

General Comments on 3rd Quarter 2021 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 selfpay 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: Palestine Regional Medical Center

THCIC ID: 629001

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PROVIDER: SIGNATURECARE EMERGENCY CENTER - CYPRESS - 1960

THCIC ID: 975675

Certification was started and completed before all data was submitted. Claims

for September were filed in December under file  
#SUB652\_P\_o\_138244\_209476\_211214\_145127 837. These claims are showing up in  
the 4th q date files.

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PROVIDER: TMC Bonham Hospital  
THCIC ID: 106001

Certified as accurate

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PROVIDER: United Memorial Medical Center  
THCIC ID: 030000

Certify

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PROVIDER: United Memorial Medical Center North Hospital  
THCIC ID: 975402

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery

THCIC ID: 975318

CERTIFIED WITH NO ERRORS

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PROVIDER: United Memorial Medical Center Sugar Land Hospital

THCIC ID: 975780

Certified

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PROVIDER: Texas Health Orthopedic Surgery Center Heritage

THCIC ID: 975328

Reviewed and certified

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PROVIDER: Austin Endoscopy Center I

THCIC ID: 727001

Revenue code in first service line detail is missing. Missed correction cut off period.

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PROVIDER: Physicians Premier Emergency Room Saratoga  
THCIC ID: 975615

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: Physicians Premier Emergency Room South Padre  
THCIC ID: 975617

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: Physicians Premier Emergency Room Staples

THCIC ID: 975616

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: Physicians Premier Leopard

THCIC ID: 975614

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: PHYSICIANS PREMIER EMERGENCY ROOM

THCIC ID: 975729

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: Adventhealth Central Texas

THCIC ID: 397001

Corrected to the best of my ability.

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PROVIDER: Vision Park Surgery Center

THCIC ID: 975796

Submitted with one error.

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PROVIDER: The Surgery Center at Gaslight Medical Park

THCIC ID: 851700

Volume has decreased, the claims count is correct. We have seen a decrease due to COVID as well as the main physician who performed surgery here has opened his own office and performing procedures there.

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PROVIDER: Prestige ER

THCIC ID: 975961

Please review and process the data

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PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000

All Outpatient are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 23 records are correctly reported.

(Removed by THCIC) Kindred Healthcare

\*Potential confidential information removed by THCIC.

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PROVIDER: New Braunfels Spine & Pain Surgery Center

THCIC ID: 975170

Ready to be certified

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PROVIDER: Center Emergency Department

THCIC ID: 975509

reviewed data and certified

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PROVIDER: Kindred Hospital Clear Lake

THCIC ID: 720402

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 1 account is  
correctly reported.

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: Valley Baptist Medical Center

THCIC ID: 400000

DRA unable to correct these accts for condition codes . please certify as is.

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PROVIDER: Spinecare

THCIC ID: 816900



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

ACCURACY.

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PROVIDER: PRESTIGE ER-PLANO

THCIC ID: 975725

3rd Quarter 2021 Data Submitted

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PROVIDER: Park Central Surgical Center

THCIC ID: 217001

Q3

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PROVIDER: Goodall - Witcher Hospital

THCIC ID: 070000

Manifestation Dx (can't be primary) are only diagnosis on chart

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PROVIDER: Advanced Surgical Center-Duncanville

THCIC ID: 975176

One claim has a Claim Filing Indicator Code that is invalid for Subscriber.  
This is a secondary payer. It was thought to be corrected at the time of making corrections and did not show up as an claim needing corrections at the time of submission. It is a claim with a secondary payer that is a collection agency.

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PROVIDER: Facial Plastic & Cosmetic Surgical Center

THCIC ID: 111001

Low volume due to phycian limited schedule

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PROVIDER: Planned Parenthood South Texas Surgical Center

THCIC ID: 974780

There we no procedures in September.

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PROVIDER: Round Rock Surgery Center

THCIC ID: 905000

1% error was due to the SSN not given by patient. Corrected to be 99999999.

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

certified

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PROVIDER: Arise Austin Medical Center

THCIC ID: 973290

I have reviewed the data and it is correct to the best of my knowledge.

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PROVIDER: Baptist St Anthonys Hospital

THCIC ID: 001000

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PROVIDER: Medical Center Endoscopy

THCIC ID: 399000

1 claim missing HCPCS code.

