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

TEXAS SECRETARY OF STATE

THCIC Contact

📬 Address:

Texas Health Care Information Collection

Dept of State Health Services – Center for Health Statistics

1100 W 49th St, Ste M-660

Austin, TX 78756

☎ Phone: 512- 776-7261

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

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

Data Reporting Schedule

When are my submissions due?

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

dshs.texas.gov/texas-health-care-information-collection/facility-repor...

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

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 §421.66. The due dates are either the 1st or the 15th of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.

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

THCIC System

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

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Log In the System as a Provider

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

Security Notice

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

New Provider Dashboard

- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.

- A graph of historical clam counts and a section with helpful tips.

- The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline.

- Two views. Activity Dashboard

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

Provider Home Page – Grid View

Provider Home Page – 1ˢᵗ Row

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

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

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

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

Provider Home Page – 3rd Row

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

Provider Home Page – 1st Row

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.
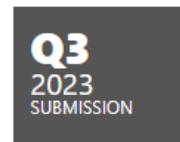
The certification due date will be by the quarter.

Provider Home Page – 2nd Row

The 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.

Data Management/Primary Contact Provider Home Page

Provider Tabs

Activity Dashboard

Other Features

Data Certifier / Data Manager Provider Home Page

Only the primary contact have access to the data management.

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

Data Management/Primary Contact Provider Home Page – List View

Provider Tabs

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

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

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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

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Activity Dashboard

Activity Dashboard ⚏ ☰

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

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Web Claim Entry

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

Claim Corrections / Correct Errors

CORRECT ERRORS

Claim Correction

	Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
☐	741	741	20210330999899973300006	03/30/2021	DOE, JEFF	OUT-I	15
☐	123	123	20210330999899973400006	03/30/2021	DOE, SYLVIA	OUT-I	14
☐	789456	789456	20201014999899974000006	10/14/2020	DOE, MARISOL	OUT-I	4
☐	852852	852852	20200923999899975100006	09/23/2020	DOE, FAKECLAIM	OUT-I	2
☐	741	741	20200923999899975200006	09/23/2020	DOE, KENDRA	OUT-I	4
☐	78969	78969	20200708999899975900006	07/08/2020	DOE, NATASHA	OUT-I	2
☐	258	258	20200701999899976100006	07/01/2020	DOE, GEORGETTA	OUT-I	2
☐	852	852	20200603999899977200006	06/03/2020	DOE, JANE DOE	OUT-I	9
☐	3333	3333	20180808999899980300006	08/08/2018	DOE, YOUNGEE	OUT-I	13
☐	147258369	147258369	20180808999899980500006	08/08/2018	DOE, NORMA	OUT-P	5
☐	456123	456123	20170517999899983500006	05/17/2017	DOE, JOE	OUT-P	2
☐	PCN-542	ERR-666	20161014000500004400006	10/14/2016	JJOLIE, DDAVE	OUT-I	1
☐	PCN-539	ERR-663	20161014000500004100006	10/14/2016	WWASHINGTON, JJAY	OUT-I	1

THCIC Support Center

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

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THCIC Trainee 1 000006 | User Management | My Account | Logout

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

[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 corrections [JUMP TO FIRST ERROR] which opens the first claim on your listing and allows you to use [NEXT CLAIM →] through the navigation.

Services | Health Services

Start Certification /Certification

START CERTIFICATION

Certification

| 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

Certification

INPATIENT	OUTPATIENT
2023	**2023**
1st Quarter No Data	**1st Quarter** No Data
2022	**2022**
4th Quarter No Data	**4th Quarter** No Data
3rd Quarter No Data	**3rd Quarter** No Data
2nd Quarter No Data	

Older Quarters

Select Quarter

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

TEXAS
Health and Human Services
Texas Department of State
Health Services

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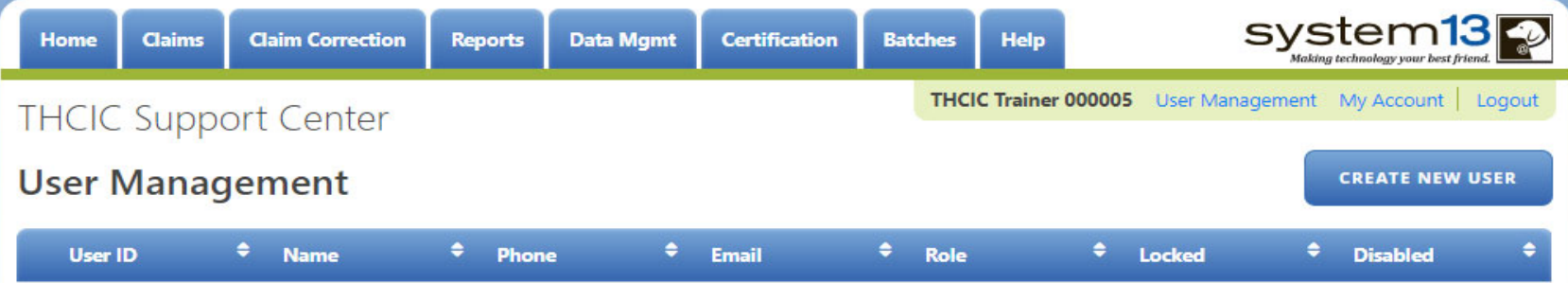
Provider Other Features

