

General Comments on 2nd 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: 2

YEAR: 2019

Certified With Comments

One claim was not allowing a correction for the ethnicity field causing 1 claim to be in error.

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PROVIDER: Baptist St Antonys Hospital

THCIC ID: 001000

QUARTER: 2

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: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

QUARTER: 2

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: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000

QUARTER: 2

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: Texas Health Huguley Hospital

THCIC ID: 047000

QUARTER: 2

YEAR: 2019

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of January 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: 2

YEAR: 2019

Certified With Comments

I corrected all that I was able to correct.

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PROVIDER: Brownwood Regional Medical Center

THCIC ID: 058000

QUARTER: 2

YEAR: 2019

Certified With Comments

Known issue with NPI and physician naming conventions.

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PROVIDER: Goodall - Witcher Hospital

THCIC ID: 070000

QUARTER: 2

YEAR: 2019

Certified With Comments

Unable to obtain more specific information for 3 claim errors.

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PROVIDER: Mission Trail Baptist Hospital

THCIC ID: 081001

QUARTER: 2

YEAR: 2019

Certified With Comments

Reviewed and certify

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PROVIDER: Parkview Hospital

THCIC ID: 116000
QUARTER: 2
YEAR: 2019

Certified With Comments

Certifying with SSN errors

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center

THCIC ID: 118000
QUARTER: 2
YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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: Memorial Surgical Solutions

THCIC ID: 130057
QUARTER: 2
YEAR: 2019

Certified With Comments

corrections were made and saved but not submitted so the corrections were not updated

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PROVIDER: University Medical Center

THCIC ID: 145000
QUARTER: 2
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: 2
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: 2
YEAR: 2019

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county and other surrounded counties.

IP claim accuracy rate is 99.78% for Q2 2019.

OP claim accuracy rate is 99.39% for Q2 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: 2
YEAR: 2019

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is primarily utilized for billing purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. It should be noted that charges are not equal to actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to patient social security numbers only listing the last 4 digits. This information is masked for confidentiality reasons and cannot be corrected. Some social security numbers also cannot be corrected due to incorrect patient information provided, unknown patient names or unknown number. Country, State and zip codes have been corrected on all foreign patients. Corrections have been made to the best of my ability and resources.

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000
QUARTER: 2
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 payer 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: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

QUARTER: 2

YEAR: 2019

Certified With Comments

Data Content

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

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PROVIDER: Wise Health System

THCIC ID: 254001
QUARTER: 2
YEAR: 2019

Certified With Comments

The data for 2Q2019 is being certified with comment. Reported data is accurate and correct at the specific point in time that the data files are generated. Any potential errors related to patient name or demographics are the result in a change of electronic health record systems, though codes and providers should not be affected. 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: 2
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.

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Length of Stay

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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.

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: University Medical Center of El Paso

THCIC ID: 263000

QUARTER: 2

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: Wilson N Jones Regional Medical Center

THCIC ID: 297000
QUARTER: 2
YEAR: 2019

Certified With Comments

I left the principal diagnosis as is instead of correcting in order to be consistent with what was actually billed to the insurance carrier per our claims. Although the diagnosis can not be utilized as a primary, I did not change within THCIC reporting.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000
QUARTER: 2
YEAR: 2019

Certified With Comments

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PROVIDER: Valley Baptist Medical Center-Brownsville

THCIC ID: 314001

QUARTER: 2

YEAR: 2019

Certified With Comments

certified as is.

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PROVIDER: Del Sol Medical Center

THCIC ID: 319000

QUARTER: 2

YEAR: 2019

Certified With Comments

Certified with Comments

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corrected to the best of my ability and resources.

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PROVIDER: Baylor Surgicare Bedford

THCIC ID: 322000

QUARTER: 2

YEAR: 2019

Certified With Comments

2nd quarter was submitted with only 1 claim. The remaining claims for 2nd quarter will be added to 3rd quarter report and certification.

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

QUARTER: 2

YEAR: 2019

Certified With Comments

Data Content

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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.

