

General Comments on 3rd Quarter 2019 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: UT MD Anderson Cancer Center
THCIC ID: 000105
QUARTER: 3
YEAR: 2019

Certified With Comments

The two errors identified were for a valid procedure code and the code listed for the principal was the only code available for the instance.

3q2019_Certification_Comments_OP.txt

PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
QUARTER: 3
YEAR: 2019

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: 2019

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: 2019

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: Kindred Hospital-Dallas
THCIC ID: 028000
QUARTER: 3
YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services. The data is based on Outpatient services with the required revenue. This data is pulled from the Meditech patient accounting system. Therefore, the 1 record are being recorded correctly.

Ernestine Marsh
Southeast Region

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
QUARTER: 3
YEAR: 2019

Certified With Comments

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 3
YEAR: 2019

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of April 15, 2020. 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 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.

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: San Angelo Community Medical Center
THCIC ID: 056000
QUARTER: 3
YEAR: 2019

Certified With Comments

I have corrected as many errors that I know how to correct.

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PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
QUARTER: 3
YEAR: 2019

Certified With Comments

Known issue with NPI physician naming convention.

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PROVIDER: Wilbarger General Hospital
THCIC ID: 084000
QUARTER: 3
YEAR: 2019

Certified With Comments

Any errors that were found have been corrected.

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PROVIDER: Hunt Regional Medical Center Greenville
THCIC ID: 085000
QUARTER: 3
YEAR: 2019

Certified With Comments

Q3 IP, Patient was given blood products 7/25/19 before surgery due to severe blood anemia and hematuria since prior resection of bladder tumor (Error code: E-617)

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis

coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 3
YEAR: 2019

Certified With Comments

This data represents accurate information at the time of submission. Subsequent changes may continue to occur that will not be reflected in this published dataset.

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 3
YEAR: 2019

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.

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PROVIDER: University Hospital
THCIC ID: 158000
QUARTER: 3
YEAR: 2019

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county and other surrounded counties.
OP claim accuracy rate is 99.26% for Q3 2019.
Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

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PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
QUARTER: 3
YEAR: 2019

Certified With Comments

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 3
YEAR: 2019

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 states 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: CHRISTUS Spohn Hospital-Kleberg
THCIC ID: 216001
QUARTER: 3
YEAR: 2019

Certified With Comments

Done

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PROVIDER: Howerton Surgical Center
THCIC ID: 233000
QUARTER: 3
YEAR: 2019

Certified With Comments

Certifying 659 claims with knowledge of 34 claims containing errors.
A policy has been set in place to address this issue and make sure that all
claims, from now on, will be corrected prior to submission.

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 3
YEAR: 2019

Certified With Comments

Data Content

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encounter.

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outpatient surgical or radiological services, by quarter year, gathered from a
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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

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coded by the hospital using a universal standard called the International
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(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
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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.

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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.

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PROVIDER: Wise Health System
THCIC ID: 254001
QUARTER: 3
YEAR: 2019

Certified With Comments

The data for 3Q2019 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 3
YEAR: 2019

Certified With Comments

Data Content T

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PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 3
YEAR: 2019

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: South Plains Endoscopy Center
THCIC ID: 278000
QUARTER: 3
YEAR: 2019

Certified With Comments

The 3rd Quarter data claim count is low due to a Software issue. These additional claims will be added in the 4th Quarter count.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 3
YEAR: 2019

Certified With Comments

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PROVIDER: Valley Baptist Medical Center-Brownsville
THCIC ID: 314001
QUARTER: 3
YEAR: 2019

Certified With Comments

Cerified as is. lrg

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PROVIDER: Del Sol Medical Center
THCIC ID: 319000
QUARTER: 3
YEAR: 2019

Certified With Comments

Certified with Comments

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

QUARTER: 3

YEAR: 2019

Certified With Comments

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=====

PROVIDER: San Antonio Digestive Disease Endoscopy Center
THCIC ID: 329000
QUARTER: 3
YEAR: 2019

Certified With Comments

Apparently 29 of the 404 claims had errors. SADDC has recently gone from paper to EMR and with all of the training and learning that has gone with that I completely overlooked the claims correction dates.

=====

PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 3
YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2019 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 2019.

