

General Comments on 2nd Quarter 2018 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.
- The Source of Admission data element is suppressed if the Type of Admission field indicates the patient is newborn. The condition of the newborn can be determined from the diagnosis codes. Source of admission for newborns is suppressed indefinitely.
- Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

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PROVIDER: Baptist St Anthonys Hospital
 THCIC ID: 001000
 QUARTER: 2
 YEAR: 2018

Certified With Comments

I certify this data is correct to the best of my knowledge as of this date of

certification.

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PROVIDER: Matagorda Regional Medical Center
 THCIC ID: 006000
 QUARTER: 2
 YEAR: 2018

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
 THCIC ID: 020000
 QUARTER: 2
 YEAR: 2018

Certified With Comments

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

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PROVIDER: Kindred Hospital-Dallas
 THCIC ID: 028000
 QUARTER: 2
 YEAR: 2018

Certified With Comments

All 6 records are correctly reported for 2nd quarter 2018.

Ernestine Marsh
Southeast Region (HD)

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 2
YEAR: 2018

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of January 15, 2019. 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: Brownwood Regional Medical Center
THCIC ID: 058000
QUARTER: 2
YEAR: 2018

Certified With Comments

Know issues with practitioner ID matching being researched for resolution. Physician documentation issues are being worked as identified. The THCIC data is reflecting the wrong value in the race category. There is a table file issue in our system. Table file is being updated to resolve this issue.

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PROVIDER: Glen Rose Medical Center
THCIC ID: 059000
QUARTER: 2
YEAR: 2018

Certified With Comments

Circumstances at work prevented me from making corrections by the deadline. I am certifying without corrections.

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PROVIDER: CHI St Lukes Health Memorial San Augustine
THCIC ID: 072000
QUARTER: 2
YEAR: 2018

Certified With Comments

Per Margaret Woods, OK to certify.

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PROVIDER: Wilbarger General Hospital
THCIC ID: 084000

QUARTER: 2
YEAR: 2018

Certified With Comments

Errors have been fixed.

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PROVIDER: Abilene Regional Medical Center
THCIC ID: 091001
QUARTER: 2
YEAR: 2018

Certified With Comments

late edits

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 2
YEAR: 2018

Certified With Comments

The data reports for Quarter 2, 2018 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: San Antonio Eye Surgicenter
THCIC ID: 118001

QUARTER: 2
YEAR: 2018

Certified With Comments

Five claims have invalid Social Security numbers. These patients refuse to provide their Social Security numbers. Since it is a Federal law that you may not require patients to provide the SSN why does System13 ask us to collect it?

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 2
YEAR: 2018

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: 2018

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: 2018

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county and other surrounded counties.
IP claim accuracy rate is 99.66% for Q2 2018.
OP claim accuracy rate is 99.34% for Q2 2018.
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: 2018

Certified With Comments

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PROVIDER: Medical Center Hospital

THCIC ID: 181000
QUARTER: 2
YEAR: 2018

Certified With Comments

I certify

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 2
YEAR: 2018

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.

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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

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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: Clay County Memorial Hospital
THCIC ID: 193000
QUARTER: 2
YEAR: 2018

Certified With Comments

Most of errors are missing Social Security numbers. A Social Security number cannot always be retrieved from the patient as they don't carry the SS cards and do not have the numbers memorized.

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PROVIDER: Kimble Hospital
THCIC ID: 205000
QUARTER: 2
YEAR: 2018

Certified With Comments

Of the 707 events in this 2q2018 outpatient file 706 have RACE code = 5 (OTHER RACE), which does not accurately reflects the correct race of the patients. It happened because there was an issue with the race data dictionary / crosswalk table in our system.

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PROVIDER: CHRISTUS Spohn Hospital-Kleberg
THCIC ID: 216001
QUARTER: 2
YEAR: 2018

Certified With Comments

Done

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 2
YEAR: 2018

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.

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Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Heritage Surgery Center

THCIC ID: 253000
QUARTER: 2
YEAR: 2018

Certified

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PROVIDER: Wise Health System
THCIC ID: 254001
QUARTER: 2
YEAR: 2018

Certified With Comments

The data for 2Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THICIC; any changes would be information collected or updated during the normal course of business.