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Length of Stay

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Race/Ethnicity

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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: Cook Childrens Medical Center

THCIC ID: 332000

QUARTER: 2

YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified SECOND 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.

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 the patient 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 SECOND 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: 2

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.

=====

PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000
QUARTER: 2
YEAR: 2019

Certified With Comments

certifying without comments

=====

PROVIDER: Heights Surgery Center

THCIC ID: 355001
QUARTER: 2
YEAR: 2019

Certified With Comments

low count does not include all data. It will be included in the 3rd QT.

=====

PROVIDER: Martin County Hospital District

THCIC ID: 388000
QUARTER: 2
YEAR: 2019

Certified With Comments

Miss deadline, procedure put in place to correct this issue

=====

PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000
QUARTER: 2
YEAR: 2019

Certified With Comments

data reviewed and updated. Certified

=====

PROVIDER: Victoria Surgery Center

THCIC ID: 396003
QUARTER: 2
YEAR: 2019

Certified With Comments

All information is correct.

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline

THCIC ID: 398001

QUARTER: 2

YEAR: 2019

Certified With Comments

Done

=====

PROVIDER: Valley Baptist Medical Center

THCIC ID: 400000

QUARTER: 2

YEAR: 2019

Certified With Comments

certified as is.

=====

PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

QUARTER: 2

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: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

QUARTER: 2

YEAR: 2019

Certified With Comments

Data Content

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

QUARTER: 2

YEAR: 2019

Certified With Comments

Data Content

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=====
PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
QUARTER: 2
YEAR: 2019

Certified With Comments

E-690 The default UTSW attending provider NPI was used, unable to resolve this error

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PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 2
YEAR: 2019

Certified With Comments

2nd qtr 2019 outpt certify

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PROVIDER: Midland Memorial Hospital
THCIC ID: 452000
QUARTER: 2
YEAR: 2019

Certified With Comments

Processes are in place to reduce claim percentage errors.

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PROVIDER: DeTar Hospital-Navarro

THCIC ID: 453000

QUARTER: 2

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: DeTar Hospital-North

THCIC ID: 453001

QUARTER: 2

YEAR: 2019

Certified With Comments

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

QUARTER: 2

YEAR: 2019

Certified With Comments

Data Content

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PROVIDER: Memorial Medical Center

THCIC ID: 487000
QUARTER: 2
YEAR: 2019

Certified With Comments

We have corrected thied claims to the best of our ability.

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PROVIDER: Driscoll Childrens Hospital

THCIC ID: 488000
QUARTER: 2
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: 2
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.

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 Baptist Hospital

THCIC ID: 503001

QUARTER: 2

YEAR: 2019

Certified With Comments

Certified by Felicia A. Rodriguez, Director of Revenue Analysis fon behalf of Geoff Vines- CFO, St. Luke's Baptist Hospital. phone: (210) 297-5350.

=====

PROVIDER: Lavaca Medical Center

THCIC ID: 527000

QUARTER: 2

YEAR: 2019

Certified With Comments

Social Security Numbers were not provided by patients for errors

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PROVIDER: Fort Duncan Regional Medical Center

THCIC ID: 547001

QUARTER: 2

YEAR: 2019

Certified With Comments

no comments

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PROVIDER: Central Texas Medical Center

THCIC ID: 556000

QUARTER: 2

YEAR: 2019

Certified With Comments

Submitted outpatient data contains a known error. For one encounter we were unable to confirm the identity, including date of birth, of a patient.

=====

PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000
QUARTER: 2
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.

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.

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=====

PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000
QUARTER: 2
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.

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

QUARTER: 2

YEAR: 2019

Certified With Comments

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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: Hamilton General Hospital

THCIC ID: 640000

QUARTER: 2

YEAR: 2019

Certified With Comments

Data is certified as complete and accurate with information available at time of reporting. Data error rate is attributed to unavailable information at time of reporting.

=====

PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

QUARTER: 2

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.

