrections followed by SUBMIT and Next Claim all errors can be accessed in order.



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

Errors in a Claim

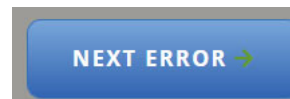
- ✓ The errors in a claim will be identified by a **pink tint**. 
- ✓ When changes are made to a claim's field the changes will be indicated by a faded red tint/ green display. 
- ✓ On the tab that identifies that identifies the different tab of the claim, the number encircled in red will indicate how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



Next Error & Check for Errors



- ✓ Making changes to claims automatically saves the updates to the system. Next error will move to the next error in the claim. The claims can be submitted at any time. You must submit to have another audit ran on the claims to check for errors.



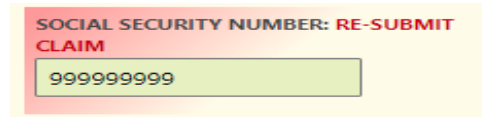
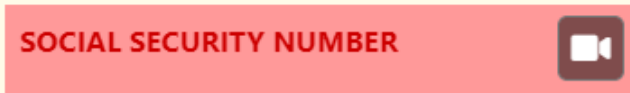
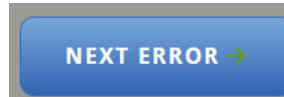
- ✓ Clicking next will save the changes and take the user to the next error in the claim, if the claim has more than one error. After the user has gone through all errors click check for errors, which checks for more errors and resubmits corrected claim.



- ✓ Always check for errors before moving to the next claim so the error count and error status of the claim will be updated. If the claim is not submitted the error status will not be accurate and the claim will stay on the Claim Correction listing. The claim may still have other errors also. The user must click check for errors for the claim to be checked for errors and to be taken off the claim correction listing, if it no longer has errors.



Next Error



Next Error:

- ✓ Click to move to the next claim on the Claim Correction listing.
- ✓ **NOTE:** If the user hasn't moved through all the claims errors on the list, check for errors will always be an option.
- ✓ This button will load the next claim in the current list and open the next claim's first error.
- ✓ If the user is on a modified list, then the next claim will be the next claim on the modified listing.
- ✓ After each field is corrected, that field will say check for errors. You must choose to check for errors to make sure the claims has no more errors or to check if a field is correct.



Check for Errors

CHECK FOR ERRORS



Review Errors button:

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

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



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



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



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



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

Claim has been successfully submitted.

NEXT CLAIM →



Look Up Calendar

BIRTH DATE:

01/24/1866

631 - Patient age > 115 years or < zero years

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

631 - Patient age > 115 years or < zero years

BIRTH DATE:

01/14/1866

January 1866

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

Today



Look Up Features

FACILITY TYPE CODE:

13 - HOSPITAL OUTPATIENT × ▲

|

12 - HOSPITAL INPATIENT MEDICARE PART B ▲

13 - HOSPITAL OUTPATIENT

14 - HOSPITAL LABORATORY SVCS TO NON-PATIENTS

22 - SKILLED NURSING FACILITY INPAT MEDICARE B

23 - SKILLED NURSING FACILITY OUTPAT

43 - RELIG NON-MED HEALTH CARE, OUTPAT SVCS

82 - SPECIAL FACILITY HOSPICE (HOSPITAL BASED) ▼

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

SOCIAL SECURITY NUMBER:

SSAN

Video: Help with SSN/race/ethnicity common issues

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





Start Corrections

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

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THCIC Support Center

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

START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 777	777	202006089998999766000005	06/08/2020	DOE, TERRY	IN	15
<input type="checkbox"/> 998	998	202006089998999767000005	06/08/2020	DOE, JACK	IN	8
<input type="checkbox"/> 741741	741741	202006089998999768000005	06/08/2020	DOE, JANE	IN	23
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 753	753	202006039998999770000005	06/03/2020	DOE, TESSA	OUT-I	10
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29
<input type="checkbox"/> 258	258	202006019998999776000005	06/01/2020	DOE, KANDI	IN	28
<input type="checkbox"/> 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
<input type="checkbox"/> 123	123	202005279998999780000005	05/27/2020	DOE, JONATHAN	OUT-I	8
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	3
<input type="checkbox"/> 741741	741741	201908079998999791000005	08/07/2019	DOE, AUSTRALIA	OUT-I	1
<input type="checkbox"/> 332211	332211	201908079998999792000005	08/07/2019	DOE, KATHERINE	OUT-I	1

SELECT ALL 130 Claims DELETE ACCEPT AS IS

START CORRECTIONS

To start corrections with Claim Correction, click .
Or click a claim to open.

