

General Comments on 3rd Quarter 2020 Data

The following general comments about the data for this quarter are made by THCIC and apply to all data released for this quarter.

- Data are administrative data, collected for billing purposes, not clinical data.
- Data are submitted in a standard government format, the 837-format used for submitting billing data to payers. State specifications require the submission of additional data elements. These data elements include race and ethnicity. Because these data elements are not sent to payers and may not be part of the hospital's standard data collection process, there may be an increase in the error rate for these elements. Data users should not conclude that billing data sent to payers is inaccurate.
- Hospitals are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information may be collected subjectively and may not be accurate.
- Hospitals are required to submit data within 60 days after the close of a calendar quarter (hospital data submission vendor deadlines may be sooner). Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. Therefore, data for each quarter may not be complete. This can affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.
- Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

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PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is correct to the best of my knowledge as of this date of certification

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PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
QUARTER: 3
YEAR: 2020

Certified With Comments

The data included in this file is administrative, not clinical research data. Administrative data may not accurately represent the clinical details of a patient visit. This data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: United Memorial Medical Center
THCIC ID: 030000
QUARTER: 3
YEAR: 2020

Certified With Comments

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PROVIDER: Baylor Scott & White Medical Center Taylor
THCIC ID: 044000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Taylor
THCIC ID 044000
3rd Qtr 2020 – Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 3
YEAR: 2020

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of April 15, 2021. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

To meet the States submission deadline, approximately 30 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly.

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the federal government and all hospitals must comply. The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated. There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated.

We have identified a mapping issue in our program regarding a couple of payer classes, Medicare and Medicare Risk HMO. The issue has been corrected by our corporate team but due to time constraints on reporting we were unable to resubmit the corrected files before this certification. Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's

mandates to submit hospital Outpatient visits with specific procedures, Texas Health Huguley underwent a major program conversion to the HCFA 837 EDI electronic claim format.

The quarterly data to the best of our knowledge is accurate and complete given the above.

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PROVIDER: Baylor Scott & White Hospital-Brenham
THCIC ID: 066000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital-Brenham
THCIC ID 066000
3rd Qtr 2020 Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Goodall - Witcher Hospital
THCIC ID: 070000
QUARTER: 3
YEAR: 2020

Certified With Comments

I encountered errored because the hospital failed to get an address on an E/R patients and 1 OP Surgery waited too long to bill while the performing physician researched the appropriate code.

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PROVIDER: HCA Houston Healthcare Tomball
THCIC ID: 076000
QUARTER: 3
YEAR: 2020

Certified With Comments

Corrected to the best of our ability at the time of certification.

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PROVIDER: Memorial Hospital
THCIC ID: 103000
QUARTER: 3
YEAR: 2020

Certified With Comments

We previously corrected all errors. It is unknown why we are getting an error message now. The use of manifestation codes as principal diagnoses is related to billing based on reason for visit as submitted by the attending physician.

We try to correct but sometimes they're missed. Both the manifestation and the underlying disease codes ARE available in the submission.

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PROVIDER: TMC Bonham Hospital
THCIC ID: 106001
QUARTER: 3
YEAR: 2020

Certified With Comments

Certified as accurate

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PROVIDER: Baptist Medical Center
THCIC ID: 114001
QUARTER: 3
YEAR: 2020

Certified With Comments

I Raymond Beltran (DRA) on behalf of Steven Dorris (CFO) for Baptist Medical Center.

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PROVIDER: Texas Childrens Hospital West Campus
THCIC ID: 117002
QUARTER: 3
YEAR: 2020

Certified With Comments

The error is a missing HCPCS code.

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PROVIDER: CHI St Lukes Health Memorial Lufkin
THCIC ID: 129000
QUARTER: 3
YEAR: 2020

Certified With Comments

Diagnosis and reason for visit codes provided by ordering physician and cannot be change.

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PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
QUARTER: 3
YEAR: 2020

Certified With Comments

A HCPCS code was not accepted.

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PROVIDER: Northeast Baptist Hospital
THCIC ID: 134001
QUARTER: 3
YEAR: 2020

Certified With Comments

I Jessica Branham, Director of Revenue is Certifying for CFO - Christina Dimambro.

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PROVIDER: Wadley Regional Medical Center
THCIC ID: 144000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements.

Conclusions

drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity of data elements, such as system mapping and normal clerical error. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care. Therefore, data should be cautiously used to evaluate health care quality and outcomes.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data represents information at the time of submission. Subsequent changes may continue to occur which will not be reflected in this published dataset. UMC works continually to minimize and rectify errors in our public reporting.

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 3
YEAR: 2020

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital. JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health

treatment facility.

JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation. In addition to JPSH, the JPS Health Network operates community health centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs.

JPSH has confirmed that for errors related to "Other Procedure Date must be on or after the 3rd day before the Admission Date", patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed.

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PROVIDER: Methodist Hospital
THCIC ID: 154000
QUARTER: 3
YEAR: 2020

Certified With Comments

- NPI/Provider name match; correct as entered. NPI name match unable to correct due to double name or hyphenated name.
- Missing Patient First Name – unable able to obtain as patient came in unidentified
- Missing patient country/gender/race/SSN/address – unable to identify based off of patient admission, patient did not provide or chose not to provide information
- Newborn dates: newborns transfer from other hospitals, correct as entered

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PROVIDER: Methodist Specialty & Transplant Hospital
THCIC ID: 154001
QUARTER: 3
YEAR: 2020

Certified With Comments

Patient did not provide a valid SSN

Medical record number is correct per system.

Unable to correct 2 errors with procedure date is more than 30 days before statement or after the statement thru date are correct. UB04 is correct per entries in medical record.

Unable to correct 2 errors with procedure through date is more than 30 days before the statement from date or after statement thru date. UB04 is correct per entries in medical record.

Zip code error was corrected on claim.

Eleven errors total for invalid physicians 2 name match and identifiers are correct per system information.

Diagnosis codes used as principal dx errors are correct per coding.

