General Comments on 1st Quarter 2019 Data

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

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

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

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

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

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

==
PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: St Joseph Regional Health Center

THCIC ID: 002001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Errors existing in provider's claims are insignificant to the overall data
submission.

==
PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
 QUARTER: 1
    YEAR: 2019

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: Kindred Hospital-Dallas
THCIC ID: 028000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services for patients who requires
outpatient services. This data was pulled using the criteria to report the
required revenue codes. Therefore, the 1 record is reported accurately.

Ernestine Marsh
Kindred Healthcare

==
PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
 QUARTER: 1
    YEAR: 2019

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.

There is an excess number of claims for the 1Q2019 data because some 4Q2018 data
is included in the data set. This was done to correct a software issue that
caused a shortage of claims in 4Q2018. This issue has been corrected.

==
PROVIDER: CHI St Joseph Health Madison Hospital
THCIC ID: 041000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Errors exist in provider's data for invalid social security numbers, point of
origin (Admission Source), and discharge status. Provider has an internal
policy which instructs staff to use a string of values that varies with the
string required in THCIC reporting when a social security number is not known..
Provider will work to get the internal policy changed to match THCIC guidelines.

Admission Source and discharge status errors were found in uncomplicated
diagnostic and ED claims, where coding for such isn't required to payment.

The remaining error counts were very small and insignificant to the overall submission.

==
PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of November 15, 2019. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.
Submission Timing
To meet the States submission deadline, approximately 30 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.
Diagnosis and Procedures
The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly.
Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the federal government and all hospitals must comply.
The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.
There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated.
Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Texas Health Huguley underwent a major program conversion to the HCFA 837 EDI

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

===
PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Known issue with system and NPI naming conventions.

===
PROVIDER: Goodall - Witcher Hospital
THCIC ID: 070000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Race collection issues are being addressed and corrected.

===
PROVIDER: Mission Trail Baptist Hospital
THCIC ID: 081001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

1Q 2019 Outpatient certified by Jennifer Bazar Gomez

===
PROVIDER: Hunt Regional Medical Center Greenville
THCIC ID: 085000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Q1 OP, Patient Control Number error (#762)-This has been resolved with a new
process put in place to prevent error in Q2 2019 and forward.

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===============================================================================
PROVIDER: Baptist Medical Center
THCIC ID: 114001
 QUARTER: 1
    YEAR: 2019
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Certified With Comments

Q1 2019 Outpatient Certified by Jennifer Bazar Gomez


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===============================================================================
PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
 QUARTER: 1
    YEAR: 2019
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Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.


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===============================================================================
PROVIDER: University Medical Center
THCIC ID: 145000
 QUARTER: 1
    YEAR: 2019
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Certified With Comments

This data represents accurate information at the time of submission. Subsequent

changes may continue to occur that will not be reflected in this published
dataset.

==
PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

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

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

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

==
PROVIDER: University Hospital
THCIC ID: 158000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county
and other surrounded counties.
IP claim accuracy rate is 99.79% for Q1 2019.
OP claim accuracy rate is 99.58% for Q1 2019.
Data submitted by this facility has been corrected to the best of our ability to

meet State requirements.

==
PROVIDER: Crosbyton Clinic Hospital
THCIC ID: 176000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Physicians name was accidently misspelled. Physician name for the facility is
(name removed by THCIC).

*Confidential information removed by THCIC.
==
PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
 QUARTER: 1
    YEAR: 2019

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 assignment of codes, system mapping an 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 that charges are not equal to actual payments
received by the facility or facility costs for performing the service. most
errors occuring are due to incorrect country codes or zip codes assigned to
foreign countries which are not recognized in the correction software. These
have been corrected to the best of my ability and resources. Also, the social
security number is no longer utilized for identification purposes with only the
last four digits being recorded. These errors cannot be corrected other than to
replace the last four digits with all 9's. The data submitted is a best effort
to meet the State requirements with limited resources and finite software
limitations and timelines.

==
PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
 QUARTER: 1
    YEAR: 2019

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 states certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.
Race/Ethnicity As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race
09/26/19 4
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: Clay County Memorial Hospital
THCIC ID: 193000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The claims were not corrected due to lack of staff training.

