General Comments on 1st Quarter 2021 Data

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

·       Data are administrative data, collected for billing purposes, not
clinical data.

·       Data are submitted in a standard government format, the 837 format
used for submitting billing data to payers. State specifications require
the submission of additional data elements. These data elements include
race and ethnicity. Because these data elements are not sent to payers and may
not be part of the hospital's standard data collection process, there may be an
increase in the error rate for these elements. Data users should not conclude
that billing data sent to payers is inaccurate.

·       Hospitals are required to submit the patient's race and ethnicity
following categories used by the U. S. Bureau of the Census. This information
may be collected subjectively and may not be accurate.

·       Hospitals are required to submit data within 60 days after the close of
a calendar quarter (hospital data submission vendor deadlines may be sooner).
Depending on hospitals' collection and billing cycles, not all discharges may
have been billed or reported. Therefore, data for each quarter may not be
complete. This can affect the accuracy of source of payment data, particularly
self-pay and charity categories, where patients may later qualify
for Medicaid or other payment sources.

·       Conclusions drawn from the data are subject to errors caused by the
inability of the hospital to communicate complete data due to reporting form
constraints, subjectivity in the assignment of codes, system mapping, and normal
clerical error. The data are submitted by hospitals as their best effort to meet
statutory requirements.


================================================================================
PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


================================================================================

PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


================================================================================
PROVIDER: Baylor Scott & White Medical Center Uptown
THCIC ID: 008001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

there were a total of 22 claims with error that did not get corrected prior to
the correction deadline, the facility missed the deadline in correcting.


================================================================================
PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


================================================================================
PROVIDER: Yoakum Community Hospital
THCIC ID: 023000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The certification process included errors being corrected in the THA STAR
platform, and then again in THCIC's system.   YCH has done both.


================================================================================
PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


================================================================================
PROVIDER: United Memorial Medical Center
THCIC ID: 030000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

(Removed by THCIC)

*Potential confidential information removed by THCIC.
================================================================================
PROVIDER: St Davids Hospital
THCIC ID: 035000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims
reviewed, NPI# for ER physicians group correct as entered, patient left before
physician evaluation
W-695 Invalid Physician 2 (ED Attending) Name Match: NPI name match corrected,
error may be due to double name or hyphenated name. All claims reviewed, NPI#
for ER physicians group correct as entered, patient left before physician
evaluation
All errors have been reviewed and corrected to the best of the facilities

ability


================================================================================
PROVIDER: Baylor Scott & White Medical Center Taylor
THCIC ID: 044000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Taylor
THCIC ID 044000
1st Qtr 2021 – Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge
data for THCIC mandatory reporting requirements as of October 14, 2021.  If any
errors are discovered in our data after this point, we will be unable to
communicate these due to THCIC rules.  This data is administrative data, which
hospitals collect for billing purposes, and not clinical data, from which you
can make judgments about patient care.
Submission Timing
To meet the State's submission deadline, approximately 30 days following the
close of the calendar year quarter, we submit a snapshot of billed claims,
extracted from our database.  Any discharged patient encounters not billed by
this cut-off date will not be included in the quarterly submission file sent in.
Diagnosis and Procedures
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient.  In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed which can alter the true picture of a patient's
hospitalization, sometimes significantly.
Patient diagnoses and procedures for a particular hospital stay are coded by the
hospital using ICD-10-CM effective 10-1-2015 and CPT.  This is mandated by the
federal government and all hospitals must comply.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes.  The hospital can code as many as 25
diagnoses and 25 procedures for each patient record.  One limitation of using

the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

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

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

Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits.  To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Texas Health Huguley underwent a major program conversion to the HCFA 837 EDI electronic claim format.

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


================================================================================
PROVIDER: Baylor Scott & White Hospital-Brenham
THCIC ID: 066000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Hospital-Brenham
THCIC ID 066000
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: CHI St Lukes Health Memorial San Augustine
THCIC ID: 072000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certifier is I.T. and Not Local Facility.


================================================================================
PROVIDER: HCA Houston Healthcare Tomball
THCIC ID: 076000
 QUARTER: 1

YEAR: 2021

Certified With Comments

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


==============================================================================
PROVIDER: Mission Trail Baptist Hospital
THCIC ID: 081001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certifying on behalf of CFO (Removed by THCIC).
Thank you,
(Removed by THCIC)

*Potential confidential information removed by THCIC.
==============================================================================
PROVIDER: Wilbarger General Hospital
THCIC ID: 084000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

I have reviewed the reports


==============================================================================
PROVIDER: TMC Bonham Hospital
THCIC ID: 106001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certified as accurate.


==============================================================================
PROVIDER: Baptist Medical Center
THCIC ID: 114001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

One error still shows, due to removing charges on the account, claim was then deleted.
I certify for Baptist Medical Center on Behalf of (Removed by THCIC) (CFO).
(Removed by THCIC)

*Potential confidential information removed by THCIC.
================================================================================
PROVIDER: CHI St Lukes Health Memorial Lufkin
THCIC ID: 129000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certifier is National I.T. and Not Local Facility.


================================================================================
PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Diagnosis and procedures codes are correct.


================================================================================
PROVIDER: Northeast Baptist Hospital
THCIC ID: 134001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

I hereby certify 2021 1st Quarter Inpatient 2524 Encounters. On behalf of
(Removed by THCIC), CFO at Northeast Baptist Hospital. (Removed by THCIC), Director
Revenue Analysis at Northeast Baptist Hospital.

*Potential confidential information removed by THCIC.
================================================================================
PROVIDER: University Medical Center
THCIC ID: 145000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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.


================================================================================
PROVIDER: North Runnels Hospital
THCIC ID: 151000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Please accept 1Q2021 data as certified with comment.  Did not realize until it
was too late that there was 1 claim in our data without being corrected with a
diagnosis code.  The other claim does not have a required revenue code procedure
code combination.


================================================================================
PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Introduction
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.

```
================================================================================
PROVIDER: Methodist Hospital
THCIC ID: 154000
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

E-603 Duplicate Diagnosis Codes: codes correct as entered after review of
medical record
E-629 Patient Country: unable to identify based off of patient admission,
patient did not provide or chose not to provide information
E-637 Invalid SSN: unable to identify based off of patient admission, patient
did not provide or chose not to provide information, correct as is
W-695 NPI/Provider name match: correct as entered, NPI name match unable to
correct due to double name or hyphenated name
All errors have been reviewed and corrected to the best of the facilities
ability

```
================================================================================
PROVIDER: Methodist Specialty & Transplant Hospital
THCIC ID: 154001
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

E-769 Manifest diagnosis code reviewed, verified and correct as is
All errors have been reviewed and corrected to the best of the facilities
ability

```
================================================================================
PROVIDER: Northeast Methodist Hospital
THCIC ID: 154002
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

E-637 (3) Review of patient EHR and demographic data show SSN correct as
entered, unable to retrieve correct SSN from patient.
E-767 (1) & 769 (1) Manifest diagnosis code verified in hospital system as
stated on coding summary for principal diagnosis and reason for visit.
Data reviewed, updated, and certified to the best of my knowledge.

