



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Outpatient Claim Entry

(Formerly WebClaim)

Revised April 2024

Background Information

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



THCIC Rules



Title 25. Health Services

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

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

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

THCIC Contact



Address:

Texas Health Care Information Collection
Dept of State Health Services – Center for Health
Statistics
1100 W 49th St, Ste M-660
Austin, TX 78756



Phone: 512- 776-7261






E-mail: THCIChelp@dshs.texas.gov



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

THCIC Contact

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



Contact



Address:

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



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@system13.com



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

Data Reporting Schedule



When are my submissions due?

← → ↻ 🔍 dshs.texas.gov/texas-health-care-information-collection/facility-reporting-requirements/data-reporting-schedule

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



Home / Texas Health Care Information Collection / Facility Reporting Requirements / Data Reporting Schedule

Center for Health Statistics

Facility Reporting Requirements

Revenue Codes

Inpatient Data Reporting Requirements

Outpatient Data Reporting Requirements

Emergency Department Data Reporting Requirements

Data Reporting Schedule

Training

Texas Health Care Information Collection Numbered Letters

Health Maintenance Organization (HMO) Data Reporting Requirements

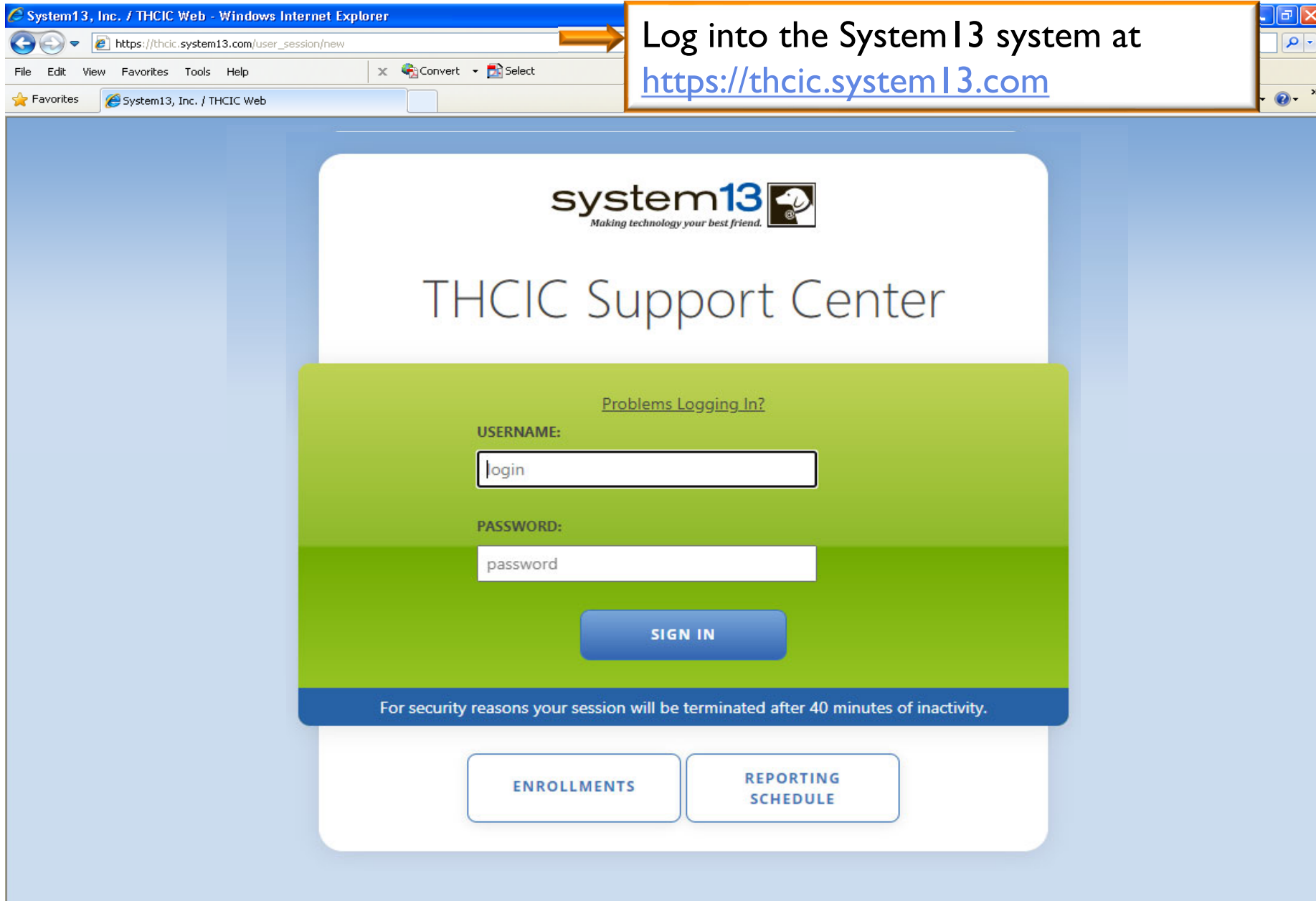
Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

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

The reporting schedule is a rule driven schedule, under [Chapter 421](#), Title 25, Part 1 of the Texas Administrative Code, Subchapter D, [RULE 5421.66](#). The due dates are either the 1st or the 15th of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.

THCIC System



System13, Inc. / THCIC Web - Windows Internet Explorer


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

File Edit View Favorites Tools Help

Convert Select

Favorites System13, Inc. / THCIC Web

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

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

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

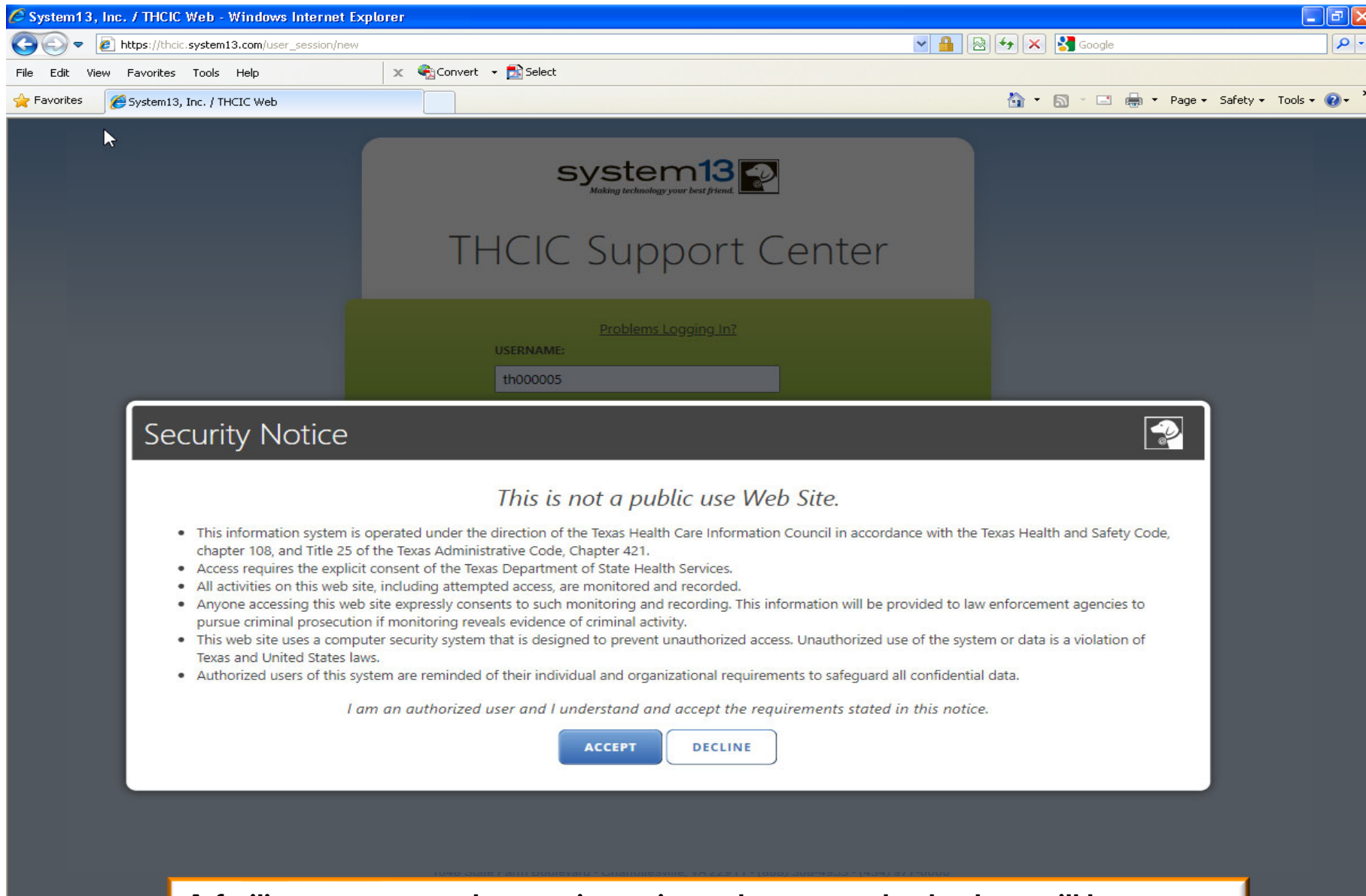
ENROLLMENTS **REPORTING SCHEDULE**

Log In the System as a Provider

The screenshot shows the login interface for the system13 THCIC Support Center. At the top, the system13 logo is displayed with the tagline "Making technology your best friend." Below the logo, the text "THCIC Support Center" is centered. A green box contains the login fields: a "USERNAME:" field with the value "th000006" and a "PASSWORD:" field with masked characters. A blue "SIGN IN" button is positioned below the password field. A blue banner at the bottom of the green box states: "For security reasons your session will be terminated after 40 minutes of inactivity." Below the banner, two buttons are visible: "ENROLLMENTS" and "REPORTING SCHEDULE". A link for "Problems Logging In?" is located above the username field.

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

Security Notice



The screenshot shows a Windows Internet Explorer browser window. The address bar displays https://thcic.system13.com/user_session/new. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page content features the System13 logo with the tagline "Making technology your best friend." and the heading "THCIC Support Center". Below the heading is a link for "Problems Logging In?" and a login form with the label "USERNAME:" and a text input field containing "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 claim counts and a section with helpful tips.
- The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.
- Two views. Activity Dashboard  

Provider Home Page – Grid View



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



Activity Dashboard

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

- WEB CLAIM ENTRY
- CORRECT ERRORS
- START CERTIFICATION

Q3
2023

SUBMISSION

No claims are present for this quarter.

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

CERTIFICATION

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

Certification due **15 Apr 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Q4
2023

SUBMISSION

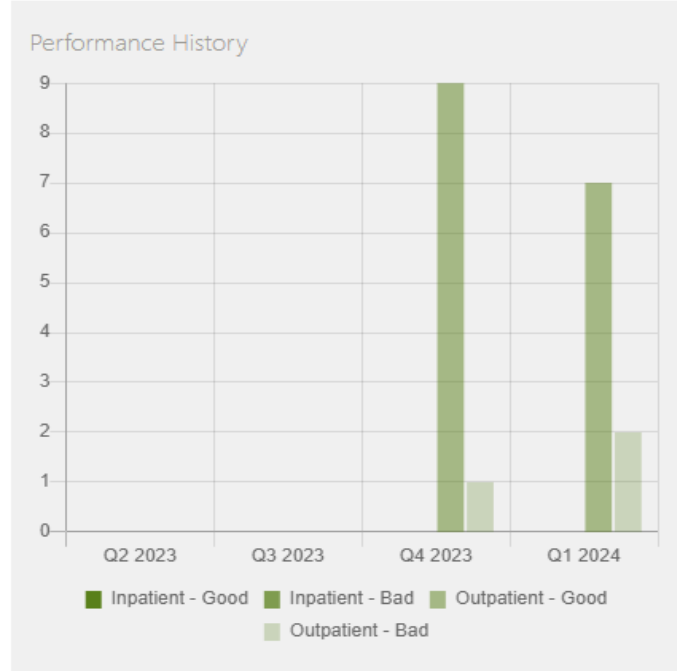
	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

CERTIFICATION

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

Certification due **15 Jul 2024**



Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

CERTIFICATION

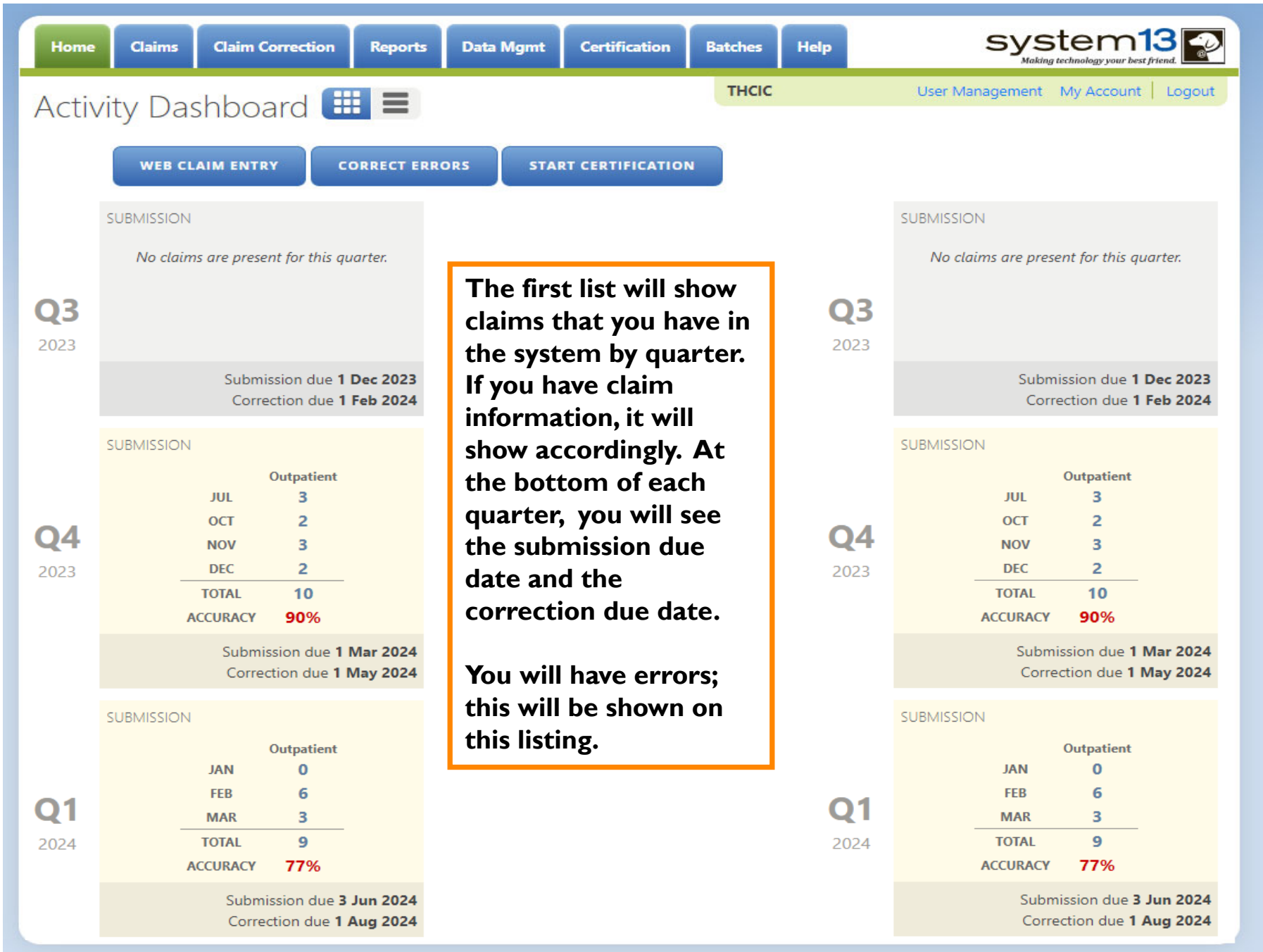
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2024**

QUICK TIP:



To request a submitter account, click the 'Enrollments' button on the login page.

