



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Inpatient Claim Correction

(Formerly WebCorrect)

Revised April 2024

Background Information

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



THCIC Rules



Title 25. Health Services

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

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

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

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



Contact



Address:

System I 3, Inc
1648 State Farm Blvd.
Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@system13.com



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

Data Reporting Schedule



When are my submissions due?

The complete data reporting schedule is available at <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

Home > Texas Health Care Information Collection Home > Data Reporting Schedule

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.



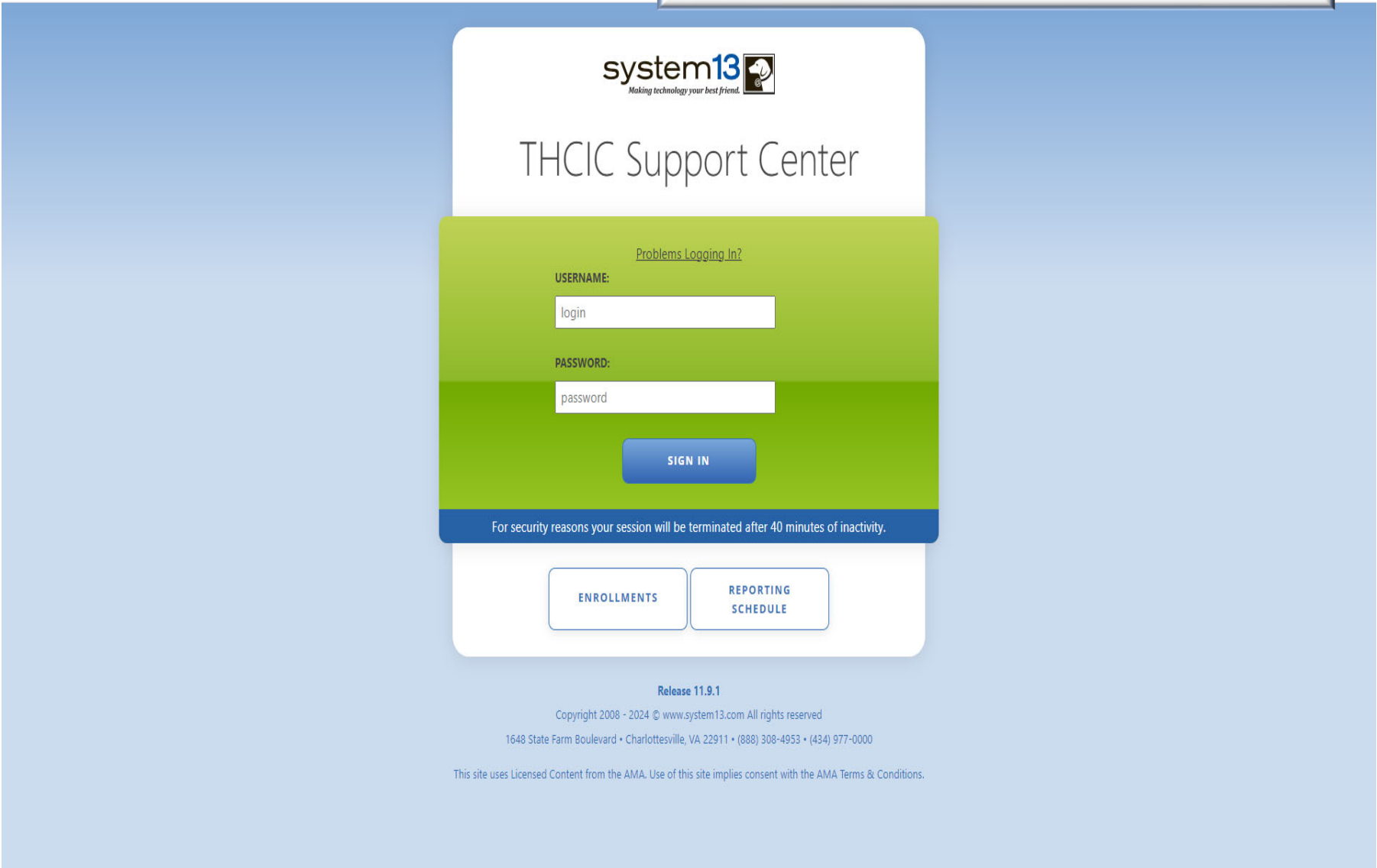
THCIC System

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 login form contains a "Problems Logging In?" link, 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. A blue banner at the bottom of the form states: "For security reasons your session will be terminated after 40 minutes of inactivity." Below the form are two buttons: "ENROLLMENTS" and "REPORTING SCHEDULE". At the bottom of the page, the text "Release 11.9.1" is shown, followed by copyright information: "Copyright 2008 - 2024 © www.system13.com All rights reserved" and the address "1648 State Farm Boulevard • Charlottesville, VA 22911 • (888) 308-4953 • (434) 977-0000". A final line of text reads: "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

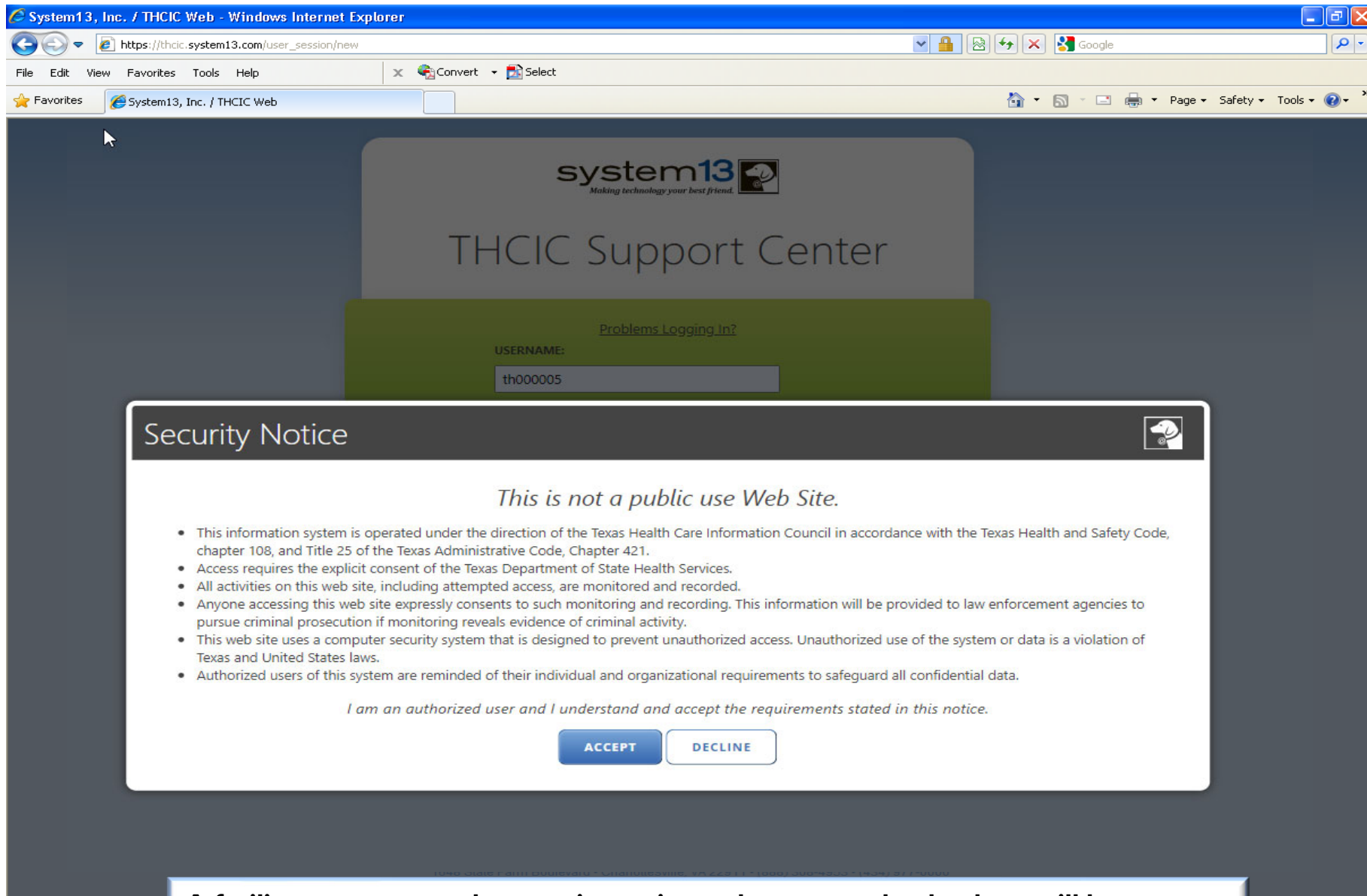
For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE**

Release 11.9.1
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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 green box with the text "Problems Logging In?" and a "USERNAME:" label above a text input field containing "th000005".

A "Security Notice" dialog box is overlaid on the page. The dialog has a title bar with the text "Security Notice" and a small icon on the right. The main content of the dialog is as follows:

This is not a public use Web Site.



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

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

At the bottom of the dialog are two buttons: "ACCEPT" (a blue button) and "DECLINE" (a white button with a blue border).


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

New Provider Dashboard

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

Provider Home Page – Grid View

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 2021

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

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

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

Certification due **15 Apr 2022**

Q4 2021

SUBMISSION

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

CERTIFICATION

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

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

Certification due **15 Jul 2022**

Q1 2022

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

No claims are present for this quarter.


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

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Performance History



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

QUICK TIP:

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

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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

SUBMISSION

No claims are present for this quarter.

Q3
2021

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

SUBMISSION

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

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

SUBMISSION

No claims are present for this quarter.

