Outpatient Claim Entry

(Formerly WebClaim)

Revised December 2021

Background Information

- Chapter 108 of the Texas Health and Safety Code established and authorizes THCIC to collect and report on outpatient/inpatient discharge data.

  - http://www.statutes.legis.state.tx.us/Docs/HS/word/HS.108.doc
  - http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.108.pdf

THCIC Rules

Title 25. Health Services

Subchapter A – Collection and Release of Hospital Discharge Data

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

http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421

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.

Contact

Address:
System13, 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

http://www.dshs.state.tx.us/THCIC/datareportingschedule.shtm

THCIC - Inpatient and Outp... X

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About THCIC

Contact THCIC Staff

Facility Reporting Requirements

General Public Information

Health Data Researcher Information

Statutes and Rules

Texas Health Data

Center for Health Statistics (CHS) and other DSHS Data

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

Data Reporting Schedule
Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

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

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

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

Phone: 512-776-7261
Fax: 512-776-7740
Email: thcichelp@dshs.texas.gov

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

The reporting schedule is a rule driven schedule, under Chapter 421, Title 25, Part 1 of the Texas Administrative Code, Subchapter D, RULE §421.66. The due dates are either the 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 October 26, 2021

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THCIC System

Log into the System13 system at
https://thcic.system13.com
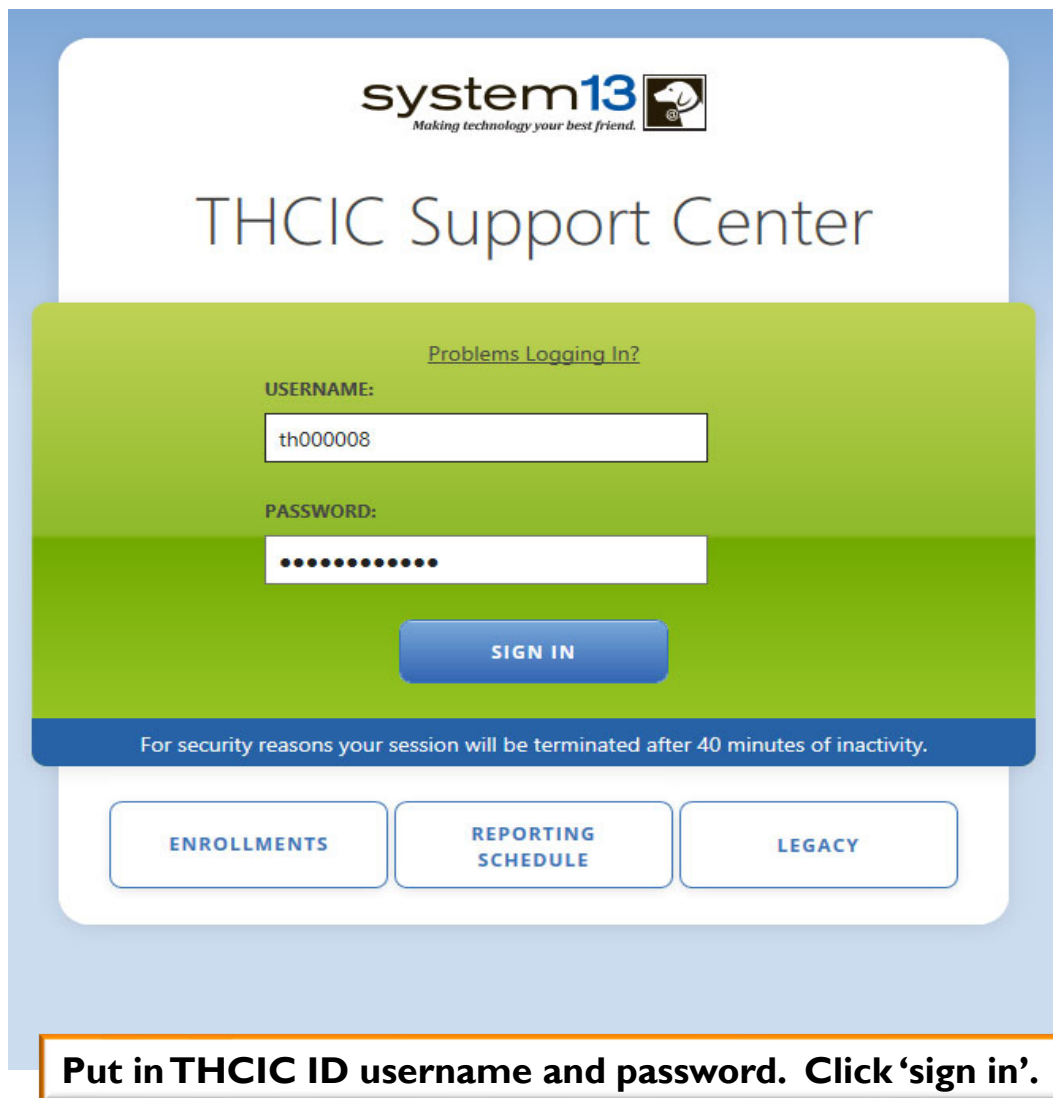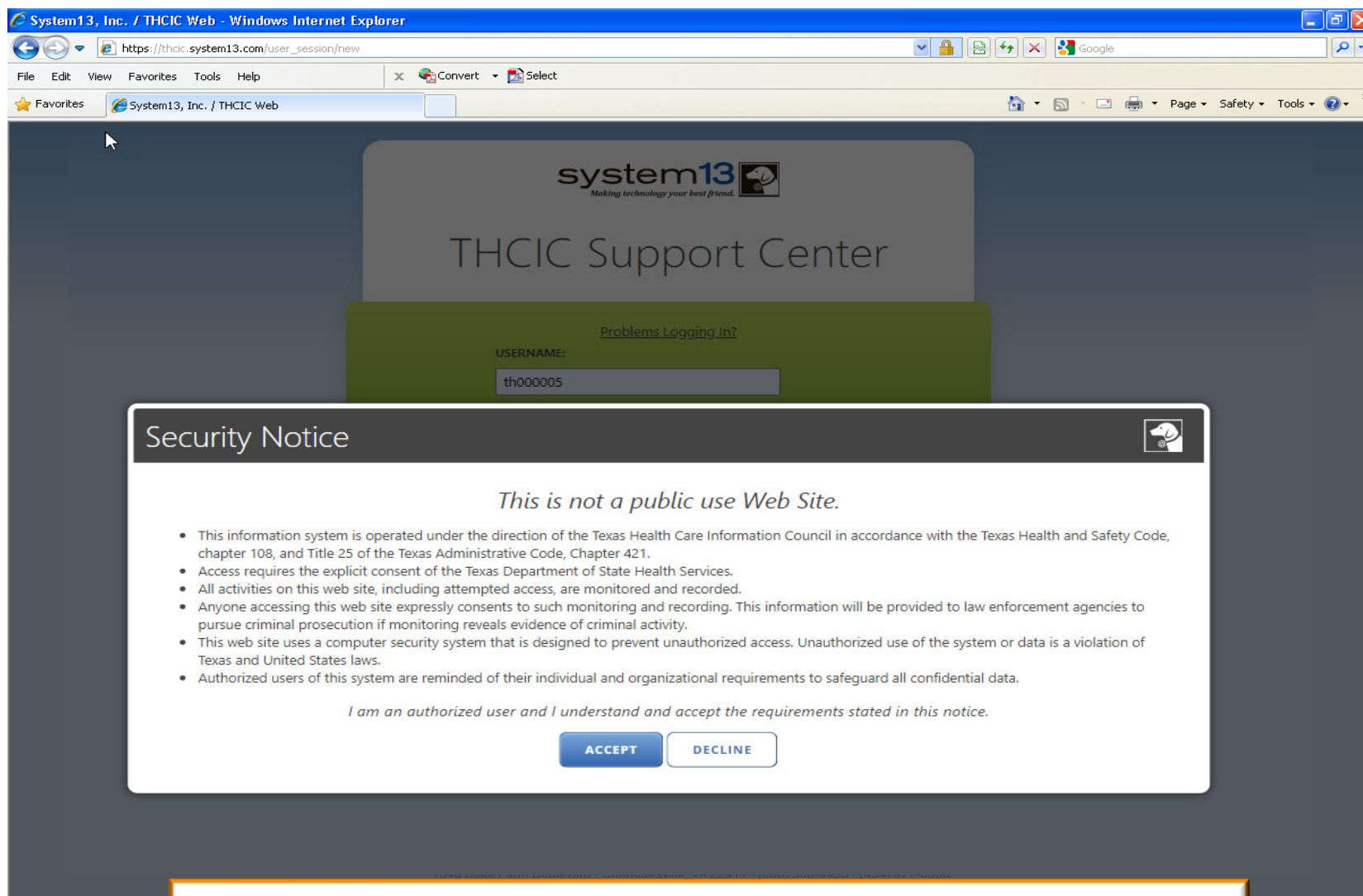
Log In the System as a Provider

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

Security Notice

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

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 clam counts and a section with helpful tips.