```
================================================================================
```
PROVIDER: Medical Center Hospital
THCIC ID: 181000
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Rejection due to manifest diagnosis


```
================================================================================
```
PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the

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

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

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

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

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


================================================================================
PROVIDER: Baylor Scott & White Hospital College Station
THCIC ID: 206100
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Hospital College Station
THCIC ID 206100
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Laredo Medical Center
THCIC ID: 207001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Some claims did not have the complete information to be coded properly so could
not be fixed.
Some claims had Providers with incorrect names or provider numbers. Checked in
NPI Registry. Providers notified and will be fixed.


================================================================================
PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White The Heart Hospital Denton
THCIC ID 208100
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: East Texas Eye Associates Surgery Center

THCIC ID: 210000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Patient does not have a social security number and system would not let me use
his ID number


================================================================================
PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For example,
while one physician may diagnose a patient with anemia when the patient's blood
hemoglobin level falls below 9.5, another physician may not diagnose the patient
with anemia until their blood hemoglobin level is below 9.0. In both situations,
a diagnosis of anemia is correctly assigned, but the criteria used by the
physician to determine that diagnosis was different. An 'apples to apples'
comparison cannot be made, which makes it difficult to obtain an accurate
comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

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

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

Length of Stay

The length of stay data element contained in the 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.

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.

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
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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
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driven by physician's subjective criteria for defining a diagnosis. For example,
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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
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patient's admission to the hospital and those occurring during hospitalization.
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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 hospitalization, sometimes significantly.

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Cost/ Revenue Codes

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

===============================================================================
PROVIDER: University Medical Center of El Paso-Alameda
THCIC ID: 263000
 QUARTER: 1

YEAR: 2021

Certified With Comments

In this database only one primary physician is allowed.  This represents the
physician at discharge in this institution.  At an academic medical center such
as University Medical Center of El Paso, patients are cared for by teams of
physicians who rotate at varying intervals.  Therefore, many patients,
particularly long term patients may actually be managed by several different
teams.  The practice of attributing patient outcomes in the database to a single
physician may result in inaccurate information.
Through performance improvement process, we review the data and strive to make
changes to result in improvement.


===============================================================================
PROVIDER: The Hospitals of Providence Sierra Campus
THCIC ID: 266000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All diagnosis and procedures codes coded correctly.


===============================================================================
PROVIDER: Metropolitan Methodist Hospital
THCIC ID: 283000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

There are no errors for the specified encounters


===============================================================================
PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Waxahachie
THCIC ID 285000
1st Qtr 2021 – Outpatient
Accuracy rate – 100%
No comments needed.

```
================================================================================
PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center-Irving
THCIC ID 300000
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Doctors Hospital-Laredo
THCIC ID: 301000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

99%; certified with comment. 1% of encounters pending assignment of ICD-10-CM
codes prior to correction deadline. ICD-10-CM codes subsequently assigned to
latter encounters.