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

User Management

| Home | Claims | Claim Correction | Reports | Data Mgmt | Certification | Batches | Help | **system13** Making technology your best friend. |

THCIC Support Center

THCIC Trainer 000005   User Management   My Account | Logout

User Management

CREATE NEW USER
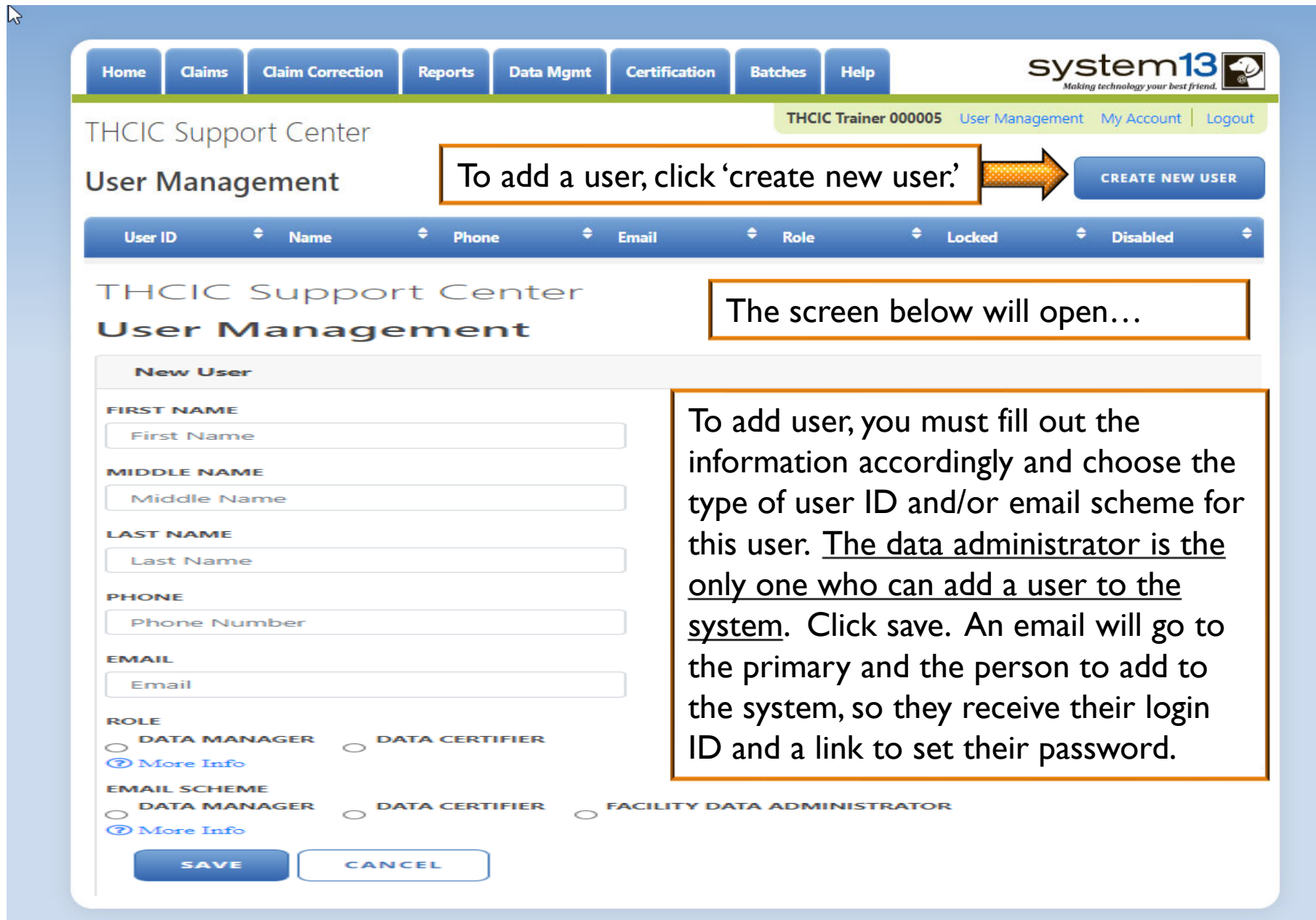
User ID	Name	Phone	Email	Role	Locked	Disabled

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

To add a user, click 'create new user.'