Provider Home Page – 1st Row



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

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Activity Dashboard  

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

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

Q3
2023

SUBMISSION

No claims are present for this quarter.

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

Q4
2023

SUBMISSION

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

Q3
2023

SUBMISSION

No claims are present for this quarter.

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

Q4
2023

SUBMISSION

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

Q1
2024

SUBMISSION

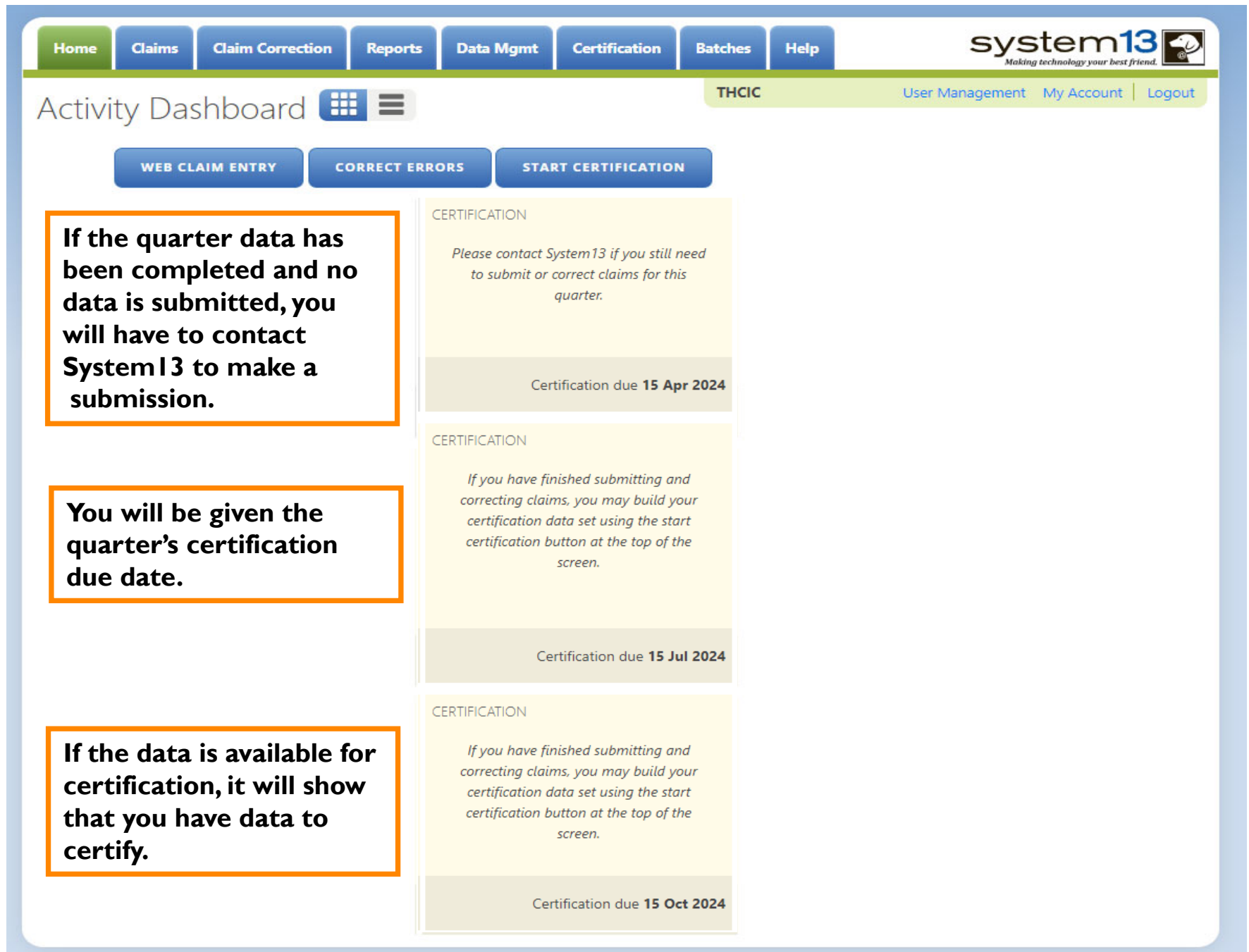
	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

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

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

Provider Home Page – 2nd Row



The screenshot displays the System13 Provider Home Page. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The System13 logo is in the top right corner. Below the navigation bar, the page is titled "Activity Dashboard" and includes a "THCIC" label and links for "User Management", "My Account", and "Logout". Three main action buttons are visible: "WEB CLAIM ENTRY", "CORRECT ERRORS", and "START CERTIFICATION".

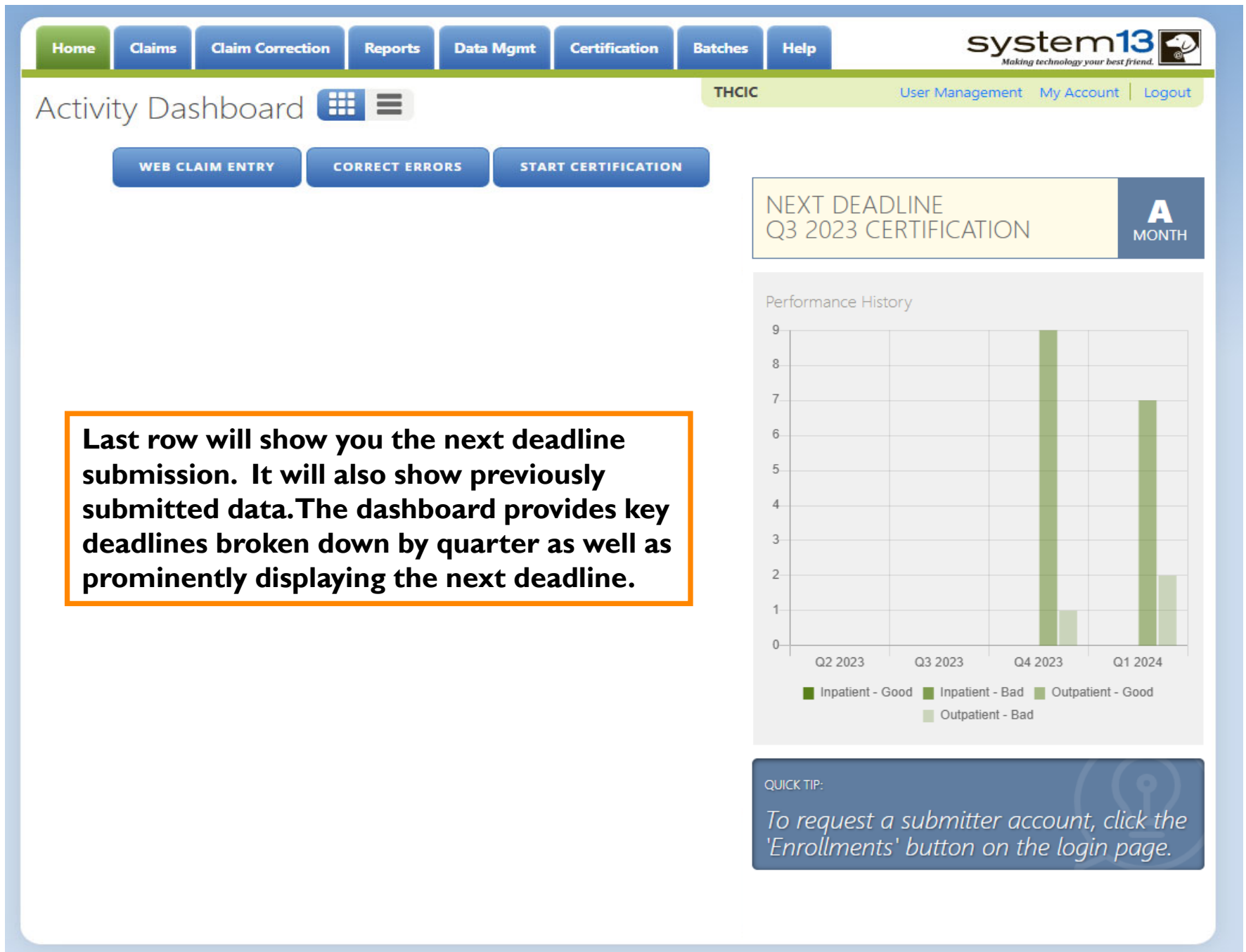
The "Activity Dashboard" section contains three certification cards, each with a "CERTIFICATION" heading and a "Certification due" date:

- Card 1:** "Certification due 15 Apr 2024". The text reads: "Please contact System13 if you still need to submit or correct claims for this quarter."
- Card 2:** "Certification due 15 Jul 2024". The text reads: "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."
- Card 3:** "Certification due 15 Oct 2024". The text reads: "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."

Three callout boxes on the left side of the dashboard provide instructions:

- Box 1:** "If the quarter data has been completed and no data is submitted, you will have to contact System13 to make a submission."
- Box 2:** "You will be given the quarter's certification due date."
- Box 3:** "If the data is available for certification, it will show that you have data to certify."

Provider Home Page – 3rd Row



The screenshot shows the 'Activity Dashboard' section of a provider's home page. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the dashboard title 'Activity Dashboard' is followed by a grid and list view toggle. A green bar contains the text 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. Three main action buttons are displayed: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. A prominent yellow box highlights the 'NEXT DEADLINE Q3 2023 CERTIFICATION' with a '1 MONTH' indicator. Below this is a 'Performance History' bar chart showing data for Q2 2023, Q3 2023, Q4 2023, and Q1 2024. The chart tracks 'Inpatient - Good', 'Inpatient - Bad', 'Outpatient - Good', and 'Outpatient - Bad'. A 'QUICK TIP' box at the bottom right provides instructions on how to request a submitter account.

Next Deadline: Q3 2023 CERTIFICATION (1 MONTH)

Performance History:


Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

QUICK TIP:
To request a submitter account, click the 'Enrollments' button on the login page.

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



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

Activity Dashboard

WEB CLAIM ENTRY
CORRECT ERRORS
START CERTIFICATION

Q3
2023

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Apr 2024**

Q4
2023

SUBMISSION

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

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

Certification due **15 Jul 2024**

Q1
2024

SUBMISSION

	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

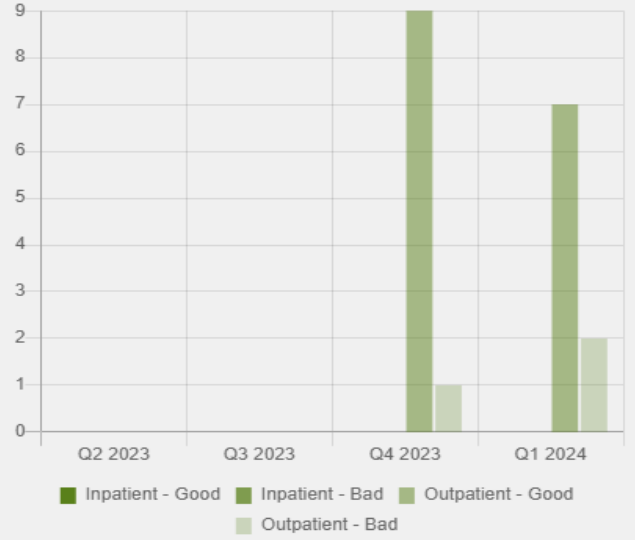
CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

QUICK TIP:
To request a submitter account, click the 'Enrollments' button on the login page.

Provider Home Page – 1st Row

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Q3 2023 SUBMISSION
No claims are present for this quarter.
Submission due **1 Dec 2023** | Correction due **1 Feb 2024**

Q3 2023 CERTIFICATION
Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2024**

Q4 2023 SUBMISSION

	Outpatient	
JUL	3	Submission due 1 Mar 2024 Correction due 1 May 2024
OCT	2	
NOV	3	
DEC	2	
TOTAL	10	
ACCURACY	90%	

Q4 2023 CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2024**

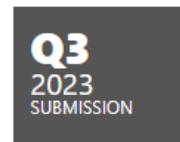
Q1 2024 SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	6	
MAR	3	
TOTAL	9	
ACCURACY	77%	

Q1 2024 CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Oct 2024**

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

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



The certification due date will be by the quarter.



Provider Home Page – 2nd Row

The screenshot shows a web application interface for a provider. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, there is a user profile section with 'THCIC' and links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Activity Dashboard' and contains three buttons: 'WEB CLAIM ENTRY', 'CORRECT ERRORS', and 'START CERTIFICATION'. A callout box highlights the 'NEXT DEADLINE' section, which shows 'Q3 2023 CERTIFICATION' with a '1 MONTH' deadline. To the right, a 'Performance History' bar chart shows data for Q2 2023, Q3 2023, Q4 2023, and Q1 2024. The chart has four categories: Inpatient - Good, Inpatient - Bad, Outpatient - Good, and Outpatient - Bad. A 'QUICK TIP' box at the bottom right provides instructions on how to request a submitter account.

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

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

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

NEXT DEADLINE
Q3 2023 CERTIFICATION
1 MONTH


Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	0	1	0
Q1 2024	7	0	2	0

QUICK TIP:
To request a submitter account, click the 'Enrollments' button on the login page.