================================================================================
PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
```

inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

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

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

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

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

Length of Stay
The length of stay data element contained in the 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.

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

patients are very sensitive about providing race
and ethnicity information. Therefore, depending on the circumstances of the
patient's admission, race and ethnicity data may be subjectively collected.
Therefore, the race and ethnicity data may not provide an accurate
representation of the patient population for a facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data
required by the state that is not contained within the standard UB92 billing
record. In order to meet this requirement, each payer identifier must be
categorized into the appropriate standard and non-standard source of payment
value. These values might not accurately reflect the hospital payer information,
because those payers identified contractually as both 'HMO, and PPO' are
categorized as 'Commercial PPO'. Thus, any true managed care comparisons by
contract type (HMO vs. PPO) may result in inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges.
It is important to note that charges are not equal to actual payments received
by the hospital or hospital cost for performing the service. Typically, actual
payments are much less than charges due to managed care-negotiated discounts and
denial of payment by insurance companies. Charges also do not reflect the actual
cost to deliver the care that each patient needs.


===============================================================================
PROVIDER: Del Sol Medical Center
THCIC ID: 319000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

This data is submitted in an effort to meet statutory requirements.  It is
administrative data not clerical data and is utilized for billing and planning
purposes.  Conclusions drawn could be erroneous due to reporting constraints,
subjectivity in assignment of codes, system mapping and normal clerical error.
Diagnostic and procedural data may be incomplete due to data field limitations.
The State data file may not fully represent all diagnoses treated or all
procedures performed.  Race and ethnicity data may be subjectively collected and
may not provide an accurate representation of the patient population for a
facility.  It should also be noted the changes are not equal to or actual
payments received by the facility or facility costs for performing the service.
Most errors occurring are due to incorrect country codes or zip codes assigned
to foreign countries, which are not recognized in the correction software.
Corrections to coding data are made after coding audits by coding experts and
are present after initial data is submitted to the State.  All data has been
corrected to the best of my ability and resources.


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

THCIC ID: 323000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For example,
while one physician may diagnose a patient with anemia when the patient's blood
hemoglobin level falls below 9.5, another physician may not diagnose the patient
with anemia until their blood hemoglobin level is below 9.0. In both situations,
a diagnosis of anemia is correctly assigned, but the criteria used by the
physician to determine that diagnosis was different. An 'apples to apples'
comparison cannot be made, which makes it difficult to obtain an accurate
comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code up to 99 diagnoses

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

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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


================================================================================
PROVIDER: Baylor University Medical Center
THCIC ID: 331000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor University Medical Center

THCIC ID 331000
1st Qtr 2021 Outpatient
Accuracy rate – 99.98%
Errors from the 1St Quarter FER reflect the following error codes E-736 and
E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".


================================================================================
PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Cook Children's Medical Center has submitted and certified FIRST QUARTER 2021
inpatient, outpatient surgery and outpatient radiology encounters to the Texas
Health Care Information Council with the following possible data concerns based
on the required submission method.
Since our data was submitted to the State we have uncovered medical coding
errors regarding the following patient conditions in 2005 and 2010 discharges:
Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma
Comparative complication reports reflecting the above conditions could misstate
the true conditions at Cook Children's Medical Center for the FIRST QUARTER OF
2021.
There may be some encounters will have one of the following issues:
Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
These are errors that are very difficult, if not impossible to correct as that
is how they are sent to the respective payers. This is especially true for
modifier errors related to transport (Rev Codes 0540 & 0545).  Per the following
website, these modifiers appear to be legitimate:
https://www.findacode.com/code-set.php?set=HCPCSMODA.
Additionally, there may be outpatient encounters where there is an invalid NPI
associated with the attending provider. These are most likely to be encounters
in the ED where a patient was seen by a nurse in triage and charges were
incurred, but left without being seen by a physician or an advanced nurse
provider.
However, our overall accuracy rate is very high, so this will be a small
proportion of our encounters.
We will continue to work with the Revenue Cycle team to improve the accuracy of
the data elements going forward.
This will affect encounters for the FIRST QUARTER OF 2021
Patient charges that were accrued before admit or after discharge were
systematically excluded from the database.  This can happen when a patient is

pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are discharged.  Therefore, the charges for many patient encounters are under reported.

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform.  The data structure provided by THCIC allows for one attending and one operating physician assignment.  However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures.  Assigning all of those procedures to a single 'operating physician' will frequently attribute surgeries to the wrong physician.  THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

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

===============================================================================
PROVIDER: Medical City Dallas Hospital
THCIC ID: 340000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

INFORMATION IS VALID

===============================================================================
PROVIDER: Nocona General Hospital
THCIC ID: 348000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

TO THE BEST OF MY KNOWLEDGE ALL INFORMATION IS CORRECT AS SUBMITTED.

===============================================================================
PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott and White All Saints Medical Center-Fort Worth

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THCIC ID 363000
1st Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.


================================================================================
PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

data certified


================================================================================
PROVIDER: Victoria Surgery Center
THCIC ID: 396003
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All claims have been reviewed and are ready to certify.


================================================================================
PROVIDER: Adventhealth Central Texas
THCIC ID: 397001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Corrected to the best of my ability.


================================================================================
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi
THCIC ID: 398000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Done
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================================================================================
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline
THCIC ID: 398001
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Done



================================================================================
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South
THCIC ID: 398002
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Done



================================================================================
PROVIDER: The Surgical Center of Midland
THCIC ID: 398003
 QUARTER: 1
    YEAR: 2021


Certified With Comments

1)Claim missing social security number,  2)claim missing revenue code - we
believe this was a keyboard mistype on behalf of our facility staff .  We will
continue to monitor for keyboard mistype incidents during the correction of
errors prior to certification.



================================================================================
PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Introduction
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
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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.


================================================================================
PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

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

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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


================================================================================
PROVIDER: Lake Granbury Medical Center
THCIC ID: 424000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

1 error remains, unable to get feedback from the help desk in time to resolve.


================================================================================
PROVIDER: Ascension Seton Smithville
THCIC ID: 424500
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory requirements.


================================================================================
PROVIDER: CHRISTUS Spohn Hospital-Beeville
THCIC ID: 429001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Done

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================================================================================
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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
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accurately represent the clinical details of an encounter.
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Race/Ethnicity

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Standard/Non-Standard Source of Payment

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================================================================================
PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

No errors to report


================================================================================
PROVIDER: Dallas Medical Center
THCIC ID: 449000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certify Q1 2021 outpt


================================================================================
PROVIDER: Midland Memorial Hospital
THCIC ID: 452000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

99.9% accuracy, with1 claim error not corrected for an invalid revenue code.


================================================================================
PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

DeTar Hospital Navarro's OP Accuracy rate was 99% for Q1 2021 with 4 accounts
having duplicate diagnosis codes.  These errors could not be corrected in the
System 13 database after multiple attempts.


================================================================================
PROVIDER: CHI St Lukes Health - Memorial Livingston
THCIC ID: 466000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certifier is National I.T. and Not Local Facility.

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================================================================================
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PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
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electronic claim format. Then the state specifications require additional data
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For example, if a code indicating an infection is made, it is not always
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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 / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

==============================================================================
PROVIDER: Parkland Memorial Hospital
THCIC ID: 474000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The count includes late claims for October and December.


================================================================================
PROVIDER: Nacogdoches Memorial Hospital
THCIC ID: 478000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Charge count error missing unit measurement on 1 claim


================================================================================
PROVIDER: Knapp Medical Center
THCIC ID: 480000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

1Q2021 Certification of Data


================================================================================
PROVIDER: Memorial Medical Center
THCIC ID: 487000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

We have corrected these to the best of our ability


================================================================================
PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All provider identifying information has been verified and will be updated
against a reference file and continues to be reviewed on an ongoing basis.


================================================================================

PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Seton Medical Center Austin has a transplant program and Neonatal Intensive Care
Unit (NICU).  Hospitals with transplant programs generally serve a more
seriously ill patient, increasing costs and mortality rates.  The NICU serves
very seriously ill infants substantially increasing cost, lengths of stay and
mortality rates.  As a regional referral center and tertiary care hospital for
cardiac and critical care services, Seton Medical Center Austin receives
numerous transfers from hospitals not able to serve a more complex mix of
patients.  This increased patient complexity may lead to longer lengths of stay,
higher costs and increased mortality.
All physician license numbers and names have been validated with the Physician
and the Texas State Board of Medical Examiner website as accurate but some
remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory
requirements.


================================================================================
PROVIDER: Medical City Arlington
THCIC ID: 502000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

INFORMATION IS VALID


================================================================================
PROVIDER: Baylor Scott & White Medical Center Hillcrest
THCIC ID: 506001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
1st Qtr 2021 – Outpatient
Accuracy rate – 99.99%
Errors from the 1St Quarter FER reflect the following error codes E-736 and
E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

```
================================================================================
```
PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center-Grapevine
THCIC ID 513000
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.

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================================================================================
```
PROVIDER: Baylor Scott & White Medical Center Temple
THCIC ID: 537000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Temple
THCIC ID 537000
1st Qtr 2021 – Outpatient
Accuracy rate –  99.97%
Errors from the 1St Quarter FER reflect the following error codes E-736, E-760
and E-784.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Errors will stand "as reported".

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================================================================================
```
PROVIDER: Scott & White Pavilion
THCIC ID: 537002
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Scott & White Pavilion
THCIC ID 537002
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.

```
================================================================================
PROVIDER: Baylor Scott & White McLane Childrens Medical Center
THCIC ID: 537006
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center
THCIC ID 537006
1st Qtr 2021 – Outpatient
Accuracy rate – 99.98%
Errors from the 1st Quarter FER reflect the following error codes E-672.
Invalid service line procedure code verified, reported as posted.
Errors will stand "as reported".


================================================================================
PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed
acute care facility located between Burnet and Marble Falls on Highway 281. The
hospital offers 24-hour emergency services, plus comprehensive diagnostic and
treatment services for residents in the surrounding area. Seton Highland Lakes
also offers home health and hospice services.  For primary and preventive care,
Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a
clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the
county. This facility is designated by the Center for Medicare & Medicaid
Services as a Critical Access Hospital and is fully accredited by the Joint
Commission on Accreditation of Healthcare Organizations under its Critical
Access designation program.
All physician license numbers and names have been validated with the Physician
and the Texas State Board of Medical Examiner website as accurate but
some remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet
statutory requirements.