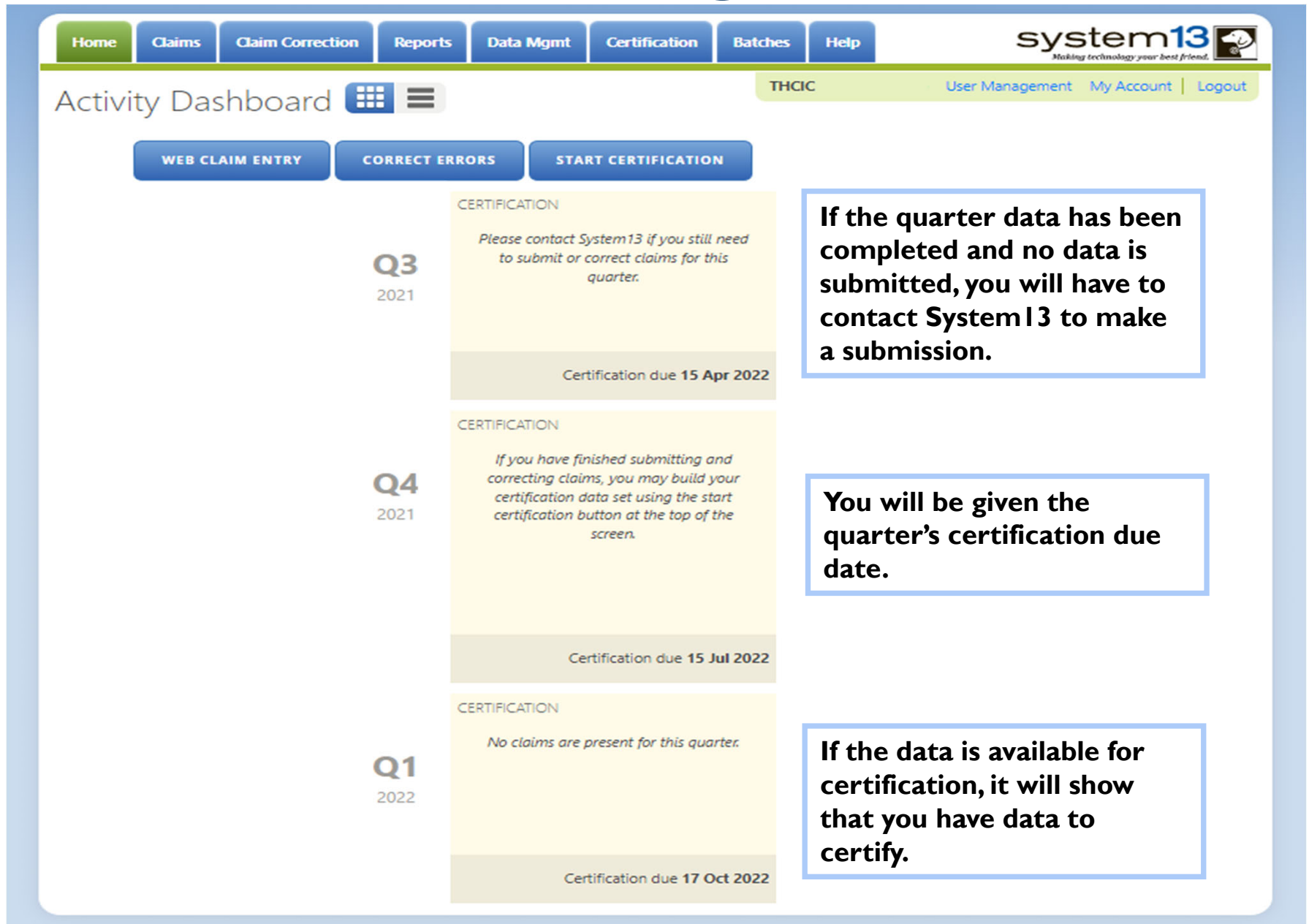
Q1
2022

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

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

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

Provider Home Page – 2nd Row



The screenshot shows the 'Activity Dashboard' for a provider. 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 in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, there are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Activity Dashboard' and features three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. The dashboard displays three certification periods:

- Q3 2021:** Certification due 15 Apr 2022. The status is 'CERTIFICATION' with the message: 'Please contact System13 if you still need to submit or correct claims for this quarter.'
- Q4 2021:** Certification due 15 Jul 2022. The status is 'CERTIFICATION' with the message: '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.'
- Q1 2022:** Certification due 17 Oct 2022. The status is 'CERTIFICATION' with the message: 'No claims are present for this quarter.'

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 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 Activity Dashboard includes buttons for WEB CLAIM ENTRY, CORRECT ERRORS, and START CERTIFICATION. A notification box indicates the NEXT DEADLINE for Q4 2021 SUBMISSION in 1 MONTH. The Performance History bar chart shows data for Q2 2021, Q3 2021, Q4 2021, and Q1 2022, with categories for Inpatient - Bad, Inpatient - Good, and Outpatient - Bad/Good. A QUICK TIP box at the bottom right states: "Primary contacts can click the 'User Management' link to create and manage additional users!".

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Q3 2021

Q4 2021

Q1 2022

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.

NEXT DEADLINE
Q4 2021 SUBMISSION

1 MONTH

Performance History

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


Q2 2021 Q3 2021 Q4 2021 Q1 2022

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

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

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 2021 SUBMISSION

No claims are present for this quarter.

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

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

Certification due **15 Apr 2022**

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

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

Certification due **15 Jul 2022**

No claims are present for this quarter.

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

No claims are present for this quarter.

Certification due **17 Oct 2022**

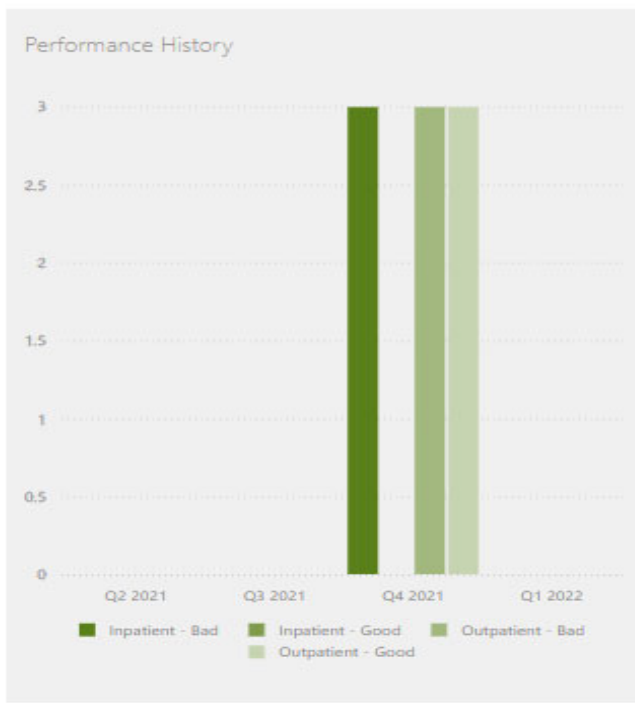
NEXT DEADLINE

Q4 2021 SUBMISSION

A

MONTH


Performance History



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

QUICK TIP:

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



TEXAS
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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 in the top right corner 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".

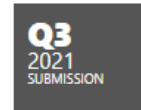
Below the navigation, there are three main action buttons: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION".

The dashboard displays several rows of information:

- Q3 2021 SUBMISSION:** No claims are present for this quarter. Submission due 1 Dec 2021 | Correction due 1 Feb 2022.
- Q3 2021 CERTIFICATION:** Please contact System13 if you still need to submit or correct claims for this quarter. Certification due 15 Apr 2022.
- Q4 2021 SUBMISSION:** A table showing inpatient and outpatient counts by month, with submission and correction due dates.
- Q4 2021 CERTIFICATION:** If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen. Certification due 15 Jul 2022.
- Q1 2022 SUBMISSION:** No claims are present for this quarter. Submission due 1 Jun 2022 | Correction due 1 Aug 2022.
- Q1 2022 CERTIFICATION:** No claims are present for this quarter. Certification due 17 Oct 2022.

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

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



The certification due date will be by the quarter.



Provider Home Page – 2nd Row

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

NEXT DEADLINE Q1 2020 SUBMISSION 11 HOURS

NEXT DEADLINE Q1 2020 SUBMISSION 4 DAYS

NEXT DEADLINE Q1 2020 SUBMISSION 11 HOURS

Performance History

1 0.8 0.6 0.4 0.2 0

Q3 2019 Q4 2019 Q1 2020 Q2 2020

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

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

health and human Services Health Services

Provider Home Page – 2nd Row

The screenshot shows 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 with the tagline "Making technology your best friend." Below the navigation bar, the "Activity Dashboard" is visible, featuring three main buttons: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION".

A prominent notification box displays "NEXT DEADLINE Q4 2021 SUBMISSION" with a "1 MONTH" indicator. Below this, a "Performance History" bar chart shows data for Q2 2021, Q3 2021, Q4 2021, and Q1 2022. The chart compares "Inpatient - Bad", "Inpatient - Good", and "Outpatient - Bad" across these quarters. The Y-axis ranges from 0 to 3. The legend indicates: Inpatient - Bad (dark green), Inpatient - Good (medium green), and Outpatient - Bad (light green).

A "QUICK TIP" box at the bottom right states: "Primary contacts can click the 'User Management' link to create and manage additional users!"

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.

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

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

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

Activity Dashboard

Activity Dashboard

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

Other Features

Q3 2021

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Apr 2022**

Q4 2021

SUBMISSION

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

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

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

Certification due **15 Jul 2022**

Q1 2022

SUBMISSION
No claims are present for this quarter.

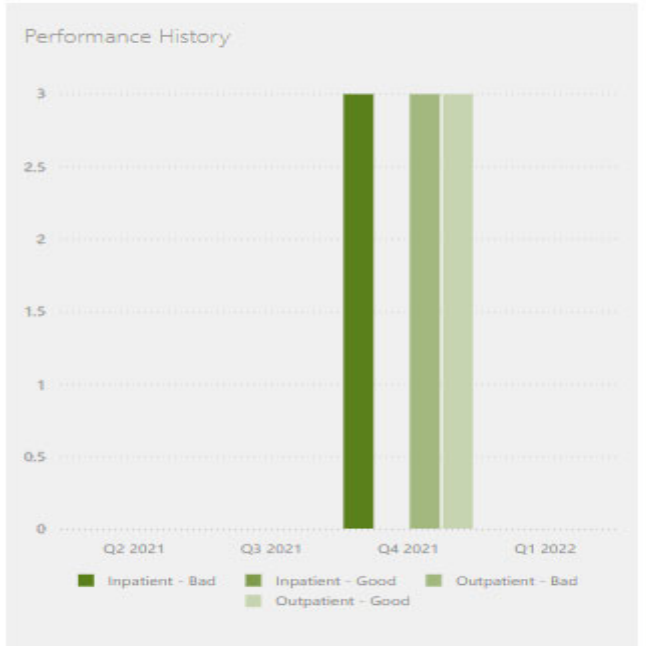
CERTIFICATION
No claims are present for this quarter.

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

Certification due **17 Oct 2022**

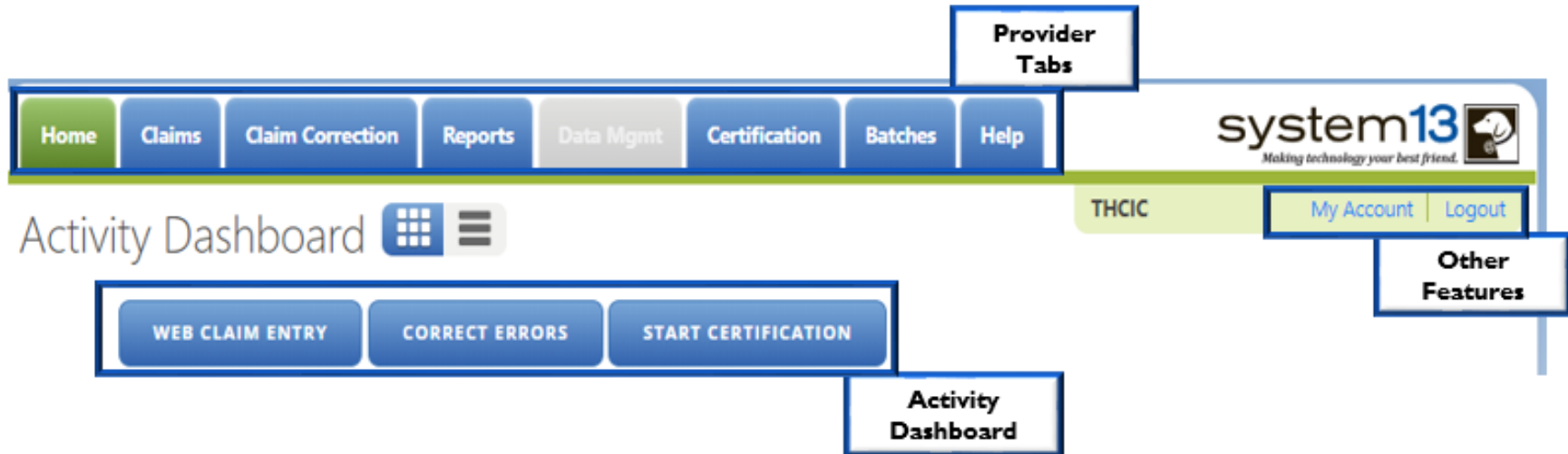
NEXT DEADLINE
Q4 2021 SUBMISSION

A MONTH




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

Data Certifier / Data Manager Provider Home Page



Provider Tabs

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

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THCIC My Account Logout

Activity Dashboard

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Activity Dashboard

Other Features

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



Provider Tabs

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

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THCIC My Account Logout

Activity Dashboard

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Activity Dashboard

Other Features

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

Q4 2019

SUBMISSION
Inpatient
Data is already built into a certification set.