Data Management/Primary Contact Provider Home Page

Home
Claims
Claim Correction
Reports
Data Mgmt
Certification
Batches
Help



Activity Dashboard

THCIC

User Management | My Account | Logout

Activity Dashboard

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

Other Features

Q3 2023

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Apr 2024**

Q4 2023

SUBMISSION		Outpatient	
JUL		3	
OCT		2	
NOV		3	
DEC		2	
TOTAL		10	
ACCURACY		90%	

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

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

Certification due **15 Jul 2024**

Q1 2024

SUBMISSION		Outpatient	
JAN		0	
FEB		6	
MAR		3	
TOTAL		9	
ACCURACY		77%	

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

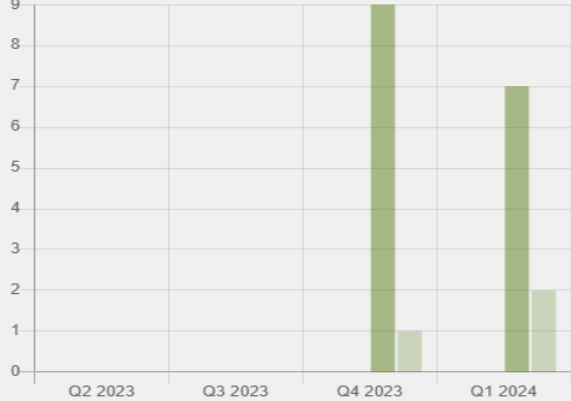
CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A
MONTH

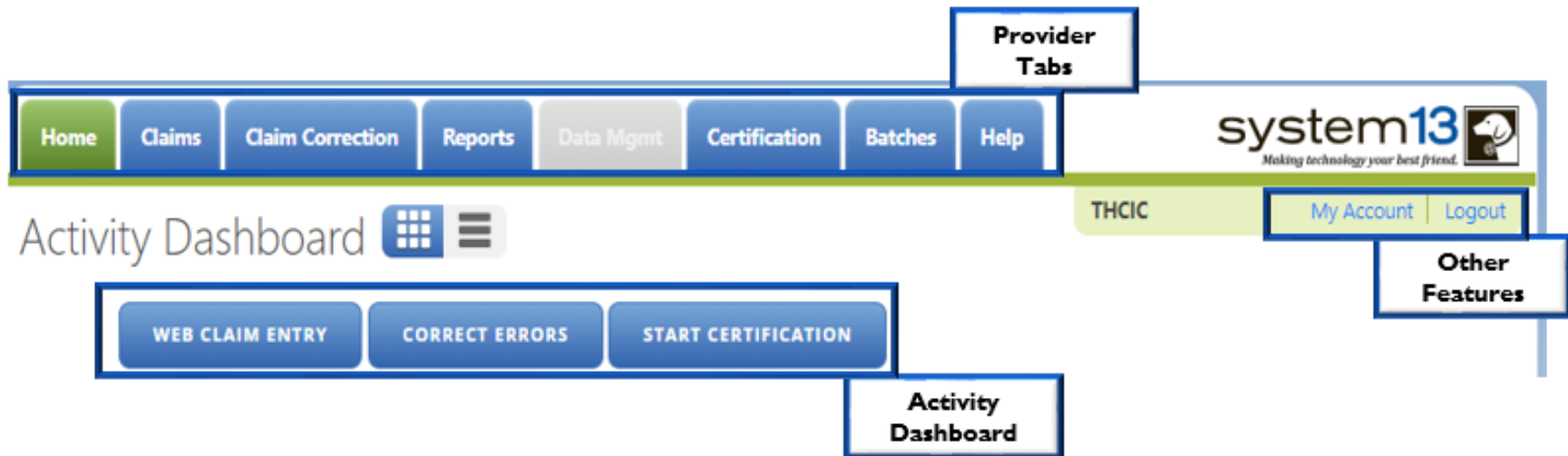
Performance History




Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0


QUICK TIP:
To request a submitter account, click the 'Enrollments' button on the login page.

Data Certifier / Data Manager Provider Home Page



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

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Activity Dashboard 

THCIC My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Other Features

Provider Tabs
Activity Dashboard

Only the primary contact have access to the data management.



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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Activity Dashboard 

THCIC My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Other Features

Provider Tabs
Activity Dashboard

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

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Activity Dashboard

THCIC User Management My Account Logout

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

Q3 2023

SUBMISSION
No claims are present for this quarter.

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

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

Certification due **15 Apr 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A MONTH

Q4 2023

SUBMISSION

Outpatient	
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

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

Certification due **15 Jul 2024**

Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

Q1 2024

SUBMISSION

Outpatient	
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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


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

Certification due **15 Oct 2024**

QUICK TIP:
To request a submitter account, click the 'Enrollments' button on the login page.

Data Management/Primary Contact Provider Home Page – List View

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



Activity Dashboard

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

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

Q3 2023 SUBMISSION

No claims are present for this quarter.

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

Q3 2023 CERTIFICATION

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

Certification due **15 Apr 2024**

Q4 2023 SUBMISSION

	Outpatient	
JUL	3	Submission due 1 Mar 2024 Correction due 1 May 2024
OCT	2	
NOV	3	
DEC	2	
TOTAL	10	
ACCURACY	90%	

Q4 2023 CERTIFICATION

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

Certification due **15 Jul 2024**

Q1 2024 SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	6	
MAR	3	
TOTAL	9	
ACCURACY	77%	

Q1 2024 CERTIFICATION

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

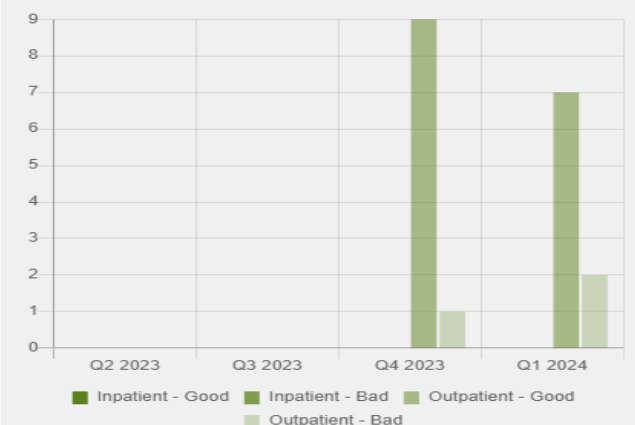
Certification due **15 Oct 2024**

NEXT DEADLINE

Q3 2023 CERTIFICATION

A
MONTH


Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

QUICK TIP:

To request a submitter account, click the 'Enrollments' button on the login page.



Texas Department of State Health Services

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Provider Tabs



Home

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

Data Mgmt

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

Claims

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

Certification

Facilities can view current and historical certification data.

Claim Correction

Provides a listing of all claims that need correction.

Batches



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

Reports

Various reports available for facility to view and documentation.



Help

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

Activity Dashboard  

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

Activity Dashboard

Activity Dashboard  

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

WEB CLAIM ENTRY

CORRECT ERRORS

START CERTIFICATION

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

WEB CLAIM ENTRY

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

CORRECT ERRORS

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

START CERTIFICATION

Web Claim Entry

WEB CLAIM ENTRY

ADD NEW CLAIM



Texas Department of State Health Services

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

System13 DVLP1 1 000007 User Management My Account Logout

Medical Record Number: Patient Control Number: Outpatient Institutional

Back to list of claims

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

SEX:
ETHNICITY:
BIRTH DATE:
mm / dd / yyyy
RACE:

ADDRESS:
ADDRESS LINE 1
ADDRESS LINE 2

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

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

Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center

THCIC Trainee 1 000006 User Management My Account Logout

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

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 741	741	202103309998999733000006	03/30/2021	DOE, JEFF	OUT-I	15
<input type="checkbox"/> 123	123	202103309998999734000006	03/30/2021	DOE, SYLVIA	OUT-I	14
<input type="checkbox"/> 789456	789456	202010149998999740000006	10/14/2020	DOE, MARISOL	OUT-I	4
<input type="checkbox"/> 852852	852852	202009239998999751000006	09/23/2020	DOE, FAKECLAIM	OUT-I	2
<input type="checkbox"/> 741	741	202009239998999752000006	09/23/2020	DOE, KENDRA	OUT-I	4
<input type="checkbox"/> 78969	78969	202007089998999759000006	07/08/2020	DOE, NATASHA	OUT-I	2
<input type="checkbox"/> 258	258	202007019998999761000006	07/01/2020	DOE, GEORGETTA	OUT-I	2
<input type="checkbox"/> 852	852	202006039998999772000006	06/03/2020	DOE, JANE DOE	OUT-I	9
<input type="checkbox"/> 3333	3333	201808089998999803000006	08/08/2018	DOE, YOUNGEE	OUT-I	13
<input type="checkbox"/> 147258369	147258369	201808089998999805000006	08/08/2018	DOE, NORMA	OUT-P	5
<input type="checkbox"/> 456123	456123	201705179998999835000006	05/17/2017	DOE, JOE	OUT-P	2
<input type="checkbox"/> PCN-542	ERR-666	201610140005000044000006	10/14/2016	JJOLIE, DDAVE	OUT-I	1
<input type="checkbox"/> PCN-539	ERR-663	201610140005000041000006	10/14/2016	WWASHINGTON, JJAY	OUT-I	1

SELECT ALL 36 Claims DELETE

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 correction! **JUMP TO FIRST ERROR** which opens the first claim on your listing and allows you to use **NEXT CLAIM →** through the navigation.

Start Certification / Certification

START CERTIFICATION

Certification

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification (highlighted in green), Batches, and Help. The 'system13' logo is on the right with the tagline 'Making technology your best friend.' Below the navigation bar, the user is identified as 'THCIC Trainee 1 000006' with links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'Certification'. It is divided into two columns: 'INPATIENT' and 'OUTPATIENT'. Each column shows data for the years 2023 and 2022. For 2023, the '1st Quarter' shows 'No Data'. For 2022, the '4th Quarter', '3rd Quarter', and '2nd Quarter' all show 'No Data'. At the bottom of the INPATIENT column, there is a section for 'Older Quarters' with a 'Select Quarter' dropdown menu.

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.



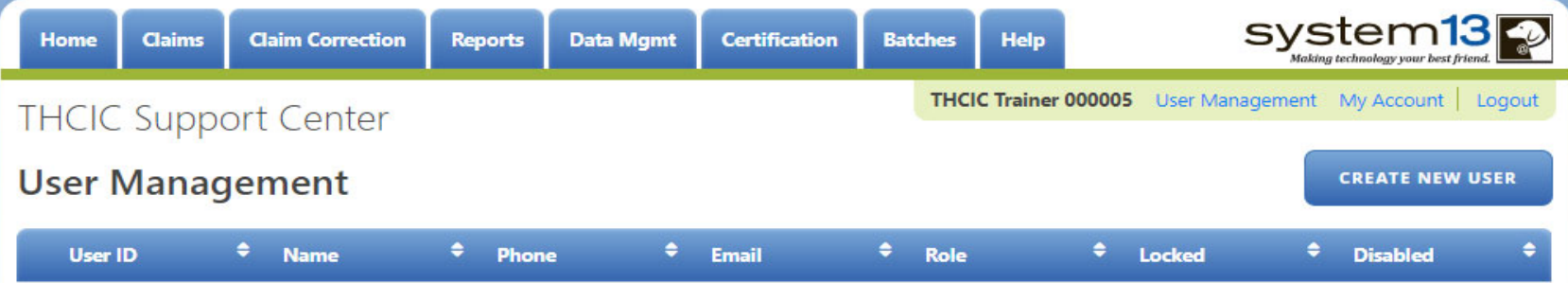
Provider Other Features

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

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

THCIC Test Hospital/Facility 000002 [My Account](#) | [Logout](#)

User Management



THCIC Support Center

THCIC Trainer 000005 User Management My Account Logout

User Management [CREATE NEW USER](#)

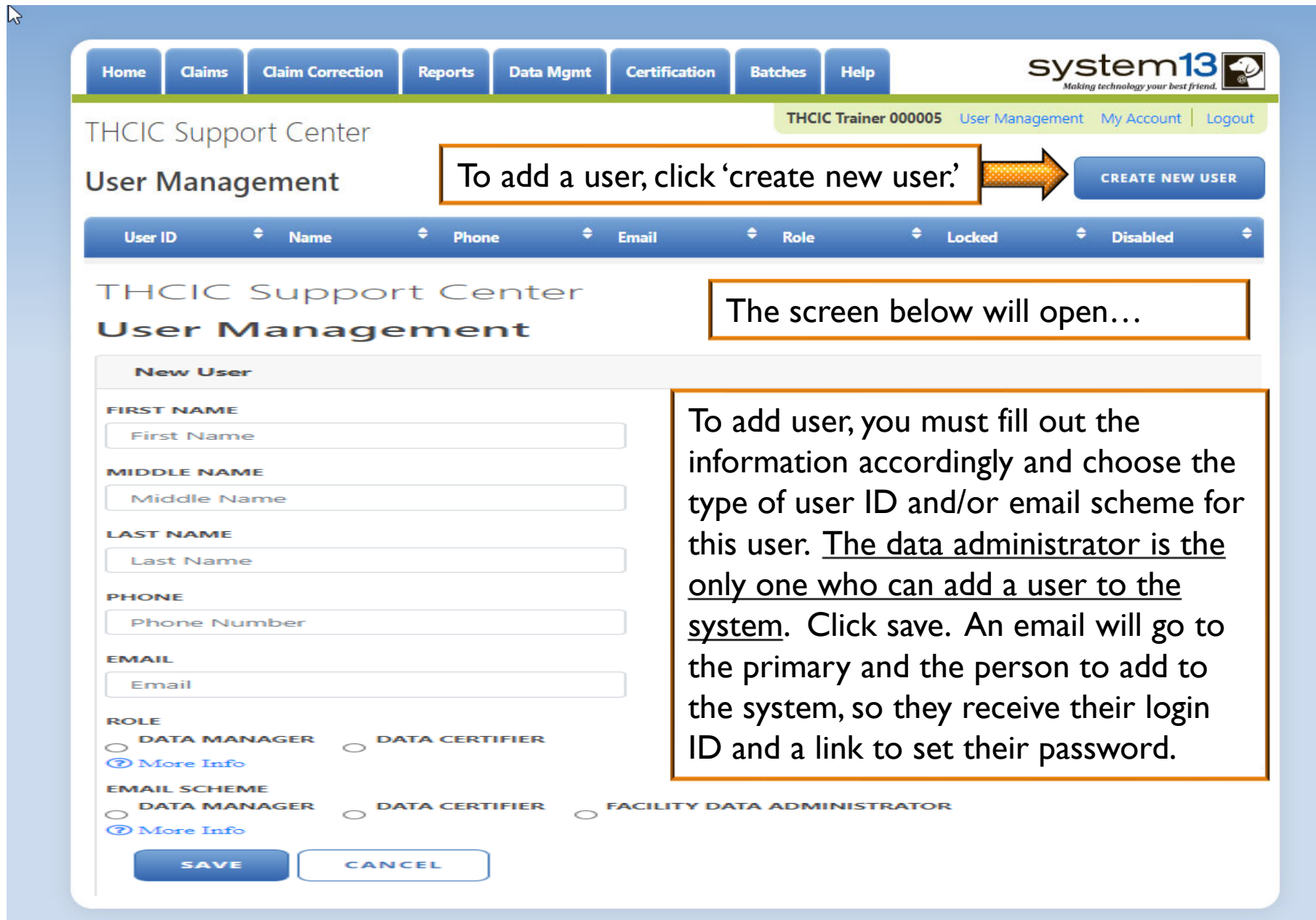
User ID	Name	Phone	Email	Role	Locked	Disabled
---------	------	-------	-------	------	--------	----------

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 Support Center THCIC Trainer 000005 User Management My Account Logout

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

User ID Name Phone Email Role Locked Disabled

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

New User

FIRST NAME

MIDDLE NAME

LAST NAME

PHONE

EMAIL

ROLE

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

EMAIL SCHEME

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

SAVE
CANCEL

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

User Management – User Roles / Email Schemes

Roles

The role determines the functionality available to a user.

