

General Comments on 2nd 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.

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PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
QUARTER: 2
YEAR: 2021

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignments of codes, system mapping and normal clerical error.

Diagnostic and procedural data may be incomplete due to data field limitations or circumstances outside of daily operations. Race and ethnicity may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that charges are not equal to actual payments received by the facility or facility costs for performing the service

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
QUARTER: 2
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.

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PROVIDER: United Memorial Medical Center
THCIC ID: 030000
QUARTER: 2
YEAR: 2021

Certified With Comments

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: St Davids Hospital
THCIC ID: 035000
QUARTER: 2
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 prior to physician evaluation
All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Baylor Scott & White Medical Center Taylor
THCIC ID: 044000
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Taylor
THCIC ID 044000
2nd Qtr 2021 - Outpatient
Accuracy rate -99.97%
Errors from the 2nd Quarter FER reflect the following error code E-604.
Patient gender not consistent with Other Diagnosis, reported as posted.
Errors will stand as reported

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 2
YEAR: 2021

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of January 13, 2022. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you

can make judgments about patient care.

Submission Timing

To meet the State's submission deadline, approximately 30 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

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

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

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

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

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PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

QUARTER: 2

YEAR: 2021

Certified With Comments

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

2nd Qtr 2021 Outpatient

Accuracy rate - 100%
No comments needed.

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PROVIDER: Goodall - Witcher Hospital
THCIC ID: 070000
 QUARTER: 2
 YEAR: 2021

Certified With Comments

Manifestation Dx (not allowable as primary) was only diagnosis in the chart

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PROVIDER: CHI St Lukes Health Memorial San Augustine
THCIC ID: 072000
 QUARTER: 2
 YEAR: 2021

Certified With Comments

Certifier is I.T. and not Local Facility.

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PROVIDER: Wilbarger General Hospital
THCIC ID: 084000
 QUARTER: 2
 YEAR: 2021

Certified With Comments

Reviewed and saved

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PROVIDER: Hunt Regional Medical Center Greenville
THCIC ID: 085000
 QUARTER: 2
 YEAR: 2021

Certified With Comments

Greenville - 085000 - E-618 - Patient was presented as OP, had subsequent surgery and required inpatient care postoperatively.

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PROVIDER: Liberty Dayton Regional Medical Center
THCIC ID: 089001
QUARTER: 2
YEAR: 2021

Certified With Comments

The one claim error is for the address missing of the encounter. Documentation of this record states the patient is homeless and did not have an address to provide.

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PROVIDER: TMC Bonham Hospital
THCIC ID: 106001
QUARTER: 2
YEAR: 2021

Certified With Comments

Certified as accurate.

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PROVIDER: Facial Plastic & Cosmetic Surgical Center
THCIC ID: 111001
QUARTER: 2
YEAR: 2021

Certified With Comments

Low volume due to physician's abbreviated schedule

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PROVIDER: Baptist Medical Center
THCIC ID: 114001
QUARTER: 2
YEAR: 2021

Certified With Comments

I (Removed by THCIC) certify on behalf of (Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: CHI St Lukes Health Memorial Lufkin
THCIC ID: 129000
QUARTER: 2
YEAR: 2021

Certified With Comments

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

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PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
QUARTER: 2
YEAR: 2021

Certified With Comments

No comments required

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PROVIDER: Harlingen Surgical Center
THCIC ID: 130054
QUARTER: 2
YEAR: 2021

Certified With Comments

certifying 2nd quarter Report C12 There are no errors for the specified events

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PROVIDER: Northeast Baptist Hospital
THCIC ID: 134001
QUARTER: 2
YEAR: 2021

Certified With Comments

A: Type of Data Errors:

From Patient Access Director - claim corrections for Patient Access are resulting from SS#.

From Coding Dept.: I have reviewed the IP accounts, 6 accounts needed a corrected SS#. I reviewed the medical record and the address submitted on the claim matches the address in the medical record.

B: Why corrects were not completed:

We had leadership on FMLA and leadership change leading to not have access to this system at all at this time.

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

*Potential confidential information removed by THCIC.

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PROVIDER: South Texas Health System Edinburg
THCIC ID: 140002
QUARTER: 2
YEAR: 2021

Certified With Comments

1 claim - procedure date not corrected

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 2
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.

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 2
YEAR: 2021

Certified With Comments

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

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PROVIDER: Guadalupe Regional Medical Center
THCIC ID: 155000
QUARTER: 2
YEAR: 2021

Certified With Comments

Data is being certified at less than 100% due to a processing error. A guide was produced to avoid future errors

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PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
QUARTER: 2
YEAR: 2021

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and administrative decisions at a facility level and transparency level with state entities. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. I should be noted that charges are not equal to actual payments received by the facility or facility costs for performing the services. Most errors occurring are due to incorrect country codes/Missing patient country utilized for patients with addresses in Mexico in this reporting timeline. These were corrected to the bandwidth of the resources available. There are additional resources brought on board for future quarters to decrease the error rates prior to certification.

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PROVIDER: Medical Center Hospital

THCIC ID: 181000
QUARTER: 2
YEAR: 2021

Certified With Comments

Had one encounter with manifest diagnosis.

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

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PROVIDER: HMU Surgical Center
THCIC ID: 194100
QUARTER: 2
YEAR: 2021

Certified With Comments

Deadline missed. 3 uncorrected errors noted below:
2-patient gender not consistent with the Principal Diagnosis
1-manifest diagnosis code used as principal diagnosis code

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PROVIDER: Baylor Scott & White Hospital College Station
THCIC ID: 206100
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Hospital College Station
THCIC ID 206100
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

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PROVIDER: Laredo Medical Center
THCIC ID: 207001
QUARTER: 2
YEAR: 2021

Certified With Comments

Incorrect Social Security
Incorrect Admitting Diagnosis
Provided names do not match in the NPI Registry. Working on fixing issues.