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

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 2
YEAR: 2018

Certified With Comments

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 2
YEAR: 2018

Certified With Comments

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PROVIDER: Del Sol Medical Center
THCIC ID: 319000
QUARTER: 2
YEAR: 2018

Elected Not to Certify

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 2
YEAR: 2018

Certified With Comments

Data Content

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

=====
PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 2
YEAR: 2018

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER 2018 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

- Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the 2nd QUARTER OF 2018.

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: 2018

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: 2018

Certified With Comments

facility is certifying and working on improving correcting any known errors.

PROVIDER: Reeves County Hospital
THCIC ID: 367000
QUARTER: 2
YEAR: 2018

Certified With Comments

THE ONE THAT WAS NOT CORRECTED HAD INVALID DIAGNOSIS CODE

=====
PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
QUARTER: 2
YEAR: 2018

Certified With Comments

Data is being certified with errors. Several errors are SSI numbers that are stating invalid, but these are the numbers being provided to the facility. We are working on resolving the issue with the SSI numbers.

=====
PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 2
YEAR: 2018

Certified With Comments

All correct to the best of our knowledge.

=====
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline
THCIC ID: 398001
QUARTER: 2
YEAR: 2018

Certified With Comments

Done

=====
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South
THCIC ID: 398002

QUARTER: 2
YEAR: 2018

Certified With Comments

Done

=====

PROVIDER: John Peter Smith Hospital
 THCIC ID: 409000
 QUARTER: 2
 YEAR: 2018

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.

=====

PROVIDER: Texas Health Arlington Memorial Hospital
 THCIC ID: 422000
 QUARTER: 2
 YEAR: 2018

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

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PROVIDER: CHRISTUS Spohn Hospital-Beeville

THCIC ID: 429001
QUARTER: 2
YEAR: 2018

Certified With Comments

Done

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PROVIDER: Stephens Memorial Hospital
THCIC ID: 430000
QUARTER: 2
YEAR: 2018

Certified With Comments

2nd quarrter certification for inpatient.

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 2
YEAR: 2018

Certified With Comments

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=====
PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 2
YEAR: 2018

Certified With Comments

2Q2018 OP CERTIFY

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 2
YEAR: 2018

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; Senior Circle; DeTar on Demand Urgent Care Center, Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

=====
PROVIDER: DeTar Hospital-North
THCIC ID: 453001
QUARTER: 2
YEAR: 2018

Certified With Comments

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PROVIDER: CHI St Lukes Health - Memorial Livingston
THCIC ID: 466000
QUARTER: 2
YEAR: 2018

Certified With Comments

Per Margaret Woods, OK to certify.

=====
PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000
QUARTER: 2
YEAR: 2018

Certified With Comments

Data Content

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Cost/ Revenue Codes

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denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====
PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 2
YEAR: 2018

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: Seton Medical Center
THCIC ID: 497000
QUARTER: 2
YEAR: 2018

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: Seton Highland Lakes Hospital
THCIC ID: 559000
QUARTER: 2
YEAR: 2018

Certified With Comments

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

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

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

=====
PROVIDER: Seton Edgar B Davis Hospital
THCIC ID: 597000
QUARTER: 2
YEAR: 2018

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: 2018

Certified With Comments

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PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 2
YEAR: 2018

Certified With Comments

All data available at time of submission deadline reported.

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PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 2
YEAR: 2018

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

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

Race/Ethnicity

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

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

=====
PROVIDER: CHRISTUS Spohn Hospital Alice
THCIC ID: 689401
QUARTER: 2
YEAR: 2018

Certified With Comments

Done

=====
PROVIDER: Texarkana Surgery Center
THCIC ID: 692300
QUARTER: 2
YEAR: 2018

Certified With Comments

In the future we will be working on correcting physician indicator codes to make sure they are corrected prior to certifying.

2q2018_Certification_Comments_OP.txt

PROVIDER: Kindred Hospital Houston NW
THCIC ID: 706000
QUARTER: 2
YEAR: 2018

Certified With Comments

The 1 records is correctly reported for 2nd quarter 2018.