==
PROVIDER: CHRISTUS Spohn Hospital-Kleberg
THCIC ID: 216001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Done

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
 QUARTER: 1
    YEAR: 2019

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 states certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.
Race/Ethnicity As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race
09/26/19 4
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: Wise Health System
THCIC ID: 254001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data for 1Q2019 is being certified with comment. All reported data is
accurate and correct at the specific point in time that the data files are
generated.   Information is subject to change after files are generated and
submitted to THICIC; any changes would be information collected or updated
during the normal course of business.

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

==
PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
 QUARTER: 1
    YEAR: 2019

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 states
certification file is only three characters long. Thus, any patients discharged
with a length of stay greater than 999 days will not be accurately stored within
the certification database. It is rare that patients stay longer than 999 days,
therefore, it is not anticipated that this limitation will affect this data.
Race/Ethnicity As of the December 7, 2001, the THCIC Board indicated that they
would be creating guidelines for use by hospitals. These guidelines will
provide better clarity for the accurate collection of this data. Hospitals do
not routinely collect race and ethnicity as part of the admission process, that
this has been added to meet the THCIC requirement. Our admissions staff
indicates that many patients are very sensitive about providing race
09/26/19 4
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,
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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: University Medical Center of El Paso
THCIC ID: 263000
 QUARTER: 1
    YEAR: 2019

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: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
 QUARTER: 1
    YEAR: 2019

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 states certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the

certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data. Race/Ethnicity As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race
09/26/19 4
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: Valley Baptist Medical Center-Brownsville
THCIC ID: 314001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Certification of Q1 OP

==
PROVIDER: Del Sol Medical Center
THCIC ID: 319000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is
administrative data not clerical data and is utilize for billing 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 that changes are not equal to 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. These reviewed
and corrected to the best of my ability.

===
PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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best of our knowledge. If a medical record is unavailable for coding the
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09/26/19 4
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discounts and denial of payment by insurance companies. Charges also do not
reflect the actual cost to deliver the care that each patient needs.

==
PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified FIRST QUARTER
2019 inpatient, outpatient surgery and outpatient radiology encounters to
the Texas Health Care Information Council with the following possible data
concerns based on the required submission method.

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

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

Comparative complication reports reflecting the above conditions could
misstate the true conditions at Cook Children's Medical Center for the
FIRST QUARTER OF 2019.

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

Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
Missing either a THCIC required HCPCS code, or not having a THCIC required
revenue code and contain at least one procedure code.

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 (especially our fixed wing transport. Per
the following website, these modifiers appear to be legitimate:
https://www.findacode.com/code-set.php?set=HCPCSMODA.
Additionally, there may be outpatient encounters where there is an invalid NPI
associated with the attending provider. These are most likely to be encounters
in the ED where a patient was seen by a nurse in triage and charges were
incurred, but left without being seen by a physician or an advanced nurse
provider.

However, our overall accuracy rate is very high, so this will be a small
proportion of our encounters.
We will continue to work with the Revenue Cycle team to improve the accuracy of
the data elements going forward.

This will affect encounters for the FIRST QUARTER OF 2019

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

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

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

==
PROVIDER: Medical Arts Hospital
THCIC ID: 341000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Reagan Memorial Hospital
THCIC ID: 343000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

certfying with best knowledge of accurracy of records

==
PROVIDER: Reeves County Hospital
THCIC ID: 367000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

We were going through staff changes and an EMR transition due to not making
corrections

==
PROVIDER: Maplewood Ambulatory Surgery Center
THCIC ID: 388001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Attempted to correct the claims in the System 13 dashboard and got repeated
errors and were not able to correct the affected claims.

==
PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

reports reviewed and updated. data certified

==
PROVIDER: Victoria Surgery Center
THCIC ID: 396003
 QUARTER: 1
    YEAR: 2019

Certified With Comments

All information is correct.

