General Comments on 4rd Quarter 2022 Data

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

4q2022 Inpatient Certification Comments

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PROVIDER: CHRISTUS Dubuis Hospital Beaumont

THCIC ID: 975255

Certified as correct.

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PROVIDER: Cleveland Emergency Hospital

THCIC ID: 976034

100% Accurate

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PROVIDER: Texas Rural Hospitals

THCIC ID: 975222

100% Accurate

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PROVIDER: Canyon Creek Behavioral Health

THCIC ID: 975871

The error was an invalid zip code. That when researched it kept showing zip code as valid.

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

Certified

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PROVIDER: Rock Springs

THCIC ID: 973730

Rock Springs 2022 4th Qrtr.

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PROVIDER: El Paso LTAC Hospital

THCIC ID: 841300

I CERTIFY THAT OUR FACILITY'S DATA IS COMPLETE AND ACCURATE.

==

PROVIDER: Physicians Surgical Hospitals - 9th Street

THCIC ID: 852901

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.

==

PROVIDER: Physicians Surgical Hospitals - Plum 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: Surgery Specialty Hospitals of America-Southeast Houston

THCIC ID: 694100

November claims for Inpatient were not billed for this quarter because of

clarification needed. These claims will be billed on the next reporting quarter.

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PROVIDER: Martin County Hospital District

THCIC ID: 388000

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

certification.

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PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

4th Qtr 2022 – Inpatient

Accuracy rate – 99.86%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , 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

4th Qtr 2022 Inpatient

Accuracy rate – 99.70%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

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PROVIDER: UT Health East Texas Tyler Regional Hospital

THCIC ID: 975299

Verified operating provider name is correct

Verified procedure dates are correct within date range

SSN unknown

Admit type is correct, newborn

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PROVIDER: JPS Health Network - Trinity Springs North

THCIC ID: 975121

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: 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.2

errors on inpatient 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. Missing patient Country 1 errors were The Patient

Country field of the patient address contains an invalid value; and error type

x1 The Admission Type code indicates newborn, but the Principal Diagnosis is not

for a newborn.

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some
patient discharges to "home" as opposed to rehab. THR will communicate this
issue and the plan to address this issue in writing to the THCIC Executive
Director.

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

THCIC ID: 363000

Baylor Scott & White All Saints Medical Center-Fort Worth

THCIC ID 363000

4th Qtr 2022 Inpatient

Accuracy rate – 99.80%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

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PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000

This Data is being certified by National I.T. and not by the local market.

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PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==

PROVIDER: PAM Health Rehab Hospital Northeast San Antonio

THCIC ID: 844601

Certifying with acknowledgment of errors E-637 Invalid Patient SSN, E-692

Invalid Operating Practitioner Qualifier, E-697 Missing Claim Filing Indicator

Code for subscriber.

==

PROVIDER: Knapp Medical Center

THCIC ID: 480000

2022 Q4 Inpatient Data

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PROVIDER: PAM Specialty Hospital of Corpus Christi North

THCIC ID: 974360

I certify acknowledgement of errors listed as E-692 Invalid operating

practitioner qualifier and E697 Missing claim filing indicator code for

subscriber

==

PROVIDER: St Joseph Medical Center

THCIC ID: 838600

 St. Joseph Medical Center certify, 4th Quarter 2022. We have 100% accuracy rate

for

Inpatient.

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PROVIDER: ContinueCare Hospital at Medical Center Odessa

THCIC ID: 974720

One error invalid revenue code

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PROVIDER: Medical City Lewisville

THCIC ID: 394000

INFORMATION IS VALID

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PROVIDER: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

4th Qtr 2022 Inpatient

Accuracy rate – 99.60%

Errors from the 4th Quarter FER reflect the following error code E-617.

Procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

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PROVIDER: Encompass Health Rehab Hospital Arlington

THCIC ID: 660000

contents are correct to be best of my knowledge

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PROVIDER: PAM Rehabilitation Hospital of Richardson

THCIC ID: 975848

I am certifying with knowledge of errors listed E-637 Invalid patient SSN, E663

Invalid patient zip, E668 Total claim charge not =sum of service line charges,

E670 Revenue code in first service line detail is missing, E692 Invalid

operating practitioner qualifier and E697 missing claim filing indicator code

for subscriber.

