

Department of State Health Services
Center for Health Statistics
Texas Health Care Information Collection

Outpatient Claim Correction (Formerly WebCorrect)

Revised April 2024



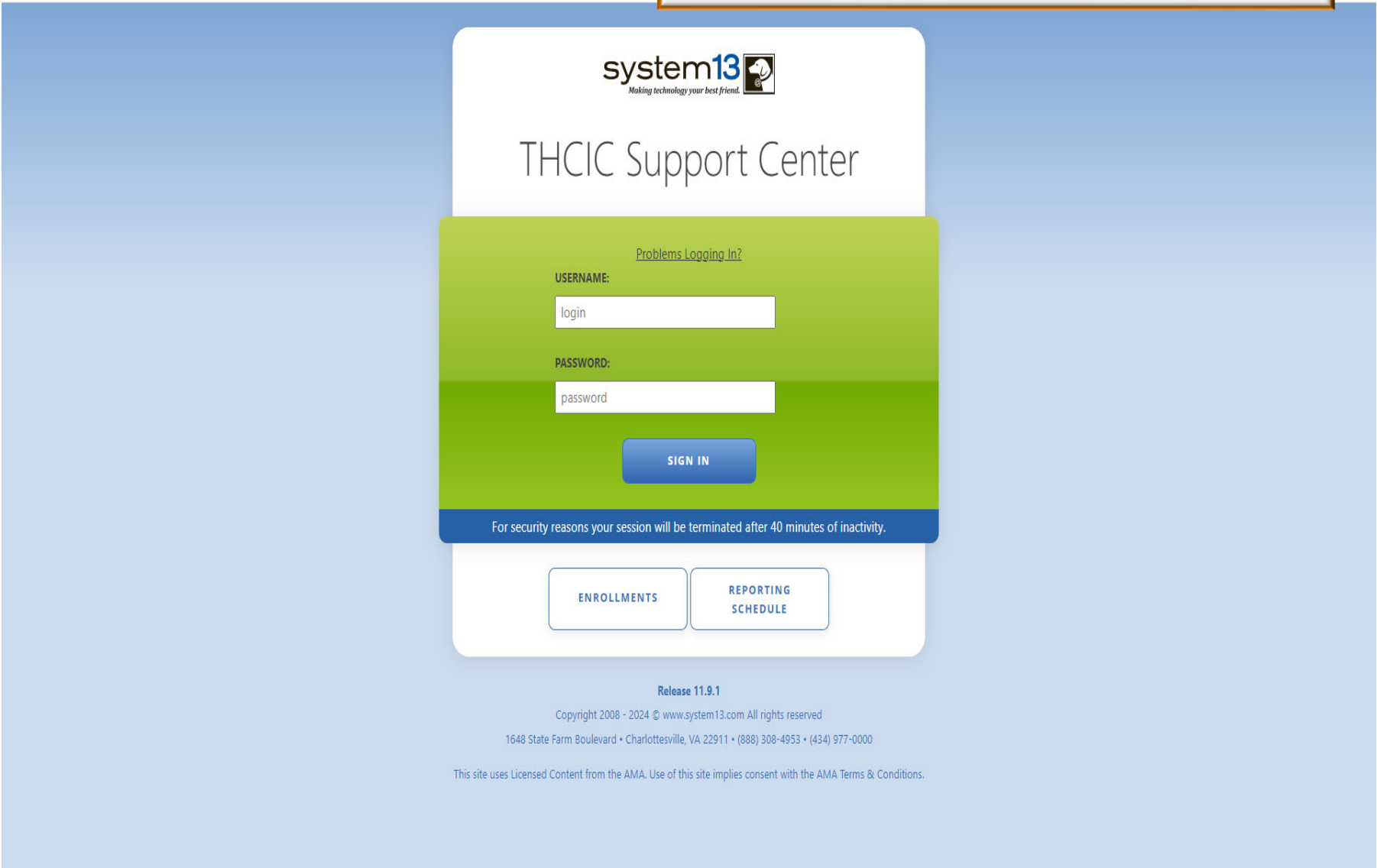
THCIC System

System13, Inc. / THCIC Web x +

thcictrainer.system13.com/login

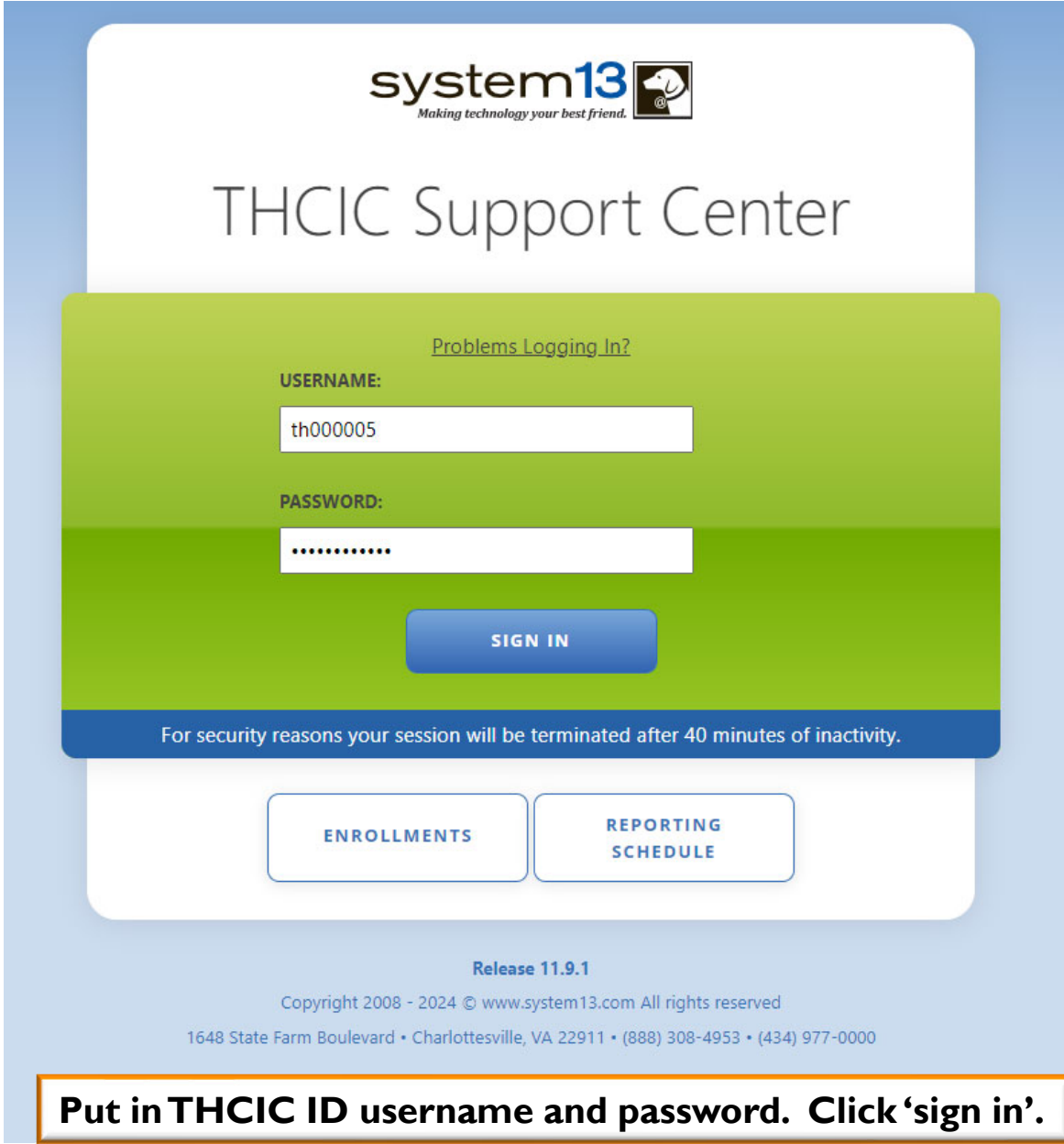
Templett - Online d... Home Page THCIC Trainer THCIC Homepage Capps Webpage Log in | T... Home Page | DSHS I...


Log into the System I3 system at <https://thcic.system13.com>



The screenshot shows the login interface for the THCIC Support Center. At the top, the System13 logo is displayed with the tagline "Making technology your best friend." Below the logo, the text "THCIC Support Center" is centered. A green box contains the login form, which includes a link for "Problems Logging In?", a "USERNAME:" label with a text input field containing "login", a "PASSWORD:" label with a text input field containing "password", and a blue "SIGN IN" button. Below the login form, a blue banner states: "For security reasons your session will be terminated after 40 minutes of inactivity." At the bottom of the page, there are two buttons: "ENROLLMENTS" and "REPORTING SCHEDULE". The footer contains the text: "Release 11.9.1", "Copyright 2008 - 2024 © www.system13.com All rights reserved", "1648 State Farm Boulevard • Charlottesville, VA 22911 • (888) 308-4953 • (434) 977-0000", and "This site uses Licensed Content from the AMA. Use of this site implies consent with the AMA Terms & Conditions."

Log In the System as a Provider



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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

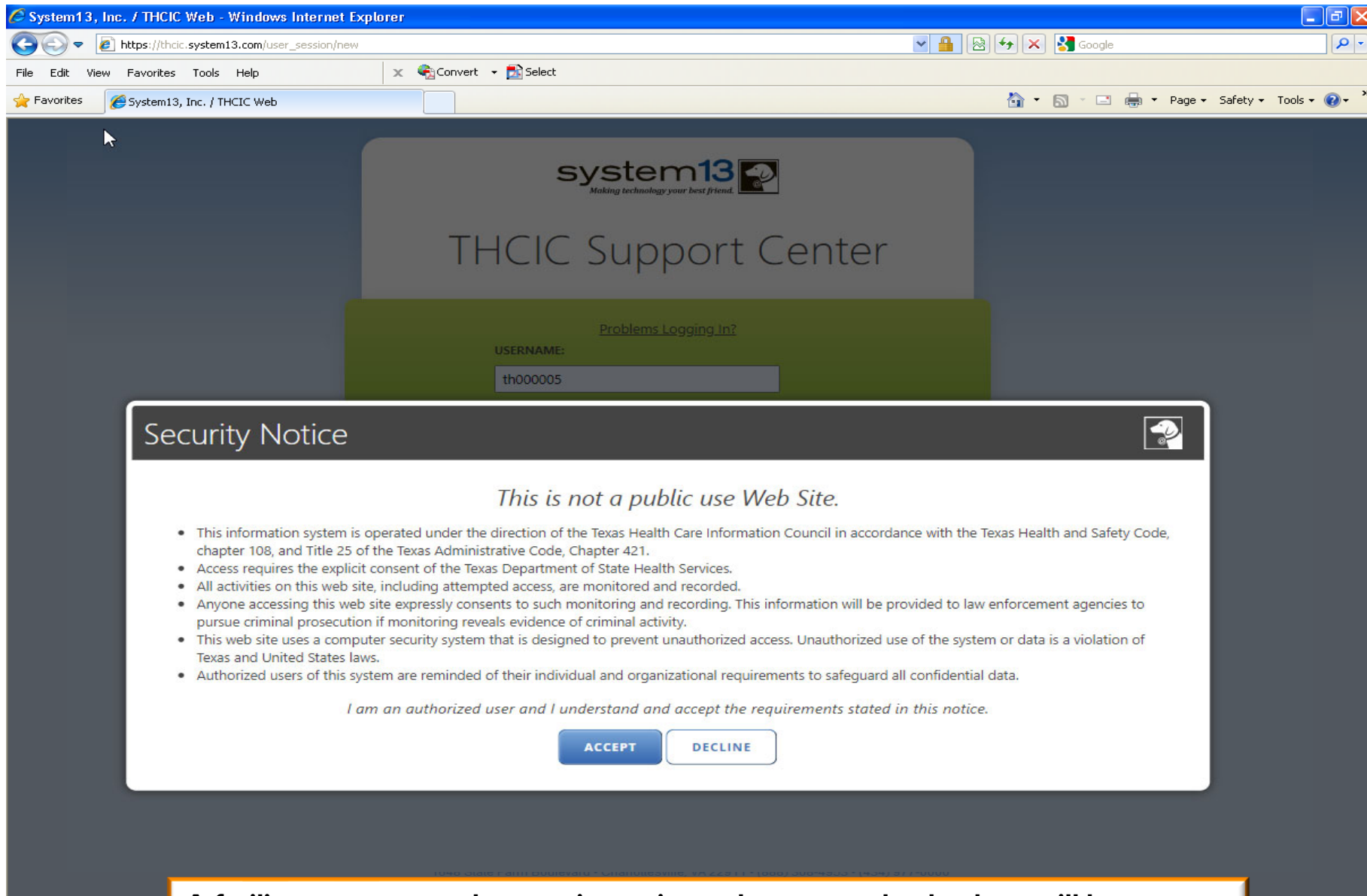
For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE**

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

Security Notice



The screenshot shows a Windows Internet Explorer browser window displaying the THCIC Support Center login page. The browser's address bar shows the URL https://thcic.system13.com/user_session/new. The page content includes the System13 logo with the tagline "Making technology your best friend." and the heading "THCIC Support Center". Below the heading is a link for "Problems Logging In?". A login form is visible with a "USERNAME:" label and a text input field containing the value "th000005".

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.

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.

Data Reporting Schedule



When are my submissions due?

The complete data reporting schedule is available at <https://www.dshs.texas.gov/texas-health-care-information-collection/facility-reporting-requirements/data-reporting-schedule>

- HOME
- COVID-19
- ABOUT DSHS
- NEWS
- I AM A...
- MOST POPULAR
- RESOURCES
- ONLINE SERVICES
- CONTACT US

- Texas Health Care Information Collection (THCIC) Home
- 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

Data Reporting Schedule



Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Cutoff for initial submission	3-1-24	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25
Cutoff for corrections	5-1-24	8-1-24	11-1-24	2-3-25	5-1-25	7-15-25	10-15-25
Facilities retrieve certification files	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25	12-1-25
Certification/comments due	7-15-24	10-15-24	1-15-25	4-15-25	7-15-25	10-1-25	1-2-26

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.