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

Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
Missing either a THCIC required HCPCS code, or not having a THCIC required revenue code and contain at least one procedure code.

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 (especially our fixed wing transport. 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 2019

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 Arts Hospital
THCIC ID: 341000
QUARTER: 3
YEAR: 2019

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.

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PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000
QUARTER: 3
YEAR: 2019

Certified With Comments

facility certifying after corrections made

=====

PROVIDER: Martin County Hospital District
THCIC ID: 388000
QUARTER: 3
YEAR: 2019

Certified With Comments

Zero errors on the instituional FER report.

=====

PROVIDER: Maplewood Ambulatory Surgery Center
THCIC ID: 388001
QUARTER: 3
YEAR: 2019

Certified With Comments

The patient's without social security numbers did not provide the information.

=====

PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
QUARTER: 3
YEAR: 2019

Certified With Comments

certified data

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PROVIDER: Adventhealth Rollins Brook
THCIC ID: 397000
QUARTER: 3
YEAR: 2019

Certified With Comments

Error rate high due to issue with attending physician being an organizational NPI number for the wound care physician.

=====

PROVIDER: Adventhealth Central Texas
THCIC ID: 397001
QUARTER: 3
YEAR: 2019

Certified With Comments

The high error rate is due to one particular error, 2603 Attending Physician is an organizational NPI. This is because of Darnall Army Medical Center, all OP's are registered under one NPI, not a particular physician. This caused the extreme amount of errors 2nd and 3rd qtr on the OP visits.

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi
THCIC ID: 398000
QUARTER: 3
YEAR: 2019

Certified With Comments

Done

=====

PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline
THCIC ID: 398001
QUARTER: 3
YEAR: 2019

Certified With Comments

Done

=====

PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South
THCIC ID: 398002
QUARTER: 3
YEAR: 2019

Certified With Comments

Done

=====

PROVIDER: Valley Baptist Medical Center
THCIC ID: 400000
QUARTER: 3
YEAR: 2019

Certified With Comments

certified as is.

=====

PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 3
YEAR: 2019

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.

3q2019_Certification_Comments_OP.txt

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PROVIDER: United Regional Health Care System
THCIC ID: 417000
QUARTER: 3
YEAR: 2019

Certified With Comments

additional data added to third quarter

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 3
YEAR: 2019

Certified With Comments

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3q2019_Certification_Comments_OP.txt

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PROVIDER: CHRISTUS Spohn Hospital-Beeville
THCIC ID: 429001
QUARTER: 3
YEAR: 2019

Certified With Comments

Done

=====

PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 3
YEAR: 2019

Certified With Comments

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=====

PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

QUARTER: 3

YEAR: 2019

Certified With Comments

These are LWBS accounts, the UTSW default attending provider NPI was used; unable to resolve this error

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PROVIDER: Midland Memorial Hospital

THCIC ID: 452000

QUARTER: 3

YEAR: 2019

Certified With Comments

Certify without comment

=====

PROVIDER: DeTar Hospital-Navarro

THCIC ID: 453000

QUARTER: 3

YEAR: 2019

Certified With Comments

The DeTar Healthcare System includes two full-service acute care hospitals: DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital North located at 101 Medical Drive. Both acute care hospitals are located in

Victoria, Texas. DeTar Healthcare System is both Joint Commission accredited and Medicare certified. The system also includes two Emergency Departments with Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; a DeTar Health Center; a comprehensive Cardiac Program including Cardiothoracic Surgery and Interventional Cardiology as well as Electrophysiology; Interventional Radiology Services; Accredited Chest Pain Center; a Bariatric Surgery Center of Excellence, Inpatient and Outpatient Rehabilitation Centers; DeTar Senior Care Center; Infusion Center; DeTar on Demand Urgent Care Centers, Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 3
YEAR: 2019

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=====

PROVIDER: Memorial Medical Center
THCIC ID: 487000
QUARTER: 3
YEAR: 2019

Certified With Comments

These have been certified to the best of our ability

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PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 3
YEAR: 2019

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: 2019

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.

=====

PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
QUARTER: 3
YEAR: 2019

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.