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

CERTIFICATION
Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020

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

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

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

Certification due **15 Oct 2020**

Q2 2020

No claims are present for this quarter.

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

CERTIFICATION
No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION

4
DAYS

Performance History

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

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

Data Management/Primary Contact Provider Home Page – List View

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

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

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

Q4 2021 SUBMISSION

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

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

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

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

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

NEXT DEADLINE
Q4 2021 SUBMISSION
1 MONTH

Performance History

Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q2 2021	0	0	0	0
Q3 2021	0	0	0	0
Q4 2021	3	2	1	3
Q1 2022	0	0	0	0

Legend:
■ Inpatient - Bad
■ Inpatient - Good
■ Outpatient - Bad
■ Outpatient - Good

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



Provider Tabs



Home

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

Data Mgmt

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

Claims

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

Certification

Facilities can view current and historical certification data.

Claim Correction

Provides a listing of all claims that need correction.

Batches



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

Reports

Various reports available for facility to view and documentation.

Help

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



Activity Dashboard  

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Activity Dashboard

Activity Dashboard  

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



Texas Department of State Health Services

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

Back to list of claims

Medical Record Number: Patient Control Number: Inpatient

Claim Information

TYPE: INPATIENT OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER: PCN

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER: MRN

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

ADDRESS: ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER: SSAN

SEX: [Dropdown]

ETHNICITY: [Dropdown]

BIRTH DATE: mm/dd/yyyy

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

NEXT SECTION → CHECK FOR ERRORS

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

Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 123456654321	123456654321	202108119998999722000005	08/11/2021	DOE, KENI	IN	3
<input type="checkbox"/> 12345	12345	202108119998999723000005	08/11/2021	DOE, KENNETH	IN	2
<input type="checkbox"/> 11111	1111	202108099998999731000005	08/09/2021	DOE, KENDRA	IN	1
<input type="checkbox"/> 8989	8989	202010089998999744000005	10/08/2020	DOE, ISAIAH	IN	25
<input type="checkbox"/> 11223	11223	202010089998999745000005	10/08/2020	DOE, JEHOVAH	IN	26
<input type="checkbox"/> 9876	9876	202010089998999746000005	10/08/2020	DOE, KYLE	IN	22
<input type="checkbox"/> 1234	1234	202010089998999747000005	10/08/2020	DOE, KAMELA	IN	11
<input type="checkbox"/> 77777	77777	202010079998999748000005	10/07/2020	DOE, QUINTON	IN	7
<input type="checkbox"/> 74741	741741	202009029998999757000005	09/02/2020	DOE, FAKE	IN	10
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 7496	7496	202006019998999775000005	06/01/2020	DOE, LLOYD	IN	29
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, JOHN	IN	13
<input type="checkbox"/> PCN-523 ERR-638		201610140006000025000005	10/14/2016	SSORENSTAM, SSHAQUILLE	OUT-I	1

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

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THCIC Support Center

THCIC

User Management My Account Logout

Certification

INPATIENT

2021

4th Quarter

No Data

3rd Quarter

No Data

2nd Quarter

No Data

1st Quarter

No Data

Older Quarters

Select Quarter

OUTPATIENT

2021

4th Quarter

Eligible Claims

GENERATE QUARTER CERT. DATA (EOD)

3rd Quarter

Eligible Claims

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

2nd Quarter

No Data

1st Quarter

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



Texas Department of State Health Services

Banner Messages and Locked Accounts

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

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

Provider Other Features

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

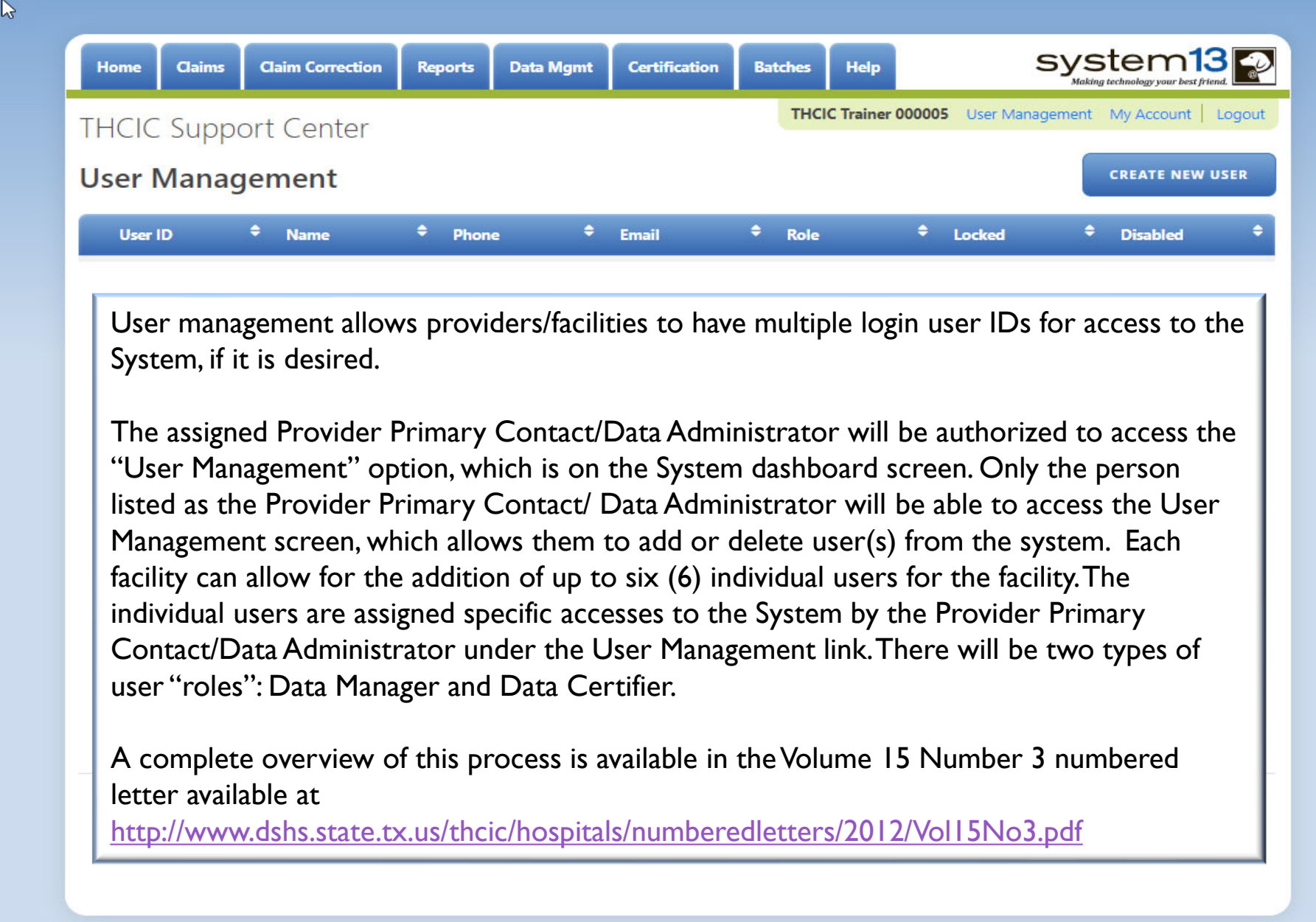
Other Features

WEB CLAIM ENTRY CORRECT ERRORS 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



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Trainer 000005 User Management My Account Logout

THCIC Support Center

User Management

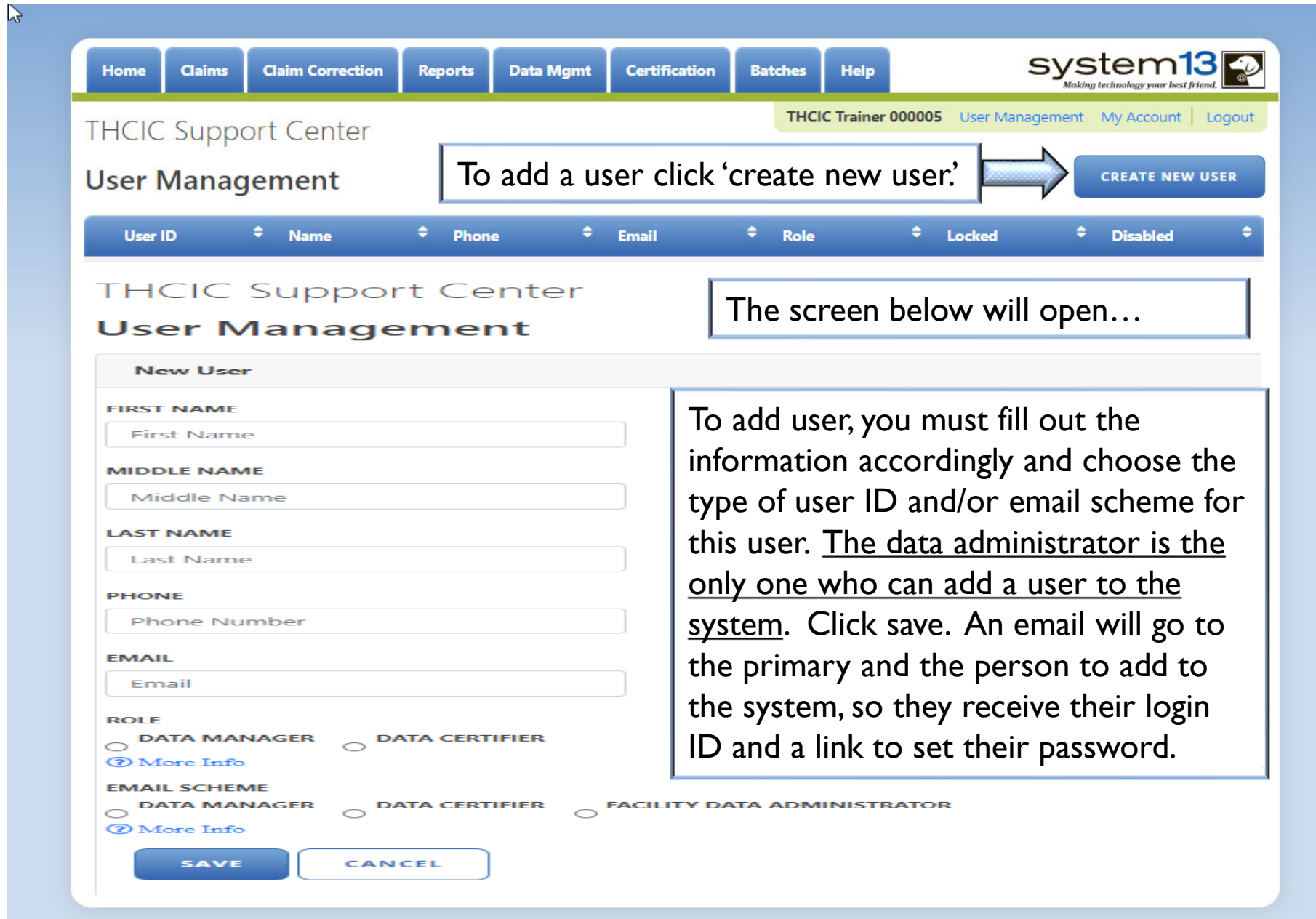
User ID	Name	Phone	Email	Role	Locked	Disabled
---------	------	-------	-------	------	--------	----------

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

ROLE

DATA MANAGER DATA CERTIFIER

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)

EMAIL SCHEME

DATA MANAGER DATA CERTIFIER FACILITY DATA ADMINISTRATOR

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)

Choose what type of role the user will have in the system, and which emails they will receive.



