TEXAS
Health and Human Services

Texas Department of State Health Services

Outpatient Claim Entry

(Formerly WebClaim)

Revised October 2020

Document #: 25-15006

Background Information

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

THCIC Rules

- **Title 25. Health Services**
  - **Subchapter A –** Collection and Release of Hospital Discharge Data
  - **Subchapter D –** Collection and Release of Outpatient Surgical and Radiological Procedures at Hospitals and Ambulatory Surgical Centers
  - **http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421**

TEXAS SECRETARY OF STATE

THCIC Contact

Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756

Phone: 512- 776-7261

Fax: 512- 776-7740

E-mail: **THCIChelp@dshs.texas.gov**

Web site: **http//:www.dshs.texas.gov/THCIC**

THCIC Contact

- Contact Dee Roes at 512-776-3374 or Dee.Roes@dshs.texas.gov if submitter test/production files reject due to a submission address or EIN/NPI number.

- Contact Tiffany Overton at 512-776-2352 or Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.

- For general questions or to request information about THCIC please e-mail to thcichelp@dshs.texas.gov.

system13
Formerly Commonwealth Clinical Systems and Computer Services

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

Contact

Address:
System13, Inc
1648 State Farm Blvd.
Charlottesville, VA 22911

Phone: 1-888-308-4953
Fax: 434-979-1047
E-mail: THCIChelp@system13.com
Web site: https://thcic.system13.com

Data Reporting Schedule

When are my submissions due?

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

THCIC - Inpatient and Outp...

The complete data reporting schedule is available at http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm

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

HOME | ABOUT DSHS | NEWS | I AM A... | MOST POPULAR | RESOURCES | ONLINE SERVICES | CONTACT US

- About THCIC
- Contact THCIC Staff
- Facility Reporting Requirements
- General Public Information
- Health Data Researcher Information
- Statutes and Rules
- Texas Health Data
- Center for Health Statistics (CHS) and other DSHS Data

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

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

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

Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

Activity	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Cutoff for initial submission	6-1-20	9-1-20	12-1-20	3-1-21	6-1-21	9-1-21	12-1-21	3-1-22
Cutoff for corrections (Free)	8-3-20	11-2-20	2-1-21	5-3-21	8-2-21	11-1-21	2-1-22	5-2-22
Facilities retrieve certification files	9-1-20	12-1-20	3-1-21	6-1-21	9-1-21	12-1-21	3-1-22	6-1-22
Cutoff for corrections at time of certification (Associated Fees)	10-1-20	1-4-21	4-1-21	7-1-21	10-1-21	1-3-22	4-1-22	7-1-22
Certification/comments due	10-15-20	1-15-21	4-15-21	7-15-21	10-15-21	1-17-22	4-15-22	7-15-22

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.

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

THCIC System

Log into the System13 system at https://thcic.system13.com

System13, Inc. / THCIC Web - Windows Internet Explorer

https://thcic.system13.com/user_session/new

File Edit View Favorites Tools Help

Convert Select

Favorites System13, Inc. / THCIC Web

system13

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THCIC Support Center

Problems Logging In?

USERNAME:

login

PASSWORD:

password

SIGN IN

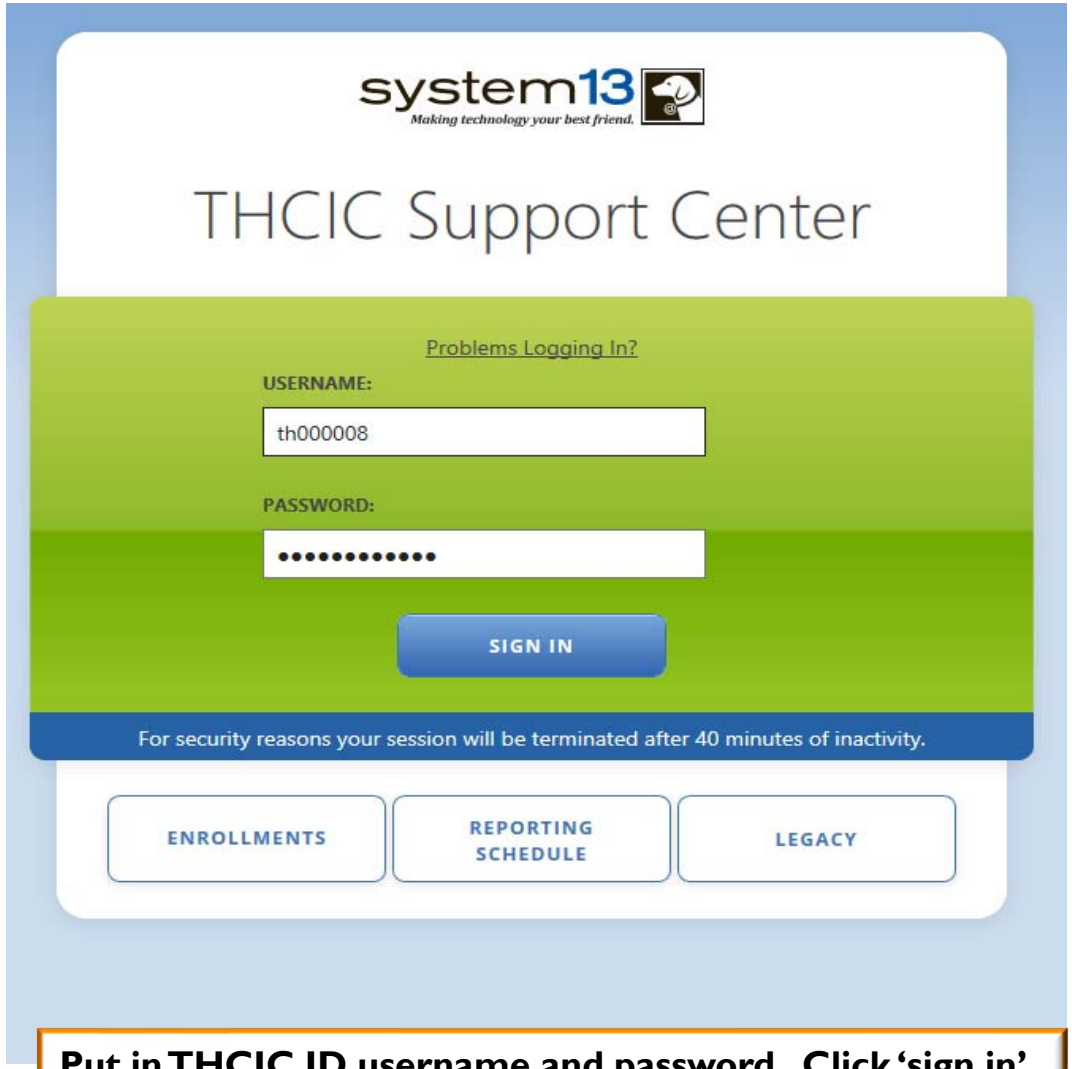
For security reasons your session will be terminated after 40 minutes of inactivity.

ENROLLMENTS

REPORTING SCHEDULE

LEGACY

Log In the System as a Provider



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

Security Notice

System13, Inc. / THCIC Web - Windows Internet Explorer

https://thcic.system13.com/user_session/new

File Edit View Favorites Tools Help

Favorites System13, Inc. / THCIC Web

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Problems Logging In?

USERNAME:

th000005

Security Notice

This is not a public use Web Site.

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

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

ACCEPT DECLINE

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

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

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

Provider Home Page – Grid View

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

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THCIC | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

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

Certification due **15 Jul 2020**

Q1 2020

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

No claims are present for this quarter.

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**

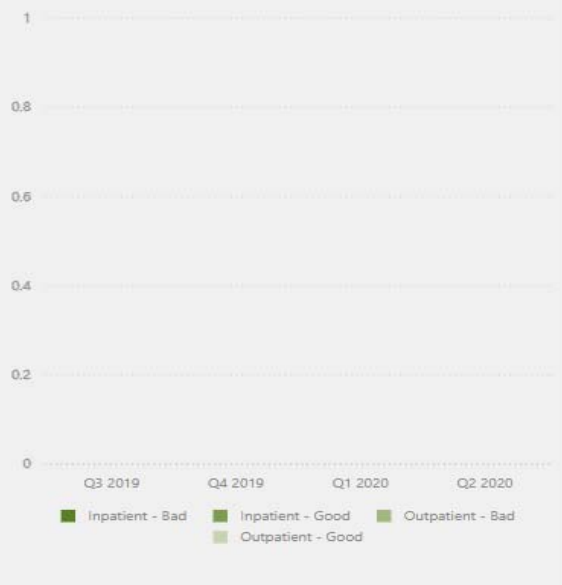
CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION
12 HOURS

Performance History



QUICK TIP:

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

Provider Home Page – 1st Row

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

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

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THCIC | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019

SUBMISSION

No claims are present for this quarter.

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

Q1 2020

SUBMISSION

No claims are present for this quarter.

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

Q2 2020

SUBMISSION

No claims are present for this quarter.

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

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.

You will have errors, this will be shown on this listing.

Q4 2019

SUBMISSION

Inpatient
Data is already built into a certification set.

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

Q1 2020

SUBMISSION

	Inpatient	Outpatient
JAN	2	0
FEB	0	1
MAR	0	0
OCT	-	2
TOTAL	2	3
ACCURACY	100%	66%

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

Q2 2020

SUBMISSION

	Inpatient	Outpatient
APR	1	1
MAY	0	3
JUN	0	0
TOTAL	1	4
ACCURACY	0%	50%

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

Provider Home Page – 2nd Row

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

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

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Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

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

CERTIFICATION

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

Certification due **15 Jul 2020**

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

CERTIFICATION

No claims are present for this quarter.

Certification due **15 Oct 2020**

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

CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

Provider Home Page – 3rd Row

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

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

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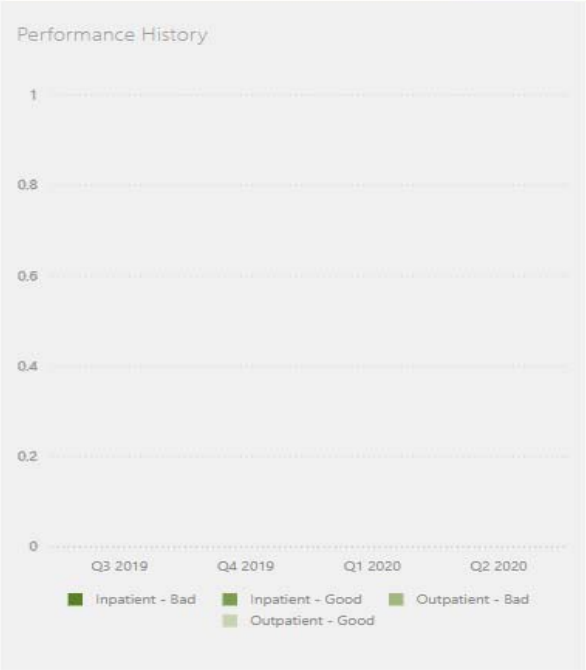
THCIC | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

NEXT DEADLINE
Q1 2020 SUBMISSION
12 HOURS



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

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

Provider Home Page – List View

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

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THCIC | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019 SUBMISSION

No claims are present for this quarter.

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

Q4 2019 CERTIFICATION

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

Certification due **15 Jul 2020**

Q1 2020 SUBMISSION

No claims are present for this quarter.

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

Q1 2020 CERTIFICATION

No claims are present for this quarter.