==

PROVIDER: University Behavioral Health-Denton

THCIC ID: 826800

Data contains the following errors:

Missing Principal and Admitting Diagnosis

Invalid State and Zip Code

Revenue Code in first service line detail is missing

Charges not present for Revenue Code

Charges present but no corresponding revenue code

Correction deadline was missed

==

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.x1

error on inpatient 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-X1 Admission type error only.

==

PROVIDER: New Braunfels Regional Rehab Hospital

THCIC ID: 786200

1 manifestation code included in Etiologic dx

2 missing subscriber ID's not included that were self pay

==

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.-0- errors on inpatient 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.

==

PROVIDER: UT Health East Texas Jacksonville Hospital

THCIC ID: 975296

Account is a client billed account.

==

PROVIDER: PAM Rehab Hospital of Victoria

THCIC ID: 973450

I certify acknowledgement of error listed E672 Invalid revenue procedure code

and E692 Invalid operating practitioner qualifier.

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PROVIDER: Lake Travis ER

THCIC ID: 975269

invalid principal diagnosis code

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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 July 13, 2023. If any

errors are discovered in our data after this point, we will be unable to

communicate these due to THCIC rules. This data is administrative data, which

hospitals collect for billing purposes, and not clinical data, from which you

can make judgments about patient care.

Submission Timing

To meet the States submission deadline, approximately 30 days following the

close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters no 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 a ICD-10-CM effective 10-1-2015. 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 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.

Physician

While the hospital documents many treating physicians for each case, the THCIC minimum data set has only (2) physician fields, Attending and Operating Physicians. Many physicians provide care to patients throughout a hospital stay. Consulting physicians may prescribe and treat patients on behalf of the physician listed as the Attending. "Other" physician case volumes, mortality,

case costs and LOS, will frequently be inaccurate because of this limitation.

Analysis of "Other physician" information should, therefore, take into

consideration that a significant portion of treating physicians are excluded

from the patient cases.

Due to hospital volumes, it is not feasible to perform encounter level audits

and edits. All known errors have been corrected to the best of our knowledge.

Within the constraints of the current THCIC process, the data is certified to

the best of our knowledge as accurate and complete given the above comments.

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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.

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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.

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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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

===

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas

THCIC ID: 813100

The Q4 2022 IP All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed and all corrections made

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PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

No comments needed.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Millwood Hospital

THCIC ID: 765001

Correction deadline missed. Errors are demographic information on indigent

individuals or rapid admit & discharges

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PROVIDER: UT Health East Texas Carthage Hospital

THCIC ID: 975294

Client billed account

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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: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments needed

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PROVIDER: Medical City Arlington

THCIC ID: 502000

INFORMATION IS VALID

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

Data Content

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encounter.

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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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this

issue and the plan to address this issue in writing to the THCIC Executive
Director.

==

PROVIDER: Cypress Creek Hospital

THCIC ID: 744001

Any claims generated for missing information such as the diagnosis, revenue
code, or charges was caused by a system issue, the interfacing between internal
system and the THCIC system. This did not affect the quality or accuracy of
services provided, nor does this accurately represent the clinical details of an
encounter. This system issue has been resolved and corrected for the subsequent
quarters.

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PROVIDER: PAM Specialty Hospital of New Braunfels

THCIC ID: 124100

I certify acknowledgment of error listed E692 Invalid Operating Practitioner
Qualifier

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

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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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.

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Race/Ethnicity

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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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Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

===

PROVIDER: Texas Health Seay Behavioral Health Hospital

THCIC ID: 720000

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

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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.

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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

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value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

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.

Discharge Disposition

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PROVIDER: Warm Springs Rehab Hospital-San Antonio

THCIC ID: 844600

I certify acknowledgement of errors listed E637 Invalid patient SSN, E668 Total claim charge not = sum of service line charges, E670 Revenue code in first service line detail is missing, E688 Invalid attending practitioner qualifier, E689 Missing attending practitioner identifier, E691 Missing attending practitioner last name, E692 Invalid operating practitioner qualifier, E694 Missing attending practitioner first name, E697 Missing claim filing indicator code for subscriber, E707 Missing operating practitioner identifier.

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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

-0-errors on inpatient 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.