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

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



Activity Dashboard

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

THCIC
User Management
My Account
Logout

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

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

NEXT DEADLINE

Q3 2023 CERTIFICATION

19

DAYS

SUBMISSION

	Inpatient
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

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 Dec 2023**

Correction due **1 Feb 2024**

Certification due **15 Apr 2024**

SUBMISSION

	Outpatient
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%

CERTIFICATION

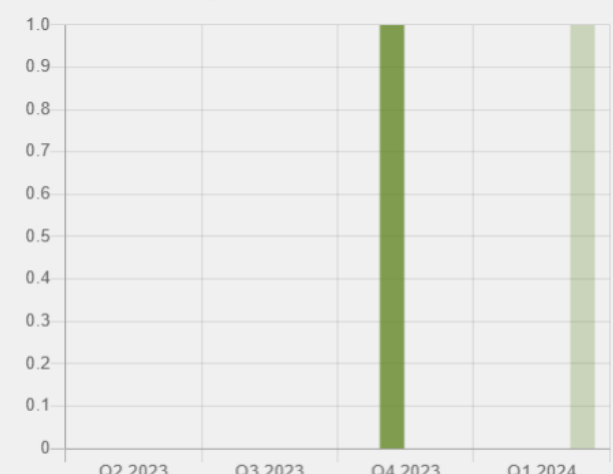
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Submission due **3 Jun 2024**

Correction due **1 Aug 2024**

Certification due **15 Oct 2024**

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	1.0	0.0	0.0	0.0

QUICK TIP:

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

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Provider Home Page – 1st 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
2023

SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023**
Correction due **1 Feb 2024**

Q4
2023

SUBMISSION

	Inpatient
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

Submission due **1 Mar 2024**
Correction due **1 May 2024**

Q1
2024

SUBMISSION

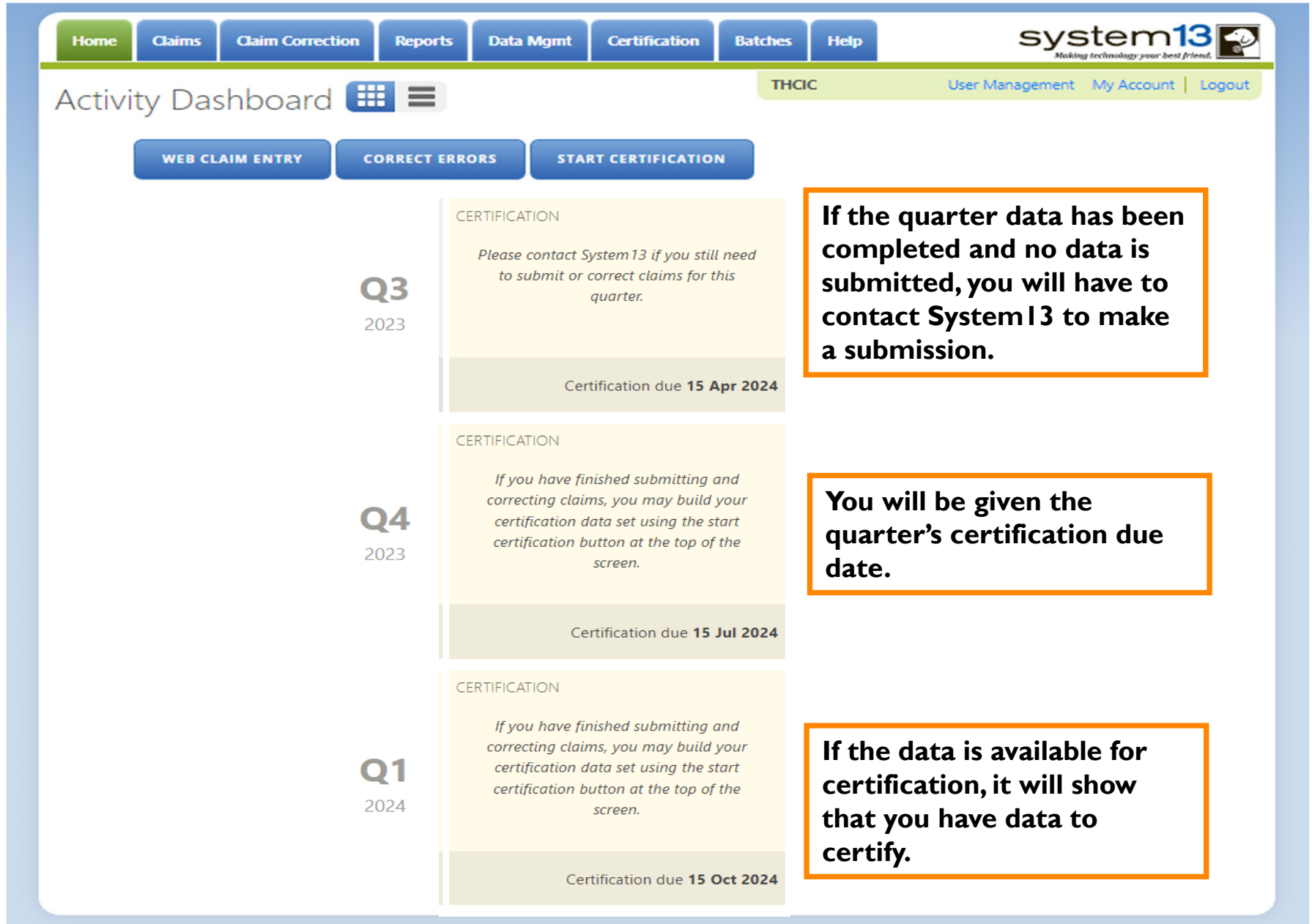
	Outpatient
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%

Submission due **3 Jun 2024**
Correction due **1 Aug 2024**

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

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

Provider Home Page – 2nd Row



The screenshot shows the 'Activity Dashboard' for the 'system13' platform. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. Below this, the dashboard is titled 'Activity Dashboard' and includes links for 'THCIC', 'User Management', 'My Account', and 'Logout'. Three main buttons are visible: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. The dashboard is organized into three rows, each representing a quarter:

- Q3 2023:** The 'CERTIFICATION' section contains the text: "Please contact System13 if you still need to submit or correct claims for this quarter." The certification is due on **15 Apr 2024**.
- Q4 2023:** The 'CERTIFICATION' section contains the text: "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." The certification is due on **15 Jul 2024**.
- Q1 2024:** The 'CERTIFICATION' section contains the text: "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." The certification is due on **15 Oct 2024**.

If the quarter data has been completed and no data is submitted, you will have to contact System 13 to make a submission.

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


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

Provider Home Page – 3rd Row

The screenshot displays the Provider Home Page dashboard. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo is in the top right corner. Below the navigation bar is the Activity Dashboard, which includes buttons for WEB CLAIM ENTRY, CORRECT ERRORS, and START CERTIFICATION. A prominent yellow box on the right indicates the NEXT DEADLINE for Q3 2023 CERTIFICATION is 19 DAYS away. Below this, a Performance History bar chart shows data for Q2 2023, Q3 2023, Q4 2023, and Q1 2024. The chart shows two bars for Q4 2023 and Q1 2024, both reaching a value of 1.0. The legend indicates that dark green represents Inpatient - Good and light green represents Outpatient - Good. A text box on the left side of the dashboard states: "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." At the bottom right, a QUICK TIP box advises: "To protect your data, THCIC requires passwords to be reset every 60 days."

Provider Home Page – List View

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



Activity Dashboard

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

THCIC
User Management
My Account
Logout

Q3 2023 SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3 2023 CERTIFICATION

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

Certification due **15 Apr 2024**

Q4 2023 SUBMISSION

	Inpatient	
OCT	0	Submission due 1 Mar 2024 Correction due 1 May 2024
NOV	0	
DEC	1	
TOTAL	1	
ACCURACY	0%	

Q4 2023 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 2024**

Q1 2024 SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	0	
MAR	1	
TOTAL	1	
ACCURACY	0%	

Q1 2024 CERTIFICATION

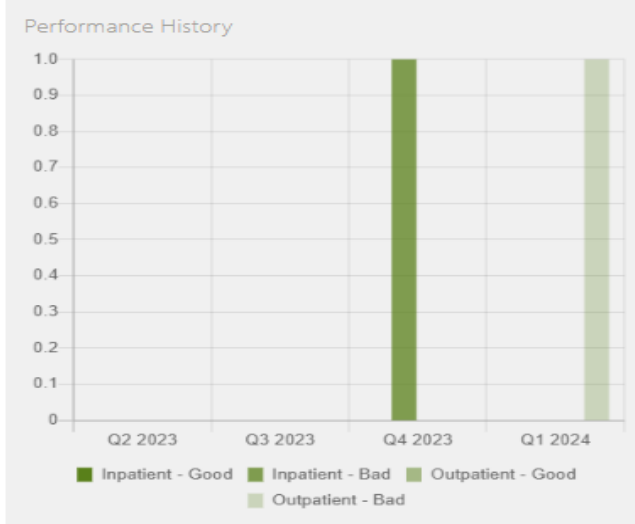
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS


Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	0.0	0.0	1.0	0.0

QUICK TIP:

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



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Provider Home Page – 1st Row

The screenshot shows the System13 Provider Home Page. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The System13 logo is on the right with the tagline "Making technology your best friend." Below the navigation bar, the page title is "Activity Dashboard" with a grid and list view toggle. On the right, there are links for "THCIC", "User Management", "My Account", and "Logout".

The main content area features three buttons: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION". Below these are several tiles representing different quarters and submission/certification statuses:

- Q3 2023 SUBMISSION:** "No claims are present for this quarter." Submission due 1 Dec 2023 | Correction due 1 Feb 2024.
- Q3 2023 CERTIFICATION:** "Please contact System13 if you still need to submit or correct claims for this quarter." Certification due 15 Apr 2024.
- Q4 2023 SUBMISSION:** Includes a table for Inpatient claims:

	Inpatient	
OCT	0	Submission due 1 Mar 2024 Correction due 1 May 2024
NOV	0	
DEC	1	
TOTAL	1	
ACCURACY	0%	
- Q4 2023 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 2024.
- Q1 2024 SUBMISSION:** Includes a table for Outpatient claims:

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	0	
MAR	1	
TOTAL	1	
ACCURACY	0%	
- Q1 2024 CERTIFICATION:** "If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen." Certification due 15 Oct 2024.

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

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

The certification due date will be by the quarter.

Provider Home Page – 2nd Row

The screenshot shows the Provider Home Page interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo is in the top right corner. Below the navigation bar, the page title is "Activity Dashboard" with a grid and list view toggle. A secondary navigation bar contains "THCIC", "User Management", "My Account", and "Logout". Three main action buttons are displayed: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION".

Activity Dashboard

THCIC | User Management | My Account | Logout

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Next Deadline Callout: NEXT DEADLINE Q3 2023 CERTIFICATION 19 DAYS

Performance History Chart:

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	0.0	0.0	1.0	0.0

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

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

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS

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

Data Management/Primary Contact Provider Home Page

Provider Tabs

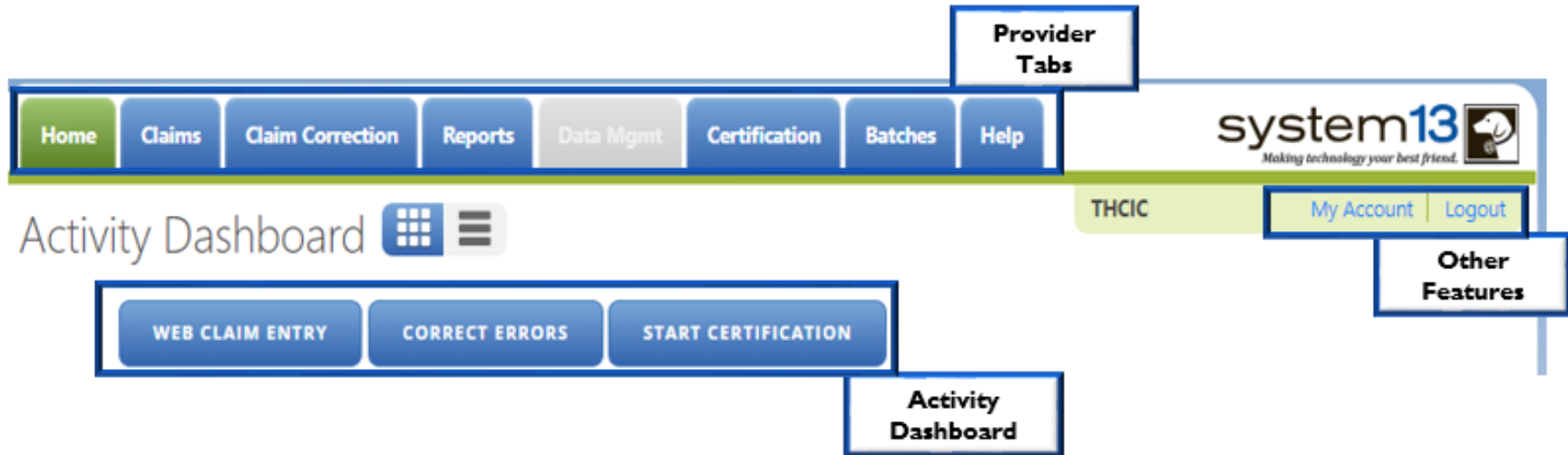
The screenshot displays the System13 Provider Home Page. At the top, there are navigation tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The System13 logo is in the top right corner with the tagline "Making technology your best friend." Below the navigation is the "Activity Dashboard" section with buttons for "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION".