- The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.

- Two views. Activity Dashboard

Provider Home Page – Grid View

Provider Home Page – 1st Row

Provider Home Page – 2nd Row

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

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

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Activity Dashboard ⊞ ☰

THCIC   User Management   My Account   Logout

| WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION |

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

CERTIFICATION

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

Certification due **15 Jul 2020**

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

CERTIFICATION

No claims are present for this quarter.

Certification due **15 Oct 2020**

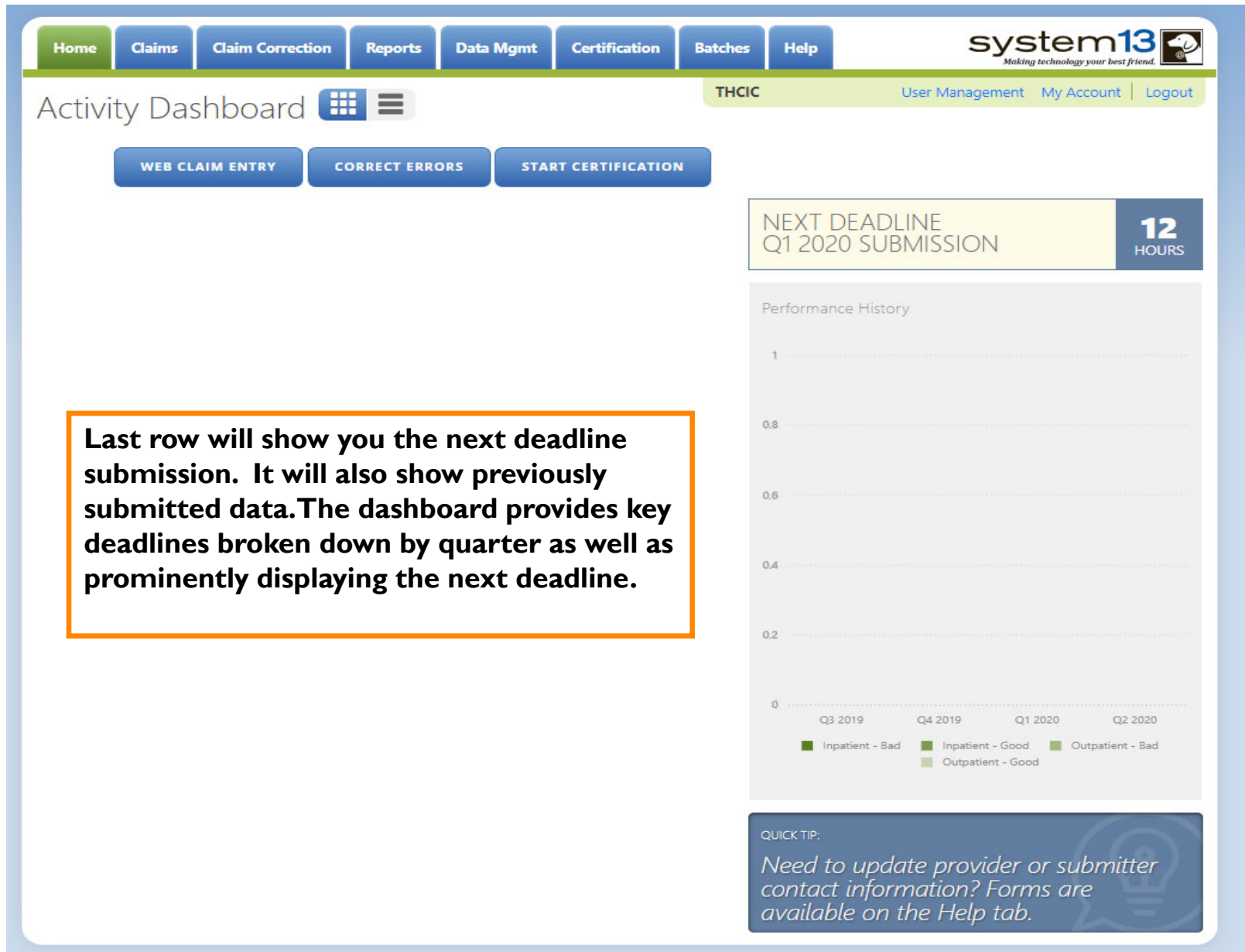**If the data is available for certification, it will show that you have data to certify.**

CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

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Provider Home Page – 3rd Row

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

Provider Home Page – List View

Provider Home Page – 1st Row

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

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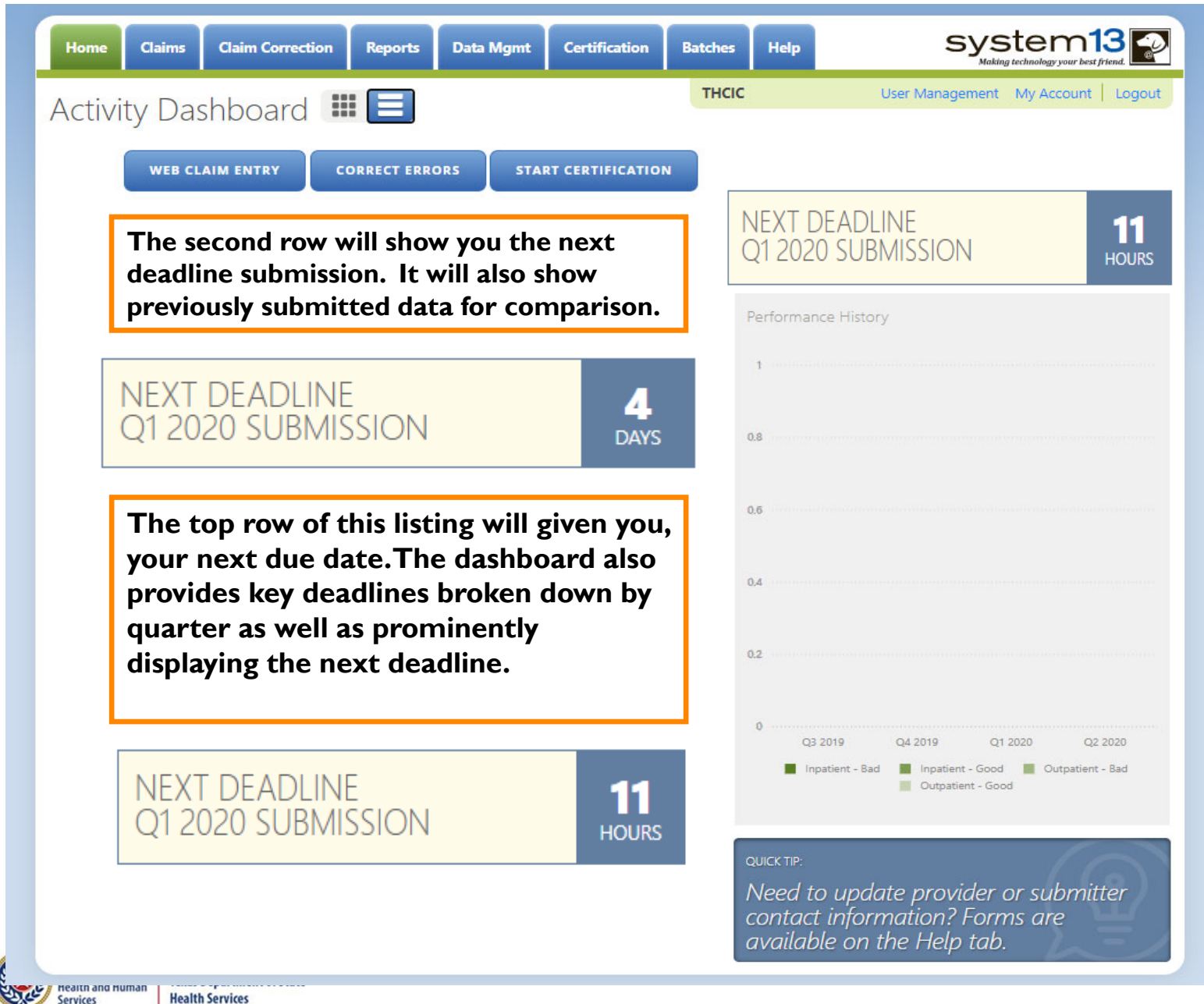
The certification due date will be by the quarter.