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PROVIDER: VIP Surgical Center

THCIC ID: 975227

There was one claim error that we over looked on accident. I believe it was missing a revenue code or correct HCPCS code. We still wish to certify this batch.

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: Methodist Specialty & Transplant Hospital

THCIC ID: 154001

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered or patient left prior to physician evaluation

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Methodist Hospital Stone Oak

THCIC ID: 874100

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient left prior to physician evaluation or physician unknown

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Methodist ER Converse

THCIC ID: 975568

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered or patient left prior to physician evaluation

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Northeast Methodist Hospital

THCIC ID: 154002

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered or patient left prior to physician evaluation

All errors have been reviewed and corrected to the best of the facilities  
ability

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PROVIDER: Medical Park Tower Surgery Center  
THCIC ID: 967000

CERTIFY WITH A COMMENT:

PATIENT'S SSN NUMBER INVLD OR NOT 9 NUMERIC CHARACTERS. PATIENT'S REFUSING  
TO

GIVE SS NUMBERS.

ALL OTHERS ARE BILLING ERRORS CORRECTED IN BILLING PLATFORM

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PROVIDER: Azura Surgery Center Star  
THCIC ID: 975280

Patient's SS is what is on file throughout chart

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PROVIDER: CHI St Lukes Health - Memorial Livingston  
THCIC ID: 466000

National IT Certifying the data. Not Local Market.

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PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

National IT certifying the data. Not local market.

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PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000

National IT certifying the data. Not the local market.

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PROVIDER: St Davids South Austin Hospital

THCIC ID: 602000

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient left prior to physician evaluation or physician unknown

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: St Davids Bastrop Emergency Center

THCIC ID: 975469

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered or patient(s) left prior to physician evaluation

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Round Rock Medical Center

THCIC ID: 608000

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient left prior to physician evaluation, or physician unknown

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: St Davids Hospital

THCIC ID: 035000

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior to physician evaluation, or physician unknown

All errors have been reviewed and corrected to the best of the facilities ability



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PROVIDER: St Davids Surgical Hospital

THCIC ID: 975169

E - 604 Patient Gender not consistent with other diagnosis: Review of gender and diagnosis correct as entered after review of records.

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior to physician evaluation, or physician unknown

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: North Austin Medical Center

THCIC ID: 829900

E - 604 Patient Gender not consistent with other diagnosis: Review of gender and diagnosis correct as entered after review of records.

E - 625 Patient gender not consistent with the principal diagnosis: Review of gender and diagnosis correct as entered after review of records.

E - 689 - Missing Physician 2 (ED Attending) Identifier for ED Claim: All claims reviewed, NPI# for ER physician group correct as entered, patient(s) left prior to physician evaluation, or physician unknown

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior to physician evaluation, or physician unknown

E - 725 - Missing patient address line 1: unable to identify based off of

patient admission, patient did not provide, or chose not to provide information  
All errors have been reviewed and corrected to the best of the facilities  
ability

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PROVIDER: Humble Vascular Surgical Center  
THCIC ID: 975278

The codes that were documented as errors in the data entry, are codes that are  
used for Ellipsys endovascular AVF creations( G2170 & C1889). These codes were  
given to me by the billing department. There are no other codes used to bill  
for these procedures.

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PROVIDER: Methodist Hospital  
THCIC ID: 154000

E - 672 Invalid Revenue Procedure Code: Revenue procedure code must remain after  
review of bill, correct as entered

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims  
reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior  
to physician evaluation, or physician unknown

E - 783 - Review of billing and records show no revenue codes assigned due to  
specific circumstances.

All errors have been reviewed and corrected to the best of the facilities  
ability

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PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901

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PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

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. No errors detected on the certification report.

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PROVIDER: Nocona General Hospital

THCIC ID: 348000

Patient totals may not be comparable to recent quarters because of Covid the doctors were behind and therefore not all patient records were coded and ready to be reported. The majority of them were ready however and have been reported.

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PROVIDER: Advanced Surgery Center of San Antonio

THCIC ID: 974520

The following are 1500 forms instead of UB forms. Per billing, there would be no revenue code.

I spoke with a system13 CSR and was informed that because these are considered clinical trials they could be deleted. Please advise if this was not correct.

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: Wilson N Jones Regional Medical Center

THCIC ID: 297000

Unable to identify claim level errors in order to correct. System provided type of error, but not claim level information for correction. Errors listed are

typos from staff manually entering claims.