================================================================================
PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
 QUARTER: 1
    YEAR: 2021
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Certified With Comments

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


================================================================================
PROVIDER: St Davids South Austin Hospital
THCIC ID: 602000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims
reviewed, NPI# for ER physicians group correct as entered, patient left before
physician evaluation
767 - Manifest diagnosis codes may not be used as the Admitting Principal
Diagnosis Code: Principal diagnosis codes that reflect manifest codes are
correct as entered after review of documentation
769 - Reason for Visit Code: Reason for visit codes that reflect manifest codes
are correct as entered after review of documentation
All errors have been reviewed and corrected to the best of the facilities
ability


================================================================================
PROVIDER: Round Rock Medical Center
THCIC ID: 608000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

E-690 (2) NPI/Provider name match; correct as entered. NPI name match unable to
correct due to double name, last name listed as first, hyphenated name, or group

physician, testing physician order entry
All errors have been reviewed and corrected to the best of the facilities
ability


================================================================================
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For example,
while one physician may diagnose a patient with anemia when the patient's blood
hemoglobin level falls below 9.5, another physician may not diagnose the patient
with anemia until their blood hemoglobin level is below 9.0. In both situations,
a diagnosis of anemia is correctly assigned, but the criteria used by the
physician to determine that diagnosis was different. An 'apples to apples'
comparison cannot be made, which makes it difficult to obtain an accurate
comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be

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

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

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

================================================================================
PROVIDER: Hamilton General Hospital

THCIC ID: 640000
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Data certified as complete and accurate with all information available at time
of reporting.


===============================================================================
PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
 QUARTER: 1
    YEAR: 2021


Certified With Comments


No errors to report


===============================================================================
PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Data Content
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Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies

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

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

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

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

Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be

categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.


===============================================================================
PROVIDER: HCA Houston Healthcare Kingwood
THCIC ID: 675000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

UNABLE TO CORRECT REMAINING ERRORS


===============================================================================
PROVIDER: North Central Baptist Hospital
THCIC ID: 677001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

I hereby certify 1st quarter 2021 OP.  9327 Events.  On behalf of (Removed by THCIC), CFO
at North Central Baptist Hospital.  (Removed by THCIC), Director
Revenue Analysis at North Central Baptist Hospital.

*Potential confidential information removed by THCIC.
===============================================================================
PROVIDER: Amarillo Cataract & Eye Surgery Center
THCIC ID: 694600
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The opportunity to correct errors was overlooked, therefore, data was certified without correcting the error.

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================================================================================
PROVIDER: ACPS Surgicentre
THCIC ID: 709100
 QUARTER: 1
    YEAR: 2021


Certified With Comments


All reports are reviewed and ready for certification



================================================================================
PROVIDER: Cy Fair Surgery Center
THCIC ID: 715700
 QUARTER: 1
    YEAR: 2021


Certified With Comments


To my knowledge all information submitted is correct.



================================================================================
PROVIDER: Texas Midwest Surgery Center
THCIC ID: 718200
 QUARTER: 1
    YEAR: 2021


Certified With Comments


CLAIMS HAD 2 ERRORS, ONE MISSING REVENUE CODE AND ONE INCORRECT SOCIAL SECURITY
NUMBER.  ERRORS OVERLOOKED PRIOR TO CERTIFICATION.  (Removed by THCIC) RN

*Potential confidential information removed by THCIC.
================================================================================
PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
 QUARTER: 1
    YEAR: 2021


Certified With Comments


The Outpatient data was attained through the patient accounting system Meditech.
Kindred Hospital is a long term care hospital which offers outpatient services.
All admissions are scheduled prior to any services. Therefore, all 3 accounts
are correctly reported.
(Removed by THCIC)

*Potential confidential information removed by THCIC.
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================================================================================
PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
 QUARTER: 1
    YEAR: 2021


Certified With Comments


AS IS.



================================================================================
PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Data Content
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This data is administrative data, which hospitals collect for billing purposes. Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the

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

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Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

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

================================================================================
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.
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The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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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.

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

Cost/ Revenue Codes

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

===============================================================================
PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400

```
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID 784400
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


===============================================================================
PROVIDER: Harlingen Medical Center
THCIC ID: 788002
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Our Q1 2021 Outpatient data is 100% accurate - No additional comments


===============================================================================
PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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

*Potential confidential information removed by THCIC.
===============================================================================
PROVIDER: Hill Country Memorial Surgery Center
THCIC ID: 793300
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certified qtr 1 2021


===============================================================================
```

PROVIDER: Endoscopy Center at Med Point
THCIC ID: 796300
 QUARTER: 1
    YEAR: 2021


Certified With Comments


For the month of March data could not be submitted due climate freeze affecting
system, data lost for the month of March 2021


================================================================================
PROVIDER: Key Whitman Surgery Center
THCIC ID: 796600
 QUARTER: 1
    YEAR: 2021


Certified With Comments


"errors" all consisted of SS# that patients did not want to provide.  "errors"
were corrected by typing 999999999; however, once saved and submitted, the
correction must not have been completed


================================================================================
PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
 QUARTER: 1
    YEAR: 2021


Certified With Comments


All physician license numbers and names have been validated with the Physician
and the Texas State Board of Medical Examiner website as accurate but some
remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory
requirements.


================================================================================
PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
 QUARTER: 1
    YEAR: 2021


Certified With Comments


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

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


================================================================================
PROVIDER: GAB Endoscopy Center
THCIC ID: 799400
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Invalid code for subscriber


================================================================================
PROVIDER: Baylor Scott & White Surgical Hospital Las Colinas
THCIC ID: 799500
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Claim missed in error


================================================================================
PROVIDER: Kindred Hospital Tarrant County Fort Worth SW
THCIC ID: 800000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All Outpatient are screen by our centralized admission department prior to
admission and scheduled for admission at least 24 hours in advance. Therefore,
all 11 records are correctly reported.
(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.
================================================================================
PROVIDER: Legent Hospital of El Paso
THCIC ID: 801300
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data was corrected to the best of our knowledge within the given time
constraints.

```
===============================================================================
PROVIDER: Baylor Medical Center Trophy Club
THCIC ID: 805100
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

No Missing or invalid information.  Individuals without secondary insurance were
the only area of missing information.

```
===============================================================================
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

The Q1 2021 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

```
===============================================================================
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

The Q1 2021 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

```
===============================================================================
PROVIDER: Baylor Ambulatory Endoscopy Center
THCIC ID: 813600
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

One error that am unable to correct. We will never obtain a full SSN.

```
================================================================================
PROVIDER: Medical City Las Colinas
THCIC ID: 814000
 QUARTER: 1
    YEAR: 2021


Certified With Comments

INFORMATION IS VALID


================================================================================
PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
 QUARTER: 1
    YEAR: 2021


Certified With Comments

Baylor Scott & White Medical Center-Plano
THCIC ID 814001
1st Qtr 2021 – Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
 QUARTER: 1
    YEAR: 2021


Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
```

than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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

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

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

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

data may not provide an accurate representation of the patient population for a facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.