==
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi
THCIC ID: 398000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Done

==
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline
THCIC ID: 398001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

done

==
PROVIDER: Valley Baptist Medical Center
THCIC ID: 400000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Cerification of Q1 OP

==
PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

accreditation as a hospital.

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

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

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

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

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

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Length of Stay

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Race/Ethnicity

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PROVIDER: CHRISTUS Spohn Hospital-Beeville
THCIC ID: 429001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Done

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Data Content
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===
PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

E-690 - These accounts are LWBS the default UTSW attending provider NPI was
used. Unable to resolve this error.

===
PROVIDER: Dallas Medical Center
THCIC ID: 449000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

certify q1 op

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The DeTar Healthcare System includes two full-service acute care hospitals:
DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital
North located at 101 Medical Drive. Both acute care hospitals are located in
Victoria, Texas. DeTar Healthcare System is both Joint Commission accredited
and Medicare certified. The system also includes two Emergency Departments with
Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma
Designation at DeTar Hospital North; DeTar Health and Fitness Center; a
comprehensive Cardiac Program including Cardiothoracic Surgery and
Interventional Cardiology as well as Electrophysiology; Interventional Radiology
Services; Accredited Chest Pain Center; a Bariatric Surgery Center of
Excellence, Inpatient and Outpatient Rehabilitation Centers; DeTar Senior Care
Center; Infusion Center; DeTar on Demand Urgent Care Centers, Primary Stroke
Center, DeTar Family Medicine Residency program, and a free Physician Referral
Call Center. To learn more, please visit our website at www.detar.com.

==
PROVIDER: DeTar Hospital-North
THCIC ID: 453001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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==
PROVIDER: Medical Center-Southeast Texas
THCIC ID: 464002
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Claim errors are a result of an inssue with the EMR. The issue looks to not be
present in next quarter's data.

==
PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code up to 99
diagnoses and 99 procedures for each patient record. The state is requiring us
to submit ICD-10-CM / CPT data on each outpatient receiving surgical or
radiological services but has limited the number of diagnoses and procedures to
the first 25 diagnoses codes and the first 25 procedure codes. As a result, the
data sent by us does meet state requirements but cannot reflect all the codes an
individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the states certification file is
only three characters long. Thus, any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
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: Memorial Medical Center
THCIC ID: 487000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

We have corrected errors to the best of our ability.

===
PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

===
PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Seton Medical Center Austin has a transplant program and Neonatal Intensive Care
Unit (NICU). Hospitals with transplant programs generally serve a more
seriously ill patient, increasing costs and mortality rates. The NICU serves
very seriously ill infants substantially increasing cost, lengths of stay and
mortality rates. As a regional referral center and tertiary care hospital for
cardiac and critical care services, Seton Medical Center Austin receives
numerous transfers from hospitals not able to serve a more complex mix of
patients. This increased patient complexity may lead to longer lengths of stay,

higher costs and increased mortality.

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

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

==
PROVIDER: St Lukes Baptist Hospital
THCIC ID: 503001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Certifed by Felicia A. Rodriguez, Director of Revenue Analysis fon behalf of
Geoff Vines- CFO, St. Luke's Baptist Hospital. phone: (210) 297-5350.

==
PROVIDER: Seymour Hospital
THCIC ID: 546000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Due to staff turnover with the THCIC claim corrector, 1st quarter of 2019 was
missed. We had been at 100% until this quarter. Most of the errors we correct
are SS numbers. Many undocumented immigrants we serve and newborns delivered at
our hospital have no SS number. Once the parents receive the newborns SS number,
they frequently do not forward this information to us even after several futile
attempts.

==
PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed
acute care facility located between Burnet and Marble Falls on Highway 281. The

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

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

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

==
PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general
acute care, 25-bed facility committed to providing quality inpatient and
outpatient services for residents of Caldwell and surrounding counties. Seton
Edgar B. Davis offers health education and wellness programs. In addition,
specialists offer a number of outpatient specialty clinics providing
area residents local access to the services of medical specialists. Seton Edgar
B. Davis is located at 130 Hays St. in Luling, Texas. This facility is
designated by the Center for Medicare & Medicaid Services as a Critical Access
Hospital and is fully accredited by the Joint Commission on Accreditation of
Healthcare Organizations under its Critical Access program.