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PROVIDER: American Surgery Center

THCIC ID: 835200

Certified with nine claims containing invalid revenue code.

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PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

3rd Qtr 2021 – Outpatient

Accuracy rate – 99.99%

Errors from the 3rd Quarter FER reflect the following error codes E-672.

Invalid service line procedure code verified, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

3rd Qtr 2021 Outpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

"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.

25 errors on 6329 outpatient claims (representing only [0.003 % of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases, the errors are not resolvable. SSN number(6) were due to incomplete or inaccurate information entered and Patient Country (3) due to missing information, Principal Diagnosis

(1) and Reason for visit (1)Diagnosis on physician order is invalid so account should not have been coded, Statement (10) were accurately reported as required for billing purposes, Revenue Code (2) mismatched revenue code, Procedure date (1) and Procedure Through (1)were accurately reported as required for billing purposes"

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PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000

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

0 errors on 3580 outpatient claims were unable to be corrected prior to certification. "

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PROVIDER: Navarro Regional Hospital

THCIC ID: 141000

Due to an internal (Hospital) staffing the errors were not corrected for the 3rd OP quarter timely.

I apologize for this, and will monitor this monthly going forward. We have started correcting the 4th quarter for 2021.

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments needed

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PROVIDER: University Medical Center

THCIC ID: 145000

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

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PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300

## 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 inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient

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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### Length of Stay

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

#### Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### 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: Good Shepherd Medical Center Northpark Emergency Department

THCIC ID: 975445

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PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

No comments needed

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

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PROVIDER: HCA Houston Healthcare Tomball

THCIC ID: 076000

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

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PROVIDER: Bellville Medical Center

THCIC ID: 552000

claims with errors are from procedure dates more than 30 days before statement.  
failed to correct errors by due date.

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PROVIDER: Wadley Regional Medical Center

THCIC ID: 144000

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

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PROVIDER: North Runnels Hospital

THCIC ID: 151000

2021 Q3 data is being "Certified with Comments". In the timeframe for corrections, all staff involved with THCIC were either out with COVID, covering other departments or no longer employed with North Runnels Hospital. The errors that were not corrected includes missing diagnosis, missing demographic information, missing secondary patient identification, missing or invalid HCPCS code, invalid date range of charges and Ecode in an incorrect field.

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PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: Texas Health Surgery Center Preston Plaza

THCIC ID: 832800

The data is accurate to the best of my knowledge.

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PROVIDER: Wise Health System-Medical Center

THCIC ID: 254001

These records are correct and current as of the day that they were submitted and/or corrected. Any missing or incorrect information is due to information that was not available.

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PROVIDER: JPS Surgical Center-Arlington

THCIC ID: 153300

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

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

JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation.

In addition to JPSH, the JPS Health Network operates community health centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs.



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

After review of the required THCIC claim submission data criteria, JPSH has amended their reporting criteria to include previously omitted closed accounts and align with THCIC requirements. The change will impact reported data starting 4th Quarter 2021 and may change overall reporting volume.

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PROVIDER: Acute & Chronic Pain Management Center

THCIC ID: 783500

There is one error. Patient absolutely refused to provide her social security number. We tried but she stated we do not need it and would not provide.

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PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center

THCIC ID: 975144

100%

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PROVIDER: Centennial Surgery Center

THCIC ID: 820300

missed correction deadline

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PROVIDER: Binz Surgery Center

THCIC ID: 974580

Certified with knowledge with HCPCS 1 claim.

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

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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: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

3rd Qtr 2021 – Outpatient

Accuracy rate – 99.95%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand as reported.

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PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

"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 8 errors on 3856 outpatient claims (representing only 0.002% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. SSN (6 ) due to incomplete or inaccurate information entered, Statement error(1)were accurately reported as required for billing purposes and Revenue code (1) due to mismatached revenue codes."

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PROVIDER: Dallas Nephrology Associates Vascular Center Plano

THCIC ID: 975254

One SSN error. Two charge entry issues, and one faciility code, these are due to a voided charges.

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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and administrative decisions at a facility level and

transparency level with state entities. 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 services. Most errors occurring are due to incorrect country codes or missing patient country for patients with addresses in Mexico. These were corrected to the bandwidth of the resources available. This quarter there were 2 fatal errors for invalid service line procedure code and 1 invalid condition code. There were also 5 warning errors for invalid physician name match. These were not corrected due to limited resources. All other errors were corrected to the best of my abilities.