=====

PROVIDER: Shamrock General Hospital
THCIC ID: 571000
QUARTER: 3
YEAR: 2019

Certified With Comments

Missing pt ss, called pt parent to enter correctly, parent was at work and didn't have the card with her. Parent is supposed to call back when she has the number

=====

PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
QUARTER: 3
YEAR: 2019

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: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 3
YEAR: 2019

Certified With Comments

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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 states 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: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 3
YEAR: 2019

Certified With Comments

All data certified as complete and accurate with information available at time of reporting.

=====

PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
QUARTER: 3
YEAR: 2019

Certified With Comments

No errors

=====

PROVIDER: Kindred Hospital-Mansfield
THCIC ID: 657000
QUARTER: 3
YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services. The data is based on Outpatient services with the required revenue. This data is pulled from the Meditech patient accounting system. Therefore, the 1 record are being recorded correctly.

Ernestine Marsh
Southeast Region

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PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 3
YEAR: 2019

Certified With Comments

Data Content

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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 states 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: CHRISTUS Spohn Hospital Alice

THCIC ID: 689401
QUARTER: 3
YEAR: 2019

Certified With Comments

Done

=====

PROVIDER: Kindred Hospital Houston NW
THCIC ID: 706000
QUARTER: 3
YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services. The data is based on Outpatient services with the required revenue. This data is pulled from the Meditech patient accounting system. Therefore, the 2 records are being recorded correctly.

Ernestine Marsh
southeast Region

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PROVIDER: ACPS Surgicentre
THCIC ID: 709100
QUARTER: 3
YEAR: 2019

Certified With Comments

All documents reviewed.

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PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 3
YEAR: 2019

Certified With Comments

I approve to be certified.

3q2019_Certification_Comments_OP.txt

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PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 3
YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services. The data is based on Outpatient services with the required revenue. This data is pulled from the Meditech patient accounting system. Therefore, the 9 records are being recorded correctly.

Ernestine Marsh
Southeast Region

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PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 3
YEAR: 2019

Certified With Comments

As is.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 3
YEAR: 2019

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 states 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

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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: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 3
YEAR: 2019

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. The current data in this submission will

exclude much of the March data due to issues with software, vendor and process changes. These issues have been resolved and the excluded data will be submitted with the next data submission.

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-9-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.

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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

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: St Lukes Hospital at the Vintage
THCIC ID: 740000
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and

3q2019_Certification_Comments_OP.txt

reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

=====

PROVIDER: The Endoscopy Center
THCIC ID: 786500
QUARTER: 3
YEAR: 2019

Certified With Comments

There are claims that have a 762- error stating must have either a THCIC required HCPCS code, or the Claim must have a THCIC required revenue code and contain at least one procedure code. The codes used are from the operative reports given. I already emailed THCIC in the past regarding this issue.

=====

PROVIDER: South Texas Spine & Surgical Hospital
THCIC ID: 786800
QUARTER: 3
YEAR: 2019

Certified With Comments

Certify without comments.

=====

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 3
YEAR: 2019

Certified With Comments

I approve to be certified.

=====

PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 3
YEAR: 2019

Certified With Comments

I approve to be certified.

=====

PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
QUARTER: 3
YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services. The data is based on Outpatient services with the required revenue. This data is pulled from the Meditech patient accounting system. Therefore, the 17 records are being recorded correctly.

Ernestine Marsh
Southeast Region

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PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

3q2019_Certification_Comments_OP.txt

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PROVIDER: Caplan Surgery Center
THCIC ID: 796001
QUARTER: 3
YEAR: 2019

Certified With Comments

Due to a system upgrade with our practice management system the file contains errors

=====

PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
QUARTER: 3
YEAR: 2019

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: 2019

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: 2019

Certified With Comments

Kindred Hospital provides outpatient services. The data is based on Outpatient services with the required revenue. This data is pulled from the Meditech patient accounting system. Therefore, the 35 records are being recorded correctly.

Ernestine Marsh
Southeast Region

=====

PROVIDER: Kindred Hospital Bay Area
THCIC ID: 801000
QUARTER: 3
YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services. The data is based on Outpatient services with the required revenue. This data is pulled from the Meditech patient accounting system. Therefore, the 7 records are being recorded correctly.