Provider Home Page – 2nd Row

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

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

Data Management/Primary Contact Provider Home Page

Provider Tabs

Activity Dashboard

Other Features

Data Certifier / Data Manager Provider Home Page
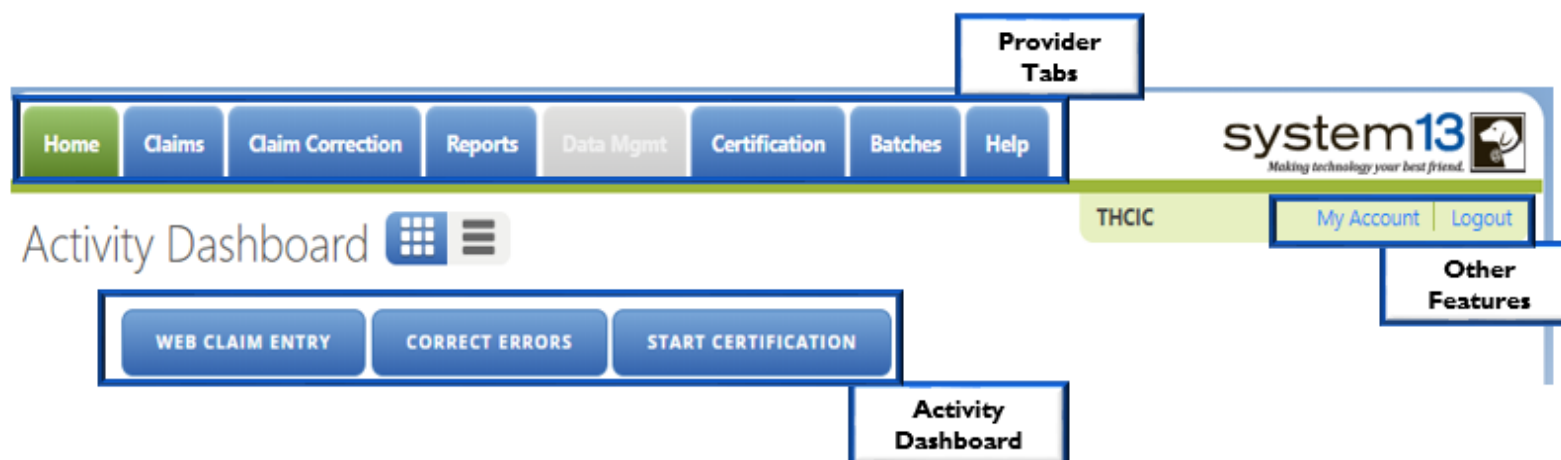
Data certifier do not have access to the data management tab.
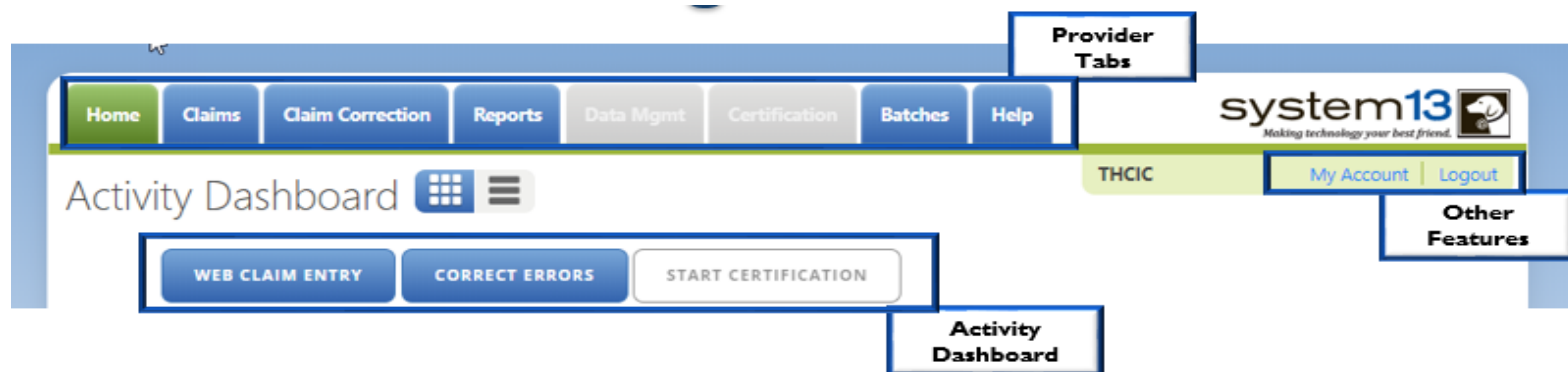
Data Managers do not have access to the data management tab and certification tab and WebCert desktop icon.

Data Management/Primary Contact Provider Home Page – Grid View

Data Management/Primary Contact Provider Home Page – List View

Provider Tabs

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

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

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

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

Data Mgmt — This tab is only available to the data administrator/primary contact of the facility. It allows the provider to remove duplicate claims or replace certain bill types.

Certification — Facilities can view current and historical certification data.

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

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

Activity Dashboard

WEB CLAIM ENTRY   CORRECT ERRORS   START CERTIFICATION

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Activity Dashboard

Activity Dashboard

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

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

Web Claim Entry

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

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.

Start Certification /Certification

Certification

THCIC Support Center

Certification

INPATIENT	OUTPATIENT
2020	**2020**
1st Quarter	**1st Quarter**
Eligible Claims	Eligible Claims
	GENERATE QUARTER CERT. DATA (EOD)
2019	**2019**
4th Quarter	**4th Quarter**
Generation in Progress	Eligible Claims
	Past cut-off date for generation of Cert. Data.
3rd Quarter	
No Data	**3rd Quarter**
	Eligible Claims
2nd Quarter	Past cut-off date for generation of Cert. Data.
No Data	