The main content area is divided into three quarters (Q3, Q4, Q1) for the years 2023 and 2024. Each quarter has a "SUBMISSION" and "CERTIFICATION" status box. For Q3 2023, there are no claims present, and the submission is due on Dec 1, 2023, with a correction due on Feb 1, 2024. The certification is due on Apr 15, 2024. For Q4 2023, there is 1 inpatient claim with 0% accuracy, and the submission is due on Mar 1, 2024, with a correction due on May 1, 2024. The certification is due on Jul 15, 2024. For Q1 2024, there is 1 outpatient claim with 0% accuracy, and the submission is due on Jun 3, 2024, with a correction due on Aug 1, 2024. The certification is due on Oct 15, 2024.

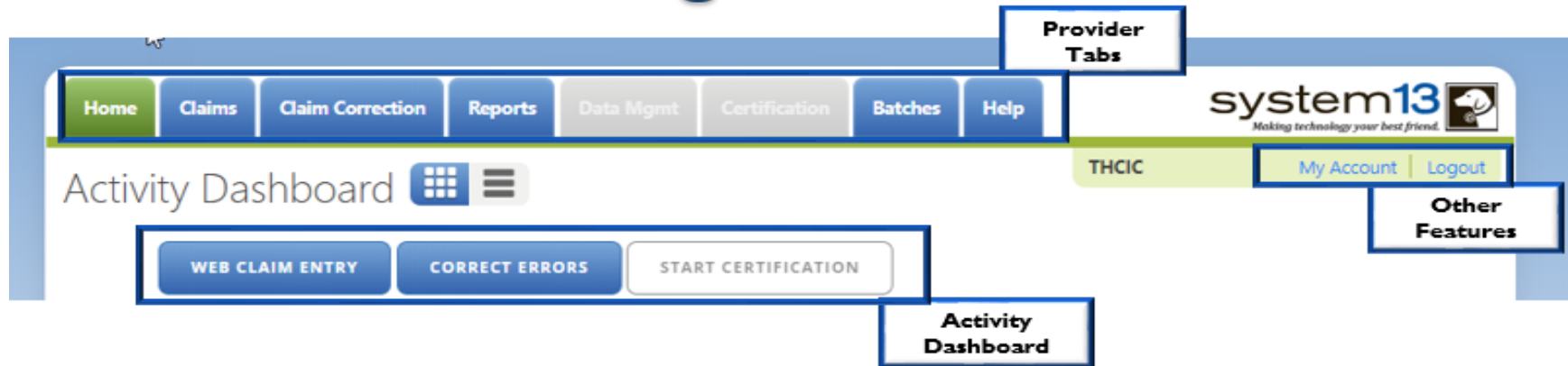
On the right side, there is a "NEXT DEADLINE Q3 2023 CERTIFICATION" box showing 19 days remaining. Below that is a "Performance History" bar chart showing the number of good and bad inpatient and outpatient claims for each quarter from Q2 2023 to Q1 2024. The chart shows 100% good inpatient claims in Q4 2023 and Q1 2024, and 0% bad inpatient or outpatient claims.

At the bottom right, there is a "QUICK TIP" box: "To protect your data, THCIC requires passwords to be reset every 60 days."

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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THCIC User Management My Account Logout

Activity Dashboard

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

Q3 2023

SUBMISSION
No claims are present for this quarter.

Submission due **1 Dec 2023**
Correction due **1 Feb 2024**

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

Certification due **15 Apr 2024**

Q4 2023

SUBMISSION

Inpatient	
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

Submission due **1 Mar 2024**
Correction due **1 May 2024**

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 2024**

Q1 2024

SUBMISSION

Outpatient	
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%

Submission due **3 Jun 2024**
Correction due **1 Aug 2024**

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

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

19 DAYS


Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0.0	0.0	0.0	0.0
Q3 2023	0.0	0.0	0.0	0.0
Q4 2023	1.0	0.0	0.0	0.0
Q1 2024	0.0	0.0	1.0	0.0

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

Data Management/Primary Contact Provider Home Page – List View

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



Activity Dashboard  

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

THCIC User Management My Account Logout

Q3 2023 SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3 2023 CERTIFICATION

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

Certification due **15 Apr 2024**

Q4 2023 SUBMISSION

	Inpatient	
OCT	0	Submission due 1 Mar 2024 Correction due 1 May 2024
NOV	0	
DEC	1	
TOTAL	1	
ACCURACY	0%	

Q4 2023 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 2024**

Q1 2024 SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	0	
MAR	1	
TOTAL	1	
ACCURACY	0%	

Q1 2024 CERTIFICATION

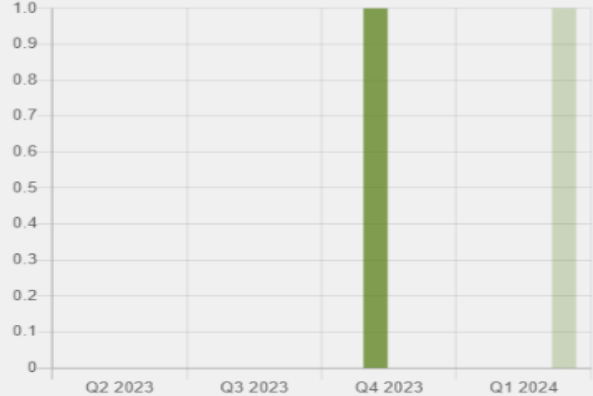
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	1.0	0	0	0
Q1 2024	1.0	0	0	0

QUICK TIP:

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

Services | Health Services

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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

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

Claim Entry Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



Texas Department of State Health Services

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

Claim Corrections / Correct Errors

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THCIC User Management My Account Logout

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"/> 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
<input type="checkbox"/> 123	123	202005279998999780000005	05/27/2020	DOE, JONATHAN	OUT-I	9
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
<input type="checkbox"/> 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
<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
<input type="checkbox"/> 1234	1234	201906129998999794000005	06/12/2019	DOE, KANDIS	OUT-I	2
<input type="checkbox"/> 785858	785858	201812129998999799000005	12/12/2018	DOE, YVETTE	OUT-I	3
<input type="checkbox"/> PCN-604	ERR-759	201610140006000105000005	10/14/2016	DOE, AALEX	OUT-I	1
<input type="checkbox"/> PCN-599	ERR-733	201610140006000100000005	10/14/2016	DOE, KATHRYN	OUT-I	1
<input type="checkbox"/> PCN-587	ERR-716	201610140006000089000005	10/14/2016	DOE, NICOLE	OUT-I	1
<input type="checkbox"/> PCN-560	ERR-684	201610140006000062000005	10/14/2016	DOE, DANIELLE	OUT-I	1

SELECT ALL 135 Claims DELETE ACCEPT AS IS

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

START CERTIFICATION

Certification

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

system13
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THCIC

User Management | My Account | Logout

THCIC Support Center

Certification

INPATIENT

2023

4th Quarter

Eligible Claims

GENERATE QUARTER CERT. DATA (EOD)

3rd Quarter

No Data

2nd Quarter

Eligible Claims

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

1st Quarter

Eligible Claims

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

Older Quarters

Select Quarter

OUTPATIENT

2023

4th Quarter

No Data

3rd Quarter

No Data

2nd Quarter

Eligible Claims

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

1st Quarter

No Data

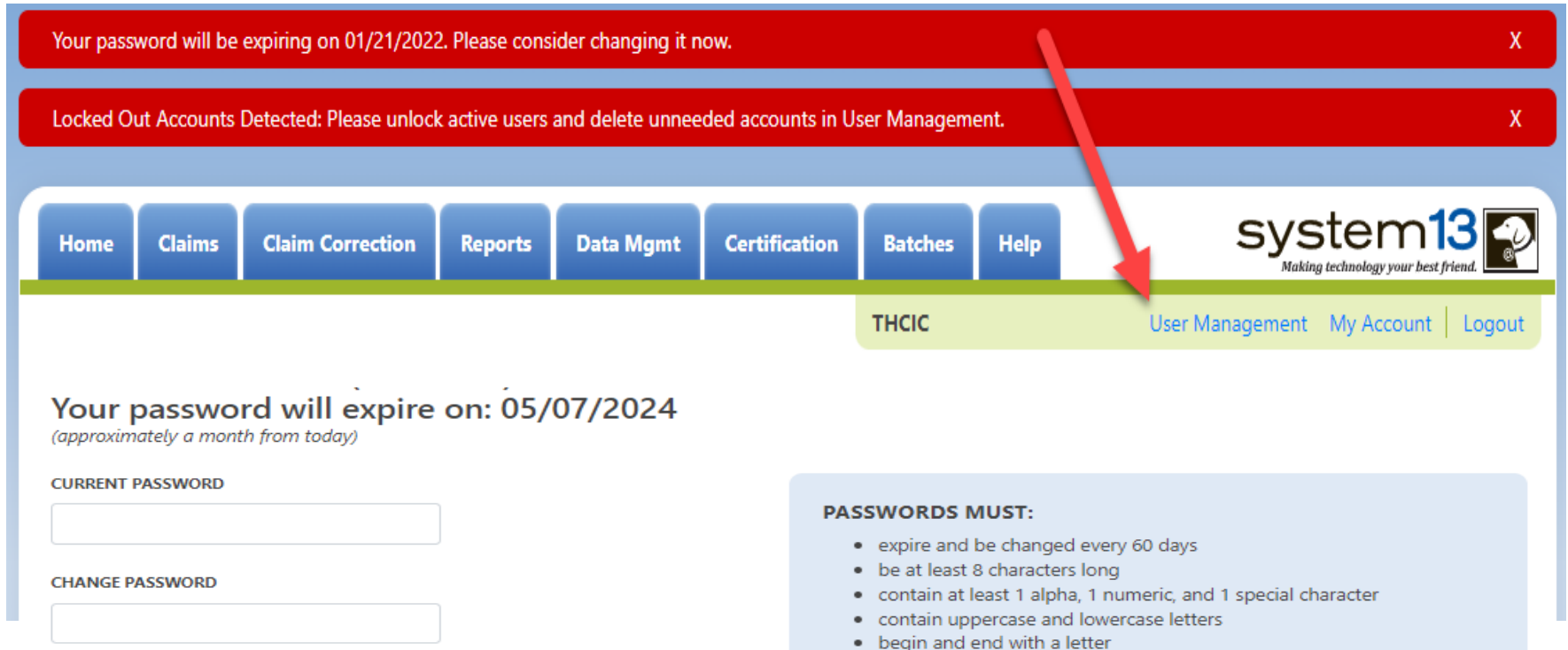
Start Certification/ Certification is the data certification process. It will allow facilities to view their previously submitted data and certify that the data was accurately submitted. If the user has inpatient and outpatient claims, their certification page will show both inpatient and outpatient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



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Health Services

Banner Messages and Locked Accounts



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: 05/07/2024
(approximately a month from today)

CURRENT PASSWORD

CHANGE PASSWORD

PASSWORDS MUST:

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

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

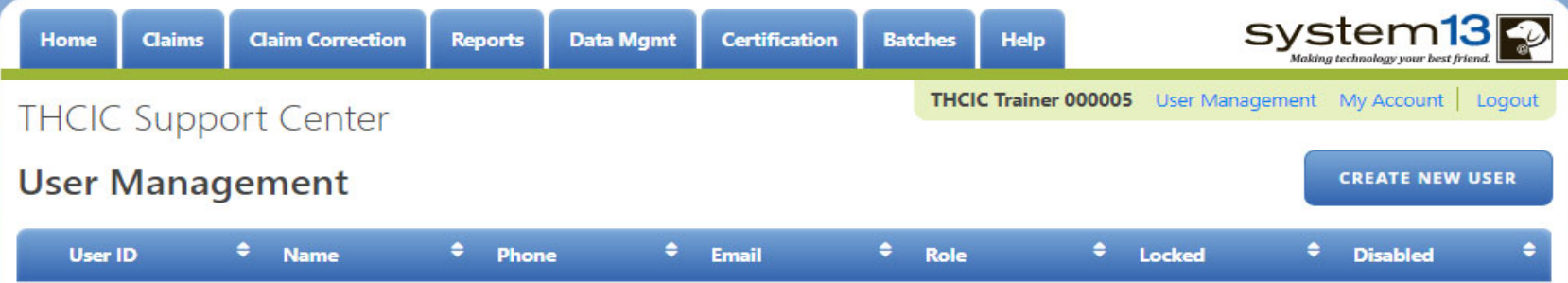
Provider Other Features

The screenshot shows the 'system13' interface with a navigation bar containing 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. Below the navigation bar is the 'Activity Dashboard' with a grid icon and a menu icon. To the right of the dashboard is a 'THCIC' label and a menu with 'User Management', 'My Account', and 'Logout'. A box labeled 'Other Features' is positioned below the 'User Management' and 'My Account' options. Below the dashboard are 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