===============================================================================
PROVIDER: Spinecare
THCIC ID: 816900
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


===============================================================================
PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual

hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely

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

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

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


===============================================================================
PROVIDER: Heart Hospital-Austin
THCIC ID: 829000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

637 - Invalid Patient SSN: SSN found to be correct as entered after review of patient record and hospital systems
768, 767, 769 - Manifest diagnosis codes may not be used as the Admitting Diagnosis Code/Principal Diagnosis Code/Reason for Visit Code: Admitting diagnosis, reason for visit code, and principal diagnosis codes that reflect manifest codes are correct as entered after review of documentation
All errors have been reviewed and corrected to the best of the facilities ability


===============================================================================
PROVIDER: North Austin Medical Center
THCIC ID: 829900
 QUARTER: 1
    YEAR: 2021

Certified With Comments

E-634 - Missing Patient Race: unable to identify based off of patient admission, patient did not provide, or chose not to provide information
E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient left before physician evaluation
E-725 - Missing patient address line 1: unable to identify based off of patient admission, patient did not provide or chose not to provide information
E-767, 769 - Manifest diagnosis codes may not be used as the Admitting Diagnosis Code/Principal Diagnosis Code/Reason for Visit Code: Admitting diagnosis, reason for visit code, and principal diagnosis codes that reflect manifest codes are correct as entered after review of documentation
All errors have been reviewed and corrected to the best of the facilities ability.


================================================================================
PROVIDER: St Davids Georgetown Hospital
THCIC ID: 835700
 QUARTER: 1
    YEAR: 2021

Certified With Comments

690 (2) - Invalid Physcian 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered
634 (2) - Missing Patient Race: unable to identify based off of patient admission, patient did not provide or chose not to provide information
All claims have been reviewed and corrected to the best of the facilities ability


================================================================================
PROVIDER: St Joseph Medical Center
THCIC ID: 838600
 QUARTER: 1
    YEAR: 2021

Certified With Comments

St. Joseph Medical Center certify 1st quarter 2021 Outpatient.  We have a 98% accuracy rate, due to issues with vendor files.


================================================================================
PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White The Heart Hospital Plano
THCIC ID 844000
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.

================================================================================
PROVIDER: St Lukes Patients Medical Center
THCIC ID: 846100
 QUARTER: 1
    YEAR: 2021

Certified With Comments


Accuracy Rate 99%
This data represents accurate information at the time of submission. Subsequent
changes may continue to occur that will not be reflected in this published
dataset.

================================================================================
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's
hospital in the Central Texas Region.  DCMCCT serves severely ill and/or injured
children requiring intensive resources which increase the hospital's costs of
care, lengths of stay and mortality rates.  In addition, the hospital includes a
Neonatal Intensive Care Unit (NICU) which serves very
seriously ill infants, which substantially increases costs of care, lengths of
stay and mortality rates.
All physician license numbers and names have been validated with the Physician
and the Texas State Board of Medical Examiner website as accurate but some
remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory
requirements.

================================================================================
PROVIDER: Baylor Scott & White Medical Center Round Rock
THCIC ID: 852600
 QUARTER: 1

YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Round Rock
THCIC ID 852600
1st Qtr 2021 – Outpatient
Accuracy rate – 99.98%
Errors from the 1St Quarter FER reflect the following error codes E-736 and
E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".


==============================================================================
PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
 QUARTER: 1
     YEAR: 2021

Certified With Comments

certifying with no errors detected


==============================================================================
PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
 QUARTER: 1
     YEAR: 2021

Certified With Comments

certifying with no errors detected


==============================================================================
PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
 QUARTER: 1
     YEAR: 2021

Certified With Comments

The Q1 2021 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


==============================================================================

PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All physician license numbers and names have been validated with the Physician
and the Texas State Board of Medical Examiner website as accurate but some
remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory
requirements.


================================================================================
PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Discrepancy between reason for admission and diagnosis; however, coding is
correct.


================================================================================
PROVIDER: Methodist Hospital Stone Oak
THCIC ID: 874100
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Unable to correct data as it would not save in system


================================================================================
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

100% Q 1 2021


================================================================================
PROVIDER: Ascension Seton Hays

THCIC ID: 921000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All physician license numbers and names have been validated with the Physician
and the Texas State Board of Medical Examiner website as accurate but some
remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory
requirements.


==============================================================================
PROVIDER: South Texas Surgical Hospital
THCIC ID: 931000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

all errors have been corrected.


==============================================================================
PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The Q1 2021 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


==============================================================================
PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive

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

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

The length of stay data element contained in the 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.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data
required by the state that is not contained within the standard UB92 billing
record. In order to meet this requirement, each payer identifier must be
categorized into the appropriate standard and non-standard source of payment
value. These values might not accurately reflect the hospital payer information,
because those payers identified contractually as both 'HMO, and PPO' are
categorized as 'Commercial PPO'. Thus, any true managed care comparisons by
contract type (HMO vs. PPO) may result in inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges.
It is important to note that charges are not equal to actual payments received
by the hospital or hospital cost for performing the service. Typically, actual
payments are much less than charges due to managed care-negotiated discounts and
denial of payment by insurance companies. Charges also do not reflect the actual
cost to deliver the care that each patient needs.


===============================================================================
PROVIDER: Dodson Surgery Center
THCIC ID: 970400
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Cook Children's Medical Center has submitted and certified FIRST QUARTER 2021
inpatient, outpatient surgery and outpatient radiology encounters to the Texas
Health Care Information Council with the following possible data concerns based
on the required submission method.
Since our data was submitted to the State we have uncovered medical coding
errors regarding the following patient conditions in 2005 and 2010 discharges:
Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma
Comparative complication reports reflecting the above conditions could misstate
the true conditions at Cook Children's Medical Center for the FIRST QUARTER OF

2021.
There may be some encounters will have one of the following issues:
Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
These are errors that are very difficult, if not impossible to correct as that
is how they are sent to the respective payers. This is especially true for
modifier errors related to transport (Rev Codes 0540 & 0545).  Per the following
website, these modifiers appear to be legitimate:
https://www.findacode.com/code-set.php?set=HCPCSMODA.
Additionally, there may be outpatient encounters where there is an invalid NPI
associated with the attending provider. These are most likely to be encounters
in the ED where a patient was seen by a nurse in triage and charges were
incurred, but left without being seen by a physician or an advanced nurse
provider.
However, our overall accuracy rate is very high, so this will be a small
proportion of our encounters.
We will continue to work with the Revenue Cycle team to improve the accuracy of
the data elements going forward.
This will affect encounters for the FIRST QUARTER OF 2021
Patient charges that were accrued before admit or after discharge were
systematically excluded from the database.  This can happen when a patient is
pre-admitted and incurs charges to their encounter before their admit date or
charges are discovered and added to the patient encounter after they are
discharged.  Therefore, the charges for many patient encounters are under
reported.
The data structure allowed by THCIC erroneously assigns surgeons to surgical
procedures they did not perform.  The data structure provided by THCIC allows
for one attending and one operating physician assignment.  However, patients
frequently undergo multiple surgeries where different physicians perform
multiple procedures.  Assigning all of those procedures to a single 'operating
physician' will frequently attribute surgeries to the wrong physician.  THCIC
chooses to only assign one surgeon to a patient encounter, not to each
procedure.
Furthermore, the data structure established by THCIC allows for a limited number
of diagnoses and procedures.  Patients with more than the limit for diagnoses or
procedures will be missing information from the database.  This is especially
true in complex cases where a patient has multiple major illnesses and multiple
surgeries over an extended stay.


