



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Inpatient Claim Correction

(Formerly WebCorrect)

Revised January 2025

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>



- 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	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26
Certification/ comments due	1-15-25	4-15-25	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26

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.

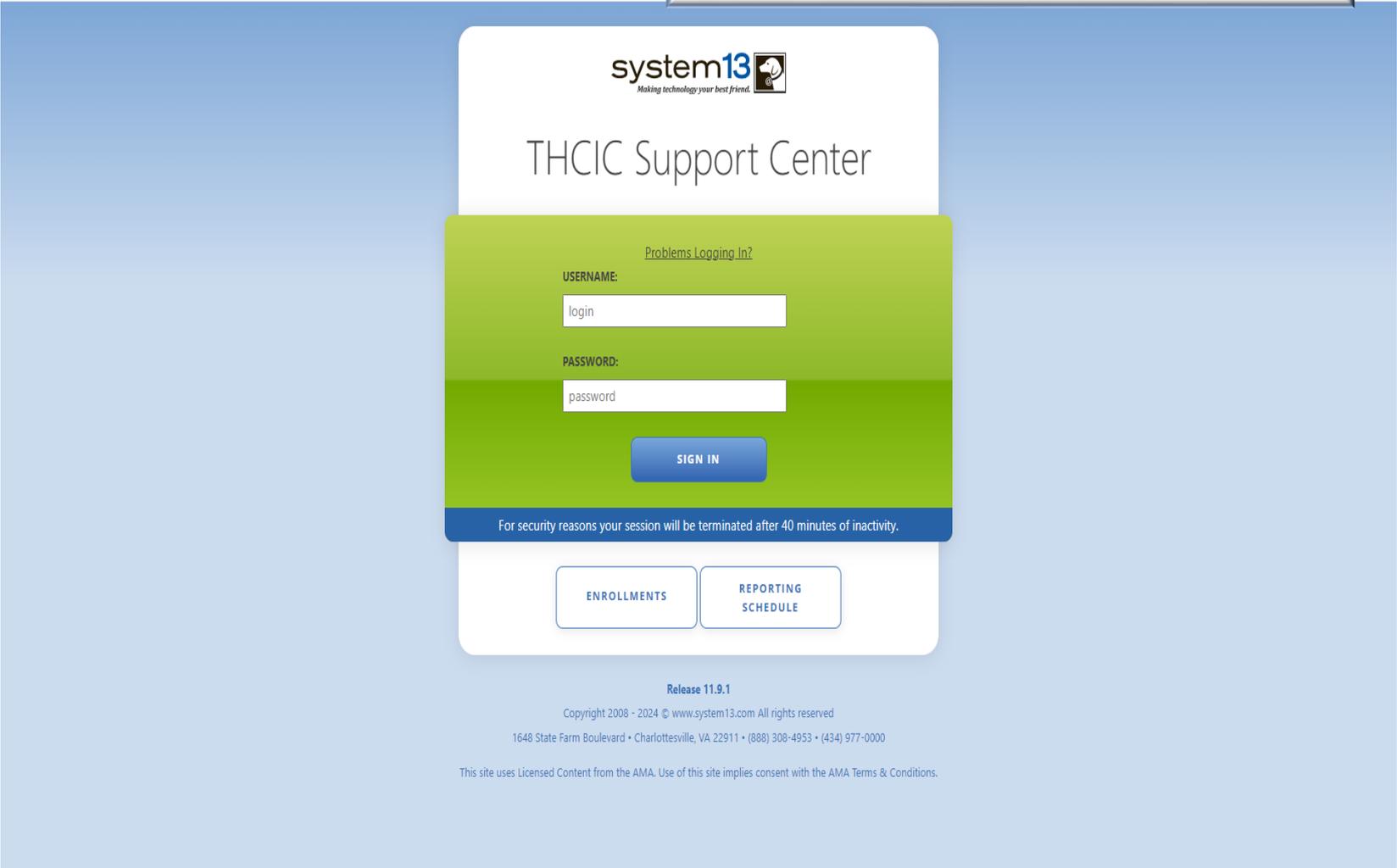
THCIC System

System13, Inc. / THCIC Web x +

thcictrainer.system13.com/login

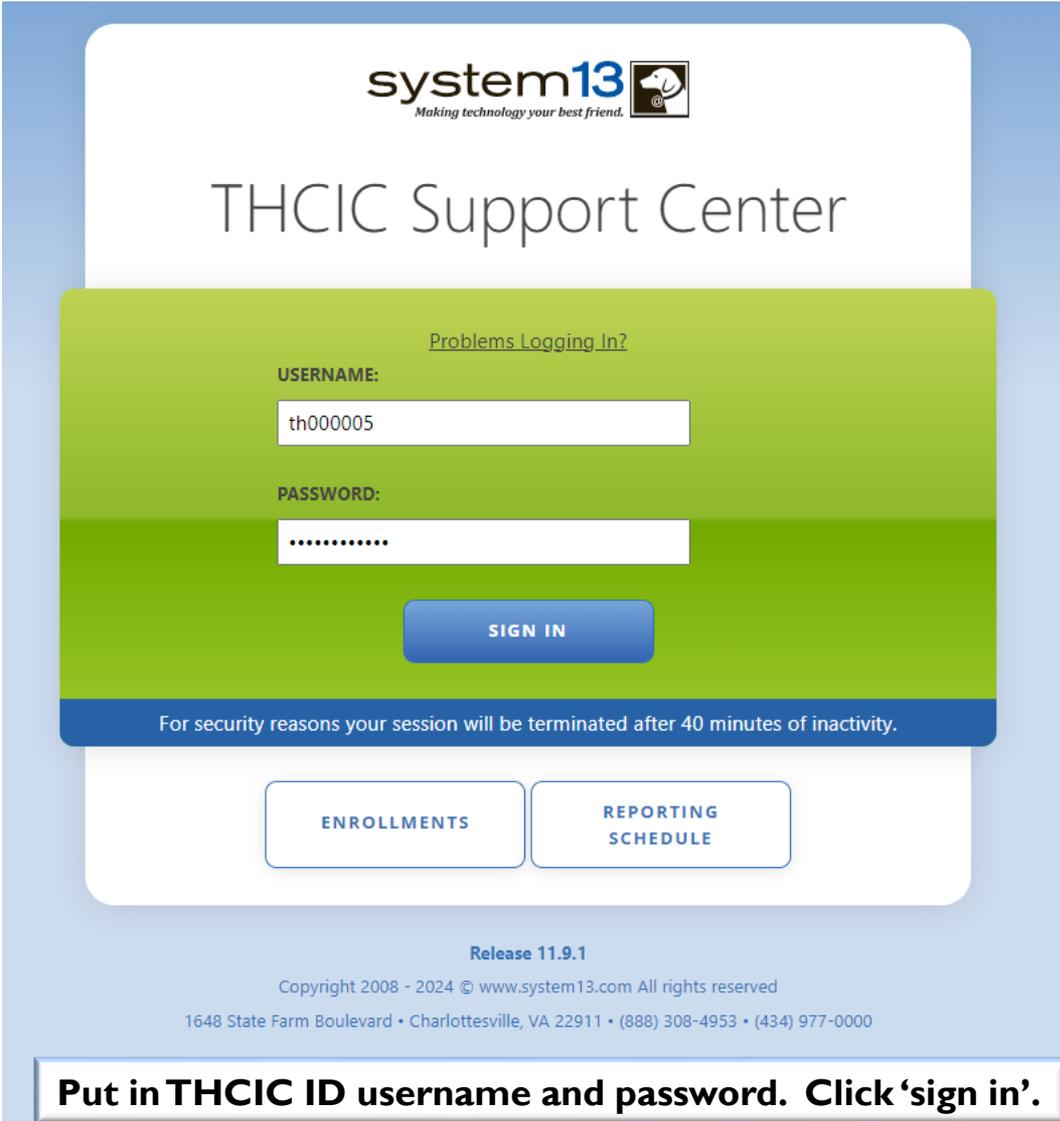
Templett - Online d... Home Page THCIC Trainer THCIC Homepage Capps Webpage Log in | T... Home Page | DSHS I...

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



The screenshot shows the THCIC Support Center login page. 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 box contains a link for "Problems Logging In?", a "USERNAME:" field with the text "login", a "PASSWORD:" field with the text "password", and a blue "SIGN IN" button. Below the login box, a blue banner states: "For security reasons your session will be terminated after 40 minutes of inactivity." At the bottom of the page, there are two buttons: "ENROLLMENTS" and "REPORTING SCHEDULE". The footer includes the release version "Release 11.9.1", copyright information "Copyright 2008 - 2024 © www.system13.com All rights reserved", the address "1648 State Farm Boulevard • Charlottesville, VA 22911 • (888) 308-4953 • (434) 977-0000", and a disclaimer: "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

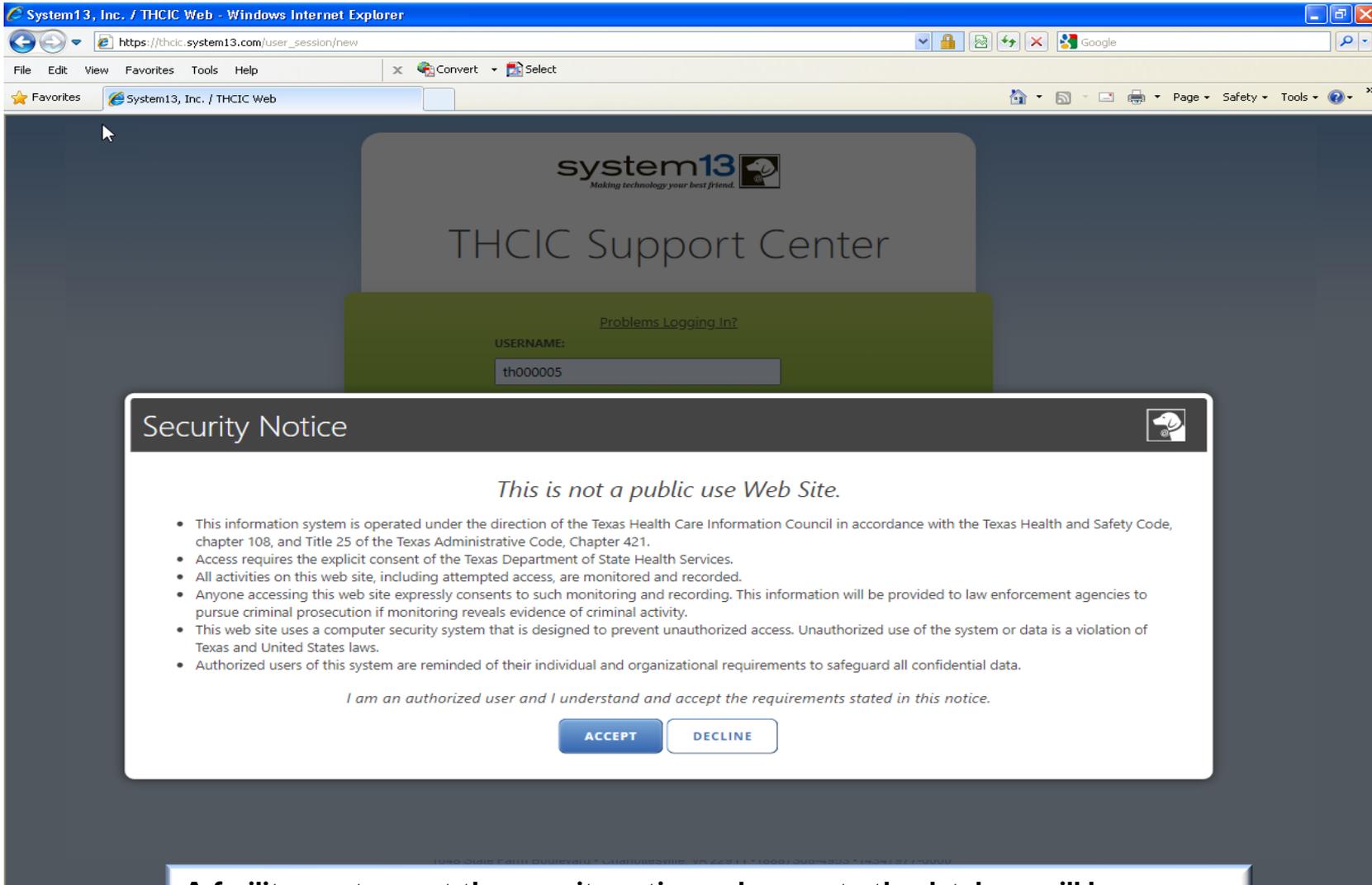
For security reasons your session will be terminated after 40 minutes of inactivity.

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 System13, Inc. / THCIC Web site. 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 login form with a "Problems Logging In?" link, a "USERNAME:" label, and a text input field containing "th000005". A "Security Notice" dialog box is overlaid on the page, containing the following text:

Security Notice

This is not a public use Web Site.

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

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

ACCEPT DECLINE

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

New Provider Dashboard

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

Provider Home Page – Grid View



- 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**

CERTIFICATION

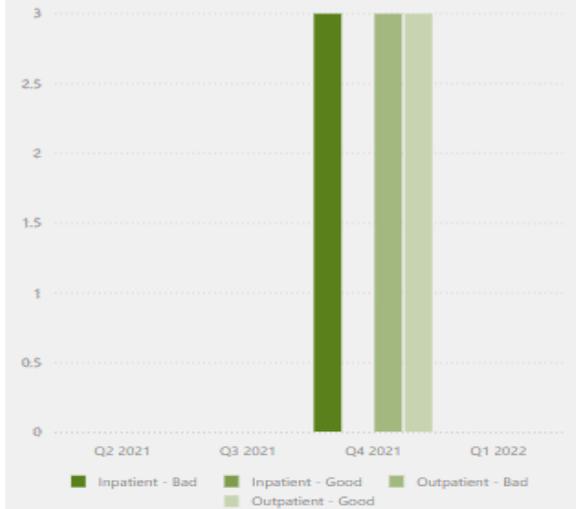
Please contact System13 if you still need to submit or correct claims for this quarter.