Errors in the Claim

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

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THCIC Support Center

THCIC

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

[Back to list of claims](#)

202006089998999767000005

DOE, JACK

Medical Record Number: 998

Patient Control Number: 998

Inpatient

18 Patient

2 Payers

1 Charges

2 Diagnoses & Procs


4 Practitioners

✓ Situational Codes

The number of errors in a given tab is indicated by the number circled in red next to the tab name.

Claim Information

PATIENT CONTROL NUMBER
998

Click  to edit tab information.

Personal Information

MEDICAL RECORD NUMBER:
998

FIRST NAME: JACK

MIDDLE: K
(Initial)

LAST NAME: DOE

ADDRESS:
ADDRESS LINE 1

ADDRESS LINE 2

CITY:

SOCIAL SECURITY NUMBER:
SSAN

SEX:

ETHNICITY:

BIRTH DATE:
mm/dd/yyyy

RACE:

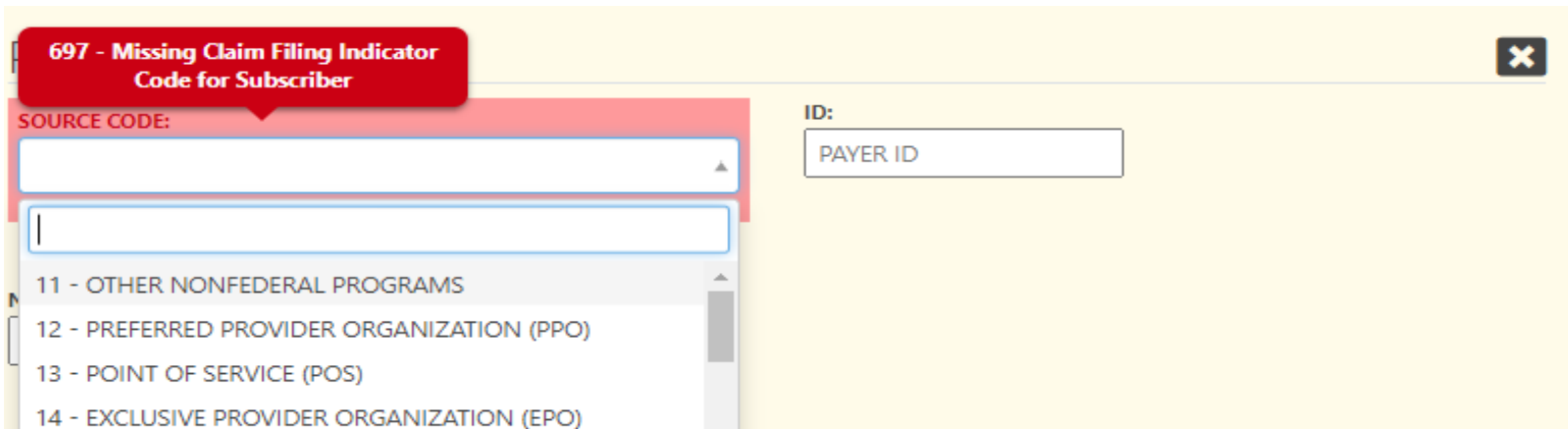
27 errors in this claim

Number of errors in the claim is 27.

NEXT ERROR →

CHECK FOR ERRORS

Error in the Claim



697 - Missing Claim Filing Indicator Code for Subscriber

SOURCE CODE:

11 - OTHER NONFEDERAL PROGRAMS
12 - PREFERRED PROVIDER ORGANIZATION (PPO)
13 - POINT OF SERVICE (POS)
14 - EXCLUSIVE PROVIDER ORGANIZATION (EPO)