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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: Big Bend Regional Medical Center

THCIC ID: 711900

QUARTER: 2

YEAR: 2019

Certified With Comments

Corrections have been made to the majority of issues. There are a few remaining items where the physician does not have a DEA, and where the patients are from another country. Reporting in this media does not support out of country addressing.

=====
PROVIDER: CHRISTUS St Michael Rehab Hospital

THCIC ID: 713001

QUARTER: 2

YEAR: 2019

Certified With Comments

I approve to be certified.

=====

PROVIDER: Ennis Regional Medical Center

THCIC ID: 714500
QUARTER: 2
YEAR: 2019

Certified With Comments

Data showing error with one NPI number; however, NPI website shows NPI number to be correct.

=====

PROVIDER: Plano Center for Surgical Arts

THCIC ID: 715500
QUARTER: 2
YEAR: 2019

Certified With Comments

new employee in training

=====

PROVIDER: Kindred Hospital Clear Lake

THCIC ID: 720402
QUARTER: 2
YEAR: 2019

Certified With Comments

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, the 18 accounts are reported correctly.

Ernestine Marsh
Kindred Healthcare

=====

PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800
QUARTER: 2
YEAR: 2019

Certified With Comments

As is.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

QUARTER: 2

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.

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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: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

QUARTER: 2

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.

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-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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: 2

YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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: Winnie Community Hospital

THCIC ID: 781400

QUARTER: 2

YEAR: 2019

Certified With Comments

Corrections were not made due to facility being closed for two months after Tropical Storm Imelda.

=====

PROVIDER: MD Aesthetic Surgery Center

THCIC ID: 785500

QUARTER: 2

YEAR: 2019

Certified With Comments

Certifying with errors - Procedures are in place to correct

=====

PROVIDER: The Endoscopy Center

THCIC ID: 786500

QUARTER: 2

YEAR: 2019

Certified With Comments

The error I received on some were the 762- the claim must have a THCIC required HCPCS code, or the claim must have a THCIC required revenue code and contain at least one procedure code. I used the codes from the physicians operative reports..

=====

PROVIDER: South Texas Spine & Surgical Hospital

THCIC ID: 786800

QUARTER: 2

YEAR: 2019

Certified With Comments

Certify without comments.

=====

PROVIDER: CHRISTUS St Michael Health System

THCIC ID: 788001

QUARTER: 2

YEAR: 2019

Certified With Comments

I approve to be certified.

=====

PROVIDER: Christus St Michael Hospital Atlanta

THCIC ID: 788003

QUARTER: 2

YEAR: 2019

Certified With Comments

I approve to be certified.

=====

PROVIDER: Kindred Hospital Spring

THCIC ID: 792600

QUARTER: 2

YEAR: 2019

Certified With Comments

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, all 9 accounts are correctly reported.

Ernestine Marsh
Kindred Healthcare

=====

PROVIDER: St Lukes The Woodlands Hospital

THCIC ID: 793100

QUARTER: 2

YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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: Hill Country Memorial Surgery Center

THCIC ID: 793300

QUARTER: 2

YEAR: 2019

Certified With Comments

I certify Q2, 2019, with no errors

=====

PROVIDER: Northwest Hills Surgical Hospital

THCIC ID: 794000

QUARTER: 2

YEAR: 2019

Certified With Comments

Facility implemented new EHR system and available reports did not generate all needed info. Volume of corrections was too large for current staff to complete in time for full corrections.

=====

PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

QUARTER: 2

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: 2

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: 2

YEAR: 2019

Certified With Comments

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, all 54 accounts are correctly reported.

Ernestine Marsh
Kindred Healthcare

=====

PROVIDER: Kindred Hospital Bay Area

THCIC ID: 801000

QUARTER: 2

YEAR: 2019

Certified With Comments

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. The 2 accounts are correctly reported.

Ernestine Marsh
Kindred Healthcare

=====

PROVIDER: East El Paso Physicians Medical Center

THCIC ID: 801300

QUARTER: 2

YEAR: 2019

Certified With Comments

Due to structural changes volume is lower that previous historical quarters.