Data Manager

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

Data Certifier

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

OK

Email Schemes

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

Data Manager

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

Data Certifier

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

Facility Data Administrator

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

OK

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



User Management – List of User(s)

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC Support Center THCIC Trainer 000005 User Management My Account Logout

User Management

[CREATE NEW USER](#)

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

User Management – Delete a User(s)

User Management [CREATE NEW USER](#)

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

[DELETE](#)

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



User Management – Lock Features

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

User Management

User ID: th000005c

Intrusion Lock

Account Lock:

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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

User Management

User ID: th000005c

Intrusion Lock:

Account Lock:



Other Features My Account

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



- THCIC
- User Management
- My Account
- Logout

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

CURRENT PASSWORD

CHANGE PASSWORD

PASSWORD CONFIRMATION

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

PASSWORDS MUST:

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

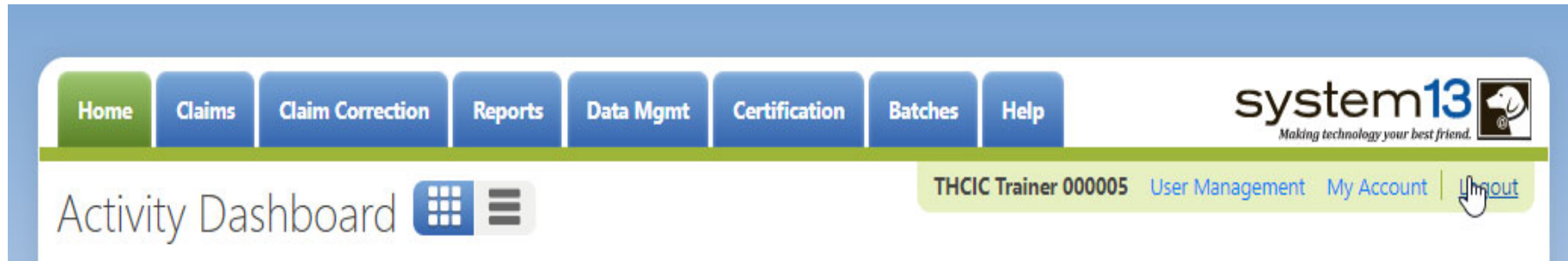
PASSWORDS MUST NOT:

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

PASSWORD NOTES:


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

Other Features - Logout



Logout logs you out of the system.

Other Features - Logout

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THCIC Support Center

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN


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

ENROLLMENTS **REPORTING SCHEDULE**

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



Inactivity

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Your session has timed out. Please log back into the application.

[Problems Logging In?](#)

USERNAME:

PASSWORD:

SIGN IN

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

ENROLLMENTS **REPORTING SCHEDULE**

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

Data Management/Primary Contact Provider Home Page – Grid View

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Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

Activity Dashboard

THCIC User Management My Account Logout

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

Q3 2023

SUBMISSION
No claims are present for this quarter.
Submission due **1 Dec 2023**
Correction due **1 Feb 2024**

CERTIFICATION
Please contact System13 if you still need to submit or correct claims for this quarter.
Certification due **15 Apr 2024**

Q4 2023

SUBMISSION

	Outpatient
JUL	3
OCT	2
NOV	3
DEC	2
TOTAL	10
ACCURACY	90%

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

CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Jul 2024**

Q1 2024

SUBMISSION

	Outpatient
JAN	0
FEB	6
MAR	3
TOTAL	9
ACCURACY	77%

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

CERTIFICATION
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.
Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION
A MONTH


Performance History

Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

QUICK TIP:
To request a submitter account, click the 'Enrollments' button on the login page.

Data Management/Primary Contact Provider Home Page – List View

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



Activity Dashboard

WEB CLAIM ENTRY CORRECT ERRORS START CERTIFICATION

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

Q3 2023 SUBMISSION

No claims are present for this quarter.

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

Q3 2023 CERTIFICATION

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

Certification due **15 Apr 2024**

Q4 2023 SUBMISSION

	Outpatient	
JUL	3	Submission due 1 Mar 2024 Correction due 1 May 2024
OCT	2	
NOV	3	
DEC	2	
TOTAL	10	
ACCURACY	90%	

Q4 2023 CERTIFICATION

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

Certification due **15 Jul 2024**

Q1 2024 SUBMISSION

	Outpatient	
JAN	0	Submission due 3 Jun 2024 Correction due 1 Aug 2024
FEB	6	
MAR	3	
TOTAL	9	
ACCURACY	77%	

Q1 2024 CERTIFICATION

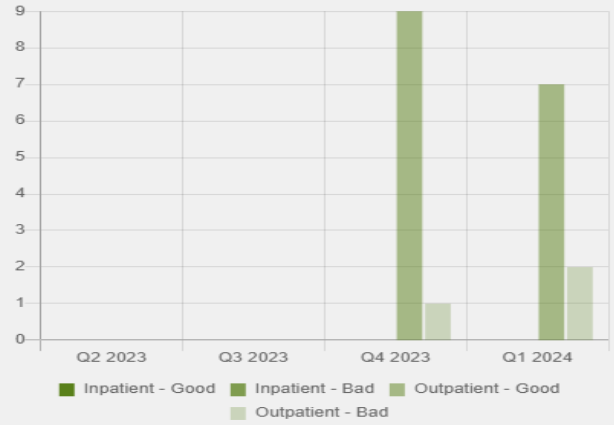
If you have finished submitting and correcting claims, you may build your certification data set using the start certification button at the top of the screen.

Certification due **15 Oct 2024**

NEXT DEADLINE
Q3 2023 CERTIFICATION

A MONTH


Performance History



Quarter	Inpatient - Good	Inpatient - Bad	Outpatient - Good	Outpatient - Bad
Q2 2023	0	0	0	0
Q3 2023	0	0	0	0
Q4 2023	9	1	0	0
Q1 2024	7	0	2	0

QUICK TIP:

To request a submitter account, click the 'Enrollments' button on the login page.

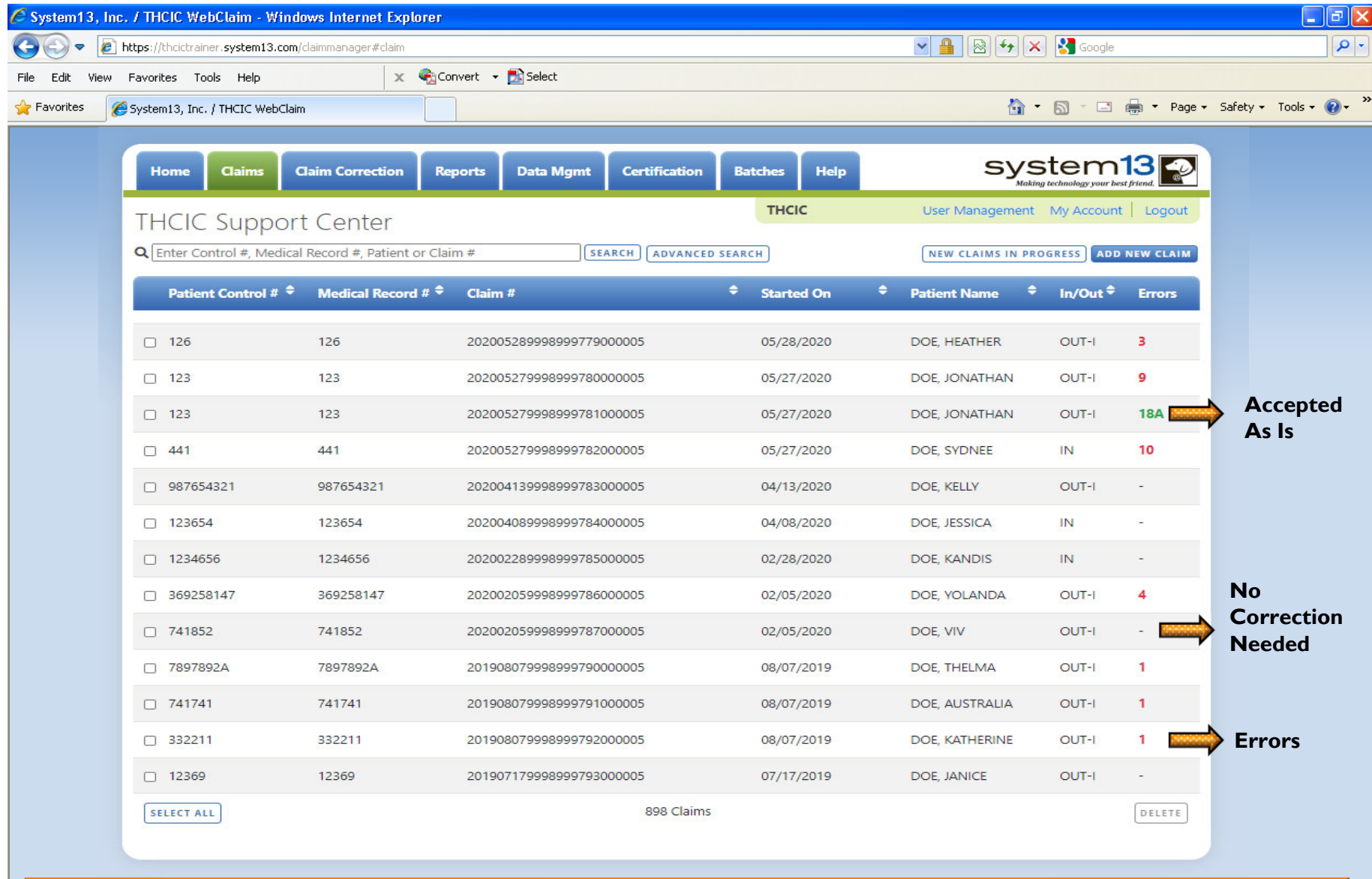


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Texas Department of State
Health Services

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Provider Tab Claims Claims



System13, Inc. / THCIC WebClaim - Windows Internet Explorer

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

File Edit View Favorites Tools Help X Convert Select

System13, Inc. / THCIC WebClaim

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

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

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 126	126	202005289998999779000005	05/28/2020	DOE, HEATHER	OUT-I	3
<input type="checkbox"/> 123	123	202005279998999780000005	05/27/2020	DOE, JONATHAN	OUT-I	9
<input type="checkbox"/> 123	123	202005279998999781000005	05/27/2020	DOE, JONATHAN	OUT-I	18A
<input type="checkbox"/> 441	441	202005279998999782000005	05/27/2020	DOE, SYDNEE	IN	10
<input type="checkbox"/> 987654321	987654321	202004139998999783000005	04/13/2020	DOE, KELLY	OUT-I	-
<input type="checkbox"/> 123654	123654	202004089998999784000005	04/08/2020	DOE, JESSICA	IN	-
<input type="checkbox"/> 1234656	1234656	202002289998999785000005	02/28/2020	DOE, KANDIS	IN	-
<input type="checkbox"/> 369258147	369258147	202002059998999786000005	02/05/2020	DOE, YOLANDA	OUT-I	4
<input type="checkbox"/> 741852	741852	202002059998999787000005	02/05/2020	DOE, VIV	OUT-I	-
<input type="checkbox"/> 7897892A	7897892A	201908079998999790000005	08/07/2019	DOE, THELMA	OUT-I	1
<input type="checkbox"/> 741741	741741	201908079998999791000005	08/07/2019	DOE, AUSTRALIA	OUT-I	1
<input type="checkbox"/> 332211	332211	201908079998999792000005	08/07/2019	DOE, KATHERINE	OUT-I	1
<input type="checkbox"/> 12369	12369	201907179998999793000005	07/17/2019	DOE, JANICE	OUT-I	-

898 Claims

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

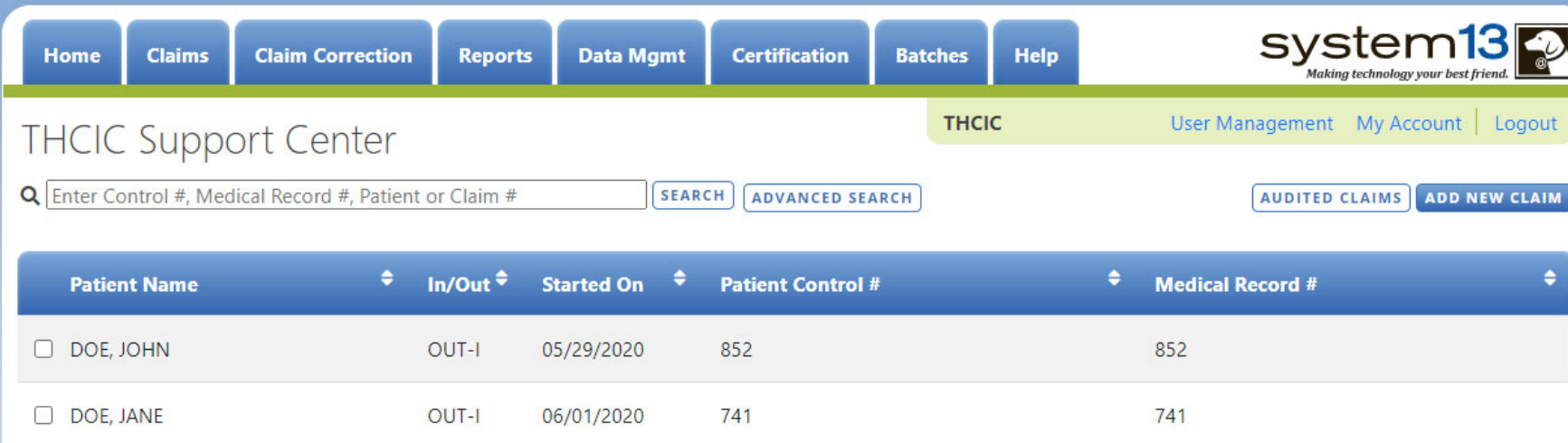
New Claims in Progress

NEW CLAIMS IN PROGRESS


The screenshot shows the 'system13' web interface. At the top, there is a navigation bar with tabs: Home, Claims (highlighted in green), Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. To the right of the navigation bar is the 'system13' logo with the tagline 'Making technology your best friend.' Below the navigation bar, there is a search bar with the placeholder text 'Enter Control #, Medical Record #, Patient or Claim #' and buttons for 'SEARCH' and 'ADVANCED SEARCH'. On the right side of the page, there is a 'THCIC' dropdown menu and links for 'User Management', 'My Account', and 'Logout'. A red arrow points from the 'THCIC' dropdown to a button labeled '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

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


AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741

New Claims in Progress lists 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 User Management My Account Logout