Certification due **15 Apr 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Performance History



Q4
2021

SUBMISSION

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

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

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**

CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

QUICK TIP:

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

Provider Home Page – 1st Row

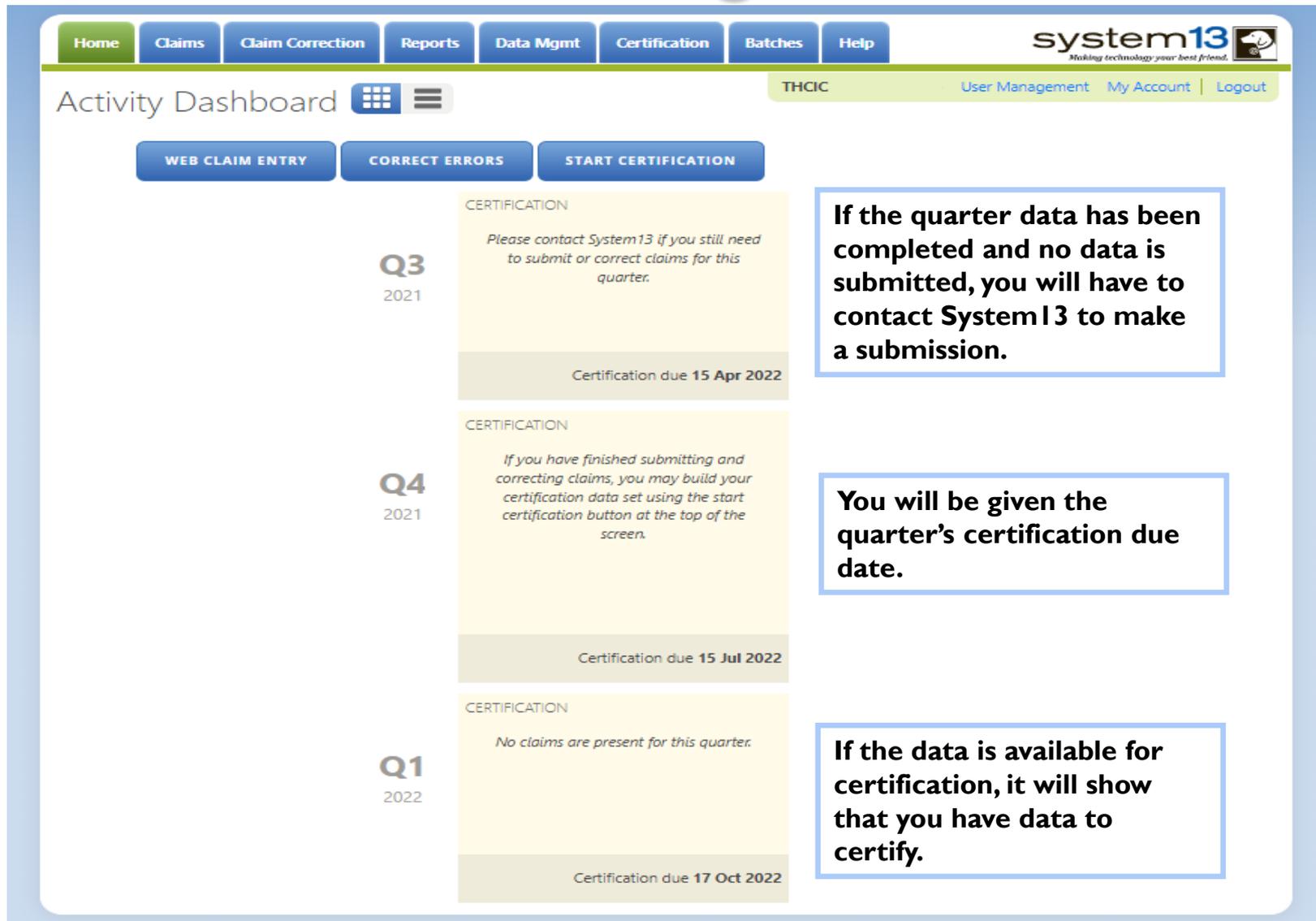
The screenshot shows the Provider Home Page with the following elements:

- Navigation Tabs:** Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, Help.
- System 13 Logo:** Making technology your best friend.
- Activity Dashboard:** Includes a grid icon and a hamburger menu icon.
- THCIC:** User Management, My Account, Logout.
- Buttons:** WEB CLAIM ENTRY, CORRECT ERRORS, START CERTIFICATION.
- Q3 2021:** SUBMISSION. No claims are present for this quarter. Submission due 1 Dec 2021, Correction due 1 Feb 2022.
- Q4 2021:** SUBMISSION table showing Inpatient and Outpatient counts for AUG, OCT, NOV, DEC, SEP, and TOTAL. ACCURACY is 0% for Inpatient and 50% for Outpatient. Submission due 1 Mar 2022, Correction due 2 May 2022.
- Q1 2022:** SUBMISSION. No claims are present for this quarter. Submission due 1 Jun 2022, Correction due 1 Aug 2022.

Callout Box 1: 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.

Callout Box 2: If you will have errors; this will be shown on this listing.

Provider Home Page – 2nd Row



The screenshot shows the 'Activity Dashboard' section of the System13 provider home page. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is on the right with the tagline 'Making technology your best friend.' Below the navigation bar, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area features three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. Below these are three certification cards for Q3 2021, Q4 2021, and Q1 2022. Each card includes a 'CERTIFICATION' heading, a message, and a 'Certification due' date.

Quarter	Message	Certification Due Date
Q3 2021	Please contact System13 if you still need to submit or correct claims for this quarter.	15 Apr 2022
Q4 2021	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.	15 Jul 2022
Q1 2022	No claims are present for this quarter.	17 Oct 2022

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

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

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

Provider Home Page – 3rd Row

The screenshot displays the Provider Home Page dashboard. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo is in the top right corner with the tagline "Making technology your best friend." Below the navigation bar, there is a sub-navigation bar with links for THIC, User Management, My Account, and Logout. The main content area features an "Activity Dashboard" with three buttons: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION". A "NEXT DEADLINE" notification for "Q4 2021 SUBMISSION" is shown with a "1 MONTH" indicator. A "Performance History" bar chart shows data for Q2 2021, Q3 2021, Q4 2021, and Q1 2022. The chart has four bars, all reaching a value of 3. The legend indicates: Inpatient - Bad (dark green), Inpatient - Good (medium green), Outpatient - Bad (light green), and Outpatient - Good (very 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!"

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THIC 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**

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

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

	Inpatient	Outpatient
AUG	3	2
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	0
Q1 2022	0	0	0	0

QUICK TIP:

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

Provider Home Page – 1st Row

The screenshot shows the Provider Home Page 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 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 icon and a menu icon. On the right side, there are links for "THCIC", "User Management", "My Account", and "Logout".

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

The dashboard displays several tiles for different quarters:

- 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 for each month, along with submission and correction due dates.

	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.

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

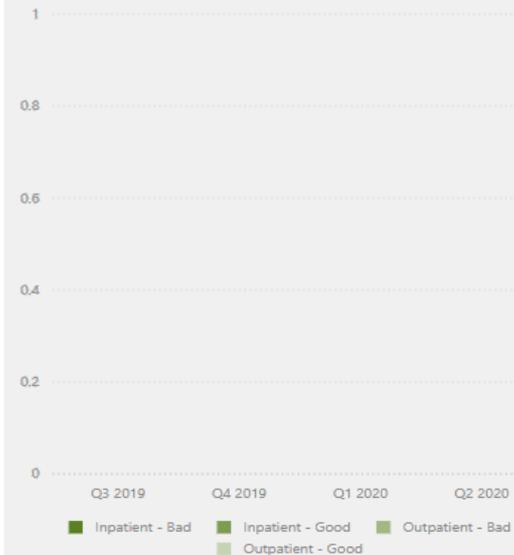
NEXT DEADLINE
Q1 2020 SUBMISSION

11
HOURS

NEXT DEADLINE
Q1 2020 SUBMISSION

4
DAYS

Performance History



NEXT DEADLINE
Q1 2020 SUBMISSION

11
HOURS

QUICK TIP:

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

Provider Home Page – 2nd Row

The screenshot shows the Provider Home Page interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The system13 logo is in the top right corner with the tagline "Making technology your best friend." Below the navigation bar, there is an "Activity Dashboard" section with three buttons: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION". To the right of the dashboard, there are links for "THCIC", "User Management", "My Account", and "Logout".

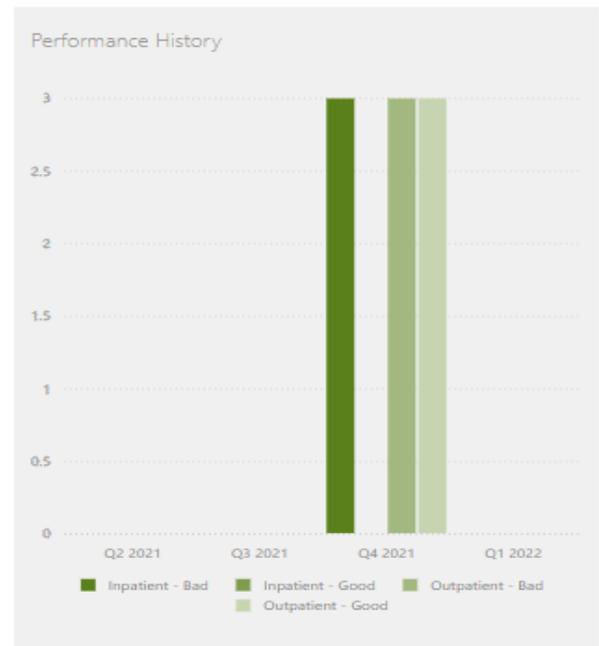
The main content area is divided into two rows. The first row features a "NEXT DEADLINE Q4 2021 SUBMISSION" box with a "1 MONTH" indicator. The second row features a "Performance History" bar chart showing data for Q2 2021, Q3 2021, Q4 2021, and Q1 2022. The chart shows three bars for Q4 2021, representing Inpatient - Bad, Inpatient - Good, and Outpatient - Good. The Y-axis ranges from 0 to 3. The legend indicates that dark green represents Inpatient - Bad, medium green represents Inpatient - Good, and light green represents Outpatient - Good.

QUICK TIP:
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.



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

Data Management/Primary Contact Provider Home Page

Provider
Tabs

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

system13
Making technology your best friend.

Activity Dashboard

THCIC

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

Activity
Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Other
Features

Q3
2021

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

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

Certification due **15 Apr 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Q4
2021

SUBMISSION

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

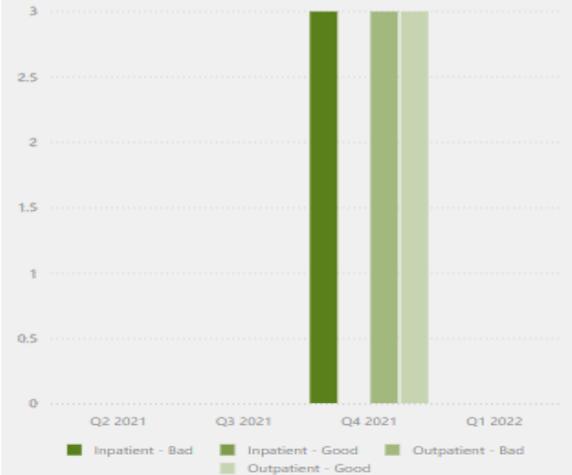
Submission due **1 Mar 2022**
Correction due **2 May 2022**

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**

Performance History



Q1
2022

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

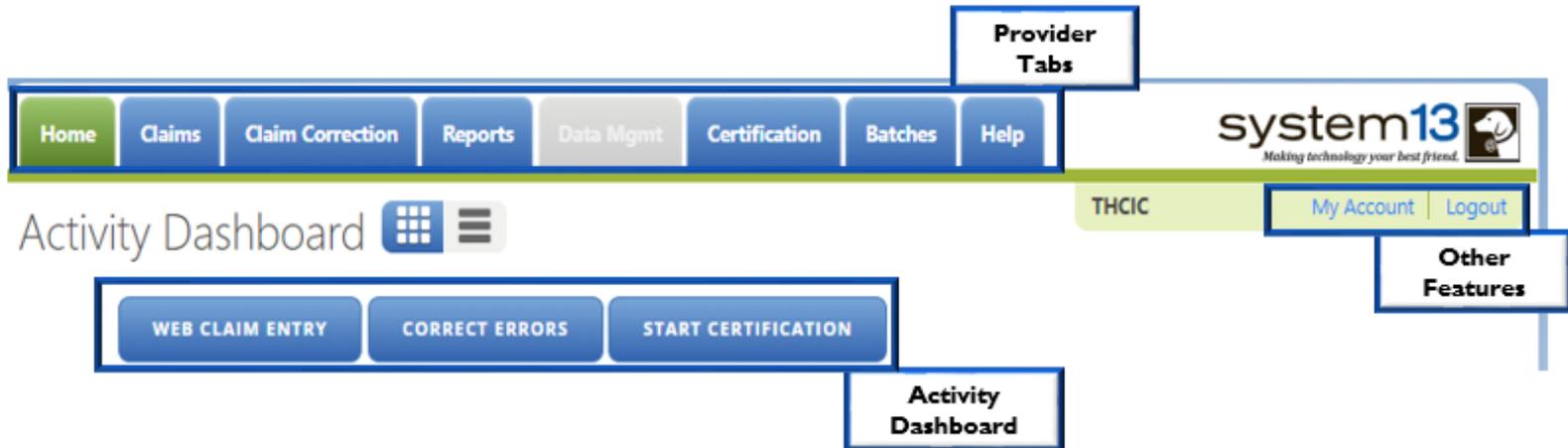
No claims are present for this quarter.

Certification due **17 Oct 2022**

QUICK TIP:

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

Data Certifier / Data Manager Provider Home Page



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



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

Data Management/Primary Contact Provider Home Page – Grid View

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](#)

Q4 2019

SUBMISSION
Inpatient
Data is already built into a certification set.

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

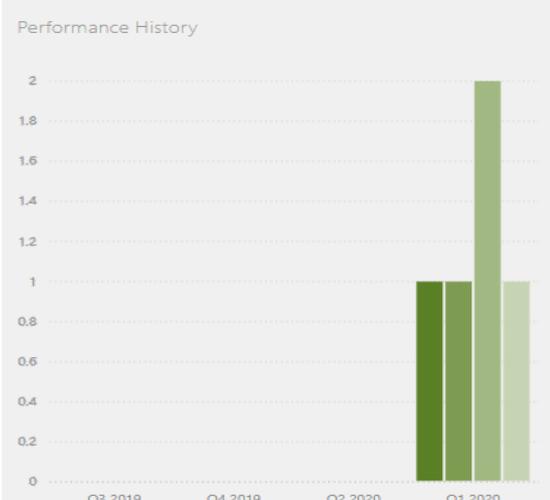
CERTIFICATION
Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

NEXT DEADLINE
Q1 2020 SUBMISSION

4
DAYS

Performance History



Quarter	Inpatient - Bad	Inpatient - Good	Outpatient - Bad	Outpatient - Good
Q3 2019	0	0	0	0
Q4 2019	1	1	0	0
Q2 2020	1	1	0	0
Q1 2020	0	2	1	0

Q1 2020

SUBMISSION

	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

SUBMISSION
No claims are present for this quarter.

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

CERTIFICATION
No claims are present for this quarter.

Certification due **15 Jan 2021**

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

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**

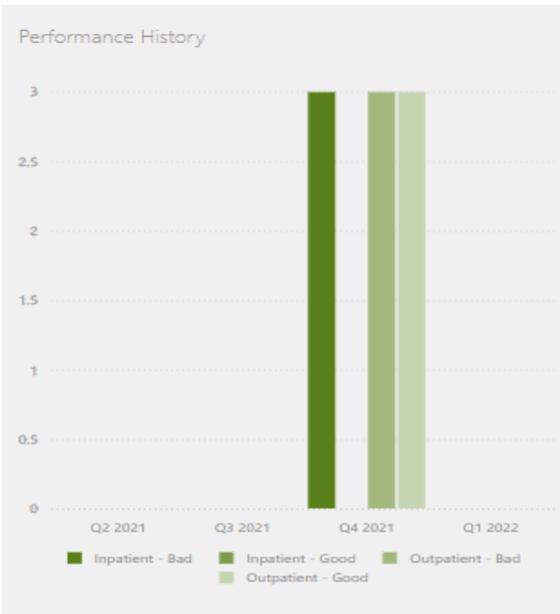
Q1 2022 CERTIFICATION *No claims are present for this quarter.*

Certification due **17 Oct 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A MONTH

Performance History



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

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

Services

Health Services

23

Provider Tabs

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



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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13
Making technology your best friend.