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

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

==
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000

QUARTER: 1
    YEAR: 2019

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 states certification file is
only three characters long. Thus, any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
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: Hamilton General Hospital
THCIC ID: 640000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Submitted with all data available at time of reporting.

==
PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

No errors to report

==
PROVIDER: Kindred Hospital-Mansfield
THCIC ID: 657000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services for patients who requires
outpatient services. This data was pulled using the criteria to report the
required revenue codes. Therefore, all 4 records are reported accurately.

Ernestine Marsh
Kindred Healthcare

==
PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
 QUARTER: 1
    YEAR: 2019

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

Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
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: Burleson St Joseph Health Center-Caldwell
THCIC ID: 679000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Provider has made every effort to properly code patient records and have
complete data meeting the needs of THCIC reporting.

Exceptions have fallen out and the provider will make efforts to correct for
future submissions.   The largest catgegory with associatged errors is "missing
discharge stgatus". The accounts falling out were discharge HOME, and were
minor ER cases.

The remaining error counts were very small and insignificant to the overal
submission.

==
PROVIDER: CHRISTUS Spohn Hospital Alice
THCIC ID: 689401
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Done

==
PROVIDER: Big Bend Regional Medical Center
THCIC ID: 711900
 QUARTER: 1
    YEAR: 2019

Certified With Comments

6 accounts missing staate information are due to patients being from outside the
US and staff is unable to capture the information in the associated forms for
the state.

Missing Physician information is due to the physician in question does not have
an NPI number.

==
PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
 QUARTER: 1
    YEAR: 2019

Certified With Comments

I approve to be certified.

==
PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services for patients who requires

outpatient services. This data was pulled using the criteria to report the
required revenue codes. Therefore, all 10 records are reported accurately.

Ernestine Marsh
Kindred Healthcare

===
PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
 QUARTER: 1
    YEAR: 2019

Certified With Comments

As is.

===
PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
 QUARTER: 1
    YEAR: 2019

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 states certification file is
only three characters long. Thus, any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
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: CHI St Joseph Health Grimes Hospital
THCIC ID: 728800
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Provider has made every effort to properly code patient records and haved
complete data meeting the needs of THCIC reporting.   Exceptions and errors
still exist in the area of invalid social security numbers, point of origin
(Admissions Source) and discharge status.   The error of invalid social security
numbers involes the use of a different series of number3s than what THCIC
requires. Provider will work with registration staff to make that change to
eliminate this error.   Currently, the provider is using internal policy, which
doesn't match THCIC requirements.   Errors surrounding point of origin and
discharge status involve routine outpatient claims, dischar4ged to home.

The remaining error counts were very small and unsignificant to ther overal
sujbmission.

===
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
 QUARTER: 1
    YEAR: 2019

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. The current data in this submission will
exclude much of the March data due to issues with software, vendor and process
changes. These issues have been resolved and the excluded data will be
submitted with the next data submission.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural
Terminology Codes (CPT Codes). This is mandated by the federal government. The
hospital complies with the guidelines for assigning these diagnosis codes;
however, this is often driven by physician's subjective criteria for defining a
diagnosis. For example, while one physician may diagnose a patient with anemia
when the patient's blood hemoglobin level falls below 9.5, another physician may
not diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
apples to apples comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission, or
developed an
infection during their hospitalization. This makes it difficult to obtain
accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code up to 99 diagnoses
and 99 procedures for each patient record. The state is requiring us to submit
ICD-10-CM / CPT data on each outpatient receiving surgical or radiological

services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by
hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.
Standard/Non-Standard Source of Payment
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: St Lukes Hospital at the Vintage
THCIC ID: 740000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: The Endoscopy Center
THCIC ID: 786500
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The error message received for some claims said must have a THCIC required HCPCS code or a THCIC required revenue code and contain at least one procedure code. I used the codes given in the operative reports by the physicians. These included the procedure code and the ICD 10 code.