User Management – List of User(s)

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

THCIC Support Center

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

User Management

[CREATE NEW USER](#)

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

User Management – Delete a User(s)

User Management

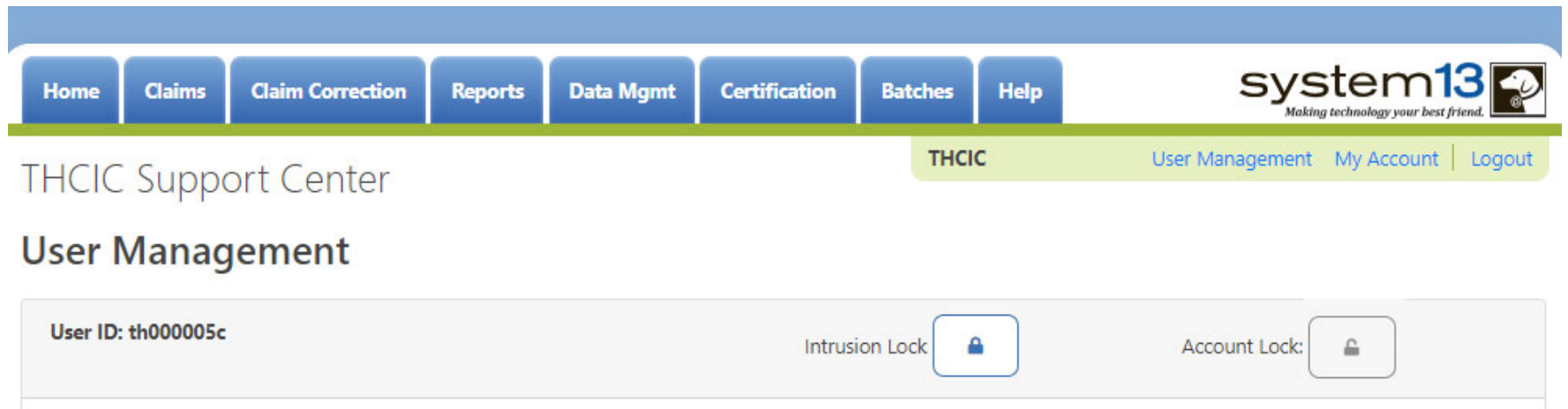
[CREATE NEW USER](#)

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

[DELETE](#)

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

User Management – Lock Features



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

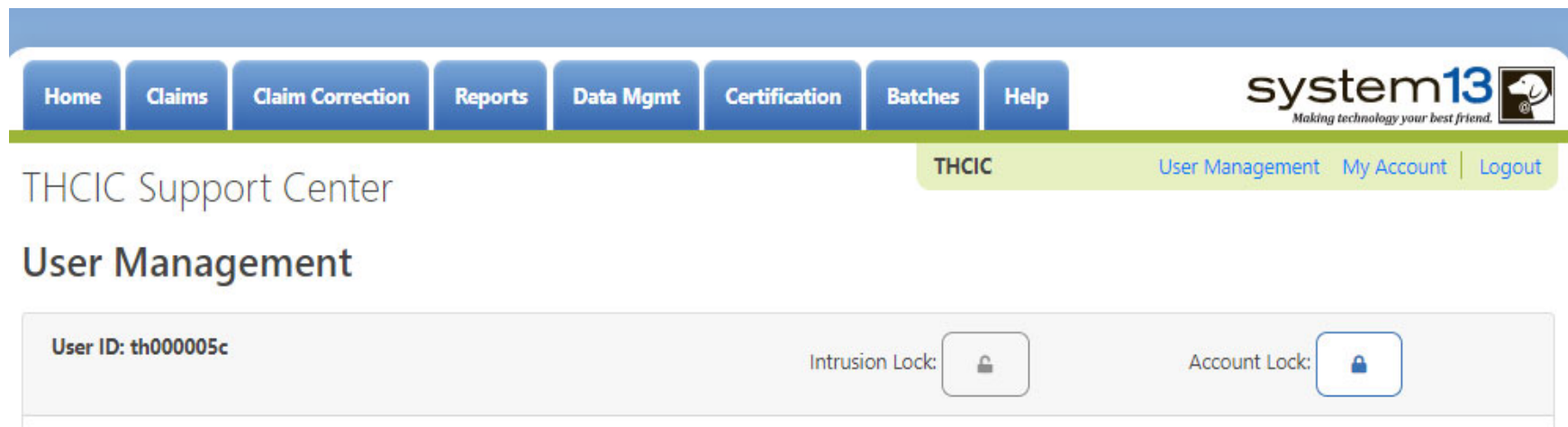
User Management

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

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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 Name and Login ID
 Your password will expire on: 07/20/2020
(approximately 2 months from today)

CURRENT PASSWORD

CHANGE PASSWORD

PASSWORD CONFIRMATION

- UPDATE
- CANCEL

The user will put in the current password, then a new password and confirm the new password. The password perimeters are listed above when changing your password. Click 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

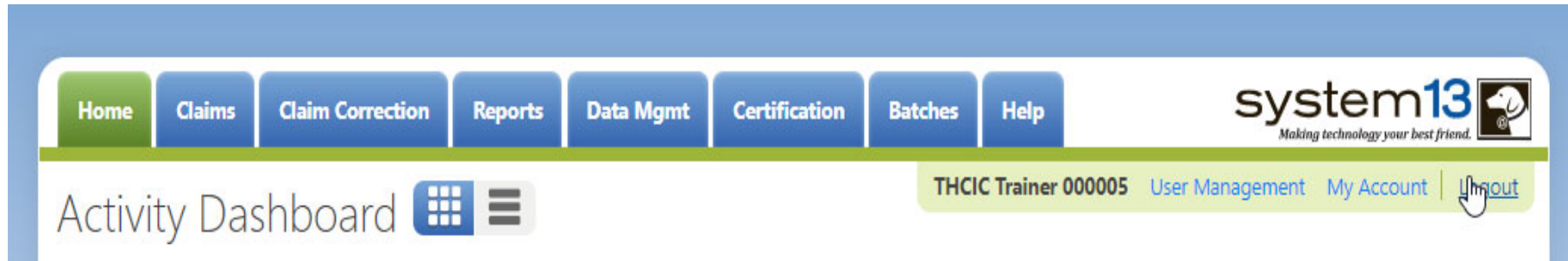
PASSWORDS MUST NOT:

- 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:

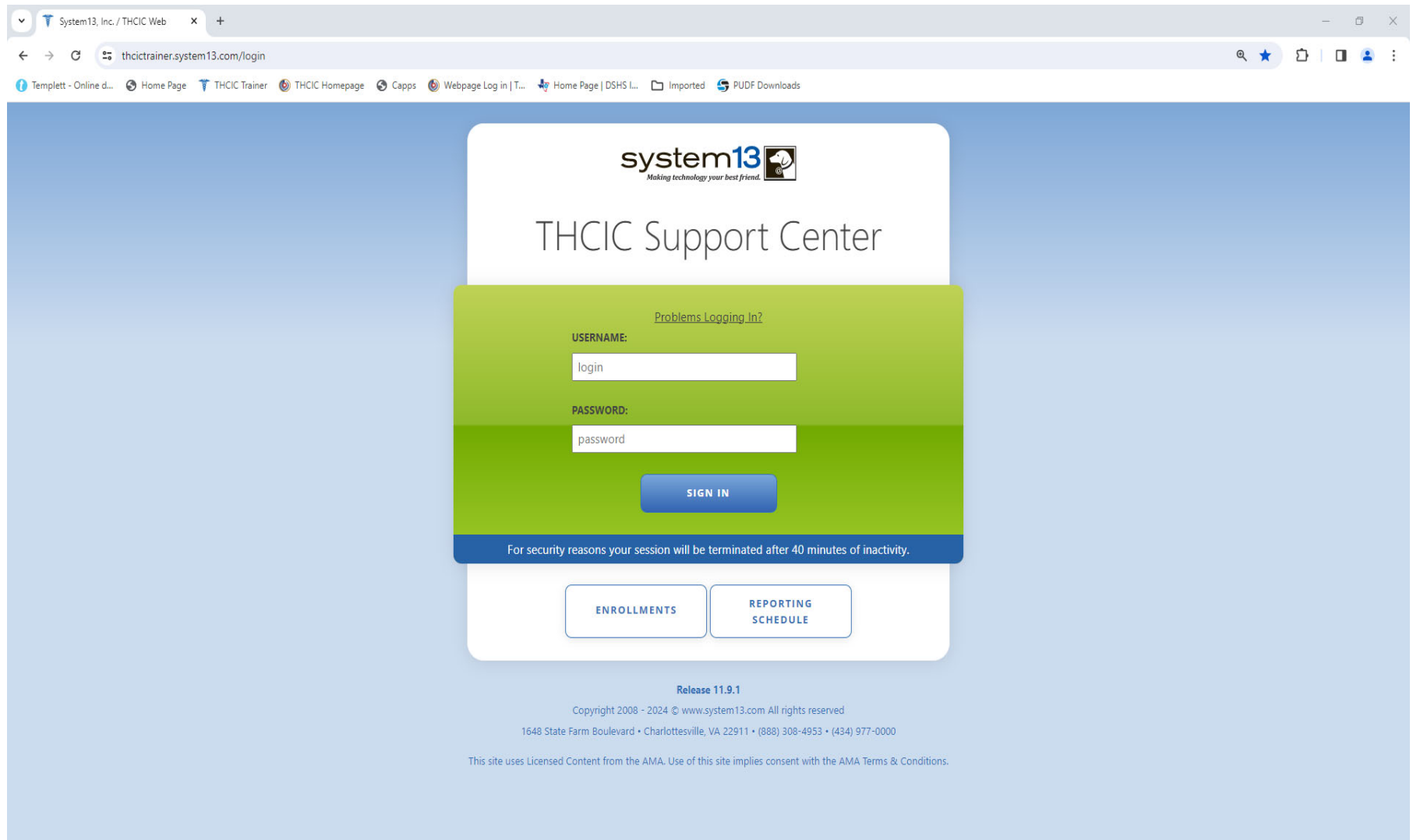
1. Within this application, the following is defined as the set of Special Characters: ! @ # \$ % ^ & * ? _ ~ -
2. Here are some examples of a letter or number sequence greater than 2: 'abc', '123', '4567', 'ghijk'
3. Here are some examples of a letter, number, or sequence that is repeated more than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



