

## General Comments on 2<sup>nd</sup> Quarter 2020 Data

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

- Data are administrative data, collected for billing purposes, not clinical data.
- Data are submitted in a standard government format, the 837-format used for submitting billing data to payers. State specifications require the submission of additional data elements. These data elements include race and ethnicity. Because these data elements are not sent to payers and may not be part of the hospital's standard data collection process, there may be an increase in the error rate for these elements. Data users should not conclude that billing data sent to payers is inaccurate.
- Hospitals are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information may be collected subjectively and may not be accurate.
- Hospitals are required to submit data within 60 days after the close of a calendar quarter (hospital data submission vendor deadlines may be sooner). Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. Therefore, data for each quarter may not be complete. This can affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.
- Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

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PROVIDER: Baptist St Anthony's Hospital  
THCIC ID: 001000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

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PROVIDER: St Joseph Regional Health Center  
THCIC ID: 002001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Facility reported a 99% accuracy rate with its outpatient data submission, caused primarily due to unknown other subscriber information, and/or patient address information for patients presenting in the ED.

=====  
PROVIDER: Matagorda Regional Medical Center  
THCIC ID: 006000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Jackson County Hospital  
THCIC ID: 017000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Error Code (E-784) The Claim must contain at least one HCPCS code. The outpatient procedure was cancelled, therefore there was no HCPCS to report.

=====  
PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall  
THCIC ID: 020000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

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

=====  
PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview  
THCIC ID: 029000  
QUARTER: 1  
YEAR: 2020

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: St Davids Hospital  
THCIC ID: 035000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic

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PROVIDER: CHRISTUS Southeast Texas - Jasper Memorial  
THCIC ID: 038001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

errors as expected

=====  
PROVIDER: CHI St Joseph Health Madison Hospital  
THCIC ID: 041000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

This facility has a 97% accuracy rate with its outpatient data submission, due, in part, to the registrars use of non THCIC default where the SSN is not known or provided by the patient.

=====  
PROVIDER: Baylor Scott & White Medical Center Carrollton  
THCIC ID: 042000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Carrollton  
THCIC ID 042000  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.57%  
Please note Baylor Scott & White Health was only responsible for reporting 1st quarter data for January and February 2020. The facility became a part of the SANA group starting in March.  
Errors from the first two months for 1st Quarter FER reflect the following error codes, E-624, E-693, E-694, E-736, E-760, E-767, E-769, E-782, E-784.  
Invalid revenue code verified, reported as posted.  
Two errors relate to Practitioner/Physician information and all were verified in the hospital system as reported.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Ecode reported verified in hospital system.  
Claim did not contain at least one HCPCS code. Verified in hospital system as reported.  
Errors will stand “as reported”.

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PROVIDER: Texas Health Huguley Hospital  
THCIC ID: 047000

QUARTER: 1  
YEAR: 2020

### Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of October 15, 2020. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

#### Submission Timing

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

#### Diagnosis and Procedures

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

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

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

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

Due to an update implemented, three accounts showed invalid diagnoses audits at

Certification, but they were verified in our system as correct for the date of the accounts grouper.

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

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

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PROVIDER: San Angelo Community Medical Center
THCIC ID: 056000
QUARTER: 1
YEAR: 2020

Certified With Comments

I made what corrections that I could.

=====
PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
QUARTER: 1
YEAR: 2020

Certified With Comments

Known issues with patient race, value code amounts

=====
PROVIDER: Baylor Scott & White Hospital-Brenham
THCIC ID: 066000
QUARTER: 1
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital-Brenham
THCIC ID 066000
1st Q2020 Outpatient
Accuracy rate - 99.86%
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760, E-767.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====
PROVIDER: HCA Houston Healthcare Tomball
THCIC ID: 076000
QUARTER: 1
YEAR: 2020

Certified With Comments

We were not aware at the time that corrections had to be 100% correct for Quarter one data.

=====  
PROVIDER: Mission Trail Baptist Hospital  
THCIC ID: 081001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I certify 1st quarter 2020 Outpatient 14433 encounters on behalf James Eckman, CFO Mission Trail Baptist Hospital. No corrections were made due to high passing rate.  
-Maritza Jimenez  
Director, Revenue of Revenue Integrity

=====  
PROVIDER: Baptist Medical Center  
THCIC ID: 114001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I herby certify the submission of Quarter 1 for CFO Steven Dorris with Baptist Medical Center.  
Raymond Beltran-Director Revenue Analysis

=====  
PROVIDER: San Antonio Eye Surgicenter  
THCIC ID: 118001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Three claims were in error. Two had invalid genders. One had an invalid name match. We are not sure why the program we run to generate missed these three claims as it requires exact matches to certain criteria. However, the correct errors window had passed before we realized it and were unable to make the corrections before certifying.

=====
PROVIDER: Memorial Hermann Southeast Hospital
THCIC ID: 119000
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

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PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
QUARTER: 1
YEAR: 2020

Certified With Comments

For errors left over, the availability of information came post submission

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PROVIDER: ROC ASC
THCIC ID: 130073
QUARTER: 1
YEAR: 2020

Certified With Comments

There are two revenue codes are entered wrong, should be 490. We use to upload data at the beginning of each month. But we were late in August, and missed the cut-off date.

=====
PROVIDER: Northeast Baptist Hospital
THCIC ID: 134001
QUARTER: 1
YEAR: 2020

Certified With Comments

I Jessica Branham, Director of Revenue, is certifying on the CFO's behalf and documenting in the comments.



=====
PROVIDER: Childrens Medical Center-Dallas
THCIC ID: 143000
QUARTER: 1
YEAR: 2020

Certified With Comments

There were five encounters with Data Integrity errors that should not have been in the submitted file.

=====
PROVIDER: Wadley Regional Medical Center
THCIC ID: 144000
QUARTER: 1
YEAR: 2020

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 of data elements, such as patient ethnicity, various system mapping and normal clerical error. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care. Therefore, data should be cautiously used to evaluate health care quality and outcomes.

=====
PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 1
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: North Runnels Hospital
THCIC ID: 151000
QUARTER: 1
YEAR: 2020

Certified With Comments

The claims with errors are due to the same locum tenen provider. These claims have a hold on them. They have not been submitted to insurance.

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PROVIDER: JPS Surgical Center-Arlington  
THCIC ID: 153300  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Introduction

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

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

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

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

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PROVIDER: Methodist Specialty & Transplant Hospital  
THCIC ID: 154001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Do not have information for pt's SSN, state, and zip code  
Unable to locate ED first/last name  
Did not obtain correct codes to correct manifest dx codes

=====
PROVIDER: Northeast Methodist Hospital
THCIC ID: 154002
QUARTER: 1
YEAR: 2020

Certified With Comments

Unable to make corrections to the codes, procedure dates, physician ID, HCPCS or determine charges. No additional address, race, SSN or date of birth information available to make changes

=====
PROVIDER: Methodist Texsan Hospital
THCIC ID: 154003
QUARTER: 1
YEAR: 2020

Certified With Comments

Unable to obtain ED providers first and last names for accounts. Did not locate pt's SSN, state, and zip code

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PROVIDER: TIRR Memorial Hermann
THCIC ID: 164000
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

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PROVIDER: Memorial Hermann Greater Heights Hospital
THCIC ID: 172000
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Las Palmas Medical Center  
THCIC ID: 180000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Medical Center Hospital  
THCIC ID: 181000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Some claims still have residents and mid-levels in them due to the previous certifier being furloughed.