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================================================================================
```
PROVIDER: South Texas Spine & Surgical Hospital
THCIC ID: 786800
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Certify without comments

```
================================================================================
```
PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001

```
 QUARTER: 1
    YEAR: 2019
```

Certified With Comments

I approve to be certified.


```
===============================================================================
PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
 QUARTER: 1
    YEAR: 2019
```

Certified With Comments

I approve to be certified.


```
===============================================================================
PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
 QUARTER: 1
    YEAR: 2019
```

Certified With Comments

Kindred Hospital provides outpatient services for patients who requires outpatient services. This data was pulled using the criteria to report the required revenue codes. Therefore, all 11 records are reported accurately.

Ernestine Marsh
Kindred Healthcare


```
===============================================================================
PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
 QUARTER: 1
    YEAR: 2019
```

Certified With Comments

Kindred Hospital provides outpatient services for patients who requires outpatient services. This data was pulled using the criteria to report the required revenue codes. Therefore, this record is reported accurately.

Ernestine Marsh
Kindred Healthcare

==
PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and
reflected in the various billing data elements including the ICD-10-CM diagnosis
coding system such as ejection fraction. As a result, the true clinical picture
of the patient population cannot be adequately demonstrated using admissions and
billing data.

==
PROVIDER: Hill Country Memorial Surgery Center
THCIC ID: 793300
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Was following information regarding delay of certification. Information said we
could not certify at the original date expected. Reference email from Rose Dee
August, 2019.

==
PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

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

===
PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

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

===
PROVIDER: Kindred Hospital Bay Area
THCIC ID: 801000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Kindred Hospital provides outpatient services for patients who requires
outpatient services. This data was pulled using the criteria to report the
required revenue codes. Therefore, all 7 records are reported accurately.

Ernestine Marsh
Kindred Healthcare

===
PROVIDER: East El Paso Physicians Medical Center
THCIC ID: 801300
 QUARTER: 1
    YEAR: 2019

Certified With Comments

overall volume is down compared to previous qtrs

==
PROVIDER: Medical City Surgery Center McKinney
THCIC ID: 802400
 QUARTER: 1
    YEAR: 2019

Certified With Comments

na

==
PROVIDER: Community Surgery Center
THCIC ID: 807500
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Corrected all that I was able to correct.

==
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The Q1 2019 All data/information in these files contain accurate data in areas
such as Coding, Admissions, Diagnostic, Bill type etc.

==
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The Q1 2019 All data/information in these files contain accurate data in areas
such as Coding, Admissions, Diagnostic, Bill type etc.

==
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The Q1 2019 All data/information in these files contain accurate data in areas
such as Coding, Admissions, Diagnostic, Bill type etc.

==
PROVIDER: Spinecare
THCIC ID: 816900
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
 QUARTER: 1
    YEAR: 2019

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 states certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.
Standard/Non-Standard Source of Payment
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: Westlake Medical Center
THCIC ID: 822800
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Transgender procedures performed both male to female and female to male during same surgical session

==
PROVIDER: Memorial Hermann Surgery Center Woodlands
THCIC ID: 825400
 QUARTER: 1
    YEAR: 2019

Certified With Comments

No comments

==

PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
 QUARTER: 1
    YEAR: 2019

Certified With Comments

2019 1st qrtr outpt DEC 2838

==
PROVIDER: American Surgery Center
THCIC ID: 835200
 QUARTER: 1
    YEAR: 2019

Certified With Comments

==
PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center Stone Oak
THCIC ID: 839600
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Seems to be now errors with the data.

==
PROVIDER: Christus Santa Rosa Physicians ASC Ewing Halsell
THCIC ID: 840500
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Data has no errors.

==
PROVIDER: Memorial Hermann Surgery Center Texas Medical Center
THCIC ID: 843900
 QUARTER: 1
    YEAR: 2019

Certified With Comments

We do not obtain full ssn from patients for privacy concerns

===
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's
hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured
children requiring intensive resources which increase the hospital's costs of