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**

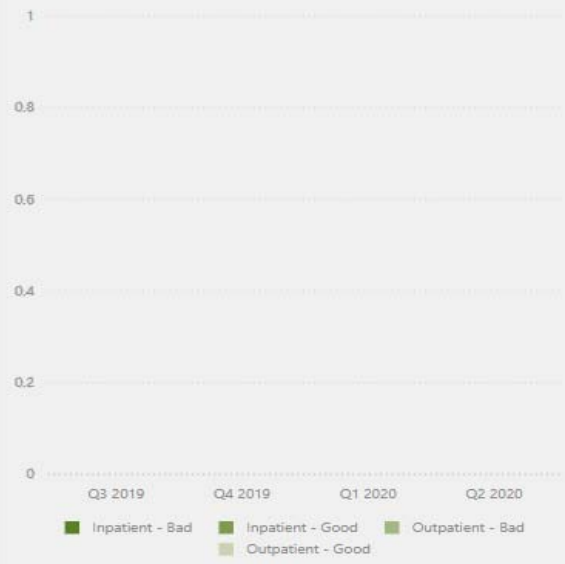
Q2 2020 CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION
12 HOURS

Performance History



QUICK TIP:

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

Provider Home Page – 1st Row

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

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THCIC | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019 SUBMISSION	*No claims are present for this quarter.* Submission due **2 Mar 2020** | Correction due **1 May 2020**
Q4 2019 CERTIFICATION	*Please contact System13 if you still need to submit or correct claims for this quarter.* Certification due **15 Jul 2020**
Q1 2020 SUBMISSION	*No claims are present for this quarter.* Submission due **1 Jun 2020** | Correction due **3 Aug 2020**
Q1 2020 CERTIFICATION	*No claims are present for this quarter.* 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**
Q2 2020 CERTIFICATION	*No claims are present for this quarter.* Certification due **15 Jan 2021**

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.

Q4 2019 SUBMISSION

The certification due date will be by the quarter.

Q4 2019 CERTIFICATION

Provider Home Page – 2nd Row

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

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THCIC | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

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

NEXT DEADLINE
Q1 2020 SUBMISSION
4 DAYS

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

NEXT DEADLINE
Q1 2020 SUBMISSION
11 HOURS

NEXT DEADLINE
Q1 2020 SUBMISSION
11 HOURS

Performance History

1
0.8
0.6
0.4
0.2
0

Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020

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

QUICK TIP:

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

Health and Human Services | Health Services

Data Management/Primary Contact Provider Home Page

Provider Tabs

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

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THCIC | User Management | My Account | Logout

Other Features

Activity Dashboard

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019

SUBMISSION

Inpatient
Data is already built into a certification set.

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

CERTIFICATION

Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020

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**

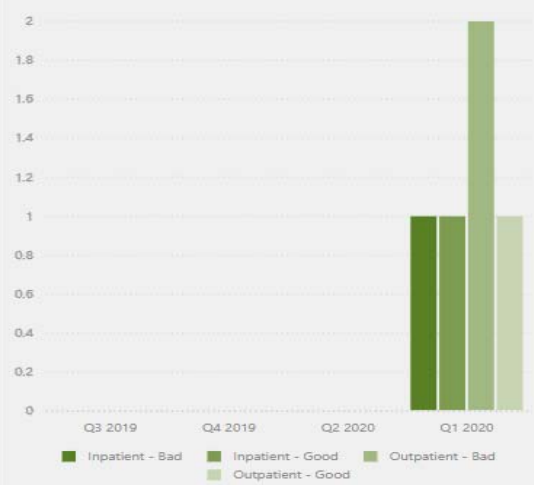
CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION
4 DAYS

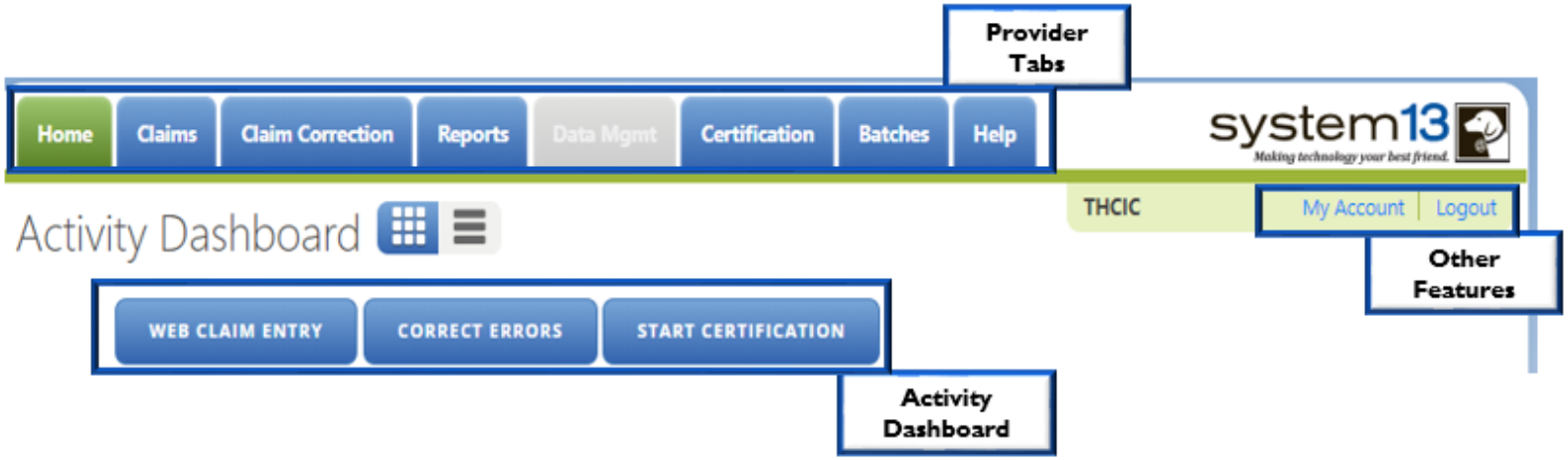
Performance History



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

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

Data Certifier / Data Manager Provider Home Page



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

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

Data Management/Primary Contact Provider Home Page – Grid View

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

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Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019

SUBMISSION

Inpatient
Data is already built into a certification set.

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

CERTIFICATION

Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020

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Q2 2020

SUBMISSION

No claims are present for this quarter.

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Correction due **2 Nov 2020**

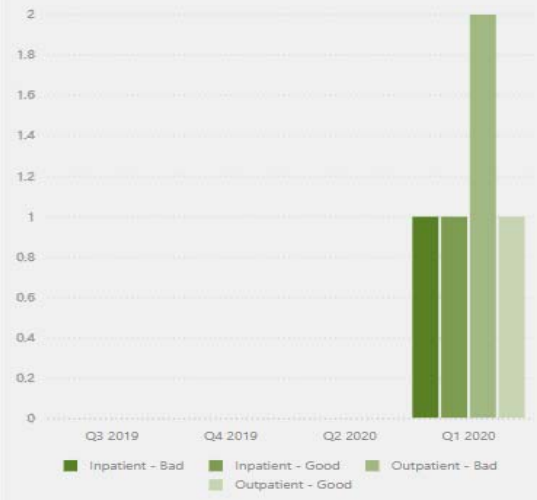
CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION
4 DAYS

Performance History



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

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THCIC Trainer 000005 | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019 SUBMISSION

Inpatient
Data is already built into a certification set.

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

Q4 2019 CERTIFICATION

Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020 SUBMISSION

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Q1 2020 CERTIFICATION

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Q2 2020 SUBMISSION

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

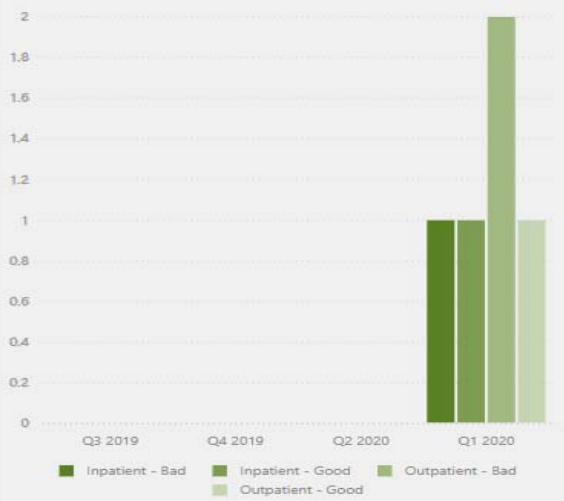
Q2 2020 CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION
4 DAYS

Performance History



QUICK TIP:
Re-run your 'Frequency of Error Report' after completing all corrections for a quarter.

Provider Tabs

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

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.

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

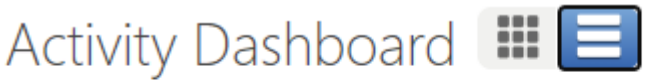
Facilities can view current and historical certification data.

Provides a listing of all claims that need correction.

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

Various reports available for facility to view and documentation.

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



Activity Dashboard

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

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

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

Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM

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

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

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System13 DVLP1 1 000007 | User Management | My Account | Logout

THCIC Support Center

Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Claim Information

TYPE:
- (●) OUTPATIENT INSTITUTIONAL
- ( ) OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER: PCN

Personal Information

MEDICAL RECORD NUMBER: MRN

SOCIAL SECURITY NUMBER: SSAN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

SEX:

ETHNICITY:

ADDRESS: ADDRESS LINE 1

ADDRESS LINE 2

BIRTH DATE: mm / dd / yyyy

RACE:

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

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

Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

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

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THCIC Support Center

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

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
126	126	20200528999899977900000 5	05/28/2020	DOE, HEATHER	OUT-I	3
123	123	20200527999899978000000 5	05/27/2020	DOE, JONATHAN	OUT-I	9
441	441	20200527999899978200000 5	05/27/2020	DOE, SYDNEE	IN	10
369258147	369258147	20200205999899978600000 5	02/05/2020	DOE, YOLANDA	OUT-I	4
7897892A	7897892A	20190807999899979000000 5	08/07/2019	DOE, THELMA	OUT-I	1
741741	741741	20190807999899979100000 5	08/07/2019	DOE, AUSTRALIA	OUT-I	1
332211	332211	20190807999899979200000 5	08/07/2019	DOE, KATHERINE	OUT-I	1
1234	1234	20190612999899979400000 5	06/12/2019	DOE, KANDIS	OUT-I	2
785858	785858	20181212999899979900000 5	12/12/2018	DOE, YVETTE	OUT-I	3
PCN-604	ERR-759	20161014000600010500000 5	10/14/2016	DOE, AALEX	OUT-I	1
PCN-599	ERR-733	20161014000600010000000 5	10/14/2016	DOE, KATHRYN	OUT-I	1
PCN-587	ERR-716	20161014000600008900000 5	10/14/2016	DOE, NICOLE	OUT-I	1
PCN-560	ERR-684	20161014000600006200000 5	10/14/2016	DOE, DANIELLE	OUT-I	1

SELECT ALL | 135 Claims | DELETE | ACCEPT AS IS

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

Start Certification /Certification

START CERTIFICATION

Certification

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

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THCIC | User Management | My Account | Logout

THCIC Support Center

Certification

INPATIENT

2020

1st Quarter
Eligible Claims

2019

4th Quarter
Generation in Progress

3rd Quarter
No Data

2nd Quarter
No Data

Older Quarters
Select Quarter

OUTPATIENT

2020

1st Quarter
Eligible Claims
GENERATE QUARTER CERT. DATA (EOD)

2019

4th Quarter
Eligible Claims
Past cut-off date for generation of Cert. Data.

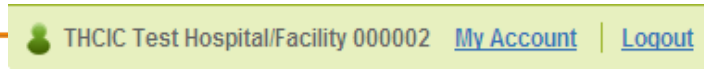
3rd Quarter
Eligible Claims
Past cut-off date for generation of Cert. Data.