Ernestine Marsh
Southeast Region

=====

PROVIDER: Community Surgery Center
THCIC ID: 807500
QUARTER: 3
YEAR: 2019

Certified With Comments

I have corrected all errors that I know how to correct.

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 3
YEAR: 2019

Certified With Comments

3q2019_Certification_Comments_OP.txt

The Q3 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They might contain duplicates/ missing claims

=====

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 3
YEAR: 2019

Certified With Comments

The Q3 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They might contain duplicates/ missing claims.

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 3
YEAR: 2019

Certified With Comments

The Q3 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They might contain duplicates/ missing claims.

=====

PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 3
YEAR: 2019

Certified With Comments

DATA GENERATED FROM SCHEDULING SOFTWARE SYSTEM. WE CANNOT GUARANTEE 100% ACCURACY.

=====

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

YEAR: 2019

Certified With Comments

Data Content

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Diagnosis and Procedures

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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 states 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

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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: The Surgery Center at Gaslight Medical Park
THCIC ID: 851700
QUARTER: 3
YEAR: 2019

Certified With Comments

3q2019_Certification_Comments_OP.txt

I have validated that a count of 18 is correct for 3rd quarter 2019. There were no visits at our Ambulatory Surgery Center in July or September. Physician is still trying to service 3 different hospitals in 3 different cities.

=====

PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 3
YEAR: 2019

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: Robert B Green Ambulatory Surgery Center
THCIC ID: 856830
QUARTER: 3
YEAR: 2019

Certified With Comments

Robert B Green Ambulatory Surgery Center provides healthcare to a large population in Bexar county and other surrounded counties.
RBG claim accuracy rate is 100.00% for Q3 2019.
Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

=====

PROVIDER: Ambulatory Surgical Institute of Dallas
THCIC ID: 856840
QUARTER: 3

YEAR: 2019

Certified With Comments

Error report sent for review by physicians for correction of invalid codes going forward.

=====

PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
QUARTER: 3
YEAR: 2019

Certified With Comments

The Q3 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They might contain duplicates/ missing claims.

=====

PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
QUARTER: 3
YEAR: 2019

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: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

=====

PROVIDER: Round Rock Surgery Center
THCIC ID: 905000
QUARTER: 3
YEAR: 2019

Certified With Comments

2q19 data for May was 311 claims submitted on 7/30 and June was 294 claims submitted on 8/30. On 7/22/19 I selected to EOD the 2q19 data without including May and June. Since the May and June Claims had not been submitted yet they didn't get included in the the 2q certification set.

The missing 2q2019 data is included in the 3q2019 certification data set causing the claims submitted to be higher than normal.

=====

PROVIDER: Ascension Seton Hays
THCIC ID: 921000
QUARTER: 3
YEAR: 2019

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.

3q2019_Certification_Comments_OP.txt

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PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: Methodist McKinney Hospital
THCIC ID: 937000
QUARTER: 3
YEAR: 2019

Certified With Comments

Due to system error 190 claims were missing during the initial upload. These claims were submitted in April, 2020 as a supplemental file. The corrected number of outpatients for Quarter 3, 2019 is 1937.

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PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 3
YEAR: 2019

Certified With Comments

The Q3 2019 all Data/information in these files contain accurate data in areas

such as Coding, Admissions, Diagnostic, & Bill Type etc. They might contain duplicates/ missing claims.

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PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
QUARTER: 3
YEAR: 2019

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.

3q2019_Certification_Comments_OP.txt

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 states 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: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 3
YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2019 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 2019.

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

Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
Missing either a THCIC required HCPCS code, or not having a THCIC required revenue code and contain at least one procedure code.

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 (especially our fixed wing transport. 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 2019

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: 2019

Certified With Comments

I wish to certify the 2019 third quarter outpatient data as is. It is correct to the best of my knowledge. I wish to certify this report.

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PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
QUARTER: 3
YEAR: 2019

Certified With Comments

THCIC THHSC Q3 2019

The following comments reflect concerns, errors, or limitations of discharge

3q2019_Certification_Comments_OP.txt

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

The state provides 60 days following the close of the calendar 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, Texas Health Huguley Surgery Center, LLC underwent a major program conversion to the HCFA 837 EDI electronic claim format.