System13, Inc. / THCIC Web

thcitrainer.system13.com/login

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

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

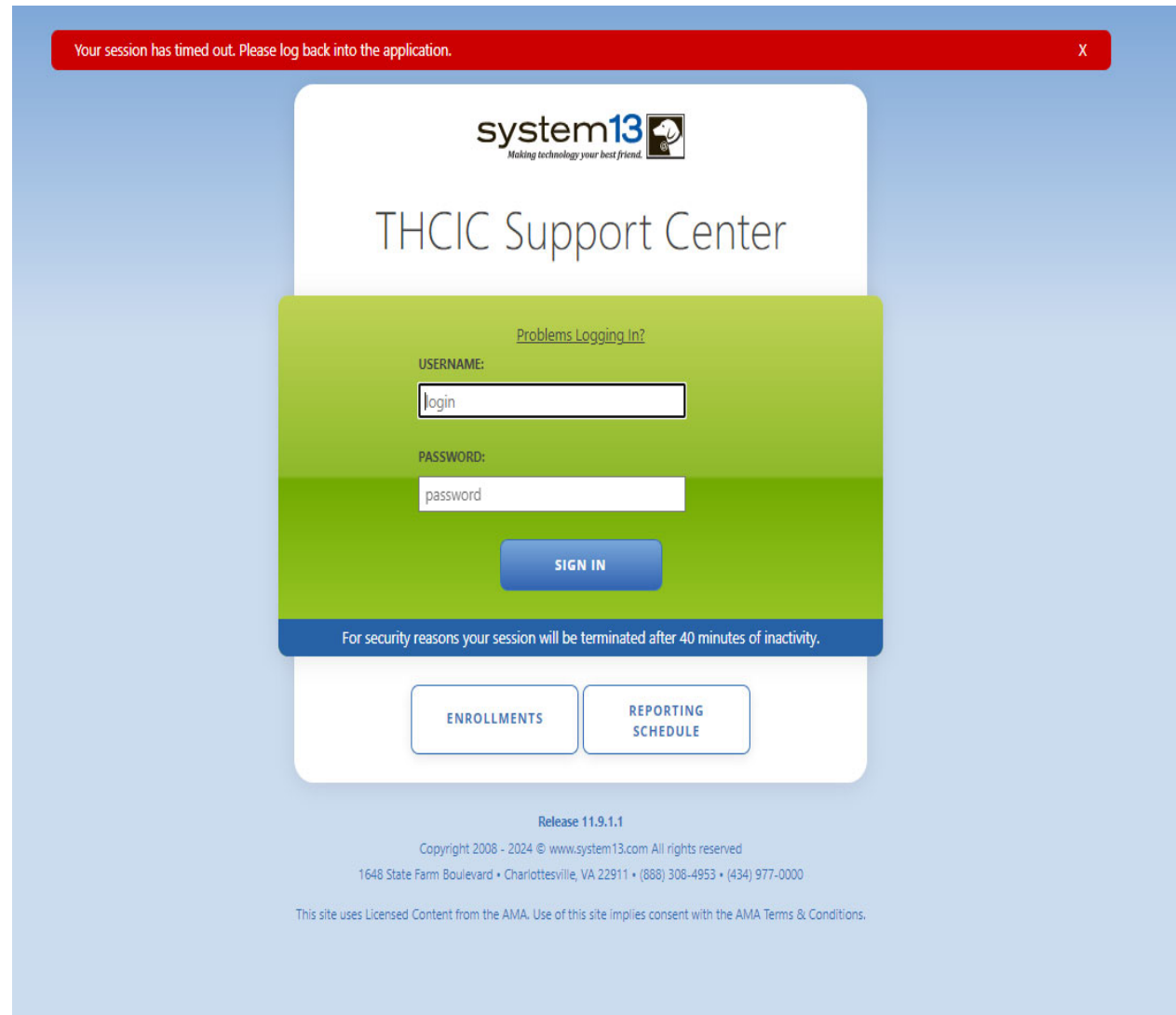
For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE**


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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**

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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

THCIC
User Management
My Account
Logout

Q3
2021

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

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

Submission due **1 Dec 2021**

Correction due **1 Feb 2022**

Certification due **15 Apr 2022**

Q4
2021

SUBMISSION

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

CERTIFICATION

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

Submission due **1 Mar 2022**

Correction due **2 May 2022**

Certification due **15 Jul 2022**

Q1
2022

SUBMISSION

No claims are present for this quarter.

CERTIFICATION

No claims are present for this quarter.

Submission due **1 Jun 2022**

Correction due **1 Aug 2022**

Certification due **17 Oct 2022**

NEXT DEADLINE

Q4 2021 SUBMISSION

A MONTH

Performance History

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


QUICK TIP:

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

40

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 2021 SUBMISSION

No claims are present for this quarter.

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

Q3 2021 CERTIFICATION

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

Certification due **15 Apr 2022**

Q4 2021 SUBMISSION

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

Q4 2021 CERTIFICATION

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

Certification due **15 Jul 2022**

Q1 2022 SUBMISSION

No claims are present for this quarter.

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

Q1 2022 CERTIFICATION

No claims are present for this quarter.

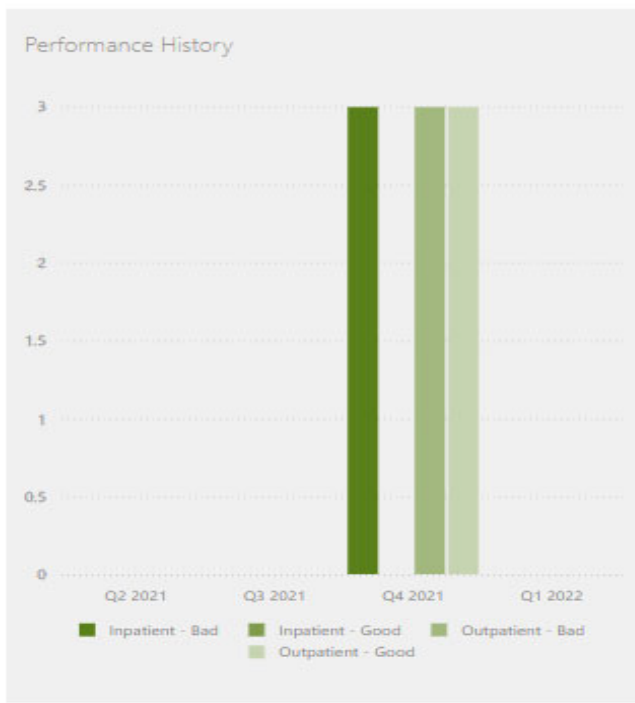
Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A

MONTH


Performance History



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

QUICK TIP:

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

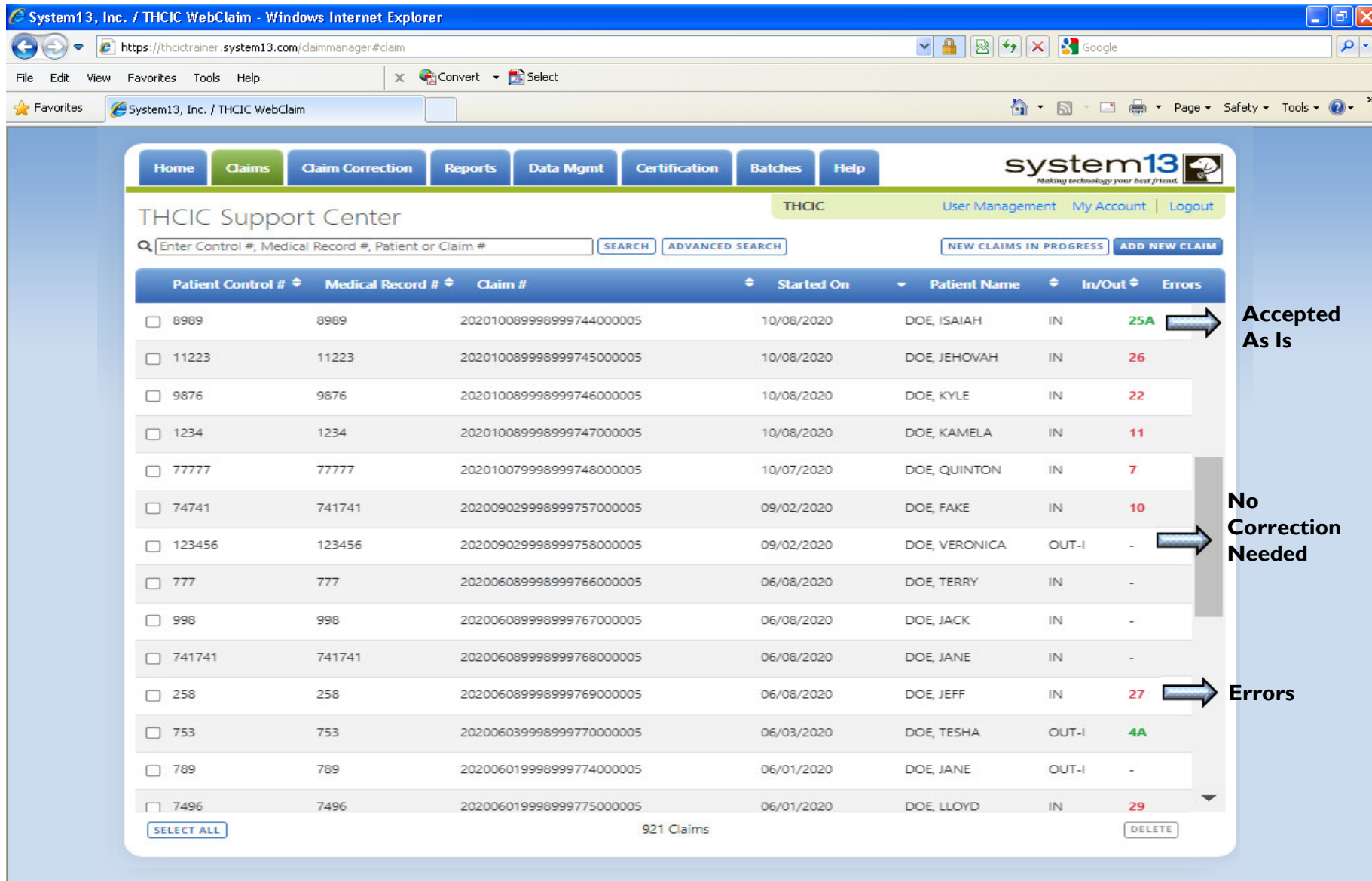


TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Provider Tab Claims

Claims


System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help X Convert Select

System13, Inc. / THCIC WebClaim

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

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THCIC User Management My Account Logout

THCIC Support Center

Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH NEW CLAIMS IN PROGRESS ADD NEW CLAIM

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

SELECT ALL 921 Claims DELETE

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.

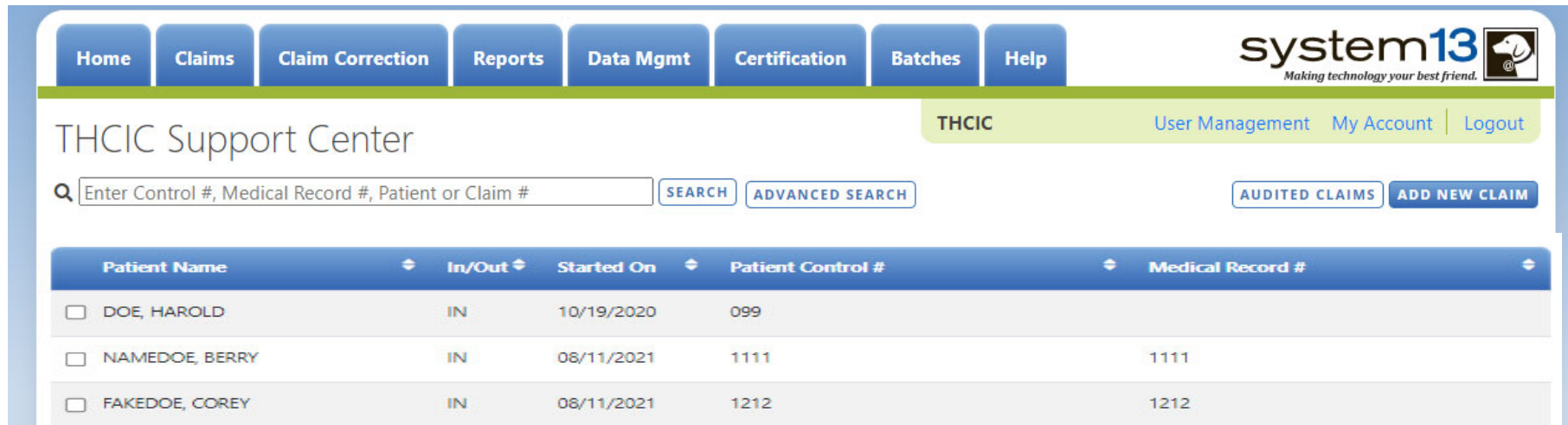
New Claims in Progress

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, there is a 'THCIC Support Center' header. On the right side of this header, there are links for 'User Management', 'My Account', and 'Logout'. Below the header, 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' header area to a button labeled 'NEW CLAIMS IN PROGRESS' in the bottom right corner of the interface. Next to it 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