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PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White The Heart Hospital Denton
THCIC ID 208100

2nd Qtr 2021 Outpatient

Accuracy rate - 99.77%

Errors from the 2nd 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: CHRISTUS Spohn Hospital-Kleberg

THCIC ID: 216001

QUARTER: 2

YEAR: 2021

Certified With Comments

Certified gmr

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PROVIDER: HCA Houston Healthcare Northwest

THCIC ID: 229000

QUARTER: 2

YEAR: 2021

Certified With Comments

The error were corrected to the best of our ability.

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

QUARTER: 2

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.

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PROVIDER: Gastroenterology Consultants of San Antonio
THCIC ID: 236000
QUARTER: 2
YEAR: 2021

Certified With Comments

Certifying with knowledge of two claims containing invalid social security numbers.

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PROVIDER: McCamey Hospital
THCIC ID: 240000
QUARTER: 2
YEAR: 2021

Certified With Comments

Our Certification Data contains an error that was inadvertently overlooked. We became aware of the "Invalid Reason For Visit" error after the "Cutoff for Corrections" deadline had elapsed. The patient's account data was reviewed, and the "Reason For Visit" code was found to be viable. It was determined that the inaccuracy likely occurred due to a typographical error prior to transmission to the THCIC System.

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PROVIDER: Medical City-McKinney
THCIC ID: 246000
QUARTER: 2
YEAR: 2021

Certified With Comments

INFORMATION IS VALID

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PROVIDER: Wise Health System-Medical Center
THCIC ID: 254001
QUARTER: 2
YEAR: 2021

Certified With Comments

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

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 2
YEAR: 2021

Certified With Comments

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

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

Diagnosis and Procedures

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

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

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PROVIDER: University Medical Center of El Paso-Alameda
THCIC ID: 263000
QUARTER: 2
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.

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PROVIDER: The Hospitals of Providence Sierra Campus
THCIC ID: 266000
QUARTER: 2
YEAR: 2021

Certified With Comments

No comments required.

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PROVIDER: Swisher Memorial Hospital
THCIC ID: 273000
QUARTER: 2
YEAR: 2021

Certified With Comments

My Outpatient claims for 2Q 2022 did not get corrected by the deadline. They are at a 95% accuracy rate. I missed the deadline to correct. I am sorry. There were 15 claims that have gone uncorrected, 1 had a SSN issue and 14 had Primary Payer Source Codes/Payer Name issues. The one that had a SSN issue was probably an inmate from the prison in Swisher County. We do not receive SSNs from the inmates to put in our system. The other 14 were Self Pay or Indigent claims that I usually have to go in and add for some reason. Again, I'm sorry that these didn't get corrected on time.

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PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Waxahachie
THCIC ID 285000
2nd Qtr 2021 - Outpatient
Accuracy rate - 99.95%
Errors from the 1st Quarter FER reflect the following error codes E-617, E-618.
Procedure date verified in hospital system , reported as posted
Principal procedure date verified in hospital system , reported as posted
Errors will stand as reported.

=====

PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center-Irving
THCIC ID 300000
2nd Qtr 2021 Outpatient
Accuracy rate -99.98%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====

PROVIDER: Doctors Hospital-Laredo
THCIC ID: 301000
QUARTER: 2
YEAR: 2021

Certified With Comments

Not at 100% due to duplicate accounts that were pending corrections at time of correction deadline.

=====

PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 2
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: 2
YEAR: 2021

Certified With Comments

Certified with Comments

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

=====
PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 2
YEAR: 2021

Certified With Comments

Data Content

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individual patient's record may have been assigned.

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PROVIDER: Baylor University Medical Center

THCIC ID: 331000

QUARTER: 2

YEAR: 2021

Certified With Comments

Baylor University Medical Center

THCIC ID 331000

2nd Qtr 2021 Outpatient

Accuracy rate - 99.93%

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

Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====

PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 2
YEAR: 2021

Certified With Comments

Cook Children's Medical Center has submitted and certified SECOND 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 SECOND 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 SECOND QUARTER OF 2021

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

The data structure allowed by THCIC erroneously assigns surgeons to surgical

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

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

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PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 2
YEAR: 2021

Certified With Comments

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

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PROVIDER: Coryell Memorial Hospital
THCIC ID: 346000
QUARTER: 2
YEAR: 2021

Certified With Comments

The 2Q2021 outpatient encounters are being recertified as corrections were made to remove decimals from the ICD-10 diagnosis codes.

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PROVIDER: Nocona General Hospital
THCIC ID: 348000
QUARTER: 2
YEAR: 2021

Certified With Comments

Being a small facility with limited nurses, doctors, etc, we were caught up in the Pandemic with many staff out with COVID so documentation was not done timely enough to report within the quarter you required. 1075 encounters were the

completed ones but there were more encounters that were not ready until after the deadline.

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PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott and White All Saints Medical Center-Fort Worth
THCIC ID 363000
2nd Qtr 2021 Outpatient
Accuracy rate - 99.93
Errors from the 2nd Quarter FER reflect the following error codes E-767, E-769.
Procedure date verified in hospital system , reported as posted
Principal procedure date verified in hospital system , reported as posted
Errors will stand as reported.

=====

PROVIDER: Martin County Hospital District
THCIC ID: 388000
QUARTER: 2
YEAR: 2021

Certified With Comments

Corrections not made due to staffing constraints during COVID. Added a new back up user to help in future. We had SSN, invalid Procedure Code, Missing physicians name, and missing patients first name. Working with Vendor to help fix these issues.

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PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
QUARTER: 2
YEAR: 2021

Certified With Comments

reviewed and certified

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PROVIDER: Adventhealth Central Texas
THCIC ID: 397001

QUARTER: 2
YEAR: 2021

Certified With Comments

Corrected to the best of my ability.