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PROVIDER: Northeast Methodist Hospital
THCIC ID: 154002
QUARTER: 3
YEAR: 2020

Certified With Comments

E-637 SSN not available; E-657 ZIP can not validate the address provided; E-691&

E-694 system would not accept the practitioner first or last name; E-617 & E-618

procedure date is as stated; E-670 Revenue code not provided; E-767 & E-768 no other codes available

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PROVIDER: Methodist Texsan Hospital
THCIC ID: 154003
QUARTER: 3
YEAR: 2020

Certified With Comments

Patient did not provide a valid SSN.

Unable to correct 2 errors with invalid admission type.

Patients provided invalid zip codes on 2 accounts.

Per coding, 1 error account on questionable revenue procedure modifier 1 is correct.

Unable to correct 2 errors in system regarding procedure date is more than 30 days before the statement date or after the statement thru date and procedure through date is more than 30 days before the statement from date or after statement thru date.

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PROVIDER: Guadalupe Regional Medical Center
THCIC ID: 155000
QUARTER: 3
YEAR: 2020

Certified With Comments

We are electing to certify this data. We understand that data is at 99% compliance. We have received additional information to ensure subsequent quarters are at 100%

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PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error.

Diagnostic and procedural data may be incomplete due to data field limitations or circumstances outside of daily operations. The State data file may not fully represent all diagnosis treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that charges are not equal to actual payments received by the facility or costs for performing the services. Most corrections made were to invalid country codes and invalid zip codes due to patients living in Mexico. Corrections not made were for total charges do not equal service charges and revenue procedure code invalid. These corrections are outside the

bandwidth and resources of certifier and were minimal as indicated in percentages of corrections needed well below 1% of all discharges within the quarter.

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PROVIDER: Medical Center Hospital
THCIC ID: 181000
QUARTER: 3
YEAR: 2020

Certified With Comments

5 encounters had manifest diagnosis and were not corrected

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International

Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely

collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Memorial Hospital
THCIC ID: 199000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet all requirements. Procedural data may be erroneous or incomplete caused by normal clerical error. One patient account had a missing HCPCS code.

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PROVIDER: Baylor Scott & White Hospital College Station
THCIC ID: 206100

QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital College Station
THCIC ID 206100
3rd Qtr 2020 Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Laredo Medical Center
THCIC ID: 207001
QUARTER: 3
YEAR: 2020

Certified With Comments

Clinic that has several Physicians and NPs does not accept the name of the clinic so we are working on that issue.

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PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Denton
THCIC ID 208100
3rd Qtr 2020 Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Medical City Plano
THCIC ID: 214000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Eastland Memorial Hospital
THCIC ID: 222000
QUARTER: 3
YEAR: 2020

Certified With Comments

corrected data now at 100% compliance

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

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The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our

knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the

certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Medical City-McKinney
THCIC ID: 246000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 3
YEAR: 2020

Certified With Comments

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PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 3
YEAR: 2020

Certified With Comments

In this database only one primary physician is allowed. This represents the physician at discharge in this institution. At an academic medical center such as University Medical Center of El Paso, patients are cared for by teams of physicians who rotate at varying intervals. Therefore, many patients, particularly long term patients may actually be managed by several different teams. The practice of attributing patient outcomes in the database to a single physician may result in inaccurate information. Through performance improvement process, we review the data and strive to make changes to result in improvement.

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PROVIDER: The Hospitals of Providence Sierra Campus
THCIC ID: 266000
QUARTER: 3
YEAR: 2020

Certified With Comments

No comments

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PROVIDER: Metropolitan Methodist Hospital
THCIC ID: 283000
QUARTER: 3
YEAR: 2020

Certified With Comments

Error Code: E-641 x1 count: statement from date after statement thru date - dos

is correct

Error Code: E-655 x 1 count: invalid point of origin (admission source) - reviewed and found to be correct

Error Code: W680- x1 count; questionable revenue procedure modifier 1 - reviewed

as correct

Error Code: E-736 x 18 counts: procedure date is more than 30 days before the

statement date or after the statement thru date - dos is correct

Error Code: E-760 x18 counts: procedure through date is more than 30 days before

the statement from date or after statement thru date - dos is correct

Error Code: E-767 x 4 counts: Manifest diagnosis codes may not be used as the

Principle Diagnosis Code - reviewed; code is correct

Error Code: E-769 x 3 counts; Manifest diagnosis codes may not be used as the

Reason for Visit Code - reviewed; code is correct.

=====

PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

QUARTER: 3

YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

3rd Qtr 2020 – Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections

unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Doctors Surgery Center
THCIC ID: 295000
QUARTER: 3
YEAR: 2020

Certified With Comments

SS for control #(Removed by THCIC) (Removed by THCIC) was sent in incorrectly. Corrections have been made in our system, should have been (Removed by THCIC). Please accept our comments and call with any questions. Thank you

*Confidential information removed by THCIC.

=====

PROVIDER: North Texas Medical Center
THCIC ID: 298000
QUARTER: 3
YEAR: 2020

Certified With Comments

The 30 errors for the outpatient submission that included 1). Patient birth date-incorrect dob enter at registration, 2). Entered dob incorrectly created a an error with dos prior birth date. 3). Invalid SS#s for patients that d/c before information obtained and undocumented patients with no SS number. 4). OP testing taken week or more prior to surgery waiting on results and several accounts did not back date to the testing date. 5). OP test did not have a primary dx listed and submitted in error.

***Errors not corrected..Certifier and back-up certifier were both out ill at the same time for 14 days that exceeded the correction cut-off/deadline.

=====

PROVIDER: Las Colinas Surgery Center
THCIC ID: 299002
QUARTER: 3
YEAR: 2020

Certified With Comments

- 1) Outpatient claim error was due to patient not providing the exact social security number. Missing one digit.
- 2) Outpatient claim error was due to missing Admission source Type-1 and Bill Type-3 on a Workers Compensation claim which is no longer required for specific carriers.