THCIC Support Center

THCIC Trainer 000005 | User Management | My Account | Logout

system13
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User Management

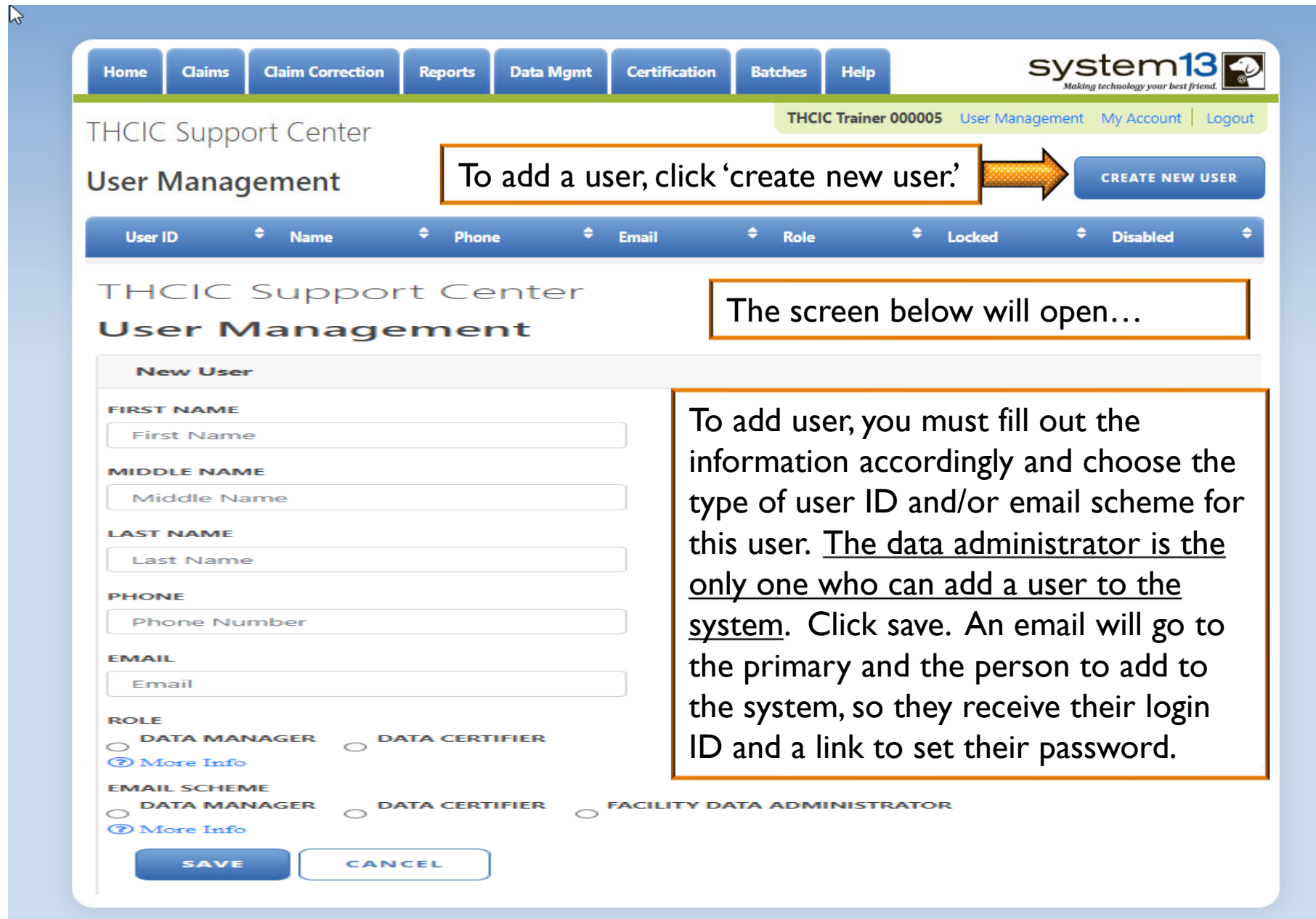
User ID	Name	Phone	Email	Role	Locked	Disabled
---------	------	-------	-------	------	--------	----------

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

The assigned Provider Primary Contact/Data 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>

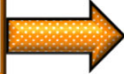
User Management – To Add User



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center THCIC Trainer 000005 User Management My Account Logout

User Management To add a user, click 'create new user.'  CREATE NEW USER

User ID Name Phone Email Role Locked Disabled

THCIC Support Center The screen below will open...
 User Management

New User

FIRST NAME

MIDDLE NAME

LAST NAME

PHONE

EMAIL

ROLE

DATA MANAGER DATA CERTIFIER
[? More Info](#)

EMAIL SCHEME

DATA MANAGER DATA CERTIFIER FACILITY DATA ADMINISTRATOR
[? More Info](#)

SAVE
CANCEL

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

User Management – User Roles / Email Schemes

Roles



The role determines the functionality available to a user.

Data Manager

- Add new claims (WebClaim)
- Correct claims (WebCorrect)
- Generate pre-certification reports (Reports)
- View submitted batches (Batches)

Data Certifier

- Can perform all functions available to a Data Manager
- Generate certification data via Encounter on Demand (EOD)
- Download certification files
- Download certification reports
- Certify quarterly data (Certification)
- Request regens (must contact System13 help desk)



Role

- DATA MANAGER
 DATA CERTIFIER

[More Role Info](#)

Role is a required field.

Email Scheme

- DATA MANAGER
 DATA CERTIFIER
 FACILITY DATA ADMINISTRATOR

[More Email Scheme Info](#)

Email Scheme is a required field.

Email Schemes



The email scheme determines which type of email notifications a user will receive.

Data Manager

- FER (Frequency of Errors Report)
- Count of Excluded/Rejected Claims

Data Certifier

- All notifications received by the Data Manager
- Certification Download File Availability
- Certified
- Rejected - Elected Not to Certify
- EOD (Encounter on Demand) Generated

Facility Data Administrator

- All notifications received by the Data Certifier and Data Manager
- MRR (Merge, Replace, Remove)
- DR (Duplicate Removal)





User Management – List of User(s)

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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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)

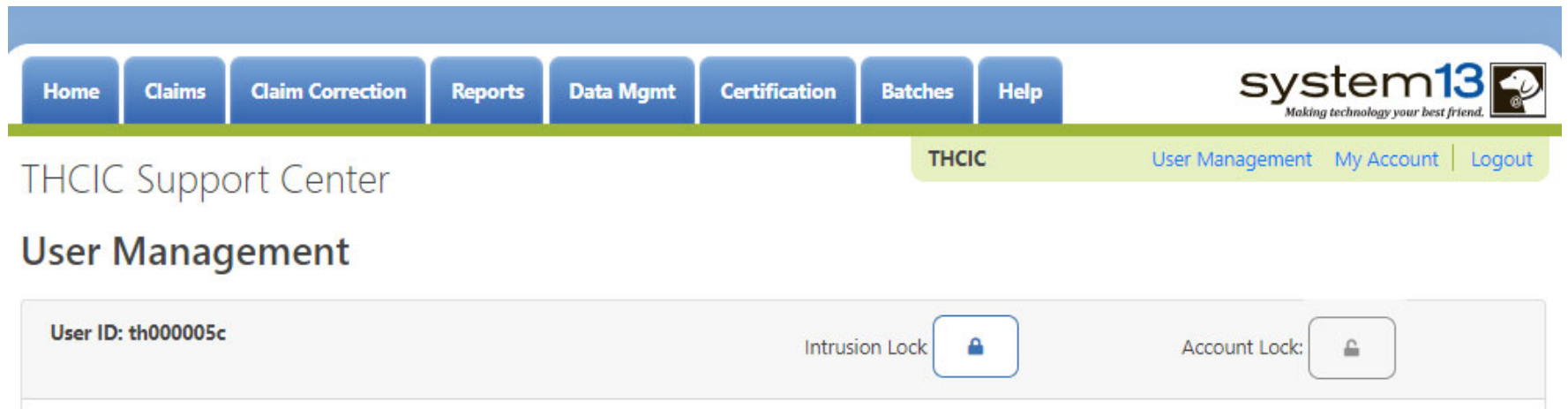
User Management [CREATE NEW USER](#)

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

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THCIC User Management My Account Logout

THCIC Support Center

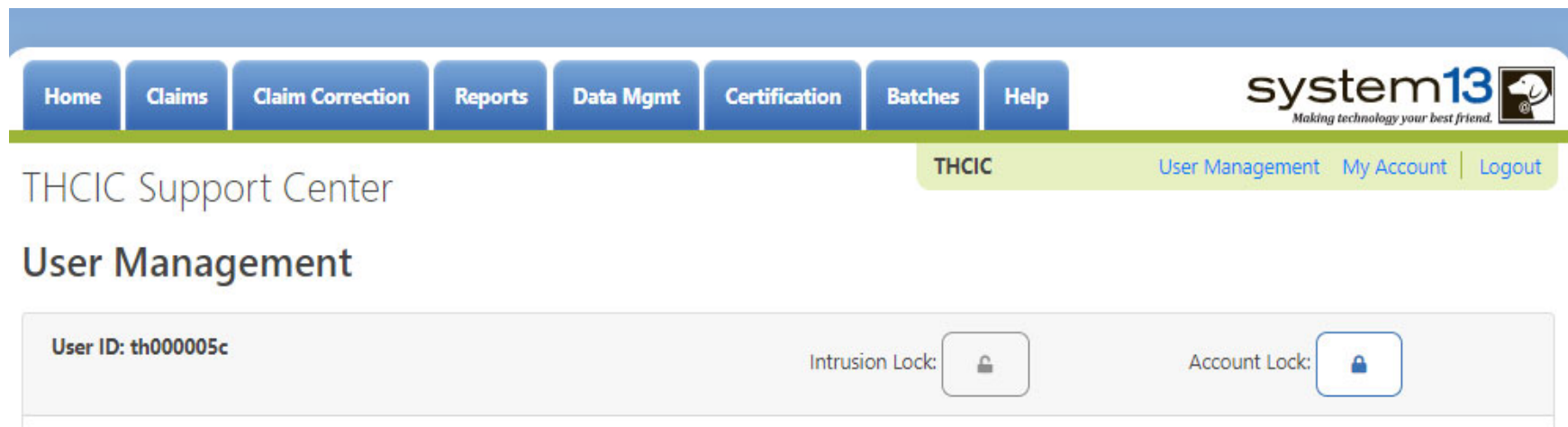
User Management

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

system13
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THCIC User Management My Account Logout

THCIC Support Center

User Management


User ID: th000005c

Intrusion Lock:

Account Lock:

Other Features My Account

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



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

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

CURRENT PASSWORD

CHANGE PASSWORD

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

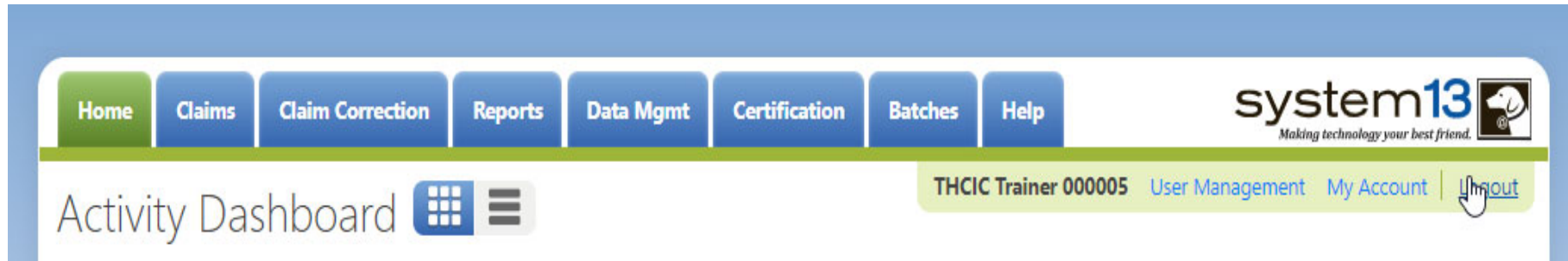
PASSWORDS MUST NOT:

- 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:

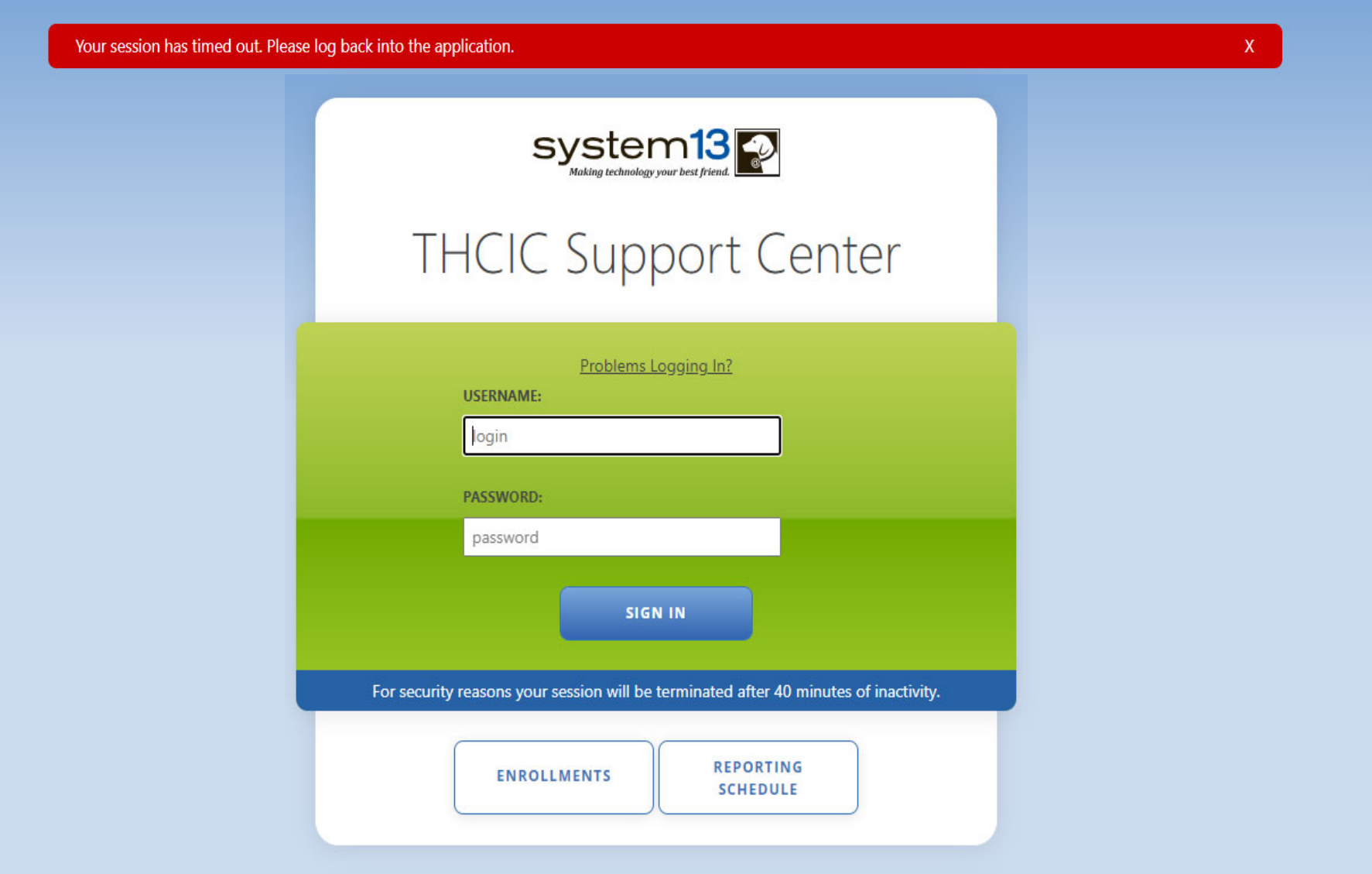
SIGN IN

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


ENROLLMENTS **REPORTING SCHEDULE**

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**

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



Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help

Activity Dashboard

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

Q3
2023

SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023**
Correction due **1 Feb 2024**

CERTIFICATION

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

Certification due **15 Apr 2024**

Q4
2023

SUBMISSION

	Inpatient
OCT	0
NOV	0
DEC	1
TOTAL	1
ACCURACY	0%

Submission due **1 Mar 2024**
Correction due **1 May 2024**

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 2024**

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	0
MAR	1
TOTAL	1
ACCURACY	0%

Submission due **3 Jun 2024**
Correction due **1 Aug 2024**

CERTIFICATION

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

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS


Performance History

QUICK TIP:

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

Provider Home Page – List View

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



Activity Dashboard

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

THCIC
User Management
My Account
Logout

Q3 2023 SUBMISSION

No claims are present for this quarter.

Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3 2023 CERTIFICATION

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

Certification due **15 Apr 2024**

Q4 2023 SUBMISSION

	Inpatient	
OCT	0	Submission due 1 Mar 2024 Correction due 1 May 2024
NOV	0	
DEC	1	
TOTAL	1	
ACCURACY	0%	

Q4 2023 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 2024**

Q1 2024 SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	0	
MAR	1	
TOTAL	1	
ACCURACY	0%	

Q1 2024 CERTIFICATION

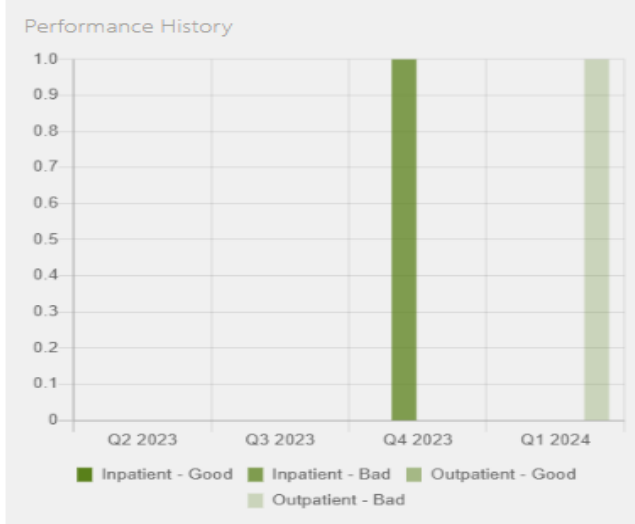
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

19
DAYS


Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	1.0	0	1.0	0
Q1 2024	1.0	0	1.0	0

QUICK TIP:

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

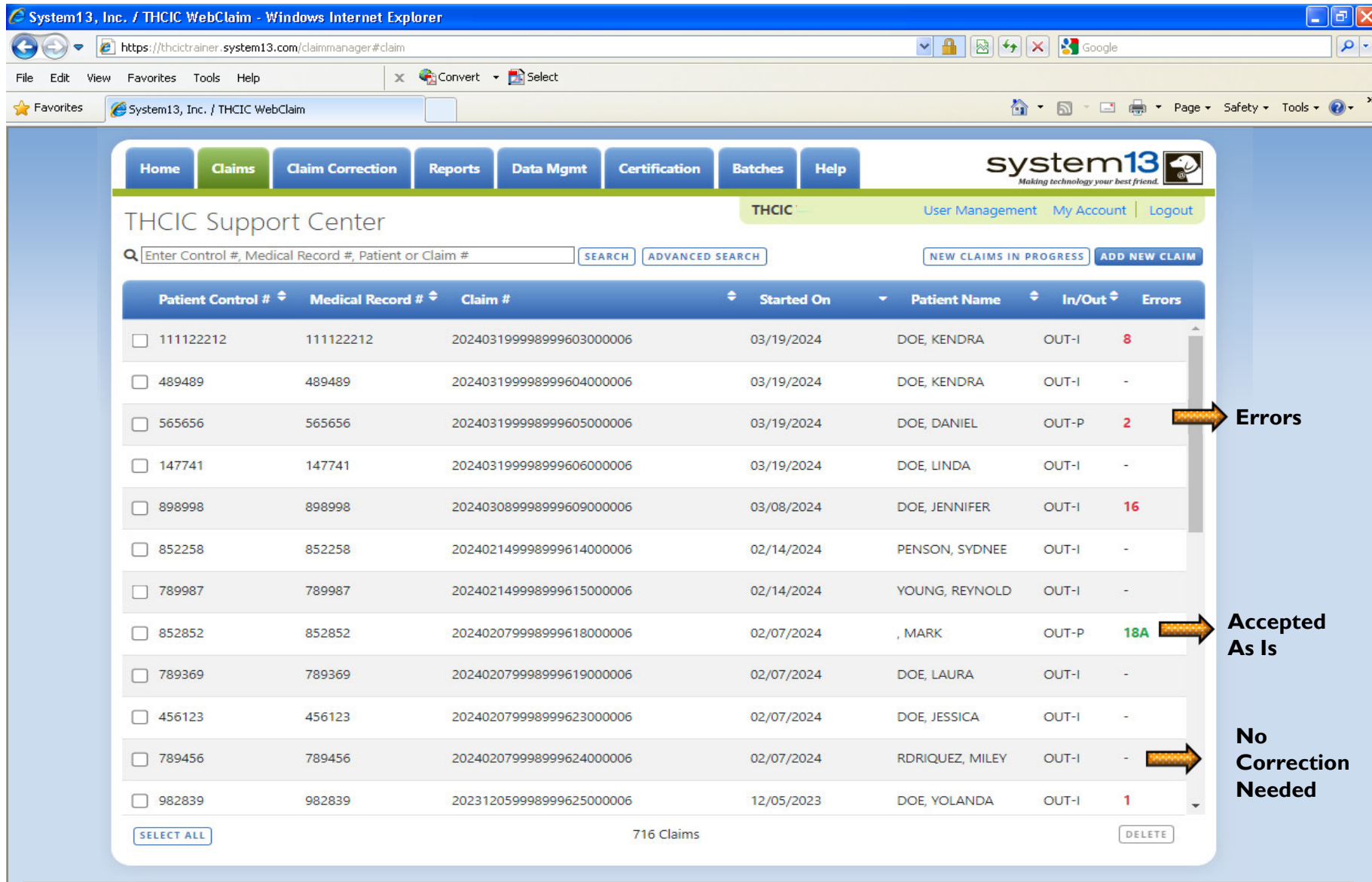


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35

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 Support Center

THCIC User Management My Account Logout

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 111122212	111122212	202403199998999603000006	03/19/2024	DOE, KENDRA	OUT-I	8
<input type="checkbox"/> 489489	489489	202403199998999604000006	03/19/2024	DOE, KENDRA	OUT-I	-
<input type="checkbox"/> 565656	565656	202403199998999605000006	03/19/2024	DOE, DANIEL	OUT-P	2
<input type="checkbox"/> 147741	147741	202403199998999606000006	03/19/2024	DOE, LINDA	OUT-I	-
<input type="checkbox"/> 898998	898998	202403089998999609000006	03/08/2024	DOE, JENNIFER	OUT-I	16
<input type="checkbox"/> 852258	852258	202402149998999614000006	02/14/2024	PENSON, SYDNEE	OUT-I	-
<input type="checkbox"/> 789987	789987	202402149998999615000006	02/14/2024	YOUNG, REYNOLD	OUT-I	-
<input type="checkbox"/> 852852	852852	202402079998999618000006	02/07/2024	, MARK	OUT-P	18A
<input type="checkbox"/> 789369	789369	202402079998999619000006	02/07/2024	DOE, LAURA	OUT-I	-
<input type="checkbox"/> 456123	456123	202402079998999623000006	02/07/2024	DOE, JESSICA	OUT-I	-
<input type="checkbox"/> 789456	789456	202402079998999624000006	02/07/2024	RDRIQUEZ, MILEY	OUT-I	-
<input type="checkbox"/> 982839	982839	202312059998999625000006	12/05/2023	DOE, YOLANDA	OUT-I	1

SELECT ALL 716 Claims DELETE

Annotations: Errors (points to '8'), Accepted As Is (points to '18A'), No Correction Needed (points to '-')

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.

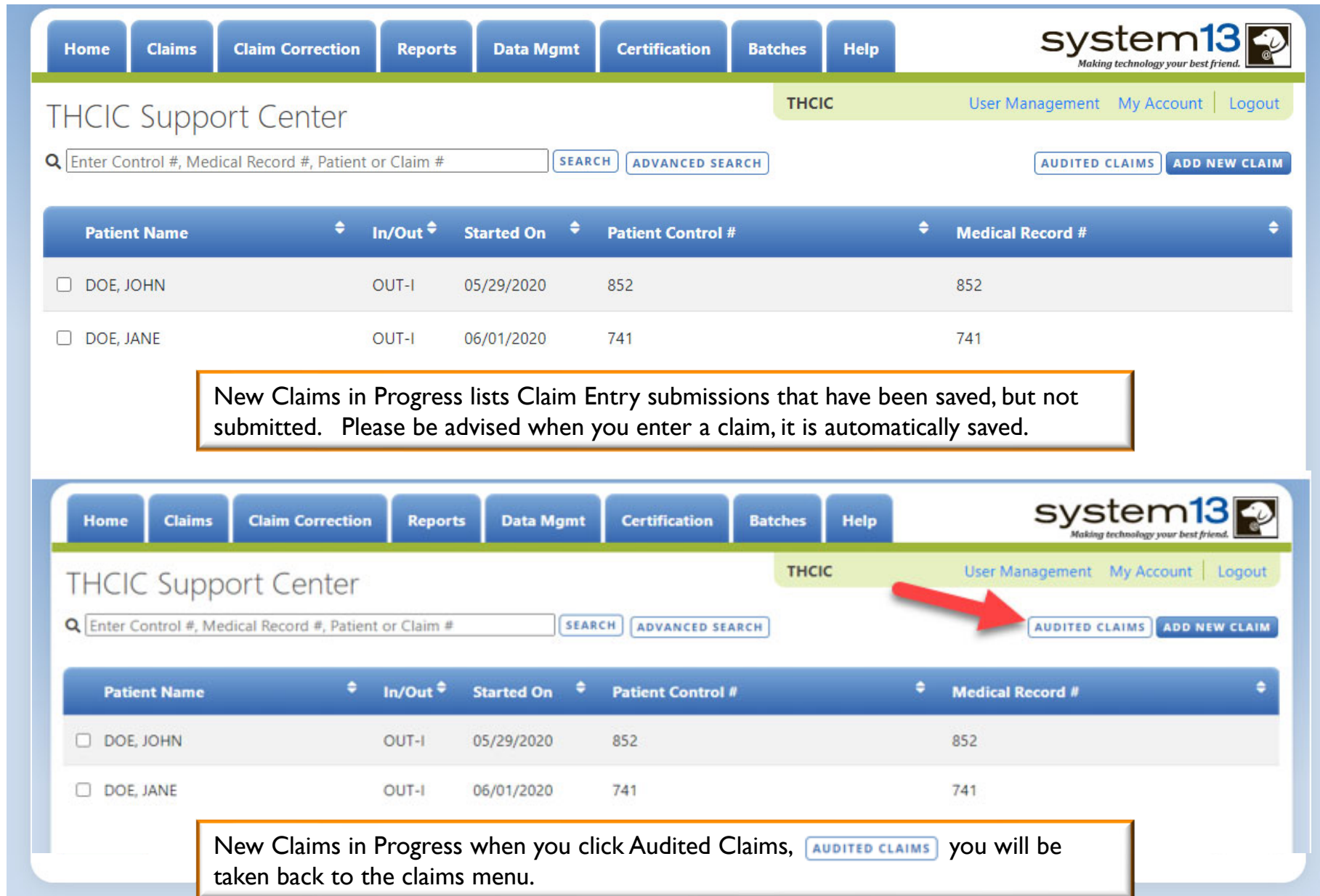
New Claims in Progress

NEW CLAIMS IN PROGRESS

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with tabs: Home, Claims (highlighted in green), Claim Correction, 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 is 'THCIC Support Center'. On the right side, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. Below the title, there is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and buttons for 'SEARCH' and 'ADVANCED SEARCH'. A red arrow points from the 'THCIC' link to a button labeled 'NEW CLAIMS IN PROGRESS'. To the right of this button is another button labeled 'ADD NEW CLAIM'.

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

New Claims in Progress



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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 Making technology your best friend.