Ernestine Marsh
Southeast Region (HD)

=====

PROVIDER: Texas Midwest Surgery Center
THCIC ID: 718200
QUARTER: 2
YEAR: 2018

Certified With Comments

All info correct

=====

PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 2
YEAR: 2018

Certified With Comments

The 2nd quarter data was created and uploaded from the patient accounting system Meditech. The 10 records are correctly reported for this period.

Ernestine Marsh
Southeast Region (HD)

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 2
YEAR: 2018

Certified With Comments

AS IS.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 2
YEAR: 2018

Certified With Comments

Data Content

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The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or

developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

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

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

Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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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: 2018

Certified With Comments

Data Content

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Diagnosis and Procedures

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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

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Length of Stay

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Race/Ethnicity

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Cost/ Revenue Codes

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=====
PROVIDER: St Lukes Hospital at the Vintage
THCIC ID: 740000
QUARTER: 2
YEAR: 2018

Certified With Comments

The data reports for Quarter 2, 2018 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: Pasteur Plaza Surgery Center
THCIC ID: 785002
QUARTER: 2
YEAR: 2018

Certified With Comments

submitted with 1 error - reported correctly but gender and procedure did not match due to patient identity

PROVIDER: South Texas Spine & Surgical Hospital
THCIC ID: 786800
QUARTER: 2
YEAR: 2018

Certified With Comments

Certify without comments

=====

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 2
YEAR: 2018

Certified With Comments

To the best of my knowledge, I agree to certify the data submitted is accurate.

=====

PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 2
YEAR: 2018

Certified With Comments

To the best of my knowledge, I agree to certify the data submitted is accurate.

=====

PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
QUARTER: 2
YEAR: 2018

Certified With Comments

The 2 records are correctly reported for 2nd quarter 2018. The patient accounting system Meditech is used to create and report the data for Outpatient.

Ernestine Marsh
Southeast Region (HD)

2q2018_Certification_Comments_OP.txt

=====

PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 2
YEAR: 2018

Certified With Comments

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Patient Volume

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Severity

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=====

PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 2
YEAR: 2018

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: Seton Northwest Hospital
THCIC ID: 797600
QUARTER: 2
YEAR: 2018

Certified With Comments

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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: 2018

Certified With Comments

All 40 records are correctly reported for 2nd quarter 2018. The data is created and uploaded from the patient accounting system Meditech.

Ernestine Marsh
Southeast Region (HD)

=====

PROVIDER: Kindred Hospital Bay Area
THCIC ID: 801000
QUARTER: 2
YEAR: 2018

Certified With Comments

All 5 records are correctly reported for 2nd quarter 2018. The patient accounting system Meditech was used to retrieve the data for reporting.

Ernestine Marsh
Southeast Region (HD)

=====

PROVIDER: Foundation Surgical Hospital of El Paso
THCIC ID: 801300
QUARTER: 2
YEAR: 2018

Certified With Comments

I am certifying these claims to the best of my ability based on the reporting capabilities and information provided by our practice software system. (HEALTHLAND) Although some of the claims showed no errors, there appeared to be some discrepancies with the race code.

=====
PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 2
YEAR: 2018

Certified With Comments

3 accounts that show incorrect NPI number but we show they are correct

=====
PROVIDER: Texas International Endoscopy Center
THCIC ID: 810001
QUARTER: 2
YEAR: 2018

Certified With Comments

Texas International Endoscopy Center (TIEC) did not make all corrections prior to the November 1, 2018 deadline due to transition of leadership. Our Business Office Coordinator typically performs the duties for THCIC/System13 submissions, but TIEC's Business Office Coordinator was promoted and moved to another facility October 22, 2018. Due to this changeover and time of transition, TIEC missed the deadline for complete corrections. However, TIEC only had 45 errors from 1392 events (96.77% accuracy) and these errors were primarily invalid patient SSN.