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741

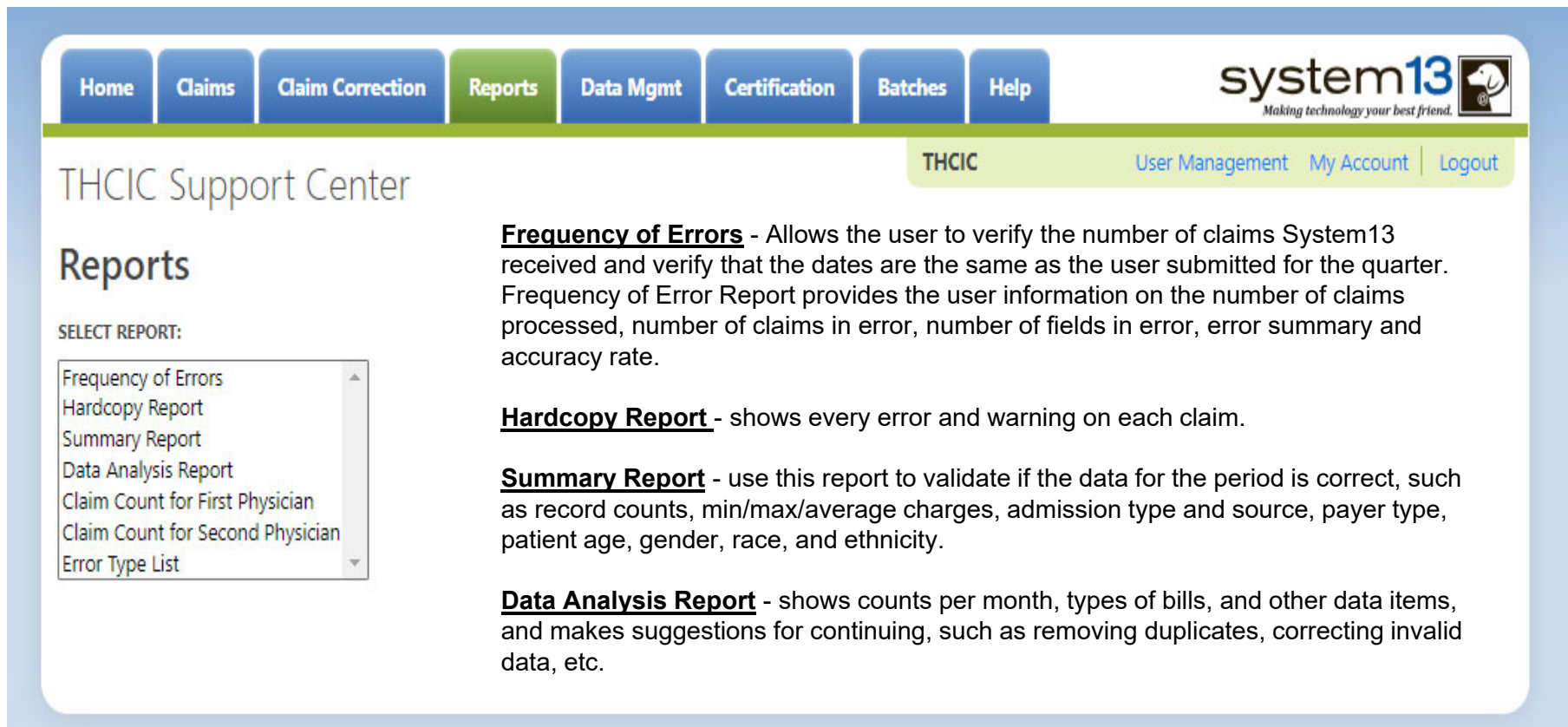
New Claims in Progress when you click Audited Claims, **AUDITED CLAIMS** you will be taken back to the claims menu.

Reports Reports

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

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

Reports Available

THCIC Support Center

system13
Making technology your best friend.

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

Reports

SELECT REPORT:

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

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

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

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



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

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

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

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

Reports Functionality

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



The screenshot shows the 'Reports' section of the 'THCIC Support Center' in the 'system13' application. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'Reports' section contains three dropdown menus: 'SELECT REPORT:' (with 'Frequency of Errors' selected), 'FILTER BY:' (with 'Timeframe' selected), and 'PATIENTS:' (with radio buttons for 'Inpatient', 'Outpatient - Institutional', and 'Outpatient - Professional'). A 'GENERATE' button is present at the bottom, but it is disabled (greyed out).

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

THCIC Support Center

No claims match selection criteria.

Type of Claims

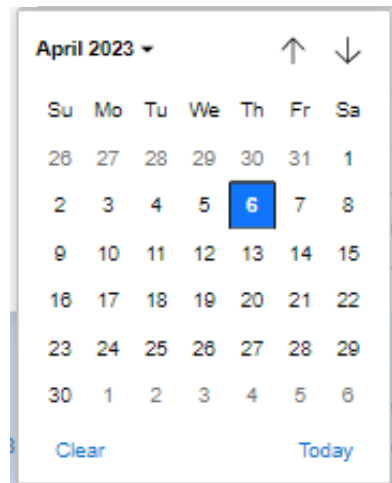
PATIENTS:




- Inpatient
- Outpatient - Institutional
- Outpatient - Professional

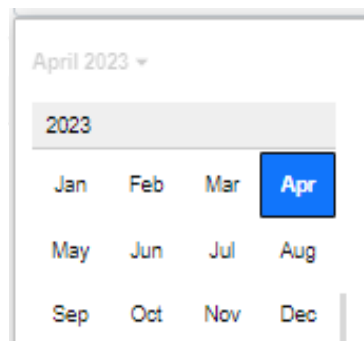
****Only one type of claim can be chosen to review patient data at a time.****
If batch number is chosen the type of claim within the batch is automatically selected, since it's already predetermined in the batch as to type of claims, type of patients is not an option.

Functionality of the Calendar Feature

- ✕ Feature of the calendar 



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



- ✕ Choosing the sidebar will change the year



Filter Report By Timeframe

- ✕ To create by timeframe.

FILTER BY:

Timeframe
 Processed Date
 Batch Number

FROM:

mm/dd/yyyy 


THROUGH:

mm/dd/yyyy 

GENERATE

PATIENTS:

- Inpatient
 Outpatient - Institutional
 Outpatient - Professional

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

Filter Report By Processed Date

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

FILTER BY:

Timeframe
Processed Date
Batch Number

DATE:

mm/dd/yyyy

PATIENTS:

Inpatient

Outpatient - Institutional

Outpatient - Professional

GENERATE

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

Filter Report By Batch Number

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

FILTER BY:

Timeframe	▲
Processed Date	
Batch Number	▼

BATCH:

Select Batch	▲
202005040001	
202005060002	

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

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'Data Mgmt' tab selected in a navigation bar. The navigation bar includes: Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, Help. The system13 logo is in the top right with the tagline 'Making technology your best friend.' Below the navigation bar, the user is identified as 'THCIC' with links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'THCIC Support Center' and 'Data Management Actions on Quarterly Data'. It contains two main sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Each section lists the function's purpose and a list of key values to match. At the bottom, there are radio buttons for 'INPATIENT' and 'OUTPATIENT' claim types, and two buttons for 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'.

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

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THCIC User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

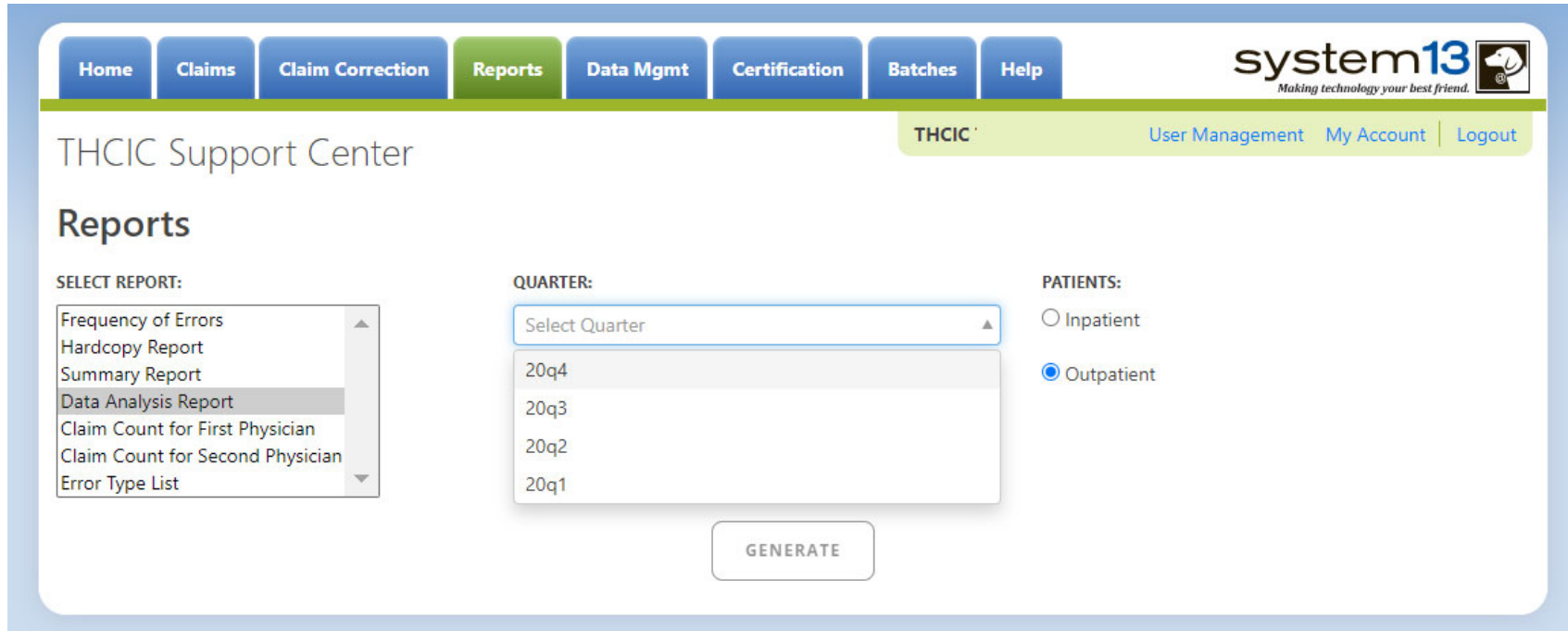
INPATIENT
 OUTPATIENT

Select Action

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

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

Data Analysis Report through the Reports Tab



The screenshot shows the 'system13' web interface. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports' (highlighted), 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'system13' logo is in the top right with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center' and there are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Reports' and contains three sections: 'SELECT REPORT:' with a dropdown menu where 'Data Analysis Report' is selected; 'QUARTER:' with a dropdown menu showing options '20q4', '20q3', '20q2', and '20q1'; and 'PATIENTS:' with radio buttons for 'Inpatient' and 'Outpatient' (which is selected). A 'GENERATE' button is located below these sections.

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

Data Analysis Report through the Reports Tab

2Q2020 Data Analysis Report (Outpatient)

Report Date: 09-Oct-2020

THCIC ID:

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q20	7

Messages

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

Provider Tab Data Management

Data Mgmt

Modify/Replace/Remove Report

- ✗ Remove duplicate claims
- ✗ Replace certain bill types

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

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

The MRR process will:

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

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

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

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

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

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

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THCIC Support Center

THCIC User Management My Account Logout

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

INPATIENT
 OUTPATIENT

Select Action

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

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'system13' web application interface. The top navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt' (highlighted), 'Certification', 'Batches', and 'Help'. The user is logged in as 'THCIC'. The main content area is titled 'Data Management Actions on Quarterly Data'. A modal dialog titled 'MRR DR Information' is open, containing the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?' with 'YES' and 'NO' buttons. In the background, the 'Modify/Replace/Remove' section lists actions like 'Match claims with...', 'Eliminate duplicate...', 'Apply late charges...', 'Apply correction...', 'Apply the replacement...', and 'Remove claims...'. The 'Select Claim Type' section has 'INPATIENT' and 'OUTPATIENT' (selected) radio buttons. The 'Select Action' section has 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)' buttons.

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'system13' web application interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center' and there are links for 'Data Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe the function and list matching criteria: Patient Control Number, Medical Record Number, Admission Start of Care, and Admission Hour. A large alert box is overlaid on the page, titled 'Modify/Replace/Remove Alert'. The alert text states: 'The MRR function is to be used to process and remove claims with bill types (xx5, xx6, xx7 and xx8). You may apply this functionality **now** to reduce the number of overall claims, including error claims. This will result in a more accurate count of claims being reported on the Frequency of Errors Report (FER) and on the Summary Report. Do you wish to continue?' Below the text are two buttons labeled 'YES' and 'NO'.



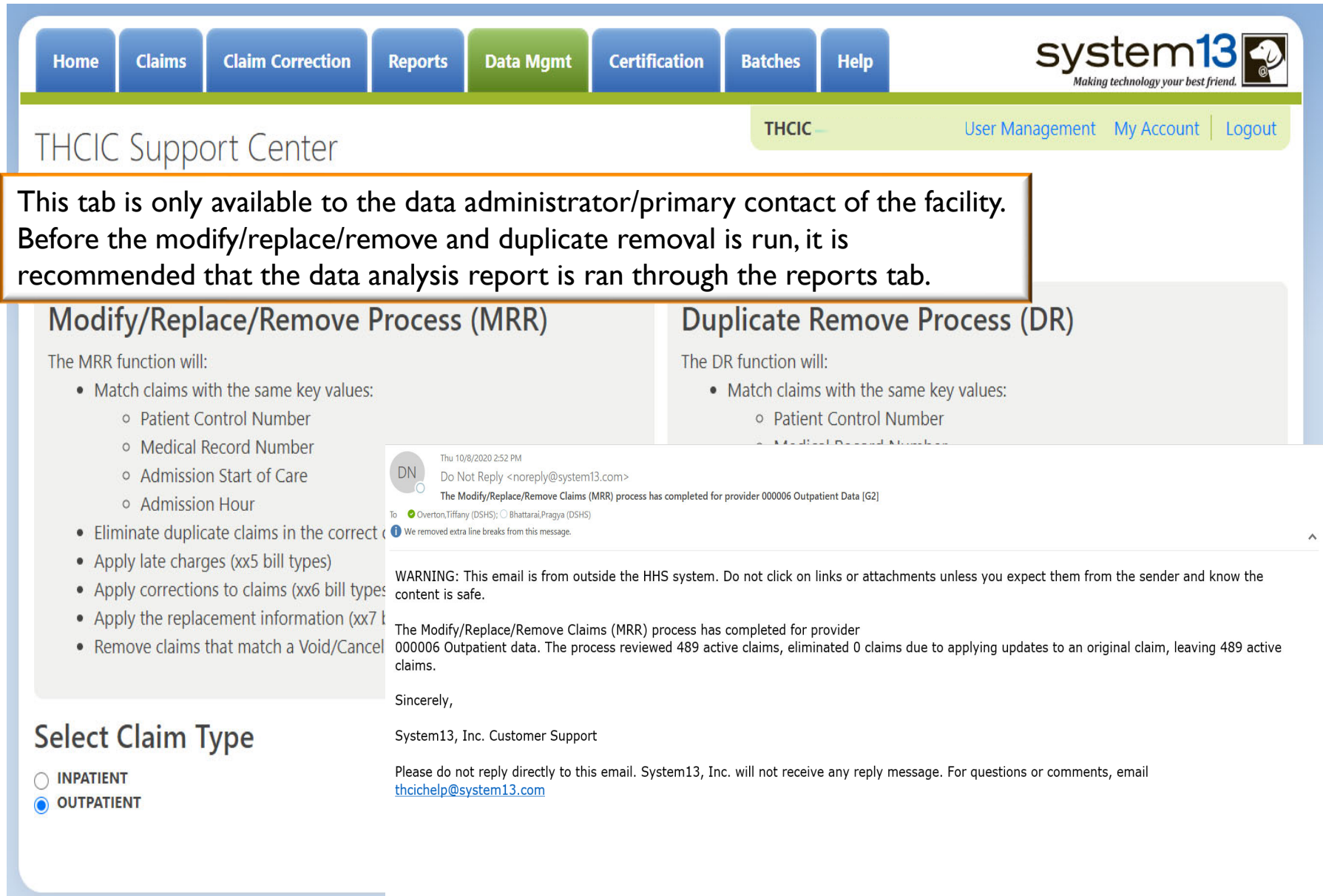
Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center' and there are links for 'er Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and features two primary sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A modal dialog box is overlaid on the MRR section, titled 'Process Submitted' with a dog icon. The dialog contains the text: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button. Below the dialog, the 'Select Claim Type' section has radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected). The 'Select Action' section has two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'.