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi
THCIC ID: 398000
QUARTER: 2
YEAR: 2021

Certified With Comments

Done gmr

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline
THCIC ID: 398001
QUARTER: 2
YEAR: 2021

Certified With Comments

Certified gmr

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South
THCIC ID: 398002
QUARTER: 2
YEAR: 2021

Certified With Comments

Certified gmr

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 2
YEAR: 2021

Certified With Comments

JPS Health Network

Comments on THCIC Data Submission

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.

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

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PROVIDER: Hereford Regional Medical Center
THCIC ID: 420000
QUARTER: 2
YEAR: 2021

Certified With Comments

For Quarter 2 2021, we had a large number of corrections due to the submission of the claims to the system. A lot of information is uploaded with incorrect information. We have a lot of outpatient visits that are inpatient in our EHR but is considered outpatient in the system so a lot of information is left out. We also have social security numbers incorrect, payer sources inaccurate and some charges are wrong and need to be correct, all our worksmart claims are pulled across and we need to correct or delete.

- Our errors are:
Social Security
Worksmart claims
Inpatient that needs to be outpatient

Payor Sources

Demographics

Some charges

But all of the errors are the way it is uploaded in the system. The claims are correct in our EHR.

The corrections were not completed due to a miscommunication here at the office. Office staff believed it was complete and it was not. We will be training more staff and will make sure and have them run a frequency of errors report before certifying.

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 2
YEAR: 2021

Certified With Comments

Data Content

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

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

Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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PROVIDER: Ascension Seton Smithville
THCIC ID: 424500
QUARTER: 2
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

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PROVIDER: CHRISTUS Spohn Hospital-Beeville
THCIC ID: 429001
QUARTER: 2
YEAR: 2021

Certified With Comments

Done gmr

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 2
YEAR: 2021

Certified With Comments

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=====

PROVIDER: Frio Regional Hospital

THCIC ID: 441000

QUARTER: 2

YEAR: 2021

Certified With Comments

1. Phys 2 errors - misc dr used by staff (new hire) training issue in registration
2. Procedure thru date errors - This does not show in our EHR (CPSI) as a field in our grouper, and therefore cannot be corrected. We are unclear why this is coming out on a few accounts.

Address errors (city/state) - Patients with Mexico addresses are not accepted by our

EHR (CPSI) which happens fairly frequently in our hospital as we are close to the border. The only solution is to put the hospital address, which would not be accurate either.

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PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
QUARTER: 2
YEAR: 2021

Certified With Comments

E-626, 627, 630, 725, 729, & 757 - Jane/John Does no information available
E-665 SSN not available 999999999 was entered
W-695 Does not match the first name in the THCIC Practitioner Reference File

=====

PROVIDER: CHI St Lukes Health - Memorial Livingston
THCIC ID: 466000
QUARTER: 2
YEAR: 2021

Certified With Comments

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

=====

PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 2
YEAR: 2021

Certified With Comments

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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.

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Length of Stay

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PROVIDER: Memorial Medical Center
THCIC ID: 487000
QUARTER: 2
YEAR: 2021

Certified With Comments

Accounts have been corrected to the best of our ability

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PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000
QUARTER: 2
YEAR: 2021

Certified With Comments

Seton Medical Center Austin, a member of Ascension Texas, 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. These data are submitted by the hospital as their best effort to meet statutory requirements.

2021Q2 Outpatient submission accuracy = 98.95%

182 errors on 145 outpatient claims (representing only 1.05% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Procedure date and statement from date errors (16) were accurately reported as required for billing purposes; SSN and patient control number errors (40), city/state/zip code errors (3), and other claim filing indicator code errors (1) were due to incomplete or inaccurate information entered; country errors (5) were due to missing information; race/ethnicity errors (6) were due to submissions not matching lookup table; admission source errors (2) were due to incorrect code mappings; and revenue code errors (58) were due to unmatched revenue code(s). For physician ID errors (14), all Physician license numbers and names have been validated by the Physician and the Texas State Board of Medical Examiners website, but some remain unidentified in the THCIC Practitioner Reference files.

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PROVIDER: Medical City Arlington
THCIC ID: 502000
QUARTER: 2
YEAR: 2021

Certified With Comments

INFORMATION IS VALID

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PROVIDER: Baylor Scott & White Medical Center Hillcrest
THCIC ID: 506001
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
2nd Qtr 2021 - Outpatient
Accuracy rate - 100%
No comments needed.

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PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000

QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center-Grapevine
THCIC ID 513000
2nd Qtr 2021 Outpatient
Accuracy rate - 99.93%
Errors from the 1st Quarter FER reflect the following error codes E-736, E-760 and E-783.
Procedure dates verified in hospital system, reported as posted.
Claim 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: Baylor Scott & White Medical Center Temple
THCIC ID: 537000
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Temple
THCIC ID 537000
2nd Qtr 2021 - Outpatient
Accuracy rate - 100%
No comments needed.

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PROVIDER: Scott & White Pavilion
THCIC ID: 537002
QUARTER: 2
YEAR: 2021

Certified With Comments

Scott & White Pavilion
THCIC ID 537002
2nd Qtr 2021 Outpatient
Accuracy rate - 99.96%
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 McLane Childrens Medical Center
THCIC ID: 537006
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center
THCIC ID 537006
2nd Qtr 2021 - Outpatient
Accuracy rate - 99.98%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====
PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
QUARTER: 2
YEAR: 2021

Certified With Comments

Ascension Seton Highland Lakes, a member of Ascension Texas, is a 25-bed acute care facility designated as a Critical Access Hospital.
These data are submitted by the hospital as their best effort to meet statutory requirements.
2021Q2 Outpatient submission accuracy = 99.76%
23 errors on 15 outpatient claims (representing only 0.24% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Procedure date errors (2) were accurately reported as required for billing purposes; SSN errors (5) and zip code errors (3) were due to incomplete or inaccurate information entered; country errors (2) were due to missing information; race/ethnicity errors (1) were due to submissions not matching lookup table; revenue code errors (1) were due to unmatched revenue code(s); and principal diagnosis code/reason for visit errors (1) were unable to be resolved.