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 #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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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 #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741

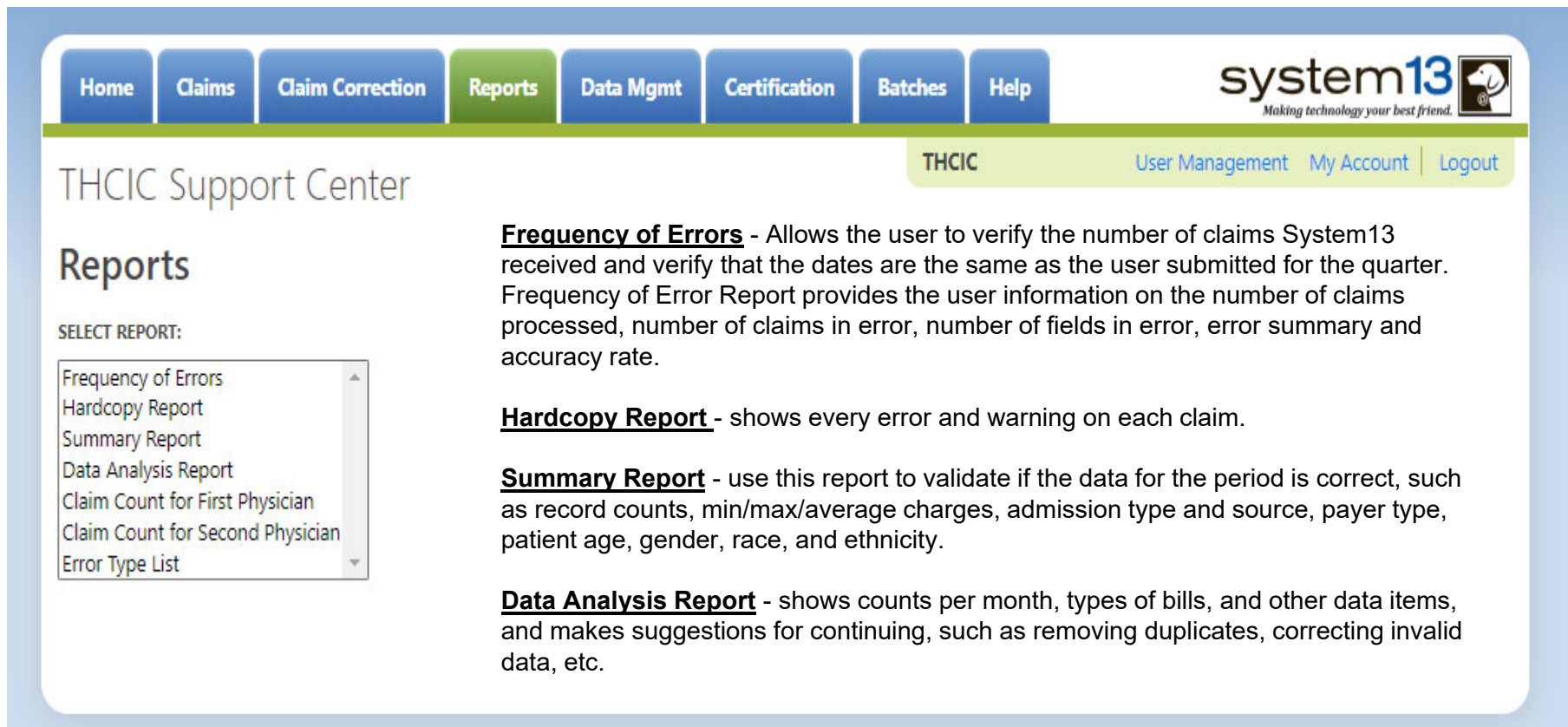
New Claims in Progress when you click Audited Claims, **AUDITED CLAIMS** you will be taken back to the claims menu.

Reports Reports

The screenshot shows the 'Reports' page in the 'system13' interface. At the top, there is a navigation bar with buttons for '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.' Below the navigation bar, the page title is 'THCIC Support Center' and there are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and contains a 'SELECT REPORT:' dropdown menu with the following options: 'Frequency of Errors', 'Hardcopy Report', 'Summary Report', 'Data Analysis Report', 'Claim Count for First Physician', 'Claim Count for Second Physician', and 'Error Type List'. Below the dropdown menu is a 'GENERATE' button.

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

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

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THCIC User Management My Account Logout

THCIC Support Center

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

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

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

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



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

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

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

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

Reports Functionality

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



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

THCIC Support Center

No claims match selection criteria.

Type of Claims

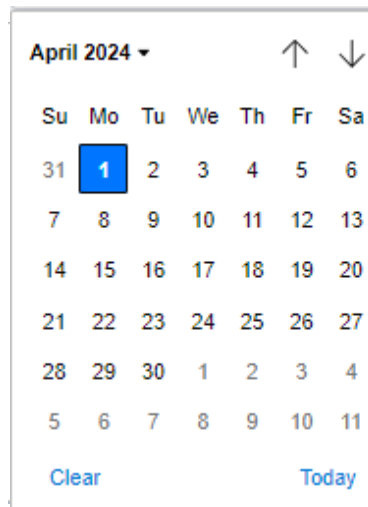
PATIENTS:




- Inpatient
- Outpatient - Institutional
- Outpatient - Professional

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

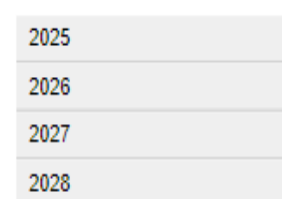
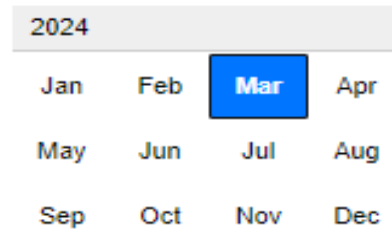
Functionality of the Calendar Feature

- Feature of the calendar 



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

March 2024 ▾



- Choosing the sidebar will change the year

Filter Report By Timeframe

- ✕ To create by timeframe.

FILTER BY:

Timeframe
 Processed Date
 Batch Number

FROM:

mm/dd/yyyy 


THROUGH:

mm/dd/yyyy 

GENERATE

PATIENTS:

- Inpatient
 Outpatient - Institutional
 Outpatient - Professional

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

Filter Report By Processed Date

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

FILTER BY:

Timeframe
Processed Date
Batch Number

DATE:

mm/dd/yyyy

PATIENTS:

Inpatient

Outpatient - Institutional

Outpatient - Professional

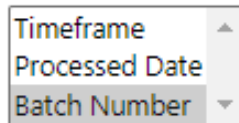
GENERATE

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

Filter Report By Batch Number

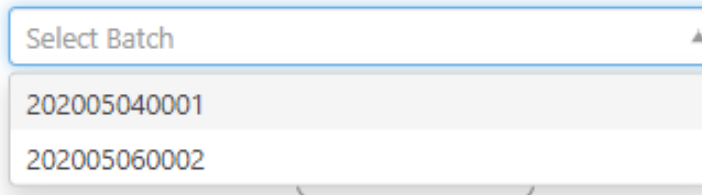
- ✕ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:



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

BATCH:



A dropdown menu with the text 'Select Batch' and a small upward-pointing triangle on the right. Below the dropdown, two batch numbers are listed: '202005040001' and '202005060002'.

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

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'Data Mgmt' tab selected in a navigation bar. The navigation bar includes: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo is in the top right with the tagline 'Making technology your best friend.' Below the navigation bar, the user is identified as 'THCIC' with links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'Data Management Actions on Quarterly Data'. It contains two main sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The MRR section lists actions like matching claims, eliminating duplicates, and applying corrections. The DR section lists matching claims and retaining the most recent one. Below these are 'Select Claim Type' (Inpatient/Outpatient) and 'Select Action' (Modify/Replace/Remove (MRR) / Remove Duplicates (DR)).

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

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Making technology your best friend.

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)

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



Data Analysis Report through the Reports Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help system13

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

Reports

SELECT REPORT:

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

QUARTER:

Select Quarter

- 24q1
- 23q4
- 23q3
- 23q2

PATIENTS:

Inpatient

Outpatient

GENERATE

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

Data Analysis Report through the Reports Tab

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

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q23	7

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✗ Remove duplicate claims
- ✗ Replace certain bill types

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

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

The MRR process will:

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

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

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

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

The screenshot displays the 'system13' web application interface. At the top, there is a navigation menu with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted in green), 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' and there are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two primary sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The MRR section lists its function and a list of actions, including matching claims by key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour), eliminating duplicates, applying late charges (xx5), corrections (xx6), replacement information (xx7), and removing claims (xx8). The DR section lists its function and a list of actions, including matching claims by key values (Patient Control Number, Medical Record Number, Admission Start of Care, Admission Hour, Bill Type) and retaining the most recently submitted claim. Below these sections are two form areas: 'Select Claim Type' with radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected), and 'Select Action' with two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' (highlighted with a mouse cursor) and 'REMOVE DUPLICATES (DR)'.

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

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 shows the 'Data Mgmt' section of the system13 interface. A confirmation dialog box titled 'MRR DR Information' is overlaid on the page. The dialog contains the following text:

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

Do you wish to continue?

YES NO

The background interface shows a navigation menu with 'Data Mgmt' selected, a user profile for 'THCIC Trainee 1 000006', and a list of actions including 'Modify/Replace/Remove (MRR)' and 'Remove Duplicates (DR)'. The 'OUTPATIENT' claim type is selected.

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 identified as 'THCIC Trainee 1 000006' with links for User Management, My Account, and Logout. The main heading is 'Data Management Actions on Quarterly Data'. Two panels describe the MRR and DR processes, both requiring matching claims by Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A prominent 'Modify/Replace/Remove Alert' dialog box is overlaid, explaining that the MRR function is used to process and remove claims with bill types (xx5, xx6, xx7, and xx8) to reduce error claims. It asks 'Do you wish to continue?' and provides 'YES' and 'NO' buttons.



Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes buttons for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is identified as 'THCIC Trainee 1 000006' with links for User Management, My Account, and Logout. The main heading is 'Data Management Actions on Quarterly Data'. Two primary actions are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal dialog titled 'Process Submitted' is overlaid, containing the text: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button. Below the modal, the 'Select Claim Type' section has 'OUTPATIENT' selected, and the 'Select Action' section has 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)' buttons.

Data Management Emails

Data Mgmt

The screenshot shows the System13 web application interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted in green), 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 is "THCIC Support Center" and there are links for "THCIC Trainee 1 000006", "User Management", "My Account", and "Logout".

A warning box is overlaid on the page, stating: "This tab is only available to the data administrator/primary contact of the facility. Before the modify/replace/remove and duplicate removal is run, it is recommended that the data analysis report is ran through the reports tab." Below this box, there are two sections: "Modify/Replace/Remove Process (MRR)" and "Duplicate Remove Process (DR)".

The MRR section lists the following functions:

- 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 bill types)
 - Remove claims that match a Void/Cancel

The DR section lists the following functions:

- The DR function will:
 - Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number

An email notification is shown in the foreground, dated Thu 10/8/2020 2:52 PM, from Do Not Reply <noreply@system13.com>. The subject is "The Modify/Replace/Remove Claims (MRR) process has completed for provider 000006 Outpatient Data [G2]". The email content includes a warning: "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 main body of the email states: "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." The email is signed "Sincerely, System13, Inc. Customer Support" and includes a footer: "Please do not reply directly to this email. System13, Inc. will not receive any reply message. For questions or comments, email thcichelp@system13.com".

At the bottom left of the screenshot, there is a "Select Claim Type" section with two radio buttons: "INPATIENT" (unselected) and "OUTPATIENT" (selected).

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)

The screenshot displays the system13 web application interface. At the top, there is a navigation menu with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The system13 logo is in the top right corner with the tagline "Making technology your best friend." Below the navigation, the page title is "THCIC Support Center" and there are links for "User Management", "My Account", and "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

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt' (highlighted), 'Certification', 'Batches', and 'Help'. The user is identified as 'THCIC Trainee 1 000006' with links for 'User Management', 'My Account', and 'Logout'. 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, with a mouse cursor hovering over the 'YES' button. In the background, the 'Modify/Replace' section is partially visible, listing actions like 'Match claims with Patient Code', 'Medical Reason', 'Admission', 'Eliminate duplicates', 'Apply late charges', 'Apply correction', 'Apply the replacement', and 'Remove claims'. At the bottom of the dialog area, there are sections for 'Select Claim Type' (with 'INPATIENT' and 'OUTPATIENT' radio buttons) and 'Select Action' (with 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)' buttons). The footer of the application shows 'Release 9.3.0'.

Provider Tab Data Management

Data Mgmt

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 (highlighted), 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 user is identified as 'THCIC Trainee 1 000006' with links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'Data Management Actions on Quarterly Data'. Two main sections are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe matching claims with the same key values: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' modal is displayed in the foreground, containing the following text: '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?' Below the text are two buttons labeled 'YES' and 'NO'.

Provider Tab Data Management


Data Mgmt

The screenshot displays the 'Data Mgmt' section of the system13 interface. At the top, a navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt' (highlighted), 'Certification', 'Batches', and 'Help'. The user is identified as 'THCIC Trainee 1 000006' with links for 'User Management', 'My Account', and 'Logout'. The main heading is 'Data Management Actions on Quarterly Data'. Two primary actions are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal dialog box titled 'Process Submitted' is centered on the screen, containing the text: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button. Below the dialog, the 'Select Claim Type' section has 'OUTPATIENT' selected, and the 'Select Action' section has 'MODIFY/REPLACE/REMOVE (MRR)' selected. The footer of the interface indicates 'Release 9.3.0'.

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 com
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill t
- Apply the replacement information (x
- Remove claims that match a Void/Car

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); ○ Bhattaral,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 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



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

THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

<p>Claim Entry</p> <ul style="list-style-type: none"> Inpatient Outpatient 	<p>Claim Correction</p> <ul style="list-style-type: none"> Inpatient Outpatient 	<p>Submitter</p> <ul style="list-style-type: none"> Inpatient Outpatient 	<p>Reports</p> <ul style="list-style-type: none"> Inpatient Outpatient 	<p>Certification</p> <ul style="list-style-type: none"> Inpatient Outpatient
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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



The screenshot shows the System13 THCIC Support Center website. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The Help tab is highlighted in green. Below the navigation bar, the page title is "THCIC Support Center" and "Online Help & Resources". The main content area is divided into several sections: TRAINING MATERIALS (with sub-sections for Claim Entry and Claim Correction), SEARCH AND LOOKUPS (with a list of links), SUPPORT VIDEOS (with a list of video titles), and FREQUENTLY ASKED QUESTIONS (with two questions and answers). A red arrow points from the bottom of the page to a blue button that says "NEED MORE HELP? CONTACT HELP DESK".