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PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

This Data is being certified by National I.T. and not by the local market.

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PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000

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.6 errors on inpatient 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 errors 3 were due to incorrect information; 3 Admission errors were due to incorrect code mapping

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PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000

This Data is being certified by National I.T. and not by the local market.

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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

INFORMATION VALID

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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. ZERO errors on inpatient 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.

==

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: HCA Houston Healthcare North Cypress

THCIC ID: 975321

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

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PROVIDER: PAM Rehabilitation Hospital of Beaumont

THCIC ID: 975149

I certify acknowledgement of error listed as E609 Invalid principal procedure

date, E620 Invalid other procedure date, E692 Invalid operating practitioner

qualifier

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PROVIDER: HCA Houston Healthcare West

THCIC ID: 337001

There is no way to correct these. 99%

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy Rehab

THCIC ID: 653003

No Comments

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PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

Data Content

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encounter.

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places programming burdens on the hospital since it is 'over and above' the

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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

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obtain accurate information regarding things such as complication rates.

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

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percentages for any given diagnosis or procedure, percentage of patients in each

severity of illness category). It would be obvious; therefore, those sicker

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==

PROVIDER: Del Sol Medical Center

THCIC ID: 319000

INFORMATION IS VALID

==

PROVIDER: UT Southwestern University Hospital-Clements Psych

THCIC ID: 448002

No Comments

==

PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

E617 & E-618 - Combined accounts, dates are correct, unable to change.

==

PROVIDER: Texas Health Springwood Behavioral Health Hospital

THCIC ID: 778000

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==

PROVIDER: Warm Springs Rehab Hospital Westover Hills

THCIC ID: 844602

I certify acknowledgement of error listed as E707 Missing operating practitioner identifier

==

PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

E-617 & E-618 - Combined accounts, dates are correct, unable to change.

==

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

4th Qtr 2022 Inpatient

Accuracy rate – 100%

No comments needed.

==

PROVIDER: PAM Rehab Hospital of Corpus Christi

THCIC ID: 975271

I certify acknowledgment of errors listed as E668 Total claim charges not=sum of

services line charges, E670 Revenue Code in first service line detail is

missing, E697 Missing claim filing indicator code for subscriber.

==

PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

Data Content

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===

PROVIDER: Baylor University Medical Center

THCIC ID: 331000

Baylor University Medical Center

THCIC ID 331000

4th Qtr 2022 Inpatient

Accuracy rate – 99.91%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

==

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.

==

PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

4th Qtr 2022 Inpatient

Accuracy rate – 100%

No comments needed.

==

PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

4th Qtr 2022 Inpatient

Accuracy rate – 99.58%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

==

PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

4th Qtr 2022 – Inpatient

Accuracy rate – 100%

No comments needed.

==

PROVIDER: Adventhealth Central Texas

THCIC ID: 397001

Corrected to the best of my ability

==

PROVIDER: PAM Rehabilitation Hospital of Humble

THCIC ID: 975394

I certify acknowledgement of error listed as E637 Invalid patient SSN, E768

Manifest diagnosis code may not be used as admitting diagnosis code

==

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 -0- errors on inpatient 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.

==

PROVIDER: Hunt Regional Medical Center Greenville

THCIC ID: 085000

1.) Error 618 - The procedure date for patient being 3 days before admission

date is true to the EHR.

2.) Error 784 - HCPCS codes not populating as these are not chargeable items, so

no claim was dropped.

==

PROVIDER: Advanced Dallas Hospitals and Clinics

THCIC ID: 976019

16 E-617 Other Procedure Date earlier than three days before Admission Date or

after Statement Thru Date

4 E-618 Principal Procedure Date earlier than 3 days before Admit Date or after

Statement Thru Date.

1 E-632 Patient Birth Date > Admission Date and Admission Type not newborn

1 E-648 Missing Admitting Diagnosis

1 E-657 Invalid Facility Type Code

1 E-722 Invalid Admission Hour

1 E-724 Missing Patient Discharge Hour

1 E-727 Missing Admission Date and Hour

13 E-763 Invalid POA value

Missed deadline for corrections

==

PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

4th Qtr 2022 Inpatient

Accuracy rate – 99.72%

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Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

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==

PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

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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

4th Qtr 2022 Inpatient

Accuracy rate – 100%

No comments needed.