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PROVIDER: Tyler County Hospital
THCIC ID: 569000
QUARTER: 2
YEAR: 2021

Certified With Comments

No comment.

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PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
QUARTER: 2
YEAR: 2021

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.

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PROVIDER: St Davids South Austin Hospital
THCIC ID: 602000
QUARTER: 2
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
All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Round Rock Medical Center
THCIC ID: 608000
QUARTER: 2
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

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

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 2
YEAR: 2021

Certified With Comments

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PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 2
YEAR: 2021

Certified With Comments

All data reviewed for accuracy as of 11/05/2021.

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
QUARTER: 2
YEAR: 2021

Certified With Comments

No Errors

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PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 2
YEAR: 2021

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=====
PROVIDER: North Central Baptist Hospital
THCIC ID: 677001
QUARTER: 2
YEAR: 2021

Certified With Comments

I hereby certify 2nd quarter 2021 OP. 11,473 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.

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PROVIDER: CHRISTUS Spohn Hospital Alice
THCIC ID: 689401
QUARTER: 2
YEAR: 2021

Certified With Comments

Certified gmr

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PROVIDER: Amarillo Cataract & Eye Surgery Center
THCIC ID: 694600
QUARTER: 2
YEAR: 2021

Certified With Comments

Certifying 2021 QTR 2 data

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PROVIDER: ACPS Surgicentre
THCIC ID: 709100
QUARTER: 2
YEAR: 2021

Certified With Comments

Complete

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PROVIDER: Cy Fair Surgery Center
THCIC ID: 715700
QUARTER: 2
YEAR: 2021

Certified With Comments

Per reports run - 100% accuracy to the best of my knowledge

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PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 2
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 35 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: 2
YEAR: 2021

Certified With Comments

As is.

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PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 2
YEAR: 2021

Certified With Comments

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PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

QUARTER: 2
YEAR: 2021

Certified With Comments

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PROVIDER: East El Paso Surgery Center
THCIC ID: 732900
QUARTER: 2
YEAR: 2021

Certified With Comments

Diagnosis code was and I forgot re upload.

=====
PROVIDER: Surgical Center of El Paso
THCIC ID: 733001
QUARTER: 2
YEAR: 2021

Certified With Comments

I fixed SSN in our system and Diagnosis code and I forgot re upload.

=====
PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID 784400
2nd Qtr 2021 Outpatient
Accuracy rate - 99.63%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand as reported.

=====
PROVIDER: CHRISTUS Spohn Corpus Christi Outpatient Surgery
THCIC ID: 786300
QUARTER: 2
YEAR: 2021

Certified With Comments

certify

=====
PROVIDER: Harlingen Medical Center
THCIC ID: 788002
QUARTER: 2
YEAR: 2021

Certified With Comments

No errors on outpatient data

=====

PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
QUARTER: 2
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 5 accounts are correctly reported.
(Removed by THCIC)

*Potential confidential information removed by THCIC.

=====

PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
QUARTER: 2
YEAR: 2021

Certified With Comments

These data are submitted by the hospital as their best effort to meet statutory requirements.
2021Q2 Outpatient submission accuracy = 99.76%
10 errors on 9 outpatient claims (representing only 0.24% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Statement from date errors (3) were accurately reported as required for billing purposes; SSN errors (2) were due to incomplete or inaccurate information entered; race/ethnicity errors (1) were due to submissions not matching lookup table; and revenue code errors (3) were due to unmatched revenue code(s).

=====

PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
QUARTER: 2
YEAR: 2021

Certified With Comments

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

2021Q2 Outpatient submission accuracy = 99.62%

34 errors on 54 outpatient claims (representing only 0.38% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Procedure date errors (6) were accurately reported as required for billing purposes; SSN errors (10) and city/state/zip code errors (2) were due to incomplete or inaccurate information entered; country errors (1) were due to missing information; and revenue code errors (12) were due to unmatched revenue code(s). For physician ID errors (3), all Physician license numbers and names have been validated by the Physician and the Texas State Board of Medical Examiners website, but some remain unidentified in the THCIC Practitioner Reference files.

=====

PROVIDER: Kindred Hospital Tarrant County Fort Worth SW
THCIC ID: 800000
QUARTER: 2
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 21 records are correctly reported.

(Removed by THCIC)
Kindred Healthcare

*Potential confidential information removed by THCIC.

=====

PROVIDER: NW Surgery Center
THCIC ID: 801200
QUARTER: 2
YEAR: 2021

Certified With Comments

After review of errors on report, we found the following:

24 errors for "invalid reason for visit code" - We have reviewed all ICD-10 codes entered, and all are valid codes.

1 error for "Invalid other diagnosis" - We have reviewed and this is a valid code.

1 error for "invalid principal diagnosis" - We have reviewed this and found that the code is correct, but is missing the letter A at the end. Our system failed to save the code with the A at the end.

2 errors for " Invalid patient SSN" - These patients both did not provide us with a SSN.

1 error for "Invalid patient state" - The patient is from Mexico, therefore, our system showed as a "MX".

1 error for "Invalid patient zip" - This patient is from Mexico, this is the correct zip code.

We have checked this information against our system and do not show anyway to correct this, as the codes and information are correct.

=====

PROVIDER: Medical City Surgery Center McKinney
THCIC ID: 802400
QUARTER: 2
YEAR: 2021

Certified With Comments

The data errors that occurred were: 4 invalid other diagnosis codes, 1 invalid principle diagnosis code, 1 missing principle diagnosis code, 8 invalid patient SSN, and 1 invalid service line procedure code. The corrections were not submitted timely due to a change in management at the facility.

=====

PROVIDER: Providence Hospital
THCIC ID: 804400
QUARTER: 2
YEAR: 2021

Certified With Comments

Not at 100% due to assignment of ICD-10 CM codes that were pending assignment at the time of correction deadline.