CREATE NEW USER

The screen below will open…

To add user, you must fill out the information accordingly and choose the type of user ID and/or email scheme for this user. <u>The data administrator is the only one who can add a user to the system</u>. 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 Trainer 000005   User Management   My Account   Logout

User Management

CREATE NEW USER

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

User Management – Delete a User(s)

User Management

CREATE NEW USER

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

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User Management – Lock Features

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.)

User Management

User ID: th000005c   Intrusion Lock: [🔓]   Account Lock: [🔒]

Other Features My Account

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

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THCIC   User Management   My Account   Logout

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

CURRENT PASSWORD

current password

CHANGE PASSWORD

password

PASSWORD CONFIRMATION

password confirmation

UPDATE   **CANCEL**

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

PASSWORDS MUST:

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

PASSWORDS MUST NOT:

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

PASSWORD NOTES:

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

Other Features - Logout
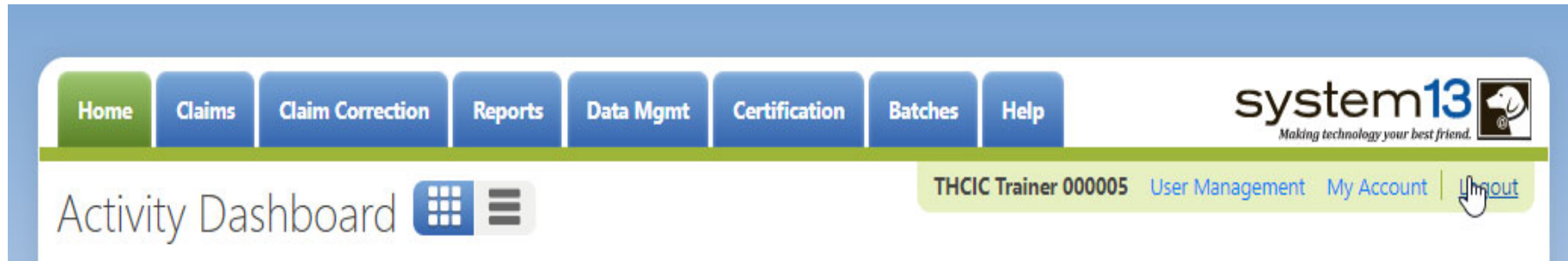
Logout logs you out of the system.

Other Features - Logout

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

Inactivity

If you have been idle in the system for <u>40</u> 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

Data Management/Primary Contact Provider Home Page – List View

Provider Tab 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

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

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

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

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

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

Reports Reports

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

Reports Available

Reports

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

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THCIC | User Management | My Account | Logout

THCIC Support Center

Reports

SELECT REPORT:

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

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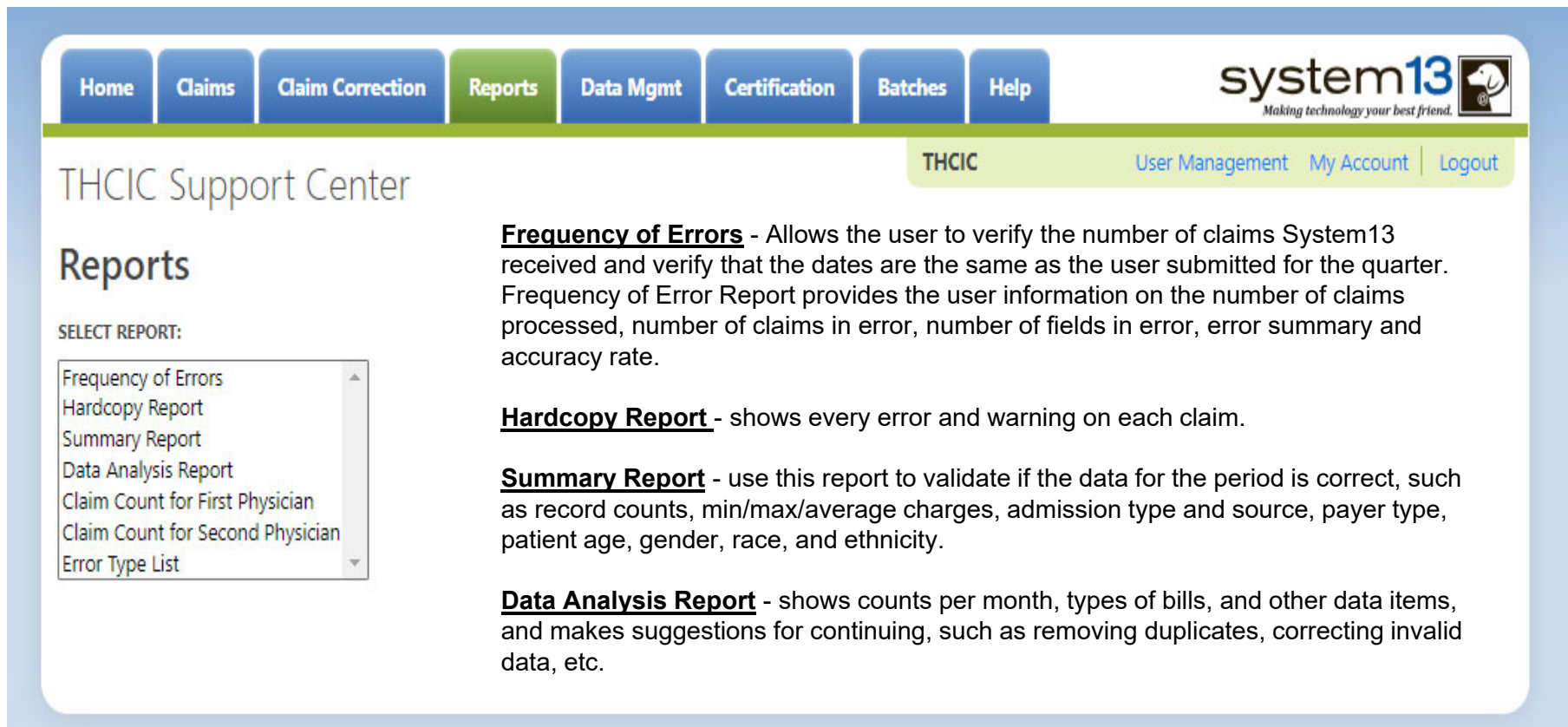 the user information on the number of claims processed, number of claims in error, number of fields in error, error summary and accuracy rate.

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

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

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

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

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

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

Reports Functionality

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

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

Type of Claims

PATENTS:

◯ 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:
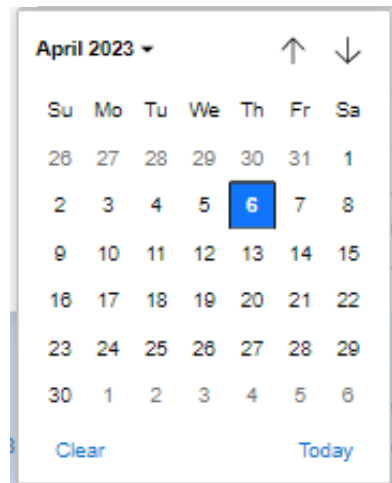
mm/dd/yyyy 📅

THROUGH:

mm/dd/yyyy 📅

GENERATE

PATIENTS:
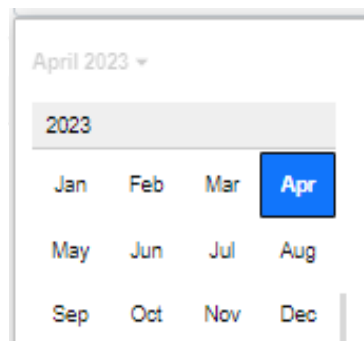
○ Inpatient

○ 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.

- ✗ 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

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

Data Analysis Report through the Reports Tab

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

Data Analysis Report through the Reports Tab

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

Quarter Analysis

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

Quarter Comparison

Qtr	Total
2q20	7

Messages

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

Provider Tab Data Management 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.

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

Provider Tab Data Management

Provider Tab Data Management

Provider Tab Data Management

Data Mgmt

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

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Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

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

Duplicate Remove Process (DR)

Process Submitted

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

OK

Select Claim Type

○ INPATIENT
● OUTPATIENT

Select Action

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

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Data Management Emails

Data Mgmt

THCIC Support Center

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

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THCIC — User Management | My Account | Logout

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

Modify/Replace/Remove Process (MRR)

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

Duplicate Remove Process (DR)

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

Thu 10/8/2020 2:52 PM

DN — Do Not Reply <noreply@system13.com>

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

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

We removed extra line breaks from this message.