care, lengths of stay and mortality rates. In addition, the hospital includes a
Neonatal Intensive Care Unit (NICU) which serves very
seriously ill infants, which substantially increases costs of care, lengths of
stay and mortality rates.

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

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

===
PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
 QUARTER: 1
    YEAR: 2019

Certified With Comments

All data correct to my knowledge

===
PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
 QUARTER: 1
    YEAR: 2019

Certified With Comments

All data is correct to my knowledge

==
PROVIDER: Keystone Surgicenter
THCIC ID: 854300
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The facility has been doing very few cases this year. The prior group of Dr.
that were performing surgeery at Keystone is no longer here. Therefore there is
a drastic reduction in reported cases this quarter.

==
PROVIDER: Robert B Green Ambulatory Surgery Center
THCIC ID: 856830
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Robert B Green Ambulatory Surgery Center provides healthcare to a large
population in Bexar county and other surrounded counties.
RBG claim accuracy rate is 100.0% for Q1 2019.
Data submitted by this facility has been corrected to the best of our ability to
meet State requirements.

==
PROVIDER: Texas Health Presbyterian Hospital-Rockwall
THCIC ID: 859900
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The Q1 2019 All data/information in these files contain accurate data in areas
such as Coding, Admissions, Diagnostic, Bill type etc.

==
PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
 QUARTER: 1

     YEAR: 2019

Certified With Comments

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

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

==
PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and
reflected in the various billing data elements including the ICD-10-CM diagnosis
coding system such as ejection fraction. As a result, the true clinical picture
of the patient population cannot be adequately demonstrated using admissions and
billing data.

==
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

98.7%

==
PROVIDER: Ascension Seton Hays
THCIC ID: 921000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

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

==
PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and
reflected in the various billing data elements including the ICD-10-CM diagnosis
coding system such as ejection fraction. As a result, the true clinical picture
of the patient population cannot be adequately demonstrated using admissions and
billing data.

==
PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The Q1 2019 All data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, Bill type etc.

==
PROVIDER: Provincial Park Surgery Center
THCIC ID: 969800
 QUARTER: 1
    YEAR: 2019

Certified With Comments

the NPI number was correct and the same for his other patients

==
PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
 QUARTER: 1
    YEAR: 2019

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 states certification file is
only three characters long. Thus, any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
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: Castle Hills Surgery Center
THCIC ID: 970130
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Any errors occured, are CPT codes I was not aware of them not needing to be
claimed. I spoke to System 13 Analyst regarding the errors, and was sent the
reporting requirements.

===
PROVIDER: Sonterra Procedure Center
THCIC ID: 970180
 QUARTER: 1
    YEAR: 2019

Certified With Comments

aware of errors due to software issues; issues are being resolved.

===
PROVIDER: Dodson Surgery Center
THCIC ID: 970400
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified FIRST QUARTER

2019 inpatient, outpatient surgery and outpatient radiology encounters to
the Texas Health Care Information Council with the following possible data
concerns based on the required submission method.

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

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

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

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

Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
Missing either a THCIC required HCPCS code, or not having a THCIC required
revenue code and contain at least one
procedure code.

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 (especially our fixed wing
transport. Per the following website, these modifiers appear to be legitimate:
https://www.findacode.com/code-
set.php?set=HCPCSMODA.
Additionally, there may be outpatient encounters where there is an invalid NPI
associated with the attending
provider. These are most likely to be encounters in the ED where a patient was
seen by a nurse in triage and
charges were incurred, but left without being seen by a physician or an advanced
nurse provider.

However, our overall accuracy rate is very high, so this will be a small
proportion of our encounters.
We will continue to work with the Revenue Cycle team to improve the accuracy of
the data elements going forward.

This will affect encounters for the FIRST QUARTER OF 2019

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

===
PROVIDER: Seton Medical Center Harker Heights
THCIC ID: 971000
 QUARTER: 1
    YEAR: 2019

Certified With Comments