=====
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 2
YEAR: 2018

Certified With Comments

Files may contain duplicates and/or missing claims all data is accurate

2q2018_Certification_Comments_OP.txt

=====

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 2
YEAR: 2018

Certified With Comments

Files may contain duplicates and/or missing claims all data is accurate

=====

PROVIDER: Methodist Ambulatory Surgery Center Medical Center
THCIC ID: 813300
QUARTER: 2
YEAR: 2018

Certified With Comments

NPI numbers are correct for Dr.'s Robinson & Lahourcade; resigned & retired from staff.

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 2
YEAR: 2018

Certified With Comments

Files may contain duplicates and/or missing claims all data is accurate

=====

PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 2
YEAR: 2018

Certified With Comments

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

=====

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

QUARTER: 2
YEAR: 2018

Certified With Comments

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cost to deliver the care that each patient needs.

Noted increase in numbers for other NM-Federal programs under claim filing indicator code for THCIC trending outpatient. After followup with Analytic Business System, it seemed the increase in number is due to reclassification of BC & CI insurances.

=====
PROVIDER: Endoscopy Center of Southeast Texas
THCIC ID: 833100
QUARTER: 2
YEAR: 2018

Certified With Comments

The data amount is incorrect due to the 1st quarter data being mistakenly re-submitted as the 2nd quarter data.

=====
PROVIDER: Southwest Endoscopy & Surgery Center
THCIC ID: 836400
QUARTER: 2
YEAR: 2018

Certified With Comments

Ceritification for Q2 2018

=====
PROVIDER: Memorial Hermann Surgery Center Sugar Land
THCIC ID: 839500
QUARTER: 2
YEAR: 2018

Certified With Comments

Nicki Six

=====
PROVIDER: Memorial Hermann Surgery Center Texas Medical Center
THCIC ID: 843900
QUARTER: 2
YEAR: 2018

Elected Not to Certify

UNABLE TO MAKE CORRECTIONS TO ERRORS. NEW CERTIFIER AS OF 1/15/2019, PAST CORRECTION DEADLINE.

=====
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 2
YEAR: 2018

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: 2018

Certified With Comments

To my knowledge this data is correct

=====
PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
QUARTER: 2
YEAR: 2018

Certified With Comments

To my knowledge this data is correct

=====

PROVIDER: Robert B Green Ambulatory Surgery Center
THCIC ID: 856830
QUARTER: 2
YEAR: 2018

Certified With Comments

RBG claim accuracy rate is 100.0% for Q2 2018.

=====

PROVIDER: Texas Health Presbyterian Hospital-Rockwall
THCIC ID: 859900
QUARTER: 2
YEAR: 2018

Certified With Comments

Files may contain duplicates and/or missing claims all data is accurate

=====

PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700
QUARTER: 2
YEAR: 2018

Certified With Comments

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

=====

PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 2
YEAR: 2018

Certified With Comments

The data reports for Quarter 2, 2018 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.

=====
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 2
YEAR: 2018

Certified With Comments

98.93%

=====
PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 2
YEAR: 2018

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: 2018

Certified With Comments

The data reports for Quarter 2, 2018 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.

=====

PROVIDER: Memorial Hermann Surgery Center Richmond
THCIC ID: 934000
QUARTER: 2
YEAR: 2018

Certified With Comments

Error have been corrected.

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 2
YEAR: 2018

Certified With Comments

Files may contain duplicates and/or missing claims all data is accurate

PROVIDER: Park Ten Surgical Center
THCIC ID: 969400
QUARTER: 2
YEAR: 2018

Certified With Comments

Certified on behalf of Admin by Ann Elahi

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
QUARTER: 2
YEAR: 2018

Certified With Comments

Data Content

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

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criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

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

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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.

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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.

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

=====
PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 2
YEAR: 2018

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER 2018 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

- Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the 2nd QUARTER OF 2018.

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

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single

'operating physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

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

=====
PROVIDER: Seton Medical Center Harker Heights
THCIC ID: 971000
QUARTER: 2
YEAR: 2018

Certified With Comments

I wish to certify the second quarter outpatient data as is. It is correct to the best of my knowledge.