Claim Correction

AGENDA



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



Claim Correction Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Cutoff for initial submission	3-1-24	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25
Cutoff for corrections	5-1-24	8-1-24	11-1-24	2-3-25	5-1-25	7-15-25	10-15-25
Facilities retrieve certification files	6-3-24	9-2-24	12-2-24	3-3-25	6-2-25	9-1-25	12-1-25
Certification/ comments due	7-15-24	10-15-24	1-15-25	4-15-25	7-15-25	10-1-25	1-2-26

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

System Feature

After the *Cutoff for initial submission the Data 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



Opening Claim Correction

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



system13
Making technology your best friend.

THCIC Support Center

Q SEARCH ADVANCED SEARCH START CORRECTIONS

THCIC


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

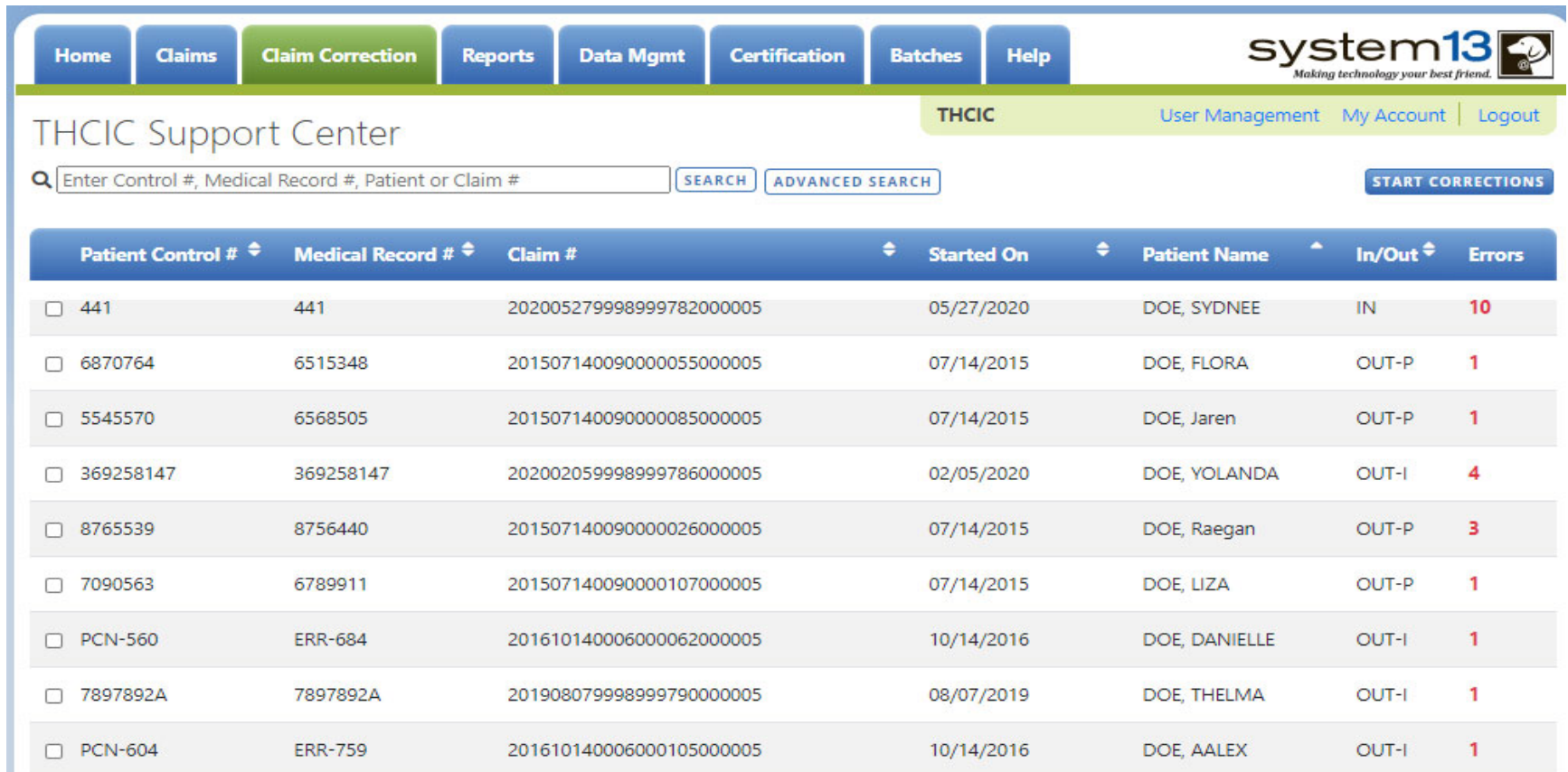
Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
<input type="checkbox"/> 6870764	6515348	201507140090000055000005	07/14/2015	DOE, FLORA	OUT-P	1
<input type="checkbox"/> 5545570	6568505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

SELECT ALL
136 Claims
DELETE ACCEPT AS IS



Sorting Claim Correction Listing

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



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



Search for Claims

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

SEARCH

ADVANCED SEARCH

START CORRECTIONS

The user can search claims by:

- ✕ Control #
- ✕ Medical record #
- ✕ Patient or Claim #

THCIC Support Center

THCIC

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Q 6789

SEARCH

ADVANCED SEARCH

START CORRECTIONS

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


Q 6789 ✕

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

Advanced Search for Claims

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

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

- 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 #

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 <input type="button" value="x"/>
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.



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

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

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 <input type="button" value="x"/>
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

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THCIC Support Center

Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH JUMP TO FIRST ERROR

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 12581258	12581258	201507140031000004000005	07/14/2015	GOE, JACKSON	OUT-I	42
<input type="checkbox"/> PCN-151	ERR-667	201610140002000053000005	10/14/2016	WWOODS, WWOLFGANG	IN	1
<input type="checkbox"/> PCN-152	ERR-668	201610140002000054000005	10/14/2016	MMOSS, VVENUS	IN	1
<input type="checkbox"/> PCN-159	ERR-675	201610140002000061000005	10/14/2016	DDION, DDENZEL	IN	1
<input type="checkbox"/> PCN-161	ERR-676-B	201610140002000063000005	10/14/2016	BBRODERICK, MMANDY	IN	1
<input checked="" type="checkbox"/> PCN-162	ERR-678	201610140002000064000005	10/14/2016	LLIMA, TTYRA	IN	1
<input type="checkbox"/> PCN-164	ERR-680	201610140002000066000005	10/14/2016	GGRISHAM, TTAMMY	IN	1
<input type="checkbox"/> PCN-165	ERR-681	201610140002000067000005	10/14/2016	LLENO, SSARAH	IN	1
<input type="checkbox"/> PCN-168	ERR-683	201610140002000070000005	10/14/2016	PPATTERSON, RRACHAEL	IN	1
<input type="checkbox"/> PCN-169	ERR-684-B	201610140002000071000005	10/14/2016	PPITT, AAPRIL	IN	1

SELECT ALL 47 Claims (1 Selected) DELETE

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

Accept As Is

ACCEPT AS IS

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

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THCIC User Management My Account Logout

THCIC Support Center

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

Patient #	Claim #	ERR	Control #	Date	Name	Status	Errors
<input type="checkbox"/> 258							27
<input type="checkbox"/> 7496							29
<input type="checkbox"/> PCN-220							1
<input type="checkbox"/> 74741							10
<input checked="" type="checkbox"/> 8443928							3
<input checked="" type="checkbox"/> PCN-164	ERR-680		201610140002000066000005	10/14/2016	GGRISHAM, TTAMMY	IN	1
<input checked="" type="checkbox"/> PCN-211	ERR-727		201610140002000111000005	10/14/2016	DIE, RRUTH	IN	3
<input type="checkbox"/> PCN-162	ERR-678		201610140002000064000005	10/14/2016	LJIMA, 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, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is on the right with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. A search bar contains 'THCIC' and there are links for 'User Management', 'My Account', and 'Logout'. A dropdown menu shows '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 (checked), Charges (checked), Diagnoses (checked), Practitioners (1), and Situational Codes (checked). The main content area features a red banner with the message 'Claim has been successfully submitted, but still has errors.' Below this banner are buttons for 'REVIEW ERRORS', 'NEXT CLAIM ->', and 'ACCEPT AS IS' with a green checkmark. The error list includes: '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'. A red bar at the bottom left of the main content area states '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 'system13' web application interface. At the top, there is a navigation menu with buttons 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, the page title is 'THCIC Support Center'. A search bar contains the text 'THCIC'. On the right, there are links for 'User Management', 'My Account', and 'Logout'. A dropdown menu shows the number '202109299998999719000005'. The main content area shows patient information: 'DOE, COOKIE', 'Medical Record Number: 666', 'Patient Control Number: 666', and 'Outpatient Institutional'. A sidebar on the left lists categories: Patient (1), Payers (checked), Charges (checked), Diagnoses (checked), Practitioners (1), and Situational Codes (checked). A red banner at the bottom of the sidebar says '2 errors in this claim'. The main content area features a red message box: '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 message box is a blue button labeled 'ACCEPT AS IS' with a green checkmark. Below the message box, two error codes are listed: '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'.

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

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

ACCEPT AS IS ✓

Error Summary

Count	Error Code	Error Message
1	E-628	Invalid Patient Country
1	E-672	Invalid Service Line Procedure Code

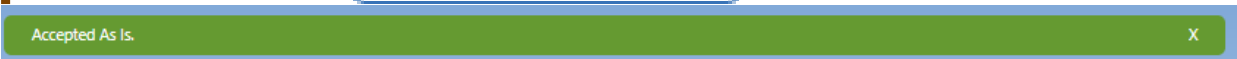
"Accept As Is" feature that allows the system users to remove a submitted claim with errors from the claim correction list, without making the corrections to this claim. To accept as it, you must go through the corrections on the claim after you click check for errors. **Please be advised, if you accept a claim as is, it will be removed from your correction list, but will still be considered as error at the time of certification data.**

Accept As Is

ACCEPT AS IS

The screenshot displays the 'system13' web application interface. At the top, there is a navigation menu with buttons 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, the page title is 'THCIC Support Center'. A breadcrumb trail shows 'Back to list of claims'. A search bar contains the ID '202109299998999719000005'. The patient information section shows 'DOE, COOKIE', 'Medical Record Number: 666', 'Patient Control Number: 666', and 'Outpatient Institutional'. A red error banner states 'Claim has been successfully submitted, but still has errors.' with buttons for 'REVIEW ERRORS', 'NEXT CLAIM', and 'ACCEPT AS IS'. A modal dialog 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 indicates '2 errors in this claim'.

Accept As Is



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

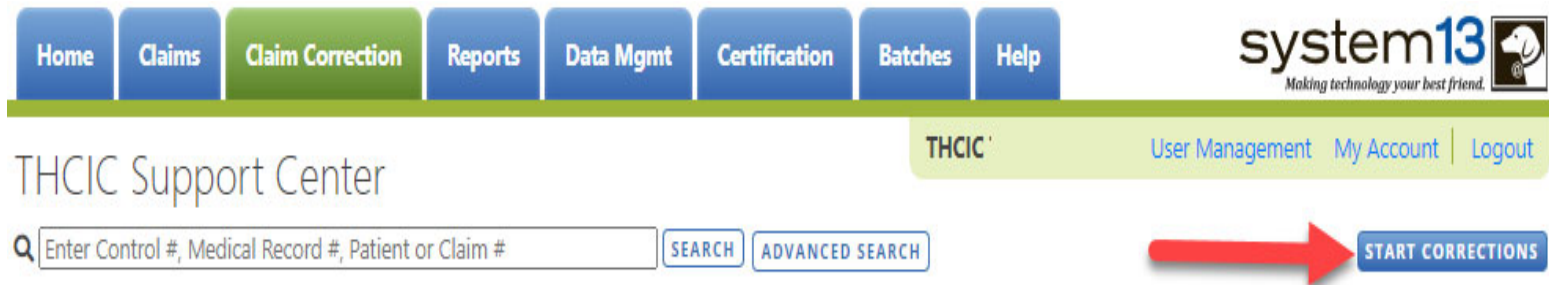
The screenshot shows the 'system13' interface with a navigation bar containing 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'Claims' tab is active. Below the navigation bar, there is a search bar and buttons for 'SEARCH' and 'ADVANCED SEARCH'. A table lists claims with columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. One claim is listed with 2 errors.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
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.


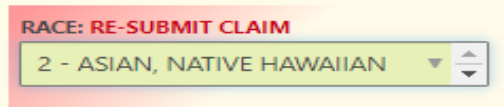



The notification box contains the text: "Claim has been successfully submitted, but still has errors." Below this text are three buttons: "REVIEW ERRORS", "NEXT CLAIM →", and "ACCEPT AS IS ✓". Below the notification box, the error message "693 - Invalid Physician 1 (Operating) Identifier" is displayed.

Start Corrections



- ✓ When using start corrections, the correction process will go through each claim as they are listed on the Claim Correction listing.
- ✓ Start Corrections will move sequentially through all claims in the current claims correction list and open the edit screen focused on the first error in the claim. By using Start Corrections followed by SUBMIT and Next Claim all errors can be accessed in order.
- ✓ The start correction will go through each claim as they are listed on the Claim Correction listing.

Errors in a Claim




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



Check for Errors



CHECK FOR ERRORS

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



Check for Errors

CHECK FOR ERRORS

Review Errors button:

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

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

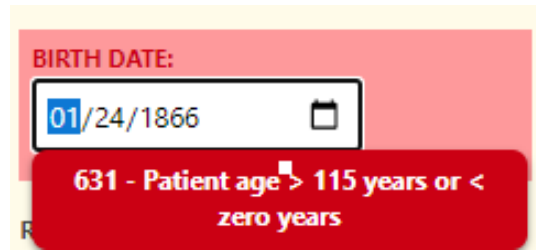
- ✓ The user will get a list of all errors that are still on the claim.
- ✓ Click **REVIEW ERRORS** and the user will be taken back into the claims that was just submitted to review the error(s) on the claim.
- ✓ Press **ENTER** to navigate on a tab to go through errors or click next which will take the user to the next error in the claim. Once all error has been reviewed or modified, submit claim.
- ✓ If there are no more errors the user will get the following message.