================================================================================
PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
 QUARTER: 1
    YEAR: 2021

Certified With Comments

THCIC Q1 2021 Comments:
The following comments reflect concerns, errors, or limitations of discharge

data for THCIC mandatory reporting requirements.  If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC.  This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.
Submission Timing
The state provides 60 days following the close of the calendar quarter, we submit a snapshot of billed claims, extracted from our database.  Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.
Diagnosis and Procedures
The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient.  In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly.
Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and CPT.  This is mandated by the federal government and all hospitals must comply.
The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes.  The hospital can code as many as 25 diagnoses and 25 procedures for each patient record.  One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.
There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients.  Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated.
Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits.  To meet the state's mandates to submit hospital Outpatient visits with specific procedures, the facility underwent a major program conversion to the HCFA 837 EDI electronic claim format.
The quarterly data from Q1 2021, to the best of our knowledge, is accurate and complete given the above.


================================================================================
PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
 QUARTER: 1
    YEAR: 2021


Certified With Comments

Baylor Scott & White Medical Center McKinney
THCIC ID 971900
1st Qtr 2021 Outpatient

Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For example,
while one physician may diagnose a patient with anemia when the patient's blood
hemoglobin level falls below 9.5, another physician may not diagnose the patient
with anemia until their blood hemoglobin level is below 9.0. In both situations,
a diagnosis of anemia is correctly assigned, but the criteria used by the
physician to determine that diagnosis was different. An 'apples to apples'
comparison cannot be made, which makes it difficult to obtain an accurate
comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the

state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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

Length of Stay

The length of stay data element contained in the 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.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

================================================================================
PROVIDER: OSD Surgery Center
THCIC ID: 972920

```
  QUARTER: 1
     YEAR: 2021


Certified With Comments


(Removed by THCIC)


*Potential confidential information removed by THCIC.
================================================================================
PROVIDER: UH College of Optometry Surgery Center
THCIC ID: 972930
 QUARTER: 1
     YEAR: 2021


Certified With Comments


Due to damage sustained during the winter freeze in February 2021, the facility
was closed from 02/15/2021 through 04/14/2021. No patients were seen during this
time.



================================================================================
PROVIDER: San Marcos Surgery Center
THCIC ID: 973190
 QUARTER: 1
     YEAR: 2021


Certified With Comments


corrections missed due to administration change
-Known errors with social security errors with (not 9 numeric characters)
-Errors with revenue code missing line details



================================================================================
PROVIDER: Preston Surgery Center
THCIC ID: 973370
 QUARTER: 1
     YEAR: 2021


Certified With Comments


This data is submitted in an effort to meet statutory requirements. It is
administrative data not clerical data and is utilized for billing and planning
purposes. Conclusions drawn could be erroneous due to reporting
constraints, subjectivity in assignment of codes, system mapping and normal
clerical error. System mapping issue was discovered recently which caused
error with some revenue codes not reporting to THCIC as well as only 1 SSN.
Corrections unable to be made at the state level due to time restraints and
Covid staffing issues. Errors have been corrected going forward.
```

```
================================================================================
PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco
THCIC ID 975798
1st Qtr 2021 – Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Resolute Health
THCIC ID: 973850
 QUARTER: 1
    YEAR: 2021

Certified With Comments

there are no claims to correct in the claim correction tab


================================================================================
PROVIDER: Planned Parenthood of Greater Texas Surgical Health Services-Dallas
THCIC ID: 973990
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Numbers are lower than usual due to the fact that there was not a provider
available full time


================================================================================
PROVIDER: Surgcenter of Plano
THCIC ID: 974000
 QUARTER: 1
    YEAR: 2021

Certified With Comments

All Claims in Correction Tab corrected and None remain.  The two items that are
listed in the event errors report do not appear for claim correct and have a
```

valid entry for the SSN.

================================================================================
PROVIDER: Woodlands Specialty Hospital
THCIC ID: 974150
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Errors concerning diagnosis and visit code reviewed by our claims director and
found to be accurate.

================================================================================
PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID 974240
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.

================================================================================
PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Marble Falls
THCIC ID 974940
1st Qtr 2021 Outpatient
Accuracy rate –  99.98%
Errors from the 1St Quarter FER reflect the following error codes E-736 and
E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

================================================================================
PROVIDER: North Pines Surgery Center

THCIC ID: 975117
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Evidently there is one invalid "other" diagnosis.


================================================================================
PROVIDER: First Baptist Medical Center
THCIC ID: 975129
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The 13 claim count is accurate.


================================================================================
PROVIDER: Mid Town Surgical Center
THCIC ID: 975132
 QUARTER: 1
    YEAR: 2021

Certified With Comments

due to Covid and  some of the practicing physicians left the practice  , so we
just had one case .Thank you


================================================================================
PROVIDER: Medical City Frisco
THCIC ID: 975139
 QUARTER: 1
    YEAR: 2021

Certified With Comments

INFORMATION IS VALID


================================================================================
PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
 QUARTER: 1
    YEAR: 2021

Certified With Comments

100% 2021 Q 1 Data


================================================================================
PROVIDER: Methodist Southlake Hospital
THCIC ID: 975153
 QUARTER: 1
    YEAR: 2021


Certified With Comments


No changes


================================================================================
PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Baylor Scott & White Medical Center Lakeway
THCIC ID 975165
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not
accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is 'over and above' the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is

inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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

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

Length of Stay

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Race/Ethnicity

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

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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


===============================================================================
PROVIDER: St Davids Surgical Hospital
THCIC ID: 975169
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


===============================================================================
PROVIDER: Saratoga Surgical Center
THCIC ID: 975173
 QUARTER: 1
    YEAR: 2021

Certified With Comments

This is good


===============================================================================
PROVIDER: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188
 QUARTER: 1

YEAR: 2021

Certified With Comments

No comments


===============================================================================
PROVIDER: Huebner Ambulatory Surgery Center
THCIC ID: 975211
 QUARTER: 1
    YEAR: 2021

Certified With Comments

no comments


===============================================================================
PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
 QUARTER: 1
    YEAR: 2021

Certified With Comments

"As the public teaching hospital in Austin and Travis County, Dell Seton Medical
Center at The University of Texas (DSMCUT) serves patients who are often unable
to access primary care.  It is more likely that these patients will present in
the later more complex stage of their disease.
It is also a regional referral center, receiving patient transfers from
hospitals not able to serve a complex mix of patients.  Treatment of these very
complex, seriously ill patients increases the hospital's cost of care, length of
stay and mortality rates.
As the Regional Level I Trauma Center, DSMCUT serves severely injured patients.
Lengths of stay and mortality rates are most appropriately compared to other
trauma centers.
All physician license numbers and names have been validated with the Physician
and the Texas State Board of Medical Examiner website as accurate but some
remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory
requirements."


===============================================================================
PROVIDER: VIP Surgical Center
THCIC ID: 975227
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certifying with claim and revenue codes at 99%.