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

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

Sincerely,

System13, Inc. Customer Support

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

Select Claim Type

○ INPATIENT
● OUTPATIENT

Provider Tab Data Management

Data Mgmt

Duplicate Removal

✗ Remove duplicate claims

✗ Replace certain bill types

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

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

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

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

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

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

This report will open as a PDF as shown below.

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

Provider Tab Data Management – Duplicate Removal Process (DR)

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

Provider Tab Data Management

Data Mgmt

THCIC Support Center

Data Management Actions on Quarterly Data

Modify/Replace/Remove Process (MRR)

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

Duplicate Remove Process (DR)

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

Duplicate Removal Alert

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

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

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

Do you wish to continue?

[YES] [NO]

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

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Provider Tab Data Management

Data Management Email

Batches `Batches`

THCIC Support Center

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

THCIC   User Management   My Account | Logout

Enter Batch #   SEARCH

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

Batches is a list of files sent in by 5010 upload. This listing is only for batches currently in the system. *__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, System13 cannot retrieve this batch for you.

SELECT ALL   6 Batches   DELETE

Provider Tab Help

Outpatient Web Claim Training

☑ Data Reporting Schedule

☑ System Feature

☑ Web Claim

   ☑ Submitting claims manually using Web Claim

   ☑ New Claims in Progress

☑ Outpatient Institutional

☑ Outpatient Professional

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

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) ➡

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Various Options for Entering Web Claim

☑ You can enter Web Claim from:

☑ Provider Home page – click **WEB CLAIM ENTRY**

☑ **Claims** Listing – click **ADD NEW CLAIM**

☑ To continue a claim in process click **NEW CLAIMS IN PROGRESS**
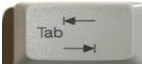
Dropdown Lists

- The user can tell if a field has a drop down list by the arrow on the field.
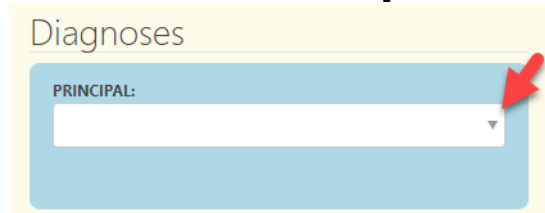
- Typing into a text box with a dropdown list will search the list for matches and display the list to the user.
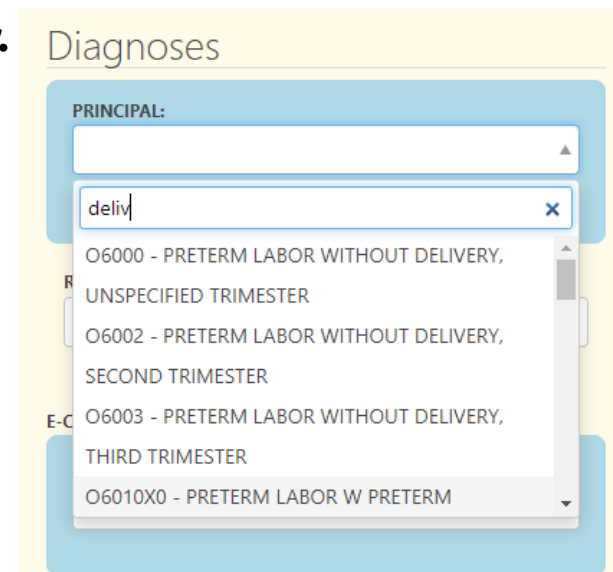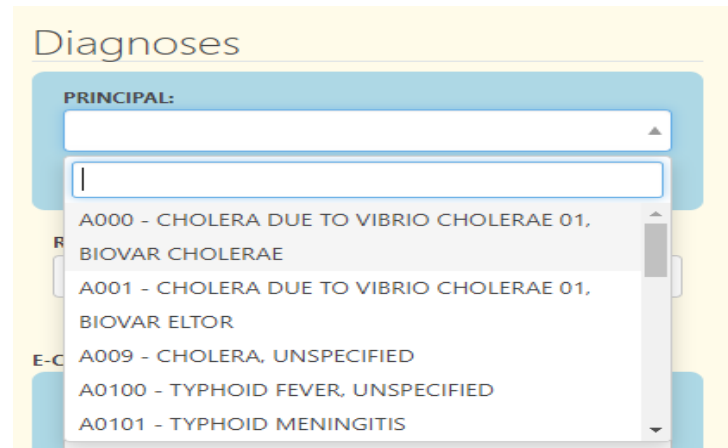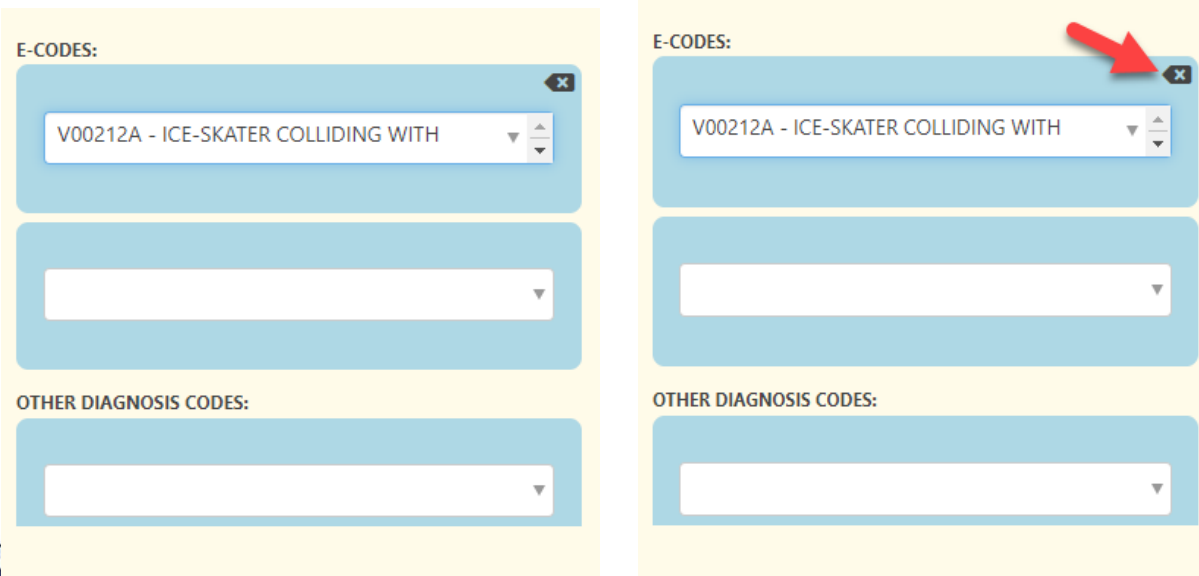
- Use the up and down arrow keys to move to the value.