=====

PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Irving
THCIC ID 300000
3rd Qtr 2020 Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data

places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Valley Baptist Medical Center-Brownsville
THCIC ID: 314001
QUARTER: 3
YEAR: 2020

Certified With Comments

Certify as is please.

=====

PROVIDER: Del Sol Medical Center
THCIC ID: 319000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error.

Diagnostic and procedural data may be incomplete due to data field limitations.

The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the changes are not equal to or actual payments received by the facility or facility costs for performing the service.

Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software.

Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been corrected to the best of my ability and resources.

=====

PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

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Race/Ethnicity

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Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor University Medical Center
THCIC ID 331000
3rd Qtr 2020 Outpatient
Accuracy rate – 99.98%
Errors from the 3rd Quarter FER reflect the following error codes E-736, E-760, E-784.
Procedure dates verified in hospital system, reported as posted.
Claim in hospital system did not reflect one HCPCS code.
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.
Errors will stand as reported.

=====

PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 3
YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2020 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.
Since our data was submitted to the State we have uncovered medical coding errors regarding the following patient conditions in 2005 and 2010 discharges:
Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the THIRD QUARTER OF 2020.

There may be some encounters will have one of the following issues:

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for modifier errors related to transport (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

<https://www.findacode.com/code-set.php?set=HCPCSMODA> .

Additionally, there may be outpatient encounters where there is an invalid NPI associated with the attending provider. These are most likely to be encounters in the ED where a patient was seen by a nurse in triage and charges were incurred, but left without being seen by a physician or an advanced nurse provider.

However, our overall accuracy rate is very high, so this will be a small proportion of our encounters.

We will continue to work with the Revenue Cycle team to improve the accuracy of the data elements going forward.

This will affect encounters for the THIRD QUARTER OF 2020

Patient charges that were accrued before admit or after discharge were systematically excluded from the database. This can happen when a patient is pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are discharged. Therefore, the charges for many patient encounters are under reported.

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single 'operating physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

Furthermore, the data structure established by THCIC allows for a limited number of diagnoses and procedures. Patients with more than the limit for diagnoses or procedures will be missing information from the database. This is especially true in complex cases where a patient has multiple major illnesses and multiple surgeries over an extended stay.

=====

PROVIDER: Medical City Denton

THCIC ID: 336001
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: HCA Houston Healthcare West
THCIC ID: 337001
QUARTER: 3
YEAR: 2020

Certified With Comments

Certify with the six errors which are unable to be corrected.

=====

PROVIDER: Medical City Dallas Hospital
THCIC ID: 340000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 3
YEAR: 2020

Certified With Comments

Due to the sheer volume of the data and with limited resources within the hospital, I cannot properly analyze the data with 100% accuracy. But at this time we will elect to certify the data.

=====

PROVIDER: Coryell Memorial Hospital
THCIC ID: 346000
QUARTER: 3
YEAR: 2020

Certified With Comments

There were claims inadvertently added to this file which had incomplete or missing diagnosis codes.

=====

PROVIDER: Nocona General Hospital
THCIC ID: 348000
QUARTER: 3
YEAR: 2020

Certified With Comments

I missed the deadline for corrections due to the heavy workload at our facility with COVID. I work in a small hospital and we wear many hats. I apologize for the errors but I cannot correct them and cannot afford to pay to have regeneration of the data. 99% will be the final outcome. Next quarter I promise this will not happen again.

=====

PROVIDER: HCA Houston Healthcare Southeast
THCIC ID: 349001
QUARTER: 3
YEAR: 2020

Certified With Comments

unable to certify two charts

=====

PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott and White All Saints Medical Center-Fort Worth

THCIC ID 363000

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Mission Regional Medical Center

THCIC ID: 370000

QUARTER: 3

YEAR: 2020

Certified With Comments

Certifying with minimal errors

=====

PROVIDER: Martin County Hospital District

THCIC ID: 388000

QUARTER: 3

YEAR: 2020

Certified With Comments

Education with employees/clerks have greatly helped with errors

=====

PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

QUARTER: 3

YEAR: 2020

Certified With Comments

reviewed and updated files. Data certified

=====

PROVIDER: Medical City Lewisville
THCIC ID: 394000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 3
YEAR: 2020

Certified With Comments

All information is correct to the best of our knowledge.

=====

PROVIDER: Adventhealth Rollins Brook
THCIC ID: 397000
QUARTER: 3
YEAR: 2020

Certified With Comments

Corrected to the best of my ability.

=====

PROVIDER: Adventhealth Central Texas
THCIC ID: 397001
QUARTER: 3
YEAR: 2020

Certified With Comments

Corrected to the best of my ability.

=====

PROVIDER: Valley Baptist Medical Center

THCIC ID: 400000

QUARTER: 3

YEAR: 2020

Certified With Comments

Certify as is please.

=====

PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

QUARTER: 3

YEAR: 2020

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital.

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health treatment facility.

JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation. In addition to JPSH, the JPS Health Network operates community health centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs.

JPSH has confirmed that for errors related to "Other Procedure Date must be on or after the 3rd day before the Admission Date", patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed.

=====

PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

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If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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=====

PROVIDER: Ascension Seton Smithville
THCIC ID: 424500
QUARTER: 3
YEAR: 2020

Certified With Comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: El Campo Memorial Hospital
THCIC ID: 426000
QUARTER: 3
YEAR: 2020

Certified With Comments

There were 415 claims in error with 371 of these for SSN missing. All other errors only accounted for 98% of higher rates. Due to a new system used by our provider, THA, a technical issue caused this batch to be released prior to corrections being made. Our facility chooses NOT to correct these errors

being that the SSN being changed from 000000000 to 999999999 will not affect the statistical data.

=====

PROVIDER: Throckmorton County Memorial Hospital
THCIC ID: 428000
QUARTER: 3
YEAR: 2020

Certified With Comments

The errors are demographic errors such as SSN#s that were not able to be obtained. They have also been corrected internally prior to this certification. There are also charge dates that are not within the procedure date as they are account adjustments that do not have to be within service date ranges.

=====

PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

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clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

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The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service.

Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies.

Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Medical City North Hills

THCIC ID: 437000

QUARTER: 3

YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Dallas Medical Center

THCIC ID: 449000

QUARTER: 3
YEAR: 2020

Certified With Comments

Certify 3Q 2020 outpt

=====

PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 3
YEAR: 2020

Certified With Comments

The DeTar Healthcare System has reviewed Q3 2020 Outpatient data for state reporting. The hospital OP data accuracy rate is 99.79%. There are only 16 counts of error remaining following the data correction due to: duplicate diagnosis codes, missing principal diagnosis, an invalid service line procedure code and manifest diagnosis codes may not be used as the principal diagnosis code.

=====

PROVIDER: DeTar Hospital-North
THCIC ID: 453001
QUARTER: 3
YEAR: 2020

Certified With Comments

The DeTar Healthcare System has reviewed Q3 2020 Outpatient data for state reporting. The hospital's data accuracy rate is 99.91%. There were only 4 counts of error remaining following the correction of data due to: missing principal diagnosis and an invalid physician 2 (ED attending) identifier for an ED claim.

=====

PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be

incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

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=====

PROVIDER: Baylor Scott & White Medical Center Llano
THCIC ID: 476000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Llano
THCIC ID 476000
3rd Qtr 2020 Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Medical City Fort Worth
THCIC ID: 477000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Memorial Medical Center
THCIC ID: 487000
QUARTER: 3
YEAR: 2020

Certified With Comments

we have corrected these to the best of our ability

=====

PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 3
YEAR: 2020

Certified With Comments

All provider identifying information has been verified and will be updated against a reference file and continues to be reviewed on an ongoing basis.

=====

PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000
QUARTER: 3
YEAR: 2020

Certified With Comments

Seton Medical Center Austin has a transplant program and Neonatal Intensive Care Unit (NICU). Hospitals with transplant programs generally serve a more seriously ill patient, increasing costs and mortality rates. The NICU serves very seriously ill infants substantially increasing cost, lengths of stay and mortality rates. As a regional referral center and tertiary care hospital for cardiac and critical care services, Seton Medical Center Austin receives numerous transfers from hospitals not able to serve a more complex mix of patients. This increased patient complexity may lead to longer lengths of stay, higher costs and increased mortality. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Medical City Arlington
THCIC ID: 502000

QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: St Lukes Baptist Hospital
THCIC ID: 503001
QUARTER: 3
YEAR: 2020

Certified With Comments

I hereby certify the 2020 3rd Quarter Outpatient Encounters (5295) for
Geoff Vines, St. Luke's Chief Financial Officer. ~Felicia A Rodriguez, Director
of Revenue Analysis, (210) 297-5350~

=====

PROVIDER: Baylor Scott & White Medical Center Hillcrest
THCIC ID: 506001
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
3rd Qtr 2020 – Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused
Medicare counts to be out of sync for the month of September. Corrections
unable to be made at the state level due to time restraints. Error has been
corrected going forward.

=====

PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

QUARTER: 3

YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Temple

THCIC ID 537000

3rd Qtr 2020 – Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Scott & White Pavilion

THCIC ID: 537002

QUARTER: 3

YEAR: 2020

Certified With Comments

Scott & White Pavilion

THCIC ID 537002

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Baylor Scott & White McLane Childrens Medical Center
THCIC ID: 537006
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center
THCIC ID 537006
3rd Qtr 2020 – Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
QUARTER: 3
YEAR: 2020

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
QUARTER: 3
YEAR: 2020

Certified With Comments

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general acute care, 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties. Seton Edgar B. Davis offers health education and wellness programs. In addition, specialists offer a number of outpatient specialty clinics providing area residents local access to the services of medical specialists. Seton Edgar B. Davis is located at 130 Hays St. in Luling, Texas. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access program. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

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PROVIDER: St Davids South Austin Hospital
THCIC ID: 602000
QUARTER: 3
YEAR: 2020

Certified With Comments

All errors were attempted to be corrected

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PROVIDER: Round Rock Medical Center
THCIC ID: 608000
QUARTER: 3
YEAR: 2020

Certified With Comments

All errors have been reviewed and corrected to the best of the facility's ability.

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

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If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

(CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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Race/Ethnicity

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that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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=====

PROVIDER: Childrens Hospital of San Antonio
THCIC ID: 634000
QUARTER: 3
YEAR: 2020

Certified With Comments

Correction to Q3 Outpatient claims errors missed due to unintentional internal oversight. Measures taken to ensure full compliance.

=====

PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data certified as complete and accurate with all information available at time of reporting.

=====

PROVIDER: Golden Plains Community Hospital
THCIC ID: 654000
QUARTER: 3
YEAR: 2020

Certified With Comments

I have corrected all errors

=====

PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 3
YEAR: 2020

Certified With Comments

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Race/Ethnicity

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clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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=====

PROVIDER: HCA Houston Healthcare Kingwood

THCIC ID: 675000

QUARTER: 3

YEAR: 2020

Certified With Comments

Unable to correct the remaining errors for invalid ssn and invalid attending practitioner name match

=====

PROVIDER: North Central Baptist Hospital

THCIC ID: 677001
QUARTER: 3
YEAR: 2020

Certified With Comments

I hereby certify 3rd quarter 2020 OP. 8717 Events. On behalf of Steven Beckman, CFO at North Central Baptist Hospital. Christy Augustine, Director Revenue Analysis at North Central Baptist Hospital.

=====

PROVIDER: Paso Del Norte Surgery Center
THCIC ID: 683800
QUARTER: 3
YEAR: 2020

Certified With Comments

Deadline to correct errors was missed but review of errors shows that for diagnosis issued (52) were due to and/ or unspecified sites as well as with or without bleeding used instead of specified.
The invalid SS are due to many patients not wanting to provide and when entering are only including the last 4 or the 9 nines are not fully entered.
We'll be mindful of deadlines and correct errors prior to submission moving forward.