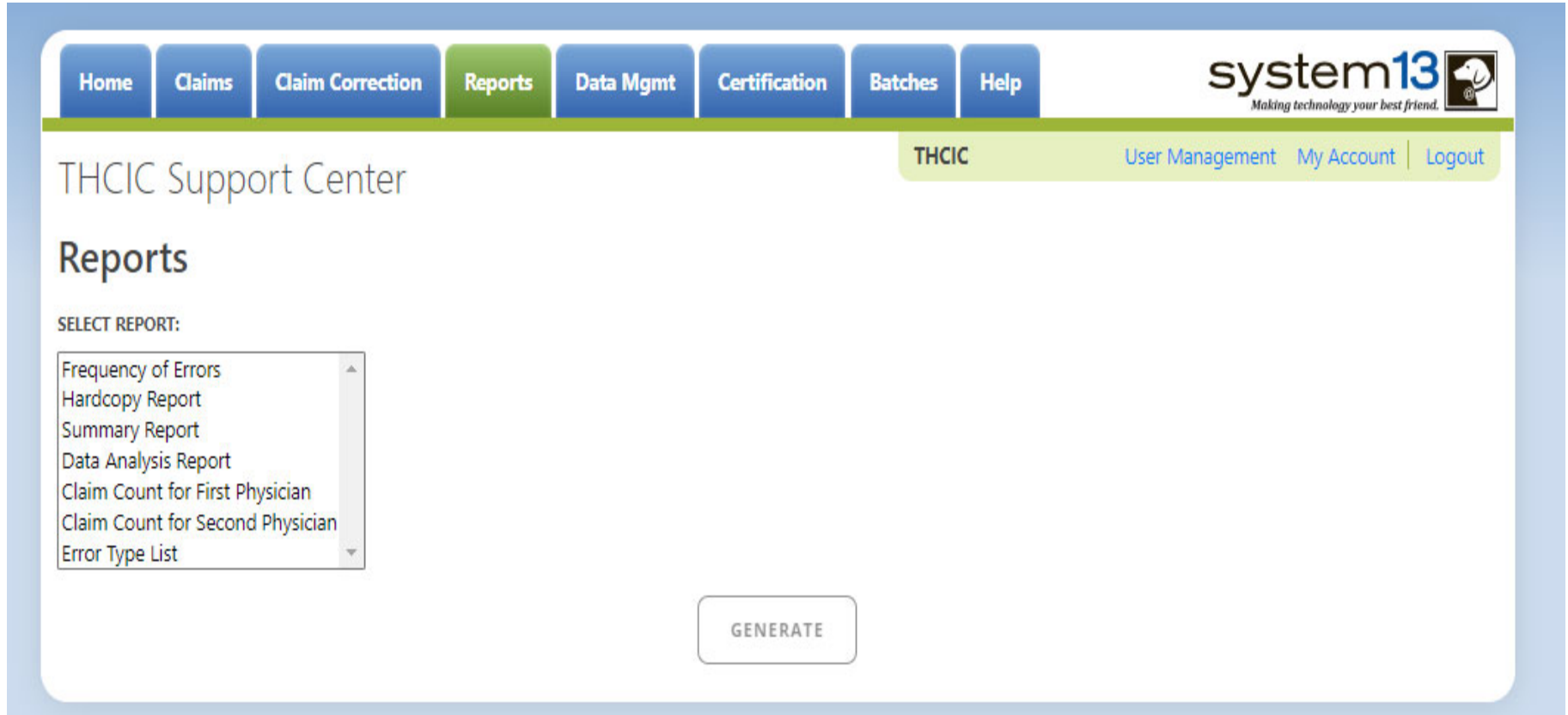
Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, HAROLD	IN	10/19/2020	099	
<input type="checkbox"/> NAMEDOE, BERRY	IN	08/11/2021	1111	1111
<input type="checkbox"/> FAKEDOE, COREY	IN	08/11/2021	1212	1212

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



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

Reports Reports

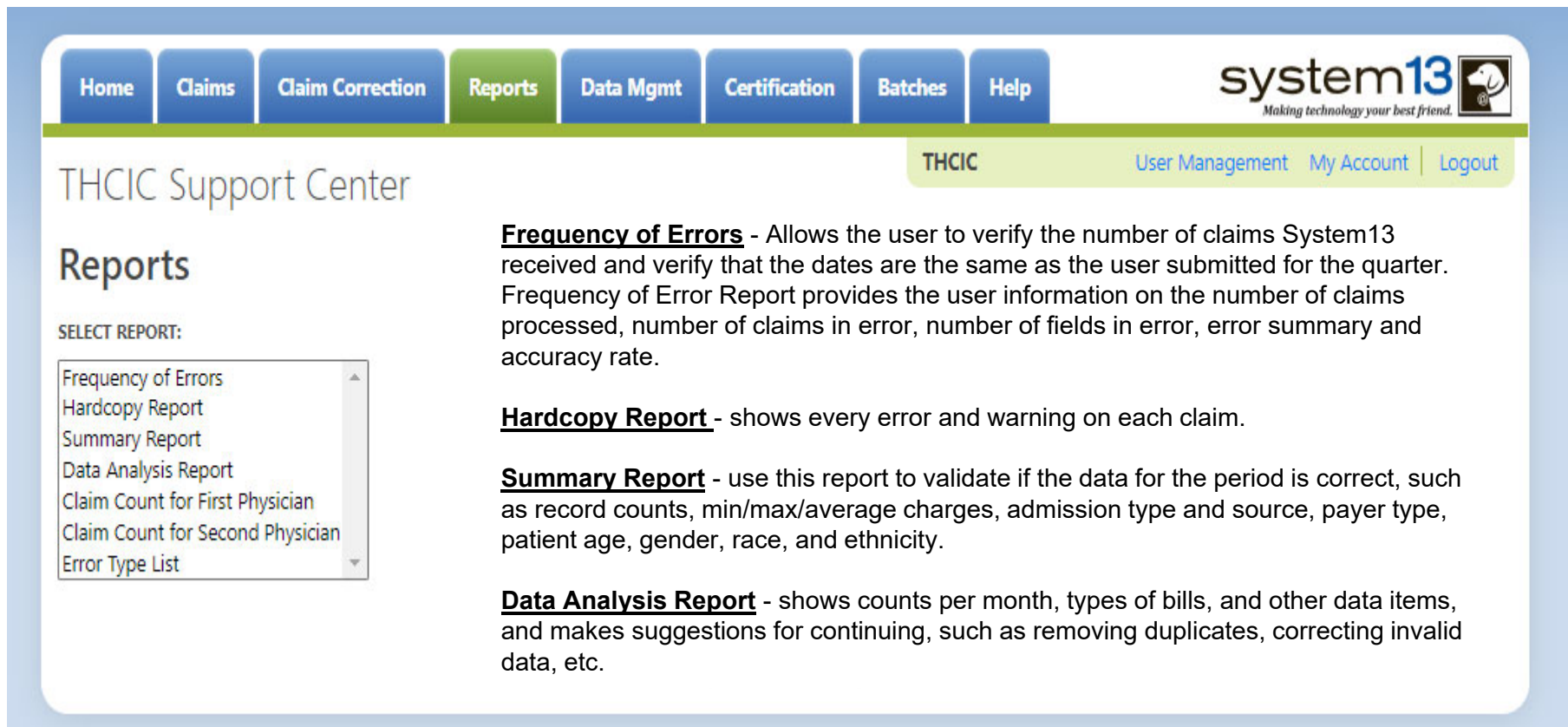


The screenshot shows the 'Reports' page in the system13 interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. The system13 logo and tagline 'Making technology your best friend.' are in the top right. 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. A 'GENERATE' button is located below the dropdown menu.

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

Reports Available

Reports



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13
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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.



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

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

Reports

SELECT REPORT:

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

FILTER BY:

- Timeframe
- Processed Date
- Batch Number

PATIENTS:

- Inpatient
- Outpatient - Institutional
- Outpatient - Professional

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

THCIC Support Center

No claims match selection criteria.

Type of Claims

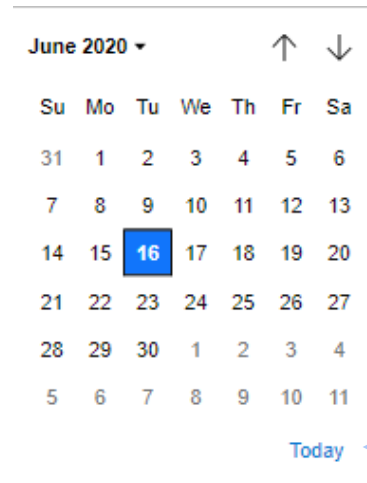
PATIENTS:




- Inpatient
- Outpatient - Institutional
- Outpatient - Professional

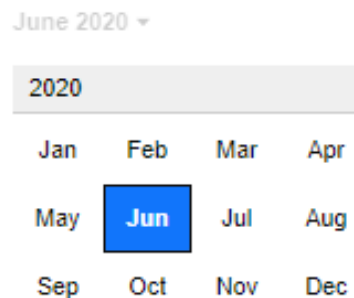
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

Functionality of the Calendar Feature

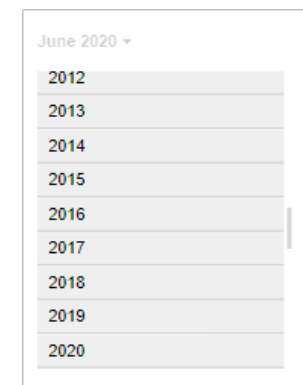
- Feature of the calendar 



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



- Choosing the sidebar will change the year



Filter Report By Timeframe

- ✕ To create by timeframe.

FILTER BY:

Timeframe
 Processed Date
 Batch Number

FROM:

mm/dd/yyyy 


THROUGH:

mm/dd/yyyy 

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:

Timeframe	▲
Processed Date	
Batch Number	▼

BATCH:

Select Batch	▲
202005040001	
202005060002	

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

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'Data Mgmt' tab selected in the navigation bar. The page title is 'THCIC Support Center'. The user is logged in as 'THCIC' with options 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)'. Each section lists the function's purpose and a set of key values used for matching claims. Below these sections are radio buttons for 'Select Claim Type' (Inpatient/Outpatient) and buttons for 'Select Action' (Modify/Replace/Remove (MRR) and Remove Duplicates (DR)).

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

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THCIC User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

INPATIENT
 OUTPATIENT


Select Action

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


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:

Please select one

Patients:

- Inpatient
 Outpatient

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

Reports

Select Report:

Quarter:

Generate

Data Analysis Report through the Reports Tab

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

Quarter Analysis

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

Quarter Comparison

Qtr	Total
4q12	3
3q12	0
2q12	0

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✕ Remove duplicate claims
- ✕ Replace certain bill types

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

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

The MRR process will:

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

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

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

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

The screenshot displays the 'Data Mgmt' section of the system13 web application. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'Data Mgmt' tab is active. The page title is 'THCIC Support Center' and the user is logged in as 'THCIC'. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two columns of information.