THCIC | User Management My Account | Logout

THCIC Support Center

[Back to list of claims](#)

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

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

Claim Information

TYPE: INPATIENT OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

[Resolving PCN Errors](#)
[The THCIC Required Codes](#)

Personal Information

MEDICAL RECORD NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

ADDRESS:

[SSN/Race/Ethnicity Issues](#)

SOCIAL SECURITY NUMBER:

SEX:

ETHNICITY:

BIRTH DATE: 

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

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

Claim Corrections / Correct Errors

Claim Correction

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



THCIC Support Center

THCIC

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

SEARCH
ADVANCED SEARCH
START CORRECTIONS

	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, ISAAH	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	▼

SELECT ALL
72 Claims
DELETE
ACCEPT AS IS

Claim Correction/ Correct Errors allow you to make corrections to your claims. You can choose a claim from the listing, modify your listing or click start corrections START CORRECTIONS which opens the first claim on your listing.



Start Certification / Certification

START CERTIFICATION

Certification

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



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.

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 a small 'X' icon on the right. The second banner reads: "Locked Out Accounts Detected: Please unlock active users and delete unneeded accounts in User Management." also with an 'X' icon. Below the banners is a navigation bar with tabs for Home, Claims, 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." and a small icon. Below the navigation bar is a green bar with "THCIC" on the left and "User Management | My Account | Logout" on the right. A red arrow points from the top banner area down to the "User Management" link. Below the navigation bar, the main content area shows a message: "Your password will expire on: 01/21/2022 (approximately 3 days from today)". Below this message is a form with a label "CURRENT PASSWORD" and a text input field containing "current password". To the right of the form is a light blue box with the heading "PASSWORDS MUST:" and 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.

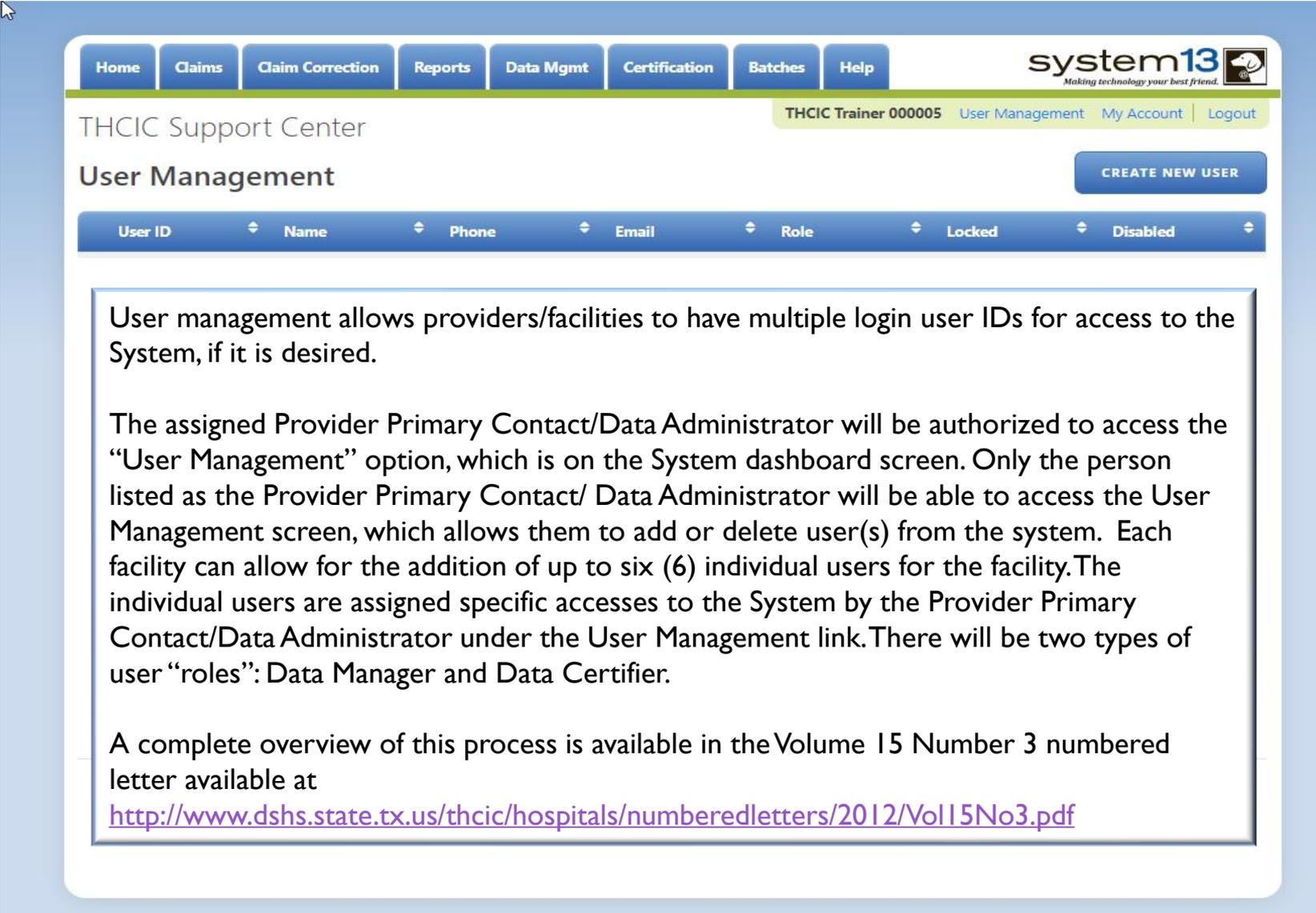
Provider Other Features

The screenshot shows the provider dashboard interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'Home' button is highlighted in green. To the right of the navigation bar is the system13 logo with the tagline 'Making technology your best friend.' Below the navigation bar, the text 'Activity Dashboard' is displayed next to a grid icon and a menu icon. On the right side, there is a user menu with 'THCIC' and options for 'User Management', 'My Account', and 'Logout'. Below the user menu, there is a box labeled 'Other Features'. At the bottom of the dashboard, there are three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'.

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

THCIC My Account Logout

User Management



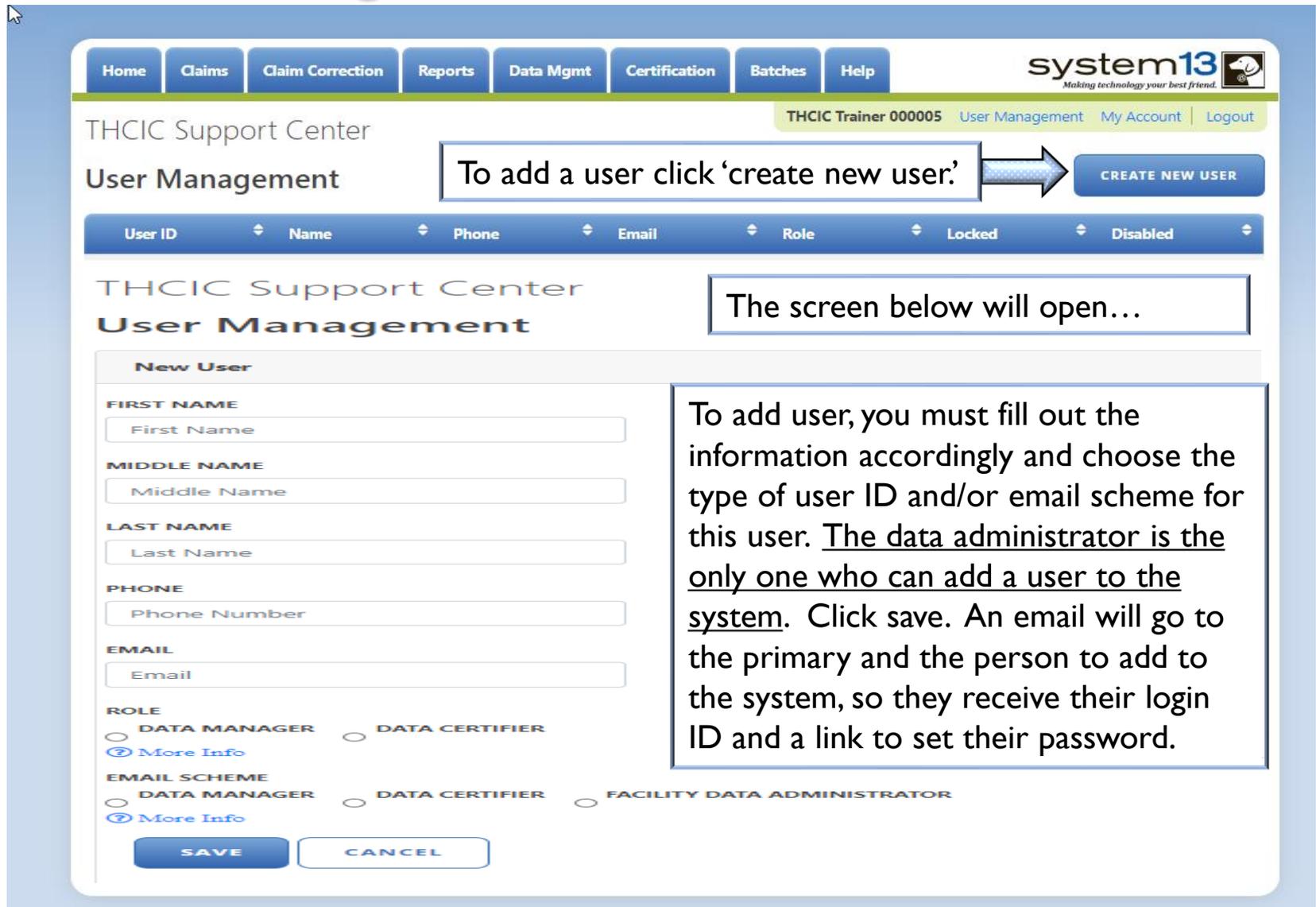
The screenshot shows the 'system13' dashboard with a navigation menu (Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, Help) and a 'system13' logo with the tagline 'Making technology your best friend.' The main content area is titled 'THCIC Support Center' and 'User Management'. A 'CREATE NEW USER' button is visible. Below the title is a table header with columns: User ID, Name, Phone, Email, Role, Locked, and Disabled. The table body is currently empty.

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>

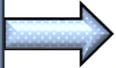
User Management – To Add User



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)

OK

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)

OK

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

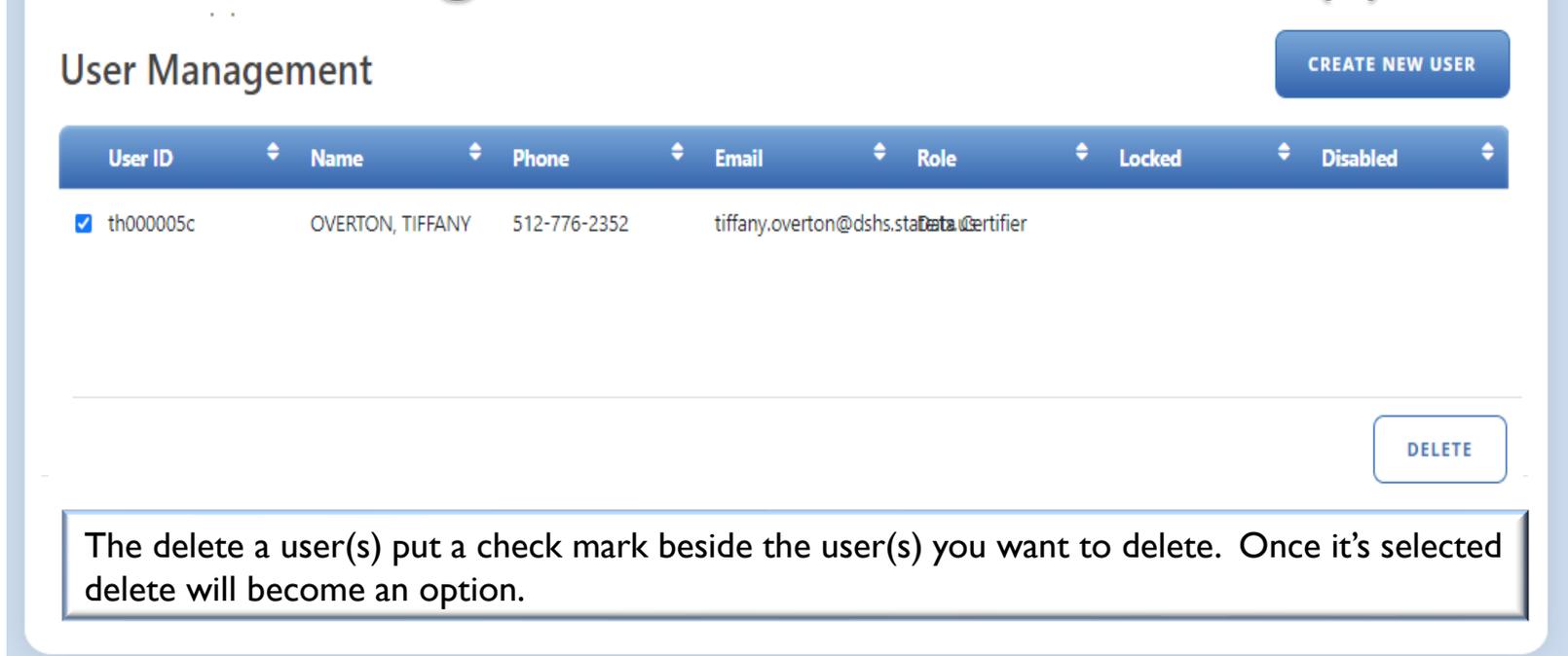
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THCIC Support Center THCIC Trainer 000005 User Management My Account Logout

User Management CREATE NEW USER

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

User Management – Delete a User(s)



User Management CREATE NEW USER

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

DELETE

The delete a user(s) put a check mark beside the user(s) you want to delete. Once it's 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 Support Center

THCIC

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

User Management

User ID: th000005c

Intrusion Lock:

Account Lock:

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

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


Making technology your best friend.