Older Quarters

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

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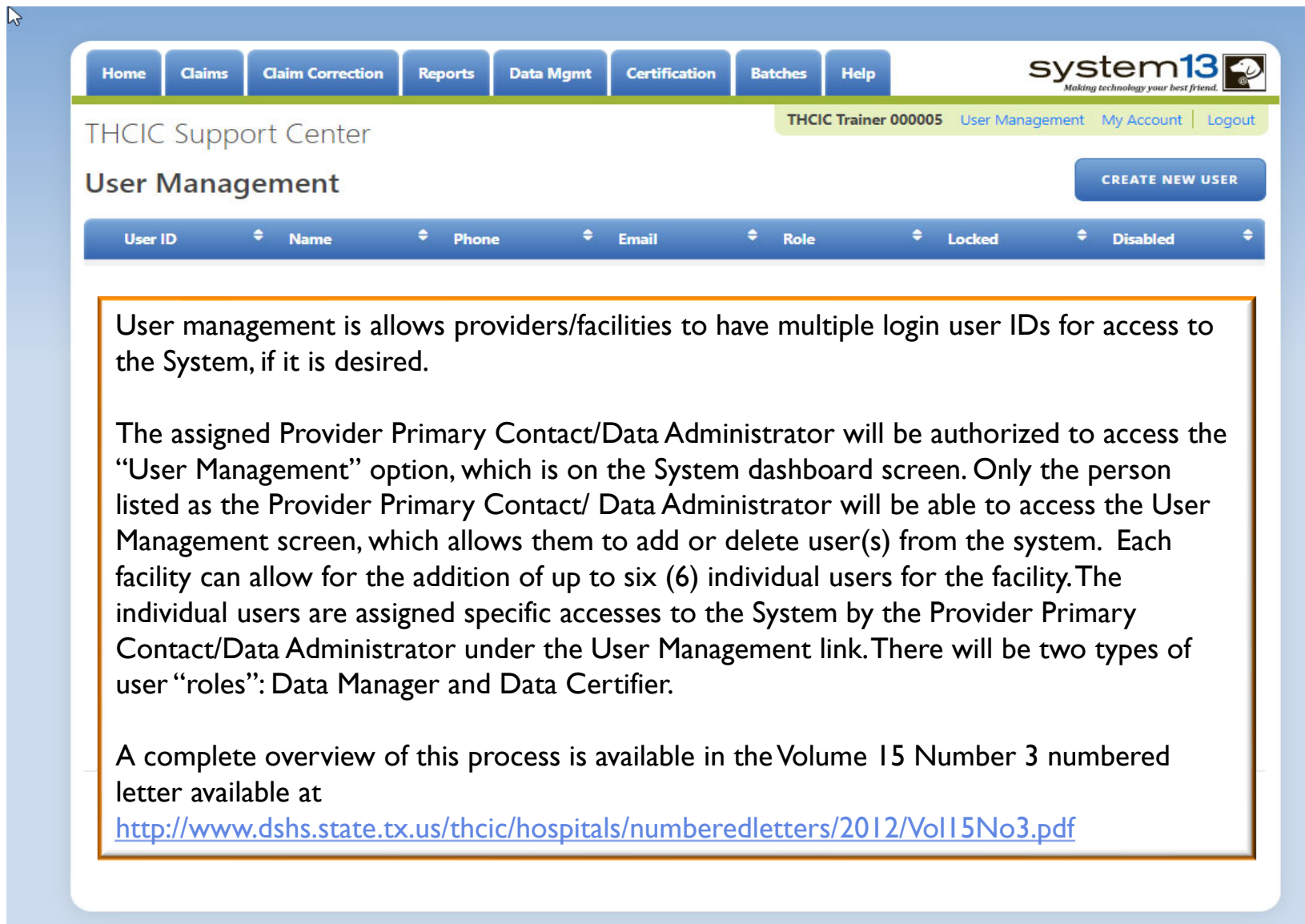
Provider Other Features
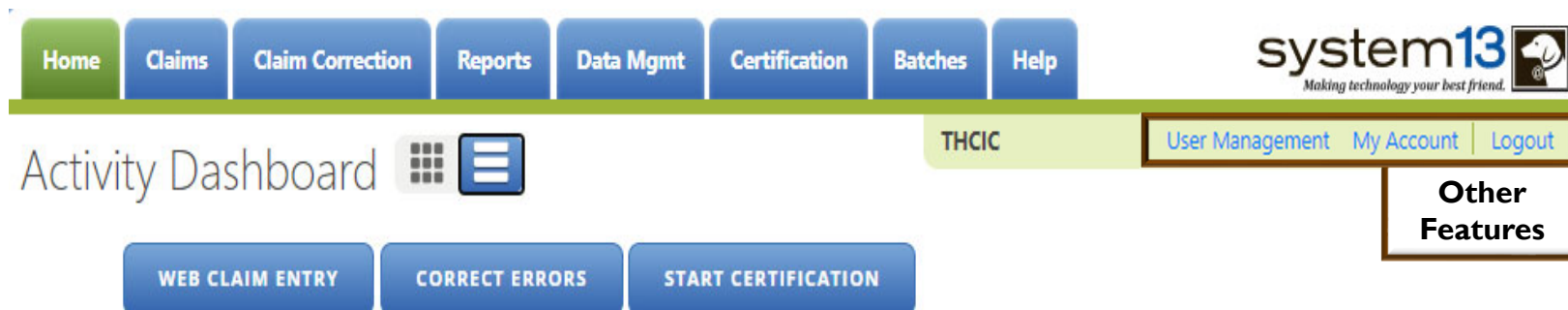
The 'User Management' option will only be visible to provider primary contact/data administrator for the facility. Otherwise, other user will only have the 'My Account' and 'Logout' features pictured below.

User Management

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

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

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

User Management – To Add User

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

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User Management

THCIC Trainer 000005   User Management   My Account   Logout

To add a user click 'create new user.' ➡ **CREATE NEW USER**

User ID	Name	Phone	Email	Role	Locked	Disabled

THCIC Support Center
User Management

The screen below will open…

New User

FIRST NAME
First Name

MIDDLE NAME
Middle Name

LAST NAME
Last Name

PHONE
Phone Number

EMAIL
Email

ROLE
○ DATA MANAGER   ○ DATA CERTIFIER
⑦ More Info

EMAIL SCHEME
○ DATA MANAGER   ○ DATA CERTIFIER   ○ FACILITY DATA ADMINISTRATOR
⑦ More Info

SAVE   **CANCEL**

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

User Management – User Roles / Email Schemes

User Management - User Roles

✗ Data Manager
  ✗ Authorized to add new claims (Web Claim)
  ✗ Authorized to correct claims (WebCorrect)
  ✗ Authorized to delete claims
  ✗ Authorized to view batch submissions
  ✗ Authorized to perform advance searches
  ✗ Authorized to generate a Pre-Certification Data Report

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

User Management - Email Schemes

✗ Data Manager (Scheme Name 'Data Manager')
  ✗ FER (Frequency of Errors Report)
  ✗ Count of Excluded/Rejected Claims

✗ Data Certifier (Scheme Name 'Data Certifier')
  ✗ All Notifications received by the Data Manager
  ✗ Certification Download File Availability
  ✗ Certified
  ✗ Rejected - Elected Not to Certify
  ✗ EOD (Encounter on Demand) Generated

✗ Data Administrator (Scheme Name 'Data Administrator')
  ✗ All Notifications received by the Data Certifier and Data Manger
  ✗ 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)

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

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THCIC Trainer 000005   User Management   My Account   Logout

User Management

CREATE NEW USER

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

User Management – Delete a User(s)

User Management

CREATE NEW USER

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

DELETE

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

User Management – Lock Features

The administrator can clear intrusion or account lock(s). When the locks are on the system they will be colored blue. A user will get locked out of the system if they have more than three (3) failed login attempts. The administrator can clear the 'intrusion lock' by unchecking the box above. The administrator can put an 'account lock' on a user's account to prevent a user's account from being used. (i.e. employee was on an extended leave.)

Other Features My Account

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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

[current password]

CHANGE PASSWORD

[password]

PASSWORD CONFIRMATION

[password confirmation]

[UPDATE] [CANCEL]

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

PASSWORDS MUST:

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

PASSWORDS MUST NOT:

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

PASSWORD NOTES:

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

Password Process

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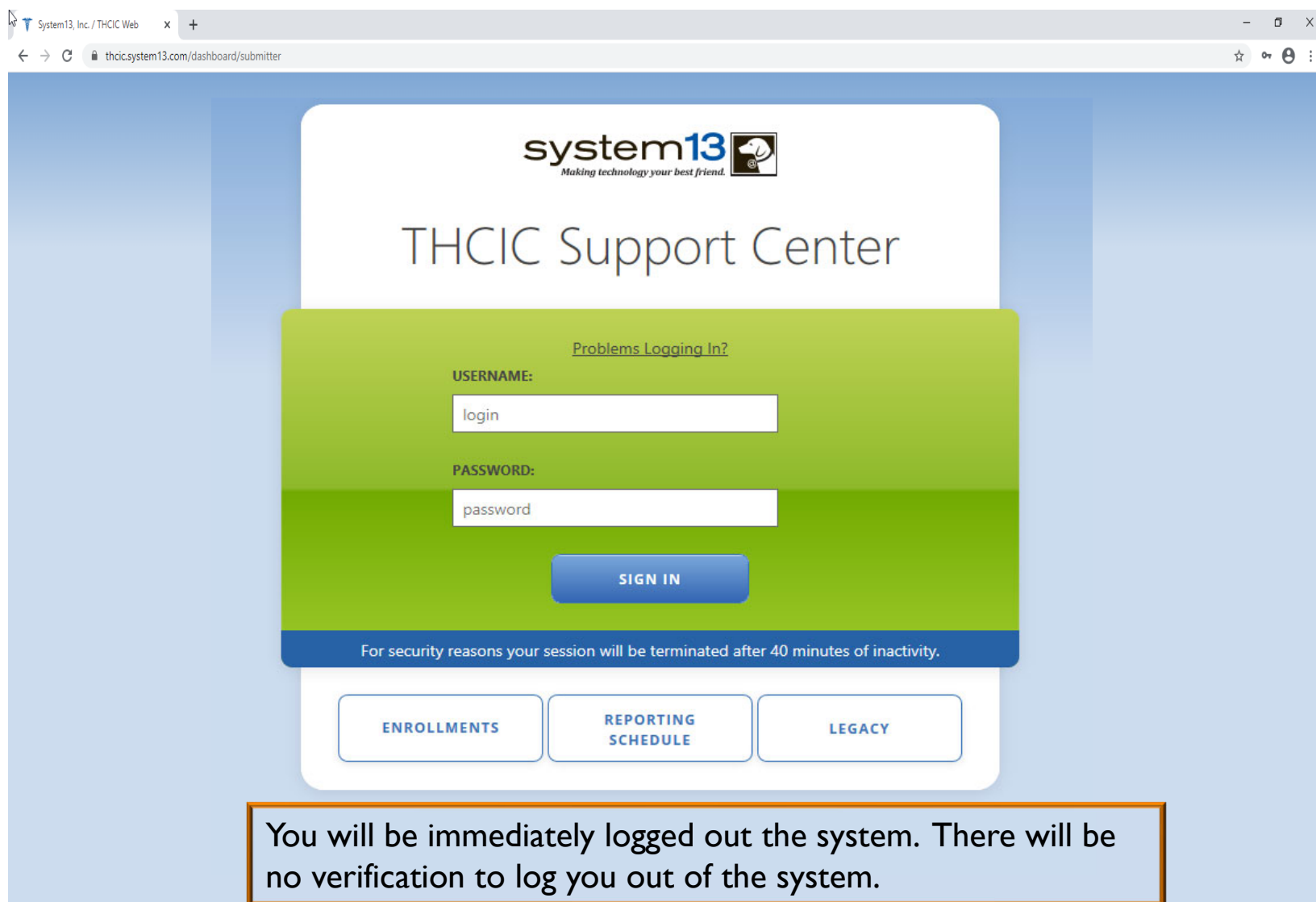 - Contain uppercase and lowercase letters