==

PROVIDER: El Paso Behavioral Health System

THCIC ID: 858600

Three accounts without charges due to combinedbilling on Medicare readmissions within 72 hours.

==

PROVIDER: Mayhill Hospital

THCIC ID: 831700

I have reviewed all claims.

==

PROVIDER: PAM Rehab Hospital Round Rock

THCIC ID: 975339

I certify acknowledgement of error listed as E-637 Invalid Patient SSN

==

PROVIDER: Behavioral Hospital-Bellaire

THCIC ID: 969200

We had issues with the batch this quarter with a physician duplicate name. We

deleted a batch, reloaded and then reload still had errors. We were unable to

correct the 7 errors on the batch.

==

PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

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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.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

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

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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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

4th Qtr 2022 Inpatient

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

4th Qtr 2022 Inpatient

Accuracy rate – 99.89%

Errors from the 4th Quarter FER reflect the following error code E-618.

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

===

PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

4th Qtr 2022 – Inpatient

Accuracy rate – 99.67%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

===

PROVIDER: HCA Houston Healthcare Kingwood

THCIC ID: 675000

Unable to resolve two remaining errors for Error Code E-690 Invalid Attending

Practitioner Identifier as NPI is for an organization

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

Data Content

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Administrative data may not accurately represent the clinical details of an

encounter.

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a form called an UB92, in a standard government format called HCFA 837 EDI

electronic claim format. Then the state specifications require additional data

elements to be included over and above that. Adding those additional data

places programming burdens on the hospital since it is 'over and above' the

actual hospital billing process. Errors can occur due to this additional

programming, but the public should not conclude that billing data sent to our

payers is inaccurate. These errors have been corrected to the best of our

knowledge.

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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

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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

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possible to determine if the patient had an infection prior to admission or

developed an infection during their hospitalization. This makes it difficult to

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incomplete due to a limitation on the number of diagnoses and procedures the

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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.

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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

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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

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive

Director.

==

PROVIDER: PAM Health Rehab Hospital of Sugar Land

THCIC ID: 976041

I certify acknowledgment of error listed E637 Invalid Patient SSN, E605 Invalid

other diagnosis, E668 Total claim charges not = sum of service line charges,

E670 Revenue code in first service line detail is missing, E697 Missing Claim

Filing Indicator Code for subscriber

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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

4th Qtr 2022 Inpatient

Accuracy rate – 100%

No comments needed.

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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 inpatient 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.

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PROVIDER: Texas Health Hospital Mansfield

THCIC ID: 975870

Certified to the best of my ability.

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PROVIDER: Medical City Dallas Hospital

THCIC ID: 340000

INFORMATION VALID

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PROVIDER: West Oaks Hospital

THCIC ID: 755001

All physician license numbers and names have been validated as accurate but some

remain unidentified in the THCIC Practitioner Reference Files. There is a new

physician whose license number is still unidentified through the system

interface. This information has since been updated.

Revenue must be submitted, such as charges. Please note that charges are not

equal to actual payments received by the hospital or hospital cost for

performing the services.

==

PROVIDER: PAM Specialty Hospital of San Antonio

THCIC ID: 972960

I certify acknowledgement of errors listed as E637 Invalid Patient SSN, E670

Revenue Code in first service line detail is missing, E692 Invalid Operating

Practitioner Qualifier

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PROVIDER: PAM Health Rehab Hospital El Paso

THCIC ID: 975398

I certify acknowledgment of error listed E697 Missing claim filing indicator

code for subscriber

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PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

4th Quarter IP summary reviewed

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

Data Content

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

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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.

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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

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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

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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.

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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

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Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Texas Health Specialty Hospital-Fort Worth

THCIC ID: 652000

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

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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

Texas Health Specialty Hospital does not have a newborn population.

Race/Ethnicity

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

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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.

Discharge Disposition

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

Data Content

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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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==

PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

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.

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record.   In order to meet this requirement, each payer identifier must be

categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

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.

Discharge Disposition

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PROVIDER: Baylor Scott & White Continuing Care Hospital

THCIC ID: 850300

Baylor Scott & White Continuing Care Hospital

THCIC ID 850300

4th Qtr 2022 Inpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

Data Content

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Diagnosis and Procedures

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criteria used by the physician to determine that diagnosis was different. An

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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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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

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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

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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.

