

General Comments on 1st Quarter 2018 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.
- The Source of Admission data element is suppressed if the Type of Admission field indicates the patient is newborn. The condition of the newborn can be determined from the diagnosis codes. Source of admission for newborns is suppressed indefinitely.
- Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

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PROVIDER: Baptist St Anthonys Hospital
 THCIC ID: 001000
 QUARTER: 1
 YEAR: 2018

Certified With Comments

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

of certification.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
 THCIC ID: 020000
 QUARTER: 1
 YEAR: 2018

Certified With Comments

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

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PROVIDER: Kindred Hospital-Dallas
 THCIC ID: 028000
 QUARTER: 1
 YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 146 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
 THCIC ID: 029000
 QUARTER: 1
 YEAR: 2018

Certified With Comments

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 1
YEAR: 2018

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of October 12, 2018. 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 no billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

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

Physician

While the hospital documents many treating physicians for each case, the THCIC minimum data set has only (2) physician fields, Attending and Operating Physicians. Many physicians provide care to patients throughout a hospital stay. Consulting physicians may prescribe and treat patients on behalf of the physician listed as the Attending. "Other" physician case volumes, mortality, case costs and LOS, will frequently be inaccurate because of this limitation. Analysis of "Other physician" information should, therefore, take into consideration that a significant portion of treating physicians are excluded from the patient cases.

Given the current certification software, there is not an efficient mechanism to edit and correct the data. In addition, due to hospital volumes, it is not feasible to perform encounter level audits and edits. All known errors have been corrected to the best of our knowledge. Within the constraints of the current THCIC process, the data is certified to the best of our knowledge as accurate and complete given the above comments.

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PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
QUARTER: 1
YEAR: 2018

Certified With Comments

1 SSN unattainable

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PROVIDER: Wilbarger General Hospital
THCIC ID: 084000
QUARTER: 1
YEAR: 2018

Certified With Comments

Three patients did not have Social Security numbers in our system. One patient did have a Social Security number but was overlooked by registration.

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 1
YEAR: 2018

Certified With Comments

The data reports for Quarter 1, 2018 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: 2018

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.

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PROVIDER: University Hospital
THCIC ID: 158000
QUARTER: 1
YEAR: 2018

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county and other surrounded counties.
IP claim accuracy rate is 99.74% for Q1 2018.
OP claim accuracy rate is 99.35% for Q1 2018.
Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

PROVIDER: Sweeny Community Hospital
THCIC ID: 178000
QUARTER: 1
YEAR: 2018

Certified With Comments

January included 3 swingbed patients submitted with acute care bill type in error.

February included 2 swingbed patients submitted with acute care bill type in error.

March included 1 swingbed patient submitted with acute care bill type in error and 4 inpatient discharges were missing from the file.

Errors were discovered after the 10-1-18 deadline.
We have had an EMR vendor change and are still working out reporting issues.

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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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

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.

Admit Source data for Normal Newborn

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

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health HEB recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Discharge Disposition

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

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PROVIDER: Medical City Plano
THCIC ID: 214000
QUARTER: 1
YEAR: 2018

Certified With Comments

Information Valid

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PROVIDER: CHRISTUS Spohn Hospital-Kleberg
THCIC ID: 216001
QUARTER: 1
YEAR: 2018

Certified With Comments

Ready for certification

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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Diagnosis and Procedures

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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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Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Fort Worth recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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Discharge Disposition

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PROVIDER: Medical City-McKinney
THCIC ID: 246000
QUARTER: 1
YEAR: 2018

Certified With Comments

INFORMATION IS VALID

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 1
YEAR: 2018

Certified With Comments

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PROVIDER: University Medical Center of El Paso

THCIC ID: 263000

QUARTER: 1

YEAR: 2018

Certified With Comments

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

Through performance improvement process, we review the data and strive to make changes to result in improvement.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

QUARTER: 1

YEAR: 2018

Certified With Comments

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 1
YEAR: 2018

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 inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

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

1q2018_Certification_Comments_IP.txt

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the 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.