=====  
PROVIDER: Texas Health Harris Methodist HEB  
THCIC ID: 182000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

Administrative data may not accurately represent the clinical details of an encounter.

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the

data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====  
PROVIDER: Baylor Scott & White Hospital College Station  
THCIC ID: 206100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital College Station  
THCIC ID 206100

1st Qtr 2020 Outpatient  
Accuracy rate - 99.82%  
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760,  
E-767, E-769.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====  
PROVIDER: Baylor Scott & White The Heart Hospital Denton  
THCIC ID: 208100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Denton  
THCIC ID 208100  
1st Qtr 2020 Outpatient  
Accuracy rate - 99.92%  
Error from the 1st Quarter FER reflect the following error code, E-693.  
Invalid Physician 1 verified in the hospital system and reported as such.  
Error will stand "as reported".

=====  
PROVIDER: Medical City Plano  
THCIC ID: 214000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Patient Control Number is Correct

=====  
PROVIDER: CHRISTUS Spohn Hospital-Kleberg  
THCIC ID: 216001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====
PROVIDER: Southwest General Hospital
THCIC ID: 228001
QUARTER: 1
YEAR: 2020

Certified With Comments

Some of this data cannot be corrected but working with departments within the hospital to program our system for the next quarter.

=====
PROVIDER: HCA Houston Healthcare Northwest
THCIC ID: 229000
QUARTER: 1
YEAR: 2020

Certified With Comments

Corrections were made to the best of the facility's ability.

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 1
YEAR: 2020

Certified With Comments

Data Content

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

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

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



## Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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

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

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

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

## Length of Stay

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

## Race/Ethnicity

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

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

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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

=====  
PROVIDER: Texas Health Harris Methodist Hospital-Stephenville  
THCIC ID: 256000  
QUARTER: 1  
YEAR: 2020

#### Certified With Comments

#### Data Content

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

#### Cost/ Revenue Codes

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

=====  
PROVIDER: Iraan General Hospital  
THCIC ID: 258000  
QUARTER: 1  
YEAR: 2020

#### Certified With Comments

Patient data that has errors are patients from Mexico and there are no choices given in the software to select Mexico and its provinces.

=====  
PROVIDER: University Medical Center of El Paso  
THCIC ID: 263000  
QUARTER: 1  
YEAR: 2020

#### Certified With Comments

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

teams. The practice of attributing patient outcomes in the database to a single physician may result in inaccurate information. Through performance improvement process, we review the data and strive to make changes to result in improvement.

=====

PROVIDER: Bailey Square Surgery Center  
THCIC ID: 265000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

All errors corrected

=====

PROVIDER: The Hospitals of Providence Sierra Campus  
THCIC ID: 266000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Four (4) errors were unable to be corrected as they are residents from Mexico and information was not available.

=====

PROVIDER: Metropolitan Methodist Hospital  
THCIC ID: 283000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

count 2; error E-637, SSN could not be verified  
count 1; error E-662, State could not be verified  
count 8; error E-663, ZIP could not be verified  
count 1; error E-672, Procedure code could not be verified  
count 17; error E-691, Last name of ED attending physician could not be verified  
count 17; error E-694, First name of ED attending physician could not be verified  
count 6; error E-767, Underlying disease could not be verified  
count 4; error E-769, Underlying disease could not be verified  
count 2; error E-784, HCPCS code could not be verified

=====
PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 1
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Waxahachie
THCIC ID 285000
1st Qtr 2020 - Outpatient
Accuracy rate - 99.87%
Errors from the 1st Quarter FER reflect the following error codes E-704, E-712,
E-731, E-736, E-760, E-767, E-769.
Missing Physician 2 errors verified in the hospital system and reported as such.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====
PROVIDER: Wilson N Jones Regional Medical Center
THCIC ID: 297000
QUARTER: 1
YEAR: 2020

Certified With Comments

All charges have been manually entered due to system outage.

=====
PROVIDER: North Texas Medical Center
THCIC ID: 298000
QUARTER: 1
YEAR: 2020

Certified With Comments

The outpatient accounts that includes; lab/radiology/outpatient procedures and
ED services had several errors for an accuracy percentage of 98.77%.
Explanations of errors: 1). We are on the tip of another State and several
patients present to the ED without valid social security numbers. 2). Patients
come to work in this small rural town on construction jobs, don't have a
permanent residents & unable to provide the actual residential State/zip code.
3). Hospital guidelines that all elective services receive Covid-19 testing

prior to surgery. We had several Rapid test on hand but their was a shortage and results took several days which made the pre-op testing service date several weeks out from the surgery dates.

=====  
PROVIDER: Baylor Scott & White Medical Center-Irving  
THCIC ID: 300000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Irving  
THCIC ID 300000  
1st Qtr 2020 Outpatient  
Accuracy rate -99.78%  
Errors from the 1st Quarter FER reflect the following error codes E-693, E-694, E-736, E-760, E-767, E-769, E-784.  
Two errors relate to Physician information and were verified in the hospital system as reported.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Claim did not contain at least one HCPCS code. Verified in hospital system as reported.  
Errors will stand "as reported".

=====  
PROVIDER: Memorial Hermann Memorial City Medical Center  
THCIC ID: 302000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct.

=====  
PROVIDER: Texas Health Presbyterian Hospital-Kaufman  
THCIC ID: 303000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content

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

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to



the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====  
PROVIDER: Valley Baptist Medical Center-Brownsville  
THCIC ID: 314001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

certifying as is.

=====  
PROVIDER: Del Sol Medical Center  
THCIC ID: 319000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with Comments

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

=====  
PROVIDER: Texas Health Harris Methodist Hospital Cleburne  
THCIC ID: 323000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content

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

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====  
PROVIDER: Baylor University Medical Center  
THCIC ID: 331000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor University Medical Center  
THCIC ID 331000  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.82%  
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760, E-767, E-769.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====

PROVIDER: Cook Childrens Medical Center  
THCIC ID: 332000  
QUARTER: 1  
YEAR: 2020

### Certified With Comments

Cook Children's Medical Center has submitted and certified FIRST QUARTER 2020 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the FIRST QUARTER OF 2020.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

Missing either a THCIC required HCPCS code, or not having a THCIC required revenue code and contain at least one procedure code.

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for modifier errors related to transport (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

<https://www.findacode.com/code-set.php?set=HCPCSMODA>.