THCIC Support Center

THCIC

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

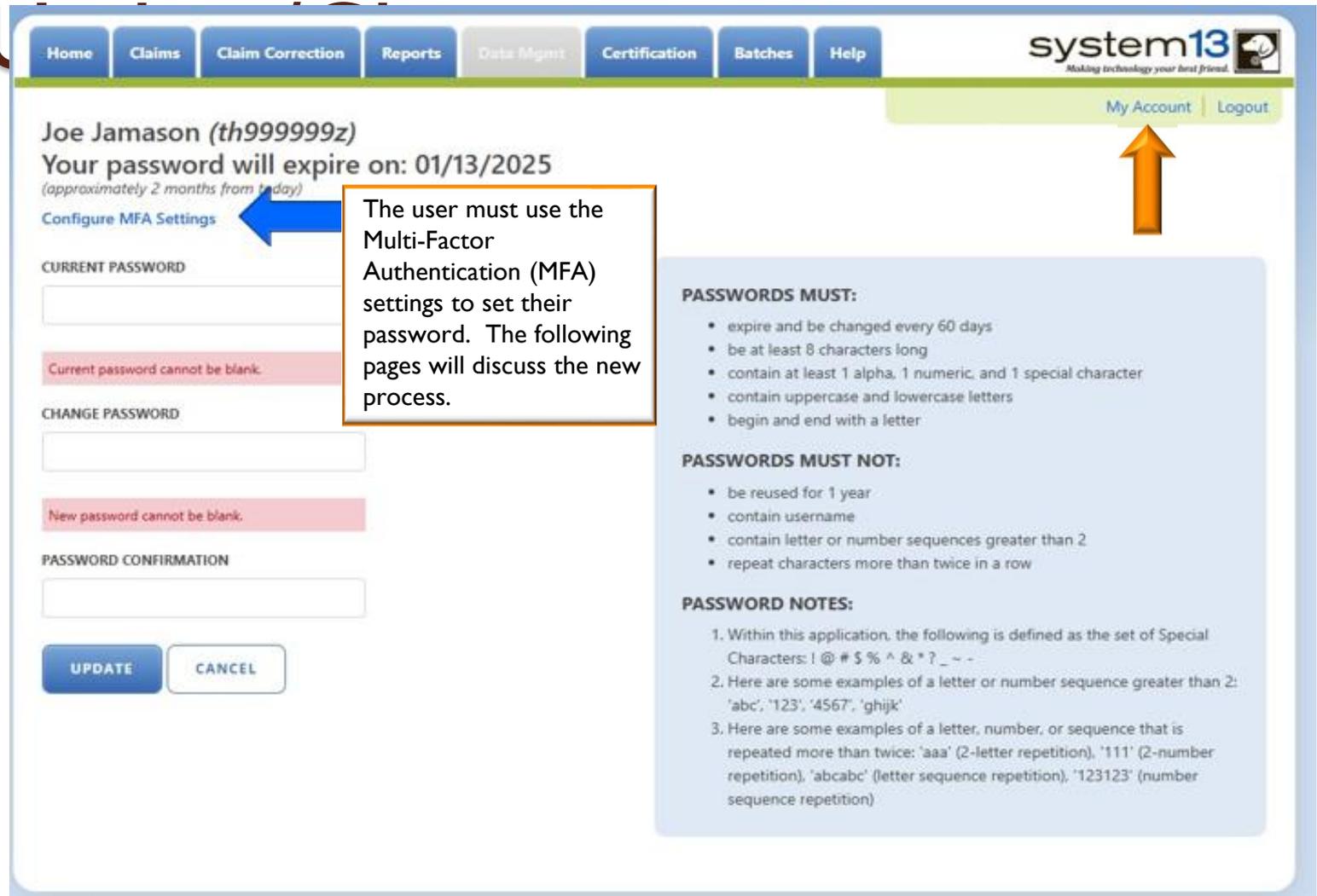
User Management

User ID: th000005c

Intrusion Lock:

Account Lock:

Other Features - My Account Password



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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My Account Logout

Joe Jamason (th999999z)
Your password will expire on: 01/13/2025
(approximately 2 months from today)

Configure MFA Settings

CURRENT PASSWORD

Current password cannot be blank.

CHANGE PASSWORD

New password cannot be blank.

PASSWORD CONFIRMATION

UPDATE CANCEL

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)

The user must use the Multi-Factor Authentication (MFA) settings to set their password. The following pages will discuss the new process.

Multi-Factor Authentication (MFA) Configuration

Multi-Factor Authentication Configuration

Joe Jamason (*th999999z*)

Select how you will obtain your 6-digit code:

Email (default)

Authenticator Application (recommended)

The configuration page will be presented to all users upon the first time they login.

Email: Will send your code via Email, this is the easier option and does not require additional update.

Authenticator App: Requires an App where your 6-digit code will cycle every 30 seconds. This will help if your facilities email filter takes too long for email.

Details and Instructions for both settings are available to read under the “Instructions”.

INSTRUCTIONS

You need to select by which means you will receive your 6-digit code when confirming your identity.

Email:

This is the default option, and easiest to manage. By selecting this method the application will send you a 6-digit code to the email address associated to your account: *schambers@system13.com*

With this option selected, click 'Save', and then check your Inbox. You should receive an email with your 6-digit code. This will be done every time you log into the application. On the next page, you will have an opportunity to enter the 6-digit code. For security purposes, the code in the email is only valid for 5 minutes. You will have the option to select 'Resend Code' to request a new code, if needed.

Authenticator Application:

This is the recommended option, but involves the use of another application, typically installed on your smartphone, to provide the 6-digit codes you will need when confirming your identity.

With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.

MFA Configuration – Email

Email: Is the default and is easier to manage. You will be sent a 6 -digit code to the email address associated to the user's account. Once the code is sent it will be valid for 5 minutes. You will have the option to resend a new code.

Multi-Factor Authentication Configuration

Joe Jamason (*th999999z*)

Select how you will obtain your 6-digit code:

- Email (default)
 Authenticator Application (recommended)

SAVE **CANCEL**

Upon logging in you will receive an email from System I 3 Production Notifier. The email will have your username as well as your one-time code. You will also be able to see the facility and it's ID number on the email.

You can either copy and paste the code from the email or type the code. Once the code is there you will need to “click” the verify button.

Once verified you will be presented with the homepage.

INSTRUCTIONS

You need to select by which means you will receive your 6-digit code when confirming your identity.

Email:

This is the default option, and easiest to manage. By selecting this method the application will send you a 6-digit code to the email address associated to your account: *schambers@system13.com*

With this option selected, click 'Save', and then check your inbox. You should receive an email with your 6-digit code. This will be done every time you log into the application. On the next page, you will have an opportunity to enter the 6-digit code. For security purposes, the code in the email is only valid for 5 minutes. You will have the option to select 'Resend Code' to request a new code, if needed.

Authenticator Application:

This is the recommended option, but involves the use of another application, typically installed on your smartphone, to provide the 6-digit codes you will need when confirming your identity.

With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.

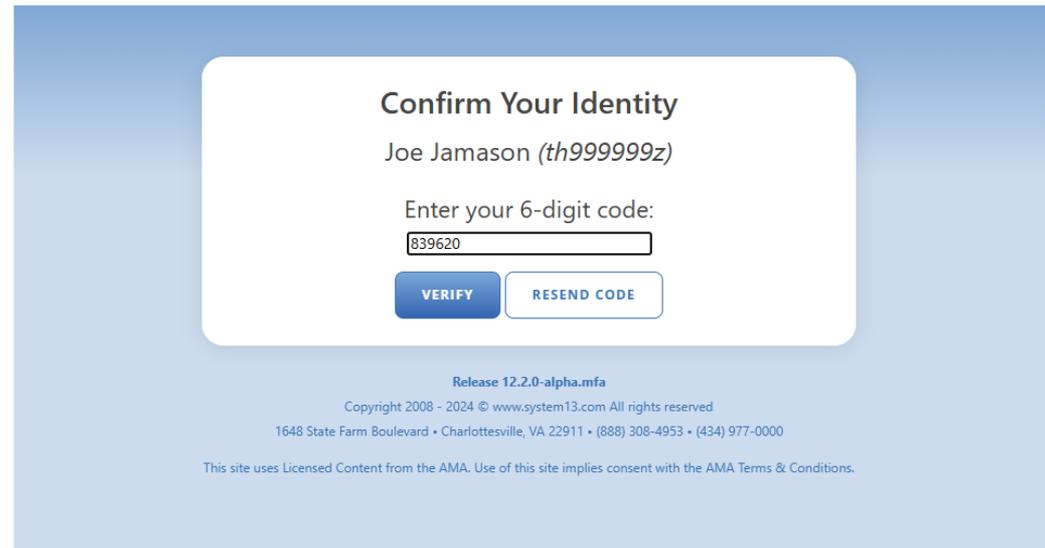
Log In the System (Email)

Upon logging in you will receive an email from System13 Production Notifier.

The email will have your username as well as your one-time code. You will also be able to see the facility and it's ID number on the email.

You can either copy and paste the code from the email or type the code. Once the code is there you will need to “click” the verify button.

Once verified you will be presented with the homepage.



THCIC HCDCS Account Sign In: Confirm Your Identity Inbox x

No System13 Acceptance Notifier <noreply@system13.com>
to me ▾

Please Confirm Your Identity

Dear Joe Jamason:

To complete the login process for your **th999999z** account, enter this one-time code to confirm your identity:
839620

Please use caution and do not forward or share this information with any unknown third party. To help protect your privacy, this code will expire within 5 minutes.

Neither THCIC nor System13 will call you and ask you for this code, nor will we ask you for a password. Please report any suspicious activity.

Thank you.
-- THCIC/System13 Support

Organization Information:

- Facility Name: Big 'Ole Hospital
- Facility Identifier: 999999

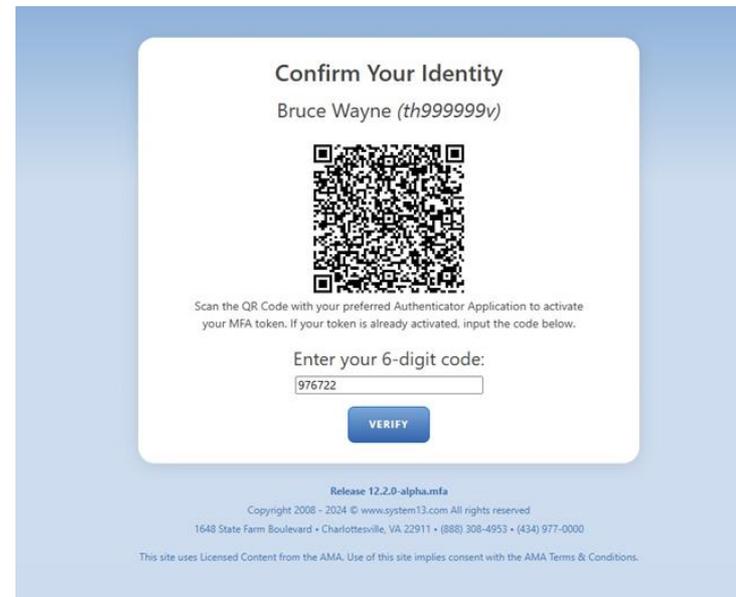
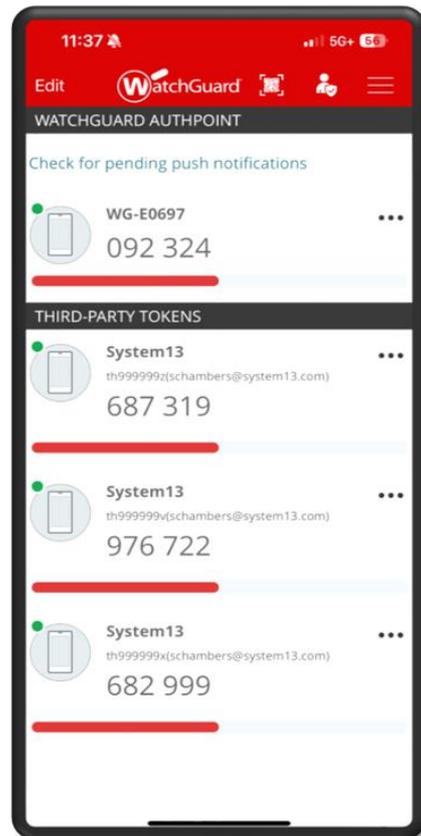
↩ Reply ↪ Forward

Log In the System (Auth App)

When challenged for your 6-digit code, you will need to look for the code in your authenticator app.

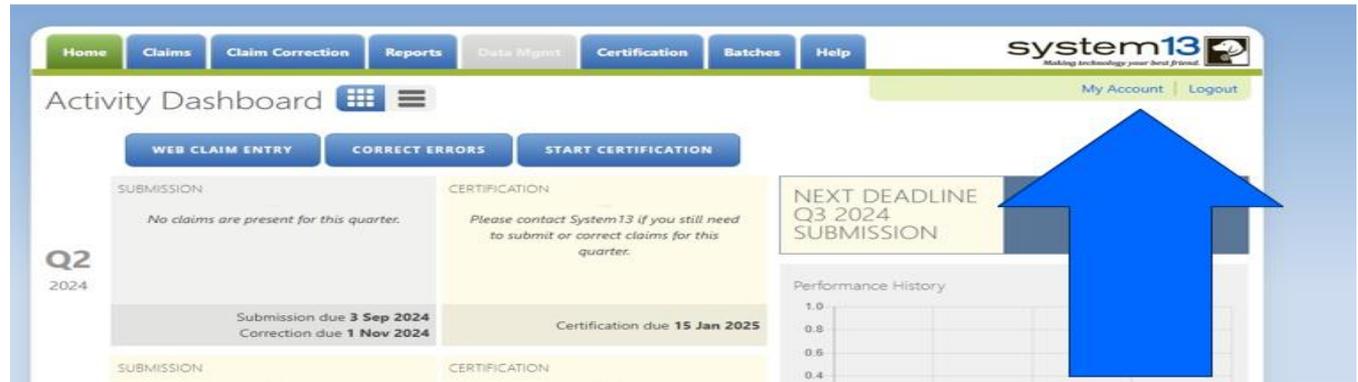
(Remember this code changes every 30-seconds.)

For users with multiple accounts your username will be over/under the code that you are looking for.



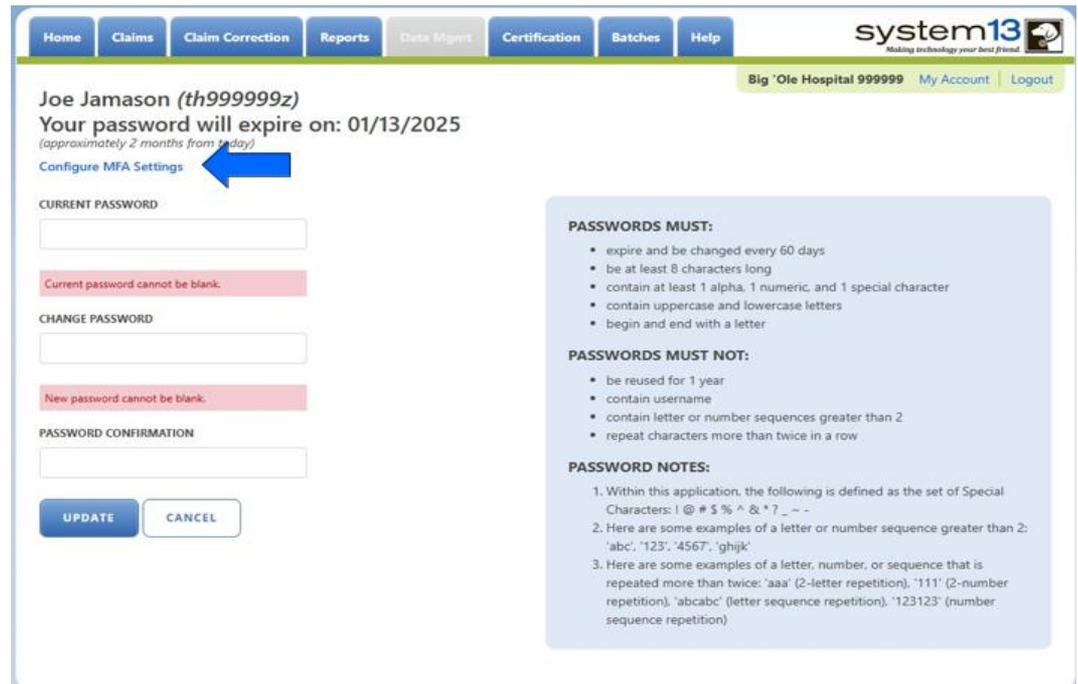
Updating MFA Settings

To change your MFA settings, you will need to go to “My account”.



Then click “Configure MFA Settings”.

For Authenticator Application you will need an Authenticator App on your smartphone to provide the 6-digit code. The codes on your app will only be valid for 30-seconds at a time.