Claim has been successfully submitted.

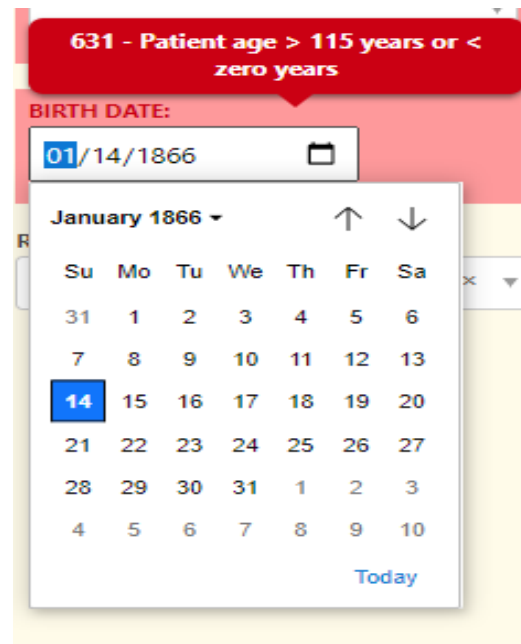
NEXT CLAIM →



Look Up Calendar



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



Look Up Features

FACILITY TYPE CODE:

13 - HOSPITAL OUTPATIENT × ▲

|

12 - HOSPITAL INPATIENT MEDICARE PART B ▲

13 - HOSPITAL OUTPATIENT

14 - HOSPITAL LABORATORY SVCS TO NON-PATIENTS

22 - SKILLED NURSING FACILITY INPAT MEDICARE B

23 - SKILLED NURSING FACILITY OUTPAT


43 - RELIG NON-MED HEALTH CARE, OUTPAT SVCS

82 - SPECIAL FACILITY HOSPICE (HOSPITAL BASED) ▼

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

SOCIAL SECURITY NUMBER:

SSAN

 [Video: Help with SSN/race/ethnicity common issues](#)

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



Errors in the Claim

The screenshot displays the 'system13' web application interface. At the top, there is a navigation bar with tabs 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' and the user is logged in as 'THCIC'. There are links for 'User Management', 'My Account', and 'Logout'. A search bar contains the ID '202002059998999786000005'. The main content area shows details for 'DOE, JANE' with Medical Record Number '369258147' and Patient Control Number '369258147'. The setting is 'Outpatient Institutional'. A left sidebar lists categories: Patient (19), Payers (2), Charges (1), Diagnoses & Procs (2), Practitioners (4), and Situational Codes (checked). Under 'Active Errors', a list of 28 errors is shown, with the last one in bold: '639 - Missing Facility Type'. The main content area is divided into sections: 'Claim Information' (PATIENT CONTROL NUMBER: 369258147), 'Personal Information' (NAME: JANE DOE, MEDICAL RECORD NUMBER: 369258147, SOCIAL SECURITY NUMBER: [redacted], ADDRESS: 802 WIND BLOWN DRIVE, UNITED STATES, BIRTH DATE: 01/01/1980, SEX: [redacted], RACE: 5 - OTHER RACE, ETHNICITY: [redacted]), and 'Bill Type' (STATEMENT FROM/THRU: From: 10/10/2019, Though: 10/10/2019; FACILITY TYPE CODE: 13 - HOSPITAL OUTPATIENT; CLAIM FREQUENCY TYPE CODE: 1 - ADMIT THROUGH DISCHARGE CLAIM). A red box at the bottom left says '28 errors in this claim'. A larger red box at the bottom center says 'Number of errors in the claim is 28.'. A 'CHECK FOR ERRORS' button is at the bottom right.

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

202002059998999786000005

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

19 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold

- 725 - Missing Patient Address Line 1
- 729 - Missing Patient City
- 626 - Missing Patient State
- 627 - Missing Patient ZIP
- 665 - Missing Patient Social Security Number
- 633 - Missing Patient Gender
- 635 - Missing Patient Ethnicity
- 630 - Missing Patient Birth Date
- 634 - Missing Patient Race
- 719 - Invalid Statement From Date
- 720 - Invalid Statement Thru Date
- 639 - Missing Facility Type

Claim Information

PATIENT CONTROL NUMBER
369258147

Click to edit tab information.

Personal Information

NAME: JANE DOE

MEDICAL RECORD NUMBER: 369258147

SOCIAL SECURITY NUMBER

ADDRESS: 802 WIND BLOWN DRIVE, UNITED STATES

BIRTH DATE: 01/01/1980

SEX

RACE: 5 - OTHER RACE

ETHNICITY

Bill Type

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

FACILITY TYPE CODE
13 - HOSPITAL OUTPATIENT

CLAIM FREQUENCY TYPE CODE
1 - ADMIT THROUGH DISCHARGE CLAIM

28 errors in this claim

Number of errors in the claim is 28.

CHECK FOR ERRORS

Errors in the Claim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13
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THCIC User Management My Account Logout

THCIC Support Center

Back to list of claims 202002059998999786000005

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

14 Patient
2 Payers
1 Charges
1 Diagnoses
✓ Practitioners
✓ Situational Codes

Active Errors
Last selected error is in bold
783 - The Claim must have either a THCIC required HCPCS code or a THCIC required revenue code.
725 - Missing Patient Address Line 1
729 - Missing Patient City
626 - Missing Patient State
627 - Missing Patient ZIP
665 - Missing Patient Social Security Number
633 - Missing Patient Gender
635 - Missing Patient Ethnicity
630 - Missing Patient Birth Date
634 - Missing Patient Race
719 - Invalid Statement From Date
720 - Invalid Statement Thru Date
639 - Missing Facility Type Code
640 - Missing Claim Frequency Type Code

18 errors in this claim

Claim Information

PATIENT CONTROL NUMBER: 1236545

Resolving PCN Errors
The THCIC Required Codes

Personal Information

NAME: JOE DOE MEDICAL RECORD NUMBER: 1236545 SOCIAL SECURITY NUMBER: [Redacted]

ADDRESS: [Redacted] BIRTH DATE: [Redacted] RACE: [Redacted]

SEX: [Redacted] ETHNICITY: [Redacted]

Bill Type

STATEMENT FROM/THRU: From: [Redacted] Through: [Redacted] FACILITY TYPE CODE: [Redacted] CLAIM FREQUENCY TYPE CODE: [Redacted]

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

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

CHECK FOR ERRORS

Error - Payer

The screenshot displays a software interface with a left-hand navigation menu and a main content area. The navigation menu includes: 9 Patient, 2 Payers (highlighted), 1 Charges, 2 Diagnoses & Procs, 4 Practitioners, and Situational Codes (with a checkmark). Under 'Active Errors', it lists: '701 - Primary Payer Name is required' (bolded) and '697 - Missing Claim Filing Indicator Code for Subscriber'. The main content area shows two 'Primary Payer' tabs. The top tab has a red border around the 'SOURCE CODE' dropdown and 'NAME' text box. The bottom tab has a green border around the 'SOURCE CODE' dropdown and 'NAME' text box. Both tabs have an 'ID' field labeled 'PAYER ID'. A close button (X) is in the top right of each tab.

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold

701 - Primary Payer Name is required

697 - Missing Claim Filing Indicator Code for Subscriber

Primary Payer [X]

SOURCE CODE:

ID: PAYER ID

NAME: PAYER NAME

Primary Payer [X]

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

ID: PAYER ID

NAME: SELF PAY

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

Clicking [X] 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 above.



Charges Tab



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



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



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



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



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




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



Errors - Charges Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



THCIC Support Center
THCIC
User Management
My Account
Logout

Back to list of claims
202002059998999786000005

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

- 2 Patient
- ✓ Payers
- 1 Charges
- 1 Diagnoses
- 1 Practitioners
- ✓ Situational Codes

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

Charges

	Description	Procedure	Qty	Rate	Charge	Non covered
1	1130 HC	B4035 ENTERAL FEED SUPP PUMP PER D 06/08/2015 - 06/08/2015	44 DA	\$2.45	\$107.80	-
2	0974 HC	E2386 FOAM FILLED DRIVE WHEEL TIRE 06/08/2015 - 06/08/2015	54 UN	\$0.69	\$37.26	-
3	0901 HC	L8683 RADIOFQ TRSMTR FOR IMPLT NEU	16 UN	\$9.23	\$147.68	-




Total Charges: \$1,782.18

5 errors in this claim

CHECK FOR ERRORS



Diagnosis & Procedure Tab and Situational Tab

-  Selection of codes in the procedure code, value code, occurrence spans and Occurrences by dates fields without an accompanying entry of the associated field on the line item will be saved automatically.
-  Enter all data prompted data on the line.
-  Tabbing out of the last field on the line will generate a new entry line for additional line-item entry up to the maximum amount allowed for the type of data being entered.



Error – Diagnosis & Procedures

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THCIC Support Center

202002059998999786000005

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

3 Patient
2 Payers
1 Charges
2 Diagnoses
Practitioners
Situational Codes

Active Errors
Last selected error is in bold
608 - Missing Principal Diagnosis
785 - Missing Reason for Visit Code

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL DIAGNOSIS:
Type to search by code or description

- A000 - Cholera due to Vibrio cholerae 01, biovar cholerae
- A001 - Cholera due to Vibrio cholerae 01, biovar eltor
- E-C A009 - Cholera, unspecified
- A0100 - Typhoid fever, unspecified
- A0101 - Typhoid meningitis

OTHER DIAGNOSIS CODES:
+ ADD OTHER DIAGNOSIS

When you click, on the field of the error type will be indicated on the left. The active error will be highlighted as shown.

3 errors in this claim

CHECK FOR ERRORS



Error - Practitioners

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THCIC Support Center

202002059998999786000005

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

2 Patient
✓ Payers
1 Charges
✓ Diagnoses
1 Practitioners
✓ Situational Codes

Active Errors
Last selected error is in bold
708 - Missing Physician 1 (Operating) First Name
730 - Missing Physician 1 (Operating) Last Name

Correcting Physician Errors

Physician 1 (Operating)

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

FIRST NAME: MIDDLE: LAST NAME:

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

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

FIRST NAME: MIDDLE: LAST NAME:

4 errors in this claim

CHECK FOR ERRORS



Submit Claim, but Still Contains Errors

The screenshot shows the 'system13' web application interface. The top navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. There are links for 'User Management', 'My Account', and 'Logout'. A search bar is present with a dropdown menu. The main content area shows a form with fields for 'Medical Record Number' and 'Patient Control Number', and a dropdown menu set to 'Outpatient Institutional'. A red error message box states: 'Claim has been successfully submitted, but still has errors.' Below this message are three buttons: 'REVIEW ERRORS', 'NEXT CLAIM ->', and 'ACCEPT AS IS ✓'. A list of errors is displayed below the message:

- 784 - The Claim must contain at least one HCPCS code.
- 665 - Missing Patient Social Security Number
- 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.



Professional Charges Tabs correct the claims the same way as institutional

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



THCIC Support Center

[Back to list of claims](#)

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

DOE, JO

Medical Record Number: **1234565431**

Patient Control Number: **1234565431**

Outpatient Professional

10 Patient

2 Payers

✓ Charges

1 Diagnoses

✓ Practitioners

Active Errors

Last selected error is in bold

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

665 - Missing Patient Social Security Number

633 - Missing Patient Gender

635 - Missing Patient Ethnicity

630 - Missing Patient Birth Date

634 - Missing Patient Race

719 - Invalid Statement From Date

720 - Invalid Statement Thru Date

639 - Missing Facility Type Code

640 - Missing Claim Frequency Type Code

Claim Information

PATIENT CONTROL NUMBER
1234565431

Personal Information

NAME JO DOE	MEDICAL RECORD NUMBER 1234565431	SOCIAL SECURITY NUMBER
ADDRESS 9899 HILL DRIVE AUSTIN, TX 78721	BIRTH DATE	RACE
	SEX	ETHNICITY

Bill Type

STATEMENT FROM/THRU From: Through:	FACILITY TYPE CODE
	CLAIM FREQUENCY TYPE CODE

Admission Information

13 errors in this claim

CHECK FOR ERRORS



Claim Correction Professional Submission

The screenshot shows the 'system13' web application interface. At the top, there is a navigation menu with buttons 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, the page title is 'THCIC Support Center'. A search bar contains the ID '201507140090000129000005'. The patient information is 'DOE, JO', Medical Record Number: 8910595, Patient Control Number: 8007752, and Outpatient Professional. A green message box states 'Claim has been successfully submitted.' with a 'NEXT CLAIM →' button. A left sidebar lists categories: Patient, Payers, Charges, Diagnoses, and Practitioners, all with checkmarks. Two text boxes provide instructions on how to proceed after a successful submission.

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

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The claim will open up to the first error on the next claim. CLAIMS MUST BE SUBMITTED TO HAVE ANOTHER AUDIT TO SEE IF THERE ARE FURTHER ERRORS, **CHECK FOR ERRORS** must be selected for changes to be updated in the system.



Claim Correction

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.texas.gov

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



THCIC Contact



Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health
Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756



Phone: 512- 776-7261






E-mail: THCIChelp@dshs.texas.gov



Web site: <https://www.dshs.texas.gov/texas-health-care-information-collection>



THCIC Contact

- ✕ Contact Tiffany Overton at email  Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- ✕ 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.
- ✕ For general questions or to request information about THCIC please e-mail to  thcichelp@dshs.texas.gov.



system13

Formerly Commonwealth Clinical Systems
and Computer Services



Contact



Address:

System 13, 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>