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

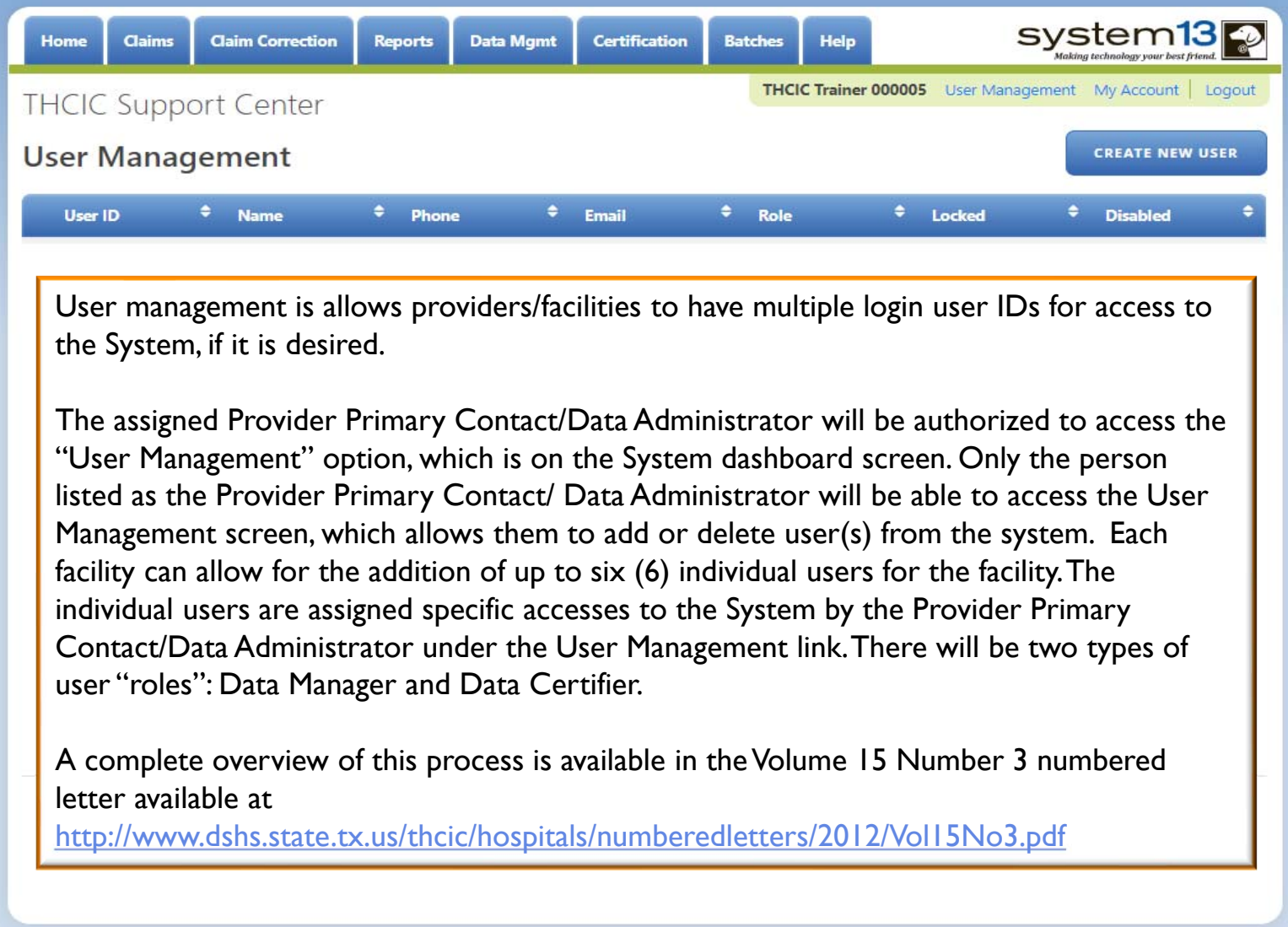
TEXAS Health and Human Services | Texas Department of State Health Services

Provider Other Features

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



User Management



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

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

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

User Management – To Add User

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

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THCIC Trainer 000005 | User Management | My Account | Logout

THCIC Support Center

User Management

To add a user click 'create new user.'

CREATE NEW USER

User ID	Name	Phone	Email	Role	Locked	Disabled

THCIC Support Center

User Management

The screen below will open…

New User

FIRST NAME
First Name

MIDDLE NAME
Middle Name

LAST NAME
Last Name

PHONE
Phone Number

EMAIL
Email

ROLE
DATA MANAGER DATA CERTIFIER
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

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

User Management - User Roles

- Data Manager
  - Authorized to add new claims (Web Claim)
  - Authorized to correct claims (WebCorrect)
  - Authorized to delete claims
  - Authorized to view batch submissions
  - Authorized to perform advance searches
  - Authorized to generate a Pre-Certification Data Report
- Data Certifier
  - Authorized to perform all functions as a Data Manager
  - Authorized to generate Certification Data (Encounter on Demand(EOD))
  - Authorized to download Certification File
  - Authorized to download Certification Reports
  - Authorized to Certify quarterly data (WebCert)
  - Authorized to request free regeneration (regen) of Certification data

User Management - Email Schemes

- Data Manager (Scheme Name 'Data Manager')
  - FER (Frequency of Errors Report)
  - Count of Excluded/Rejected Claims
- Data Certifier (Scheme Name 'Data Certifier')
  - All Notifications received by the Data Manager
  - Certification Download File Availability
  - Certified
  - Rejected - Elected Not to Certify
  - EOD (Encounter on Demand) Generated
- Data Administrator (Scheme Name 'Data Administrator')
  - All Notifications received by the Data Certifier and Data Manger
  - MRR (Merge, Remove, Replace)
  - DR (Duplicate Removal)

Choose what type of access the user will have in the system and also which emails they will receive, an option of no emails is available also.

User Management – List of User(s)

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

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THCIC Trainer 000005 User Management My Account | Logout

THCIC Support Center

User Management

CREATE NEW USER

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

User Management – Delete a User(s)

User Management

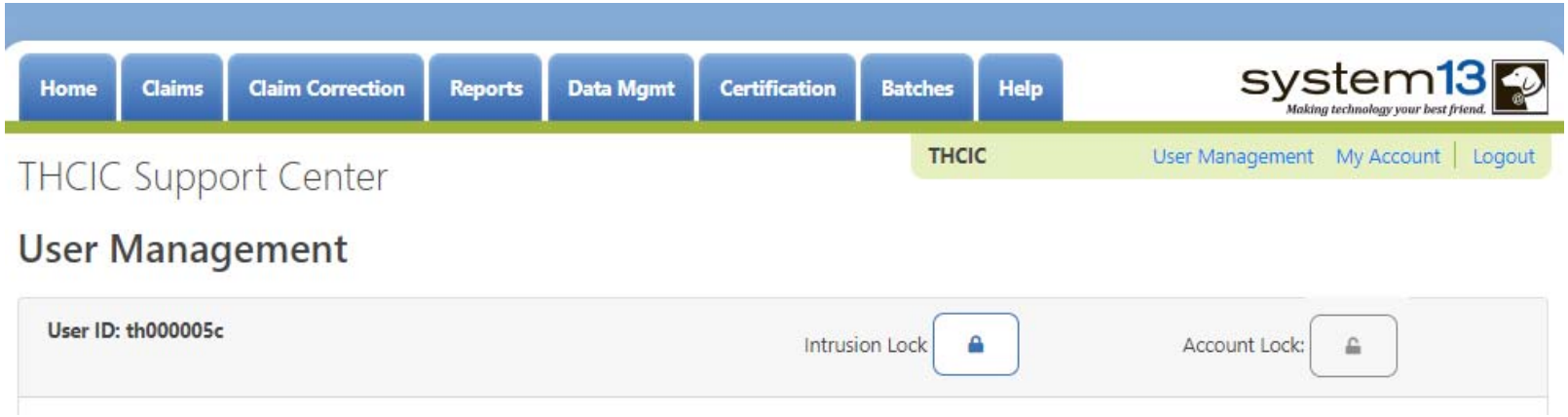
CREATE NEW USER

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

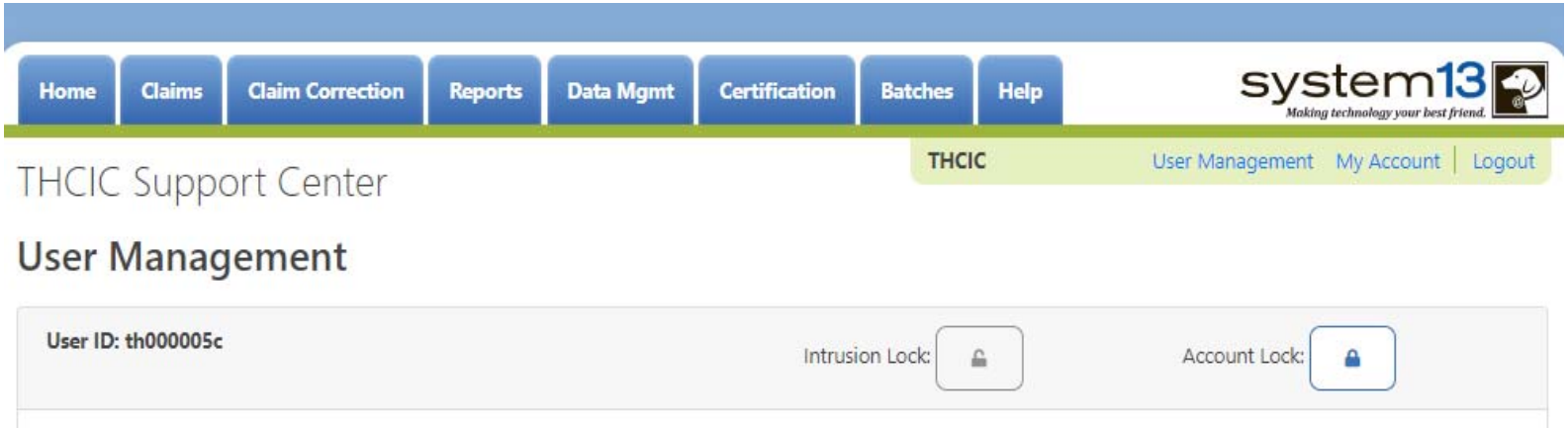
DELETE

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

User Management – Lock Features



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



Other Features My Account

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

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

THCIC | User Management | My Account | Logout

Your Name and Login ID

Your password will expire on: 07/20/2020

(approximately 2 months from today)