- **Passwords Must Not:**
  - Be reused for one (1) year.
  - Begin or end with non-alpha characters
  - Contain username
  - Contain letter or number sequences greater than two (2)
  - Repeat characters more than twice in a row

- **Password Notes:**
  - 1. Within this application the following is defined as the set of special characters:
    ! @ # $ % ^ & * ? _ ~ -
  - 2. Here are some examples of a letter or number sequences greater than two (2):
    'abc', '123', '4567', 'ghijk'
  - 3. Here are some examples of a letter, number, or sequence that is repeated more than twice:
    'aaa' (2-letter repetition), '333' (2-number repetition). 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

Other Features - Logout
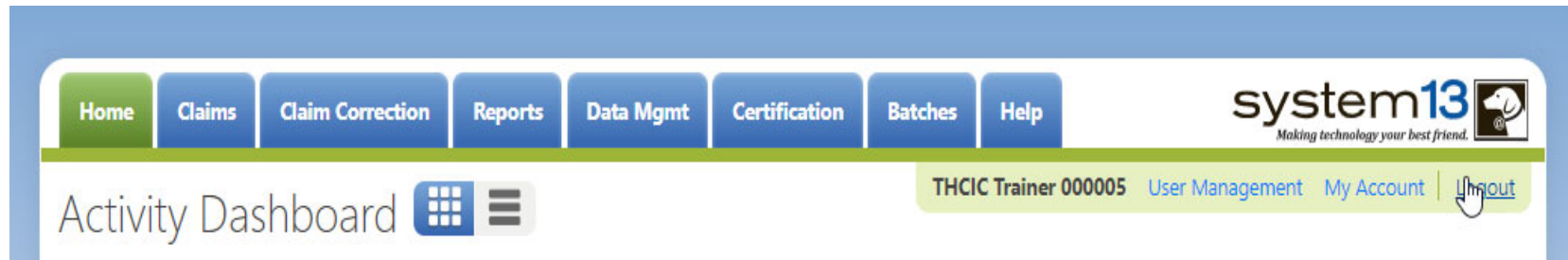
Logout logs you out of the system.

Other Features - Logout

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

Inactivity

If you have been idle in the system for <u>40</u> minutes, you will be logged out of the system and will have to log back in.

Provider Home Page – Grid View

Provider Home Page – List View

Provider Tab Claims

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

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New Claims in Progress

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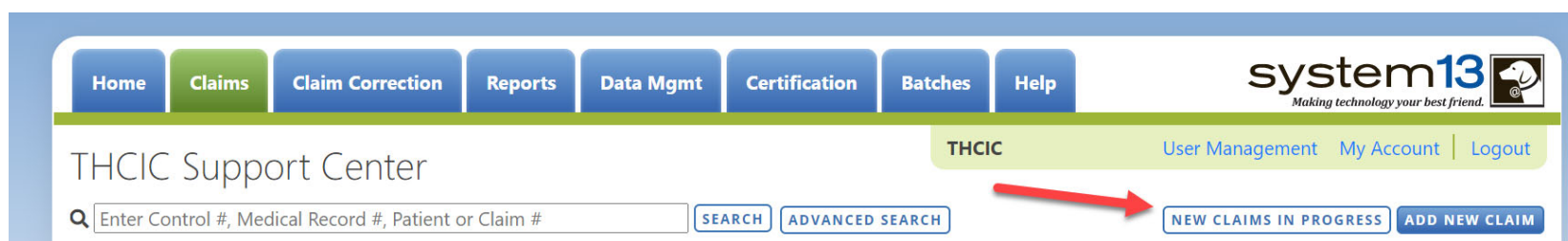
New Claims in Progress – Through the Claims tab, this feature allows facilities to continue completing claims that you have started entering using Web Claim.

New Claims in Progress

New Claims in Progress lists Web Claim submissions that have been saved, but not submitted.   Please be advised when you enter a claim, it is automatically saved.
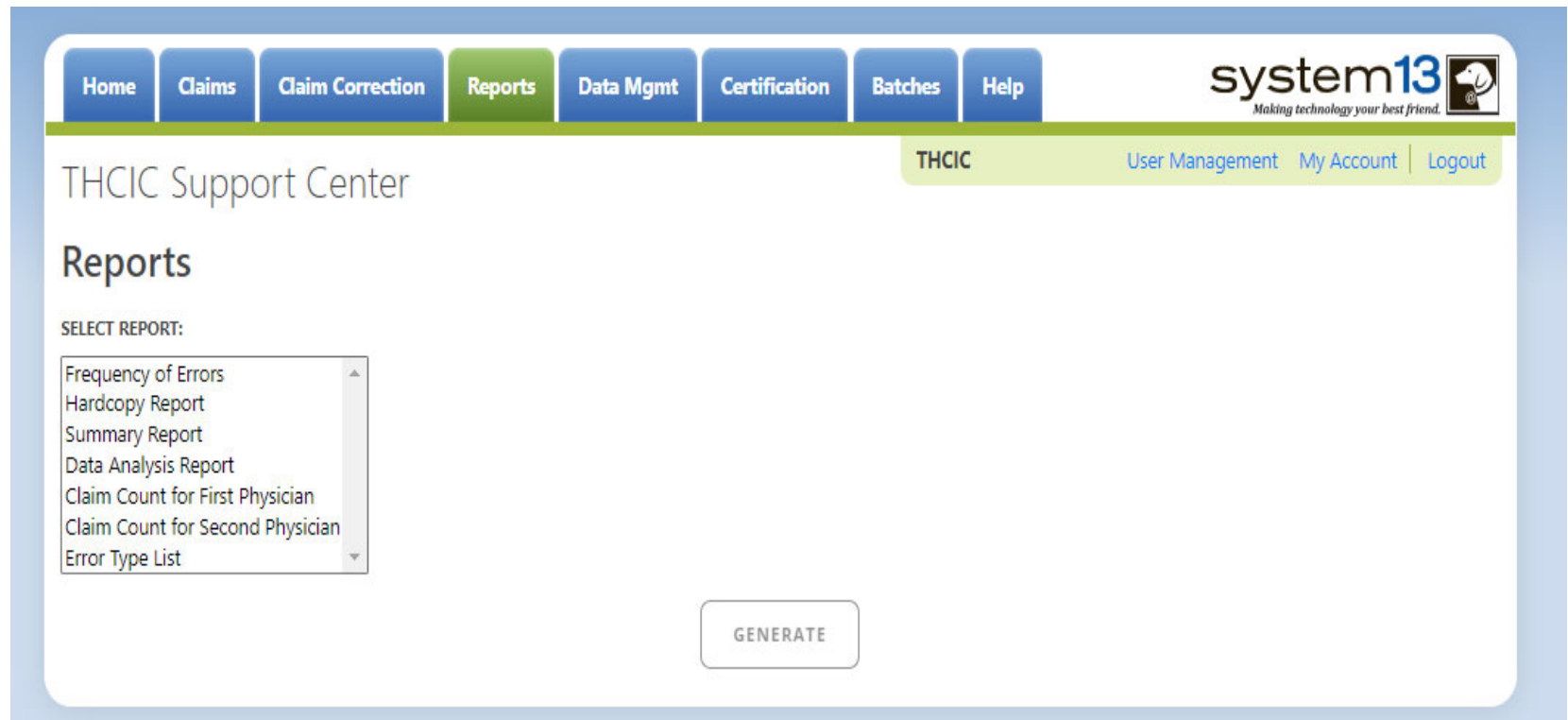
New Claims in Progress when you click Audited Claims, AUDITED CLAIMS you will be taken back to the claims menu.