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Race/Ethnicity

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Standard/Non-Standard Source of Payment

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Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

===

PROVIDER: BSA Hospital

THCIC ID: 001000

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

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes,

various system mapping and normal clerical error. Data submission deadlines

prevent inclusion of all applicable cases therefore this represents

administrative claims data at the time of preset deadlines. Diagnostic and

procedural data may be incomplete due to data field limitations. Data should be

cautiously used to evaluate health care quality and compare outcomes.

==

PROVIDER: 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

[0] errors on inpatient 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.

==

PROVIDER: PAM Health Rehab Hospital Houston Heights

THCIC ID: 975397

I certify acknowledgment of error listed E668 Total claim charges not = sum of

service line charges, E670 Revenue in first service line detail missing, E697

Missing claim filing indicator code for subscriber

==

PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

4th Qtr 2022 – Inpatient

Accuracy rate – 99.89%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

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PROVIDER: Premier Specialty Hospital of El Paso

THCIC ID: 701000

Certify with no comments for 2022 4th Quarter

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PROVIDER: Harlingen Medical Center

THCIC ID: 788002

2022 Q4 Inpatient Data

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PROVIDER: Baptist Medical Center

THCIC ID: 114001

I certify that all information is correct.

==

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

Data Content

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encounter.

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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.

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Discharge Disposition

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==

PROVIDER: Medical City-McKinney

THCIC ID: 246000

FAILED TO CORRECT

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PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

4th Qtr 2022 – Inpatient

Accuracy rate – 99.87%

Errors from the 4th Quarter FER reflect the following error code E-618.

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

==

PROVIDER: Medical City Las Colinas

THCIC ID: 814000

INFORMATION IS VALID

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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

4th Qtr 2022 Inpatient

Accuracy rate – 99.71%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

==

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.-0- errors on inpatient 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.

===

PROVIDER: Mesa Springs

THCIC ID: 973430

The Qtr. 1, 2023 data for ethnicity is incorrect. We are updating our system to accurately capture and report this statistic.

===

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

4th Qtr 2022 – Inpatient

Accuracy rate – 99.75%

Errors from the 4th Quarter FER reflect the following error codes E-602, E-617, E-618.

Principal procedure data verified in hospital system , reported as posted

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

===

PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

Data Content

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Race/Ethnicity

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

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===

PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments needed.

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PROVIDER: PAM Specialty Hospital of Luling

THCIC ID: 848200

I certify acknowledgment of error listed E637 Invalid Patient SSN

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PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

4th Qtr 2022 – Inpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000

Cook Children's Medical Center has submitted and certified FOURTH QUARTER 2022

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 FOURTH QUARTER

2022.

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 FOURTH QUARTER 2022.

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: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

4th Qtr 2022 Inpatient

Accuracy rate – 99.79%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

It was brought to our attention of a discrepancy that approximately >10% claims

had not been submitted to THCIC. Upon investigation, the issue was identified

and was corrected. From this date forward, the additional claims will be

included. Thanks

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PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

4th Qtr 2022 – Inpatient

Accuracy rate – 99.64%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

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PROVIDER: Medical City Plano

THCIC ID: 214000

INFORMATION VALID

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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.

==

PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

4th Qtr 2022 Inpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: UT Health East Texas Athens Hospital

THCIC ID: 975293

Admit type correct

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PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

4th Qtr 2022 Inpatient

Accuracy rate – 99.92%

Errors from the 4th Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

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PROVIDER: The Hospitals of Providence Transmountain Campus

THCIC ID: 975188

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

4th Qtr 2022 Inpatient

Accuracy rate – 99.86%

Errors from the 4th Quarter FER reflect the following error code E-617.

Procedure date 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

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THR has identified a problem with a vendor (Siemens) extract that diverts some

patient discharges to "home" as opposed to rehab. THR will communicate this

issue and the plan to address this issue in writing to the THCIC Executive

Director.

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PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

No comments needed

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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: Hamilton General Hospital

THCIC ID: 640000

All records checked for accuracy.

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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 5State 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.5 errors 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 errors x3 and SSN error x2 we unresolvable.

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

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