CURRENT PASSWORD

current password

CHANGE PASSWORD

password

PASSWORD CONFIRMATION

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

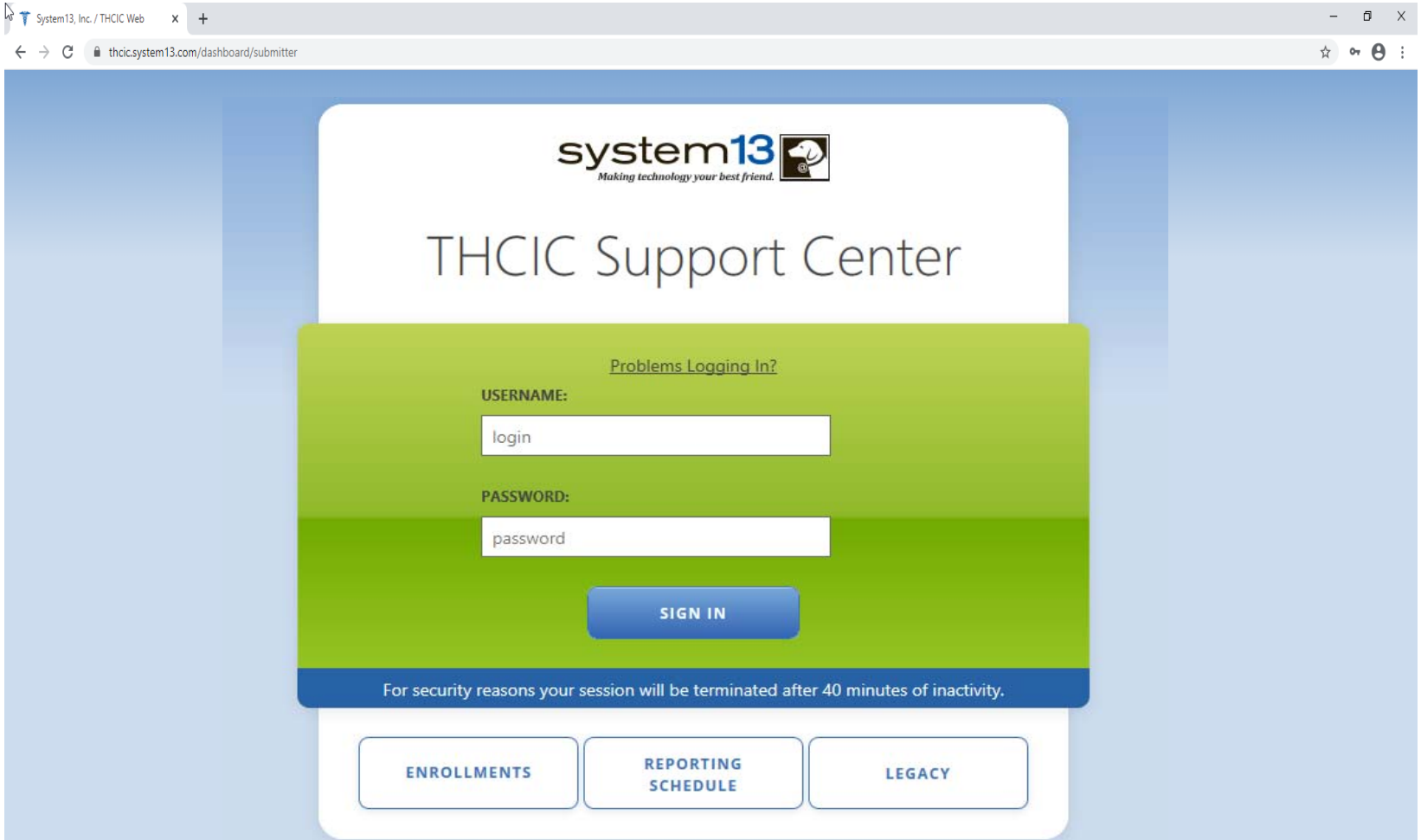
Password Process

- Passwords Must:
  - Expire and be changed every sixty (60) days
  - Be at least eight (8) Characters long
  - Contain at least one (1) alpha, one (1) numeric and one (1) special character
  - Contain uppercase and lowercase letters
- Passwords Must Not:
  - Be reused for one (1) year.
  - Begin or end with non-alpha characters
  - Contain username
  - Contain letter or number sequences greater than two (2)
  - Repeat characters more than twice in a row
- Password Notes:
  - 1. Within this application the following is defined as the set of special characters:
    ! @ # $ % ^ & * ? _ ~ -
  - 2. Here are some examples of a letter or number sequences greater than two (2):
    'abc', '123', '4567', 'ghijk'
  - 3. Here are some examples of a letter, number, or sequence that is repeated more than twice:
    'aaa' (2-letter repetition), '333' (2-number repetition). 'abcabc' (letter sequence repetition), '123123' (number sequence repetition)

Other Features - Logout

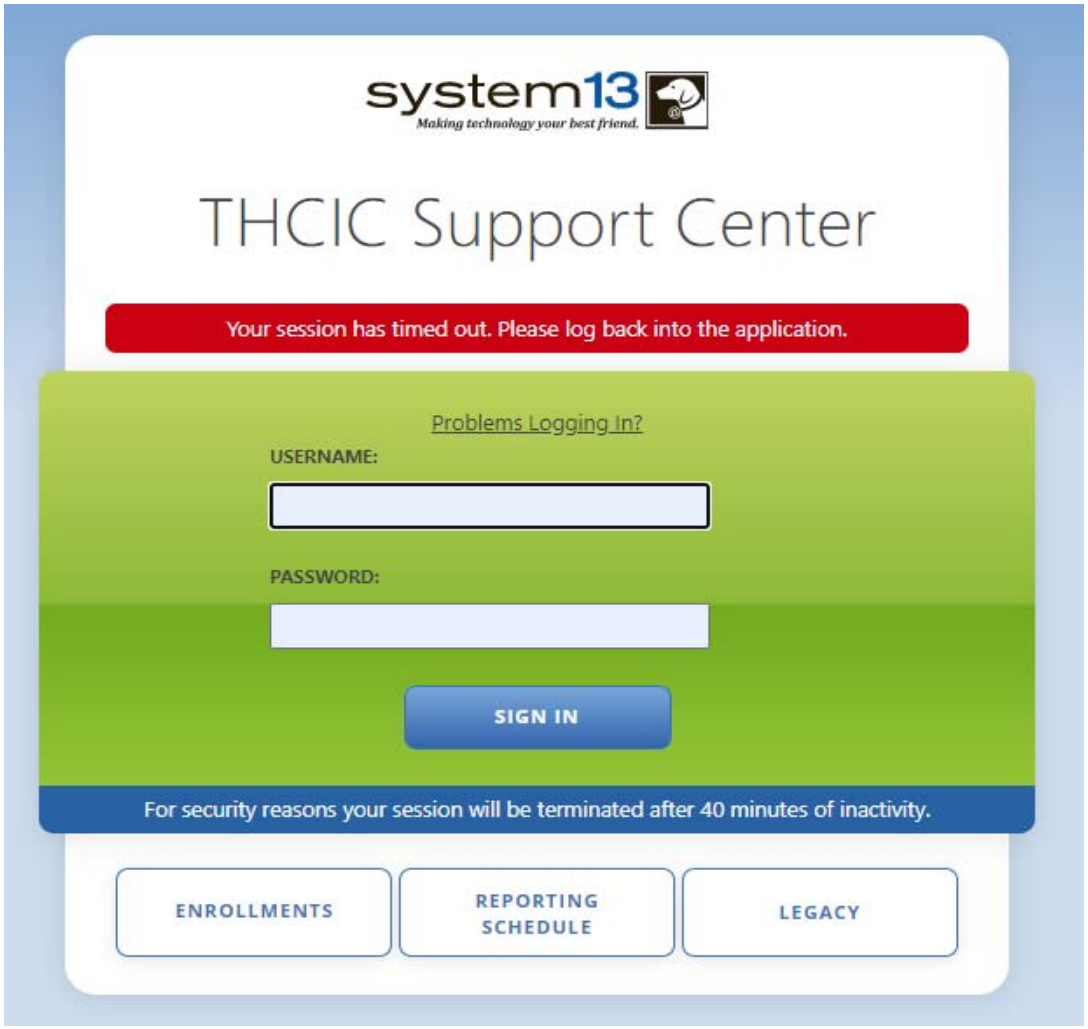
Logout logs you out of the system.

Other Features - Logout



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

Inactivity



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

Provider Home Page – Grid View

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

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THCIC | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019

SUBMISSION

Inpatient
Data is already built into a certification set.

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

CERTIFICATION

Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020

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**

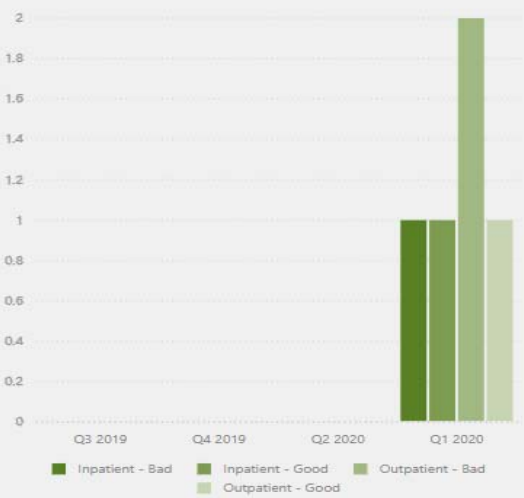
CERTIFICATION

No claims are present for this quarter.

Certification due **15 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION
4 DAYS

Performance History



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

Provider Home Page – List View

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

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THCIC Trainer 000005 | User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY | CORRECT ERRORS | START CERTIFICATION

Q4 2019 SUBMISSION

Inpatient
Data is already built into a certification set.

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

Q4 2019 CERTIFICATION

Inpatient
Processing - please check back later.

Certification due **15 Jul 2020**

Q1 2020 SUBMISSION

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

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

Q1 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

	Inpatient	Outpatient
APR	1	1
MAY	0	0
JUN	0	0
TOTAL	1	1
ACCURACY	0%	0%

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

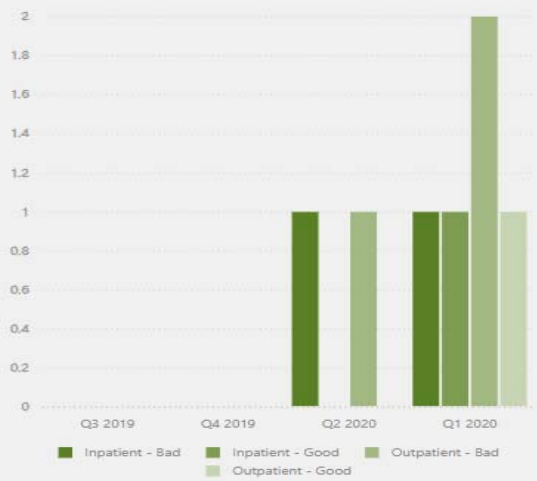
Q2 2020 CERTIFICATION

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 Jan 2021**

NEXT DEADLINE
Q1 2020 SUBMISSION
2 DAYS

Performance History



QUICK TIP:
For quarterly certification, the best place to start is by reviewing your 'Certification Summary' report.

Provider Tab Claims Claims

System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

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

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THCIC | User Management | My Account | Logout

THCIC Support Center

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

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
126	126	20200528999899977900005	05/28/2020	DOE, HEATHER	OUT-I	3
123	123	20200527999899978000005	05/27/2020	DOE, JONATHAN	OUT-I	9
123	123	20200527999899978100005	05/27/2020	DOE, JONATHAN	OUT-I	18A
441	441	20200527999899978200005	05/27/2020	DOE, SYDNEE	IN	10
987654321	987654321	20200413999899978300005	04/13/2020	DOE, KELLY	OUT-I	-
123654	123654	20200408999899978400005	04/08/2020	DOE, JESSICA	IN	-
1234656	1234656	20200228999899978500005	02/28/2020	DOE, KANDIS	IN	-
369258147	369258147	20200205999899978600005	02/05/2020	DOE, YOLANDA	OUT-I	4
741852	741852	20200205999899978700005	02/05/2020	DOE, VIV	OUT-I	-
7897892A	7897892A	20190807999899979000005	08/07/2019	DOE, THELMA	OUT-I	1
741741	741741	20190807999899979100005	08/07/2019	DOE, AUSTRALIA	OUT-I	1
332211	332211	20190807999899979200005	08/07/2019	DOE, KATHERINE	OUT-I	1
12369	12369	20190717999899979300005	07/17/2019	DOE, JANICE	OUT-I	-

SELECT ALL | 898 Claims | DELETE

Accepted As Is

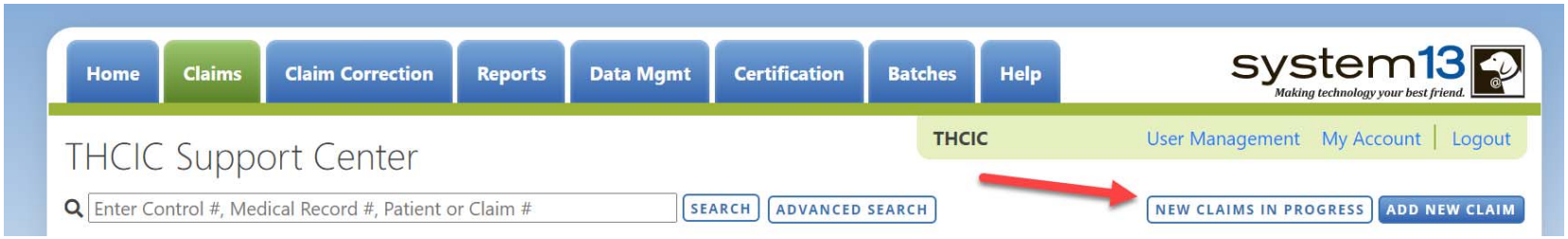
No Correction Needed

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



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

New Claims in Progress

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

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THCIC | User Management | My Account | Logout