Updating MFA Settings

To update the MFA settings, click the preferred settings then click save.

Multi-Factor Authentication Configuration

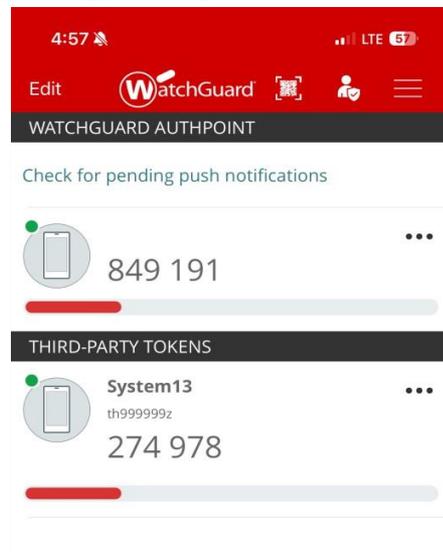
Joe Jamason (*th999999z*)

Select how you will obtain your 6-digit code:

- Email (*default*)
- Authenticator Application (*recommended*)

SAVE

CANCEL



INSTRUCTIONS

You need to select by which means you will receive your 6-digit code when confirming your identity.

Email:

This is the default option, and easiest to manage. By selecting this method the application will send you a 6-digit code to the email address associated to your account: *schambers@system13.com*

With this option selected, click 'Save', and then check your Inbox. You should receive an email with your 6-digit code. This will be done every time you log into the application. On the next page, you will have an opportunity to enter the 6-digit code. For security purposes, the code in the email is only valid for 5 minutes. You will have the option to select 'Resend Code' to request a new code, if needed.

Authenticator Application:

This is the recommended option, but involves the use of another application, typically installed on your smartphone, to provide the 6-digit codes you will need when confirming your identity.

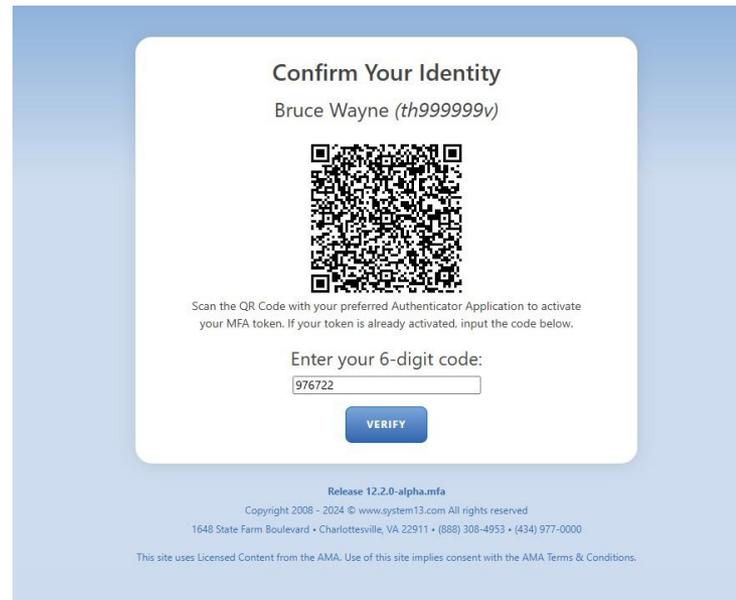
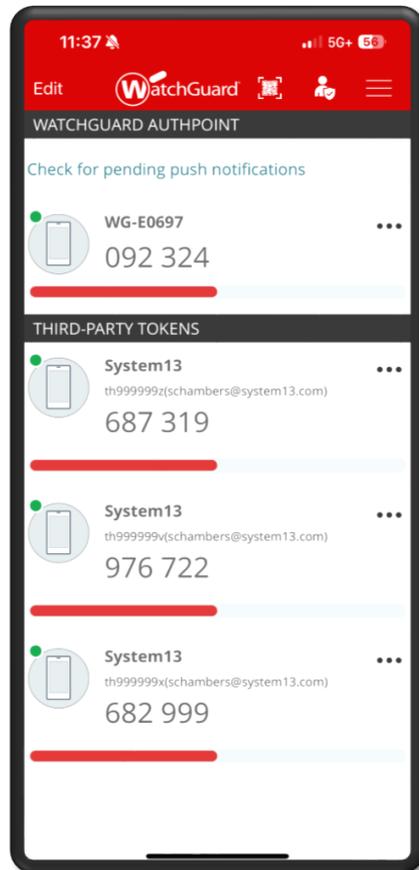
With this option selected, scan the QR Code on the next page in your Authenticator Application of choice. Once the new account is added in that application you will see a 6-digit code, and a count down; these codes are only valid for 30-seconds at a time.

Now, click 'Save' and enter the 6-digit code presented in the Authenticator application on the resulting page.

Log In the System (Auth APP)

When challenged for your 6-digit code, you will need to look for the code in your authenticator app. (Remember this code changes every 30-seconds.)

For users with multiple accounts your username will be over/under the code that you are looking for.



Troubleshooting the MFA Process

If the email code is not being received, double check that the email that was entered is correct.

Please only use one Authentication APP.

Make sure that you only have that specific login on your app once.

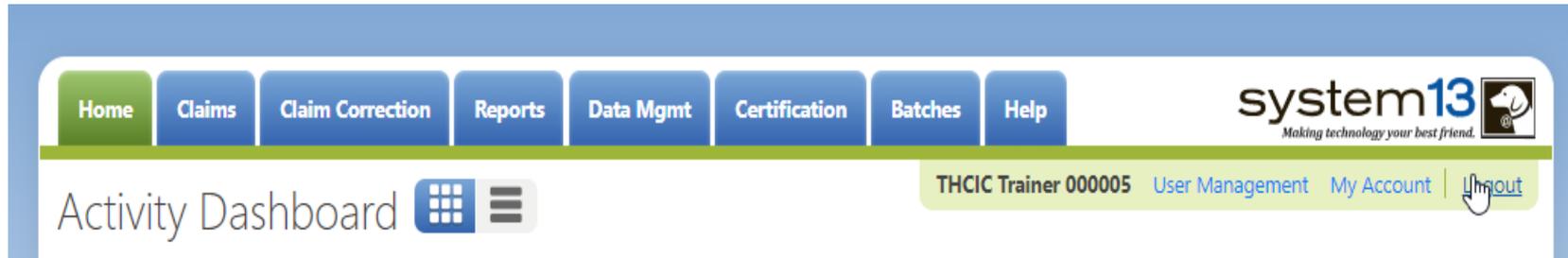
Double check the username on the app/email and the username for the site.

More information about this process can be in the THCIC numbered letter, Volume 27, number 5 available at

<https://www.dshs.texas.gov/sites/default/files/thcic/hospitals/numberedletters/2024/Vol27No5.pdf>

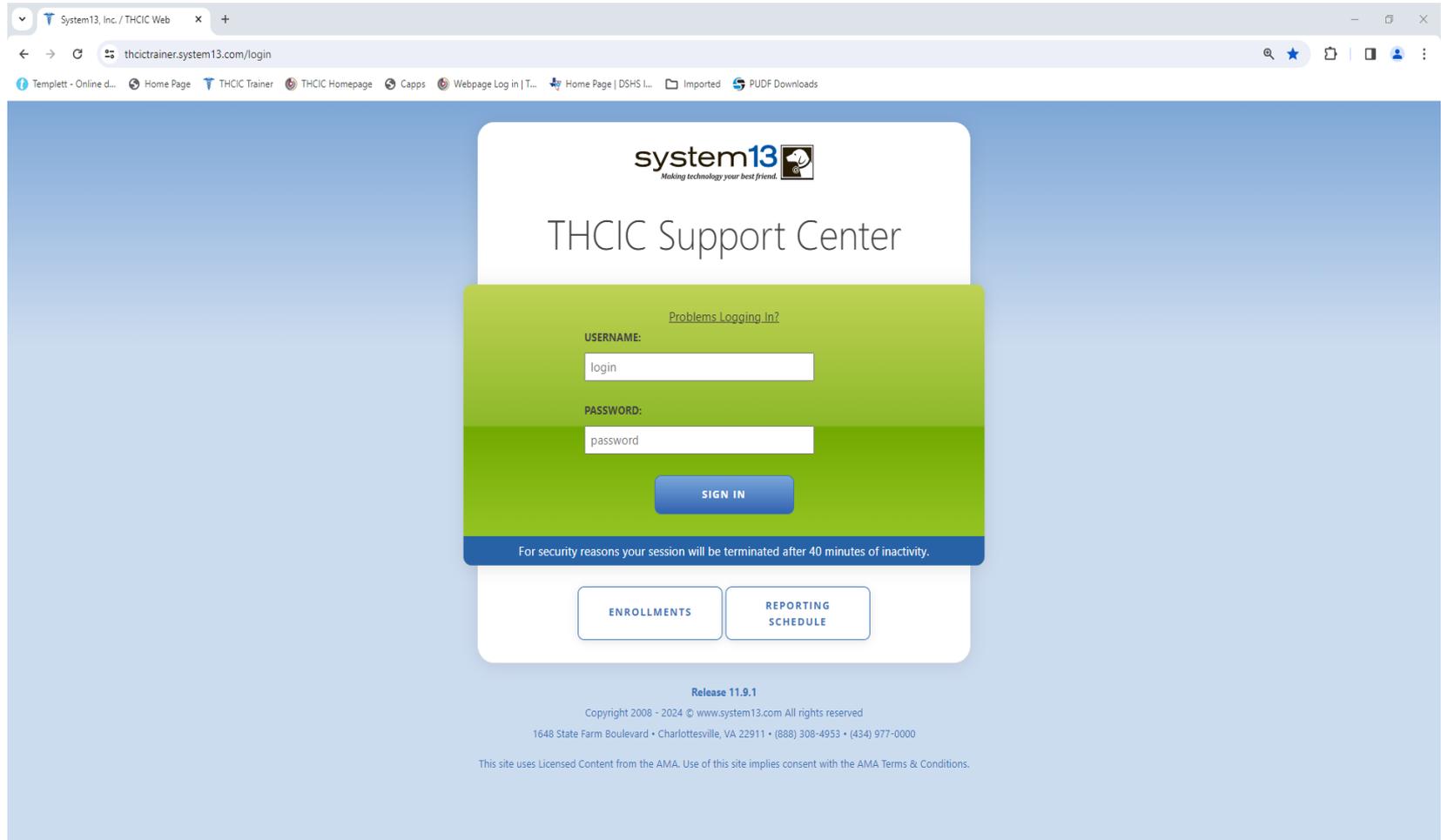
Issues with the MFA process, please contact System I 3 at 888-308-4953 or email thcichelp@systemi3.com.

Other Features - Logout



Logout logs you out of the system.

Other Features - Logout



System13, Inc. / THCIC Web

thcictrainer.system13.com/login

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:
login

PASSWORD:
password

SIGN IN

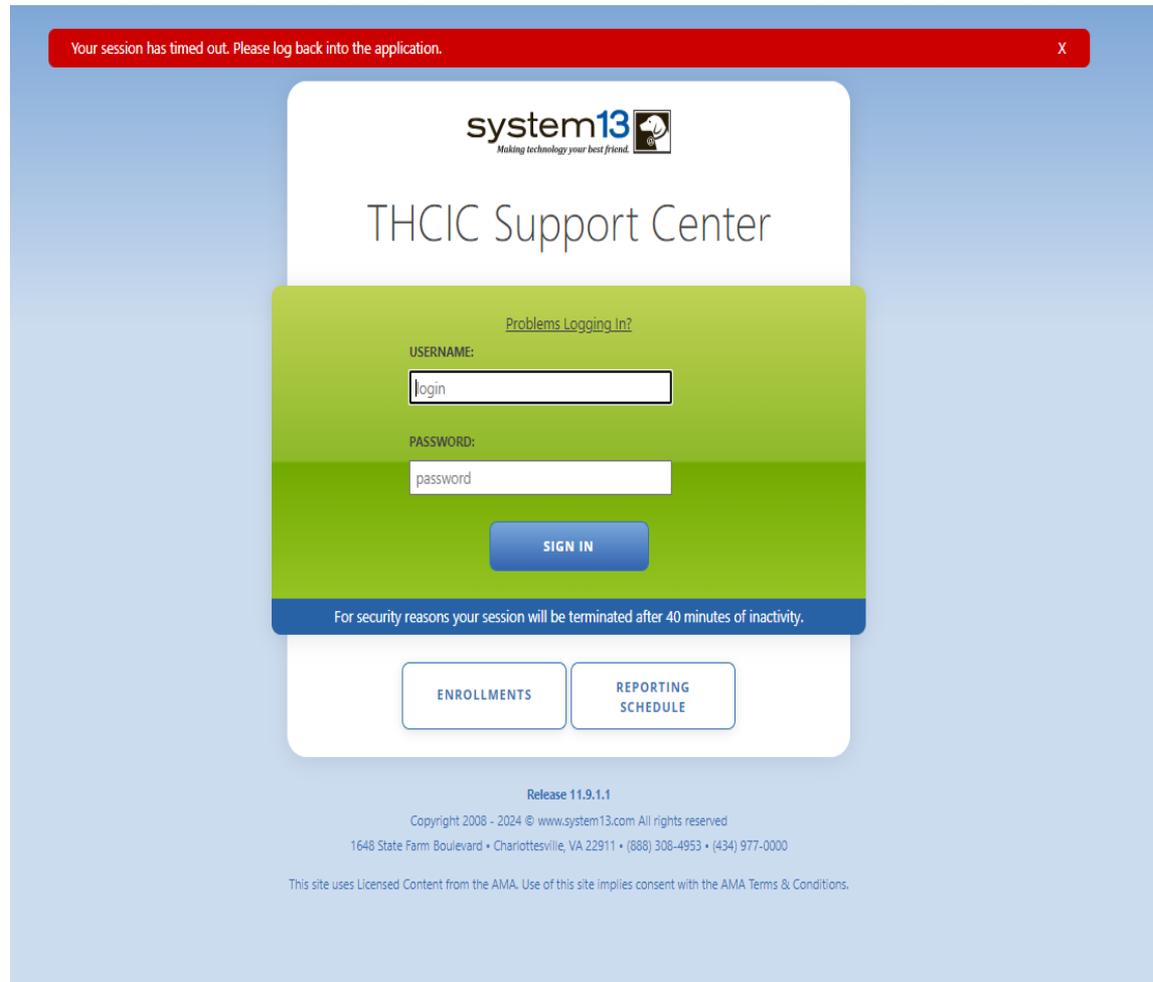
For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS **REPORTING SCHEDULE**

Release 11.9.1
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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**

Release 11.9.1.1
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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

THCIC

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

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Q3
2021

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

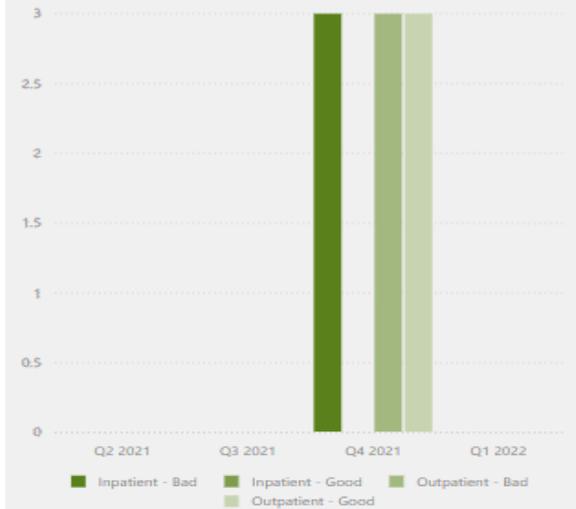
Please contact System13 if you still need to submit or correct claims for this quarter.