=====
PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
QUARTER: 2
YEAR: 2018

Certified With Comments

Texas Health Huguley Surgery Center, LLC THCIC
Outpatient Certification Comments 2nd quarter 2018

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

Submission Timing

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

Diagnosis and Procedures

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

procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly.

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

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

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

Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Texas Health Huguley Surgery Center, LLC 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.

=====
PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
QUARTER: 2
YEAR: 2018

Certified With Comments

patient social security numbers not provided
NPI numbers verified and correct

=====
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 2
YEAR: 2018

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.

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=====
PROVIDER: OSD Surgery Center
THCIC ID: 972920
QUARTER: 2
YEAR: 2018

Certified With Comments

For some reason on some cases one of the Surgoens NPI is not capturing. I have doubled check and it is correct

=====

PROVIDER: Eclipse Surgicare
THCIC ID: 973220
QUARTER: 2
YEAR: 2018

Certified With Comments

Q2 2018

=====

PROVIDER: Imperial Surgery Center
THCIC ID: 973230
QUARTER: 2
YEAR: 2018

Certified With Comments

I understand I missed the deadline for corrections but moving forward I will work with our new Billing and coding company to make sure all corrections are made for better accuracy

=====

PROVIDER: University Health System Surgery Center
THCIC ID: 973580
QUARTER: 2
YEAR: 2018

Certified With Comments

UHS Surgery Center claim accuracy rate is 100.0% for Q2 2018.

=====

PROVIDER: Wise Health Surgical Hospital
THCIC ID: 973840
QUARTER: 2
YEAR: 2018

Certified With Comments

2q2018_Certification_Comments_OP.txt

The data for 2Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THICIC; any changes would be information collected or updated during the normal course of business.

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

=====
PROVIDER: Bear Creek Surgery Center
THCIC ID: 974440
QUARTER: 2
YEAR: 2018

Certified With Comments

- MR#xxxx - Diagnosis Code - M75.122 and S43.82xD
MR#xxxx - Diagnosis Code - S43.431A
MR#xxxx - SSN - xxxxxxxxxx
MR#xxxx - SSN - xxxxxxxxxx
MR#xxxx - Patient State - Texas
MR#xxxx - Diagnosis Code - M19.079 and M20.42
MR#xxxx - Diagnosis Code - M75.121 and S43.81xD
MR#xxxx - Patient State - Texas

*Confidential information removed by THICIC.

=====
PROVIDER: Keystone Surgery Center
THCIC ID: 974650
QUARTER: 2
YEAR: 2018

Certified With Comments

2018 2nd QTR claims included in error some 2018 1st QTR

=====
PROVIDER: Paris Cardiology Center Cath Lab
THCIC ID: 974760
QUARTER: 2
YEAR: 2018

Certified With Comments

Data only contains some of April and the rest of April, May, June will be reported in the 3rd quarter

=====

PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
 THCIC ID: 974790
 QUARTER: 2
 YEAR: 2018

Certified With Comments

The data reports for Quarter 2, 2018 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: CHI St Lukes Health Baylor Medical Center ASC
 THCIC ID: 974960
 QUARTER: 2
 YEAR: 2018

Certified With Comments

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=====

PROVIDER: Westgreen Surgical Center
THCIC ID: 974970
QUARTER: 2
YEAR: 2018

Certified With Comments

n/a
Input done by K. Johnson prior to her departure w/o notice

=====

PROVIDER: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
QUARTER: 2
YEAR: 2018

Certified With Comments

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Severity

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=====

PROVIDER: AD Hospital East
THCIC ID: 975130
QUARTER: 2
YEAR: 2018

Certified With Comments

Reviewed

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 2
YEAR: 2018

Certified With Comments

98.03%

=====

PROVIDER: Austin Fertility Surgery Center
THCIC ID: 975145
QUARTER: 2
YEAR: 2018

Certified With Comments

Errors resulting from patients' refusal to provide information related to race and ethnicity.

=====

PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
QUARTER: 2
YEAR: 2018

Certified With Comments

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=====
PROVIDER: Katy Surgery Center
THCIC ID: 975150
QUARTER: 2
YEAR: 2018

Certified With Comments

patient registration data was provided by patients including proper identifications cards. missing social social security numbers were opt out by patients.