THCIC Support Center

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

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

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

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

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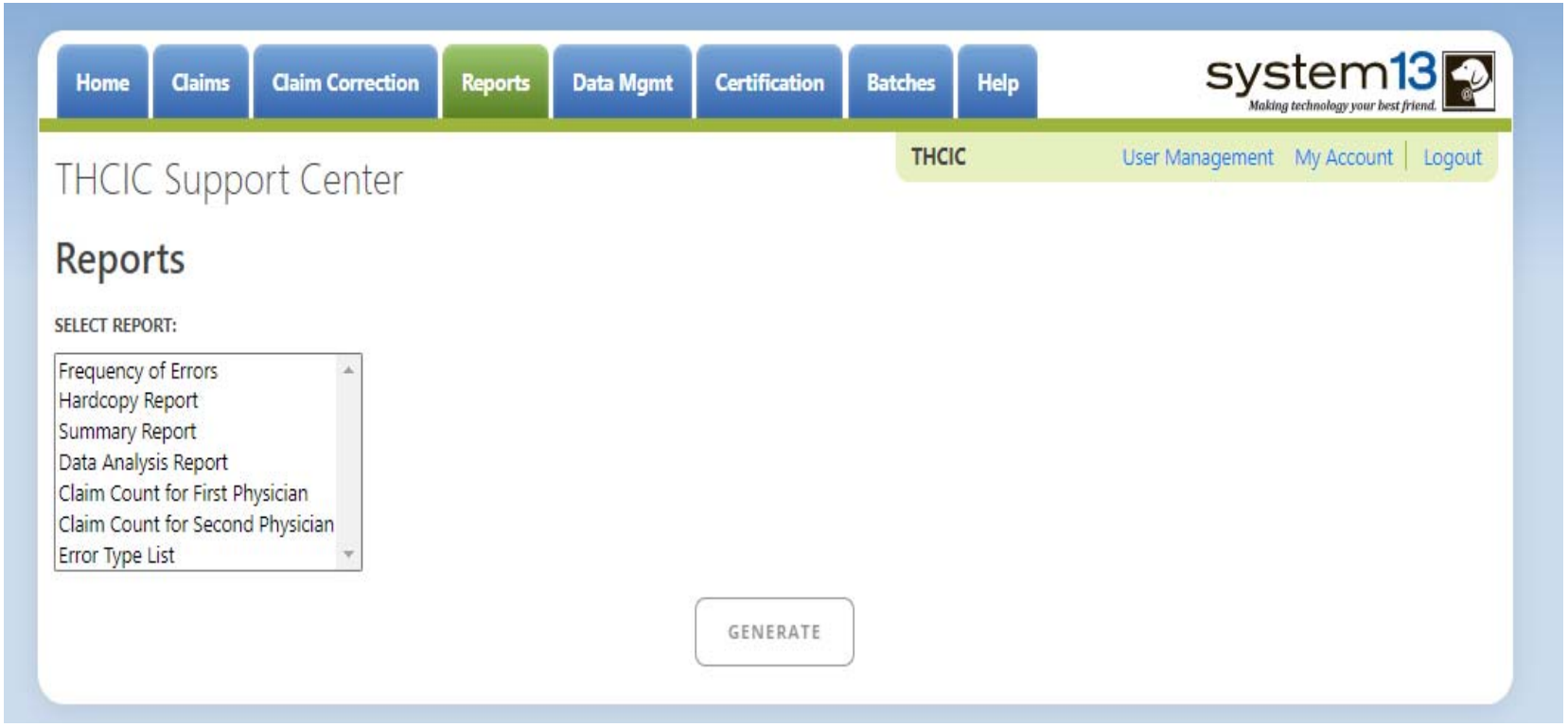
THCIC Support Center

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

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

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

Reports



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

Reports Available

Reports

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

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THCIC | User Management | My Account | Logout

THCIC Support Center

Reports

SELECT REPORT:

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

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

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

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

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

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

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

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

Reports Functionality

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

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

Type of Claims

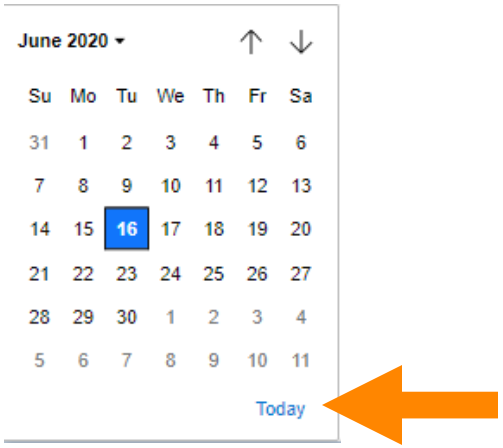
PATIENTS:

- ○ Inpatient
- ○ Outpatient - Institutional
- ○ Outpatient - Professional

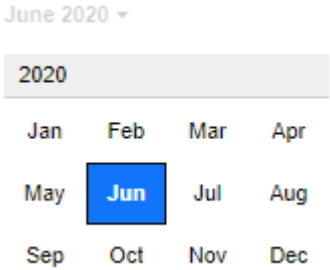
<u>Only one type of claim can be chosen to review patient data at a time</u>.
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

Functionality of the Calendar Feature

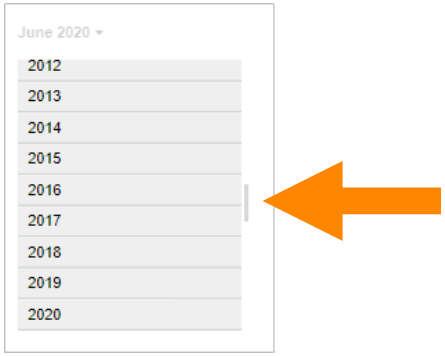
- Feature of the calendar



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



  - Choosing the sidebar will change the year



Filter Report By Timeframe

- To create by timeframe.

FILTER BY:

Timeframe
Processed Date
Batch Number

FROM:

mm/dd/yyyy

THROUGH:

mm/dd/yyyy

GENERATE

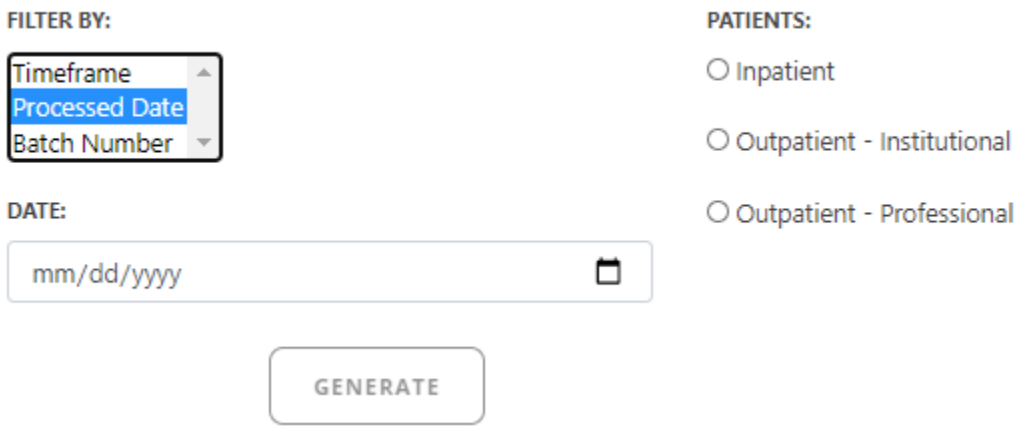
PATIENTS:

- Inpatient
- Outpatient - Institutional
- Outpatient - Professional

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

Filter Report By Processed Date

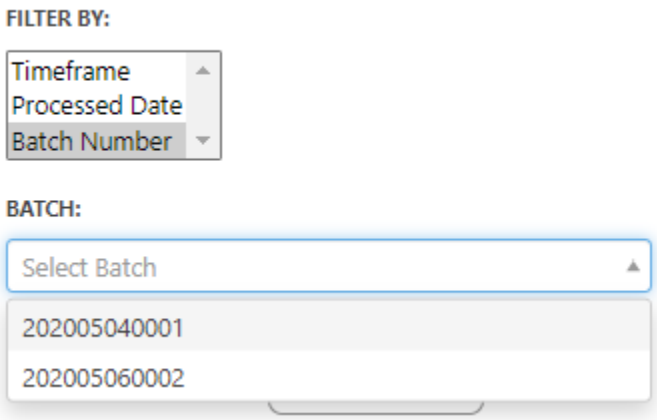
- To create a report, filter by processed date.



- 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.



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

Provider Tab Data Management

Data Mgmt

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

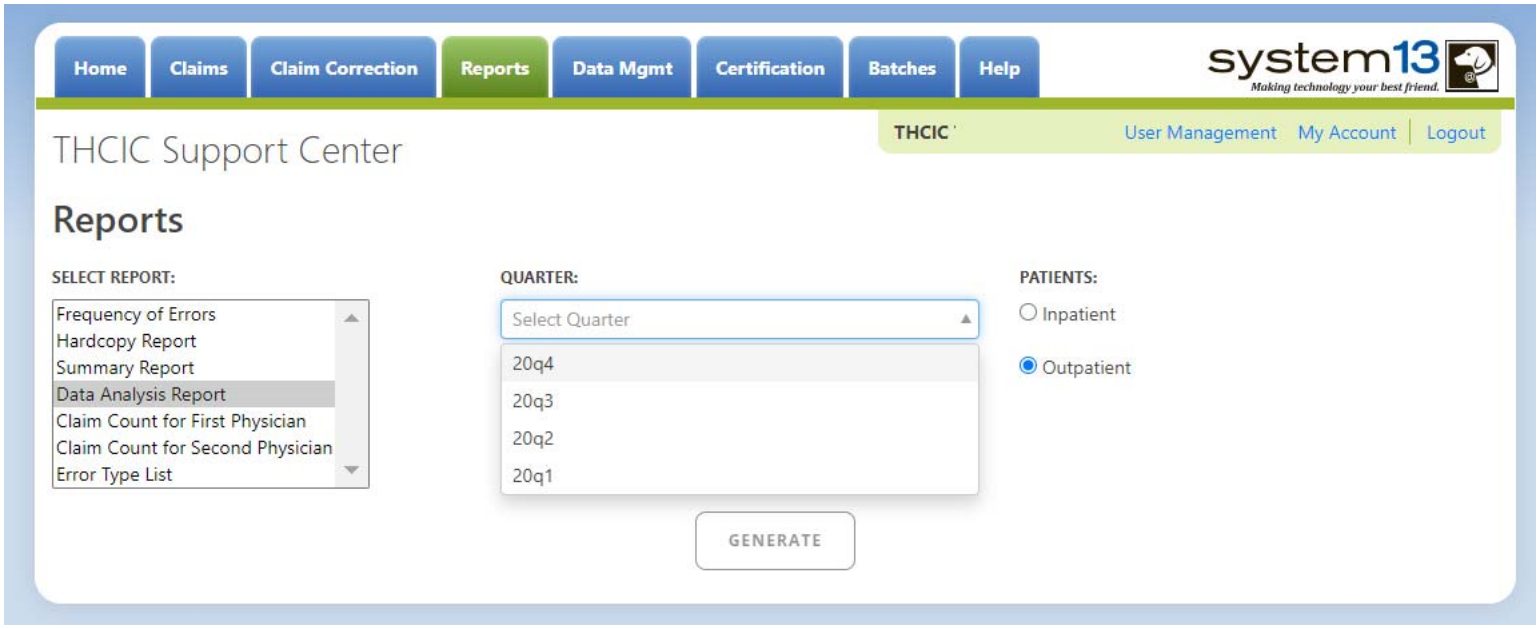
- INPATIENT
- OUTPATIENT

Select Action

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

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

Data Analysis Report through the Reports Tab



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

Data Analysis Report through the Reports Tab

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

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q20	7

Messages

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

Provider Tab Data Management

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)

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/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

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Repla

The MRR function will:

- Match claims wit
  - Patient Co
  - Medical R
  - Admission
  - Admission
- Eliminate duplica
- Apply late charg
- Apply correction
- Apply the replac
- Remove claims t

MRR DR Information

You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data.