- Press **ENTER** Enter ⏎ when the highlighted selection is on the correct choice.

- Press **TAB** Tab to move to the next field on the screen.

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Calendars/ Adding or Deleting Choices

- **The user can tell if a field has a calendar, indicated by** 🗓
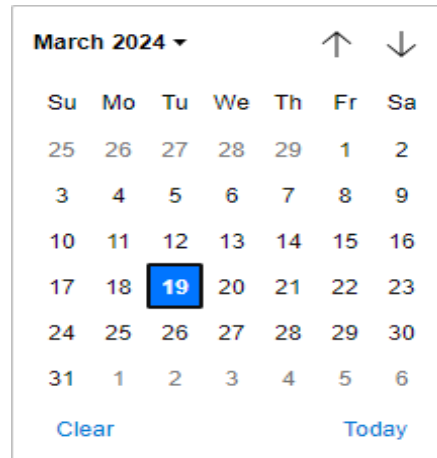
- **Some fields allow you to have multiple codes, once a code is enter another box will become available, to delete an entry, click the X beside this choice.**

Outpatient Institutional

Opening Web Claim for Inpatient/Outpatient Facilities

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

Patient Tab
Outpatient Institutional

Choose the type of claim to be entered.

Web Claim Data Input - Patient Tab

Patient Tab

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

Entering Claim Information

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

Patient Tab

Payer Tab

Entering Claim Information – Payer Tab

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

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

Diagnosis Tab

Diagnosis Tab

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

Practitioners Tab

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

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:

0B - STATE LICENSE NUMBER

XX - NPI - NATIONAL PROVIDER IDENTIFIER

LAST NAME:

(Initial)

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

Physician 2 (Other/ED Attending)

ID TYPE:

ID NUMBER:

FIRST NAME: MIDDLE: LAST NAME:

(Initial)

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

NEXT SECTION →   CHECK FOR ERRORS

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Situational Codes Tab only available on Outpatient Institutional

Situational Codes Tab only available on Outpatient Institutional

Conditions

CODE:

04 - INFORMATION ONLY BILL

05 - LIEN HAS BEEN FILED

Values

CODE:

AMOUNT:

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

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

Patient Tab

Patient Tab

Payer Tab

THCIC Support Center

◀ Back to list of claims

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

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

Primary Payer

SOURCE CODE:　　　　　　　　　　　　　　　　**ID:**

[　　　　　　　　　　　　　▼]　　　　　[PAYER ID]

NAME:

[PAYER NAME]

Medicaid or Medicare Claims only.