Data Management Emails

Data Mgmt



The screenshot shows the System13 web application interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted in green), Certification, Batches, and Help. The System13 logo is on the right with the tagline "Making technology your best friend." Below the navigation bar, the page title is "THCIC Support Center" and there are links for "User Management", "My Account", and "Logout".

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

The MRR section lists the following functions:

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

The DR section lists:

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

An email preview is shown, dated Thu 10/8/2020 2:52 PM, from Do Not Reply <noreply@system13.com>. The subject is "The Modify/Replace/Remove Claims (MRR) process has completed for provider 000006 Outpatient Data [G2]". The email content includes a warning: "WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe." The main body of the email states: "The Modify/Replace/Remove Claims (MRR) process has completed for provider 000006 Outpatient data. The process reviewed 489 active claims, eliminated 0 claims due to applying updates to an original claim, leaving 489 active claims." The email is signed "Sincerely, System13, Inc. Customer Support" and includes a footer: "Please do not reply directly to this email. System13, Inc. will not receive any reply message. For questions or comments, email thcichelp@system13.com".

At the bottom left, there is a "Select Claim Type" section with two radio buttons:

- INPATIENT
- OUTPATIENT

Provider Tab Data Management

Data Mgmt

Duplicate Removal

- ✘ Remove duplicate claims
- ✘ Replace certain bill types

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

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

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

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

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

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

This report will open as a PDF as shown below.

Provider Tab Data Management – Duplicate Removal Process (DR)

The screenshot displays the 'Data Mgmt' section of the system13 web application. The navigation bar includes links for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The user is logged in as 'THCIC' and has access to User Management, My Account, and Logout. The main heading is 'Data Management Actions on Quarterly Data'. Two process descriptions are shown: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. The DR process description includes a list of key values to match and a note to retain the most recently submitted claim. Below the descriptions are two sections: 'Select Claim Type' with radio buttons for INPATIENT and OUTPATIENT (selected), and 'Select Action' with two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)', with a mouse cursor pointing to the latter.

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

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THCIC User Management My Account Logout

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

The MRR function will:

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

Duplicate Remove Process (DR)

The DR function will:

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

Select Claim Type

INPATIENT
 OUTPATIENT

Select Action

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

Provider Tab Data Management

Data Mgmt

The screenshot displays the 'system13' web application interface. At the top, a navigation bar includes tabs for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center' and there are links for 'My Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data'. A modal dialog box titled 'MRR DR Information' is open in the center. The dialog contains the following text: 'You may wish to run the **Pre-Certification Data Analysis Report** prior to having this process applied to your data. This report will display the bill type of the claims in your active claim data and make suggestions concerning the DR and MRR functions. Please see above boxes for a full description of both the DR and MRR processes. Do you wish to continue?' Below the text are two buttons: 'YES' and 'NO'. The 'YES' button is highlighted with a mouse cursor. In the background, the 'Modify/Replace' section is partially visible, showing a list of actions and radio buttons for 'INPATIENT' and 'OUTPATIENT' (selected). The 'Select Action' section shows two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. At the bottom of the page, it says 'Release 9.3.0'.

Provider Tab Data Management

Data Mgmt

The screenshot shows the 'system13' web application interface. At the top, there is a navigation menu with tabs: Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation, the page title is 'THCIC Support Center' and there are links for 'Data Management', 'My Account', and 'Logout'. The main content area is titled 'Data Management Actions on Quarterly Data' and contains two sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. Both sections describe matching claims with the same key values: Patient Control Number, Medical Record Number, and Admission Start of Care. A 'Duplicate Removal Alert' dialog box is overlaid on the screen, containing the following text: 'Be forewarned: The DR function should not be selected unless the only bill type in the currently active claims is (xx1). To view your bill types go to the Reports Tab and run the **Pre-certification Data Analysis Report**. If you have bill types other than final bill, type (xx1), you should choose the MRR Function. The MRR function removes duplicates as well as modifies claims with other bill types in the proper order. Do you wish to continue?' Below the text are two buttons labeled 'YES' and 'NO'.

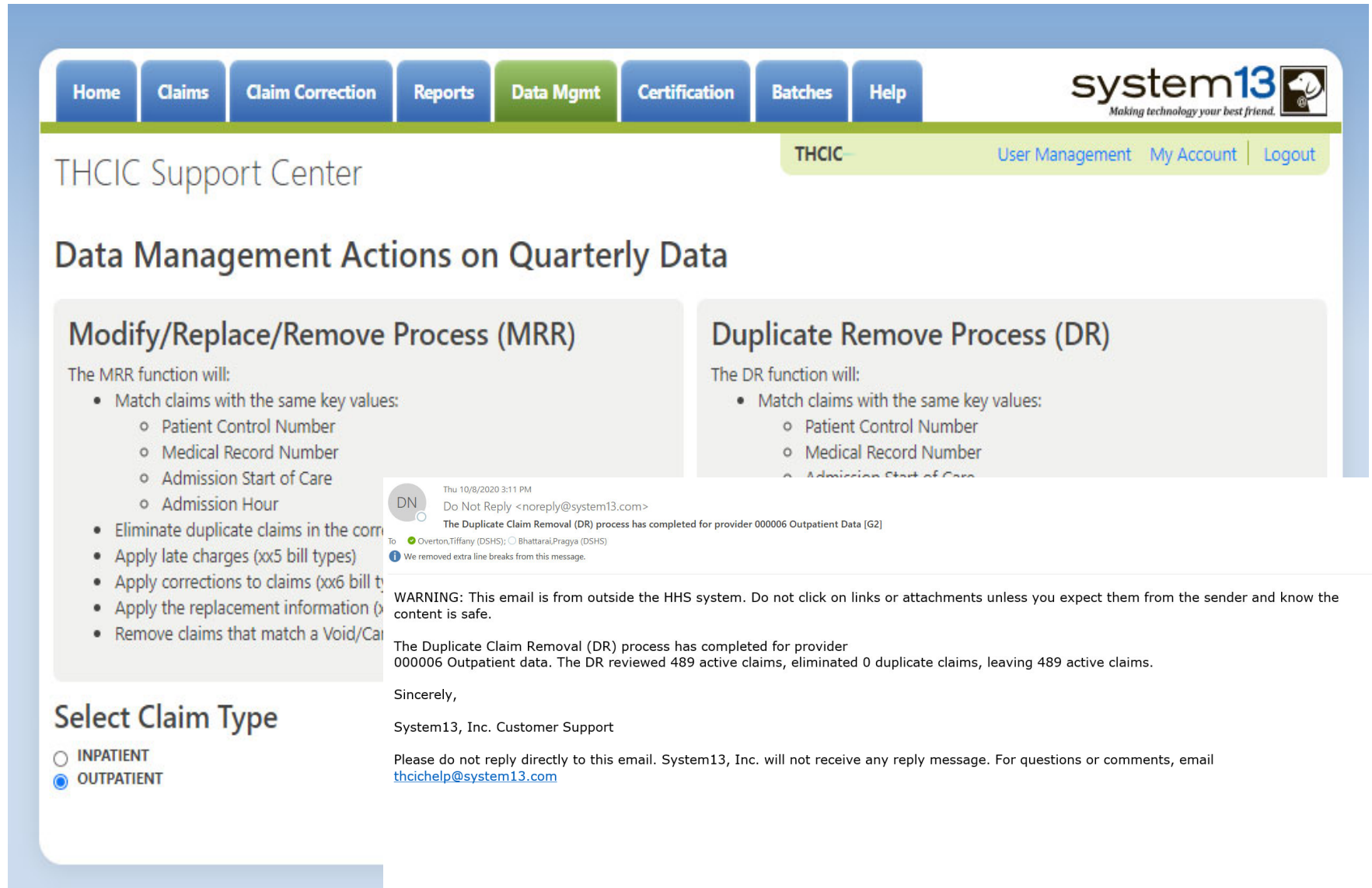
Provider Tab Data Management

Data Mgmt

The screenshot shows the 'Data Mgmt' section of the system13 interface. The navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The 'Data Mgmt' tab is active. The page title is 'THCIC Support Center' and the user is logged in as 'er Management'. The main heading is 'Data Management Actions on Quarterly Data'. There are two main sections: 'Modify/Replace/Remove Process (MRR)' and 'Duplicate Remove Process (DR)'. A dialog box titled 'Process Submitted' is overlaid on the MRR section, containing the text: 'Your request has been submitted. An email will be sent to the Provider Primary Contact (Data Administrator) upon completion.' and an 'OK' button. Below the dialog, the 'Select Claim Type' section has 'OUTPATIENT' selected. The 'Select Action' section has two buttons: 'MODIFY/REPLACE/REMOVE (MRR)' and 'REMOVE DUPLICATES (DR)'. The version number 'Release 9.3.0' is visible at the bottom of the interface.

Data Management Email

Data Mgmt



The screenshot shows the System13 web application interface. At the top, there is a navigation menu with buttons for Home, Claims, Claim Correction, Reports, Data Mgmt (highlighted), Certification, Batches, and Help. The System13 logo is in the top right corner with the tagline "Making technology your best friend." Below the navigation, there is a "THCIC Support Center" header and a secondary menu with "User Management", "My Account", and "Logout".

The main content area is titled "Data Management Actions on Quarterly Data" and contains two primary sections:

- Modify/Replace/Remove Process (MRR):**
 - The MRR function will:
 - Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care
 - Admission Hour
 - Eliminate duplicate claims in the current quarter
 - Apply late charges (xx5 bill types)
 - Apply corrections to claims (xx6 bill types)
 - Apply the replacement information (xx7 bill types)
 - Remove claims that match a Void/Canceled claim
- Select Claim Type:**
 - INPATIENT
 - OUTPATIENT

- Duplicate Remove Process (DR):**
- The DR function will:
 - Match claims with the same key values:
 - Patient Control Number
 - Medical Record Number
 - Admission Start of Care

An email notification is overlaid on the interface, dated "Thu 10/8/2020 3:11 PM". The sender is "Do Not Reply <noreply@system13.com>". The subject is "The Duplicate Claim Removal (DR) process has completed for provider 000006 Outpatient Data [G2]". The email body contains the following text:

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

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

Sincerely,
System13, Inc. Customer Support

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

Batches Batches

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



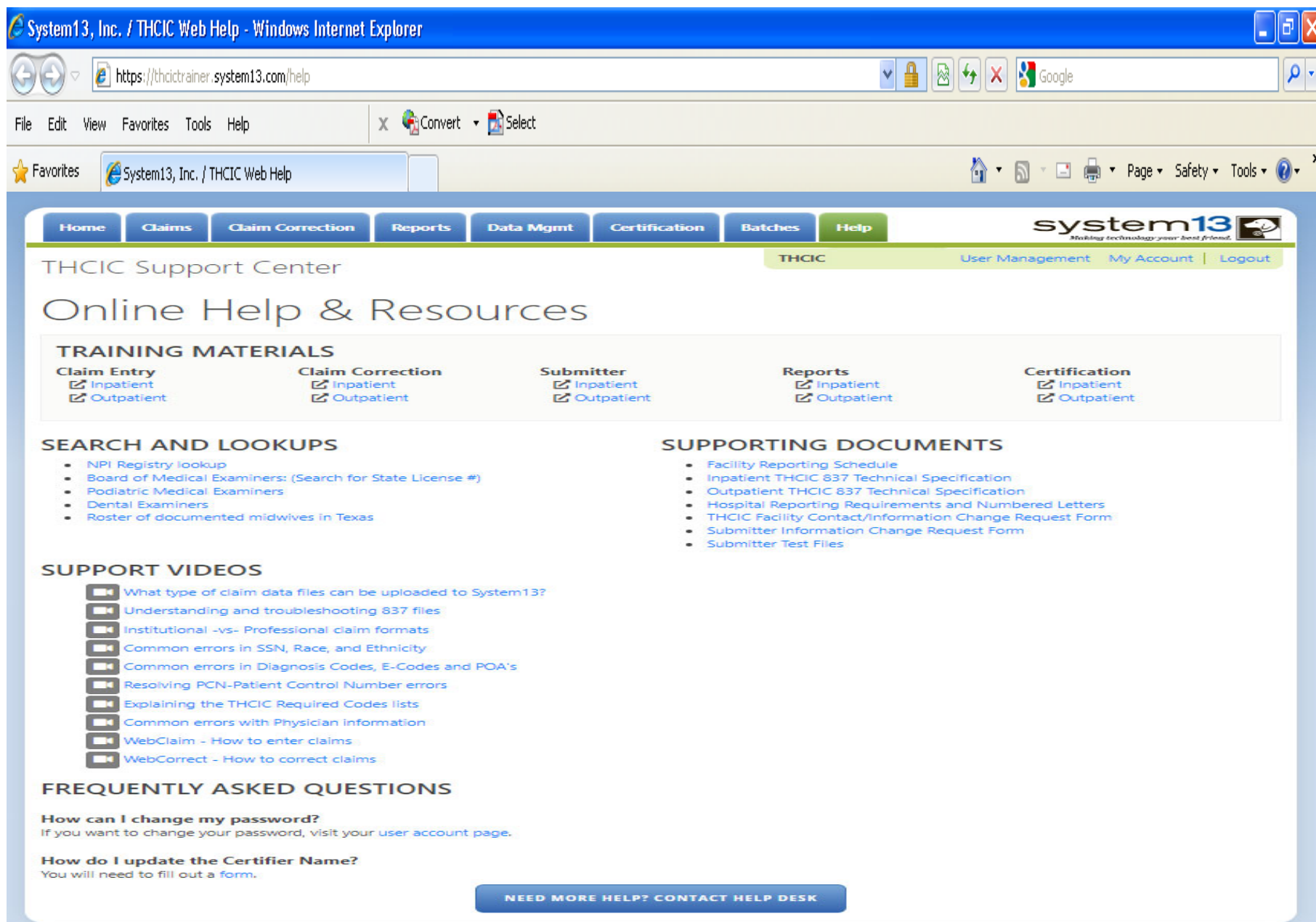
THCIC Support Center
THCIC User Management My Account Logout

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

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

6 Batches

Provider Tab Help



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

https://thcictrainer.system13.com/help

File Edit View Favorites Tools Help X Convert Select

System13, Inc. / THCIC Web Help

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

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THCIC User Management My Account Logout

THCIC Support Center

Online Help & Resources

TRAINING MATERIALS

Claim Entry	Claim Correction	Submitter	Reports	Certification
<input checked="" type="checkbox"/> Inpatient	<input checked="" type="checkbox"/> Inpatient	<input checked="" type="checkbox"/> Inpatient	<input checked="" type="checkbox"/> Inpatient	<input checked="" type="checkbox"/> Inpatient
<input checked="" type="checkbox"/> Outpatient	<input checked="" type="checkbox"/> Outpatient	<input checked="" type="checkbox"/> Outpatient	<input checked="" type="checkbox"/> Outpatient	<input checked="" type="checkbox"/> Outpatient

SEARCH AND LOOKUPS

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

SUPPORTING DOCUMENTS

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

SUPPORT VIDEOS

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

FREQUENTLY ASKED QUESTIONS

How can I change my password?
If you want to change your password, visit your [user account page](#).