=====

PROVIDER: Baylor Medical Center Trophy Club
THCIC ID: 805100
QUARTER: 2
YEAR: 2021

Certified With Comments

Errors corrected and placed for resubmission.

=====

PROVIDER: South Texas Surgical Hospital Outpatient Center
THCIC ID: 806200
QUARTER: 2
YEAR: 2021

Certified With Comments

certified with errors.
claims showed account number was in error. verified account number and CPT code and revenue code . All was correct.

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 2
YEAR: 2021

Certified With Comments

The Q2 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: 2
YEAR: 2021

Certified With Comments

The Q2 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 Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center-Plano
THCIC ID 814001
2nd Qtr 2021 - Outpatient
Accuracy rate - 99.97%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

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

YEAR: 2021

Certified With Comments

DATA PROVIDED THROUGH OUR SCHEDULING SYSTEM. WE CANNOT GUARANTEE 100% ACCURACY.

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 2
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: Dallas Endoscopy Center
THCIC ID: 826200
QUARTER: 2
YEAR: 2021

Certified With Comments

Due to sudden staff change in prominent position - (director of billing).
Moving forward this will always be done on time.

=====
PROVIDER: North Austin Medical Center
THCIC ID: 829900
QUARTER: 2
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 prior to
physician evaluation
All errors have been reviewed and corrected to the best of the facilities
ability.

=====
PROVIDER: Texas Health Surgery Center Preston Plaza
THCIC ID: 832800
QUARTER: 2
YEAR: 2021

Certified With Comments

The data being certified is accurate to the best of my knowledge.

=====
PROVIDER: St Davids Georgetown Hospital
THCIC ID: 835700
QUARTER: 2
YEAR: 2021

Certified With Comments

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims
reviewed and corrected, 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: St Joseph Medical Center
THCIC ID: 838600
QUARTER: 2
YEAR: 2021

Certified With Comments

St. Joseph Medical Center certify 2nd Quarter 2021. We have a 100% accuracy.

=====

PROVIDER: Memorial Hermann Surgery Center Southwest
THCIC ID: 839400
QUARTER: 2
YEAR: 2021

Certified With Comments

I failed to provide a 2q2021 Certification comment by not logging into the correct system with correct log in.

=====

PROVIDER: Memorial Hermann Surgery Center Katy
THCIC ID: 842400
QUARTER: 2
YEAR: 2021

Certified With Comments

Certifying with data contain error of invalid procedure date.

=====

PROVIDER: Memorial Hermann Surgery Center Texas Medical Center
THCIC ID: 843900
QUARTER: 2
YEAR: 2021

Certified With Comments

Error 604, 605, 608, 625, 637, 680, and 692 These corrections were missed at time of certification.

=====
PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White The Heart Hospital Plano
THCIC ID 844000
2nd Qtr 2021 Outpatient
Accuracy rate - 99.90%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====
PROVIDER: The Surgery Center at Gaslight Medical Park
THCIC ID: 851700
QUARTER: 2
YEAR: 2021

Certified With Comments

Volume has drastically decreased - our pain clinic physician has opened his own surgery area and performs the procedures there now rather than in our setting.

=====
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 2
YEAR: 2021

Certified With Comments

Dell Children's Medical Center (DCMC) is the only standalone children's hospital in the Central Texas region. DCMC 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.
These data are submitted by the hospital as their best effort to meet statutory requirements.
2021Q2 Outpatient submission accuracy = 99.88%
23 errors on 20 outpatient claims (representing only 0.12% of claims) were

unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Procedure date errors (2) were accurately reported as required for billing purposes; SSN (5) and patient control number (1) errors were due to incomplete or inaccurate information entered; and revenue code errors (6) were due to unmatched revenue code(s). For physician ID errors (6), all Physician license numbers and names have been validated by the Physician and the Texas State Board of Medical Examiners website, but some remain unidentified in the THCIC Practitioner Reference files.

=====

PROVIDER: Baylor Scott & White Medical Center Round Rock
THCIC ID: 852600
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Round Rock
THCIC ID 852600
2nd Qtr 2021 - Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
QUARTER: 2
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. No errors detected on the certification report.

=====

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

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. No errors detected on the certification report.

=====
PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
QUARTER: 2
YEAR: 2021

Certified With Comments

The Q2 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: Kerrville Ambulatory Surgery Center
THCIC ID: 861600
QUARTER: 2
YEAR: 2021

Certified With Comments

Type of data errors:
- Invalid Other Diagnosis (qty 1) - unknown ICD10.
- Invalid Principal Diagnosis (qty 1) - unknown ICD10.
- Patient SSN not 9 numeric characters (qty 5) - patient's not required to provide SSN.
- Invalid Patient SSN (qty 74) - patient's not required to provide SSN.
- Statement From Date after Statement Thru Date (qty 3) - error in our billing system.
- Proc Date > than 30 days before/after Stmt date (qty 2) - error in our billing system.
- Proc Through Date > 30 days before/after Stmt date (qty 2) - error in our billing system.

=====
PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
QUARTER: 2
YEAR: 2021

Certified With Comments

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

2021Q2 Outpatient submission accuracy = 99.34%

81 errors on 52 outpatient claims (representing only 0.66% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Procedure date and statement from date errors (6) were accurately reported as required for billing purposes; SSN and patient control number errors (18) were due to incomplete or inaccurate information entered; country errors (1) were due to missing information; race/ethnicity errors (4) were due to submissions not matching lookup table; and revenue code errors (16) were due to unmatched revenue code(s). For physician ID errors (7), all Physician license numbers and names have been validated by the Physician and the Texas State Board of Medical Examiners website, but some remain unidentified in the THCIC Practitioner Reference files.