Reports Reports

Reports allows the user to get various reports on data that is <u>currently</u> 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

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

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

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

Data Analysis Report - shows counts per month, types of bills, and other data items, and makes suggestions for continuing, such as removing duplicates, correcting invalid data, etc.
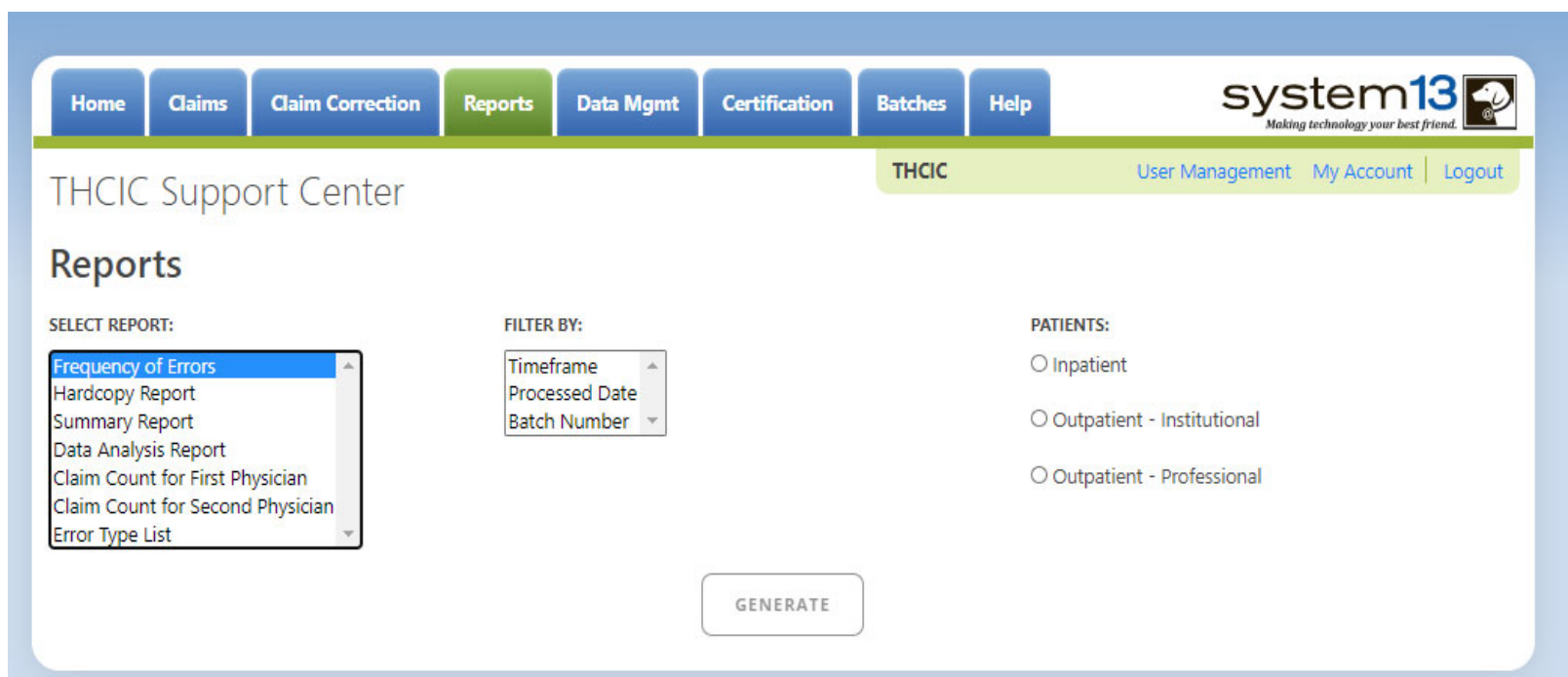
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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

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

Reports Functionality

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

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

Type of Claims

**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.
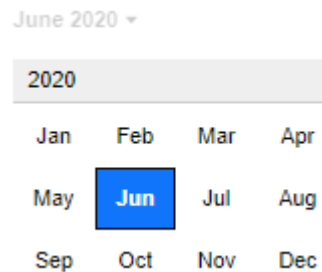
Functionality of the Calendar Feature

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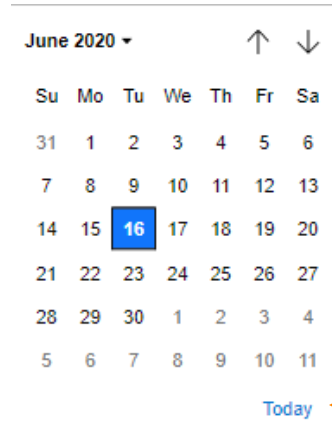
- The 📅 icon will open choosing the current date.
  - ↑ ↓ will move the calendar back a month.
  - Choosing the month's drop down menu will change the month

  - Choosing the sidebar will change the year

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Filter Report By Timeframe

- ✗ To create by timeframe.

FILTER BY:

| Timeframe |
| Processed Date |
| Batch Number |

FROM:

mm/dd/yyyy 📅

THROUGH:

mm/dd/yyyy 📅

GENERATE

PATIENTS:

○ Inpatient

○ Outpatient - Institutional

○ Outpatient - Professional

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

Filter Report By Processed Date

✗ To create a report, filter by processed date.

FILTER BY:

Timeframe
Processed Date
Batch Number

DATE:

mm/dd/yyyy

GENERATE

PATIENTS:

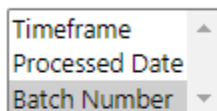○ Inpatient

○ Outpatient - Institutional

○ Outpatient - Professional

✗ To filter by the processed date, you have to choose a certain date.

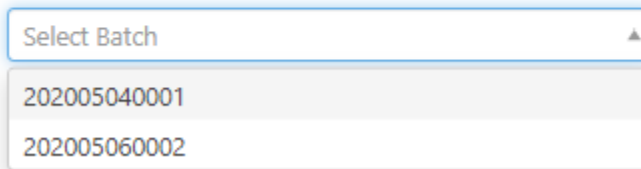✗ Choose the type of claims and click generate.

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	system13

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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)

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.

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Data Analysis Report through the Reports Tab

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

Data Analysis Report through the Reports Tab

2Q2020 Data Analysis Report (Outpatient)
Report Date: 09-Oct-2020
THCIC ID:

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q20	7

Messages

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

Provider Tab Data Management   Data Mgmt

Modify/Replace/Remove Report

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.

✗ Remove duplicate claims

✗ Replace certain bill types

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 Health and Human Services | Texas Department of State Health Services

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

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

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Provider Tab Data Management

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Provider Tab Data Management

Data Management Emails

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

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 b
- 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.

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

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)

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

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Provider Tab Data Management

Provider Tab Data Management Data Mgmt

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Provider Tab Data Management

Data Management Email

Batches Batches

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

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

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THCIC Support Center

THCIC   User Management   My Account   Logout

🔍 [Enter Batch #]   [SEARCH]

Batch Number ⬍	Processed Date ⬍	Total Claims ⬍	Claims with Errors ⬍	In/Out ⬍
☐ 201507140042	07/14/2015	245	2	In
☐ 201507140031	07/14/2015	145	0	Out
☐ 201507140090	07/14/2015	134	5	Out
☐ 201610140002	10/14/2016	153	64	In
☐ 201610140004	10/14/2016	45	5	In
☐ 201610140006	10/14/2016	130	49	Out

Batches is a list of files sent in by 5010 upload. This listing is only for batches currently in the system. *<u>**Only the system administrator can delete batches**</u>.* To delete a batch, put a check in the box next to batch to delete. In the bottom right corner delete will become an option. Please be advised, if you delete a batch out of the system you will have to reload this batch, System13 cannot retrieve this batch for you.

[SELECT ALL]   6 Batches   [DELETE]

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Provider Tab Help

Outpatient Web Claim Training

AGENDA

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

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

Initial Submission Due Dates

Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

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

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

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

Last updated October 26, 2021

System Feature

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

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

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

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

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

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

> *Cutoff for initial submission is the date when the submission data is due in the system.