How do I update the Certifier Name?
You will need to fill out a [form](#).

NEED MORE HELP? CONTACT HELP DESK

Outpatient Web Claim Training

AGENDA



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

Initial Submission Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

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

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

System Feature

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

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

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




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

Generate Quarter Cert. Data (EOD) 

Various Options for Entering Web Claim

 You can enter Web Claim from:

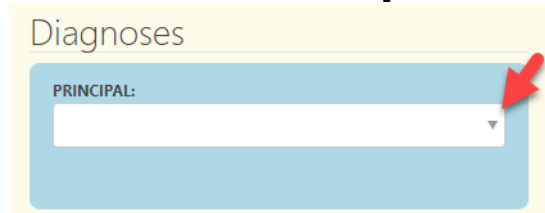
 Provider Home page – click 

  Listing – click 

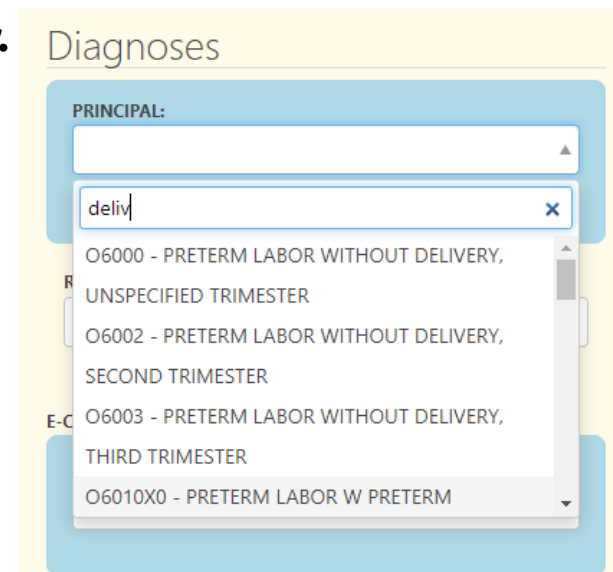
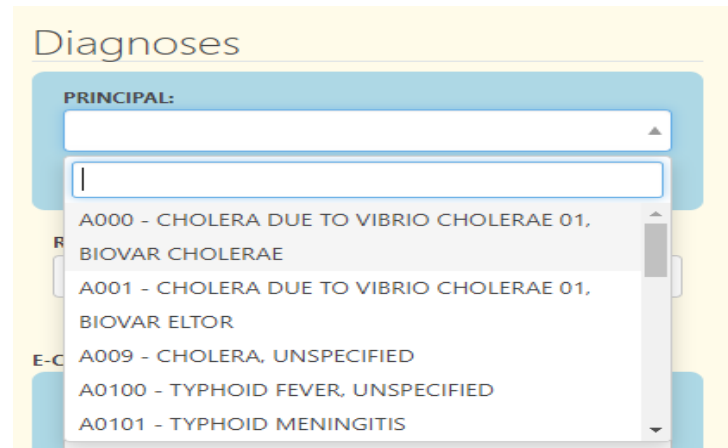
 To continue a claim in process click 


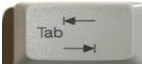
Dropdown Lists

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



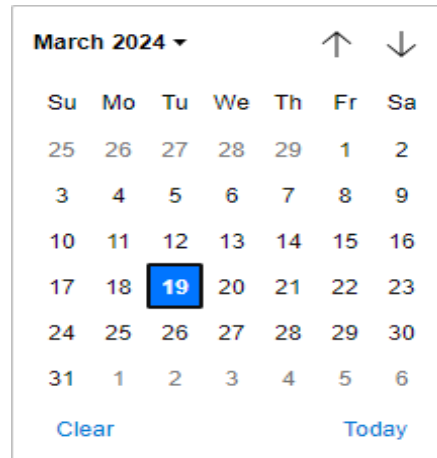
- ✕ Typing into a text box with a dropdown list will search the list for matches and display the list to the user.



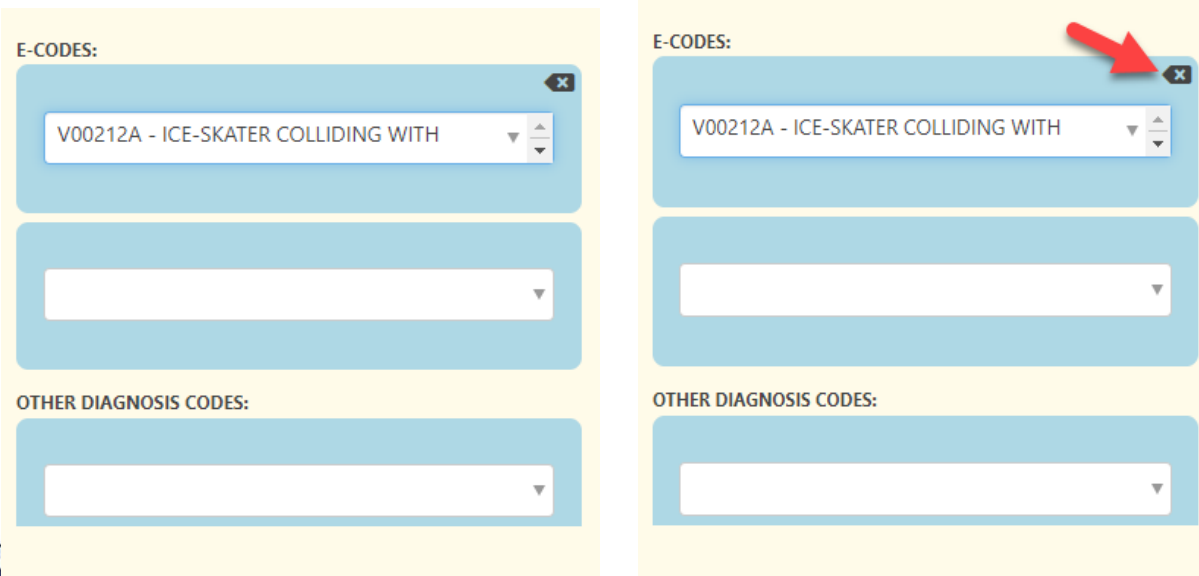
- ✕ Use the up and down arrow keys to move to the value.
- ✕ Press **ENTER**  when the highlighted selection is on the correct choice.
- ✕ Press **TAB**  to move to the next field on the screen.

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.



E-CODES:

V00212A - ICE-SKATER COLLIDING WITH

OTHER DIAGNOSIS CODES:

E-CODES:

V00212A - ICE-SKATER COLLIDING WITH

OTHER DIAGNOSIS CODES:

Outpatient Institutional

Opening Web Claim for Inpatient/Outpatient Facilities

The screenshot displays the 'system13' web portal interface. At the top, there is a navigation bar with tabs for Home, Claims, Claim Correction, Reports, Data Mgmt, Certification, Batches, and Help. The 'system13' logo is in the top right corner with the tagline 'Making technology your best friend.' Below the navigation bar, the page title is 'THCIC Support Center' and the user is logged in as 'THCIC'. There are links for 'User Management', 'My Account', and 'Logout'. The main content area is titled 'Claim Information' and includes a sidebar with navigation options: Patient (checked), Payers, Charges, Diagnoses & Procs, Practitioners, and Situational Codes. The 'Claim Information' section has two main parts: 'Claim Information' and 'Personal Information'. In the 'Claim Information' section, the 'TYPE:' is set to 'INPATIENT' (selected with a radio button) and 'OUTPATIENT INSTITUTIONAL' (unselected). The 'PATIENT CONTROL NUMBER:' is 'PCN'. In the 'Personal Information' section, there are fields for '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), and '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

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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

[Back to list of claims](#)

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

ADDRESS:
ADDRESS LINE 1
ADDRESS LINE 2

SEX:
ETHNICITY:
BIRTH DATE:
mm / dd / yyyy
RACE:

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

Patient Tab

Outpatient Institutional

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13
Making technology your best friend.

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

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

Claim Information

TYPE:
 OUTPATIENT INSTITUTIONAL
 OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:
PCN

Personal Information

MEDICAL RECORD NUMBER:
MRN

SOCIAL SECURITY NUMBER:
SSAN

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

ADDRESS:
ADDRESS LINE 1
ADDRESS LINE 2

SEX:
ETHNICITY:
BIRTH DATE:
mm / dd / yyyy
RACE:


Navigation: [NEXT SECTION →](#) [CHECK FOR ERRORS](#)

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

Choose the type of claim to be entered.

Web Claim Data Input - Patient Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



THCIC Support Center
THCIC
User Management
My Account
Logout

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

[Back to list of claims](#)

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

Claim Information

TYPE: INPATIENT OUTPATIENT INSTITUTIONAL

PATIENT CONTROL NUMBER:

Ist Choose Claim Type

Personal Information

MEDICAL RECORD NUMBER:

SOCIAL SECURITY NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

SEX:

ETHNICITY:


BIRTH DATE:

RACE:

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

NEXT SECTION →
CHECK FOR ERRORS

All navigation of the application should be confined to the TAB



(not ENTER) key or via mouse selections.

Ist Choose Claim Type

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

Then enter patient's personal Information

Scroll down to complete the tab claim.

Patient Tab



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

Medical Record Number: Patient Control Number: Outpatient Institutional

Back to list of claims

Claim Information

TYPE: OUTPATIENT INSTITUTIONAL OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER: PCN

Which Outpatient option?

Resolving PCN Errors

The THCIC Required Codes

Personal Information

MEDICAL RECORD NUMBER: MRN

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

ADDRESS: ADDRESS LINE 1

SSN/Race/Ethnicity Issues

SOCIAL SECURITY NUMBER: SSAN


SEX: [Dropdown]

ETHNICITY: [Dropdown]

BIRTH DATE: mm/dd/yyyy

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

NEXT SECTION → CHECK FOR ERRORS

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

Video: Help with SSN/

Entering Claim Information



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

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

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

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

NEXT SECTION → CHECK FOR ERRORS

Patient Tab



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

[Back to list of claims](#)

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

FACILITY TYPE CODE:

CLAIM FREQUENCY TYPE CODE:

Field with calendar lookup .

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

Payer Tab



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



THCIC Support Center

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

[Back to list of claims](#)

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

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

Entering Claim Information – Payer Tab

The screenshot shows the 'system13' interface for entering claim information. The top navigation bar includes 'Home', 'Claims', 'Claim Correction', 'Reports', 'Data Mgmt', 'Certification', 'Batches', and 'Help'. The user is logged in as 'THCIC' with links for 'User Management', 'My Account', and 'Logout'. The patient information is 'DOE, JONATHAN', Medical Record Number: 789, Patient Control Number: 789, and Outpatient Institutional.

The 'Primary Payer' section contains the following fields and options:

- SOURCE CODE:** A dropdown menu with options: 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:** A text box containing 'PAYER ID'.
- NAME:** A text box containing 'PAYER NAME'.

Annotations with red arrows point to the ID and NAME fields, and to the SOURCE CODE dropdown. A text box at the bottom provides instructions on choosing ZZ.

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

Choose the type of insurance.

Name of insurance, not the name of the insured.

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

Charges Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC — User Management My Account Logout

THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: Outpatient Institutional

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

REVENUE CODE: QUALIFIER:

PROCEDURE CODE:

MODIFIERS:

PROCEDURE DATE: PROCEDURE THRU DATE:

RATE: × QTY: UNIT: = CHARGE:

NON COVERED CHARGE:

TOTAL CHARGES: \$0.00

Click 'Add Charge' to add another charge to the claim. Click X next to file to delete entry.

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

Diagnosis Tab



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



THCIC Support Center

THCIC

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

[Back to list of claims](#)

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



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

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THCIC User Management My Account Logout

THCIC Support Center

Back to list of claims

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 CHOLERAЕ 01,
BIOVAR CHOLERAЕ

A001 - CHOLERA DUE TO VIBRIO CHOLERAЕ 01,
BIOVAR ELTOR

A009 - CHOLERA, UNSPECIFIED

A0100 - TYPHOID FEVER, UNSPECIFIED

A0101 - TYPHOID MENINGITIS

OTHER DIAGNOSIS CODES:

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

NEXT SECTION → CHECK FOR ERRORS

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

Practitioners Tab



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Home

Claims

Claim Correction

Reports

Data Mgmt

Certification

Batches

Help

system13 
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THCIC Support Center

THCIC

[User Management](#)

[My Account](#)

[Logout](#)

[Back to list of claims](#)

Medical Record Number:

Patient Control Number:

Outpatient Institutional

Patient

Payers

Charges

Diagnoses

Practitioners

Situational Codes

Physician 1 (Operating)

ID TYPE:

ID NUMBER:

FIRST NAME:

MIDDLE:

LAST NAME:

(Initial)

Physician 2 (Other/ED Attending)

ID TYPE:


ID NUMBER:

FIRST NAME:

MIDDLE:

LAST NAME:

(Initial)

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

[NEXT SECTION →](#)

[CHECK FOR ERRORS](#)

Practitioners Tab



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13
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THCIC Support Center THCIC Trainer 000005 [User Management](#) [My Account](#) [Logout](#)

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: ID NUMBER:

OB - STATE LICENSE NUMBER

XX - NPI - NATIONAL PROVIDER IDENTIFIER

LAST NAME:

(Initial)

Physician 2 (Other/ED Attending)

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

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

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

Situational Codes Tab only available on Outpatient Institutional

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13
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THCIC : User Management My Account Logout

THCIC Support Center

Back to list of claims

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

NEXT SECTION →

CHECK FOR ERRORS

Situational Codes Tab only available on Outpatient Institutional

Conditions	Values
CODE:	CODE:
<input type="button" value="x"/>	AMOUNT:
<input type="text" value="04 - INFORMATION ONLY BILL"/>	<input type="text"/>
<input type="button" value="x"/>	<input type="text"/>
<input type="text" value="05 - LIEN HAS BEEN FILED"/>	<input type="text"/>
<input type="text"/>	

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

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

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

[Back to list of claims](#)

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

✓ Patient

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

Claim Information

TYPE:
 OUTPATIENT INSTITUTIONAL OUTPATIENT PROFESSIONAL

PATIENT CONTROL NUMBER:

Personal Information

MEDICAL RECORD NUMBER:

SOCIAL SECURITY NUMBER:

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

(Initial)

ADDRESS:

SEX:

ETHNICITY:

BIRTH DATE:

RACE:

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

Patient 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

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

NEXT SECTION →

CHECK FOR ERRORS

Payer Tab

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

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

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

Primary Payer

SOURCE CODE: ID:

NAME:

Medicaid or Medicare Claims only.