Secondary Payer

SOURCE CODE:　　　　　　　　　　　　　　　　**ID:**

[　　　　　　　　　　　　　▼]　　　　　[PAYER ID]

NAME:

[PAYER NAME]

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

Charges Tab

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| 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 Professional**

✔ Patient

✔ Payers

✔ **Charges**

✔ Diagnoses

✔ Practitioners

QUALIFIER: ▼   **PROCEDURE CODE:** ▼

MODIFIERS:
▼   ▼   ▼   ▼

PROCEDURE DATE: mm/dd/yyyy 📅   **PROCEDURE THRU DATE:** mm/dd/yyyy 📅

SERVICE FACILITY CODE: ▼

QTY: **UNIT:** ▼   =   **CHARGE:** 0.00

TOTAL CHARGES: $0.00 [ADD CHARGE]

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

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

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Diagnosis Tab

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.

Practitioners Tab

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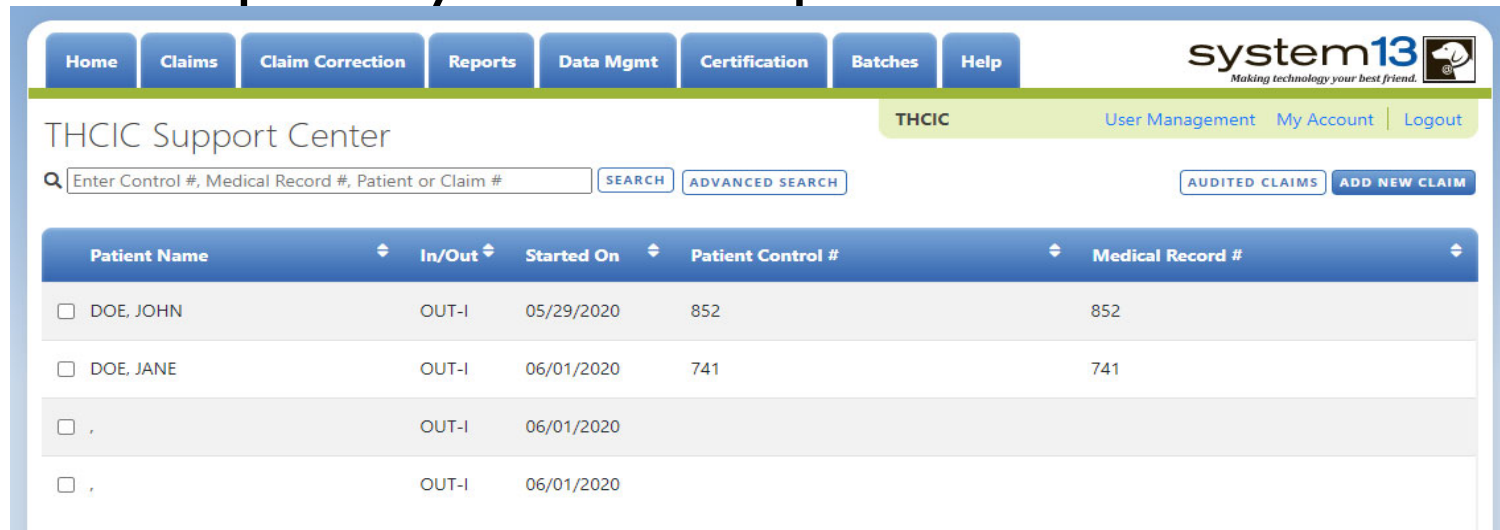
Submitting Your Claim

- 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.

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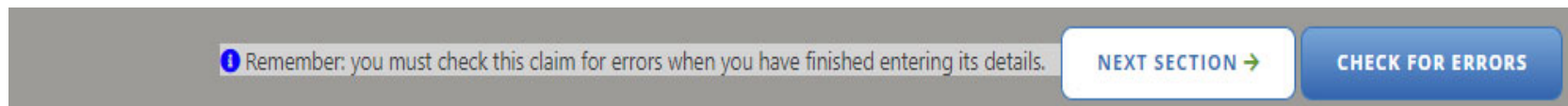
- If you do not "check for errors" the claim, it will go to new claims in progress through the claims tab, NEW CLAIMS IN PROGRESS . Once opened you can complete and submit the claim.

Other Options

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

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

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

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

Options…Delete Claim(s)

• 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.

Options…Search for Claims

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

🔍 [Enter Control #, Medical Record #, Patient or Claim #] [SEARCH] [ADVANCED SEARCH]

- Type in your search request.