Generate Quarter Cert. Data (EOD) ➡

Various Options for Entering Web Claim

☒ You can enter Web Claim from:

☒ Provider Home page – click [WEB CLAIM ENTRY]

☒ [Claims] Listing – click [ADD NEW CLAIM]
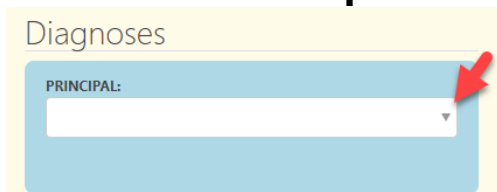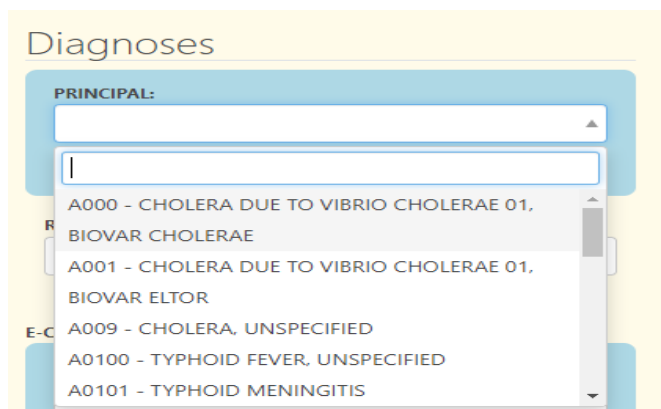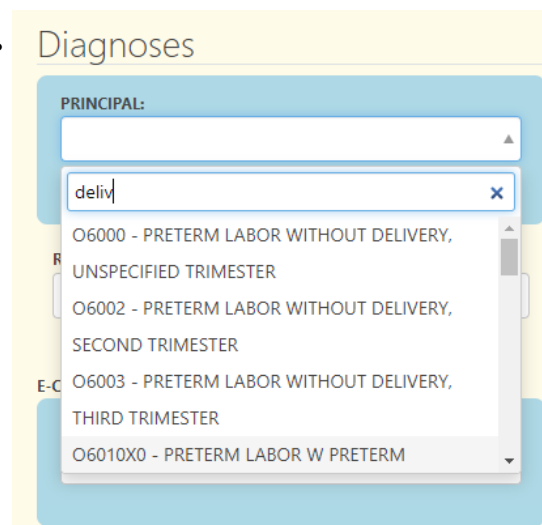
☒ To continue a claim in process click [NEW CLAIMS IN PROGRESS]

Dropdown Lists

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

- **Typing into a text box with a dropdown list will search the list for matches and display the list to the user.**
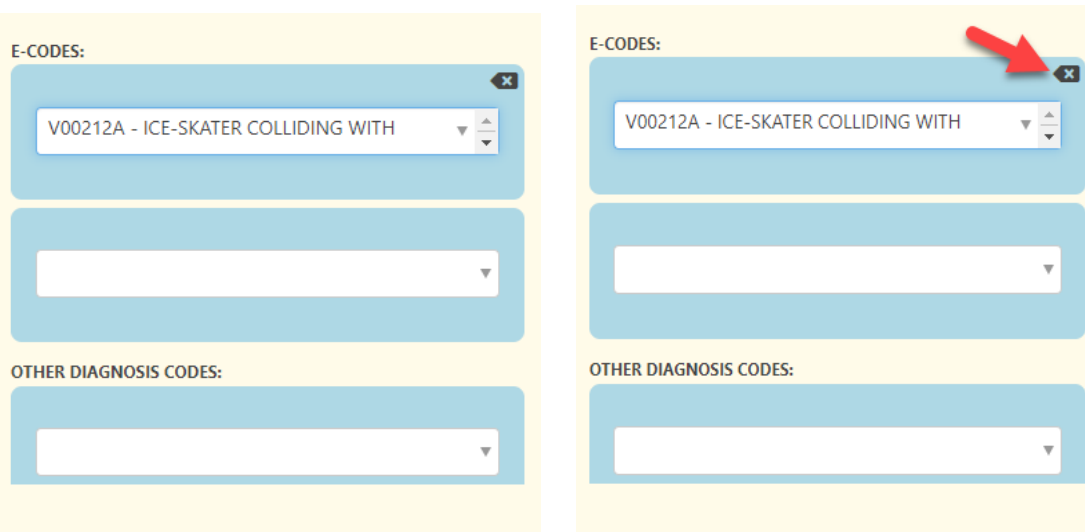
- **Use the up and down arrow keys to move to the value.**

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

- **Press TAB** Tab **to move to the next field on the screen.**

Calendars/ Adding or Deleting Choices

- **The user can tell if a field has a calendar, indicated by** 📅
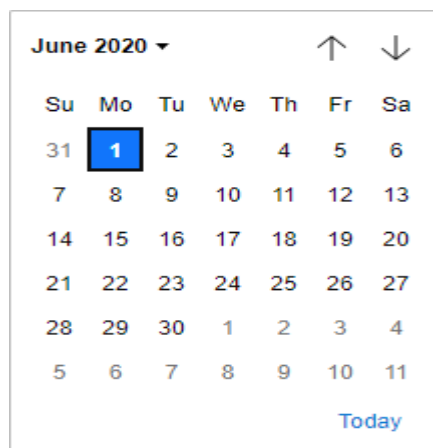
- **Some fields allow you to have multiple codes, once a code is enter another box will become available, to delete an entry, click the X beside this choice.**

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Outpatient Institutional

Opening Web Claim for Inpatient/Outpatient Facilities

If the facility submits inpatient and outpatient data, the only options available for Web Claim will be an inpatient claim or an outpatient institutional claim as pictured.

Opening Web Claim
Through Provider Home Page

Patient Tab
Outpatient Institutional

Choose the type of claim to be entered.

Web Claim Data Input - Patient Tab

Patient Tab

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

Entering Claim Information

If the field has a down arrow that indicates that the field has a look up menu as indicated.

Patient Tab

Field with calendar lookup 📅 .

Payer Tab

Entering Claim Information – Payer Tab

Insurance ID number. Put the first 10 characters of the insurance ID number.

Choose the type of insurance.

Name of insurance, not the name of the insured.

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

Charges Tab

Diagnosis Tab

Diagnosis Tab

Enter your diagnosis information. If you have multiple diagnosis codes and or e-codes as you add one to the system, another screen will open to add another. Use the X on the line to delete an entry.

Practitioners Tab

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

| 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

Medical Record Number: Patient Control Number: **Outpatient Institutional**

✔ Patient

✔ Payers

✔ Charges

✔ Diagnoses

✔ **Practitioners**

✔ Situational Codes

Physician 1 (Operating)

ID TYPE: **ID NUMBER:**

[▼]   [   ]

FIRST NAME: **MIDDLE:**   **LAST NAME:**

[   ]   [   ]   [   ]

(Initial)

Physician 2 (Other/ED Attending)

ID TYPE: **ID NUMBER:**

[▼]   [   ]

FIRST NAME: **MIDDLE:**   **LAST NAME:**

[   ]   [   ]   [   ]

(Initial)

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

Practitioners Tab

Choose the ID type and ID number, choose the individual ID for the physician.

Situational Codes Tab only available on Outpatient Institutional

Situational Codes Tab only available on Outpatient Institutional

Conditions

CODE:

04 - INFORMATION ONLY BILL ▼

05 - LIEN HAS BEEN FILED ▼

▼

Values

CODE:

AMOUNT:

▼

If you have multiple conditions to add to a claim, as you tab out of this screen you will be able to add another condition. If you want to delete a condition, click the ☒ box next to the claim information.

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

Outpatient Professional

Medicaid or Medicare Claims only. You can submit Medicare and Medicaid claims on the institutional claim, but **ONLY** Medicare and Medicaid can be professional.

Patient Tab

Patient Tab

Payer Tab

Charges Tab

Click add charge to add another charge to the claim. To delete click the ❌ beside the claim.

Diagnosis Tab

Enter your diagnosis information. If you have multiple diagnosis codes and or e-codes as you add one to the system, another screen would open to add another.

Practitioners Tab

Choose the ID type and ID number, choose the individual ID for the rendering physician.

Submitting Your Claim

- ☒ The claims are automatically saved.
- ☒ You must submit claims for them to be entered in the system.

- ☒ If you do not submit the claim, it will go to new claims in progress through the claims tab, [NEW CLAIMS IN PROGRESS] . Once opened you can complete and submit the claim.