=====

PROVIDER: Community Surgery Center

THCIC ID: 807500
QUARTER: 2
YEAR: 2019

Certified With Comments

I corrected all the errors that I knew how to correct.

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800
QUARTER: 2
YEAR: 2019

Certified With Comments

The Q2 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: 2
YEAR: 2019

Certified With Comments

The Q2 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: 2
YEAR: 2019

Certified With Comments

The Q2 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: 2
YEAR: 2019

Certified With Comments

DATA IS GENERATED FROM SCHEDULING AND BILLING SOFTWARE. WE CANNOT GUARANTEE 100% ACCURACY.

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800
QUARTER: 2
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: Dallas Endoscopy Center

THCIC ID: 826200
QUARTER: 2
YEAR: 2019

Certified With Comments

2019 2nd qrtr outpt DEC

=====

PROVIDER: Texas Health Surgery Center Preston Plaza

THCIC ID: 832800
QUARTER: 2
YEAR: 2019

Certified With Comments

Change of Administrator during 2019 2nd Quarter.

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center Stone Oak

THCIC ID: 839600
QUARTER: 2
YEAR: 2019

Certified With Comments

The organization had issues pulling the data from the software system. The issues is corrected.

=====

PROVIDER: Christus Santa Rosa Physicians ASC Ewing Halsell

THCIC ID: 840500

QUARTER: 2

YEAR: 2019

Certified With Comments

There were issues pulling the data from the software system. Since the issue has been corrected.

=====

PROVIDER: Memorial Hermann Surgery Center Texas Medical Center

THCIC ID: 843900

QUARTER: 2

YEAR: 2019

Certified With Comments

Correction not made because we do not collect full patient social security numbers.

=====

PROVIDER: The Pain Relief Surgicenter

THCIC ID: 850500

QUARTER: 2

YEAR: 2019

Certified With Comments

Patient refused to provide a SSN in 3 claims

=====

PROVIDER: The Surgery Center at Gaslight Medical Park

THCIC ID: 851700

QUARTER: 2

YEAR: 2019

Certified With Comments

Numbers are correct. We have seen a drastic reduction in volume at this center due to physician changes and staff reduction.

=====

PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

QUARTER: 2

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: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

QUARTER: 2

YEAR: 2019

Certified With Comments

All data correct to my knowledge

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901

QUARTER: 2

YEAR: 2019

Certified With Comments

All data is correct to my knowledge

=====

PROVIDER: Robert B Green Ambulatory Surgery Center

THCIC ID: 856830
QUARTER: 2
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 99.79% for Q2 2019.
Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

=====

PROVIDER: Texas Health Presbyterian Hospital-Rockwall

THCIC ID: 859900
QUARTER: 2
YEAR: 2019

Certified With Comments

The Q2 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: 2
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: 2
YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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: 2
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 7/22/2019 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 certification data set.

The missing 2q19 data will be included in the 3q19 certification data set.

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PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels

THCIC ID: 917000
QUARTER: 2
YEAR: 2019

Certified With Comments

99.26%

=====

PROVIDER: Ascension Seton Hays

THCIC ID: 921000
QUARTER: 2
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 Lakeside Hospital

THCIC ID: 923000
QUARTER: 2
YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000
QUARTER: 2
YEAR: 2019

Certified With Comments

The Q2 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: Willow Creek Surgery Center

THCIC ID: 959000
QUARTER: 2
YEAR: 2019

Certified With Comments

Please be advised that the race demographics data is incorrect due to software issue that has since been corrected as of 11/25/19. Going forward this information should be correct and accurate.

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PROVIDER: Provincial Park Surgery Center

THCIC ID: 969800
QUARTER: 2
YEAR: 2019

Certified With Comments

We discovered this a current error and will correct moving forward; dianogisis code. physiciain qualifying code will be corrected in the system moving forward.