=====
PROVIDER: Carrus Specialty Hospital
THCIC ID: 864600
QUARTER: 2
YEAR: 2021

Certified With Comments

RE: ERROR CODE 2-732 ON TWO OUTPATIENT CHARTS; ACCOUNT NUMBERS (Removed by THCIC) AND (Removed by THCIC). I PULLED PHYSICIAN NAME AND NPI # FROM NPI REGISTRY AND CONFIRMED SAME WITH PHYSICIAN OFFICE - THEY ARE CORRECT AS SUBMITTED.

*Potential confidential information removed by THCIC.

=====
PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
QUARTER: 2
YEAR: 2021

Certified With Comments

No comment needed

=====

PROVIDER: HEA Surgery Center
THCIC ID: 906000
QUARTER: 2
YEAR: 2021

Certified With Comments

3 accounts have invalid patient SSN. Unable to reach patients to correct and/or unwilling to give correct information.
1 account with incorrect revenue code. Missed deadline to correct.

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 2
YEAR: 2021

Certified With Comments

100%

=====

PROVIDER: Ascension Seton Hays
THCIC ID: 921000
QUARTER: 2
YEAR: 2021

Certified With Comments

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

2021Q2 Outpatient submission accuracy = 99.45%
82 errors on 63 outpatient claims (representing only 0.55% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Procedure date and statement from date errors (7) were accurately reported as required for billing purposes; SSN errors (7) and zip code errors (2) were due to incomplete or inaccurate information entered; country errors (2) were due to missing information; race/ethnicity errors (1) were due to submissions not matching lookup table; and revenue code errors (32) were due to unmatched revenue code(s). For physician ID errors (12), all Physician license

numbers and names have been validated by the Physician and the Texas State Board of Medical Examiners website, but some remain unidentified in the THCIC Practitioner Reference files.

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 2
YEAR: 2021

Certified With Comments

The Q2 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: 2
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: 2
YEAR: 2021

Certified With Comments

Cook Children's Medical Center has submitted and certified SECOND 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 SECOND 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 SECOND 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: 2
YEAR: 2021

Certified With Comments

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

Submission Timing

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

Diagnosis and Procedures

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

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

federal government and all hospitals must comply.

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

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

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

The quarterly data from Q2 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: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center McKinney
THCIC ID 971900
2nd Qtr 2021 Outpatient
Accuracy rate - 99.95%
Errors from the 2nd 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".

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 2
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: Preston Surgery Center
THCIC ID: 973370
QUARTER: 2
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 and primary payor source codes (payer names not affected) not reporting to THCIC. Corrections unable to be made at the state level due to time restraints and Covid staffing issues. Error has been corrected

going forward.

=====

PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Surgery Center of Waxahachie
THCIC ID 973560
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Planned Parenthood of Greater Texas Surgical Health Services-Dallas
THCIC ID: 973990
QUARTER: 2
YEAR: 2021

Certified With Comments

Did not have a full time provider during this time, so number of patients was lower than usual.

=====

PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID 974240
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Bear Creek Surgery Center
THCIC ID: 974440
QUARTER: 2
YEAR: 2021

Certified With Comments

E605: Invalid Diagnosis Code

E636: SSN Not in 9 digit numeric character

E672: Invalid Service Line Procedure Code

These service errors list above did not get completed/corrected due to previous termination from former business office manager who is no longer at the facility.

=====

PROVIDER: Medical City Alliance
THCIC ID: 974490
QUARTER: 2
YEAR: 2021

Certified With Comments

INFORMATION IS VALID

=====

PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Marble Falls
THCIC ID 974940
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: North Pines Surgery Center
THCIC ID: 975117
QUARTER: 2
YEAR: 2021

Certified With Comments

Compared reports

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center

THCIC ID: 975144
QUARTER: 2
YEAR: 2021

Certified With Comments

100%

=====

PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Lakeway
THCIC ID 975165
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 2
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: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188
QUARTER: 2
YEAR: 2021

Certified With Comments

No comments required

=====
PROVIDER: Medfinity Health Surgery Center Plano
THCIC ID: 975195
QUARTER: 2
YEAR: 2021

Certified With Comments

Missed Correction Deadline:
Revenue code missing
Invalid physician
Invalid subscriber code.

=====
PROVIDER: Huebner Ambulatory Surgery Center
THCIC ID: 975211
QUARTER: 2
YEAR: 2021

Certified With Comments

Three claims with errors were mistakenly submitted. First error was invalid patient SSN. The certifier attempted to fix this error before certification, but was not successful. The patient refused to give SSN for this claim. The second error was invalid physician operating identifier. The certifier attempted to fix this error before certification, but was not successful. The operator is indeed a valid physician with a valid NPI number. The third error was an ecode must be reported with the ecode qualifier or in the ecode section and not as other diagnosis. The certifier attempted to fix this error before certification, but was not successful. The diagnosis was confirmed.

=====

PROVIDER: Spinetech Surgery Center
THCIC ID: 975213
QUARTER: 2
YEAR: 2021

Certified With Comments

missed correction deadline. Data contains an error .

=====

PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 2
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), a member of Ascension Texas, 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.

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

2021Q2 Outpatient submission accuracy = 99.89%

41 errors on 16 outpatient claims (representing only 0.11% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not

resolvable. Procedure date errors (9) were accurately reported as required for billing purposes; revenue code errors (6) were due to unmatched revenue code; and one principal diagnosis code error was unable to be resolved.

=====

PROVIDER: Castle Hills Surgicare
THCIC ID: 975218
QUARTER: 2
YEAR: 2021

Certified With Comments

Total Sum Charges Error due to decimal point in wrong place on patient.

=====

PROVIDER: VIP Surgical Center
THCIC ID: 975227
QUARTER: 2
YEAR: 2021

Certified With Comments

data contains errors of principle diagnosis code and invalid revenue codes and invalid indicator for subscriber. these did not get corrected because when I logged in to correct, the system indicated NO CLAIMS AVAILABLE FOR EDITING. Seems i missed the correction login date.