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PROVIDER: Highland Park Plastic Surgery Center

THCIC ID: 351000

Invalid patient SSN missed cutoff for correction

Invalid Service Line Procedure Code missed cutoff for correction

The claim must contain at least one HCPCS code missed cutoff for correction

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PROVIDER: Pasteur Plaza Surgery Center

THCIC ID: 785002

15 CASES WERE MISSED PRIOR TO DEADLINE

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PROVIDER: South Texas Surgical Hospital

THCIC ID: 931000

all corrections have been done

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PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

3rd Qtr 2021 – Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Corpus Christi Medical Center-Doctors Regional

THCIC ID: 703002

ERRORS RELATED TO PHYSICIAN NAME INTERFACE ISSUES

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PROVIDER: Scott & White Pavilion

THCIC ID: 537002

Scott & White Pavilion

THCIC ID 537002

3rd Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100

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PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

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cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Willow Park

THCIC ID: 975496

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PROVIDER: UT Southwestern University Hospital-Clements University  
THCIC ID: 448001

No errors

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PROVIDER: Memorial Hermann Surgery Center Kirby Glen  
THCIC ID: 974930

On February 1, 2022 I submitted corrections for 3q2021 data errors. I was not aware all data was expected to be !00% accurate. Now that I'm aware I will make sure data is submitted with 100% accuracy.

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PROVIDER: DeTar Hospital-North  
THCIC ID: 453001

DeTar Hospital North Outpatient Claims for 3rd Quarter, 2021 totaled 6,946 claims processed and corrected for error as deemed necessary. Of these total claims, there were two (2) claims identified to still be erroring out due to duplicate diagnosis codes.

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PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

3rd Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

#### 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 inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### Length of Stay

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

#### Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### 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: University Medical Center of El Paso-Mesa

THCIC ID: 975868

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: UMC Northeast Emergency Department

THCIC ID: 975442

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: Cook Childrens Medical Center

THCIC ID: 332000

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2021 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the THIRD QUARTER OF 2021.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

This will affect encounters for the THIRD QUARTER OF 2021 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: Kimble Hospital

THCIC ID: 205000

The file includes one claim with revenue code 0761 that is missing a HCPCS code.  
The claim was included in the file by mistake and should have been deleted.

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PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

3rd Qtr 2021 – Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Throckmorton County Memorial Hospital

THCIC ID: 428000

Most errors are incorrect social security numbers. Unable to obtain correct numbers from patients so a default number was issued. Others are revenue codes that say incorrect but are accurate.

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PROVIDER: Baylor University Medical Center

THCIC ID: 331000

Baylor University Medical Center

THCIC ID 331000

3rd Qtr 2021 Outpatient

Accuracy rate – 99.99

Errors from the 3rd Quarter FER reflect the following error codes E-672, E-736 and E-760.

Invalid service line procedure code verified, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

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PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

"Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, women's diagnostics services including mammography and dexa, and onsite imaging (CT, X-ray, ultrasound) and laboratory services. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements 2 errors on 5747 outpatient claims (representing only [0.0003% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. SSN error (1) due to incomplete or inaccurate information entered, Physician 2 (1) nowhere to put a comment in system 13, patient was not seen by a medical provider"

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PROVIDER: Las Palmas Del Sol Healthcare-Northeast

THCIC ID: 975428

There are no errors for the specified events.

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PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco

THCIC ID: 975798

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco

THCIC ID 975798

3rd Qtr 2021 – Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

3rd Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

3rd Qtr 2021 Outpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth

THCIC ID: 363000

Baylor Scott and White All Saints Medical Center-Fort Worth

THCIC ID 363000

3rd Qtr 2021 Outpatient

Accuracy rate - 99.98%

Errors from the 3rd Quarter FER reflect the following error codes E-690. E-736

and E-760.

Procedure dates verified in hospital system, reported as posted.

Invalid Practitioner verified in hospital system, reported as posted.

Errors will stand as reported

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PROVIDER: Baylor Scott & White McLane Childrens Medical Center



THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

3rd Qtr 2021 – Outpatient

Accuracy rate – – 100%

No comments needed

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PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID: 974240

Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID 974240

2nd Qtr 2021 Outpatient

Accuracy rate –

No comments needed

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PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940

Baylor Scott & White Medical Center Marble Falls

THCIC ID 974940

3rd Qtr 2021 Outpatient

Accuracy rate – 99.98%

Errors from the 3rd Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

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 Heart & Vascular Hospital

THCIC ID: 730001

#### 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 inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

## Length of Stay

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

## Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information

not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### 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: University Medical Center of El Paso-Alameda

THCIC ID: 263000

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: Uvalde Memorial Hospital

THCIC ID: 063000

2-E-736: Procedure Date is more than 30 days before the Statement Date or after the Statement Thru Date.