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100
QUARTER: 2
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.

=====

PROVIDER: [Dodson Surgery Center](#)

THCIC ID: 970400

QUARTER: 2

YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified SECOND 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.

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 the patient 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 SECOND 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.

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PROVIDER: Seton Medical Center Harker Heights

THCIC ID: 971000
QUARTER: 2
YEAR: 2019

Certified With Comments

I wish to certify the 2019 2nd quarter outpatient data, it is correct to the best of my knowledge

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PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500

QUARTER: 2

YEAR: 2019

Certified With Comments

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

Submission Timing

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 2nd 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: 2

YEAR: 2019

Certified With Comments

NPI ARE VERIFIED AS BEING CORRECT

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PROVIDER: Pain Management Professionals of Baytown

THCIC ID: 972100

QUARTER: 2

YEAR: 2019

Certified With Comments

Previously certified on sent 9/5/2019.....

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PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

QUARTER: 2

YEAR: 2019

Certified With Comments

Data Content

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

Diagnosis and Procedures

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

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

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

Length of Stay

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Race/Ethnicity

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

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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.

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PROVIDER: OSD Surgery Center

THCIC ID: 972920

QUARTER: 2

YEAR: 2019

Certified With Comments

Errors coming from 0490 code. Working with IT to figure out why billing is not attaching this code in software.

Farhan Faiz

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PROVIDER: Eclipse Surgicare

THCIC ID: 973220
QUARTER: 2
YEAR: 2019

Certified With Comments

Q2 2019

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PROVIDER: Imperial Surgery Center

THCIC ID: 973230
QUARTER: 2
YEAR: 2019

Certified With Comments

We are in the process of changing who will submit and certify the data and the error was missed

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PROVIDER: University Health System Surgery Center

THCIC ID: 973580
QUARTER: 2
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 99.78% for Q2 2019. Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

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PROVIDER: Frisco Ambulatory Surgery Center

THCIC ID: 973690
QUARTER: 2
YEAR: 2019

Certified With Comments

Notified on 12/16/19 that THCIC reporting was not done for 3rd quarter and 2nd quarter results were never certified

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PROVIDER: Wise Health Surgical Hospital

THCIC ID: 973840
QUARTER: 2
YEAR: 2019

Certified With Comments

The data for 2Q2019 is being certified with comment. Reported data is accurate and correct at the specific point in time that the data files are generated. Any potential errors related to patient name or demographics are the result in a change of electronic health record systems, though codes and providers should not be affected. 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: Surgical Eye Center of San Antonio

THCIC ID: 974200
QUARTER: 2
YEAR: 2019

Certified With Comments

I had done corrections but may have not saved them.

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PROVIDER: Ambulatory Surgery Center of Killeen

THCIC ID: 974330
QUARTER: 2
YEAR: 2019

Certified With Comments

Errors on 4 claims for no SSN. Patients refused to provide SSN at registration.

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PROVIDER: Paris Cardiology Center Cath Lab

THCIC ID: 974760
QUARTER: 2
YEAR: 2019

Certified With Comments

No Comments

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PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy

THCIC ID: 974790

QUARTER: 2

YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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: CHI St Lukes Health Baylor Medical Center ASC

THCIC ID: 974960

QUARTER: 2

YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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: Riceland Surgery Center

THCIC ID: 975113

QUARTER: 2

YEAR: 2019

Certified With Comments

Corrections were not made. Facility that handles corrections was closed for two months for Tropical Storm Imelda damage.

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PROVIDER: CHI St Lukes Health Springwoods Village

THCIC ID: 975122

QUARTER: 2

YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 2019 do not accurately reflect patient volume or severity.

Patient Volume

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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: 2

YEAR: 2019

Certified With Comments

99.73

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**PROVIDER: Texas Health Harris Methodist Southwest Outpatient
Surgery Center**

THCIC ID: 975146

QUARTER: 2

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

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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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: 2
YEAR: 2019

Certified With Comments

Account in system.