The quarterly data from 3rd quarter 2019, to the best of our knowledge, is accurate and complete given the above.

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PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
QUARTER: 3
YEAR: 2019

Certified With Comments

all NPI verified as correct

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PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 3
YEAR: 2019

Certified With Comments

Data Content

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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 states 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.

3q2019_Certification_Comments_OP.txt

PROVIDER: University Health System Surgery Center
THCIC ID: 973580
QUARTER: 3
YEAR: 2019

Certified With Comments

University Health System Surgery Center provides healthcare to a large population in Bexar county and other surrounded counties. UHS Surgery Center claim accuracy rate is 100.00% for Q3 2019. Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

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PROVIDER: Wise Health Surgical Hospital
THCIC ID: 973840
QUARTER: 3
YEAR: 2019

Certified With Comments

The data for 3Q2019 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

=====

PROVIDER: Altus Baytown Hospital Baytown Medical Center
THCIC ID: 973860
QUARTER: 3
YEAR: 2019

Certified With Comments

We had a very slow quarter to the point we had to cut employee hours

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PROVIDER: Woodlands Specialty Hospital
THCIC ID: 974150

QUARTER: 3
YEAR: 2019

Certified With Comments

Data was reviewed on 3 claims which indicated errors. An internal review of patients medical records validated that entries made were correct to the best of our knowledge.

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PROVIDER: J Graff Surgery Center
THCIC ID: 974510
QUARTER: 3
YEAR: 2019

Certified With Comments

Certifying with data error. Procedures in place to avoid future errors.

=====

PROVIDER: CHI St Lukes Health Baylor Medical Center ASC
THCIC ID: 974960
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

PROVIDER: Westgreen Surgical Center
THCIC ID: 974970
QUARTER: 3
YEAR: 2019

Certified With Comments

Ready to Certify the 3rd qt. LVP

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PROVIDER: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 3
YEAR: 2019

Certified With Comments

SA

PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center

THCIC ID: 975146

QUARTER: 3

YEAR: 2019

Certified With Comments

Data Content

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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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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: Methodist Southlake Hospital

THCIC ID: 975153

QUARTER: 3

YEAR: 2019

Certified With Comments

No comments

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PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 3
YEAR: 2019

Certified With Comments

Data Content

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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.

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PROVIDER: Huebner Ambulatory Surgery Center
THCIC ID: 975211
QUARTER: 3
YEAR: 2019

Certified With Comments

n/a

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PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 3
YEAR: 2019

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.

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PROVIDER: Mountain West Surgery Center
THCIC ID: 975272
QUARTER: 3
YEAR: 2019

Certified With Comments

3Q CLAIM COUNT IS LOW

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PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
QUARTER: 3
YEAR: 2019

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: Wise Health Surgical Hospital
THCIC ID: 975322
QUARTER: 3
YEAR: 2019

Certified With Comments

The data for 3Q2019 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

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

YEAR: 2019

Certified With Comments

REVIEWED AND CERTIFIED

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PROVIDER: Wise Health Pain Management Center at Southlake
THCIC ID: 975333
QUARTER: 3
YEAR: 2019

Certified With Comments

The data for 3Q2019 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THICIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

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PROVIDER: Scottish Rite for Children
THCIC ID: 975343
QUARTER: 3
YEAR: 2019

Certified With Comments

Certify

=====

PROVIDER: Zazen Surgery Center
THCIC ID: 975352
QUARTER: 3
YEAR: 2019

Certified With Comments

no comments

3q2019_Certification_Comments_OP.txt

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PROVIDER: Baylor St Lukes Medical Center McNair Campus
THCIC ID: 975365
QUARTER: 3
YEAR: 2019

Certified With Comments

The data reports for Quarter 3, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: Proffer Surgical Center
THCIC ID: 975370
QUARTER: 3
YEAR: 2019

Certified With Comments

The only error in the batch was for patient MB, who didn't have a social security number.

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PROVIDER: Stat Specialty Hospital
THCIC ID: 975377
QUARTER: 3
YEAR: 2019

Certified With Comments

All data reviewed/accurate to include 2 outpatient MRI

3q2019_Certification_Comments_OP.txt