=====

PROVIDER: Cy Fair Surgery Center
THCIC ID: 715700
QUARTER: 3
YEAR: 2020

Certified With Comments

There is a zip code error which was an oversight by the facility.
Thank you,
Cindy Kelley

=====

PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402

QUARTER: 3
YEAR: 2020

Certified With Comments

All Outpatient are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. The claim is reported accurate.
Ernestine Marsh Kindred Healthcare

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 3
YEAR: 2020

Certified With Comments

AS IS.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

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=====

PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

QUARTER: 3

YEAR: 2020

Certified With Comments

Data Content

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The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service.

Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies.

Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Medical City Green Oaks Hospital
THCIC ID: 766000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: North Houston Endoscopy & Surgery
THCIC ID: 781100
QUARTER: 3
YEAR: 2020

Certified With Comments

SS Numbers are not required as a source of identification at this facility. The patient is not required to share this information. I'm unable to correct these errors

=====

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID 784400
3rd Qtr 2020 Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Texas Orthopedic Surgery Center
THCIC ID: 784600
QUARTER: 3
YEAR: 2020

Certified With Comments

We were not able to make corrections due to the winter storm and facilities being down.

=====

PROVIDER: South Texas Spine & Surgical Hospital
THCIC ID: 786800
QUARTER: 3
YEAR: 2020

Certified With Comments

2 Claims without the "required one HCPCS codes" were not deleted during the review process and resulted in 2 errors on the certification.

=====

PROVIDER: Baylor Scott & White Medical Center-Frisco
THCIC ID: 787400
QUARTER: 3
YEAR: 2020

Certified With Comments

We didn't realize correction must take place before certification and thought they could be made at the time of certification. Our error rate is .98 Future corrections are being made now prior to certification.

=====

PROVIDER: Harlingen Medical Center
THCIC ID: 788002
QUARTER: 3
YEAR: 2020

Certified With Comments

No comments

=====

PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
QUARTER: 3
YEAR: 2020

Certified With Comments

The Outpatient data was attained through the patient accounting system Meditech.
Kindred Hospital is a long term care hospital which offers outpatient services.
All admissions are scheduled prior to any services. Therefore, all 3 accounts are correctly reported.
Ernestine Marsh

=====

PROVIDER: Hill Country Memorial Surgery Center
THCIC ID: 793300
QUARTER: 3
YEAR: 2020

Certified With Comments

complete

=====

PROVIDER: Doctors Hospital-Renaissance
THCIC ID: 797100
QUARTER: 3
YEAR: 2020

Certified With Comments

Error Codes are still under review

=====

PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
QUARTER: 3
YEAR: 2020

Certified With Comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
QUARTER: 3
YEAR: 2020

Certified With Comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Kindred Hospital Tarrant County Fort Worth SW
THCIC ID: 800000
QUARTER: 3
YEAR: 2020

Certified With Comments

All Outpatient are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 7 records are correctly reported.

Ernestine Marsh Kindred Healthcare

=====

PROVIDER: Texas Surgical Center
THCIC ID: 800100
QUARTER: 3
YEAR: 2020

Certified With Comments

Certified with comments on 2 errors in reported data. One charge record deleted-charge was duplicate. One charge missing HC description. In future submissions/corrections, will review by ensuring record is submitted after correction to receive notification of any remaining errors.

=====

PROVIDER: LMC North
THCIC ID: 800300
QUARTER: 3
YEAR: 2020

Certified With Comments

Mercy Ministries is a Clinic who has different Physicians and NPs participating and we are working on how to manage adding the clinic as the Physician.

=====

PROVIDER: Baylor Scott & White Surgical Hospital-Fort Worth
THCIC ID: 804500
QUARTER: 3
YEAR: 2020

Certified With Comments

Errors noted: missing demographic information from records; procedure date more than 30 days before statement date/thru date; procedure through date more than 30 days before statement from/thru date

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Baylor Ambulatory Endoscopy Center
THCIC ID: 813600
QUARTER: 3
YEAR: 2020

Certified With Comments

Three patients have only the last 4 digits of SSN numbers. Unable to correct.

=====

PROVIDER: Medical City Las Colinas
THCIC ID: 814000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Plano
THCIC ID 814001
3rd Qtr 2020 – Outpatient
Accuracy rate – 99.99%
Errors from the 3rd Quarter FER reflect the following error codes E-736, E-760.
Procedure dates verified in hospital system, reported as posted.
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.
Errors will stand as reported.

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 3
YEAR: 2020

Certified With Comments

WE ARE CERTIFYING WITH KNOWN ERROR WITH INVALID SSN.

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that

diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Texas Health Surgery Center Denton
THCIC ID: 829500
QUARTER: 3
YEAR: 2020

Certified With Comments

2 errors for invalid revenue code left uncorrected. This was an oversight on my part due to not generating a new FER to ensure all corrections have been accepted by System13.

=====

PROVIDER: Texas Health Surgery Center Preston Plaza
THCIC ID: 832800
QUARTER: 3
YEAR: 2020

Certified With Comments

The data set is accurate to the best of my knowledge.

=====

PROVIDER: American Surgery Center
THCIC ID: 835200
QUARTER: 3
YEAR: 2020

Certified With Comments

Error for Charges entered with invalid revenue code

=====

PROVIDER: St Davids Georgetown Hospital
THCIC ID: 835700
QUARTER: 3
YEAR: 2020

Certified With Comments

All errors were reviewed, corrected and completed.

=====

PROVIDER: St Joseph Medical Center
THCIC ID: 838600
QUARTER: 3
YEAR: 2020

Certified With Comments

We have 99% compliance for Outpatient.

1. 10 claims that had errors for the Patient Control Numbers. We had approximately 10 claims that had errors for the Patient Control Numbers. Coding and Revenue Integrity team to review the encounters and they did not find any HCPCS needed. Reached out to THCIC Helpdesk and reviewed the encounters and was told to delete the encounters.

=====

PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: St Lukes Patients Medical Center

THCIC ID: 846100

QUARTER: 3

YEAR: 2020

Certified With Comments

This facility reported a 99% accuracy rate with its outpatient data submission, caused primarily due to invalid subscriber information. This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

=====

PROVIDER: The Surgery Center at Gaslight Medical Park

THCIC ID: 851700

QUARTER: 3

YEAR: 2020

Certified With Comments

I have confirmed the count of 27 for the month of August. The number is correct.