I am certifying that these outpatient accounts are correct to the best of my
knowledge.

===
PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
 QUARTER: 1
    YEAR: 2019

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, Texas
Health Huguley Surgery Center, LLC underwent a major program conversion to the
HCFA 837 EDI electronic claim format.
The quarterly data from 1st quarter 2019, to the best of our knowledge, is
accurate and complete given the above.

==
PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
 QUARTER: 1
    YEAR: 2019

Certified With Comments

NPI ARE VERIFIED AS BEING CORRECT

==
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
 QUARTER: 1
    YEAR: 2019

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
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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
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an accurate comparison of hospital or physician performance.
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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
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procedures performed, which can alter the true picture of a patient's
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used by hospitals for billing purposes. The hospital can code up to 99
diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or
radiological services but has limited the number of diagnoses and procedures to
the first 25 diagnoses codes and the first 25 procedure codes. As a result, the
data sent by us does meet state requirements but cannot reflect all the codes an
individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the states certification file is
only three characters long. Thus, any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data
required by the state that is not contained within the standard UB92 billing
record. In order to meet this requirement, each payer identifier must be
categorized into the appropriate standard and non-standard source of payment
value. These values might not accurately reflect the hospital payer information,
because those payers identified contractually as both HMO, and PPO are
categorized as Commercial PPO. Thus, any true managed care comparisons by
contract type (HMO vs. PPO) may result in inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges.
It is important to note that charges are not equal to actual payments received
by the hospital or hospital cost for performing the service. Typically, actual
payments are much less than charges due to managed care-negotiated discounts and
denial of payment by insurance companies. Charges also do not reflect the actual
cost to deliver the care that each patient needs.

==
PROVIDER: OSD Surgery Center
THCIC ID: 972920
 QUARTER: 1
    YEAR: 2019

Certified With Comments

2 - Errors for the quarter were both SSN. Verified paperwork signed by patient
and validated.

==
PROVIDER: Eclipse Surgicare
THCIC ID: 973220
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Q1 2019

==
PROVIDER: Preston Surgery Center
THCIC ID: 973370
 QUARTER: 1
    YEAR: 2019

Certified With Comments

All corrent.

==
PROVIDER: Nix Behavioral Health Center
THCIC ID: 973530
 QUARTER: 1
    YEAR: 2019

Elected Not to Certify

Claims reported not Emergency or OP surgery. Per discussions with John
Wisniewski, CFO, Nix Health and Tiffany Overton - elect not to certify data as
it is not accurate.

==
PROVIDER: University Health System Surgery Center
THCIC ID: 973580
 QUARTER: 1
    YEAR: 2019

Certified With Comments

University Health System Surgery Center provides healthcare to a large

population in Bexar county and other surrounded counties.
UHS Surgery Center claim accuracy rate is 99.77% for Q1 2019.
Data submitted by this facility has been corrected to the best of our ability to
meet State requirements.

==
PROVIDER: Wise Health Surgical Hospital
THCIC ID: 973840
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data for 1Q2019 is being certified with comment. All reported data is
accurate and correct at the specific point in time that the data files are
generated.   Information is subject to change after files are generated and
submitted to THICIC; any changes would be information collected or updated
during the normal course of business.

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

==
PROVIDER: Ambulatory Surgery Center of Killeen
THCIC ID: 974330
 QUARTER: 1
    YEAR: 2019

Elected Not to Certify

Missing data due to interface error.

==
PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
THCIC ID: 974790
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and
reflected in the various billing data elements including the ICD-10-CM diagnosis
coding system such as ejection fraction. As a result, the true clinical picture
of the patient population cannot be adequately demonstrated using admissions and
billing data.

===
PROVIDER: CHI St Lukes Health Baylor Medical Center ASC
THCIC ID: 974960
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and
reflected in the various billing data elements including the ICD-10-CM diagnosis
coding system such as ejection fraction. As a result, the true clinical picture
of the patient population cannot be adequately demonstrated using admissions and
billing data.

===
PROVIDER: Westgreen Surgical Center
THCIC ID: 974970
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Please certify

==
PROVIDER: Medical Center of Southeast Texas Beaumont Campus
THCIC ID: 975111