This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions.

Please see above boxes for a full description of both the DR and MRR processes.

Do you wish to continue?

YES | NO

Select Claim Type

- ○ INPATIENT
- ◉ OUTPATIENT

Select Action

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

Provider Tab Data Management

Data Mgmt

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/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

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

Process Submitted

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

OK

Select Claim Type

- ○ INPATIENT
- ◉ OUTPATIENT

Select Action

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

Data Management Emails

Data Mgmt

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

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THCIC Support Center

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

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Select Claim Type

- INPATIENT
- OUTPATIENT

Thu 10/8/2020 2:52 PM

Do Not Reply <noreply@system13.com>

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

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

We removed extra line breaks from this message.

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

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

Sincerely,

System13, Inc. Customer Support

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

Provider Tab Data Management

Duplicate Removal

- Remove duplicate claims
- Replace certain bill types

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

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

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

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

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

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

This report will open as a PDF as shown below.

Provider Tab Data Management – Duplicate Removal Process (DR)

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

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THCIC Support Center

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

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Repla

The MRR function will:

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  - Medical R
  - Admissio
  - Admissio
- Eliminate duplica
- Apply late charg
- Apply correction
- Apply the replac
- Remove claims t

MRR DR Information

You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data.

This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions.

Please see above boxes for a full description of both the DR and MRR processes.

Do you wish to continue?

YES | NO

Select Claim Type

- INPATIENT
- OUTPATIENT

Select Action

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

Release 9.3.0

Provider Tab Data Management

Data Mgmt

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

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THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Duplicate Removal Alert

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

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

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

Do you wish to continue?

YES | NO

Provider Tab Data Management

Data Mgmt

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

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Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

Process Submitted

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

OK

Select Claim Type

- INPATIENT
- OUTPATIENT

Select Action

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

Release 9.3.0

Data Management Email

Data Mgmt

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

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

- ○ INPATIENT
- ◉ OUTPATIENT

DN

Thu 10/8/2020 3:11 PM

Do Not Reply <noreply@system13.com>

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

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

We removed extra line breaks from this message.

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

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

Sincerely,

System13, Inc. Customer Support

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

Batches

Batches

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

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THCIC Support Center

Enter Batch # SEARCH

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

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

SELECT ALL | 6 Batches | DELETE

Provider Tab Help

Help

System13, Inc. / THCIC Web Help - Windows Internet Explorer

https://thcictrainer.system13.com/help

File Edit View Favorites Tools Help

Favorites System13, Inc. / THCIC Web Help

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

system13

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THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Reports
Inpatient
Outpatient

WebCert
Inpatient
Outpatient

WebClaim
Inpatient
Outpatient

WebCorrect
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

FREQUENTLY ASKED QUESTIONS

I forgot my password. How can I recover it?
If you know your THCIC User Id, visit the password recovery page.
If you don't know your THCIC User Id, send an email to thcichelp@system13.com, requesting an account reset.

I forgot my username. How can I recover it?
Send email to thcichelp@system13.com, requesting your username.

How do I update the Certifier Name?
You will need to fill out a form.

NEED MORE HELP? CONTACT HELP DESK

Outpatient Web Claim Training

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

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

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

Initial Submission Due Dates

Data Reporting Schedule

Texas Health Care Information Collection
Center for Health Statistics

Attention THCIC Stakeholders, Health Data Researchers and Healthcare Facilities,

Activity	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Cutoff for initial submission	6-1-20	9-1-20	12-1-20	3-1-21	6-1-21	9-1-21	12-1-21	3-1-22
Cutoff for corrections (Free)	8-3-20	11-2-20	2-1-21	5-3-21	8-2-21	11-1-21	2-1-22	5-2-22
Facilities retrieve certification files	9-1-20	12-1-20	3-1-21	6-1-21	9-1-21	12-1-21	3-1-22	6-1-22
Cutoff for corrections at time of certification (Associated Fees)	10-1-20	1-4-21	4-1-21	7-1-21	10-1-21	1-3-22	4-1-22	7-1-22
Certification/comments due	10-15-20	1-15-21	4-15-21	7-15-21	10-15-21	1-17-22	4-15-22	7-15-22

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.**

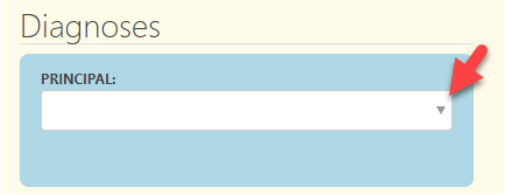
Generate Quarter Cert. Data (EOD)

Various Options for Entering Web Claim

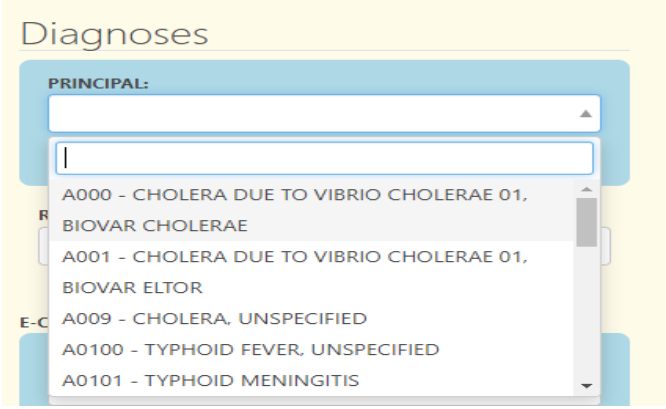
- You can enter Web Claim from:
  - Provider Home page – click WEB CLAIM ENTRY
  - Claims Listing – click ADD NEW CLAIM
  - To continue a claim in process click NEW CLAIMS IN PROGRESS

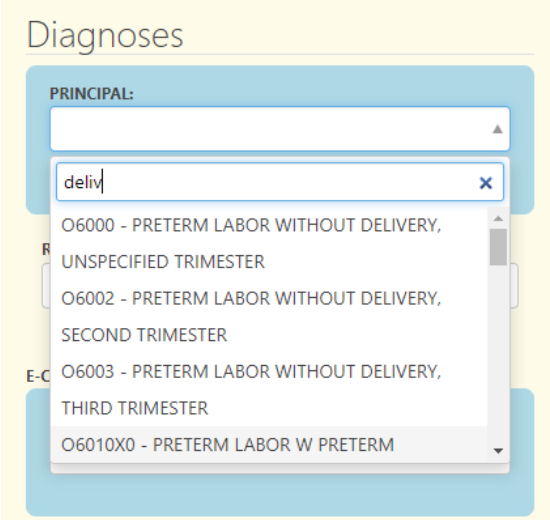
Dropdown Lists

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



- **Typing into a text box with a dropdown list will search the list for matches and display the list to the user.**





- **Use the up and down arrow keys to move to the value.**

- **Press ENTER**

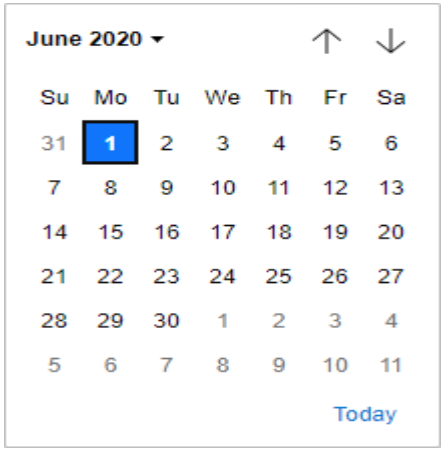
when the highlighted selection is on the correct choice.

- **Press TAB**

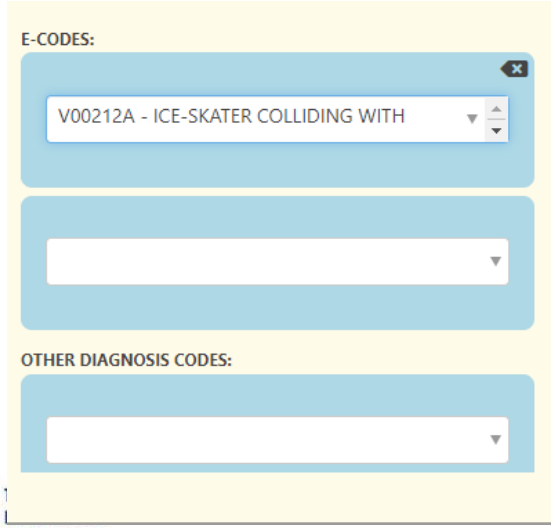
to move to the next field on the screen.

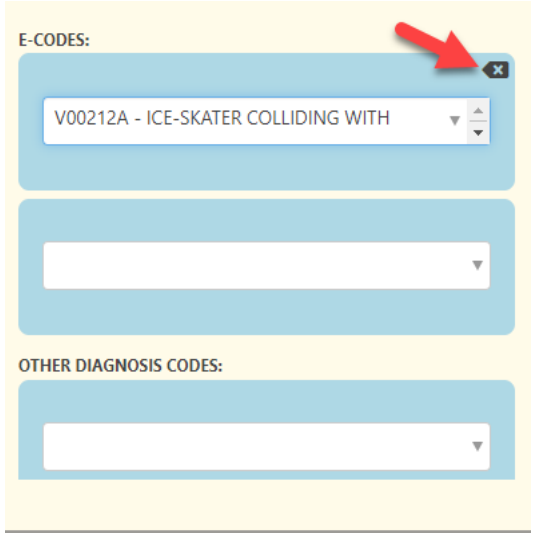
Calendars/ Adding or Deleting Choices

- **The user can tell if a field has a calendar, indicated by** 🗔



- **Some fields allow you to have multiple codes, once a code is enter another box will become available, to delete an entry, click the X beside this choice.**





TEXAS Health and Human Services

Outpatient Institutional

Opening Web Claim for Inpatient/Outpatient Facilities

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

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THCIC Support Center

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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: PCN

Personal Information

MEDICAL RECORD NUMBER: MRN

SOCIAL SECURITY NUMBER: SSAN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

SEX:

ETHNICITY:

ADDRESS: ADDRESS LINE 1

BIRTH DATE: mm/dd/yyyy

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

Opening Web Claim Through Provider Home Page

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

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

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THCIC Support Center

Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Claim Information

TYPE:
- (●) OUTPATIENT INSTITUTIONAL
- ( ) OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER: PCN

Personal Information

MEDICAL RECORD NUMBER: MRN

SOCIAL SECURITY NUMBER: SSAN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

SEX:

ETHNICITY:

ADDRESS: ADDRESS LINE 1

ADDRESS LINE 2

BIRTH DATE: mm / dd / yyyy

RACE:

Remember: you must submit this claim for auditing when you have finished entering its details.

SUBMIT CLAIM | NEXT SECTION →

Patient Tab
Outpatient Institutional

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

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

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User Management | My Account | Logout

Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Claim Information

TYPE:
- (●) OUTPATIENT INSTITUTIONAL
- ( ) OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER: PCN

Choose the type of claim to be entered.

MEDICAL RECORD NUMBER: MRN

SOCIAL SECURITY NUMBER: SSAN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

SEX:

ETHNICITY:

ADDRESS: ADDRESS LINE 1

ADDRESS LINE 2

BIRTH DATE: mm / dd / yyyy

RACE:

Remember: you must submit this claim for auditing when you have finished entering its details.

SUBMIT CLAIM | NEXT SECTION →

Web Claim Data Input - Patient Tab

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

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

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Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Claim Information

TYPE: ○ INPATIENT ◉ OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER: PCN

1st Choose Claim Type

2nd Patient control /medical record number. The patient control and medical record number can be the same number.