I am not aware of the reason for the decline, but the number is correct.

=====

PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

QUARTER: 3
YEAR: 2020

Certified With Comments

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves very seriously ill infants, which substantially increases costs of care, lengths of stay and mortality rates.

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Baylor Scott & White Medical Center Round Rock
THCIC ID: 852600
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Round Rock
THCIC ID 852600
3rd Qtr 2020 – Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
QUARTER: 3
YEAR: 2020

Certified With Comments

Certifying with no errors

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
QUARTER: 3
YEAR: 2020

Certified With Comments

Certifying with no errors

=====

PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: North Central Surgical Center
THCIC ID: 860600
QUARTER: 3
YEAR: 2020

Certified With Comments

test patients deleted x 3

=====

PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
QUARTER: 3

YEAR: 2020

Certified With Comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Carrus Specialty Hospital
THCIC ID: 864600
QUARTER: 3
YEAR: 2020

Certified With Comments

Invalid Physician ID numbers

=====

PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
QUARTER: 3
YEAR: 2020

Certified With Comments

A HCPSC code not accepted

=====

PROVIDER: Methodist Stone Oak Hospital
THCIC ID: 874100
QUARTER: 3
YEAR: 2020

Certified With Comments

SSN - patients do not have SSN
Physician NPI has been corrected to match NPI Registry

Diagnosis codes correct as documented

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 3
YEAR: 2020

Certified With Comments

99.2%

=====

PROVIDER: Ascension Seton Hays
THCIC ID: 921000
QUARTER: 3
YEAR: 2020

Certified With Comments

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These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 3
YEAR: 2020

Certified With Comments

The accuracy rate is 99% as information was coded based on documentation on order provided by the physician.

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Texas Health Surgery Center Addison
THCIC ID: 951300
QUARTER: 3
YEAR: 2020

Certified With Comments

Pt. ethnicity is correct 34. 9 Social Security errors. 3 invalid revenue code. Miss the corrections deadline.

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

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programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is

only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service.

Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Castle Hills Surgery Center
THCIC ID: 970130
QUARTER: 3
YEAR: 2020

Certified With Comments

Date of birth for patient (Removed by THCIC) was input as date of service and not actual date of birth. Correct date of birth should read (Removed by THCIC).

*Confidential information removed by THCIC.

=====

PROVIDER: Hays Surgery Center
THCIC ID: 970210
QUARTER: 3
YEAR: 2020

Certified With Comments

I am not showing errors on my end.

=====

PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 3
YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2020 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

Since our data was submitted to the State we have uncovered medical coding errors regarding the following patient conditions in 2005 and 2010 discharges:

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the THIRD QUARTER OF 2020.

There may be some encounters will have one of the following issues:

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for

modifier errors related to transport (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

<https://www.findacode.com/code-set.php?set=HCPCSMODA> .

Additionally, there may be outpatient encounters where there is an invalid NPI associated with the attending provider. These are most likely to be encounters in the ED where a patient was seen by a nurse in triage and charges were incurred, but left without being seen by a physician or an advanced nurse provider.

However, our overall accuracy rate is very high, so this will be a small proportion of our encounters.

We will continue to work with the Revenue Cycle team to improve the accuracy of the data elements going forward.

This will affect encounters for the THIRD QUARTER OF 2020

Patient charges that were accrued before admit or after discharge were systematically excluded from the database. This can happen when a patient is pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are discharged. Therefore, the charges for many patient encounters are under reported.

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single 'operating physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

Furthermore, the data structure established by THCIC allows for a limited number of diagnoses and procedures. Patients with more than the limit for diagnoses or procedures will be missing information from the database. This is especially true in complex cases where a patient has multiple major illnesses and multiple surgeries over an extended stay.

=====

PROVIDER: Seton Medical Center Harker Heights
THCIC ID: 971000
QUARTER: 3
YEAR: 2020

Certified With Comments

I wish to certify the 2020 3rd quarter outpatient data as is. It is correct to the best of my knowledge. I wish to certify this report.

=====

PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
QUARTER: 3
YEAR: 2020

Certified With Comments

2020 3rd Quarter

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC.

This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing To meet the State's submission deadline, approximately 60 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly.

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated.

Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, the facility underwent a major program conversion to the HCFA 837 EDI electronic claim format.

The quarterly data for 2020 3rd Quarter, to the best of our knowledge, is accurate and complete given the above information provided.

=====

PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
QUARTER: 3
YEAR: 2020

Certified With Comments

All NPI have been certified and correct

=====

PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center McKinney
THCIC ID 971900
3rd Qtr 2020 Outpatient
Accuracy rate – 99.99%
Errors from the 3rd Quarter FER reflect the following error codes E-736, E-760.
Procedure dates verified in hospital system, reported as posted.
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.
Errors will stand “as reported”.

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always

possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care

comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Crescent Medical Center Lancaster
THCIC ID: 973180
QUARTER: 3
YEAR: 2020

Certified With Comments

Did not realize outpatient data for Q3 2020 had a remaining error. Error was not showing at time of deadline for outpatient data corrections. Thank you.

=====

PROVIDER: Methodist Stone Oak Fertility Surgery Center
THCIC ID: 973380
QUARTER: 3
YEAR: 2020

Certified With Comments

No errors

=====

PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Surgery Center of Waxahachie

THCIC ID 973560

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Surgcenter of Plano

THCIC ID: 974000

QUARTER: 3

YEAR: 2020

Certified With Comments

The error listed is an incorrect social security number error, but that is the one we have on file. No correction is necessary.