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Select Claim Type

INPATIENT
 OUTPATIENT

Duplicate Remove Process (DR)

The DR function will:

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

Select Action

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

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'Data Mgmt' tab selected in the navigation menu. The page title is 'THCIC Support Center' and the user is identified as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. A modal dialog titled 'MRR DR Information' is open, containing the following text:

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

Do you wish to continue?

YES NO

Below the dialog, there are two sections: 'Select Claim Type' with radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected), and 'Select Action' with buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'.

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'system13' web application interface. At the top, there is a navigation menu with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is identified as 'THCIC Trainee 1 000006' and has links for 'User Management', 'My Account', and 'Logout'. The main heading is 'THCIC Support Center' and the sub-heading is '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, Admission Start of Care, and Admission Hour. A large alert box is overlaid on the bottom half of the screen, titled 'Modify/Replace/Remove Alert'. The alert text states: 'The MRR function is to be used to process and remove claims with bill types (xx5, xx6, xx7 and xx8). You may apply this functionality **now** to reduce the number of overall claims, including error claims. This will result in a more accurate count of claims being reported on the Frequency of Errors Report (FER) and on the Summary Report. Do you wish to continue?' Below the text are two buttons: 'YES' and 'NO'.



Provider Tab Data Management


Data Mgmt

The screenshot shows the 'system13' web application interface. The top navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt' (highlighted), 'Certification', 'Batches', and 'Help'. The user is logged in as 'THCIC Trainee 1 000006' and has access to 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and features two tabs: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal dialog box is open in the foreground with the title 'Process Submitted' and a dog icon. The message inside the dialog reads: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' Below the message is an 'OK' button. In the background, the 'MRR' section lists several actions, and the 'Select Claim Type' section has 'OUTPATIENT' selected. The 'Select Action' section has two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'.

Data Management Emails

Data Mgmt

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



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THCIC Trainee 1 000006
User Management
My Account
Logout

THCIC Support Center

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.

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

INPATIENT

OUTPATIENT

Thu 10/8/2020 2:52 PM

Do Not Reply <noreply@system13.com>

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

To: ● Overton, Tiffany (DSHS); ○ Bhattarai, Pragma (DSHS)

We removed extra line breaks from this message.

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

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

Sincerely,

System13, Inc. Customer Support

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

Provider Tab Data Management

Data Mgmt

Duplicate Removal

- ✗ Remove duplicate claims
- ✗ Replace certain bill types

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

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

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

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

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

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

This report will open as a PDF as shown below.

Provider Tab Data Management – Duplicate Removal Process (DR)

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, 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 tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006'. The main content area is titled 'Data Management Actions on Quarterly Data'. A modal dialog box 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 two buttons: 'YES' and 'NO'. The 'YES' button is highlighted with a mouse cursor. In the background, the 'Modify/Replace' section is partially visible, listing actions like 'Match claims with Patient Code', 'Medical Reason', 'Admission', and 'Eliminate duplicates'. Below the dialog, 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).

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC Trainee 1 000006' and has access to 'User Management', 'My Account', and 'Logout' options. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe matching claims based on Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' dialog box is overlaid on the screen, warning that the DR function should not be used unless the only active bill type is (xx1). It provides instructions on how to view bill types and offers 'YES' and 'NO' buttons for confirmation.

Provider Tab Data Management


Data Mgmt

The screenshot displays the 'Data Mgmt' section of the system13 interface. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', '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 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 dialog, 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 Email

Data Mgmt

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



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

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Thu 10/8/2020 3:11 PM

Do Not Reply <noreply@system13.com>

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

To: ● Overton,Tiffany (DSHS); ○ Bhattarai,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

Select Claim Type

INPATIENT

OUTPATIENT

Batches Batches

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



THCIC Support Center
THCIC User Management My Account Logout

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

Batches is a list of files sent in by 5010 upload. This listing is only for batches currently in the system. ***Only the system administrator can delete batches.*** To delete a batch, put a check in the box next to batch to delete. In the bottom right corner delete will become an option. Please be advised, if you delete a batch out of the system you will have to reload this batch, System I3 cannot retrieve this batch for you.

6 Batches



Provider Tab Help Help

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

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

Online Help & Resources

TRAINING MATERIALS

Claim Entry

- [Inpatient](#)
- [Outpatient](#)

Claim Correction

- [Inpatient](#)
- [Outpatient](#)

Submitter

- [Inpatient](#)
- [Outpatient](#)

Reports

- [Inpatient](#)
- [Outpatient](#)

Certification

- [Inpatient](#)
- [Outpatient](#)











SEARCH AND LOOKUPS

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

SUPPORTING DOCUMENTS

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

SUPPORT VIDEOS

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

FREQUENTLY ASKED QUESTIONS

How can I change my password?

If you want to change your password, visit your [user account page](#).

How do I update the Certifier Name?

You will need to fill out a [form](#).

NEED MORE HELP? CONTACT HELP DESK



Provider Tab Help – Need More Help



The screenshot displays the System13 THCIC Support Center interface. 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. Below the navigation bar, the page title reads 'THCIC Support Center' and 'Online Help & Resources'. The main content area is divided into several sections: 'TRAINING MATERIALS' with links for Claim Entry (Inpatient, Outpatient) and Claim Correction (Inpatient, Outpatient); 'SEARCH AND LOOKUPS' with links for NPI Registry lookup, Board of Medical Examiners, Podiatric Medical Examiners, Dental Examiners, and Roster of documented midwives in Texas; 'SUPPORT VIDEOS' with a list of video topics; 'FREQUENTLY ASKED QUESTIONS' with two questions about password changes and certifier name updates; and 'CONTACT US' with contact information for System13 and THCIC. A red arrow points from the 'NEED MORE HELP? CONTACT HELP DESK' button at the bottom to the 'CONTACT US' section.

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

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THCIC User Management My Account Logout

THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry
 Inpatient
 Outpatient

Claim Correction
 Inpatient
 Outpatient

SEARCH AND LOOKUPS

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

SUPPORT VIDEOS

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

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](#).

CONTACT US

System13
 Help Desk: 888-308-4953
 Phone: 434-977-0000
 Fax: 434-979-1047
 Address:
 1648 State Farm Blvd.
 Charlottesville VA 22911

Preston Morris, Owner
 Lynn Goyne, VP

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

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

The screenshot displays the 'system13' web application interface. At the top, there is a navigation menu with tabs for Home, Claims, Claim Correction (highlighted), 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' and there are links for 'User Management', 'My Account', and 'Logout'. A search bar is present with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and buttons for 'SEARCH' and 'ADVANCED SEARCH'. A 'START CORRECTIONS' button is also visible.


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

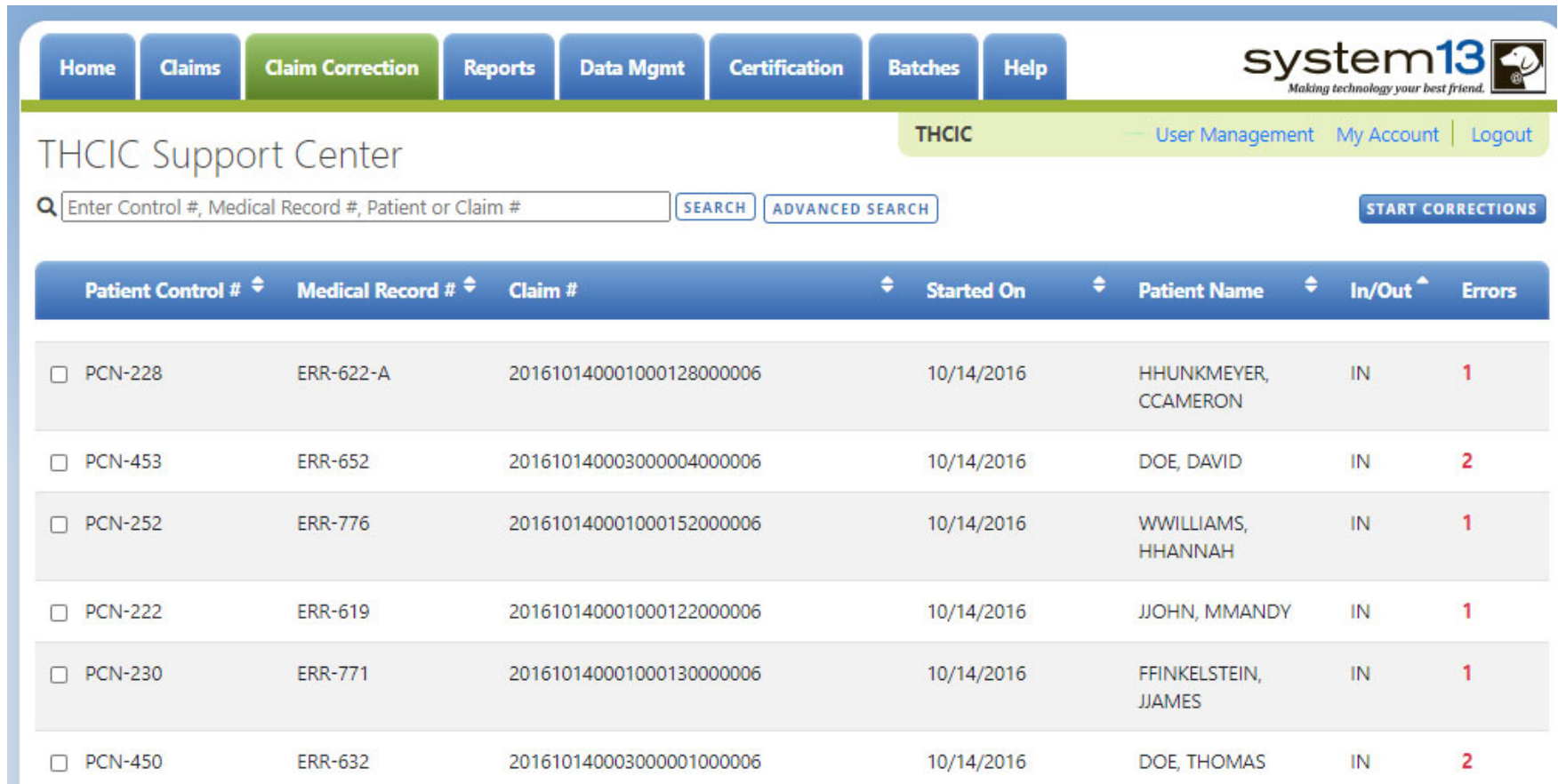
At the bottom of the table, there is a 'SELECT ALL' button, a status indicator '96 Claims', and 'DELETE' and 'ACCEPT AS IS' buttons.



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

Sorting Claim Correction Listing

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



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



Search for Claims

THCIC Support Center

THCIC

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

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

SEARCH


ADVANCED SEARCH

START CORRECTIONS

The user can search claims by:

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

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

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THCIC Support Center

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

Q X SEARCH ADVANCED SEARCH START CORRECTIONS

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

THCIC Support Center

Q X

SEARCH


ADVANCED SEARCH

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

Advanced Search for Claims

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

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for 'Home', 'Claims', 'Claim Correction' (highlighted in green), 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. 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'. To the right of the title are links for 'User Management', 'My Account', and 'Logout'. A search bar is located below the title, containing 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 at the bottom of the form. A red 'X' icon is visible in the top right corner of the form area, and a checkbox labeled 'Exclude Claims With This Error?' is located below the 'ERROR CODE' dropdown.