2-E760: Procedure Through Date is more than 30 days before the Statement From Date or after Statement Thru Date.

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PROVIDER: Knapp Medical Center

THCIC ID: 480000

3Q Outpatient Certification of Data

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PROVIDER: Del Sol Medical Center

THCIC ID: 319000

Certified with Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the charges are not equal to or actual payments received by the facility or facility costs for performing the service.

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

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

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PROVIDER: St Joseph Medical Center

THCIC ID: 838600

St. Joseph Medical Center certify 3rd Quarter 2021. Outpatient accuracy rate is 99.5%. One case was erroring out for generic ED physician, account had been fixed in clinical database.

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PROVIDER: Driscoll Childrens Hospital

THCIC ID: 488000

System error for procedure dates were not corrected. And, we are contacting the business to fix the date issue.

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PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

"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. 98 errors on 18176 outpatient claims (representing only 0.005% of claims) were

unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Zip code (1) due to incorrect information received Provider last name (40) First name (49 missing information and Valid Revenue code (8) were unmatched codes."

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PROVIDER: Memorial Medical Center

THCIC ID: 487000

We have corrected this to be best of our ability

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PROVIDER: Sealy Emergency Room

THCIC ID: 975885

claims with errors are from procedure dates more than 30 days before statement. failed to correct errors by due date.

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

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PROVIDER: Victoria Surgery Center

THCIC ID: 396003

Verification complete.

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PROVIDER: Baylor Surgery Center of Waxahachie

THCIC ID: 973560

Baylor Surgery Center of Waxahachie

THCIC ID 973560

3rd Qtr 2021 Outpatient

Accuracy rate -100%

No comments needed.

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PROVIDER: HCA Houston ER 24/7 Steepletop

THCIC ID: 975545

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

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PROVIDER: Doctors Hospital-Laredo

THCIC ID: 301000

98% Accuracy due to pending availability of data for corrections.

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PROVIDER: Bay Area Surgicare Center

THCIC ID: 315004

I claim missing HCPCS code

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

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PROVIDER: Dallas Nephrology Associates Vascular Center Dallas  
THCIC ID: 975284

Other ethnicity and SSN Errors are mismatch to system dummy code.

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PROVIDER: Texas Health Prosper  
THCIC ID: 975562

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PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800

AS IS.



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PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

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PROVIDER: MCALLEN EMERGENCY ROOM

THCIC ID: 975903

Reviewed with StrateqEHR and Leadership

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PROVIDER: The Center for Sight

THCIC ID: 272000

Surgery is not performed on patients under 18 yrs of age. Birthdates to be corrected.

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PROVIDER: Huntsville Memorial Hospital

THCIC ID: 061000

I am aware that 1 acct was not corrected due to phys. missing.

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PROVIDER: Dodson Surgery Center

THCIC ID: 970400

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2021 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the THIRD QUARTER OF 2021.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

This will affect encounters for the THIRD QUARTER OF 2021 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: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

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PROVIDER: Baylor Scott & White The Heart Hospital Plano

THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

3rd Qtr 2021 Outpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

"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."

3 errors on 14517 outpatient claims (representing only [0..0002]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Patient Country (3) due to missing information SSN (31) due to incomplete /inaccurate information, Ethnicity (8) due to incorrect mapping, Zip code (2) due to incorrect information received Race (8) due to incorrect mapping Physician 2 (1) here is no where to enter comment in system 13, NPI was entered correctly, Statement (6) errors were accurately reported as required for billing purposes, Physician 1 (4) due to missing information, Revenue code (6) due to unmatched revenue codes, Procedure date (2) and Procedure through (2) errors were accurately reported as required for billing purposes "

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PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

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

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

JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation.

In addition to JPSH, the JPS Health Network operates community health centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs.

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

After review of the required THCIC claim submission data criteria, JPSH has amended their reporting criteria to include previously omitted closed accounts and align with THCIC requirements. The change will impact reported data starting 4th Quarter 2021 and may change overall reporting volume.