🔍 [7357] ✕ [SEARCH] [ADVANCED SEARCH]
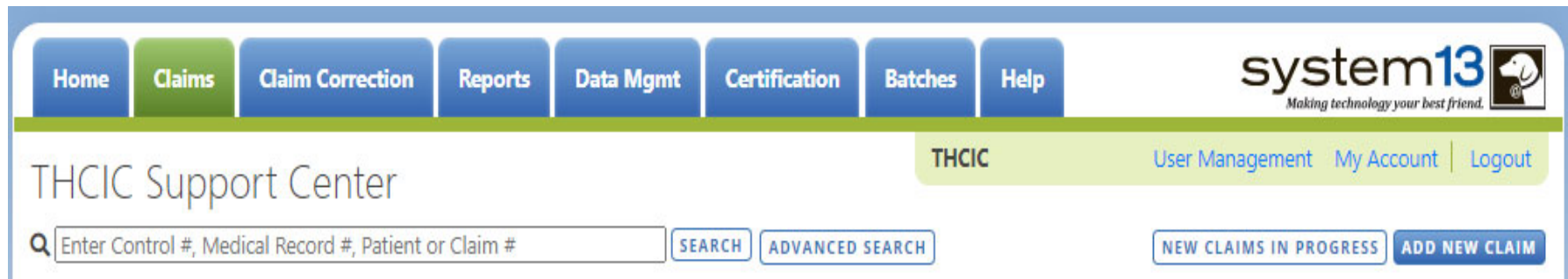
- Click search to sort your listing by search criteria requested.

🔍 [7357] [SEARCH] [ADVANCED SEARCH]

Patient Control # ⬍	Medical Record # ⬍	Claim # ⬍	Started On ⬍	Patient Name ⬍	In/Out ⬍	Errors
☐ 6739380	5877357	201507140042000009000005	07/14/2015	Pouros, Jovani	IN	-
☐ 6735776	6511439	201507140042000054000005	07/14/2015	Effertz, Daija	IN	-

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

🔍 [7357] ✕ [SEARCH] [ADVANCED SEARCH]

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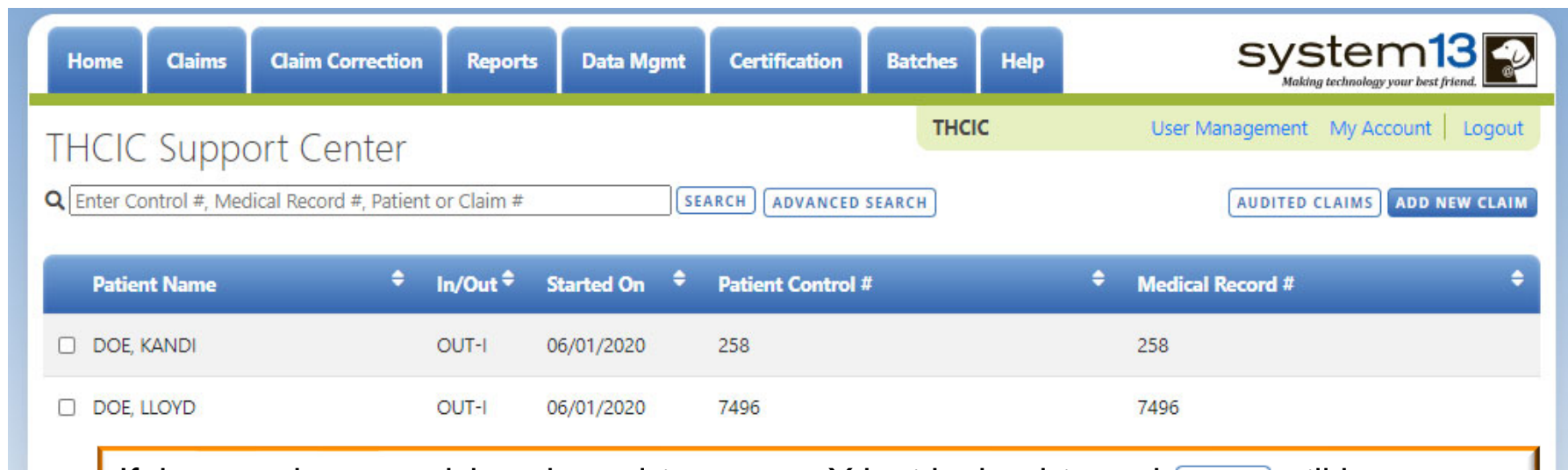
If the user does not submit a claim, it will be automatically saved. To complete this claim, the user will have to click the claims tab and click new claims in progress. A listing of the claims that have been saved, but not submitted will open. The user can complete entering these claims. If the user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

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

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.

Contact

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

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