Additionally, there may be outpatient encounters where there is an invalid NPI associated with the attending provider. These are most likely to be encounters in the ED where a patient was seen by a nurse in triage and charges were incurred, but left without being seen by a physician or an advanced nurse provider.

However, our overall accuracy rate is very high, so this will be a small proportion of our encounters.

We will continue to work with the Revenue Cycle team to improve the accuracy of the data elements going forward.

This will affect encounters for the FIRST QUARTER OF 2020

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

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows

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

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

=====  
PROVIDER: Medical City Denton  
THCIC ID: 336001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Correct Procedure Date for Acct# (Removed by THCIC) is (Removed by THCIC)

The Correct Procedure Date for Acct# (Removed by THCIC) is (Removed by THCIC)

\*Confidential information removed by THCIC.

=====  
PROVIDER: HCA Houston Healthcare West  
THCIC ID: 337001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certify due to corrections can not be made at this time.

=====  
PROVIDER: Medical Arts Hospital  
THCIC ID: 341000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Due to the sheer volume of the data and with limited resources within the

hospital, I cannot properly analyze the data with 100% accuracy. But at this time we will elect to certify the data.

=====  
PROVIDER: Memorial Hermann - Texas Medical Center  
THCIC ID: 347000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Based on comps data is fine

=====  
PROVIDER: Pecos County Memorial Hospital  
THCIC ID: 356000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The error that is stating is not a true error. That is the patient's control number for each account. Thank you.

=====  
PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth  
THCIC ID: 363000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott and White All Saints Medical Center-Fort Worth  
THCIC ID 363000  
1st Qtr 2020 Outpatient  
Accuracy rate - 99.86%  
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760, E-767, E-769.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====  
PROVIDER: Mission Regional Medical Center

THCIC ID: 370000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Due to low number of errors Mission Regional Medical Center is opting to submit certification as is.

=====  
PROVIDER: Martin County Hospital District  
THCIC ID: 388000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Errors have been corrected, education will be provided

=====  
PROVIDER: Maplewood Ambulatory Surgery Center  
THCIC ID: 388001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Procedure counts were down due to COVID-19 mandatory closures.

=====  
PROVIDER: HCA Houston Healthcare Medical Center  
THCIC ID: 390000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Zip code unknown

=====  
PROVIDER: Nacogdoches Medical Center  
THCIC ID: 392000  
QUARTER: 1  
YEAR: 2020



Certified With Comments

reviewed and updated

=====  
PROVIDER: Victoria Surgery Center  
THCIC ID: 396003  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data verified as correct.

=====  
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi  
THCIC ID: 398000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====  
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline  
THCIC ID: 398001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Done

=====  
PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South  
THCIC ID: 398002  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====
PROVIDER: The Surgical Center of Midland
THCIC ID: 398003
QUARTER: 1
YEAR: 2020

Certified With Comments

Patient (Removed by THCIC) -Patient did not provide social security number

\*Confidential information removed by THCIC.

=====
PROVIDER: Valley Baptist Medical Center
THCIC ID: 400000
QUARTER: 1
YEAR: 2020

Certified With Comments

certifying as is.

=====
PROVIDER: Memorial Hermann Southwest Hospital
THCIC ID: 407000
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

=====
PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 1
YEAR: 2020

Certified With Comments

Introduction

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

Joint Commission accreditation as a hospital.

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

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

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

=====

PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

QUARTER: 1

YEAR: 2020

Certified With Comments

#### Data Content

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====  
PROVIDER: Ascension Seton Smithville  
THCIC ID: 424500  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: CHRISTUS Spohn Hospital-Beeville  
THCIC ID: 429001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====  
PROVIDER: Texas Health Presbyterian Hospital Dallas  
THCIC ID: 431000

QUARTER: 1  
YEAR: 2020

Certified With Comments

#### Data Content

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

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

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

#### Diagnosis and Procedures

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

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

hospitalization, sometimes significantly.

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

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=====

PROVIDER: CHRISTUS Southeast Texas - St Elizabeth

THCIC ID: 444001

QUARTER: 1  
YEAR: 2020

Certified With Comments

errors as expected

=====  
PROVIDER: UT Southwestern University Hospital-Clements University  
THCIC ID: 448001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

E-690 Unable to resolve, Accounts are correct - UTSW default NPI was used

=====  
PROVIDER: Midland Memorial Hospital  
THCIC ID: 452000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Please be advised that our data error percentage was corrected to 100% on the System13 website – but based on State of Texas/System 13 guideline/rules the error % is still accounted.

=====  
PROVIDER: Texas Health Harris Methodist Hospital Azle  
THCIC ID: 469000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content

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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.

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=====

PROVIDER: Baylor Scott & White Medical Center Llano  
THCIC ID: 476000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Llano  
THCIC ID 476000  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.81%  
Errors from the 1st Quarter FER reflect the following error codes E-736, E-760, E-767.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====  
PROVIDER: Medical City Fort Worth  
THCIC ID: 477000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Error is an NPI number that was missed.

=====  
PROVIDER: Memorial Medical Center  
THCIC ID: 487000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

These have been corrected to the best of our ability.

=====  
PROVIDER: Ascension Seton Medical Center  
THCIC ID: 497000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: St Lukes Baptist Hospital
THCIC ID: 503001
QUARTER: 1
YEAR: 2020

Certified With Comments

I hereby certify the 2020 1st Quarter Outpatient Encounters (6377) for Geoffrey Vines, St. Luke's Chief Financial Officer.
Felicia A Rodriguez
Director of Revenue Analysis
(210) 297-5350

=====
PROVIDER: Baylor Scott & White Medical Center Hillcrest
THCIC ID: 506001
QUARTER: 1
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
1st Qtr 2020 - Outpatient
Accuracy rate - 99.92%
Errors from the 1st Quarter FER reflect the following error codes E-736, E-760, E-767, E-769.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====
PROVIDER: HCA Houston Healthcare Conroe
THCIC ID: 508001
QUARTER: 1
YEAR: 2020

Certified With Comments

verified errors to the best of my ability.

=====

PROVIDER: Baylor Scott & White Medical Center-Grapevine  
THCIC ID: 513000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Grapevine  
THCIC ID 513000  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.92%  
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760, E-767, E-784.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Claim did not contain at least one HCPCS code. Verified in hospital system as reported.  
Errors will stand "as reported".

=====  
PROVIDER: Longview Regional Medical Center  
THCIC ID: 525000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

2 charts unable to validate related to COVID 19 pandemic

=====  
PROVIDER: Memorial Hermann Katy Hospital  
THCIC ID: 534001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Baylor Scott & White Medical Center Temple  
THCIC ID: 537000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Temple

THCIC ID 537000

1st Qtr 2020 – Outpatient

Accuracy rate – 99.88%

Errors from the 1st Quarter FER reflect the following error codes E-736, E-760, E-767, E-769.