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167
QUARTER: 2
YEAR: 2019

Certified With Comments

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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.

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: North Houston Cardiovascular Surgery Center

THCIC ID: 975210

QUARTER: 2

YEAR: 2019

Certified With Comments

I apologize for the inconvenience. I don't recall having any corrections to make on the 2019 q2 data. Please advise for further clarification and direction.

Thanks

=====

PROVIDER: Huebner Ambulatory Surgery Center

THCIC ID: 975211

QUARTER: 2

YEAR: 2019

Certified With Comments

Errors were accidentally not fixed due to oversight. This type of oversight will not occur again.

=====

PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

QUARTER: 2

QUARTER: 2

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.

=====

PROVIDER: VIP Surgical Center

THCIC ID: 975227

QUARTER: 2

YEAR: 2019

Certified With Comments

errors with state report for primary diagnosis code was missing. I reviewed our system, codes were listed and coded. There seemed to be a software issue. on how statereport info was being pulled. I contacted our software system and was provided a work ticket number 6591218 .The reason was located on why it was not pulling and downloading all of the accounts properly. We have put a plan of action into effect to reslove and ensure this does happen with future quater reporting.

thank you for you assistance and understanding

=====

PROVIDER: South Texas Surgical Institute

THCIC ID: 975242
QUARTER: 2
YEAR: 2019

Certified With Comments

New associate missed the deadline to make error corrections for Q2.

=====

PROVIDER: Bay Area ASC

THCIC ID: 975262
QUARTER: 2
YEAR: 2019

Certified With Comments

1 error of patient sex as O, should be Male.

=====

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275
QUARTER: 2
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: UT Health East Pittsburg Hospital

THCIC ID: 975297
QUARTER: 2
YEAR: 2019

Certified With Comments

Certify-Ernest Blalack

=====

PROVIDER: UT Health East Texas Quitman Hospital

THCIC ID: 975298

QUARTER: 2

YEAR: 2019

Certified With Comments

Certify-Ernest Blalack

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PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery

THCIC ID: 975318

QUARTER: 2

YEAR: 2019

Certified With Comments

Error have been corrected and ready to certify.

=====

PROVIDER: Wise Health Surgical Hospital

THCIC ID: 975322

QUARTER: 2

YEAR: 2019

Certified With Comments

The data for 2Q2019 is being certified with comment. Reported data is accurate and correct at the specific point in time that the data files are generated. Any potential errors related to patient name or demographics are the result in a change of electronic health record systems, though codes and providers should not be affected. 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: Texas Health Orthopedic Surgery Center Heritage

THCIC ID: 975328

QUARTER: 2

YEAR: 2019

Certified With Comments

Q2 2019 reviewed and certified

=====

PROVIDER: Wise Health Pain Management Center at Southlake

THCIC ID: 975333
QUARTER: 2
YEAR: 2019

Certified With Comments

The data for 2Q2019 is being certified with comment. Reported data is accurate and correct at the specific point in time that the data files are generated. Any potential errors related to patient name or demographics are the result in a change of electronic health record systems, though codes and providers should not be affected. 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: CHRISTUS Surgery Center Olympia Hills

THCIC ID: 975344
QUARTER: 2
YEAR: 2019

Certified With Comments

The organization had issues pulling the data for Q2. The issues is corrected.

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PROVIDER: Oak Point Surgical Suites

THCIC ID: 975349
QUARTER: 2
YEAR: 2019

Certified With Comments

Issue with software corrected for the 3rd quarter.

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PROVIDER: Frisco First Surgery Center

THCIC ID: 975353
QUARTER: 2
YEAR: 2019

Certified With Comments

3 claims were reported with data-entry errors while 19 claims were reported with invalid CPT and/or modifier codes. These errors were unintentional and will be

addressed in future reporting.

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PROVIDER: Baylor St Lukes Medical Center McNair Campus

THCIC ID: 975365

QUARTER: 2

YEAR: 2019

Certified With Comments

The data reports for Quarter 2, 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.