=====

PROVIDER: Bay Area ASC
THCIC ID: 975262
QUARTER: 2
YEAR: 2021

Certified With Comments

Pt does not have a social security number.

=====

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
QUARTER: 2
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: 2
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). These codes were given to me by the billing department. There are no other codes used to bill for these procedures.

=====

PROVIDER: Austin Access Care
THCIC ID: 975282
QUARTER: 2
YEAR: 2021

Certified With Comments

There were 2 errors showing on report but it was the same patient seen twice during Q2. States she does not have a SSN so "9s" were entered into this field on both encounters.

=====

PROVIDER: North Park Heart & Vascular Surgery Center
THCIC ID: 975283
QUARTER: 2
YEAR: 2021

Certified With Comments

8 claims revenue code in first service line detail is missing
1 invalid Service Line Procedure Code
8 Charges Present but no corresponding Revenue Code
2 Invalid Claim Filing Indicator Code for Subscriber

=====

PROVIDER: Baylor Scott & White Medical Center Centennial
THCIC ID: 975285
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Centennial
THCIC ID 975285
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286
2nd Qtr 2021 Outpatient
Accuracy rate - 99.92%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====

PROVIDER: UT Health East Texas Carthage Hospital
THCIC ID: 975294
QUARTER: 2
YEAR: 2021

Certified With Comments

No errors

=====

PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295
QUARTER: 2
YEAR: 2021

Certified With Comments

No errors

=====

PROVIDER: UT Health East Texas Tyler Regional Hospital
 THCIC ID: 975299
 QUARTER: 2
 YEAR: 2021

Certified With Comments

Errors include:
 Trauma patient unknow DOB
 HCPCS code issue

=====

PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery
 THCIC ID: 975318
 QUARTER: 2
 YEAR: 2021

Certified With Comments

certified with no errors.

=====

PROVIDER: HCA Houston Healthcare North Cypress
 THCIC ID: 975321
 QUARTER: 2
 YEAR: 2021

Certified With Comments

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

=====

PROVIDER: Texas Health Orthopedic Surgery Center Heritage
 THCIC ID: 975328
 QUARTER: 2
 YEAR: 2021

Certified With Comments

Reviewed and certified

=====
PROVIDER: Wise Health Pain Management Center at Southlake
THCIC ID: 975333
QUARTER: 2
YEAR: 2021

Certified With Comments

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

=====
PROVIDER: Baylor Scott & White Medical Center Pflugerville
THCIC ID: 975340
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Pflugerville
THCIC ID 975340
2nd Qtr 2021 Outpatient
Accuracy rate - 99.96%
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 Cypress Medical Center, a campus of Kingwood Medical Center
THCIC ID: 975341
QUARTER: 2
YEAR: 2021

Certified With Comments

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

=====
PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park
THCIC ID: 975384
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Emergency Medical Center Cedar Park
THCIC ID 975384
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Baylor Scott & White The Heart Hospital McKinney
THCIC ID: 975385
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White The Heart Hospital McKinney
THCIC ID 975385
2nd Qtr 2021 - Outpatient
Accuracy rate - 99.84%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====

PROVIDER: Heart & Vascular Surgery Center of Fort Worth
THCIC ID: 975387
QUARTER: 2
YEAR: 2021

Certified With Comments

Corrections missed. Errors are social security numbers.

=====

PROVIDER: Baylor Scott & White Medical Center Buda
THCIC ID: 975391
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Buda
THCIC ID 975391
2nd Qtr 2021 Outpatient
Accuracy rate - 99.95%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====
PROVIDER: United Memorial Medical Center North Hospital
THCIC ID: 975402
QUARTER: 2
YEAR: 2021

Certified With Comments

(Removed by THCIC)

*Potential confidential information removed by THCIC.

=====
PROVIDER: CHI St Joseph Health - College Station Hospital
THCIC ID: 975403
QUARTER: 2
YEAR: 2021

Certified With Comments

The remaining errors cannot be corrected due to lack of information needed to do so.

=====
PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
QUARTER: 2
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 dexam, and onsite imaging (CT, X-ray, ultrasound) and laboratory services.

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

2021Q2 Outpatient submission accuracy = 99.98%

1 physician ID error on 1 outpatient claim (representing only 0.02% of claims)

was unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. All Physician license numbers and names have been validated by the Physician and the Texas State Board of Medical Examiners website, but some remain unidentified in the THCIC Practitioner Reference files.

=====
PROVIDER: UT Health South Broadway Emergency Center
THCIC ID: 975426
QUARTER: 2
YEAR: 2021

Certified With Comments

Errors include:
HCPCS issue
unknown address of patient

=====
PROVIDER: Las Palmas Del Sol Emergency Center-West
THCIC ID: 975427
QUARTER: 2
YEAR: 2021

Certified With Comments

I submit this data for certification with no errors.

=====
PROVIDER: Las Palmas Del Sol Healthcare-Northeast
THCIC ID: 975428
QUARTER: 2
YEAR: 2021

Certified With Comments

I submit this data for certification with no errors.

=====
PROVIDER: North Cypress Medical Center ER - Fry Road Campus
THCIC ID: 975429
QUARTER: 2
YEAR: 2021

Certified With Comments

Corrections have been made to the best of our ability at the time of certification

=====

PROVIDER: Texas Health Presbyterian Hospital Rockwall North Campus
THCIC ID: 975436
QUARTER: 2
YEAR: 2021

Certified With Comments

The Q2 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: UMC East Emergency Department
THCIC ID: 975441
QUARTER: 2
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: 2
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: 2
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: 2
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: 2
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: Doctors Hospital Emergency Room Saunders
THCIC ID: 975491
QUARTER: 2
YEAR: 2021

Certified With Comments

Not at 100% due to assignment of ICD 10 - CM codes that were pending assignment at time of correction deadline.