Certification due **15 Apr 2022**

NEXT DEADLINE
Q4 2021 SUBMISSION

A
MONTH

Performance History



Q4
2021

SUBMISSION

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

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

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**

CERTIFICATION

No claims are present for this quarter.

Certification due **17 Oct 2022**

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**

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

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

	Inpatient	Outpatient
AUG	3	2
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.

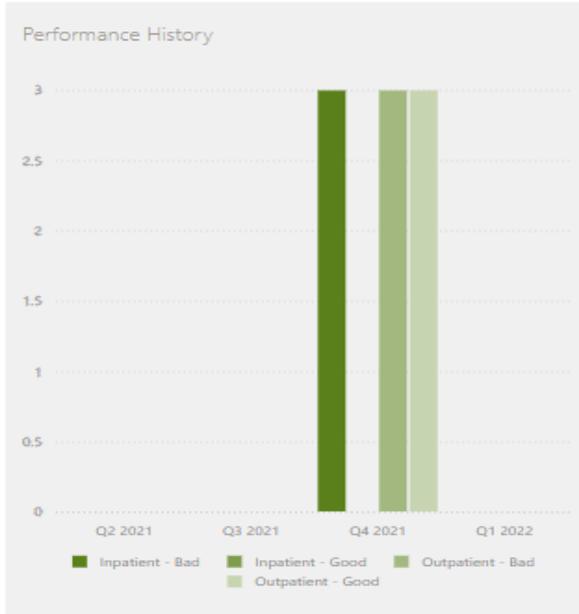
Certification due **17 Oct 2022**

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	0
Q1 2022	0	0	3	3

QUICK TIP:

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



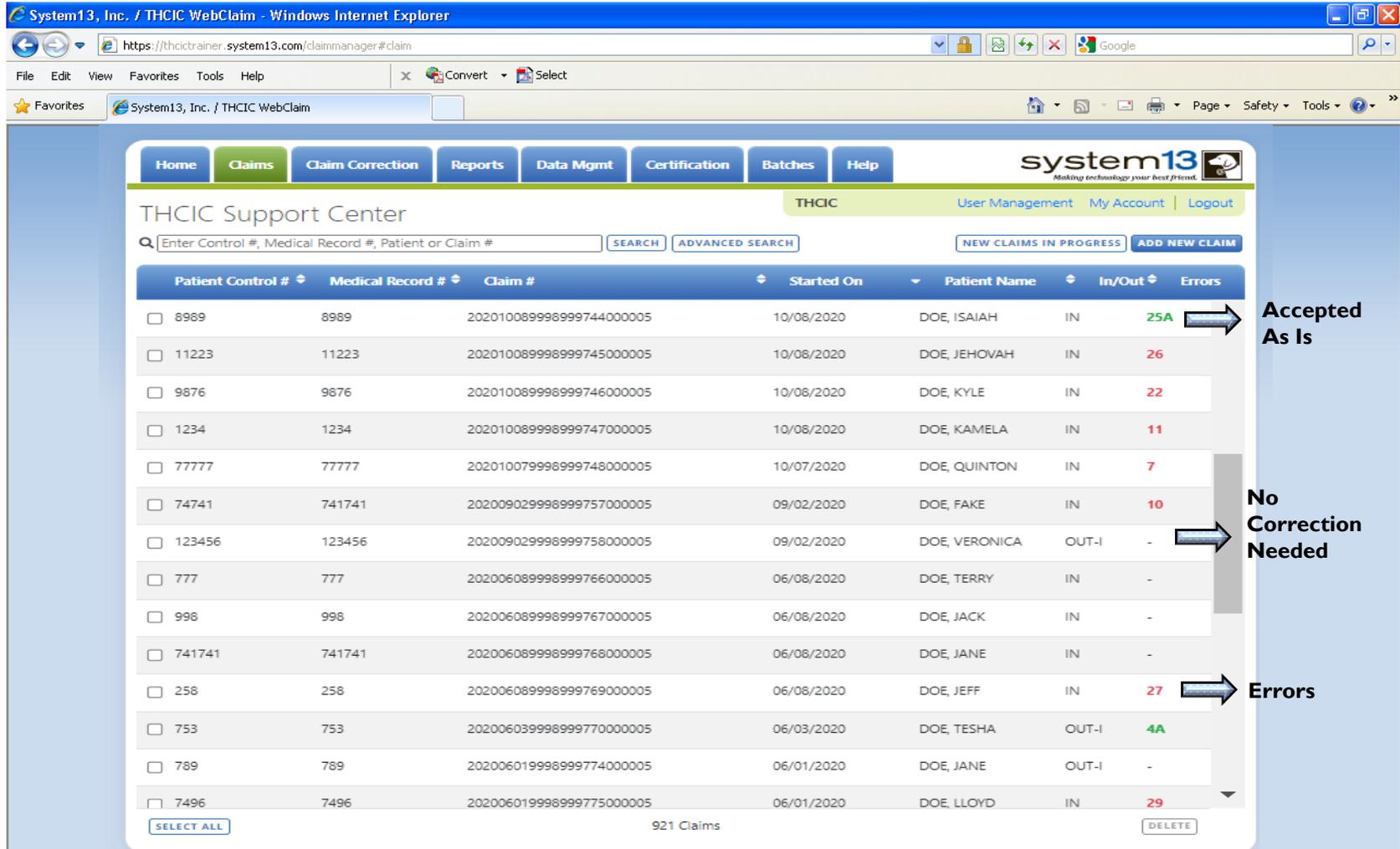
TEXAS
Health and Human
Services

Texas Department of State
Health Services

49

Provider Tab Claims

Claims



System13, Inc. / THCIC WebClaim - Windows Internet Explorer
 https://thcictrainer.system13.com/claimmanager#claim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center
 User Management My Account Logout

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

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

SELECT ALL 921 Claims DELETE

Accepted As Is

No Correction Needed

Errors

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

New Claims in Progress

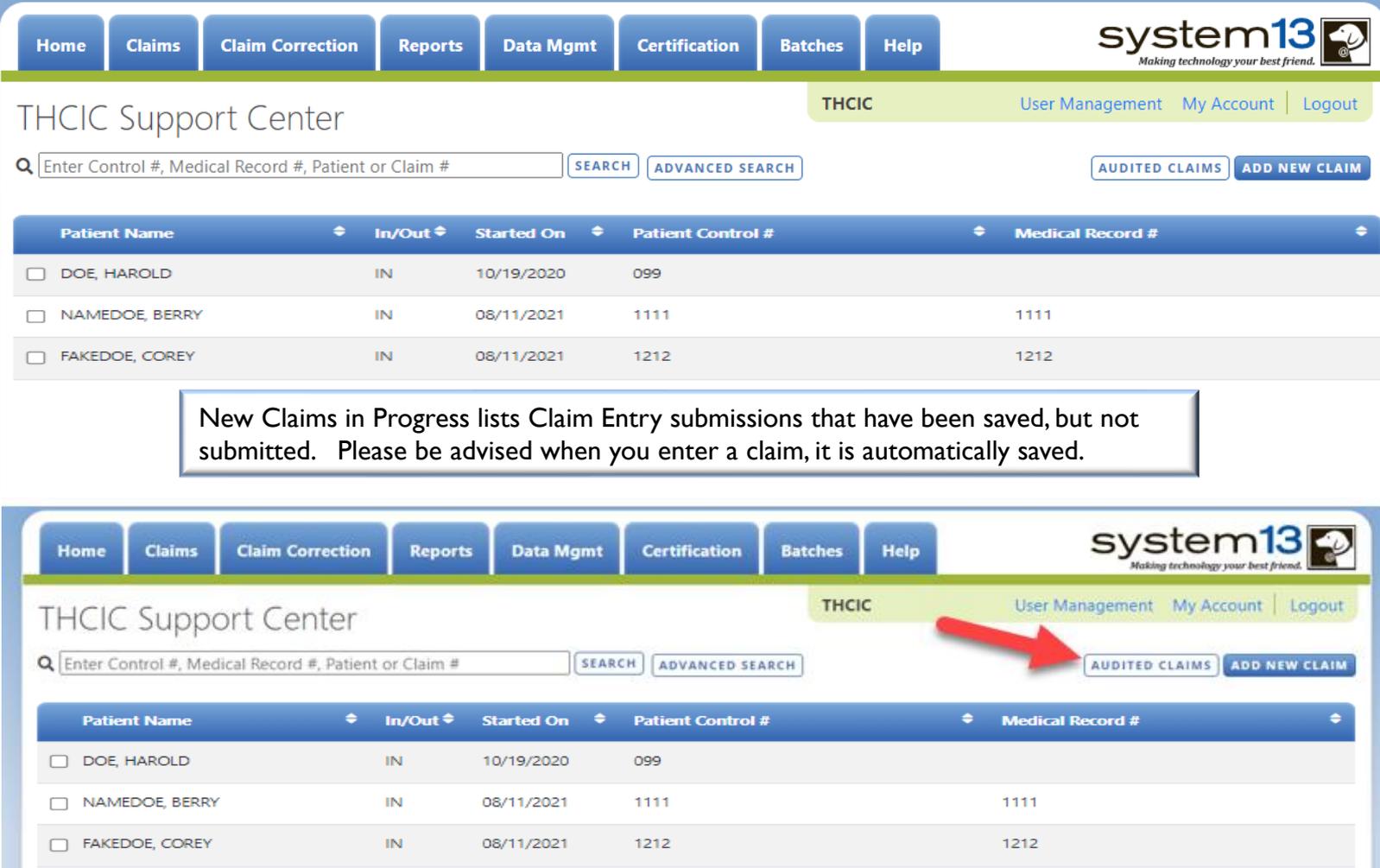
NEW CLAIMS IN PROGRESS



The screenshot shows the 'system13' web application interface. At the top, there is a navigation menu with buttons for 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'Claims' tab is currently selected. To the right of the navigation menu is the 'system13' logo with the tagline 'Making technology your best friend.' and a small icon of a dog. Below the navigation menu, there is a 'THCIC Support Center' header. Underneath this header, there is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and two buttons: 'SEARCH' and 'ADVANCED SEARCH'. To the right of the search bar, there is a 'THCIC' label and a dropdown menu with options for 'User Management', 'My Account', and 'Logout'. A red arrow points from the 'THCIC' label to a button labeled 'NEW CLAIMS IN PROGRESS'. 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



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

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

AUDITED CLAIMS ADD NEW CLAIM

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.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

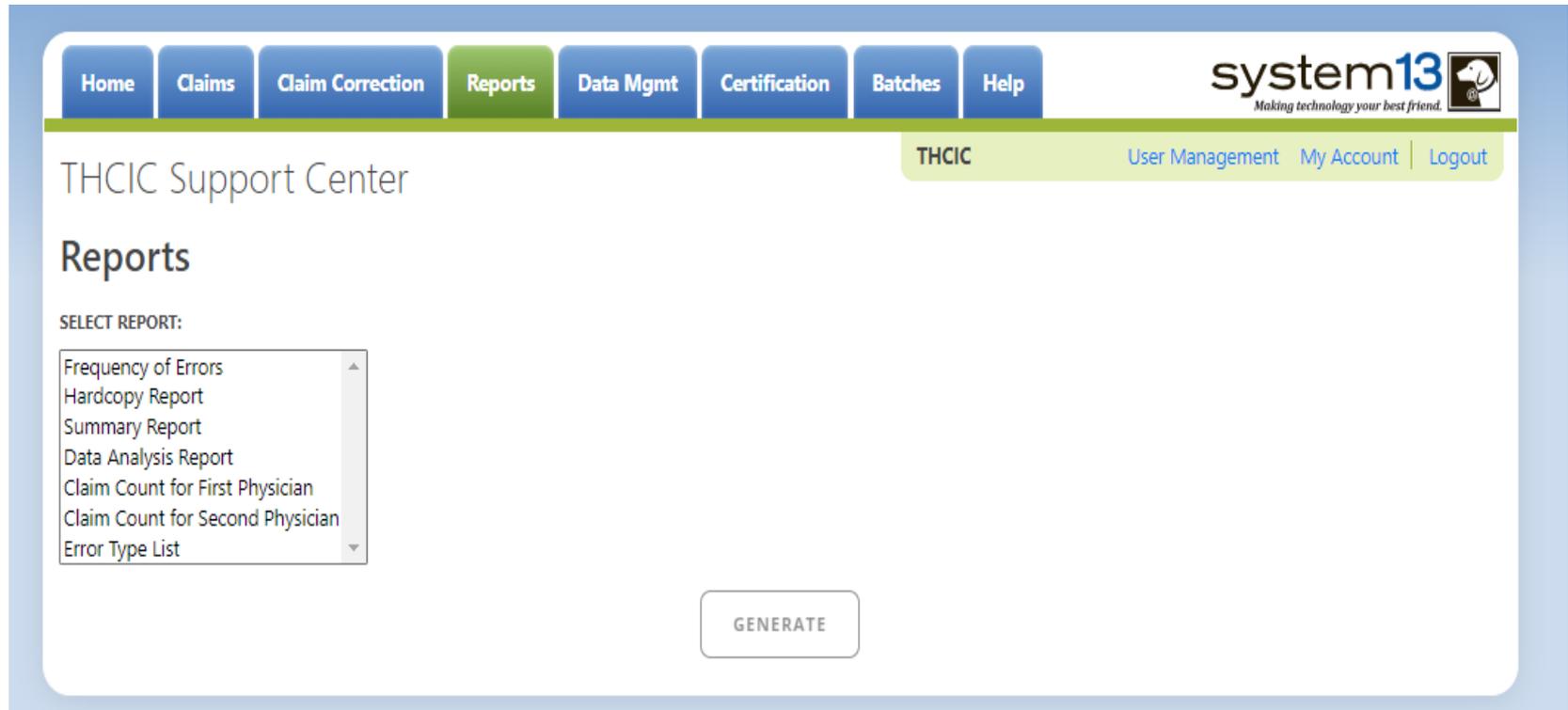
Q Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH

AUDITED CLAIMS ADD NEW CLAIM

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

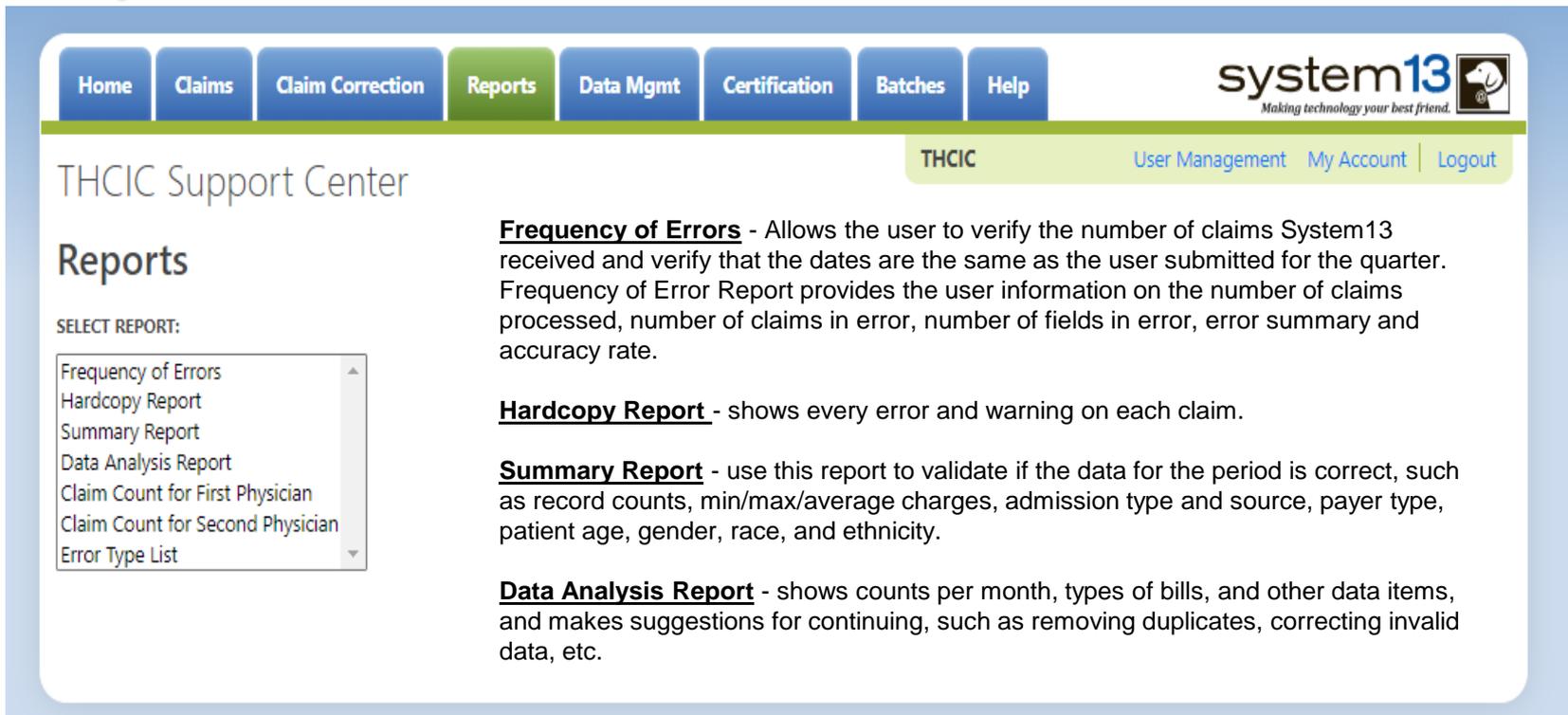
Reports Reports



The screenshot shows the 'Reports' page in the system13 interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the system13 logo with the tagline 'Making technology your best friend.' and a small icon of a person's head. Below the navigation bar, the page title 'THCIC Support Center' is displayed on the left, and 'THCIC' is displayed on the right. Underneath the title, there are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and contains a 'SELECT REPORT:' label above a dropdown menu. The dropdown menu lists the following report types: Frequency of Errors, Hardcopy Report, Summary Report, Data Analysis Report, Claim Count for First Physician, Claim Count for Second Physician, and Error Type List. Below the dropdown menu is a 'GENERATE' button.

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

Reports Available



The screenshot shows the System13 web interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports (highlighted), Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the System13 logo with the tagline "Making technology your best friend." Below the navigation bar, there is a "THCIC" section with links for "User Management", "My Account", and "Logout". The main content area is titled "THCIC Support Center" and "Reports". Under "Reports", there is 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. To the right of the dropdown menu, there are three descriptive paragraphs for the reports: "Frequency of Errors", "Hardcopy Report", and "Data Analysis Report".

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

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

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

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

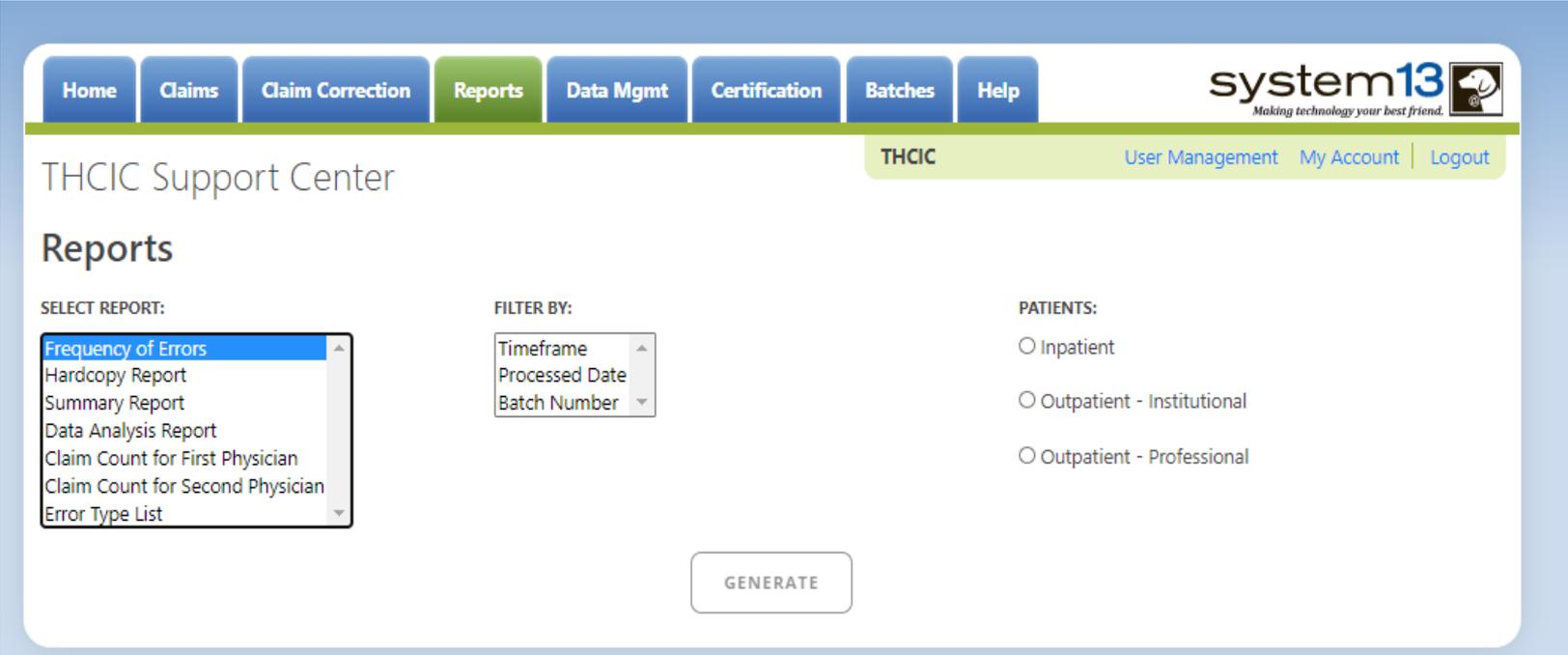
Claim Count for First Physician - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information.

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

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

Reports Functionality

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



The screenshot shows the 'Reports' section of the 'system13' application. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports' (highlighted), 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'system13' logo is in the top right with the tagline 'Making technology your best friend.' Below the navigation bar, there are links for 'THCIC', 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'Reports'. Under 'SELECT REPORT:', a dropdown menu is open with 'Frequency of Errors' selected. Other options include 'Hardcopy Report', 'Summary Report', 'Data Analysis Report', 'Claim Count for First Physician', 'Claim Count for Second Physician', and 'Error Type List'. Under 'FILTER BY:', there are three dropdown menus: 'Timeframe', 'Processed Date', and 'Batch Number'. Under 'PATIENTS:', there are three radio button options: 'Inpatient', 'Outpatient - Institutional', and 'Outpatient - Professional'. A 'GENERATE' button is located at the bottom right of the form area and is currently disabled.

- 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

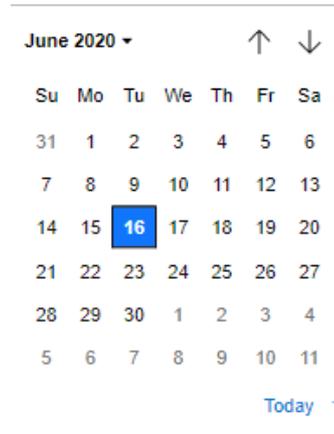
PATIENTS:

- Inpatient
- Outpatient - Institutional
- Outpatient - Professional

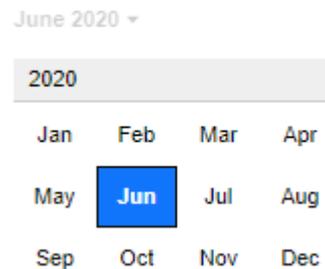
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

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:



THROUGH:



PATIENTS:

Inpatient
 Outpatient - Institutional
 Outpatient - Professional

GENERATE

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

Filter Report By Processed Date

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

FILTER BY:

Timeframe
Processed Date
Batch Number

DATE:

mm/dd/yyyy

PATIENTS:

Inpatient

Outpatient - Institutional

Outpatient - Professional

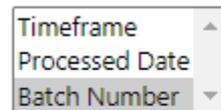
GENERATE

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

Filter Report By Batch Number

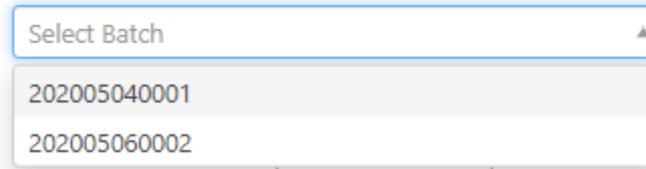
- ✕ To create a report by batch number, you have to choose a batch from the batch listing in the system.

FILTER BY:



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

BATCH:



A dropdown menu with the text 'Select Batch' and a list of two batch numbers: '202005040001' and '202005060002'.

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

Provider Tab Data Management

Data Mgmt

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

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 

THIC Support Center

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

Reports

Select Report:

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

- Please select one

 - 2q15
 - 1q15
 - 4q14
 - 3q14

Patients:

- Inpatient
 Outpatient

Reports

Select Report:

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

Quarter:

1q15 ▼

Generate

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

Data Analysis Report through the Reports Tab

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

Quarter Analysis

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

Quarter Comparison

Qtr	Total
4q12	3
3q12	0
2q12	0

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✗ Remove duplicate claims
- ✗ Replace certain bill types

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

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

The MRR process will:

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

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

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

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' (highlighted), 'Certification', 'Batches', and 'Help'. The user is logged in as 'THCIC' with options for 'User Management', 'My Account', and 'Logout'. The main heading is 'THCIC Support Center'.

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

INPATIENT
 OUTPATIENT

Select Action

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

Provider Tab Data Management

Data Mgmt

The screenshot shows the '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'. A modal dialog titled 'MRR DR Information' is open, containing the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?' Below the text are two buttons: 'YES' and 'NO'. In the background, the 'Modify/Replace' section is partially visible, showing a list of actions and a 'Select Claim Type' section with 'INPATIENT' and 'OUTPATIENT' radio buttons. The 'OUTPATIENT' button is selected. The 'Select Action' section shows two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. The 'system13' logo and tagline 'Making technology your best friend.' are in the top right corner.

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. The main heading is 'Data Management Actions on Quarterly Data'. Two sections are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe matching claims based on Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A prominent alert box titled 'Modify/Replace/Remove Alert' is overlaid on the MRR section, explaining the function's purpose and asking for confirmation to proceed.

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

Duplicate Remove Process (DR)

The DR function will:

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

Modify/Replace/Remove Alert

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

YES NO

Provider Tab Data Management

Data Mgmt

The screenshot displays the '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 titled 'Process Submitted' is overlaid, containing the message: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button. Below the modal, the 'Select Claim Type' section has 'OUTPATIENT' selected, and the 'Select Action' section has 'MODIFY/REPLACE/REMOVE (MRR)' selected.

Data Management Emails

Data Mgmt

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



THCIC Support Center

THCIC Trainee 1 000006
User Management
My Account
Logout

This tab is only available to the data administrator/primary contact of the facility. Before the modify/replace/remove and duplicate removal is 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 order
- Apply late charges (xx5 bill types)
- Apply corrections to claims (xx6 bill types)
- Apply the replacement information (xx7 bill types)
- Remove claims that match a Void/Cancel

Duplicate Remove Process (DR)

The DR function will:

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

DN

Thu 10/8/2020 2:52 PM

Do Not Reply <noreply@system13.com>

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

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

i 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

Select Claim Type

INPATIENT

OUTPATIENT

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 'Data Mgmt' section of the system13 web application. The navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The system13 logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center' and there are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and is divided into two columns. The left column is for the 'Modify/Replace/Remove Process (MRR)' and the right column is for the 'Duplicate Remove Process (DR)'. Both columns describe the function and list key values for matching claims. At the bottom, there are two sections: 'Select Claim Type' with radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected), and 'Select Action' with two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. A mouse cursor is pointing at the 'REMOVE DUPLICATES (DR)' button.

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

system13
Making technology your best friend.

THCIC User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

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' section of the system13 interface. A confirmation dialog titled 'MRR DR Information' is displayed over the main content. The dialog contains the following text:

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

Below the text are two buttons: 'YES' (highlighted with a mouse cursor) and 'NO'.

In the background, the 'Data Management Actions on Quarterly Data' section is visible. It includes a 'Modify/Replace' section with a list of actions: Match claims with Patient Co, Medical R, Admission, Admission, Eliminate duplica, Apply late charg, Apply correction, Apply the replac, and Remove claims t. Below this is a 'Select Claim Type' section with radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected). To the right is a 'Select Action' section with buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. The top navigation bar includes links for 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.

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'Data Mgmt' tab selected in the navigation menu. The user is identified as 'THCIC Trainee 1 000006'. The main heading is 'Data Management Actions on Quarterly Data'. Two options are visible: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both options list matching criteria: Patient Control Number, Medical Record Number, and Admission Start of Care. A modal dialog box titled 'Duplicate Removal Alert' is displayed in the foreground, containing a warning message and two buttons: 'YES' and 'NO'.

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

system13 
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THCIC Trainee 1 000006 User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Duplicate Removal Alert



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

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

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

Do you wish to continue?

Provider Tab Data Management

Data Mgmt

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

Data Management Email

Data Mgmt

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



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THCIC Support Center

THCIC Trainee 1 000006
User Management
My Account
Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

INPATIENT

OUTPATIENT



Thu 10/8/2020 3:11 PM

Do Not Reply <noreply@system13.com>

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

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

i We removed extra line breaks from this message.

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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

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Batches

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



THCIC Support Center

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

Q Enter Batch #

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 primary contact/ 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



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>

THCIC User Management My Account Logout

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	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Cutoff for initial submission	9-3-24	12-2-24	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26
Cutoff for corrections	11-1-24	2-3-25	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26
Facilities retrieve certification files	12-2-24	3-3-25	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26
Certification/ comments due	1-15-25	4-15-25	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26

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

System Feature

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

- ✘ Summary Report – use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity
- ✘ Claim Count for First Physician Report - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID but will not include patient information.
- ✘ Claim Count for Second Physician Report - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information
- ✘ Error Type List Report - use this to determine if you have made all possible corrections to your data, if needed.