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PROVIDER: Rio Grande Regional Hospital Emergency Care-Edinburg

THCIC ID: 975516

2021 Q3 Quarter Outpatient data contains an error. (1) error was in Condition code and Physician 2 (ED Attending) Name Match. The cause of the error has been identified and corrected.

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PROVIDER: Baylor Scott & White Medical Center Lake Pointe

THCIC ID: 975286

Baylor Scott & White Medical Center Lake Point

THCIC ID 975286

3rd Qtr 2021 Outpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: Mid Coast Medical Center Central

THCIC ID: 975911

Please certify quarter with one known claim error.

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PROVIDER: Texas Health Burleson

THCIC ID: 975460

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When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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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.

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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.

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

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PROVIDER: Northwest Hills Surgical Hospital

THCIC ID: 794000

7 accounts with omitted or poorly formatted SSNs.

118 accounts with omitted or poorly formatted procedural dates. Our inability to view the data prevents us from confirming the reason for the data errors.

Turnover in employees at the hospital prevented us from submitting corrections within the timeframe.

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

No Errors

=====

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

#### 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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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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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

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PROVIDER: Hunt Regional Emergency Medical Center of Commerce

THCIC ID: 975525

975525 ten W-680 errors that are not errors. The modifiers have been verified that they are correct for tests performed at an off campus ER.

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PROVIDER: The Hospitals of Providence Transmountain Campus

THCIC ID: 975188

No comments needed.

=====

PROVIDER: Baptist Medical Center

THCIC ID: 114001

I (Removed by THCIC) Certify this on behave of (Removed by THCIC) CFO for Baptist Medical Center

\*Potential confidential information removed by THCIC.

=====

PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000

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: Northeast Baptist Hospital

THCIC ID: 134001

A: Type of Data Errors: From Patient Access Director - claim corrections for Patient Access are resulting from SS#. B: Why corrects were not completed: Patient Access director was not able to have IT retrieve the accounts with SS# issues in time.

I hereby certify on behalf of (Removed by THCIC), CFO at Northeast Baptist Hospital. (Removed by THCIC), Director Revenue Analysis at Northeast Baptist Hospital.

\*Potential confidential information removed by THCIC.

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PROVIDER: Baylor Scott & White The Heart Hospital Denton

THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton

THCIC ID 208100

3rd Qtr 2021 Outpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

3rd Qtr 2021 Outpatient

Accuracy rate – 99.98%

Errors from the 3rd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

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PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

3rd Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

3rd Qtr 2021 Outpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

3rd Qtr 2021 Outpatient

Accuracy rate - 99.95%

Errors from the 2nd Quarter FER reflect the following error codes E-672, E-736  
and E-760.

Invalid service line procedure code verified, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

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PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

No comments required

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PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

3rd Qtr 2021 – Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: UMC East Emergency Department

THCIC ID: 975441

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: Planned Parenthood of Greater Texas Surgical Health Services-Austin

THCIC ID: 972500

After making all of our corrections, ran reports and did not catch that 1 claim correctios had not saved.

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PROVIDER: Las Palmas Del Sol Emergency Center-West

THCIC ID: 975427

There are no errors for the specified events on outpatient Q3 2021.

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PROVIDER: Ascension Seton Northwest

THCIC ID: 797600

"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. 51 errors on 9326 outpatient claims (representing only 0.005% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Invalid Patient SSN errors(11) due to incomplete and inaccurate information. Invalid Patient Ethnicity (1) due to incomplete and inaccurate information. Invalid Patient Race(1) due to incomplete and inaccurate information, Physician 2 (4) there is no where to put a comment in system 13, patient was not seen by a medical provider, Revenue Code (21) mismatched revenue codes, Procedure date (6) and Procedure through(6) were accurately reported as required for billing purposes"

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PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: Hamilton General Hospital

THCIC ID: 640000

All data reviewed for accuracy as of 2/7/2022.

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PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

"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. 33 errors on 8131 outpatient claims (representing only [0.004% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases, the errors are not resolvable. Patient Country(2) due to missing information, Patient Ethnicity (3) due to incorrect mapping, Patient Race (3) due to incorrect mapping, Physician 2 (1) there was no where to put a comment in system 13, patient was not seen by a medical provider, Statement (1) were accurately reported as required for billing purposes, Physician 1 (1) missing information, Revenue Code (16) mismatched revenue codes, Procedure date (7) and Procedure through (7) were accurately reported as required for billing purposes."