Admit Source data for Normal Newborn

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

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Fort Worth recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

Discharge Disposition

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

=====
PROVIDER: Medical City Dallas Hospital
THCIC ID: 340000
QUARTER: 1
YEAR: 2018

Certified With Comments

Newborn was admitted after midnight

=====
PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 1
YEAR: 2018

Certified With Comments

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

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi
THCIC ID: 398000
QUARTER: 1
YEAR: 2018

Certified With Comments

Ready for Certification

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline
THCIC ID: 398001
QUARTER: 1
YEAR: 2018

Certified With Comments

Ready for Certification

=====

PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South
THCIC ID: 398002
QUARTER: 1
YEAR: 2018

Certified With Comments

Ready for Certification

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 1
YEAR: 2018

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: East Texas Medical Center-Quitman
THCIC ID: 411000
QUARTER: 1
YEAR: 2018

Certified With Comments

This information is correct to the best of my knowledge.

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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

Diagnosis and Procedures

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Length of Stay

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Race/Ethnicity

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PROVIDER: CHRISTUS Spohn Hospital-Beeville
THCIC ID: 429001
QUARTER: 1
YEAR: 2018

Certified With Comments

Ready for Certification

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PROVIDER: Stephens Memorial Hospital
THCIC ID: 430000
QUARTER: 1
YEAR: 2018

Certified With Comments

Certification of Quarter 1 of 2018.

=====

PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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Race/Ethnicity

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Discharge Disposition

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

=====
PROVIDER: East Texas Medical Center-Pittsburg
THCIC ID: 438000
QUARTER: 1
YEAR: 2018

Certified With Comments

This information is correct to the best of my knowledge.

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PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
QUARTER: 1
YEAR: 2018

Certified With Comments

E-872 The issue is resolved

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PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 1
YEAR: 2018

Certified With Comments

certify 1Q inpt 2018

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 1
YEAR: 2018

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; a DeTar Health 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; Senior Circle; Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: DeTar Hospital-North
THCIC ID: 453001
QUARTER: 1
YEAR: 2018

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; a DeTar Health 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; Senior Circle; Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

=====
PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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=====
PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 1
YEAR: 2018

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.

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PROVIDER: Seton Medical Center
THCIC ID: 497000
QUARTER: 1
YEAR: 2018

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: Central Texas Medical Center
THCIC ID: 556000
QUARTER: 1
YEAR: 2018

Certified With Comments

Two patients had a DOB in 4Q 2017 but were discharged from care during 1Q 2018. Could not correct.

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PROVIDER: Seton Highland Lakes Hospital
THCIC ID: 559000

QUARTER: 1
YEAR: 2018

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.

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PROVIDER: Seton Edgar B Davis Hospital
THCIC ID: 597000
QUARTER: 1
YEAR: 2018

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.

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 1
YEAR: 2018

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 inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the 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.

Admit Source data for Normal Newborn

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

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Southwest recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

facility.

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Discharge Disposition

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

=====
PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 1
YEAR: 2018

Certified With Comments

All data available reported at time of submission.

=====
PROVIDER: Kindred Hospital-San Antonio
THCIC ID: 645000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 104 records are correct for 1st quarter 2018.

Thank you,

Ernestiine Marsh
Southeast Region Office

=====

PROVIDER: Texas Health Specialty Hospital-Fort Worth
THCIC ID: 652000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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Length of Stay

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Admit Source data for Normal Newborn

Texas Health Specialty Hospital does not have a newborn population.

Race/Ethnicity

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

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

Discharge Disposition

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Low Census

Texas Health Specialty was closed from February through mid June do to remodeling, thus the reason for the low census.

Amission Type and Source

Admission type and source contain inaccurate information. Revisions will be made to correct the inaccuracies.