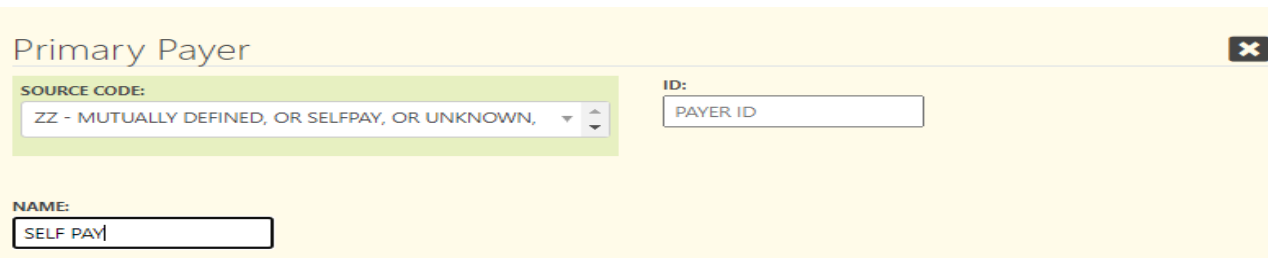
ID: PAYER ID

This screenshot shows a web form with a red error banner at the top that reads "697 - Missing Claim Filing Indicator Code for Subscriber". Below the banner, there is a "SOURCE CODE:" label followed by a dropdown menu. The dropdown menu is open, showing a list of options: "11 - OTHER NONFEDERAL PROGRAMS", "12 - PREFERRED PROVIDER ORGANIZATION (PPO)", "13 - POINT OF SERVICE (POS)", and "14 - EXCLUSIVE PROVIDER ORGANIZATION (EPO)". To the right of the dropdown menu, there is an "ID:" label followed by a text input field containing "PAYER ID". A close button (an 'X' in a square) is located in the top right corner of the form area.

If the user clicks in the field that has the error an explanation of this error will be displayed.

Clicking  will close the tab.

If the option 'ZZ – Mutually defined, or Self Pay, or Unknown, or Charity' is chosen as the payer, do not identify the payer's name under the payer name. Payer name should also be Self Pay, as pictured below.



Primary Payer

SOURCE CODE:
ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN,

ID: PAYER ID

NAME:
SELF PAY

This screenshot shows a web form titled "Primary Payer". It has a green header bar. Below the header, there is a "SOURCE CODE:" label followed by a dropdown menu. The dropdown menu is open, showing a list of options: "ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN,". To the right of the dropdown menu, there is an "ID:" label followed by a text input field containing "PAYER ID". Below the dropdown menu, there is a "NAME:" label followed by a text input field containing "SELF PAY". A close button (an 'X' in a square) is located in the top right corner of the form area.



Next Error

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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

DOE, JACK Medical Record Number: 998 Patient Control Number: 998 Inpatient

3 Patient

2 Payers

✓ Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Which tabs the errors are on now.

697 - Missing Claim Filing Indicator Code for Subscriber

SOURCE CODE:

ID: PAYER ID

NAME: PAYER NAME

Secondary Payer

SOURCE CODE:

ID: PAYER ID

NAME: PAYER NAME

11 errors in this claim

NEXT ERROR →

CHECK FOR ERRORS

Next Error in Claim

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THCIC Support Center

THCIC User Management My Account Logout

DOE, JACK Medical Record Number: 998 Patient Control Number: 998 Inpatient

Back to list of claims

202006089998999767000005

3 Patient

2 Payers

✓ Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

608 - Missing Principal Diagnosis

PRINCIPAL:

A000 - CHOLERA DUE TO VIBRIO CHOLERA
01, BIOVAR CHOLERA
A001 - CHOLERA DUE TO VIBRIO CHOLERA
01, BIOVAR ELTOR
A009 - CHOLERA, UNSPECIFIED
A0100 - TYPHOID FEVER, UNSPECIFIED
A0101 - TYPHOID MENINGITIS

E-CODES:

POA:

Procedures

PRINCIPAL

Invalid date

OTHER PROCEDURE CODES

When you click, next error the next error in the claim will open.

11 errors in this claim

As you correct the claim, the number of errors in claim count will go down.

CHECK FOR ERRORS



Charges Tab



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



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



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



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



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



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

Diagnosis & Procedure Tab and Situational Tab

- ✓ Selection of codes in the procedure code, value code, occurrence spans and Occurrences by dates fields without an accompanying entry of the associated field on the line item will be saved automatically.
- ✓ Enter all data prompted for on the line before saving.
- ✓ Tabbing out of the last field on the line will generate a new entry line for additional line item entry up to the maximum amount allowed for the type of data being entered.
- ✓ Present on Admission (POA) for inpatient facilities required to submit this data will show an error if the data is not submitted on data on/after January 29, 2011.

Diagnosis & Procedure Tab Error

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

THCIC Support Center

Back to list of claims

202006089996999767000005

DOE, JACK Medical Record Number: 998 Patient Control Number: 998 Inpatient

3 Patient

2 Payers

✓ Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

608 - Missing Principal Diagnosis

PRINCIPAL:

A000 - CHOLERA DUE TO VIBRIO CHOLERAЕ
01, BIOVAR CHOLERAЕ
A001 - CHOLERA DUE TO VIBRIO CHOLERAЕ
01, BIOVAR ELTOR
A009 - CHOLERA, UNSPECIFIED
A0100 - TYPHOID FEVER, UNSPECIFIED
A0101 - TYPHOID MENINGITIS

E-CODES:

POA:

Procedures

PRINCIPAL

Invalid date

OTHER PROCEDURE CODES

11 errors in this claim

NEXT ERROR →

CHECK FOR ERRORS

Next Error

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

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

THCIC Support Center

[Back to list of claims](#)

202006089998999767000005

DOE, JACK Medical Record Number: 998 Patient Control Number: 998 Inpatient

✓ Patient

✓ Payers

✓ Charges

✓ Diagnoses & Procs

4 Practitioners

✓ Situational Codes

688 - Invalid Attending Practitioner Qualifier

ID TYPE:

OB - STATE LICENSE NUMBER
XX - NPI - NATIONAL PROVIDER IDENTIFIER

ID NUMBER:

LAST NAME:

(Initial)

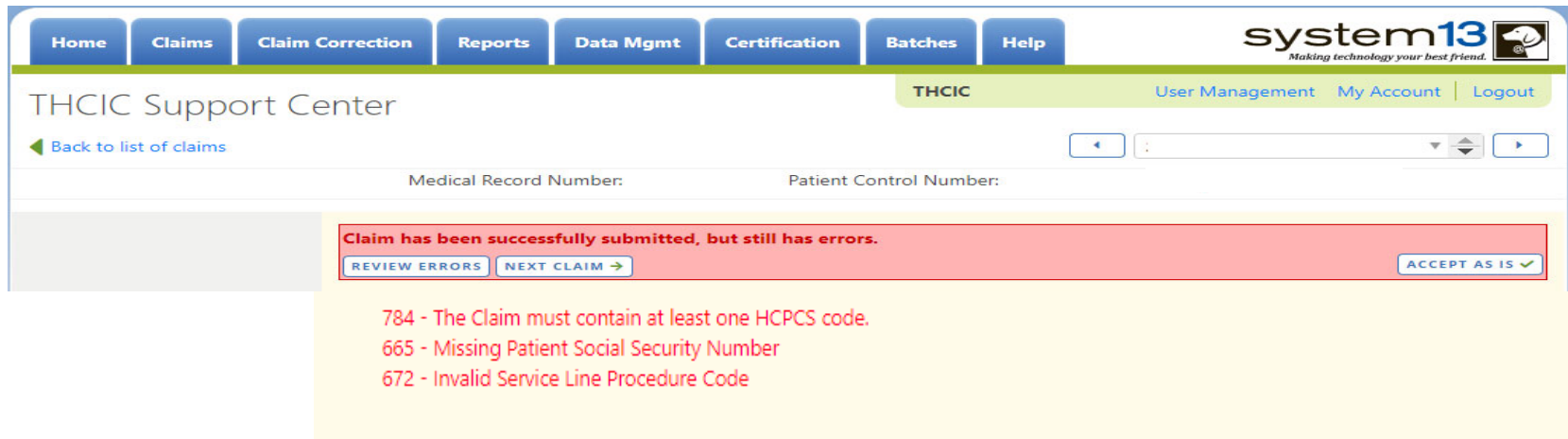
Please be advised the physician error will always show on the ID type or ID number, even if the error is with the physician's name. Please make sure the ID type, number and name are correct. If the physician's name isn't present the error will show on that field.

4 errors in this claim

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



Submit Claim, but Still Contains Errors



The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'Claims' tab is selected. Below the navigation bar, the page title is 'THCIC Support Center'. There are links for 'Back to list of claims', 'THCIC', 'User Management', 'My Account', and 'Logout'. Below these links, there are input fields for 'Medical Record Number:' and 'Patient Control Number:'. A red error message box states: 'Claim has been successfully submitted, but still has errors.' Below this message are two buttons: 'REVIEW ERRORS' and 'NEXT CLAIM →'. To the right of the error message is a button labeled 'ACCEPT AS IS ✓'. Below the error message, there is a list of errors: '784 - The Claim must contain at least one HCPCS code.', '665 - Missing Patient Social Security Number', and '672 - Invalid Service Line Procedure Code'.

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The next claim will open up to the first error on the next claim. Accept as is, needs to be verified that the claim still has errors, but will be taken off the claim correction listing. This error will still be held against your facility at certification.

Accepted As Is.

Claim Successfully Submitted

Claim has been successfully submitted.

[NEXT CLAIM →](#)

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



Inpatient Claim Correction

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.texas.gov

The e-mail should include the facility's THCIC ID.

THCIC Contact



Address:

Texas Health Care Information Collection
Dept of State Health Services – Center for Health
Statistics
1100 W 49th St, Ste M-660
Austin, TX 78756



Phone: 512- 776-7261



Fax: 512- 776-7740






E-mail: THCIChelp@dshs.texas.gov



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

THCIC Contact

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



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



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