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

#### Data Content

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

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PROVIDER: Midland Memorial Hospital  
THCIC ID: 452000

One claim contained two diagnosis type errors, which were identified and corrected. This correction was resolved after the corrections period and is still considered as error from our initial upload. The System 13 accuracy level remains 99%.

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PROVIDER: Laredo Laser & Surgery  
THCIC ID: 868500

Laredo Laser and Surgery normally report at 100% accuracy. On 02/03/2022 I received an email notifying me that the outpatient data for 3Q2021 had been generated. I was not aware of any errors until 02/03/2022.

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

Baylor Scott & White Emergency Medical Center Cedar Park  
THCIC ID 975384  
3rd Qtr 2021 Outpatient  
Accuracy rate – 100%  
No comments needed

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PROVIDER: HEA Surgery Center

THCIC ID: 906000

1 error- patient declined to give full social security number

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PROVIDER: Gastrointestinal Endoscopy Center

THCIC ID: 815100

ICD 10 codes were being used that were not updated in system yet. Employee that corrects the codes was out with COVID and we were not aware they were not corrected until the date had passed and they were closed.

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PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275

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PROVIDER: HCA Houston Healthcare Southeast

THCIC ID: 349001

errors were not completed.. System is entering the name of the NPI  
incorrectly.

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PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

3rd Qtr 2021 Outpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: Doctors Hospital Emergency Room South

THCIC ID: 975492

98% Accuracy due to pending availability of data for corrections.

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

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

#### Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Medical City ER Red Oak

THCIC ID: 975564

INFRORMATION IS VALID

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PROVIDER: Texas Health Huguley Hospital



THCIC ID: 047000

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of April 15, 2022. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

#### Submission Timing

To meet the State's 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.

In our continuous efforts to monitor our data for accuracy we have found some disparity with our ethnicity volume compared to a population sampling. To correct reporting the patient access team will implement additional education to ensure fields are appropriately identified at all points of registration.

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: Total Care-Weatherford

THCIC ID: 975960

The 1% error rate is due to the system not allowing a zero charge for any services/supplies. Due to the restrictions on billing for the antibodies treatment for COVID, we did not bill out a charge so we have it as zero on the system.

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PROVIDER: HCA Houston Healthcare Northwest

THCIC ID: 229000

Unable to correct NPI error for (Removed by THCIC) encounter. All other data was corrected.

\*Potential confidential information removed by THCIC.

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PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

3rd Qtr 2021 – Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: UT Health East Texas Henderson Hospital

THCIC ID: 975295

No errors

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PROVIDER: Corpus Christi Medical Center-Bay Area

THCIC ID: 703000

errors related to inteface issue related to physician names

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PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

#### Data Content

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The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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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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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### Length of Stay

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

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information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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

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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: Texas Institute for Surgery-Texas Health Presbyterian-Dallas

THCIC ID: 813100

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: UT Health East Texas Carthage Hospital  
THCIC ID: 975294

No errors

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PROVIDER: Harlingen Medical Center  
THCIC ID: 788002

No comments

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PROVIDER: Christus Good Shepherd Emergency Department Kilgore  
THCIC ID: 975444

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: Doctors Hospital-Renaissance

THCIC ID: 797100

The Invalid Occurrence Code, Invalid Service Line Code, and Procedure Dates will be corrected in the future.

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PROVIDER: Medical City Weatherford-Anderson

THCIC ID: 975241

INFORMATION VALID

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PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments needed

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

Data Content

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The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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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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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.



## Length of Stay

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

## Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

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## Race/Ethnicity

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

## Standard/Non-Standard Source of Payment

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: Texas Health Huguley Surgery Center

THCIC ID: 971500

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, the facility underwent a major program conversion to the HCFA 837 EDI electronic claim format.

The quarterly data from Q3 2021, to the best of our knowledge, is accurate and complete given the above.

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PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

There were 2 accounts that I corrected on the hospital side. The charges and dates were corrected and the claims were regenerated for the 2 accounts. I only removed the charges on this site.

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: Ascension Seton Smithville

THCIC ID: 424500

"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 4 errors on 2699 outpatient claims (representing only [0.001]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. State (2) due to incorrect information, Attending Provider (2) due to missing information"

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PROVIDER: Resolute Health

THCIC ID: 973850

error was claims in error missing physician #2. Error not corrected due to over 99% accuracy rate

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PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321

correctons made to the best of our ability at the time of certification.