Personal Information

MEDICAL RECORD NUMBER: MRN

Then enter patient's personal Information

SOCIAL SECURITY NUMBER: SSAN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

SEX:

ETHNICITY:

ADDRESS: ADDRESS LINE 1

ADDRESS LINE 2

BIRTH DATE: mm/dd/yyyy

RACE:

All navigation of the application should be confined to the TAB

(not ENTER) key or via mouse selections.

Scroll down to complete the tab claim.

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Patient Tab

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

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

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Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Claim Information

TYPE: OUTPATIENT INSTITUTIONAL / OUTPATIENT PROFESSIONAL

Which Outpatient option?

PATIENT CONTROL NUMBER: PCN

Resolving PCN Errors

The THCIC Required Codes

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

Personal Information

MEDICAL RECORD NUMBER: MRN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

ADDRESS: ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUM SSAN

Video: Help with SSN/

SEX:

ETHNICITY:

BIRTH DATE: mm/dd/yyyy

Remember: you must submit this claim for auditing when you have finished entering its details.

SUBMIT CLAIM | NEXT SECTION →

Entering Claim Information

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Back to list of claims

Medical Record Number: **789** Patient Control Number: **789** **Outpatient Institutional**

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

CITY: AUSTIN

STATE: TX

ZIP: 78741

COUNTRY:

united

AE - UNITED ARAB EMIRATES

GB - UNITED KINGDOM

TZ - TANZANIA, UNITED REPUBLIC OF

UM - UNITED STATES MINOR OUTLYING ISLANDS

US - UNITED STATES

TYPE CODE:

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

Remember: you must submit this claim for auditing when you have finished entering its details. SUBMIT CLAIM NEXT SECTION →

Patient Tab

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Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

COUNTRY:

Bill Type

Statement:

FROM: mm/dd/yyyy

THROUGH: mm/dd/yyyy

June 2020

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

Today

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

Field with calendar lookup .

PATIENT STATUS:

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Payer Tab

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

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Back to list of claims

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

- Patient
- **Payers**
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Primary Payer

SOURCE CODE:

ID: PAYER ID

NAME: PAYER NAME

Secondary Payer

SOURCE CODE:

ID: PAYER ID

NAME: PAYER NAME

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Entering Claim Information – Payer Tab

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

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THCIC Support Center

Back to list of claims

DOE, JONATHAN | Medical Record Number: 789 | Patient Control Number: 789 | Outpatient Institutional

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Primary Payer

SOURCE CODE:

MC - MEDICAID
OF - OTHER FEDERAL PROGRAM
TV - TITLE V
VA - VETERAN ADMINISTRATION PLAN
WC - WORKERS COMPENSATION HEALTH CLAIM
ZZ - MUTUALLY DEFINED, OR SELFPAY, OR UNKNOWN, OR CHARITY

ID: PAYER ID

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

Choose the type of insurance.

NAME: PAYER NAME

Name of insurance, not the name of the insured.

Remember: you must submit t

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

Charges Tab

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Back to list of claims

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

- Patient
- Payers
- **Charges**
- Diagnoses
- Practitioners
- Situational Codes

REVENUE CODE:

QUALIFIER:

PROCEDURE CODE:

MODIFIERS:

PROCEDURE DATE: mm/dd/yyyy

PROCEDURE THRU DATE: mm/dd/yyyy

RATE: 0.00 × QTY: UNIT: = CHARGE: 0.00

NON COVERED CHARGE: 0.00

TOTAL CHARGES: $0.00 ADD CHARGE

Click 'Add Charge' ADD CHARGE to add another charge to the claim. Click X next to fiel to delete entry.

Remember: you must submit this claim for auditing when you have finished entering its details. SUBMIT CLAIM | NEXT SECTION →

Diagnosis Tab

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Back to list of claims

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

- Patient
- Payers
- Charges
- **Diagnoses**
- Practitioners
- Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Video: Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL:

REASON FOR VISIT:

E-CODES:

OTHER DIAGNOSIS CODES:

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Diagnosis Tab

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Back to list of claims

DOE, JONATHAN | Medical Record Number: 789 | Patient Control Number: 789 | Outpatient Institutional

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL:

BIOVAR ELTOR

A000 - CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE

A001 - CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR

A009 - CHOLERA, UNSPECIFIED

A0100 - TYPHOID FEVER, UNSPECIFIED

A0101 - TYPHOID MENINGITIS

OTHER DIAGNOSIS CODES:

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

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Practitioners Tab

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

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Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- **Practitioners**
- Situational Codes

Physician 1 (Operating)

ID TYPE: | ID NUMBER:

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

Physician 2 (Other/ED Attending)

ID TYPE: | ID NUMBER:

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

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Practitioners Tab

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

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THCIC Support Center

Back to list of claims

DOE, JONATHAN | Medical Record Number: 789 | Patient Control Number: 789 | Outpatient Institutional

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- Situational Codes

Physician 1 (Operating)

ID TYPE:

0B - STATE LICENSE NUMBER

XX - NPI - NATIONAL PROVIDER IDENTIFIER

ID NUMBER:

LAST NAME:

(Initial)

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

Physician 2 (Other/ED Attending)

ID TYPE:

ID NUMBER:

FIRST NAME:

MIDDLE:

LAST NAME:

(Initial)

Remember: you must submit this claim for auditing when you have finished entering its details.

SUBMIT CLAIM | NEXT SECTION →

Situational Codes Tab only available on Outpatient Institutional

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Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- Practitioners
- **Situational Codes**

Conditions

CODE:

Values

CODE:

AMOUNT:

Occurrence Spans

CODE:

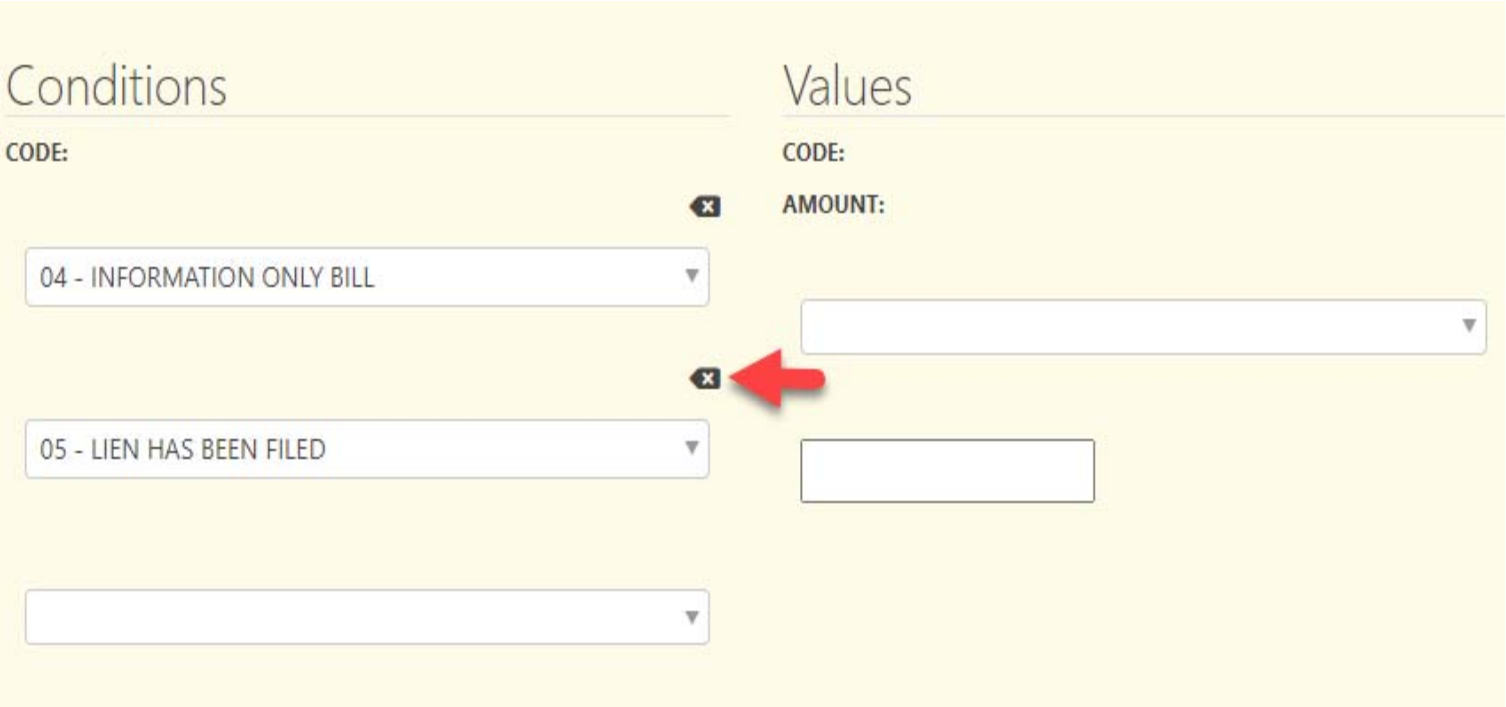
FROM:

TO:

mm/dd/yyyy

Remember: you must submit this claim for auditing when you have finished entering its details. SUBMIT CLAIM NEXT SECTION →

Situational Codes Tab only available on Outpatient Institutional



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

Outpatient Professional

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

Patient Tab

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

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THCIC Support Center

Back to list of claims

Medical Record Number: | Patient Control Number: | **Outpatient Professional**

- ✓ Patient
- ✓ Payers
- ✓ Charges
- ✓ Diagnoses
- ✓ Practitioners

Claim Information

TYPE: ○ OUTPATIENT INSTITUTIONAL ◉ OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER: PCN

Personal Information

MEDICAL RECORD NUMBER: MRN

SOCIAL SECURITY NUMBER: SSAN

FIRST NAME: PATIENT FIRST NAME

MIDDLE: (Initial)

LAST NAME: PATIENT LAST NAME

SEX:

ETHNICITY:

ADDRESS: ADDRESS LINE 1

ADDRESS LINE 2

BIRTH DATE: mm/dd/yyyy

RACE:

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Patient Tab

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Back to list of claims

Medical Record Number: | Patient Control Number: | **Outpatient Professional**

- ✓ Patient
- ✓ Payers
- ✓ Charges
- ✓ Diagnoses
- ✓ Practitioners

Bill Type

Statement:

FROM: mm/dd/yyyy

THROUGH: mm/dd/yyyy

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

Admission Information

RELATED CAUSES 1:

RELATED CAUSES 2:

RELATED CAUSES 3:

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Payer Tab

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

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Back to list of claims

Medical Record Number: | Patient Control Number: | **Outpatient Professional**

- Patient
- **Payers**
- Charges
- Diagnoses
- Practitioners

Primary Payer

SOURCE CODE:

ID: PAYER ID

NAME: PAYER NAME

Medicaid or Medicare Claims only.