=====
PROVIDER: Kindred Hospital-Mansfield
THCIC ID: 657000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 114 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: HEALTHSOUTH Rehab Hospital
THCIC ID: 659000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018

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PROVIDER: Encompass Health Rehab Hospital City View
THCIC ID: 662000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018

=====

PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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Length of Stay

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Admit Source data for Normal Newborn

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Race/Ethnicity

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

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=====
PROVIDER: Kindred Hospital-Houston Medical Center
THCIC ID: 676000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 209 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

PROVIDER: Kindred Rehab Hospital Clear Lake
THCIC ID: 680000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 203 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: CHRISTUS Spohn Hospital Alice
THCIC ID: 689401
QUARTER: 1
YEAR: 2018

Certified With Comments

Ready for certification

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PROVIDER: Kindred Hospital-Tarrant County
THCIC ID: 690000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 113 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====
PROVIDER: Kindred Hospital Houston NW
THCIC ID: 706000

QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 189 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 1
YEAR: 2018

Certified With Comments

To the best of my knowledge, this information is correct.

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PROVIDER: Ennis Regional Medical Center
THCIC ID: 714500
QUARTER: 1
YEAR: 2018

Certified With Comments

Due to technical issues, some data fields may contain errors.

=====
PROVIDER: Texas Health Seay Behavioral Health Hospital
THCIC ID: 720000
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content
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Length of Stay

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Race/Ethnicity

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Discharge Disposition

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=====
PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 1
YEAR: 2018

Certified With Comments

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Ernestine Marsh
Kindred Hospitals
Southeast Region Office (HD)

=====
PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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Discharge Disposition

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

One patient noted to have been discharged/transferred to a CAH. In investigating, the patient was actually transferred to a STACH to a higher level of care.

=====

PROVIDER: Kindred Hospital El Paso
THCIC ID: 727100
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 140 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====

PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 1
YEAR: 2018

Certified With Comments

THHV - Inpatient

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of

Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the 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.

Discharge Disposition

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

=====

PROVIDER: St Lukes Hospital at the Vintage

THCIC ID: 740000

QUARTER: 1

YEAR: 2018

Certified With Comments

The data reports for Quarter 1, 2018 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 Springwood Behavioral Health Hospital
THCIC ID: 778000
QUARTER: 1
YEAR: 2018

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 inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the 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.

Admit Source data for Normal Newborn

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

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Fort Worth recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Discharge Disposition

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

=====
PROVIDER: South Texas Spine & Surgical Hospital
THCIC ID: 786800
QUARTER: 1
YEAR: 2018

Certified With Comments

No Comments

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PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 1
YEAR: 2018

Certified With Comments

To the best of my knowledge, this information is correct.

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PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 1
YEAR: 2018

Certified With Comments

To the best of my knowledge, this information is correct.

=====

PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 160 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: Kindred Hospital Tomball
THCIC ID: 792601
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 187 records are correct for 1st quarter 2018.

Ernestine Marsh

Southeast Region - Kindred Hospitals

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PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
  QUARTER: 1
    YEAR: 2018

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Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 256 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
  QUARTER: 1
    YEAR: 2018

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Certified With Comments

The data reports for Quarter 1, 2018 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.

1q2018_Certification_Comments_IP.txt

PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 1
YEAR: 2018

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: Seton Northwest Hospital
THCIC ID: 797600
QUARTER: 1
YEAR: 2018

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 Tarrant County Fort Worth SW
THCIC ID: 800000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 208 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====

PROVIDER: Kindred Hospital-Fort Worth
THCIC ID: 800700
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 155 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: Kindred Hospital Bay Area
THCIC ID: 801000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 192 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: Foundation Surgical Hospital of El Paso
THCIC ID: 801300
QUARTER: 1
YEAR: 2018

Certified With Comments

I am certifying these claims to the best of my ability based on the reporting capabilities and information provided by our practice software system.

PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 1
YEAR: 2018

Certified With Comments

NPI is correct

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PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 1
YEAR: 2018

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 inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

1q2018_Certification_Comments_IP.txt

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the 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.