=====
PROVIDER: Baytown Heart & Vascular Surgery Center
THCIC ID: 975161
QUARTER: 2
YEAR: 2018

Certified With Comments

Process was performed by prior managment.

=====
PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 2
YEAR: 2018

Certified With Comments

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=====
PROVIDER: Parkway Surgery Center
THCIC ID: 975194
QUARTER: 2
YEAR: 2018

Certified With Comments

2018 SECOND QUARTER INCLUDED IN ERROR 2018 FIRST QUARTER

=====
PROVIDER: Texas Center for Interventional Surgery
THCIC ID: 975207
QUARTER: 2
YEAR: 2018

Certified With Comments

Certified data attached.

=====
PROVIDER: Huebner Ambulatory Surgery Center
THCIC ID: 975211
QUARTER: 2

YEAR: 2018

Certified With Comments

2nd qtr 2018 certified.

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=====
PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
  QUARTER: 2
    YEAR: 2018

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Certified With Comments

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

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

As the Regional Level I Trauma Center, DSMCUT serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers.

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

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

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PROVIDER: Lone Star Surgical Affiliates
THCIC ID: 975235
  QUARTER: 2
    YEAR: 2018

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Certified With Comments

We did not have any surgeries in the month of May 2018.

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PROVIDER: Viking Pain Management
THCIC ID: 975263
QUARTER: 2
YEAR: 2018

Certified With Comments

certified

=====

PROVIDER: Lake Travis ER
THCIC ID: 975269
QUARTER: 2
YEAR: 2018

Certified With Comments

Please note, the errors recorded in Q22018 are due to internal tracking changes, paired with a new software and the entities first time reporting to THCIC.

=====

PROVIDER: Mountain West Surgery Center
THCIC ID: 975272
QUARTER: 2
YEAR: 2018

Certified With Comments

Due to the volume of data and limited resources within the hospital, I cannot properly analyze the data with 100% accuracy. It is not feasible to perform encounter level audits and edits within the constraints of THCIC deadline process. The data is certified to the best of our knowledge as accurate and complete given the above comments. At this time, I elect to certify the data.

=====

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
QUARTER: 2
YEAR: 2018

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

2q2018_Certification_Comments_OP.txt

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

=====
PROVIDER: Surgery Center of Southwest Houston
THCIC ID: 975290
QUARTER: 2
YEAR: 2018

Certified With Comments

We missed the correction deadline due to lack of training and turnover in office staff. I will reach out to Tiffany Overton today via email and request a training date in order to ensure all of our claims are corrected and sent in a timely manner. Thank you.

=====
PROVIDER: UT Health East Texas Carthage Hospital
THCIC ID: 975294
QUARTER: 2
YEAR: 2018

Certified With Comments

Unable to determine the cause for the error margin, they may be possibly business office related or due to the accounts not generating a UB claim form when claims data was resubmitted to our vendor.

=====
PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295
QUARTER: 2
YEAR: 2018

Certified With Comments

Unable to determine the cause for the error margin, possibly business office related or due to the private accounts not generating a UB claim form when claims data was resubmitted to our vendor

2q2018_Certification_Comments_OP.txt

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PROVIDER: UT Health East Pittsburg Hospital
THCIC ID: 975297
QUARTER: 2
YEAR: 2018

Certified With Comments

This data is correct to the best of my knowledge.

=====

PROVIDER: UT Health East Texas Quitman Hospital
THCIC ID: 975298
QUARTER: 2
YEAR: 2018

Certified With Comments

This data is correct to best of my knowledge.

=====

PROVIDER: St Davids Austin Surgery Center
THCIC ID: 975310
QUARTER: 2
YEAR: 2018

Certified With Comments

MD NPI has been corrected

=====

PROVIDER: Austin Diagnostic Clinic Ambulatory Surgery Center
THCIC ID: 975312
QUARTER: 2
YEAR: 2018

Certified With Comments

we will make sure that the SSN field is completed for the next qtr