===============================================================================
PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


===============================================================================
PROVIDER: Humble Vascular Surgical Center
THCIC ID: 975278
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The codes that were documented as errors in the data entry, are codes that are
used for Ellipsys endovascular AVF creations( G2170 & C1889) and PD catheter
placements (49400).  These codes were given to me by the billing department.
There are no other codes used to bill for these procedures.


===============================================================================
PROVIDER: Azura Surgery Center Star
THCIC ID: 975280
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Unable to verify correct SSN# for patient. All sources have the same one that is
listed


===============================================================================

PROVIDER: Austin Access Care
THCIC ID: 975282
 QUARTER: 1
    YEAR: 2021

Certified With Comments

2 patients w/invalid SS#s as errors. Spoke with both and was notified that
neither actually have a SS card/number.  Both patients have had their numbers
updated to all Zeros.


================================================================================
PROVIDER: Baylor Scott & White Medical Center Centennial
THCIC ID: 975285
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Centennial
THCIC ID 975285
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: UT Health East Texas Carthage Hospital
THCIC ID: 975294
 QUARTER: 1
    YEAR: 2021

Certified With Comments

There are no errors for C12 Cert. Error type


================================================================================
PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295
 QUARTER: 1
    YEAR: 2021

Certified With Comments

No errors on C12 Cert. Error type list


================================================================================
PROVIDER: UT Health East Pittsburg Hospital
THCIC ID: 975297
 QUARTER: 1
    YEAR: 2021

Certified With Comments

1 account error due to total claim charges not equal to the sum of service line
charges


================================================================================
PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299
 QUARTER: 1
    YEAR: 2021

Certified With Comments

HCPCS code issues and physician information not available.


================================================================================
PROVIDER: Cook Childrens Surgery Center
THCIC ID: 975307
 QUARTER: 1
    YEAR: 2021

Certified With Comments

One error - A claim missing a required HCPCs code.


================================================================================
PROVIDER: Premier Surgical Pavilion of Sugar Land

THCIC ID: 975311
 QUARTER: 1
    YEAR: 2021

Certified With Comments

I tried several times to correct any error, however, I was unable to make the
corrections.


================================================================================
PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery
THCIC ID: 975318
 QUARTER: 1
    YEAR: 2021

Certified With Comments

all claims have been reviews.  No errors present.


================================================================================
PROVIDER: HCA Houston Healthcare North Cypress
THCIC ID: 975321
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Name match corrections were made to the best of our ability at the time of
certification.


================================================================================
PROVIDER: Texas Health Orthopedic Surgery Center Heritage
THCIC ID: 975328
 QUARTER: 1
    YEAR: 2021

Certified With Comments

2021 Q1 reviewed & certified--facility closed half of 02/2021 & all of 03/2021


================================================================================
PROVIDER: Baylor Scott & White Medical Center Pflugerville
THCIC ID: 975340
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Pflugerville
THCIC ID 975340
1st Qtr 2021 Outpatient
Accuracy rate –  99.97
Errors from the 1St Quarter FER reflect the following error codes E-736 and
E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".


================================================================================
PROVIDER: Surgery Center of the Woodlands
THCIC ID: 975347
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Unable to correct error.


================================================================================
PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park
THCIC ID: 975384
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Emergency Medical Center Cedar Park
THCIC ID 975384
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Baylor Scott & White The Heart Hospital McKinney
THCIC ID: 975385
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White The Heart Hospital McKinney
THCIC ID 975385
1st Qtr 2021 – Outpatient
Accuracy rate – 100%

No comments needed.


================================================================================
PROVIDER: Baylor Scott & White Medical Center Buda
THCIC ID: 975391
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Buda
THCIC ID 975391
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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, womens 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


================================================================================
PROVIDER: Memorial Hermann Surgery Center Main Street
THCIC ID: 975420
 QUARTER: 1
    YEAR: 2021

Certified With Comments

I have reviewed the cases and codes.  Unable to find the error that is to be corrected.  Patients often refuse to give SSN.  Unable to force them.  9's entered instead.


===============================================================================
PROVIDER: UT Health South Broadway Emergency Center
THCIC ID: 975426
 QUARTER: 1
    YEAR: 2021

Certified With Comments

HCPCS code issues and unknown address for patient


===============================================================================
PROVIDER: Las Palmas Del Sol Emergency Center-West
THCIC ID: 975427
 QUARTER: 1
    YEAR: 2021

Certified With Comments

There are no identified errors for the data submitted.


===============================================================================
PROVIDER: Las Palmas Del Sol Healthcare-Northeast
THCIC ID: 975428
 QUARTER: 1
    YEAR: 2021

Certified With Comments

No  outstanding errors recognized within this data.


===============================================================================
PROVIDER: Texas Health Presbyterian Hospital Rockwall North Campus
THCIC ID: 975436
 QUARTER: 1
    YEAR: 2021

Certified With Comments

The Q1 2021 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

```
================================================================================
PROVIDER: HCA ER 24/7
THCIC ID: 975439
 QUARTER: 1
    YEAR: 2021


Certified With Comments


UNABLE TO CORRECT ALL ERRORS RELATING TO NPI DUE TO NPI ASSIGNED TO ORGANIZATION
AND NOT INDIVIDUAL PROVIDER



================================================================================
PROVIDER: UMC East Emergency Department
THCIC ID: 975441
 QUARTER: 1
    YEAR: 2021


Certified With Comments


In this database only one primary physician is allowed.  This represents the
physician at discharge in this institution.  At an academic medical center such
as University Medical Center of El Paso, patients are cared for by teams of
physicians who rotate at varying intervals.  Therefore, many patients,
particularly long term patients may actually be managed by several different
teams.  The practice of attributing patient outcomes in the database to a single
physician may result in inaccurate information.
Through performance improvement process, we review the data and strive to make
changes to result in improvement.



================================================================================
PROVIDER: UMC Northeast Emergency Department
THCIC ID: 975442
 QUARTER: 1
    YEAR: 2021


Certified With Comments


In this database only one primary physician is allowed.  This represents the
physician at discharge in this institution.  At an academic medical center such
as University Medical Center of El Paso, patients are cared for by teams of
physicians who rotate at varying intervals.  Therefore, many patients,
particularly long term patients may actually be managed by several different
teams.  The practice of attributing patient outcomes in the database to a single
physician may result in inaccurate information.
Through performance improvement process, we review the data and strive to make
changes to result in improvement.
```

```
================================================================================
PROVIDER: Christus Good Shepherd Emergency Department Kilgore
THCIC ID: 975444
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

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

```
================================================================================
PROVIDER: Good Shepherd Medical Center Northpark Emergency Department
THCIC ID: 975445
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

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

```
================================================================================
PROVIDER: Texas Health Burleson
THCIC ID: 975460
 QUARTER: 1
    YEAR: 2021
```

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not
accurately represent the clinical details of an encounter.