Secondary Payer

SOURCE CODE:

ID: PAYER ID

NAME: PAYER NAME

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Charges Tab

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

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Back to list of claims

Medical Record Number: | Patient Control Number: | **Outpatient Professional**

- Patient
- Payers
- **Charges**
- Diagnoses
- Practitioners

QUALIFIER: | PROCEDURE CODE:

MODIFIERS:

PROCEDURE DATE: mm/dd/yyyy | PROCEDURE THRU DATE: mm/dd/yyyy

SERVICE FACILITY CODE:

QTY: | UNIT: | = | CHARGE: 0.00

TOTAL CHARGES: $0.00 ADD CHARGE

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

Remember: you must submit this claim for auditing when you have finished entering its details. SUBMIT CLAIM | NEXT SECTION →

Diagnosis Tab

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

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Back to list of claims

Medical Record Number: | Patient Control Number: | **Outpatient Professional**

- Patient
- Payers
- Charges
- **Diagnoses**
- Practitioners

Correcting diagnosis codes, e-codes, and POA values

Diagnoses

PRINCIPAL:

REASON FOR VISIT:

E-CODES:

OTHER DIAGNOSIS CODES:

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

Remember: you must submit this claim for auditing when you have finished entering its details. | SUBMIT CLAIM | NEXT SECTION →

Practitioners Tab

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

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Back to list of claims

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

- Patient
- Payers
- Charges
- Diagnoses
- **Practitioners**

Rendering1 Physician

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

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

Rendering2 Physician

ID TYPE: ID NUMBER:

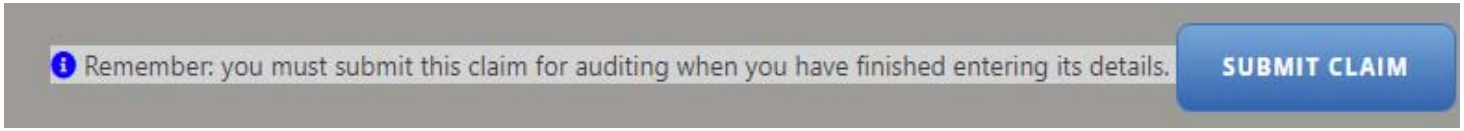
FIRST NAME: MIDDLE: LAST NAME:

(Initial)

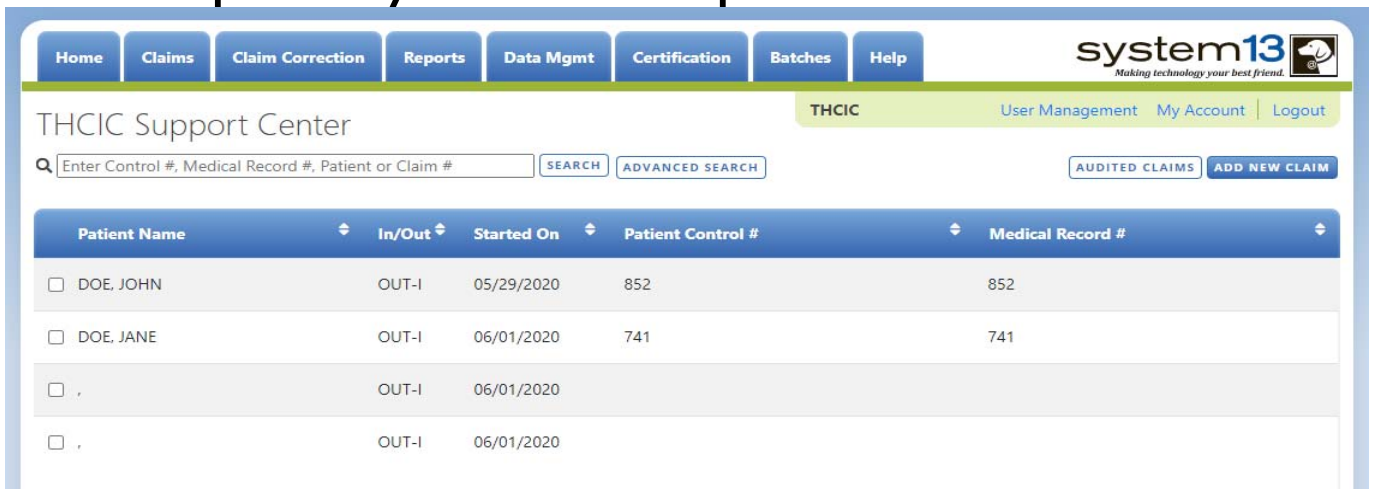
Remember: you must submit this claim for auditing when you have finished entering its details. SUBMIT CLAIM NEXT SECTION →

Submitting Your Claim

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



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



Claim Successfully Submitted …Claim Submitted with Errors

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

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THCIC Support Center

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

Claim has been successfully submitted.

OPEN CLAIM IN WEBCLAIM

Even if the claim has been successfully submitted, you can still open in WebClaim (Claims) to update the claim information.

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

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THCIC Support Center

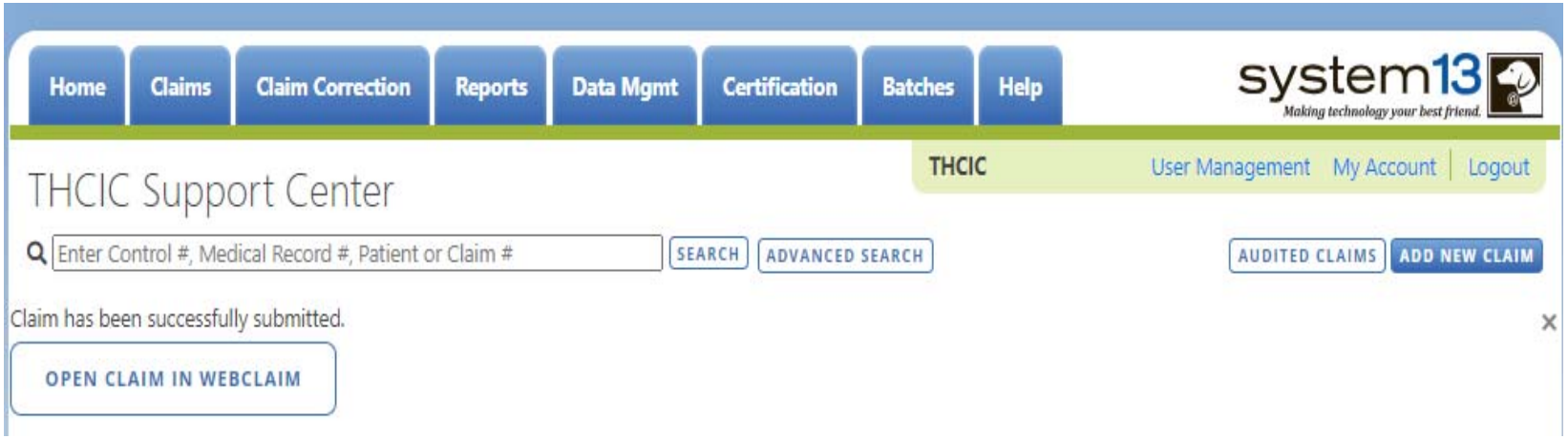
Enter Control #, Medical Record #, Patient or Claim # | SEARCH | ADVANCED SEARCH | AUDITED CLAIMS | ADD NEW CLAIM

Claim has been successfully submitted, but still has errors.

OPEN CLAIM IN WEBCORRECT

When a claim has been successfully submitted, but contains errors the user can choose to review and correct this claim in WebCorrect (Claim Correction).

Other Options



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

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

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

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

Options…Delete Claim(s)

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

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

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THCIC Support Center

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

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

SELECT ALL | 2 Claims | DELETE

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

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

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THCIC Support Center

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

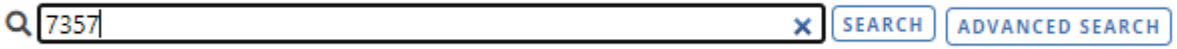
Patient Name	In/Out	Started On	Patient Control #	Medical Record #
DOE, KANDI	OUT-I	06/01/2020	258	258
DOE, LLOYD	OUT-I	06/01/2020	7496	7496

SELECT ALL | 2 Claims (1 Selected) | DELETE

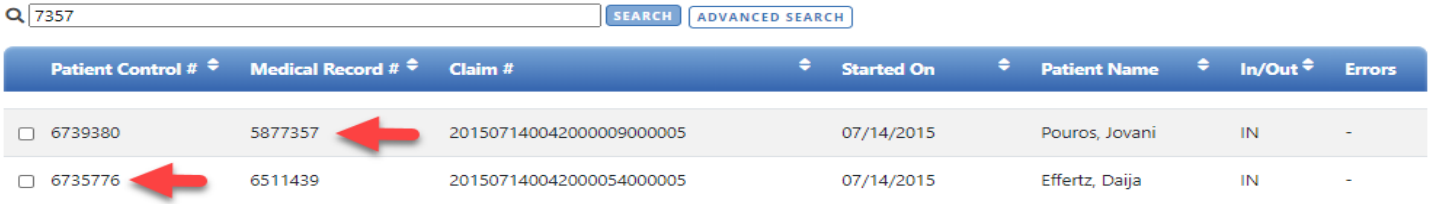
Options…Search for Claims

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

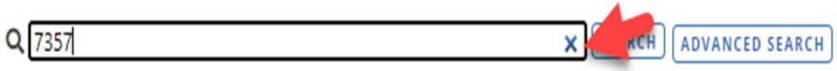
- Type in your search request.



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

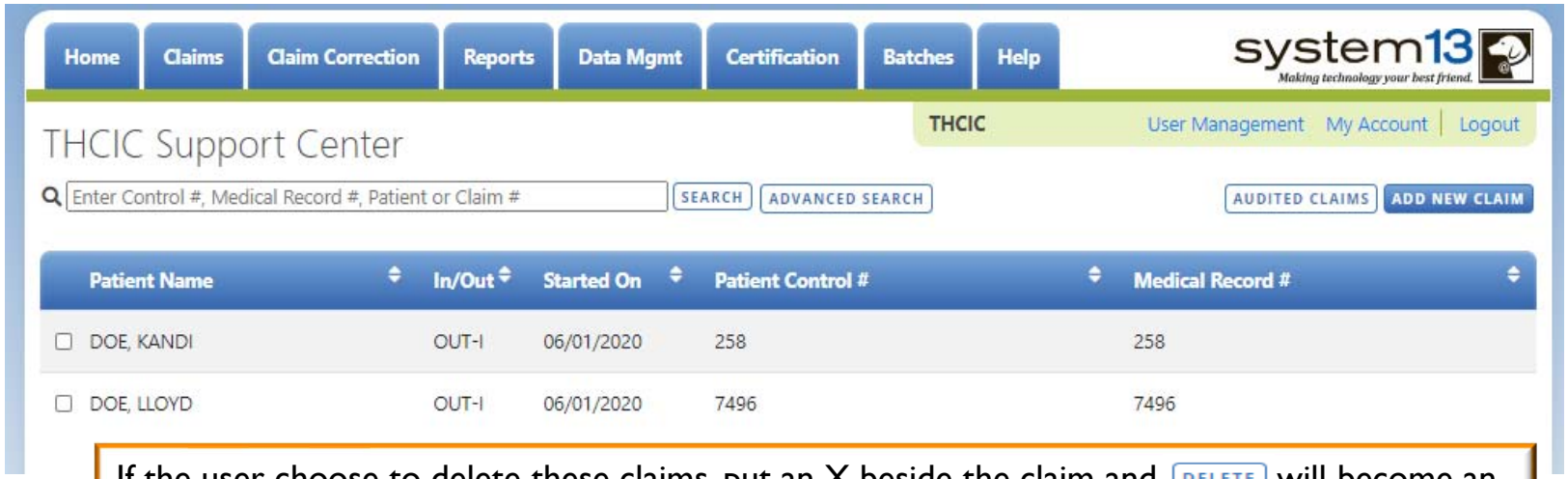


- Click clear to return to the unfiltered list of claims click the X.



Incomplete (Saved) Claims
New Claims in Progress

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



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

Web Claim

Questions/ Comments

Questions, comments or need clarification please e-mail
thcichelp@dshs.texas.gov
The e-mail should include the facility's THCIC ID.

THCIC Contact

Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756

Phone: 512- 776-7261

Fax: 512- 776-7740

E-mail: **THCIChelp@dshs.texas.gov**

Web site: **http//:www.dshs.texas.gov/THCIC**

THCIC Contact

- Contact Dee Roes at 512-776-3374 or Dee.Roes@dshs.texas.gov if submitter test/production files reject due to a submission address or EIN/NPI number.
- Contact Tiffany Overton at 512-776-2352 or Tiffany.Overton@dshs.texas.gov if a facility has questions concerning the submission, correction, or certification of data.
- For general questions or to request information about THCIC please e-mail to thcichelp@dshs.texas.gov.

system13
Formerly Commonwealth Clinical Systems and Computer Services

Contact

Address:
System13, Inc
1648 State Farm Blvd.
Charlottesville, VA 22911

Phone: 1-888-308-4953
Fax: 434-979-1047
E-mail: THCIChelp@system13.com
Web site: https://thcic.system13.com