=====

PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID: 974240

QUARTER: 3

YEAR: 2020

Certified With Comments

Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID 974240

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Bear Creek Surgery Center

THCIC ID: 974440

QUARTER: 3
YEAR: 2020

Certified With Comments

Certifying with known errors:
2 - Invalid other diagnosis
6 - Invalid Patient State
10 - Invalid Filing Code for Subscriber

=====

PROVIDER: Medical City Alliance
THCIC ID: 974490
QUARTER: 3
YEAR: 2020

Certified With Comments

ALL INFORMATION AND DATA IS ACCURATE

=====

PROVIDER: The Heart & Vascular Surgery Center
THCIC ID: 974540
QUARTER: 3
YEAR: 2020

Certified With Comments

Correction window was missed while transitioning to new facility administrator, previous facility administrator resigned.
Errors remaining in claims include 3 invalid SSN and 1 revenue code missing.

=====

PROVIDER: Memorial Hermann Surgery Center Kirby Glen
THCIC ID: 974930
QUARTER: 3
YEAR: 2020

Certified With Comments

Manifest dx code used for remaining errors. Unable to change.

=====

PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Marble Falls
THCIC ID 974940
3rd Qtr 2020 Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: First Baptist Medical Center
THCIC ID: 975129
QUARTER: 3
YEAR: 2020

Certified With Comments

McMullen 2/22/2021

=====

PROVIDER: Watermere Surgery Center
THCIC ID: 975134
QUARTER: 3
YEAR: 2020

Certified With Comments

2020 3rd quarter is missing one physician first name and one physician last name. The quarter was certified and closed before these corrections could be corrected.

=====

PROVIDER: Medical City Frisco
THCIC ID: 975139
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 3
YEAR: 2020

Certified With Comments

100%

=====

PROVIDER: Saint Camillus Medical Center
THCIC ID: 975154
QUARTER: 3
YEAR: 2020

Certified With Comments

Corrections not made by deadline due to covid staffing issues

=====

PROVIDER: Christus Mother Frances Hospital Sulphur Springs
THCIC ID: 975159
QUARTER: 3
YEAR: 2020

Certified With Comments

Certifying with errors: Invalid principal diagnosis, invalid reason for visit code, missing HCPCS code. Failed to correct before deadline.

=====

PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lakeway
THCIC ID 975165
3rd Qtr 2020 Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

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If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less

than 1% of the encounter volume.

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Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service.

Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Advanced Cardiovascular Surgery Center at Methodist West
Houston
THCIC ID: 975186
QUARTER: 3
YEAR: 2020

Certified With Comments

One invalid service line procedure code.

One invalid claim filing indicator code for subscriber.

=====

PROVIDER: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188
QUARTER: 3
YEAR: 2020

Certified With Comments

No comments

=====

PROVIDER: Freestone Medical Center
THCIC ID: 975198
QUARTER: 3
YEAR: 2020

Certified With Comments

One outpatient- radiology case with error: manifest diagnosis code used as principal diagnosis and reason for Visit. Erroneous code: G63 was changed to G6289.

=====

PROVIDER: Huebner Ambulatory Surgery Center
THCIC ID: 975211
QUARTER: 3
YEAR: 2020

Certified With Comments

no comment

=====

PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 3
YEAR: 2020

Certified With Comments

As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease.

It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates.

As the Regional Level I Trauma Center, DSMCUT serves severely injured patients.

Lengths of stay and mortality rates are most appropriately compared to other trauma centers.

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Texas Health Surgery Center Bedford
THCIC ID: 975219
QUARTER: 3
YEAR: 2020

Certified With Comments

Accept at 98%. Going forward will ensure 100% accuracy on future accounts.

=====

PROVIDER: Methodist Hospital South
THCIC ID: 975221
QUARTER: 3
YEAR: 2020

Certified With Comments

Provider name has been updated in NPI, NPI was verified as correct.
Charges on claim are correct for meds, procedure is billed separately no additional changes needed

=====

PROVIDER: Medical City Weatherford
THCIC ID: 975241
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Texas Health Surgery Center Alliance
THCIC ID: 975248
QUARTER: 3
YEAR: 2020

Certified With Comments

Certified accidentally without correcting 7 claims due to turnover in the business office (1 missing DOB, 2 invalid SSN and 4 invalid claim filing indicator code for other subscriber). Training has been completed on the process for quarterly reports and all errors will be corrected moving forward.

=====

PROVIDER: Medical City Weatherford
THCIC ID: 975252
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Bay Area ASC
THCIC ID: 975262
QUARTER: 3
YEAR: 2020

Certified With Comments

These two patients do not have SS#.

=====

PROVIDER: City Hospital at White Rock
THCIC ID: 975268
QUARTER: 3
YEAR: 2020

Certified With Comments

Invoice cpt not available

=====

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

=====

PROVIDER: Azura Surgery Center Star
THCIC ID: 975280
QUARTER: 3
YEAR: 2020

Certified With Comments

Unable to verify SSN# for patientS. All sources have the same one that is listed.

=====

PROVIDER: Austin Access Care
THCIC ID: 975282
QUARTER: 3
YEAR: 2020

Certified With Comments

One claim shows as wrong SS number. Patient states the one we have is correct so unable to "correct" the error

=====

PROVIDER: Baylor Scott & White Medical Center Centennial
THCIC ID: 975285
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Centennial
THCIC ID 975285
3rd Qtr 2020 Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: UT Health East Texas Henderson Hospital

THCIC ID: 975295

QUARTER: 3

YEAR: 2020

Certified With Comments

One error for claim must contain at least one HCPCS code

=====

PROVIDER: UT Health East Pittsburg Hospital

THCIC ID: 975297

QUARTER: 3

YEAR: 2020

Certified With Comments

Due to unanticipated changes in leadership and dedicated resources, the operationalization of our corrective action plan was delayed. As a result, we were unable to submit the necessary error corrections by the due date. As an aside, our records demonstrate that the majority of the error codes were because the claim did not contain at least one HCPCS code.

=====

PROVIDER: UT Health East Texas Quitman Hospital

THCIC ID: 975298

QUARTER: 3

YEAR: 2020

Certified With Comments

Due to unanticipated changes in leadership and dedicated resources, the operationalization of our corrective action plan was delayed. As a result, we

were unable to submit the necessary error corrections by the due date. As an aside, our records demonstrate that the majority of the error codes were claims that did not contain at least one HCPCS code.