Procedure dates verified in hospital system, reported as posted.

Manifest diagnosis verified in hospital system as reported.

Errors will stand “as reported”.

=====

PROVIDER: Scott & White Pavilion

THCIC ID: 537002

QUARTER: 1

YEAR: 2020

Certified With Comments

Scott & White Pavilion

THCIC ID 537002

1st Qtr 2020 Outpatient

Accuracy rate – 99.83%

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

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

QUARTER: 1

YEAR: 2020

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

1st Qtr 2020 – Outpatient

Accuracy rate – 99.89%

Errors from the 1st Quarter FER reflect the following error codes E-736, E-760, E-767, E-769.

Procedure dates verified in hospital system, reported as posted.

Manifest diagnosis verified in hospital system as reported.

Errors will stand “as reported”.

=====
PROVIDER: Bellville Medical Center
THCIC ID: 552000
QUARTER: 1
YEAR: 2020

Certified With Comments

Claims with errors are due to no SSN in our system.

=====
PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
QUARTER: 1
YEAR: 2020

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.

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

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

=====
PROVIDER: Shamrock General Hospital
THCIC ID: 571000
QUARTER: 1
YEAR: 2020

Certified With Comments

Missing or invalid social security numbers on patients and unable to verify due to incorrect phone numbers

=====
PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
QUARTER: 1
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: St Davids South Austin Hospital
THCIC ID: 602000
QUARTER: 1
YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic.

=====
PROVIDER: Round Rock Medical Center
THCIC ID: 608000
QUARTER: 1
YEAR: 2020

Certified With Comments



The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic

=====  
PROVIDER: Memorial Hermann Sugar Land  
THCIC ID: 609001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Memorial Hermann The Woodlands Medical Center  
THCIC ID: 615000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

data is correct

=====  
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth  
THCIC ID: 627000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content

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=====  
PROVIDER: Palestine Regional Medical Center  
THCIC ID: 629001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

BKP

=====  
PROVIDER: Hamilton General Hospital  
THCIC ID: 640000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified as complete and accurate with all data available at time of reporting.

=====  
PROVIDER: UT Southwestern University Hospital-Zale Lipshy  
THCIC ID: 653001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No errors

=====  
PROVIDER: Texas Health Presbyterian Hospital-Plano  
THCIC ID: 664000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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=====

PROVIDER: North Central Baptist Hospital  
THCIC ID: 677001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I hereby certify 1st quarter 2020 OP. 10,762 events. On behalf of Steven Beckman, CFO at North Central Baptist Hospital. Christy Augustine, Director Revenue Analysis at North Central Baptist Hospital.

=====

PROVIDER: Burluson St Joseph Health Center-Caldwell  
THCIC ID: 679000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The facility's outpatient data reflects a 95% accuracy rate, found almost entirely in ER claims records where the patients were discharged HOME, but the discharge disposition of such was omitted from the data pull.

=====

PROVIDER: Methodist Ambulatory Surgery Hospital-Northwest  
THCIC ID: 681001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unable to confirm the unit quantity

=====

PROVIDER: Kell West Regional Hospital  
THCIC ID: 681400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Missing line item service dates on some claims due to equipment malfunction and shortage of staff caused by covid19 furlough.

=====

PROVIDER: CHRISTUS Spohn Hospital Alice  
THCIC ID: 689401  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====

PROVIDER: Texarkana Surgery Center  
THCIC ID: 692300  
QUARTER: 1  
YEAR: 2020

Certified With Comments

9 secondary payer, 13 Physician 2 (other/ed attending ) and 2 SSN errors did not get corrected before deadline. New process will be put in place going forward to make sure errors are corrected prior to deadline.

=====

PROVIDER: Amarillo Cataract & Eye Surgery Center  
THCIC ID: 694600  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The opportunity was missed to correct errors by the due date. Therefore, errors

were not corrected.

=====  
PROVIDER: Digestive Health Center at Redbird Square  
THCIC ID: 703200  
QUARTER: 1  
YEAR: 2020

Certified With Comments

100% accuracy

=====  
PROVIDER: Kindred Hospital Houston NW  
THCIC ID: 706000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Kindred Hospital is a long -term care hospital that provides an outpatient services. Data was confirmed accurate by comparing an admission detail report against a referral report in Meditech. Therefore all (1 ) is being reported accurate.  
Ernestine Marsh

=====  
PROVIDER: Abilene Spine & Joint Surgery Center  
THCIC ID: 711700  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unable to access Quarter 1 data to amend error of Primary Payor source code. We have not been able to determine if an upgrade was completed causing the sudden change in our reporting results as this has never been an issue before.

=====  
PROVIDER: Central Park Surgery Center  
THCIC ID: 712100  
QUARTER: 1  
YEAR: 2020



Certified With Comments

Reasons for errors: 5 claims regarding E codes: our company does not usually use E codes but we had a contract coder for a couple of days and E codes were used. Should not happen again. 1 claims regarding physician name not matching

- this has been corrected in our system. 3 claims having errors for SS# not being 9 digits - our system usually gives us an error for this but somehow missed these 3. Will be more diligent on catching these and will also correct at original certification time in the future

=====  
PROVIDER: CHRISTUS St Michael Rehab Hospital  
THCIC ID: 713001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

We are unable to correct SSN errors if the patients refuse to provide them. I am unable to correct certain coding errors.

=====  
PROVIDER: Kindred Hospital Clear Lake  
THCIC ID: 720402  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Outpatient data was attained through the patient accounting system Meditech.  
Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, all 5 accounts are correctly reported.  
Ernestine Marsh

=====  
PROVIDER: Nacogdoches Surgery Center  
THCIC ID: 723800  
QUARTER: 1  
YEAR: 2020

Certified With Comments

As is.

=====  
PROVIDER: Texas Health Presbyterian Hospital Allen  
THCIC ID: 724200  
QUARTER: 1  
YEAR: 2020

Certified With Comments

#### Data Content

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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

cost to deliver the care that each patient needs.

=====  
PROVIDER: CHI St Joseph Health Grimes Hospital  
THCIC ID: 728800  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Provider outpatient data reflects a 96% accuracy rate, caused primarily from ER claims where the patient was discharged HOME and the discharge disposition did not come across in the file submission.

=====  
PROVIDER: Northstar Surgical Center  
THCIC ID: 729200  
QUARTER: 1  
YEAR: 2020

Certified With Comments

1 account did not have hcpcs code but dropped without it

=====  
PROVIDER: Texas Health Heart & Vascular Hospital  
THCIC ID: 730001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-9-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government.

The

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

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an

infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service.

Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies.

Charges

also do not reflect the actual cost to deliver the care that each patient needs.

=====  
PROVIDER: Digestive Health Center at Bedford  
THCIC ID: 778400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

2 claims with 5 errors still remain. Revenue Code in first service line detail is missing most likely due to selecting the wrong insurance.