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PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000

"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. 66 errors on 13753 outpatient claims (representing only0.004 % of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Physician 1 (11) due to missing information, Revenue Code (51) due to mismatched revenue codes, Procedure Date(2) and Procedure through (2) were accurately reported as required for billing purposes."

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PROVIDER: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

3rd Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: The Hospitals of Providence Emergency Room Edgemere

THCIC ID: 975511

No comments needed

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PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

3rd Qtr 2021 – Outpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: LMC North

THCIC ID: 800300

Provider name does not match NPI registry

No provider name available on claim

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PROVIDER: HCA Houston Healthcare West

THCIC ID: 337001

No Errors

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PROVIDER: Wise Health Surgical Hospital-Crawford

THCIC ID: 975322

These records are correct and current as of the day that they were submitted and/or corrected. Any missing or incorrect information is due to information that was not available.

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PROVIDER: Medical Arts Hospital

THCIC ID: 341000

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

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PROVIDER: Amarillo Cataract & Eye Surgery Center

THCIC ID: 694600

To certify 2021 3rd QTR Data

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PROVIDER: Laredo Medical Center

THCIC ID: 207001

Provider names do not match NPI Registry.

No Provider available for claim

Claim not coded yet

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PROVIDER: Oak Point Surgical Suites

THCIC ID: 975349

Q3 2021 CERT SUMMARY REVIEW VERIFIED 100% ACCURACY

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PROVIDER: Clay County Memorial Hospital

THCIC ID: 193000

The type of data errors are unknown at this time.

The errors were unable to be corrected due to staffing shortages.

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PROVIDER: Hunt Regional Emergency Medical Center at Quinlan

THCIC ID: 975563

975563 two W-680 errors that are not errors. The modifiers have been verified that they are correct for the tests performed at an off campus ER.

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PROVIDER: Foundation Surgical Hospital-San Antonio

THCIC ID: 852100

The errors were not corrected due to management turnover at Foundations Surgical Hospital. Once the hospital was aware, it was too late to go back and fix the errors. Q4 was submitted at 100% with no errors and new management will stay on top of this.

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PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

#### 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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PROVIDER: Huebner Ambulatory Surgery Center

THCIC ID: 975211

I certify this information.

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PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

3rd Qtr 2021 Outpatient

Accuracy rate – 100 %

No comments needed

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PROVIDER: Texas Health Presbyterian Hospital Rockwall FEMC

THCIC ID: 975436

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: Physicians Centre Hospital

THCIC ID: 717500

There were 11 accounts with errors (99.4% accuracy). There were 6 accounts with SS# errors and 5 accounts with date errors.

These were originally missed. Reminder e-mail was sent but went to the junk folder and was not seen.

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PROVIDER: LAREDO EMERGENCY ROOM

THCIC ID: 975691

Reviewed with leadership and CMD EMR

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PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels

THCIC ID: 917000

100%

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PROVIDER: Baylor Scott & White Emergency Center - Wylie

THCIC ID: 975576

Baylor Scott & White Emergency Center – Wylie

THCIC ID: 97576

3rd Qtr 2021 – Outpatient

Accuracy rate 100%

No comments needed

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PROVIDER: Baylor Scott & White Emergency Center - Forney

THCIC ID: 975537

Baylor Scott & White Medical Center- Forney

THCIC ID 975537

3rd Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: St Marks Medical Center

THCIC ID: 823400

All data is as accurate as the information that we were able to collect upon the patient being treated.

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PROVIDER: Wise Health Surgical Hospital-North Tarrant

THCIC ID: 973840

These records are correct and current as of the day that they were submitted and/or corrected. Any missing or incorrect information is due to information that was not available.

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PROVIDER: Dallas Medical Center

THCIC ID: 449000

Certify 3 q 2021 outpt

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PROVIDER: Martin County Hospital District

THCIC ID: 388000

ERRORS WERE CORRECTED AND EDUCATION WAS COMPLETED

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PROVIDER: Ascension Seton Hays

THCIC ID: 921000

"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. 24 errors on 11522 inpatient claims (representing only 0.002% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Revenue Code errors (24) due to mismatched revenue codes"

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PROVIDER: Hunt Regional Medical Center Greenville

THCIC ID: 085000

Three E-618 errors - In all three cases, the patient presented to the ED, entered into Observation (Outpatient) status, and then admitted into Inpatient status. The procedures in question in each case took place while the patient was in Observation Status.