=====

PROVIDER: Texas Health Willow Park

THCIC ID: 975496
QUARTER: 2
YEAR: 2021

Certified With Comments

Data Content

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

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

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Cost/ Revenue Codes

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=====

PROVIDER: Las Palmas Del Sol Emergency Center-Zaragoza
THCIC ID: 975508
QUARTER: 2
YEAR: 2021

Certified With Comments

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: Center Emergency Department
THCIC ID: 975509
QUARTER: 2
YEAR: 2021

Certified With Comments

reviewed and certified

=====
PROVIDER: The Hospitals of Providence Emergency Room Edgemere
THCIC ID: 975511
QUARTER: 2
YEAR: 2021

Certified With Comments

No comment needed

=====
PROVIDER: Baylor Scott & White Emergency Center - Forney
THCIC ID: 975537
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center- Forney
THCIC ID 975537

2nd Qtr 2021 Outpatient

Accuracy rate - 99.96%

Errors from the 1st Quarter FER reflect the following error codes E-690. E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Invalid Practitioner verified in hospital system, reported as posted.

=====

PROVIDER: HCA Houston ER 24/7-Steepletop
THCIC ID: 975545
QUARTER: 2
YEAR: 2021

Certified With Comments

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

=====

PROVIDER: Texas Health Prosper
THCIC ID: 975562
QUARTER: 2
YEAR: 2021

Certified With Comments

Data Content

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Diagnosis and Procedures

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=====
PROVIDER: Medical City ER Saginaw
THCIC ID: 975565
QUARTER: 2
YEAR: 2021

Certified With Comments

INFORMATION IS VALID

=====
PROVIDER: Methodist Westover Hills Emergency Center
THCIC ID: 975567
QUARTER: 2
YEAR: 2021

Certified With Comments

There are no errors for the specified events.
All errors have been reviewed and corrected to the best of the facilities
ability.

=====
PROVIDER: Baylor Scott & White Emergency Center - Wylie
THCIC ID: 975576
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Emergency Center - Wylie
THCIC ID: 975576
2nd Qtr 2021 - Outpatient
Accuracy rate 100%
No comments needed.

=====
PROVIDER: LAREDO EMERGENCY ROOM
THCIC ID: 975691
QUARTER: 2
YEAR: 2021

Certified With Comments

Reviewed with leadership

=====
PROVIDER: THE EMERGENCY CENTER AT ALAMO RANCH LLC
THCIC ID: 975748
QUARTER: 2
YEAR: 2021

Certified With Comments

I elect to certify

=====
PROVIDER: United Memorial Medical Center Sugar Land Hospital
THCIC ID: 975780
QUARTER: 2
YEAR: 2021

Certified With Comments

(Removed by THCIC)

*Potential confidential information removed by THCIC.

=====
PROVIDER: Texas Health Hospital Frisco
THCIC ID: 975783
QUARTER: 2
YEAR: 2021

Certified With Comments

Data Content

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Diagnosis and Procedures

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Length of Stay

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Race/Ethnicity

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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: Baylor Scott & White Medical Center Austin
THCIC ID: 975789
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott and White Medical Center Austin
THCIC ID 975789
2nd Qtr 2021 Outpatient
Accuracy rate - 100%
No comments needed.

=====
PROVIDER: Vision Park Surgery Center
THCIC ID: 975796
QUARTER: 2
YEAR: 2021

Certified With Comments

Missed correction deadline . Data contains 1 error claim charges.

=====
PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco
THCIC ID: 975798
QUARTER: 2
YEAR: 2021

Certified With Comments

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco
THCIC ID 975798
2nd Qtr 2021 - Outpatient
Accuracy rate - 100%
No comments needed.

=====
PROVIDER: The Hospitals of Providence Spine & Pain Management Center
THCIC ID: 975803
QUARTER: 2
YEAR: 2021

Certified With Comments

No comments required

=====
PROVIDER: Mapleshade Surgery Center
THCIC ID: 975825
QUARTER: 2
YEAR: 2021

Certified With Comments

There were two typos in the statement through dates. We missed the correction deadline.

=====
PROVIDER: Baptist Beaumont Surgical Affiliates
THCIC ID: 975841
QUARTER: 2
YEAR: 2021

Certified With Comments

Missed correction cutoff. Errors remaining are for indicator code for subscriber.

=====

PROVIDER: Innovations Surgery Center
THCIC ID: 975863
QUARTER: 2
YEAR: 2021

Certified With Comments

Error concerning invalid patient SSN. Upon reporting for the first time using new computer system, system issues were encountered. Resulting in SSN error inadvertently not corrected.

=====

PROVIDER: University Medical Center of El Paso-Mesa
THCIC ID: 975868
QUARTER: 2
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: Las Palmas Del Sol Healthcare-Horizon
THCIC ID: 975884
QUARTER: 2
YEAR: 2021

Certified With Comments

Certified with Comments
This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints,

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

=====
PROVIDER: Methodist ER De Zavala
THCIC ID: 975912
QUARTER: 2
YEAR: 2021

Certified With Comments

There are no errors for the specified events.
All errors have been reviewed and corrected to the best of the facilities ability.

=====
PROVIDER: Methodist ER Legacy Trails
THCIC ID: 975913
QUARTER: 2
YEAR: 2021

Certified With Comments

There are no errors for the specified events.
All errors have been reviewed and corrected to the best of the facilities ability.

=====
PROVIDER: Total Care-Weatherford
THCIC ID: 975960
QUARTER: 2
YEAR: 2021

Certified With Comments

After the deadline for corrections, it came to our attention that there may be less than 5 encounters that were not included. These might have needed to be

included. They were scenarios that did not generate a billing claim.

=====
PROVIDER: Prestige ER
THCIC ID: 975961
QUARTER: 2
YEAR: 2021

Certified With Comments

Please Review and Certify.

=====
PROVIDER: Methodist Southlake Medical Center
THCIC ID: 975966
QUARTER: 2
YEAR: 2021

Certified With Comments

Contains claims from June 2020 only as that is when Methodist fully owned the facility