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===============================================================================
PROVIDER: St Davids Bastrop Emergency Center
THCIC ID: 975469
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


===============================================================================
PROVIDER: St Davids Emergency Center-Gallerina
THCIC ID: 975470
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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


==============================================================================
PROVIDER: HCA Houston ER 24/7-Sam Houston
THCIC ID: 975488
 QUARTER: 1
    YEAR: 2021


Certified With Comments

there were not claims under claim correction tab when selected


==============================================================================
PROVIDER: Fall Creek 24 Hour Emergency Center
THCIC ID: 975490
 QUARTER: 1
    YEAR: 2021


Certified With Comments

UNABLE TO CORRECT ALL ERRORS


==============================================================================
PROVIDER: Texas Health Willow Park
THCIC ID: 975496
 QUARTER: 1
    YEAR: 2021


Certified With Comments

Data Content
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Administrative data may not
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The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
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================================================================================
PROVIDER: Las Palmas Del Sol Emergency Center-Zaragoza
THCIC ID: 975508
 QUARTER: 1
    YEAR: 2021

Certified With Comments

This data is submitted in an effort to meet statutory requirements.  It is administrative data not clerical data and is utilized for billing and planning purposes.  Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed.  Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility.  It should also be noted the changes are not equal to or actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State.  All data has been corrected to the best of my ability and resources.


================================================================================
PROVIDER: The Hospitals of Providence Emergency Room Edgemere
THCIC ID: 975511
 QUARTER: 1
    YEAR: 2021

Certified With Comments

One (1) HCPCS discrepancy noted but Coding is accurate


================================================================================
PROVIDER: Methodist Boerne Medical Center Emergency Department
THCIC ID: 975521
 QUARTER: 1
     YEAR: 2021

Certified With Comments

E-637 SSN correct as entered after review


================================================================================
PROVIDER: Baylor Scott & White Emergency Center - Forney
THCIC ID: 975537
 QUARTER: 1
     YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center- Forney
THCIC ID 975537
41st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.


================================================================================
PROVIDER: St Davids North Austin Medical Center Emergency Department
THCIC ID: 975557
 QUARTER: 1
     YEAR: 2021

Certified With Comments

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


================================================================================
PROVIDER: Texas Health Prosper
THCIC ID: 975562
 QUARTER: 1
     YEAR: 2021

Certified With Comments

Data Content
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===============================================================================
PROVIDER: Metropolitan Methodist Emergency Center
THCIC ID: 975566
 QUARTER: 1
    YEAR: 2021

Certified With Comments

There are no errors for the specified encounters


===============================================================================
PROVIDER: Methodist Westover Hills Emergency Center

THCIC ID: 975567
 QUARTER: 1
    YEAR: 2021

Certified With Comments

E-624 SSN correct as entered after review
E-637 Situational code: confirmed code correct as is


===============================================================================
PROVIDER: Methodist ER Converse
THCIC ID: 975568
 QUARTER: 1
    YEAR: 2021

Certified With Comments

SSN/Country- unable to identify based off of patient admission, patient did not
provide or chose not to provide information, SSN correct as is


===============================================================================
PROVIDER: Baylor Scott & White Emergency Center - Wylie
THCIC ID: 975576
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott & White Emergency Center – Wylie
THCIC ID: 975576
1st Qtr 2021 – Outpatient
Accuracy rate –  100%
No comments needed


===============================================================================
PROVIDER: PATIENTS EMERGENCY ROOM
THCIC ID: 975599
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Certified Duplicated E Codes


===============================================================================
PROVIDER: LAREDO EMERGENCY ROOM

THCIC ID: 975691
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Reviewed with facility and team. File is certified.


===============================================================================
PROVIDER: FULL SPECTRUM EMERGENCY ROOM AT THE RIM
THCIC ID: 975744
 QUARTER: 1
    YEAR: 2021


Certified With Comments


Certified


===============================================================================
PROVIDER: United Memorial Medical Center Sugar Land Hospital
THCIC ID: 975780
 QUARTER: 1
    YEAR: 2021


Certified With Comments


(Removed by THCIC)


*Potential confidential information removed by THCIC.
===============================================================================
PROVIDER: Texas Health Hospital Frisco
THCIC ID: 975783
 QUARTER: 1
    YEAR: 2021


Certified With Comments


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===============================================================================
PROVIDER: Plano Surgical Hospital
THCIC ID: 975785
 QUARTER: 1
    YEAR: 2021

Certified With Comments

invalid ssn for 1 patient

===============================================================================
PROVIDER: Baylor Scott & White Medical Center Austin
THCIC ID: 975789
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Baylor Scott and White Medical Center Austin
THCIC ID 975789
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.

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================================================================================
PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco
THCIC ID: 975798
 QUARTER: 1
    YEAR: 2021


Certified With Comments

Baylor Surgery Center of Waxahachie
THCIC ID 973560
1st Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.



================================================================================
PROVIDER: The Hospitals of Providence Spine & Pain Management Center
THCIC ID: 975803
 QUARTER: 1
    YEAR: 2021


Certified With Comments

No comments



================================================================================
PROVIDER: The Center for Cardiovascular Excellence
THCIC ID: 975818
 QUARTER: 1
    YEAR: 2021


Certified With Comments

Report was certified with a claim with the improper amount of units.



================================================================================
PROVIDER: Surgical Centers of North Texas
THCIC ID: 975865
 QUARTER: 1
    YEAR: 2021


Certified With Comments

In March we did  not have any cases.


================================================================================
PROVIDER: University Medical Center of El Paso-Mesa
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THCIC ID: 975868
 QUARTER: 1
    YEAR: 2021

Certified With Comments

In this database only one primary physician is allowed.  This represents the
physician at discharge in this institution.  At an academic medical center such
as University Medical Center of El Paso, patients are cared for by teams of
physicians who rotate at varying intervals.  Therefore, many patients,
particularly long term patients may actually be managed by several different
teams.  The practice of attributing patient outcomes in the database to a single
physician may result in inaccurate information.
Through performance improvement process, we review the data and strive to make
changes to result in improvement.


===============================================================================
PROVIDER: Hendrick Medical Center South
THCIC ID: 975869
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Due to unforeseen circumstances the Reason for Visit Code and Principal
Diagnosis code for 1 outpatient account was not updated prior to the
certification deadline.  Therefore, what was available was provided.


===============================================================================
PROVIDER: Las Palmas Del Sol Healthcare-Horizon
THCIC ID: 975884
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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administrative data not clerical data and is utilized for billing and planning
purposes.  Conclusions drawn could be erroneous due to reporting constraints,
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===============================================================================
PROVIDER: MCALLEN EMERGENCY ROOM
THCIC ID: 975903
 QUARTER: 1
    YEAR: 2021

Certified With Comments

Reviewed with leadership and approved.


===============================================================================
PROVIDER: Methodist ER Legacy Trails
THCIC ID: 975913
 QUARTER: 1
    YEAR: 2021

Certified With Comments

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

===============================================================================

DSHS/THCIC Observations/Comments about the 1q2021 data

This facility (THCIC ID:974660) was already sent an email about their 1q2021 data errors on August 5, 2021.

The facility responded on August 12, 2021 stating they would not be able to make corrections as the facility was closed due to Covid-19, and staffing shortages.