=====

PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299
QUARTER: 3
YEAR: 2020

Certified With Comments

Account missing a HCPCS code and manifest code listed.
Account had unknown DOB or valid state for address

=====

PROVIDER: Baylor Scott & White Surgicare at Plano Alliance
THCIC ID: 975308
QUARTER: 3
YEAR: 2020

Certified With Comments

due to system limitations unable to correct the two errors within the allotted time - data was reviewed and noted

=====

PROVIDER: HCA Houston Healthcare North Cypress
THCIC ID: 975321
QUARTER: 3
YEAR: 2020

Certified With Comments

Data has been corrected to the best of our ability at the time of certification.

=====

PROVIDER: Texas Health Orthopedic Surgery Center Heritage
THCIC ID: 975328
QUARTER: 3

YEAR: 2020

Certified With Comments

Reviewed & certified 2020 Q3

=====

PROVIDER: Baylor Scott & White Medical Center Pflugerville
THCIC ID: 975340
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Pflugerville
THCIC ID 975340
3rd Qtr 2020 Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: North Cypress Medical Center, a campus of Kingwood Medical Center
THCIC ID: 975341
QUARTER: 3
YEAR: 2020

Certified With Comments

Data corrected to the best of our ability at the time of certification.

=====

PROVIDER: North Central Ambulatory Surgery Center
THCIC ID: 975345
QUARTER: 3
YEAR: 2020

Certified With Comments

3 test patient deleted

=====

PROVIDER: Oak Point Surgical Suites
THCIC ID: 975349
QUARTER: 3
YEAR: 2020

Certified With Comments

Unable to locate errors, none listed in reports

=====

PROVIDER: Baylor St Lukes Medical Center McNair Campus
THCIC ID: 975365
QUARTER: 3
YEAR: 2020

Certified With Comments

Accuracy rate is 99% due to coding based on the documentation that was provided by the physician on the order that was provided.

=====

PROVIDER: Inov8 Surgical
THCIC ID: 975383
QUARTER: 3
YEAR: 2020

Certified With Comments

Accounts with Revenue Code missing is because this is a professional claim and rev codes are not required.
Accounts with No Charges is because the payer is the collection agency.
Charges were posted on the primary payer.

=====

PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park
THCIC ID: 975384

QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID 975384

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Baylor Scott & White The Heart Hospital McKinney
THCIC ID: 975385
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

3rd Qtr 2020 – Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: Baylor Scott & White Medical Center Buda
THCIC ID: 975391
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Buda

THCIC ID 975391

3rd Qtr 2020 Outpatient

Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

=====

PROVIDER: United Memorial Medical Center North Hospital
THCIC ID: 975402
QUARTER: 3
YEAR: 2020

Certified With Comments

Syed

=====

PROVIDER: Medical City Heart & Spine Hospitals
THCIC ID: 975407
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

=====

PROVIDER: Memorial Ambulatory Surgery Center
THCIC ID: 975409
QUARTER: 3
YEAR: 2020

Certified With Comments

Missed correction before deadline. The PCN number was not accepted.

=====

PROVIDER: Legent Orthopedic Hospital
THCIC ID: 975413
QUARTER: 3

YEAR: 2020

Certified With Comments

The following errors were not corrected:

Patient Gender not consistent with Other Diagnosis, Missing Point of Origin (Admission Source), Invalid Patient State, Invalid Patient ZIP, Invalid Revenue Code, Invalid Physician 2 (ED Attending) Name Match, Invalid Occurrence Code Associated Date, Procedure Date is more than 30 days before the Statement Date or after the Statement Thru Date, Missing Patient First Name, Missing Patient Last Name, and Procedure Through Date is more than 30 days before the Statement From Date or after Statement Thru Date. My calendar was marked February 2, 2021.

=====

PROVIDER: Valley Baptist Micro-Hospital Weslaco
THCIC ID: 975415
QUARTER: 3
YEAR: 2020

Certified With Comments

Certify as is please.

=====

PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
QUARTER: 3
YEAR: 2020

Certified With Comments

Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, womens diagnostics services including mammography and dextra, and onsite imaging (CT, X-ray, ultrasound) and laboratory services.

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: United Memorial Medical Center Sugar Land Hospital
THCIC ID: 975780
QUARTER: 3
YEAR: 2020

Certified With Comments

Syed

=====

PROVIDER: Texas Health Hospital Frisco
THCIC ID: 975783
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

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Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be

creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Baylor Scott & White Medical Center Austin
THCIC ID: 975789
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott and White Medical Center Austin
THCIC ID 975789
3rd Qtr 2020 Outpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco
THCIC ID: 975798
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco
THCIC ID 975798
3rd Qtr 2020 – Outpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Houston Premier Surgery Center in the Villages
THCIC ID: 975799
QUARTER: 3
YEAR: 2020

Certified With Comments

Account/Medical Record (Removed by THCIC) SSN was entered as (Removed by THCIC) and should have been (Removed by THCIC).

*Confidential information removed by THCIC.

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PROVIDER: The Hospitals of Providence Spine & Pain Management Center
THCIC ID: 975803
QUARTER: 3
YEAR: 2020

Certified With Comments

No comments

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PROVIDER: Carrollton Regional Medical Center
THCIC ID: 975813
QUARTER: 3
YEAR: 2020

Certified With Comments

We have verified and corrected the accounts to the best of our ability. We have migrated to a new EMR and no longer have access to the previous systems owned by Baylor Scott and White.

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PROVIDER: Complete Surgery Mesquite
THCIC ID: 975817
QUARTER: 3
YEAR: 2020

Certified With Comments

NO DATA IN JULY. NO PATIENTS SEEN
FIRST PATIENT SEEN IN AUGUST.

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PROVIDER: Mapleshade Surgery Center
THCIC ID: 975825
QUARTER: 3
YEAR: 2020

Certified With Comments

very new to this system, trying to learn how to use the system. Will do a better job next quarter.