- 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

The screenshot shows the System 13 web application interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction (highlighted), Reports, Data Mgmt, Certification, Batches, and Help. The System 13 logo is in the top right corner with the tagline "Making technology your best friend." Below the navigation bar, the page title is "THCIC Support Center". There is a search bar with the placeholder text "Enter Control #, Medical Record #, Patient or Claim #" and buttons for "SEARCH" and "ADVANCED SEARCH". A "START CORRECTIONS" button is also present. The main content area displays a table of claims with the following columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. The table contains several rows, with the last four rows having their checkboxes selected. A red arrow points to the "DELETE" button at the bottom right of the table. A text box is overlaid on the table with the following text: "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."

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

79 Claims (4 Selected)

SELECT ALL DELETE ACCEPT AS IS

Accept As Is

ACCEPT AS IS

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Making technology your best friend.

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

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

SELECT ALL 79 Claims (4 Selected) DELETE ACCEPT AS IS

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

Accept As Is

ACCEPT AS IS

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 #	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 the number '202109299998999719000005'. The patient information section includes 'DOE, COOKIE', 'Medical Record Number: 666', 'Patient Control Number: 666', and 'Outpatient Institutional'. On the left, a sidebar 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 buttons for 'REVIEW ERRORS', 'NEXT CLAIM ->', and 'ACCEPT AS IS ✓'. The error details listed are: '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'.



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 ID '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 ✓'. The error details listed are '665 - Missing Patient Social Security Number' and '693 - Invalid Physician 1 (Operating) Identifier'. A red bar at the bottom of the main content area states '2 errors in this claim'.

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

Accept As Is

ACCEPT AS IS

The screenshot displays the 'system13' interface for the 'THCIC Support Center'. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The user is logged in as 'THCIC' with options for 'User Management', 'My Account', and 'Logout'. The patient information is 'DOE, COOKIE' with 'Medical Record Number: 666' and 'Patient Control Number: 666'. The claim type is 'Outpatient Institutional'. A message states: 'Claim has been successfully submitted, but still has errors.' Below this are 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.' The dialog has 'CONFIRM' and 'CANCEL' buttons. At the bottom left, a red box indicates '2 errors in this claim'.

Accept As Is

ACCEPT AS IS

Accepted As Is. X

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

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 a table of claims. The table has columns for Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. One claim is listed with 2 errors, indicated by a green '2A'.

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.

Claim has been successfully submitted, but still has errors.

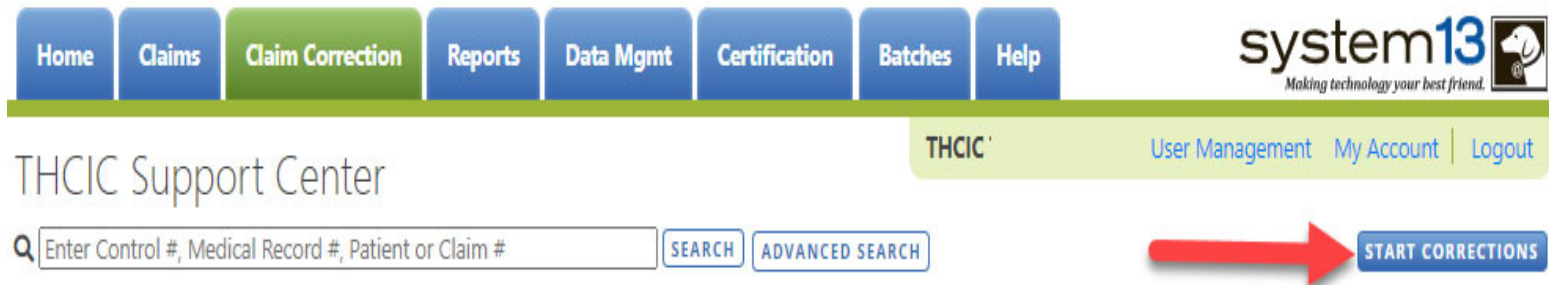
REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓


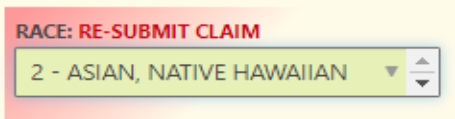



693 - Invalid Physician 1 (Operating) Identifier

Start Corrections



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




Errors in a Claim

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



Check for Errors

A blue rectangular button with rounded corners and a white border, containing the text "CHECK FOR ERRORS" in white, uppercase letters.

-  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

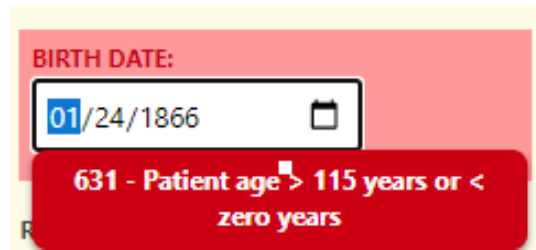
- ✓ The user will get a list of all errors that are still on the claim.
- ✓ Click **REVIEW ERRORS** and the user will be taken back into the claims that was just submitted to review the error(s) on the claim.
- ✓ Press **ENTER** to navigate on a tab to go through errors or click next which will take 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.

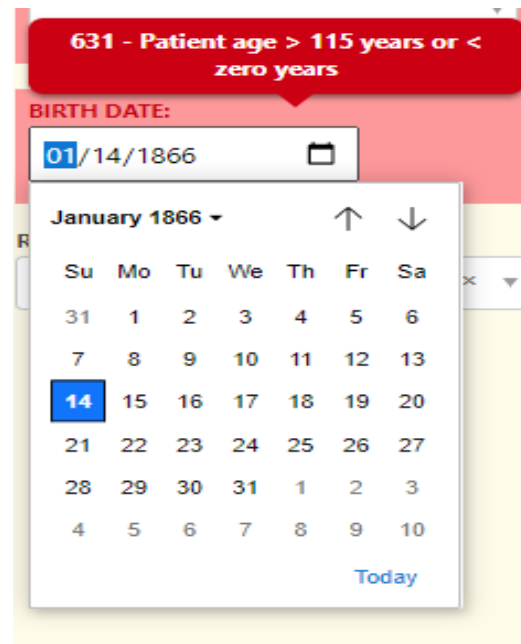
NEXT CLAIM →



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.



Start Corrections

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



THCIC Support Center

THCIC

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

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

130 Claims

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

Errors in the Claim

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THCIC — User Management My Account Logout

THCIC Support Center

Back to list of claims

202308239998999641000005

DOE, JOE Medical Record Number: 123654 Patient Control Number: 123654 Inpatient

9 Patient
2 Payers
1 Charges
2 Diagnoses & Procs
4 Practitioners
Situational Codes

Active Errors
Last selected error is in bold
632 - Patient Birth Date > Admission Date and Admission Type not newborn
639 - Missing Facility Type Code
640 - Missing Claim Frequency Type Code
727 - Missing Admission Date and Hour
722 - Invalid Admission Hour
645 - Missing Admission Type
646 - Missing Admission Source
728 - Invalid Discharge Hour
647 - Missing Patient Discharge Status

Claim Information

PATIENT CONTROL NUMBER
123654

Personal Information

NAME JOE DOE	MEDICAL RECORD NUMBER 123654	SOCIAL SECURITY NUMBER 999999999
ADDRESS 1212 WIND DRIVE AUSTIN, TX 78741 UNITED STATES	BIRTH DATE 05/05/1989	RACE 4 - White
	SEX M - Male	ETHNICITY 1 - Hispanic origin

Bill Type

STATEMENT FROM/THRU
From: 03/27/2024
Through: 03/27/2024

FACILITY TYPE CODE
CLAIM FREQUENCY TYPE CODE

Admission Information

18 errors in this claim

Number of errors in the claim is 18.

CHECK FOR ERRORS

Error – Payers Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Active Errors
Last selected error is in bold
701 - Primary Payer Name is required
697 - Missing Claim Filing Indicator Code for Subscriber

Primary Payer

SOURCE CODE: PAYER ID

NAME: PAYER NAME

Secondary Payer

SOURCE CODE: PAYER ID

NAME: PAYER NAME

18 errors in this claim

CHECK FOR ERRORS

Which tabs the errors are on now.



Error – Payers Tab

The screenshot displays a software interface with a sidebar on the left and a main content area on the right. The sidebar contains a list of menu items: 'Patient' (9), 'Payers' (2), 'Charges' (1), 'Diagnoses & Procs' (2), 'Practitioners' (4), and 'Situational Codes' (checked). Below the sidebar, there is a section titled 'Active Errors' with the text 'Last selected error is in bold'. Two errors are listed: '701 - Primary Payer Name is required' and '697 - Missing Claim Filing Indicator Code for Subscriber'. The main content area shows two instances of the 'Primary Payer' form. The top instance has a red border around the 'SOURCE CODE' dropdown and the 'NAME' text box, indicating an error. The bottom instance has a green border around the 'SOURCE CODE' dropdown and the 'NAME' text box, indicating a warning or success state. A callout box explains that clicking in the error field displays an explanation on the left. Another callout box states that clicking the close button (X) will close the 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

SOURCE CODE: [Red border]

ID: PAYER ID

NAME: PAYER NAME

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.

Primary Payer

SOURCE CODE: ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, [Green border]

ID: PAYER ID


NAME: SELF PAY

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.



Error – Charges Tab

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✓ Situational Codes

Charges

Description	Procedure	Qty	Rate	Charge	Non covered
1			-	\$0.00	-

Active Errors
Last selected error is in bold
670 - Revenue Code in first service line detail is missing

Total Charges: \$0.00

18 errors in this claim

CHECK FOR ERRORS



Charges Tab



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



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



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



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



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



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

Error – Diagnoses & Procedures

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Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL DIAGNOSIS:
PRINCIPAL DIAGNOSIS POA:

ADMITTING DIAGNOSIS:

E-CODES:

OTHER DIAGNOSIS CODES:

Procedures

PRINCIPAL PROCEDURE:
PRINCIPAL PROCEDURE DATE:
PRINCIPAL PROCEDURE QUALIFIER:

OTHER PROCEDURE CODES:

18 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 for on the line before saving.
- ✕ Tabbing out of the last field on the line will generate a new entry line for additional line-item entry up to the maximum amount allowed for the type of data being entered.
- ✕ Present on Admission (POA) for inpatient facilities required to submit this data will show an error if the data is not submitted on data on/after January 29, 2011.

Error - Practitioners

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202006089998999767000005

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

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

Active Errors
Last selected error is in bold
694 - Missing Attending Practitioner First Name
691 - Missing Attending Practitioner Last Name
689 - Missing Attending Practitioner Identifier
688 - Invalid Attending Practitioner Qualifier

Correcting Physician Errors

Attending Physician

NAME ID

Operating Physician

NAME ID

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

4 errors in this claim

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. Below the search bar, there are input fields for 'Medical Record Number:' and 'Patient Control Number:'. A red error message box states: 'Claim has been successfully submitted, but still has errors.' Below this message are three buttons: 'REVIEW ERRORS', 'NEXT CLAIM ->', and 'ACCEPT AS IS ✓'. Below the error message, three error codes are listed: '784 - The Claim must contain at least one HCPCS code.', '665 - Missing Patient Social Security Number', and '672 - Invalid Service Line Procedure Code'.

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

Accepted As Is. X

Claim Successfully Submitted

Claim has been successfully submitted.

NEXT CLAIM ->

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



Inpatient Claim Correction

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.texas.gov

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

THCIC Contact



Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health
Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756



Phone: 512- 776-7261






E-mail: THCIChelp@dshs.texas.gov



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

THCIC Contact

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



Contact



Address:

System I 3, Inc
1648 State Farm Blvd.
Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@system13.com



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