=====  
PROVIDER: North Texas GI Center  
THCIC ID: 778800  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Error Summary - patient SSN not 9 numeric characters  
While correcting claim errors for 1st Quarter 2020 Outpatient Events, this claim error was mistakenly missed.

=====  
PROVIDER: Winnie Community Hospital  
THCIC ID: 781400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certification with known errors. Out for COVID-19

=====  
PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas  
THCIC ID: 784400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Heart & Vascular Hospital Dallas  
THCIC ID 784400  
1stQ2020 Outpatient  
Accuracy rate - 99.95%  
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760.  
Procedure dates verified in hospital system, reported as posted.  
Errors will stand "as reported".

=====  
PROVIDER: Texas Orthopedics Surgery Center  
THCIC ID: 784600  
QUARTER: 1  
YEAR: 2020

Certified With Comments

was not able to correct the claims due to a glitch in our system Advantx. Each time the attempt was made to correct the claims, it would not update the information.

=====
PROVIDER: Pasteur Plaza Surgery Center
THCIC ID: 785002
QUARTER: 1
YEAR: 2020

Certified With Comments

System did not allow me to make corrections

=====
PROVIDER: CHRISTUS Spohn Corpus Christi Outpatient Surgery
THCIC ID: 786300
QUARTER: 1
YEAR: 2020

Certified With Comments

CORRECTIONS WERE NOT COMPLETED BY CORRECTION DATE.

=====
PROVIDER: Cataract & Surgical Center of Lubbock
THCIC ID: 786400
QUARTER: 1
YEAR: 2020

Certified With Comments

one claim missing Hcpcs and/or revenue code. this was oversight and was missed during data entry

=====
PROVIDER: The Endoscopy Center
THCIC ID: 786500
QUARTER: 1
YEAR: 2020

Certified With Comments

The 762 errors received have already been addressed awhile back with Tiffany Overton via emails. The codes used are what is on the operative reports. I was instructed that they will be disregarded.



=====
PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 1
YEAR: 2020

Certified With Comments

We are unable to correct SSN errors if the patients refuses to provide them. I am unable to correct certain coding errors.

=====
PROVIDER: Harlingen Medical Center
THCIC ID: 788002
QUARTER: 1
YEAR: 2020

Certified With Comments

No comments

=====
PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 1
YEAR: 2020

Certified With Comments

We are unable to correct SSN errors if the patients refuse to provide them. I am unable to correct certain coding errors.

=====
PROVIDER: Baylor Surgicare At Carrollton
THCIC ID: 791400
QUARTER: 1
YEAR: 2020

Certified With Comments

no errors at this time

=====
PROVIDER: Texas Orthopedic Hospital

THCIC ID: 792000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Error Edits  
E-769: M48.02  
E-685: Units 1  
E-784: HCPCS 72141  
E-672: 0612

=====  
PROVIDER: Kindred Hospital Sugar Land  
THCIC ID: 792700  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Texan Surgery Center  
THCIC ID: 796500  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Some patients will not give office their social security numbers, also our Patient Account system will omit all the numbers except the last 4 digits, so the accounts go over with leading zeros and the last 4 correct digits of the social

=====  
PROVIDER: Key Whitman Surgery Center  
THCIC ID: 796600  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Patients do not always allow us to know their SS#s

=====

PROVIDER: Doctors Hospital-Renaissance  
THCIC ID: 797100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Already reviewed

=====

PROVIDER: Ascension Seton Southwest  
THCIC ID: 797500  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Ascension Seton Northwest  
THCIC ID: 797600  
QUARTER: 1  
YEAR: 2020

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: Memorial Hermann Surgery Center Conroe  
THCIC ID: 798400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

There was one error, which was due to an invalid principal diagnosis code. The deadline to correct errors was inadvertently missed by the facility.

=====  
PROVIDER: Kindred Hospital Tarrant County Fort Worth SW  
THCIC ID: 800000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Kindred Hospital is a long -term care hospital that provides an outpatient services. Data was confirmed accurate by comparing an admission detail report against a referral report in Meditech. Therefore all 29 are being reported accurate.  
Ernestine Marsh

=====  
PROVIDER: Kindred Hospital Bay Area  
THCIC ID: 801000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Kindred Hospital is a long -term care hospital that provides an outpatient services. Data was confirmed accurate by comparing an admission detail report against a referral report in Meditech. Therefore all 2 are being reported accurate.  
Ernestine Marsh

=====  
PROVIDER: Lubbock Heart Hospital  
THCIC ID: 801500  
QUARTER: 1  
YEAR: 2020

Certified With Comments

4 errors invalid ss number. Invalid data from EMR. was incomplete  
2 invalid physician and attending name match. Invalid data from EMR. was incomplete  
14 procedure date errors. Invalid data from EMR. errors were incomplete

=====  
PROVIDER: Medical Village Surgery Center  
THCIC ID: 804300  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Found Rev Code error!

=====  
PROVIDER: Baylor Scott & White Surgical Hospital-Fort Worth  
THCIC ID: 804500  
QUARTER: 1  
YEAR: 2020

Certified With Comments

no claims showing under claim correction to correct errors

=====  
PROVIDER: Memorial Hermann Surgery Center Greater Heights  
THCIC ID: 811000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Humana error, processes have been put in place and update.

=====  
PROVIDER: Texas Health Harris Methodist Hospital Southlake  
THCIC ID: 812800  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====  
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas  
THCIC ID: 813100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====  
PROVIDER: Baylor Scott & White Medical Center-Plano  
THCIC ID: 814001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Plano  
THCIC ID 814001  
1st Qtr 2020 – Outpatient  
Accuracy rate – 99.73%  
Errors from the 1st Quarter FER reflect the following error codes E-624, E-736, E-760, E-769, E-784.  
Invalid condition code verified, reported as posted.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Claim did not contain at least one HCPCS code. Verified in hospital system as reported.  
Errors will stand “as reported”.

=====  
PROVIDER: North Austin Surgery Center  
THCIC ID: 814100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certifying with 1 revenue code error. Unable to correct due to web browser issue.

=====  
PROVIDER: Gastrointestinal Endoscopy Center  
THCIC ID: 815100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

1 correction of an invalid diagnosis was missed when correcting claims. Unable to go back and correct because the deadline had passed before it was found.

=====  
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano  
THCIC ID: 815300  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====  
PROVIDER: Spinecare  
THCIC ID: 816900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: The Surgery Center  
THCIC ID: 819001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

submitted with errors

```

=====
PROVIDER: Centennial Surgery Center
THCIC ID: 820300
QUARTER: 1
YEAR: 2020

```

Certified With Comments

The occurrence code was missing a digit(0).

```

=====
PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 1
YEAR: 2020

```

Certified With Comments

Data Content

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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.