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

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



Go To Correct Errors/ Claim Correction



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



Opening Claim Correction

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



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User Management | My Account | Logout

[START CORRECTIONS](#)

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

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

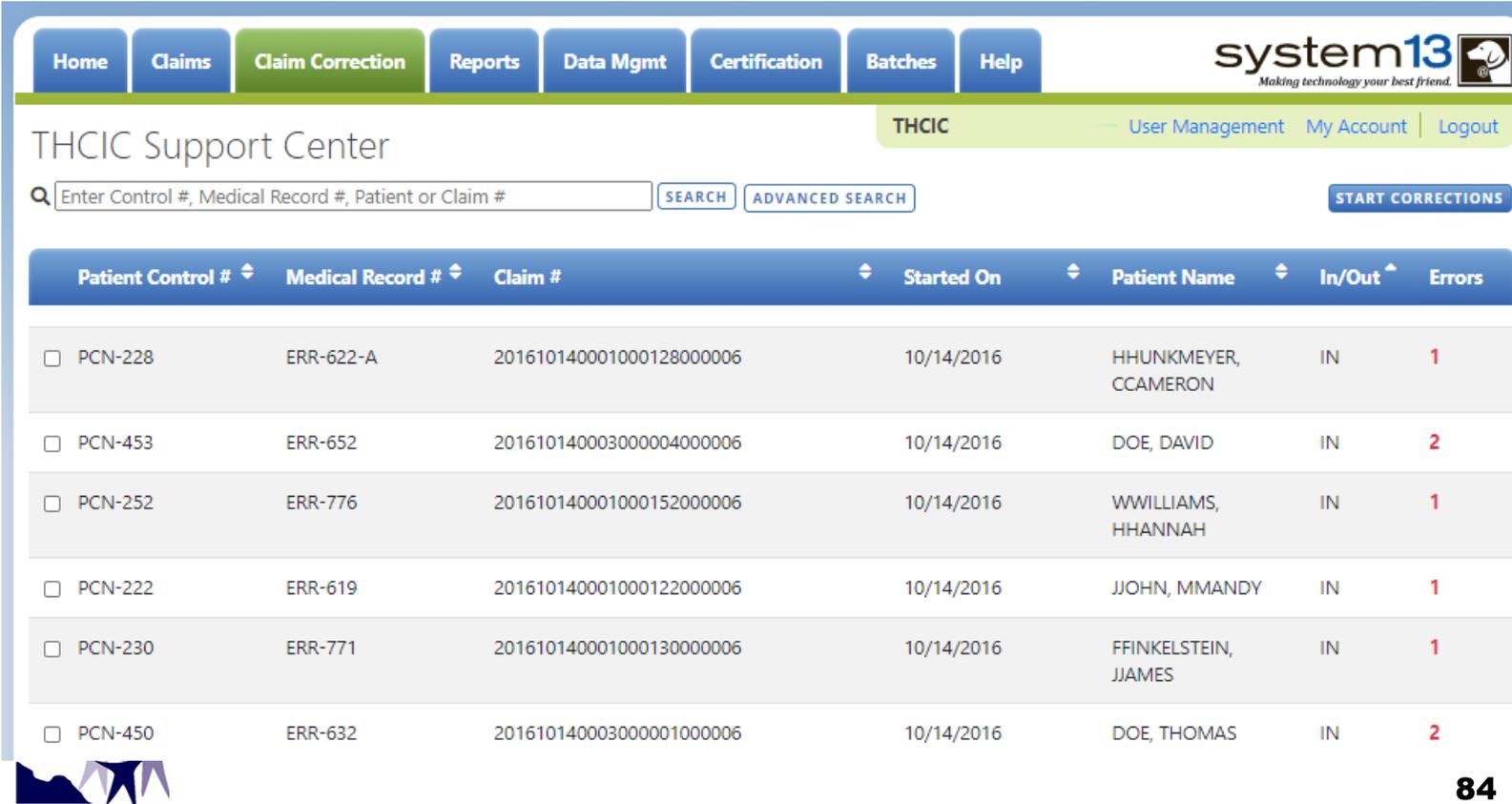
96 Claims



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 Support Center

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

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	WILLIAMS, 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 User Management My Account | Logout

Q doe 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 doe 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', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'Claim Correction' button is highlighted in green. To the right of the navigation bar is the 'system13' logo with the tagline 'Making technology your best friend.' and a small icon of a person's head. Below the navigation bar, there is a 'THCIC Support Center' header and a 'THCIC' sub-header. On the right side of the sub-header, there are links for 'User Management', 'My Account', and 'Logout'. The main search area features a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and a 'SEARCH' button. To the right of the search bar is a 'START CORRECTIONS' button. Below the search bar, there are several search criteria fields: 'PATIENT CONTROL #' (text input), 'PROCESSING DATE' (dropdown), 'STATEMENT THRU DATE' (dropdown), 'BATCH' (dropdown), and 'ERROR CODE' (dropdown). Below these fields are 'PHYSICIAN' (text input), 'RACE' (dropdown), and 'ETHNICITY' (dropdown). There are also 'RESET' and 'SEARCH' buttons. A checkbox labeled 'Exclude Claims With This Error?' is located below the 'ERROR CODE' field. A red 'X' icon is visible in the top right corner of the search area.

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



Advanced Search for Claims

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

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

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

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

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

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

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

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

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

Delete Claim

DELETE

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

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

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

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input checked="" type="checkbox"/> 1236545	1236545	202403289998999601000005	03/28/2024	DOE, JOE	OUT-I	18
<input checked="" type="checkbox"/> 12581258	12581258	202403199998999602000005	03/19/2024	DOE, JACKSON	OUT-I	14
<input checked="" type="checkbox"/> 123654	123654	202308239998999641000005	03/28/2024	DOE, JOE	IN	4
<input type="checkbox"/> 099		202010199998999738000005	03/19/2024	DOE, HAROLD	IN	29
<input type="checkbox"/> 74741						
<input type="checkbox"/> 258						
<input type="checkbox"/> 7496						
<input type="checkbox"/> 441	441	202005279998999782000005	03/19/2024	DOE, JOHN	IN	13
<input checked="" type="checkbox"/> PCN-557	ERR-681	201610140006000059000005	03/28/2024	MMOSS, RRUTH	OUT-I	1
<input checked="" type="checkbox"/> PCN-541	ERR-665	201610140006000043000005	03/19/2024	EASTERWOOD,		2

47 Claims (5 Selected)

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

Accept As Is

ACCEPT AS IS

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.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

User Management My Account Logout

Back to list of claims

202005279998999782000005

DOE, JOHN Medical Record Number: 441 Patient Control Number: 441 Inpatient

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

Claim has been successfully submitted, but still has errors.
REVIEW ERRORS ACCEPT AS IS

Error Summary

Count	Error Code	Error Message
1	E-672	Invalid Revenue Procedure Code
1	E-648	Missing Admitting Diagnosis
1	E-694	Missing Attending Practitioner First Name
1	E-691	Missing Attending Practitioner Last Name

4 errors in this claim

Accept As Is

ACCEPT AS IS

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The user is logged in as 'THCIC Trainer 000005'. The main content area is titled 'THCIC Support Center' and displays details for a claim for 'DOE, JOHN' with Medical Record Number 441 and Patient Control Number 441. The claim status is 'Inpatient'. A red banner indicates that the claim has been successfully submitted but still has errors. Below this, an 'Error Summary' table lists the errors:

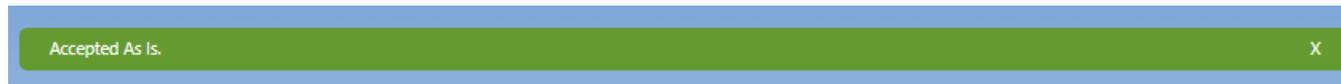
Count	Error Code	Error Message
1	E-672	Invalid Revenue Procedure Code
1	E-648	Missing Admitting Diagnosis
1	E-694	Missing Attending Practitioner First Name

An 'Accept As Is' dialog box is overlaid on the screen, 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 box has 'CONFIRM' and 'CANCEL' buttons. At the bottom left of the page, a red box indicates '4 errors in this claim'.

Accept As Is

ACCEPT AS IS

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



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 during certification. 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 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 Claims Management interface. The navigation bar includes Home, Claims (highlighted), Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The System13 logo is in the top right with the tagline "Making technology your best friend." Below the navigation bar, there is a search bar for "THCIC Support Center" and a user profile for "THCIC" with links for User Management, My Account, and Logout. A search bar with "SEARCH" and "ADVANCED SEARCH" buttons is present, along with "NEW CLAIMS IN PROGRESS" and "ADD NEW CLAIM" buttons. Below this is a table of claims with the following columns: Patient Control #, Medical Record #, Claim #, Started On, Patient Name, In/Out, and Errors. One claim is listed with Patient Control # 666, Medical Record # 666, Claim # 202109299998999719000005, Started On 09/29/2021, Patient Name DOE, COOKIE, In/Out IN, and Errors 2A.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
666	666	202109299998999719000005	09/29/2021	DOE, COOKIE	IN	2A

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

The alert box contains the following text and buttons:

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS NEXT CLAIM → ACCEPT AS IS ✓

693 - Invalid Physician 1 (Operating) Identifier

Start Corrections

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

system13
Making technology your best friend.

THCIC' User Management My Account Logout

THCIC Support Center

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

START CORRECTIONS



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



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



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

Errors in a Claim

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



Check for Errors



CHECK FOR ERRORS

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



Check for Errors

CHECK FOR ERRORS

Review Errors button:

Claim has been successfully submitted, but still has errors.

REVIEW ERRORS

NEXT CLAIM →

ACCEPT AS IS ✓

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

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

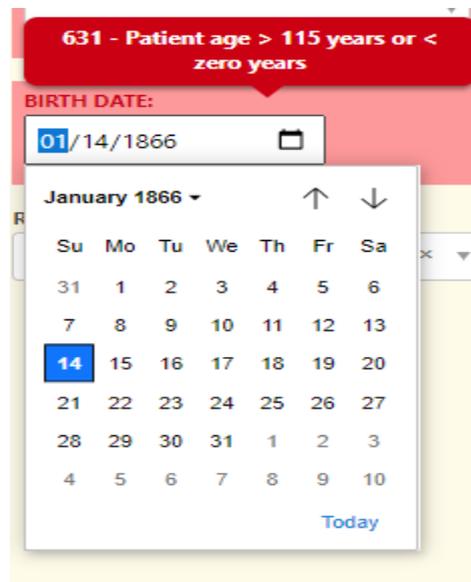
NEXT CLAIM →



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



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THCIC
User Management
My Account
Logout

THCIC Support Center

SEARCH
ADVANCED SEARCH
START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 777	777	202006089998999766000005	06/08/2020	DOE, TERRY	IN	15
<input type="checkbox"/> 998	998	202006089998999767000005	06/08/2020	DOE, JACK	IN	8
<input type="checkbox"/> 741741	741741	202006089998999768000005	06/08/2020	DOE, JANE	IN	23
<input type="checkbox"/> 258	258	202006089998999769000005	06/08/2020	DOE, JEFF	IN	27
<input type="checkbox"/> 753	753	202006039998999770000005	06/03/2020	DOE, 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

SELECT ALL
130 Claims
DELETE
ACCEPT AS IS

To start corrections with Claim Correction, click : START CORRECTIONS .

Or click a claim to open.

Errors in the Claim

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC — User Management My Account | Logout

THCIC Support Center

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

Click to edit tab information.

Personal Information

NAME	MEDICAL RECORD NUMBER	SOCIAL SECURITY NUMBER
JOE DOE	123654	999999999

ADDRESS
1212 WIND DRIVE
AUSTIN, TX 78741
UNITED STATES

BIRTH DATE
05/05/1989

RACE
4 - White

ETHNICITY
1 - Hispanic origin

SEX
M - Male

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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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
701 - Primary Payer Name is required
697 - Missing Claim Filing Indicator Code for Subscriber

Which tabs the errors are on now.

18 errors in this claim

CHECK FOR ERRORS

Primary Payer

SOURCE CODE:

ID:

NAME:

Secondary Payer

SOURCE CODE:

ID:

NAME:



Error – Payers Tab

The screenshot displays the 'Payers' tab in a software application. On the left sidebar, the 'Payers' tab is selected, and under 'Active Errors', the message '701 - Primary Payer Name is required' is shown in red. The main content area shows a 'Primary Payer' form with a red border around the 'SOURCE CODE' dropdown and 'NAME' text input fields. A callout box explains that clicking in the error field displays an explanation on the left. Another callout box shows that clicking the close button (X) will close the tab. Below this, the same form is shown with a green border around the 'SOURCE CODE' dropdown, which is set to 'ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN,' and the 'NAME' field contains 'SELF PAY'.

9 Patient

2 Payers

1 Charges

2 Diagnoses & Procs

4 Practitioners

✓ Situational Codes

Active Errors
Last selected error is in bold

701 - Primary Payer Name is required

697 - Missing Claim Filing Indicator Code for Subscriber

Primary Payer [X]

SOURCE CODE:

ID: PAYER ID

NAME:

PAYER NAME

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 [X]

SOURCE CODE:

ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN,

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 in the payer name field. Payer name should be entered as Self Pay, as shown above.



Error – Charges Tab

The screenshot shows the 'system13' web application interface. At the top, there are navigation tabs: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation is the 'THCIC Support Center' header with links for 'User Management', 'My Account', and 'Logout'. A search bar contains the ID '202404250038002153488000'. The main content area is titled 'Outpatient Institutional-ED' and displays a list of charges with error messages. The 'Charges' tab is selected, showing 4 charges. The error messages are:

- 673 - Charges not present for Revenue Code
- 671 - Invalid Revenue Code
- 685 - Missing Unit Measurement Code.
- 676 - Missing or Invalid Unit Quantity

The detailed view of a charge error shows the following information:

- REVENUE CODE: CHECK FOR ERRORS (with a red 'X' icon)
- QUALIFIER: (dropdown menu)
- PROCEDURE CODE: (dropdown menu with search text 'Type to search by code')
- MODIFIERS: (four dropdown menus)
- PROCEDURE DATE: (text input 'mm/dd/yyyy' with a calendar icon)
- PROCEDURE THRU DATE: (text input 'mm/dd/yyyy' with a calendar icon)
- RATE: 0.00
- QTY: 0.0
- UNIT: (dropdown menu)
- CHARGE: 0.00
- NON-COVERED CHARGE: 0.00

To correct an error on the charges tab, you must make the error correct, before you can delete it. If you want to delete a charge that is already on the claim, just click the X next to the charge line.



Error – Charges Tab

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](#) 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

Charges

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

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

THCIC User Management My Account Logout

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

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

THCIC User Management My Account Logout

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 interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center'. There are links for 'User Management', 'My Account', and 'Logout'. A search bar is present with a dropdown arrow. Below the search bar, there are input fields for 'Medical Record Number:' and 'Patient Control Number:'. A red error message box is displayed, stating: '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, there is a list of errors:

- 784 - The Claim must contain at least one HCPCS code.
- 665 - Missing Patient Social Security Number
- 672 - Invalid Service Line Procedure Code

Click 'Back To List of Claims' to go back to the list of corrections or click 'Next Claim' and the next claim on the Claim Correction listing will be displayed. The next claim will open up to the first error on the next claim. Accept as is, needs to be verified that the claim still has errors, but will be taken off the claim correction listing. It only clears the notification of all the errors in the claim itself. The errors still count against the total accuracy rate in the FER unless it is properly corrected through the Correction Tab, or by submitting a corrected claim batch file through the system.

Accepted As Is. X

Claim Successfully Submitted

The screenshot shows a green success message box with the text: 'Claim has been successfully submitted.' Below the message is a button labeled '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://thci.system13.com>