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Claim errors are a result of an inssue with the EMR. The issue looks to not be
present in next quarter's data.

==
PROVIDER: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data reports for Quarter 1, 2019 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and
reflected in the various billing data elements including the ICD-10-CM diagnosis
coding system such as ejection fraction. As a result, the true clinical picture
of the patient population cannot be adequately demonstrated using admissions and
billing data.

==
PROVIDER: First Baptist Medical Center
THCIC ID: 975129
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Some of the errors were due to zip code (out of country residents) , charges
have the exact DOS updated to it and CPT code 30617 (scd sleeve large code
invalid).

==
PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
 QUARTER: 1
    YEAR: 2019

Certified With Comments

99.69%

==
PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
 QUARTER: 1
    YEAR: 2019

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 states certification file is
only three characters long. Thus, any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
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facility.
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denial of payment by insurance companies. Charges also do not reflect the actual
cost to deliver the care that each patient needs.

===
PROVIDER: Providence Hospital of North Houston
THCIC ID: 975152
 QUARTER: 1
    YEAR: 2019

Certified With Comments

remaining errors are for npi name mismatch and invalid diagnosis codes. Facility
failed to make correction by required timeline.

===
PROVIDER: Methodist Southlake Hospital
THCIC ID: 975153
 QUARTER: 1
    YEAR: 2019

Certified With Comments

No Comment

===
PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Data Content
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Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.
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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: Huebner Ambulatory Surgery Center
THCIC ID: 975211
 QUARTER: 1
    YEAR: 2019

Certified With Comments

n/a

===
PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

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

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

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

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

==
PROVIDER: Viking Pain Management
THCIC ID: 975263
 QUARTER: 1
    YEAR: 2019

Certified With Comments

MAPPING ISSUED TO BE CODED 02 IN ERROR, THIS MAPPING ISSUED HAS NOW BEEN
CORRECTED.

==
PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
 QUARTER: 1
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Humble Vascular Surgical Center
THCIC ID: 975278
 QUARTER: 1
    YEAR: 2019

Certified With Comments

This facility does not collect patient social security numbers and we were unaware that we could put all 9's in for social security numbers. At time the first submission was due , we did not have billing encounter numbers for these patients due to being instructed by CMS we had to do these first quarter patients at no charge. We also could not put in a dollar amount charged because there was no monies charged, per CMS requirements.
We did not have CPT codes because we did not bill for the cases. We did not have a control number or HCPCS coding number at submission time.
The Service facility code was not populating due to no HCPCS code present.

==
PROVIDER: Sportsortho Surgery Center
THCIC ID: 975306
 QUARTER: 1
    YEAR: 2019

Certified With Comments

NO COMMENTS

==
PROVIDER: Wise Health Surgical Hospital
THCIC ID: 975322
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data for 1Q2019 is being certified with comment. All reported data is
accurate and correct at the specific point in time that the data files are
generated.   Information is subject to change after files are generated and
submitted to THICIC; any changes would be information collected or updated
during the normal course of business.

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

===
PROVIDER: South Plains Surgery Center
THCIC ID: 975327
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Errors were unable to be correct due to system issues we were experiencing.

===
PROVIDER: Memorial Hermann Surgery Center Brazoria
THCIC ID: 975331
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Social Security numbers were invalid and have been corrected

===
PROVIDER: Wise Health Pain Management Center at Southlake
THCIC ID: 975333
 QUARTER: 1
    YEAR: 2019

Certified With Comments

The data for 1Q2019 is being certified with comment. All reported data is
accurate and correct at the specific point in time that the data files are
generated.   Information is subject to change after files are generated and
submitted to THICIC; any changes would be information collected or updated
during the normal course of business.

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

===
PROVIDER: Complete Surgery Houston Northwest
THCIC ID: 975334
 QUARTER: 1
    YEAR: 2019

Certified With Comments

no comment

===
PROVIDER: CHRISTUS Surgery Center Olympia Hills
THCIC ID: 975344
 QUARTER: 1
    YEAR: 2019

Certified With Comments

No errors in data.

===
PROVIDER: Zazen Surgery Center
THCIC ID: 975352
 QUARTER: 1
    YEAR: 2019

Certified With Comments

Failed to make corrections. Procedures have been put in place to correct submissions in the future.