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#### Length of Stay

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#### Race/Ethnicity

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#### Standard/Non-Standard Source of Payment

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

=====  
PROVIDER: Westlake Medical Center  
THCIC ID: 822800  
QUARTER: 1  
YEAR: 2020

Certified With Comments

zip code error due to international address

=====  
PROVIDER: St Marks Medical Center  
THCIC ID: 823400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Pt location unknown

=====  
PROVIDER: Heart Hospital-Austin  
THCIC ID: 829000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to

be corrected while facilities were under limited resources during the unprecedented COVID pandemic.

=====  
PROVIDER: Texas Health Surgery Center Preston Plaza  
THCIC ID: 832800  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I am certifying this data as accurate to the best of my knowledge.

=====  
PROVIDER: Pampa Regional Medical Center  
THCIC ID: 832900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Claim count low due to system update

=====  
PROVIDER: American Surgery Center  
THCIC ID: 835200  
QUARTER: 1  
YEAR: 2020

Certified With Comments

errors not corrected due to COVID interruption

=====  
PROVIDER: St Davids Georgetown Hospital  
THCIC ID: 835700  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the

unprecedented COVID pandemic

=====

PROVIDER: Sugar Land Surgery Center  
THCIC ID: 837300  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Only one physician is operating at a time thus the reason for the Physician 2 to be blank. Ethnicity errors have to do with the patient refusing to identify with an ethnic background.

=====

PROVIDER: Memorial Hermann Rehab Hospital Katy  
THCIC ID: 838400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====

PROVIDER: St Joseph Medical Center  
THCIC ID: 838600  
QUARTER: 1  
YEAR: 2020

Certified With Comments

St. Joseph Medical Center was unable to correct 1st Q 2020 data, due to the person who does the correction died unexpected in June 2020.

=====

PROVIDER: CHRISTUS Spohn Surgicare of Corpus Christi  
THCIC ID: 839300  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No Comments. I cannot find any errors that I can correct.

=====
PROVIDER: Memorial Hermann Surgery Center Sugar Land
THCIC ID: 839500
QUARTER: 1
YEAR: 2020

Certified With Comments

- 1 count of Patient SSN not 9 numeric characters
1 count of Invalid Patient SSN
1 count of Invalid Point of Origin

=====
PROVIDER: Digestive Health Center of North Richland Hills
THCIC ID: 839800
QUARTER: 1
YEAR: 2020

Certified With Comments

100% Accuracy

=====
PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
QUARTER: 1
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Plano
THCIC ID 844000
1st Qtr 2020 Outpatient
Accuracy rate - 98.45%
Errors from the 1st Quarter FER reflect the following error codes E-693, E-694,
E-736, E-760, E-767, E-784.
Invalid Physician 1 verified in the hospital system and reported as such.
Missing Physician 2 verified in the hospital system and reported as such.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Claim did not contain at least one HCPCS code. Verified in hospital system as
reported.
Errors will stand "as reported".

=====
PROVIDER: St Lukes Patients Medical Center
THCIC ID: 846100
QUARTER: 1
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: Memorial Hermann Northeast
THCIC ID: 847100
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

=====
PROVIDER: Baylor Surgicare At Fort Worth I
THCIC ID: 848400
QUARTER: 1
YEAR: 2020

Certified With Comments

I was out on FMLA for 3 months for an unexpected medical problem and when I returned I found that the 1st QTR of 2020 had not been processed. We had an internal problem with the THCIC file and was waiting for resolution for that. Everything happened at the last minute when I uploaded. I did not verify my certification date and just started the processes thinking I was going to miss the deadline and certified the file knowing there were errors in it. This whole process is not my usual quality of work and I will be on top of this with my future files.

=====
PROVIDER: Grace Medical Center
THCIC ID: 848900
QUARTER: 1
YEAR: 2020

Certified With Comments

unable to find valid SS # for 2 patients for this quarter.

=====
PROVIDER: The Surgery Center at Gaslight Medical Park
THCIC ID: 851700
QUARTER: 1
YEAR: 2020

Certified With Comments

correct data

=====
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 1
YEAR: 2020

Certified With Comments

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

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

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

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

YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

1st Qtr 2020 – Outpatient

Accuracy rate – 99.88%

Errors from the 1st Quarter FER reflect the following error codes E-672, E-736, E-760, E-767, E-769.

Invalid service line procedure code verified, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

QUARTER: 1

YEAR: 2020

Certified With Comments

All information is correct to my knowledge.

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901

QUARTER: 1

YEAR: 2020

Certified With Comments

Missed claim correction period due to COVID focus. Certify with 7 errors, 5 invalid SSN and 2 manifest diagnosis code errors.

=====

PROVIDER: El Paso Center for Gastrointestinal Endoscopy

THCIC ID: 854900

QUARTER: 1

YEAR: 2020

Certified With Comments

Unable to corrected error.



=====
PROVIDER: Corpus Christi Endoscopy Center
THCIC ID: 857300
QUARTER: 1
YEAR: 2020

Certified With Comments

Unable to correct errors

=====
PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
QUARTER: 1
YEAR: 2020

Certified With Comments

The Q1 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====
PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
QUARTER: 1
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
QUARTER: 1
YEAR: 2020

Certified With Comments

Data for error correction was not available at the time of submission.

=====  
PROVIDER: Methodist Stone Oak Hospital  
THCIC ID: 874100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

errors that could not be corrected were due to no NPI for ED physicians could be located, Rev codes could not be updated in system

=====  
PROVIDER: Laredo Digestive Health Center  
THCIC ID: 904000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

one error with missing SS# or 999

=====  
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels  
THCIC ID: 917000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

value of field error list  
Three error is social security numbers. the current methodology used when a patient refuses to provide a social security number is 999-99-9999. I am currently working to obtain the correct reporting structure for this.

=====  
PROVIDER: Medical Complex Surgery Center  
THCIC ID: 918000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

We were not aware that corrections had to be 100% for quarter one data.

=====  
PROVIDER: Baylor Scott & White Medical Center Sunnyvale  
THCIC ID: 919000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data certified as indicated.

=====  
PROVIDER: Ascension Seton Hays  
THCIC ID: 921000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: South Texas Surgical Hospital  
THCIC ID: 931000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

corrected all that I could. 1 acct would not allow corrections. called help desk and were unable to correct. certified with 1 error.

=====  
PROVIDER: Methodist McKinney Hospital  
THCIC ID: 937000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Due to an internal technical error, the claim number for the operating physician 1 shows zero.

This error was corrected by our IT department and all submissions after July 15th should have the right claim number.

=====  
PROVIDER: Texas Health Presbyterian Hospital Flower Mound  
THCIC ID: 943000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====  
PROVIDER: Texas Health Outpatient Surgery Center Fort Worth  
THCIC ID: 970100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====  
PROVIDER: Central Texas Day Surgery Center  
THCIC ID: 970120  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unable to access 1st quarter claims to adjust Primary Payer as most errors were related to this. Source code should be 13.