Check for Errors/ Submitting Your Claim

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

ⓘ Remember: you must check this claim for errors when you have finished entering its details. | **NEXT SECTION →** | **CHECK FOR ERRORS**
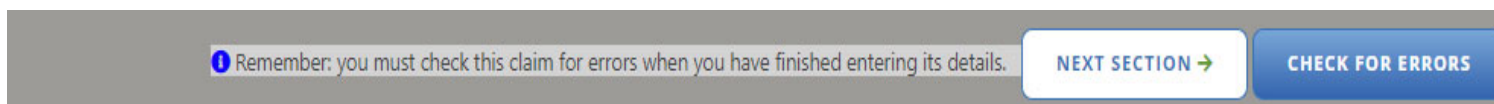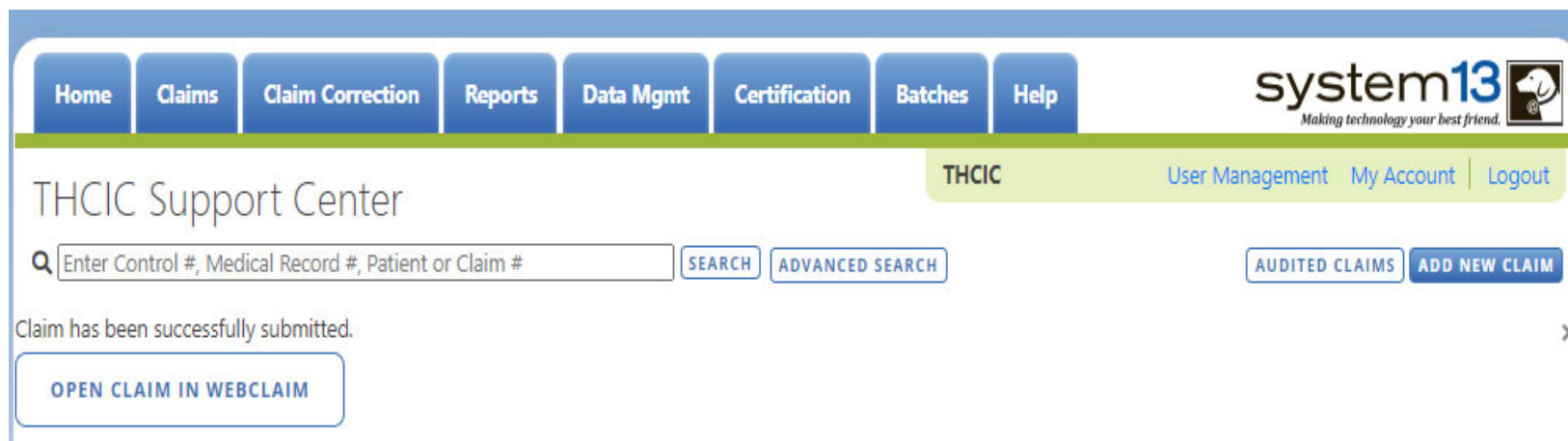
- ✗ If you do not "check for errors" the claim, it will go to new claims in progress through the claims tab, **NEW CLAIMS IN PROGRESS** . Once opened you can complete and submit the claim.

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13

THCIC Support Center

THCIC   User Management   My Account   Logout

🔍 Enter Control #, Medical Record #, Patient or Claim #   [SEARCH] [ADVANCED SEARCH]   [AUDITED CLAIMS] [ADD NEW CLAIM]

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, JOHN	OUT-I	05/29/2020	852	852
☐ DOE, JANE	OUT-I	06/01/2020	741	741
☐ .	OUT-I	06/01/2020		
☐ .	OUT-I	06/01/2020		

Other Options

OPEN CLAIM IN WEBCLAIM will open the claim to update the information.

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

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

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

Options…Delete Claim(s)

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

Options…Search for Claims

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

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

- Type in your search request.

  | 🔍 7357 | ✕ | SEARCH | ADVANCED SEARCH |

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

  | 🔍 7357 | SEARCH | ADVANCED SEARCH |
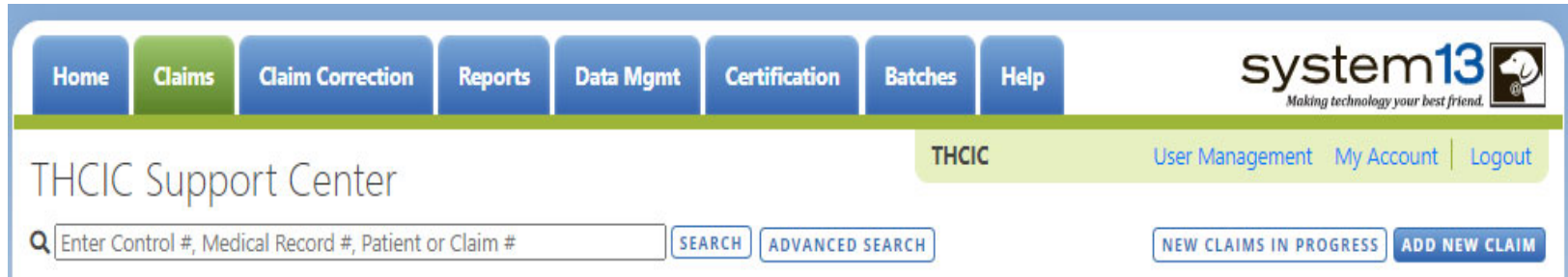
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐ 6739380	5877357	201507140042000009000005	07/14/2015	Pouros, Jovani	IN	-
☐ 6735776	6511439	201507140042000054000005	07/14/2015	Effertz, Daija	IN	-

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

  | 🔍 7357 | ✕ | RCH | ADVANCED SEARCH |

Incomplete (Saved) Claims
New Claims in Progress

If the user does not submit a claim, it will be automatically saved. To complete this claim, the user will have to click the claims tab and click new claims in progress. A listing of the claims that have been saved, but not submitted will open. The user can complete entering these claims. If the user choose to delete these claims, put an X beside the claim and delete will become an option.
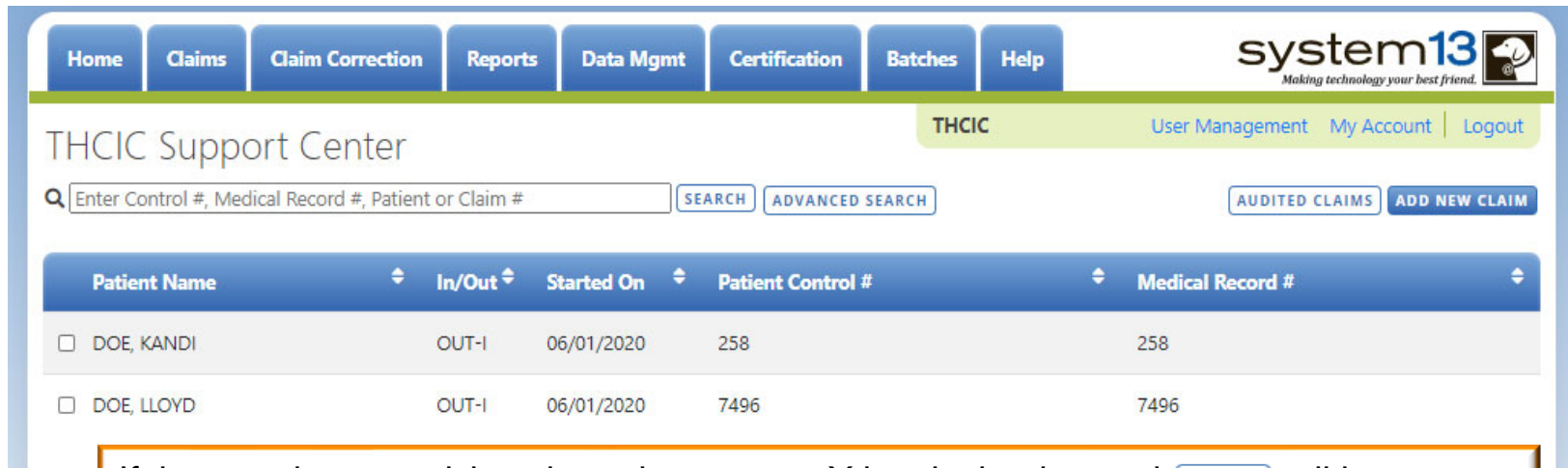

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
☐ DOE, KANDI	OUT-I	06/01/2020	258	258
☐ DOE, LLOYD	OUT-I	06/01/2020	7496	7496

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

Web Claim

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.

system13 Contact

Formerly Commonwealth Clinical Systems
and Computer Services

📬 Address:
   System13, 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**