Admit Source data for Normal Newborn

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

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Fort Worth recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Discharge Disposition

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

=====
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 1
YEAR: 2018

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.

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PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
QUARTER: 1
YEAR: 2018

Certified With Comments

if unaccepted then nto coded

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PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
QUARTER: 1
YEAR: 2018

Certified With Comments

all corrections made- NPI numbers were corrected.

=====

PROVIDER: Central Texas Rehab Hospital
THCIC ID: 854400
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 262 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====

PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700

QUARTER: 1
YEAR: 2018

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: Carrus Specialty Hospital
THCIC ID: 864600
QUARTER: 1
YEAR: 2018

Certified With Comments

Race value was unavailable

=====

PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 1
YEAR: 2018

Certified With Comments

The data reports for Quarter 1, 2018 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: Kindred Hospital Dallas Central
THCIC ID: 914000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 173 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====

PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 1
YEAR: 2018

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: 2018

Certified With Comments

The data reports for Quarter 1, 2018 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: South Texas Surgical Hospital
THCIC ID: 931000
QUARTER: 1
YEAR: 2018

Certified With Comments

all corrections have been made.

=====
PROVIDER: Kindred Hospital The Heights
THCIC ID: 941000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrerrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefre, all 177 records are correct for 1st quarter 2018.

Ernestine Marsh
Kindred Hospitals
Southeast Region Office (HD)

=====
PROVIDER: Kindred Rehab Hospital Northeast Houston
THCIC ID: 969600
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 125 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====
PROVIDER: Seton Medical Center Harker Heights
THCIC ID: 971000
QUARTER: 1
YEAR: 2018

Certified With Comments

i WISH TO CERTIFY THE FIRST QUARTER OF 2018 INPATIENTS AS IS.

=====
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the 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.

Admit Source data for Normal Newborn

When the Admit type is equal to newborn, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at

discharge, not the admitting source code. Many hospital information systems and registration process defaults to normal delivery as the admission source.

Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Fort Worth recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

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

Cost/ Revenue Codes

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

Discharge Disposition

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

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PROVIDER: Mesa Springs
THCIC ID: 973430
QUARTER: 1
YEAR: 2018

Certified With Comments

The 1st Quarter 2018 data for ethnicity is incorrect. We are working on our system to be able to accurately report this statistic.

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PROVIDER: Texas Rehab Hospital of Arlington
THCIC ID: 974730
  QUARTER: 1
    YEAR: 2018

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Certified With Comments

Regenerated data, completed errors, resubmission now complete.

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PROVIDER: Cumberland Surgical Hospital
THCIC ID: 974980
  QUARTER: 1
    YEAR: 2018

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Certified With Comments

Errors/nulls in submitted data relate to missing SSN in cases where patient refused to supply requested information.

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PROVIDER: JPS Health Network - Trinity Springs North
THCIC ID: 975121
  QUARTER: 1
    YEAR: 2018

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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: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
QUARTER: 1
YEAR: 2018

Certified With Comments

The data reports for Quarter 1, 2018 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: First Baptist Medical Center
THCIC ID: 975129
QUARTER: 1
YEAR: 2018

Certified With Comments

FMBC First Quarter Inpatient data did not pull correctly from Cerner (EMR

1q2018_Certification_Comments_IP.txt

system) due to the 837 file was created missing 3 important segments. The missing segments were the ethnicity, race, and social security number fields. We were not able to get the file corrected in a timely manner. Cerner IT is working to get the file corrected.

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PROVIDER: Methodist Southlake Hospital
THCIC ID: 975153
QUARTER: 1
YEAR: 2018

Certified With Comments

No changes

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PROVIDER: Kindred Hospital San Antonio Central
THCIC ID: 975155
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 109 records are correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 1
YEAR: 2018

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 inpatient claims, by quarter year, gathered from

a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 1
YEAR: 2018

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.