=====  
PROVIDER: Dodson Surgery Center  
THCIC ID: 970400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified FIRST QUARTER 2020 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Accidental puncture and lacerations  
Post-operative wound dehiscence  
Post-operative hemorrhage and hematoma  
Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the FIRST QUARTER OF 2020.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

Missing either a THCIC required HCPCS code, or not having a THCIC required revenue code and contain at least one procedure code.

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for modifier errors related to transport (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

<https://www.findacode.com/code-set.php?set=HCPCSMODA>.

Additionally, there may be outpatient encounters where there is an invalid NPI associated with the attending provider. These are most likely to be encounters in the ED where a patient was seen by a nurse in triage and charges were incurred, but left without being seen by a physician or an advanced nurse provider.

However, our overall accuracy rate is very high, so this will be a small proportion of our encounters.

We will continue to work with the Revenue Cycle team to improve the accuracy of the data elements going forward.

This will affect encounters for the FIRST QUARTER OF 2020

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

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

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

=====

PROVIDER: Seton Medical Center Harker Heights  
THCIC ID: 971000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I wish to certify the 2020 first quarter outpatient data as is. It is correct to the best of my knowledge. I wish to certify this report.

=====  
PROVIDER: Texas Health Huguley Surgery Center  
THCIC ID: 971500  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

Submission Timing

To meet the State's submission deadline, approximately 60 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

There is no mechanism provided in the reporting process to factor in DNR (Do Not



Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated.

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

HCFA 837 EDI electronic claim format.

The quarterly data for 2020 1st Quarter, to the best of our knowledge, is accurate and complete given the above.

=====

PROVIDER: Surgery Center of Northeast Texas

THCIC ID: 971600

QUARTER: 1

YEAR: 2020

Certified With Comments

all NPI verified

=====

PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

QUARTER: 1

YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

1st Qtr 2020 Outpatient

Accuracy rate – 99.89%

Errors from the 1st Quarter FER reflect the following error codes E-624, E-693, E-694, E-736, E-760, E-784.

Invalid condition code verified in hospital system.

Two errors relate to Physician information and were verified in the hospital system as reported.

Procedure dates verified in hospital system, reported as posted.

Claim did not contain at least one HCPCS code. Verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Digestive Disease Center  
THCIC ID: 972400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Texas Health Harris Methodist Hospital Alliance  
THCIC ID: 972900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

#### Data Content

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An

'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

#### Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====  
PROVIDER: Crescent Medical Center Lancaster  
THCIC ID: 973180  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I did not realize there was 1 remaining claim pending for correction.

=====  
PROVIDER: Methodist Stone Oak Fertility Surgery Center  
THCIC ID: 973380  
QUARTER: 1  
YEAR: 2020

Certified With Comments

One error could not be correct as the SSN for the patient could not be obtained.

=====  
PROVIDER: Precinct Ambulatory Surgery Center  
THCIC ID: 973460  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Qtr 1 2020

=====  
PROVIDER: Preston Crossing Endoscopy Center  
THCIC ID: 973510  
QUARTER: 1  
YEAR: 2020

Certified With Comments

100% accuracy

=====

PROVIDER: CHRISTUS Southeast Texas Orthopedic Specialty Center  
 THCIC ID: 973570  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

errors as expected

=====

PROVIDER: South Texas Spine & Surgical Outpatient Center  
 THCIC ID: 973720  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

1 E-637 Invalid Patient SSN  
 2 E-670 Revenue Code in first service line detail is missing  
 2 E-679 Charges present but no corresponding Revenue Code  
 Error codes were not corrected on time

=====

PROVIDER: Wise Health Surgical Hospital  
 THCIC ID: 973840  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

The information submitted here is accurate as of the time of reporting. Any issues with missing coding are due to delays caused by implementation of a new EMR, and we are working on resolving this.

=====

PROVIDER: Woodlands Specialty Hospital  
 THCIC ID: 974150  
 QUARTER: 1

YEAR: 2020

Certified With Comments

Two claims in which errors were noted involved residents of Mexico. Address and social security number not entered correctly.

=====
PROVIDER: HCA Houston Healthcare Pearland
THCIC ID: 974390
QUARTER: 1
YEAR: 2020

Certified With Comments

Some of the data was not able to be corrected due to the records being archived. Two of the errors pertaining to diagnoses codes were accurate per the patients' records. The error pertaining to Patient State was correct- patient's address is from outside of the US. Two errors pertaining to Admission source were "Non-Health Care Facility Pt of Origin". The errors pertaining to race were not specified in the chart.

=====
PROVIDER: Memorial Hermann Orthopedic and Spine Hospital
THCIC ID: 974820
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

=====
PROVIDER: Memorial Hermann Surgery Center Kirby Glen
THCIC ID: 974930
QUARTER: 1
YEAR: 2020

Certified With Comments

Certifier was unavailable due to medical reason

=====
PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Marble Falls  
THCIC ID 974940  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.89%  
Errors from the 1st Quarter FER reflect the following error codes E-736, E-760, E-767, E-769.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====  
PROVIDER: North Pines Surgery Center  
THCIC ID: 975117  
QUARTER: 1  
YEAR: 2020

Certified With Comments

E626, 627, 725 & 729.

=====  
PROVIDER: Memorial Hermann Pearland Hospital  
THCIC ID: 975138  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center  
THCIC ID: 975144  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Review of errors, two errors. Entering a series of "999" for socials security

numbers. I am working to see the best methodology to use moving forward.

=====  
PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center  
THCIC ID: 975146  
QUARTER: 1  
YEAR: 2020

Certified With Comments

#### Data Content

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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



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

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

#### Length of Stay

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

#### Race/Ethnicity

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

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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

cost to deliver the care that each patient needs.

=====  
PROVIDER: Christus Mother Frances Hospital Sulphur Springs  
THCIC ID: 975159  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certifying with knowledge of error, missed deadline for correction

=====  
PROVIDER: Baylor Scott & White Medical Center Lakeway  
THCIC ID: 975165  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lakeway  
THCIC ID 975165  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.90%  
Errors from the 1st Quarter FER reflect the following error codes E-736, E-760.  
Procedure dates verified in hospital system, reported as posted.  
Errors will stand “as reported”.

=====  
PROVIDER: Texas Health Hospital Clearfork  
THCIC ID: 975167  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

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

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

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

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

#### Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is

not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====  
PROVIDER: Water Leaf Surgery Center  
THCIC ID: 975174  
QUARTER: 1  
YEAR: 2020

Certified With Comments

please proceed with certification.

=====  
PROVIDER: Advanced Surgical Center  
THCIC ID: 975176  
QUARTER: 1  
YEAR: 2020

Certified With Comments

During Covid 19 period

=====  
PROVIDER: Raider Surgical Center  
THCIC ID: 975177  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Invalid Service line states incorrect but could not input correct code, system would not take the correct code.

=====  
PROVIDER: College Park Heart & Vascular Surgery Center  
THCIC ID: 975184  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Attempt was made to make Q1 2020 corrections. I've signed up for additional/refresher training on 9/9/2020 to ensure corrections are being done appropriately.