Secondary Payer

SOURCE CODE: ID:

NAME:

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

[NEXT SECTION →](#) [CHECK FOR ERRORS](#)

Charges Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13 Making technology your best friend.

THCIC User Management My Account Logout

THCIC Support Center

[Back to list of claims](#)

Medical Record Number: Patient Control Number: **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](#)

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

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

Diagnosis Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help



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THCIC Support Center

[Back to list of claims](#)

THCIC User Management My Account Logout

- [Patient](#)
- [Payers](#)
- [Charges](#)
- [Diagnoses](#)
- [Practitioners](#)

Medical Record Number:
Patient Control Number:
Outpatient Professional

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

NEXT SECTION →

CHECK FOR ERRORS

Practitioners Tab

Home Claims Claim Correction Reports Data Mgmt Certification Batches Help

system13 Making technology your best friend.

THCIC User Management My Account Logout

THCIC Support Center

Back to list of claims

Medical Record Number: Patient Control Number: Outpatient Professional

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

Rendering1 Physician

ID TYPE: ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

Rendering2 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.

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

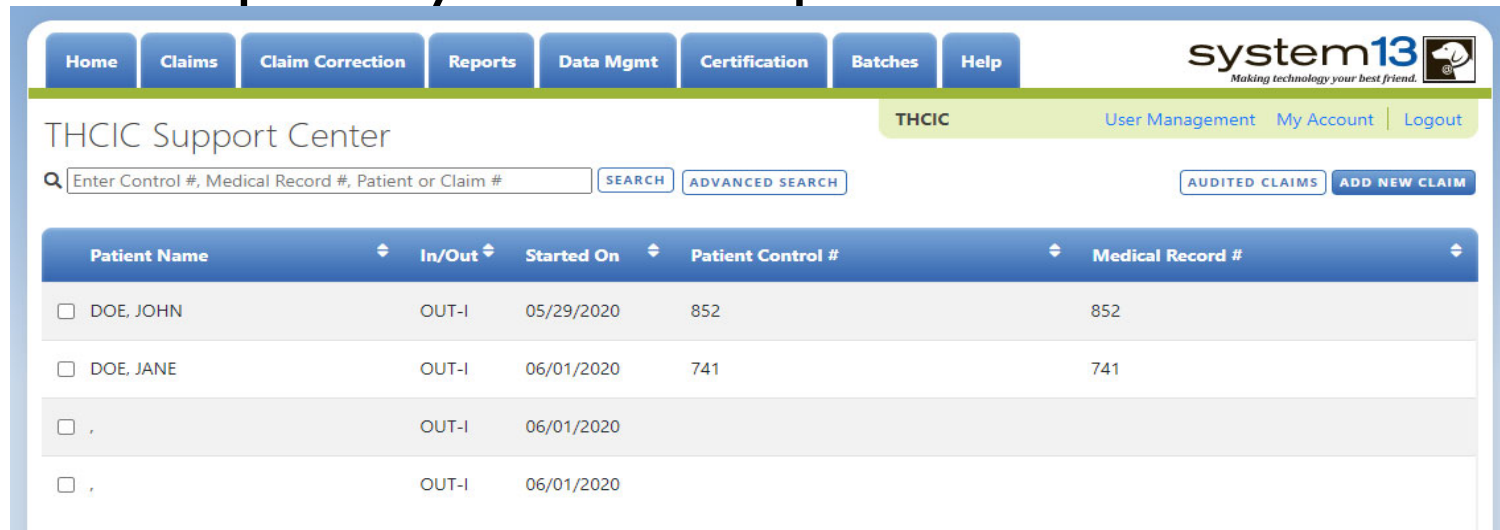
NEXT SECTION → CHECK FOR ERRORS

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.



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THCIC Support Center

THCIC User Management My Account Logout

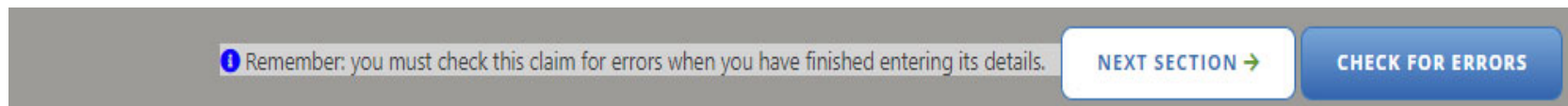
Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH

AUDITED CLAIMS ADD NEW CLAIM

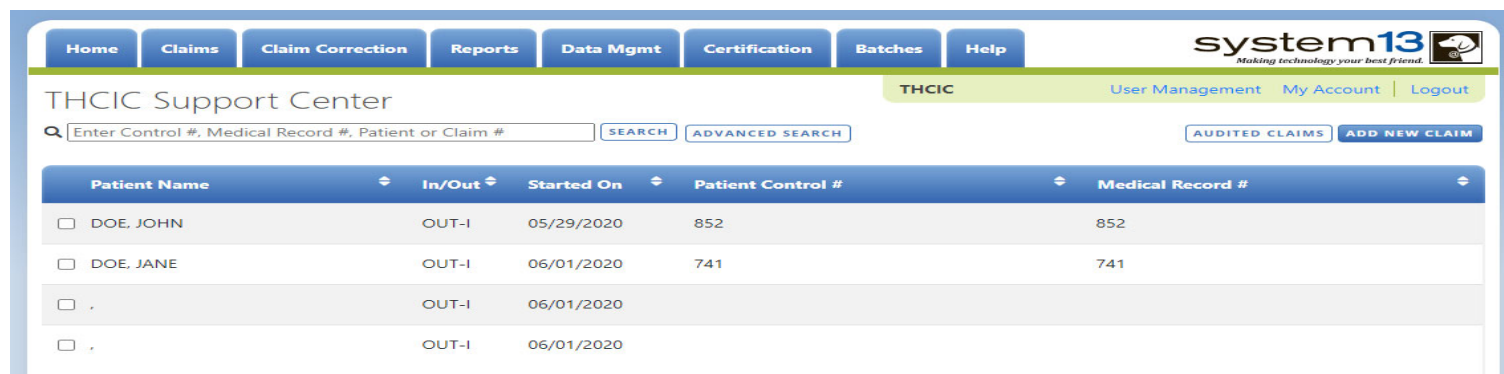
Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741
<input type="checkbox"/> ,	OUT-I	06/01/2020		
<input type="checkbox"/> ,	OUT-I	06/01/2020		

Check for Errors/ Submitting Your Claim

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



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



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THCIC Support Center

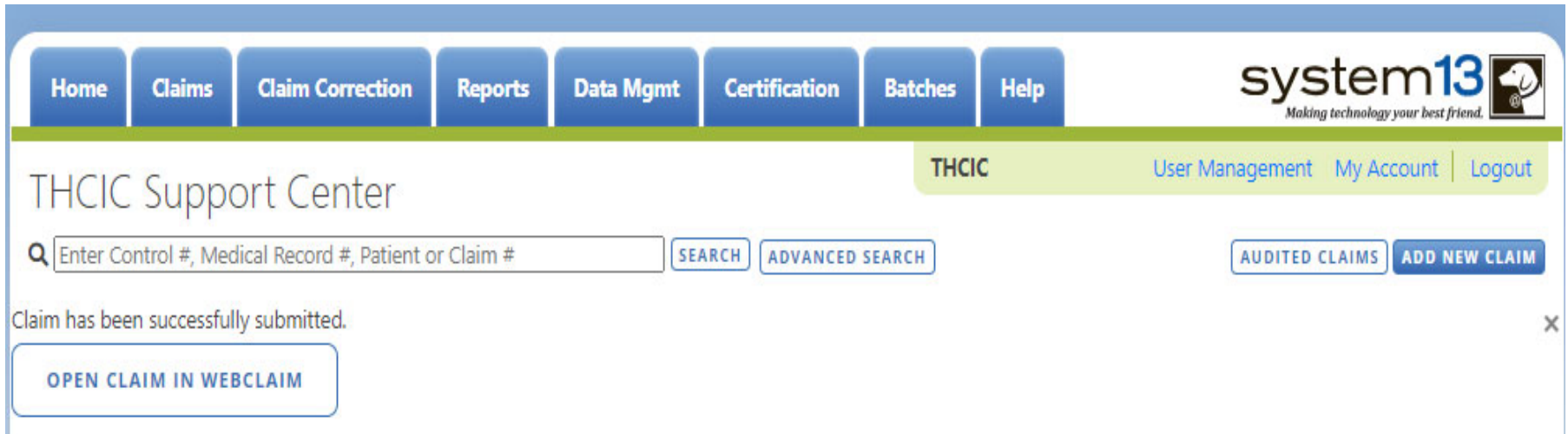
THCIC User Management My Account Logout

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, JOHN	OUT-I	05/29/2020	852	852
<input type="checkbox"/> DOE, JANE	OUT-I	06/01/2020	741	741
<input type="checkbox"/> .	OUT-I	06/01/2020		
<input type="checkbox"/> .	OUT-I	06/01/2020		

Other Options



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

AUDITED CLAIMS ADD NEW CLAIM

Claim has been successfully submitted.

OPEN CLAIM IN WEBCLAIM

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)

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, KANDI	OUT-I	06/01/2020	258	258
<input type="checkbox"/> 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.

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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, KANDI	OUT-I	06/01/2020	258	258
<input checked="" type="checkbox"/> 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.

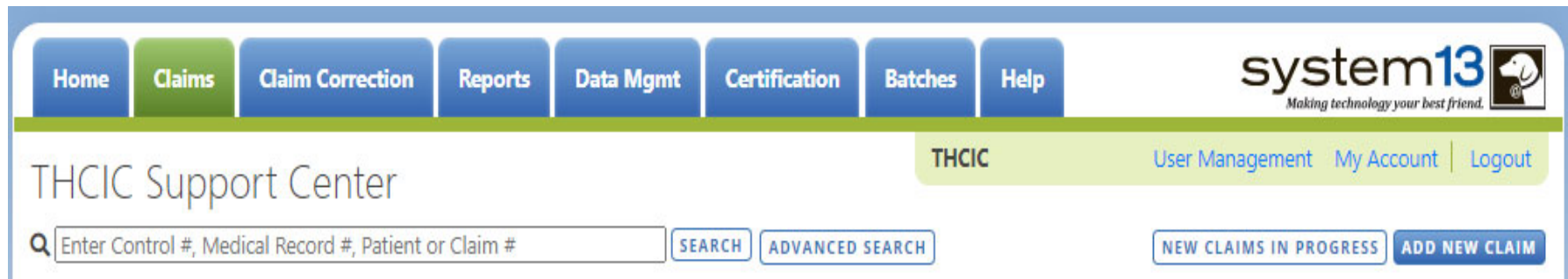
- Click search to sort your listing by search criteria requested.

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input type="checkbox"/> 6739380	5877357	201507140042000009000005	07/14/2015	Pouros, Jovani	IN	-
<input type="checkbox"/> 6735776	6511439	201507140042000054000005	07/14/2015	Effertz, Daija	IN	-

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

Incomplete (Saved) Claims

New Claims in Progress



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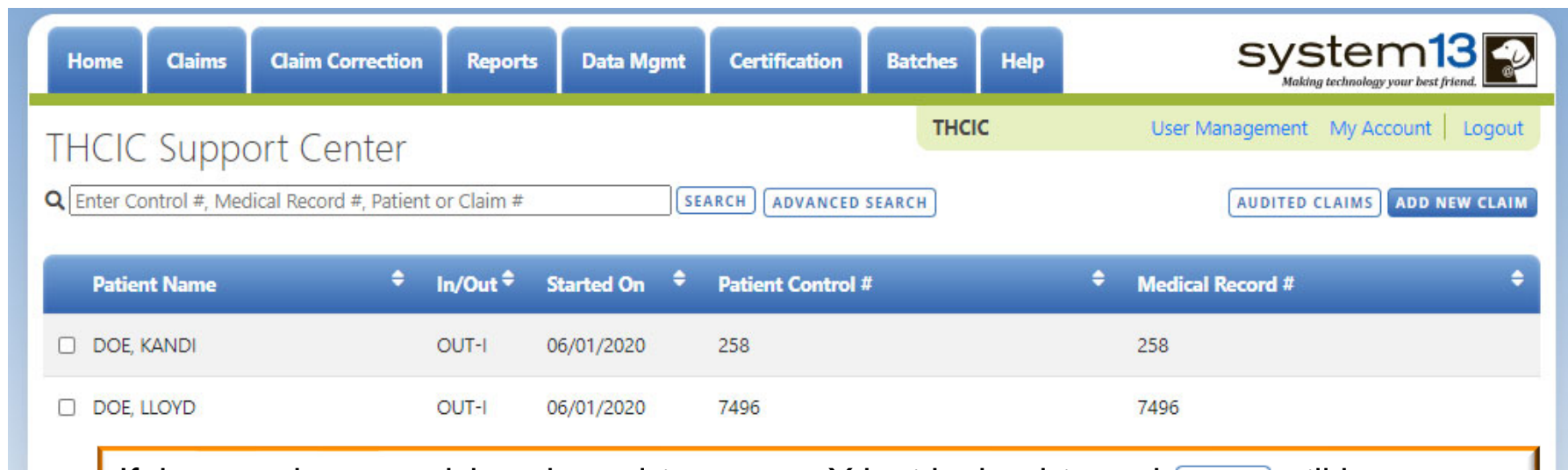
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THCIC User Management My Account Logout

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

NEW CLAIMS IN PROGRESS ADD NEW CLAIM

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.



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

AUDITED CLAIMS ADD NEW CLAIM

Patient Name	In/Out	Started On	Patient Control #	Medical Record #
<input type="checkbox"/> DOE, KANDI	OUT-I	06/01/2020	258	258
<input type="checkbox"/> DOE, LLOYD	OUT-I	06/01/2020	7496	7496

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

Web Claim

Questions/ Comments



Questions, comments or need clarification please e-mail



thcichelp@dshs.texas.gov

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

THCIC Contact



Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health
Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756



Phone: 512- 776-7261






E-mail: THCIChelp@dshs.texas.gov



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

THCIC Contact

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

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Formerly Commonwealth Clinical Systems
and Computer Services



Contact



Address:

System 13, Inc

1648 State Farm Blvd.

Charlottesville, VA 22911



Phone: 1-888-308-4953



Fax: 434-979-1047



E-mail: THCIChelp@system13.com



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