=====  
PROVIDER: Advanced Cardiovascular Surgery Center at Methodist West Houston  
THCIC ID: 975186  
QUARTER: 1  
YEAR: 2020

Certified With Comments

We had one procedure code error.  
HCPCS/HOPPS procedure codes.  
Unable to find patient MRN to correct.

=====  
PROVIDER: The Hospitals of Providence Transmountain Campus  
THCIC ID: 975188  
QUARTER: 1  
YEAR: 2020

Certified With Comments

All possible corrections were made prior to submission

=====  
PROVIDER: Memorial Hermann Surgery Center Pinecroft  
THCIC ID: 975191  
QUARTER: 1  
YEAR: 2020

Certified With Comments

errors remaining are invalid SSN and were entered as 9's incorrectly, possibly missing a 9 character

=====  
PROVIDER: Crenshaw Ambulatory Surgical Center  
THCIC ID: 975192  
QUARTER: 1  
YEAR: 2020

Certified With Comments

1st Quarter 2020 certification

=====  
PROVIDER: Parkway Surgery Center  
THCIC ID: 975194  
QUARTER: 1  
YEAR: 2020

Certified With Comments

There were 15 claims with data entry errors (ex. Missing or Invalid Patient State, City, Zip) during out 1st quarter in 2020. In order to avoid data input errors and promote accuracy, an in-service was held to train employees on the importance of data and priority to accuracy over speed.

=====  
PROVIDER: Memorial Hermann Cypress Hospital  
THCIC ID: 975201  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====

PROVIDER: CHRISTUS St Mary Outpatient Center Mid-County  
 THCIC ID: 975209  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

data errors as expected

=====

PROVIDER: Dell Seton Medical Center at The University of Texas  
 THCIC ID: 975215  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

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

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

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

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

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

=====

PROVIDER: Methodist Hospital South  
 THCIC ID: 975221  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

Many of our patients do not have social security numbers and addresses are in other countries, we are a very rural community hospital not far from an international boarder, it is commone for us to receive babies born in route sometimes the day before and people with addresses in Mexico.

=====  
PROVIDER: VIP Surgical Center  
THCIC ID: 975227  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certification made with 7 errors. Two invalid SSN and 5 invalid/missing principal diagnosis. At the time we were changing software and had limited access. Claims were submitted and cleared through billing clearing house.

=====  
PROVIDER: Surgery Center of Amarillo  
THCIC ID: 975239  
QUARTER: 1  
YEAR: 2020

Certified With Comments

the correction date was inadvertently missed and there were no corrections made at this time.

=====  
PROVIDER: Lake Travis ER  
THCIC ID: 975269  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I am certifying with the acknowledgement off E-code errors.

=====  
PROVIDER: Caprock Hospital  
THCIC ID: 975270



QUARTER: 1  
YEAR: 2020

Certified With Comments

We did not have the patients ss #. These claims also include our freestanding ER.

=====  
PROVIDER: Christus Good Shepherd Ambulatory Surgical Center  
THCIC ID: 975275  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Advanced Surgical Care of Boerne  
THCIC ID: 975277  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The two errors were not corrected and updated as we were working on limited staff due to COVID-19, however, we will ensure that we correct and process appropriately future quarters.

=====  
PROVIDER: Humble Vascular Surgical Center  
THCIC ID: 975278  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The 26 claims that have one error noted is due to the WavelinQ / Ellipsys creation code, this a new procedure and code that has not yet been loaded in System 13.

=====  
PROVIDER: Azura Surgery Center Star  
THCIC ID: 975280  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Austin Access Care  
THCIC ID: 975282  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unable to get the correct SSN # for the patient in order to correct in claims.

=====  
PROVIDER: Baylor Scott & White Medical Center Centennial  
THCIC ID: 975285  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Centennial  
THCIC ID 975285  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.83%  
Errors from the 1st Quarter FER reflect the following error codes, E-694, E-736, E-760, E-784.  
Missing Physician 2 verified in the hospital system and reported as such.  
Procedure dates verified in hospital system, reported as posted.  
Claim did not contain at least one HCPCS code. Verified in hospital system as reported.  
Errors will stand “as reported”.

=====
PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
QUARTER: 1
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286
1st Qtr 2020 Outpatient
Accuracy rate - 99.86%
Errors from the 1st Quarter FER reflect the reflect the following error codes
E-736,
E-760, E-767, E-769, E-784.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Claim did not contain at least one HCPCS code. Verified in hospital system as
reported.
Errors will stand "as reported".

=====
PROVIDER: UT Health East Texas Carthage Hospital
THCIC ID: 975294
QUARTER: 1
YEAR: 2020

Certified With Comments

One error for HCPCS code or Rev Code and 5 errors for HCPCS code

=====
PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295
QUARTER: 1
YEAR: 2020

Certified With Comments

One error missing social security number and 21 errors for HCPCS code

=====
PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299

QUARTER: 1  
YEAR: 2020

Certified With Comments

Some cases included an issue with address and/or patient account number.

=====  
PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery  
THCIC ID: 975318  
QUARTER: 1  
YEAR: 2020

Certified With Comments

q1 2020

=====  
PROVIDER: HCA Houston Healthcare North Cypress  
THCIC ID: 975321  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Wise Health Surgical Hospital  
THCIC ID: 975322  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The information submitted here is accurate as of the time of reporting. Any issues with missing coding are due to delays caused by implementation of a new EMR, and we are working on resolving this.

=====  
PROVIDER: Texas Health Orthopedic Surgery Center Heritage  
THCIC ID: 975328  
QUARTER: 1  
YEAR: 2020

Certified With Comments

(Removed by THCIC) shows dc (Removed by THCIC) but was dc (Removed by THCIC)

\*Confidential information removed by THCIC.

=====  
PROVIDER: North Cypress Medical Center, a campus of Kingwood Medical Center  
THCIC ID: 975341  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is corrected to the best of our ability at the time of certification.

=====  
PROVIDER: Doctors United Surgery Center  
THCIC ID: 975346  
QUARTER: 1  
YEAR: 2020

Certified With Comments

2020 Q1, certifying with ss# errors

=====  
PROVIDER: Scenic Mountain Medical Center  
THCIC ID: 975372  
QUARTER: 1  
YEAR: 2020

Certified With Comments

We have had a few international patients which has caused us issues with the zip codes. I have reviewed the files.

=====  
PROVIDER: Nuvision Same Day Procedure Center  
THCIC ID: 975382  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Less cases this quarter due to COVID shutdown.

=====  
PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park  
THCIC ID: 975384  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Emergency Medical Center Cedar Park  
THCIC ID 975384  
1st Qtr 2020 Outpatient  
Accuracy rate – 99.94%  
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760.  
Procedure dates verified in hospital system, reported as posted.  
Errors will stand “as reported”.

=====  
PROVIDER: Heart & Vascular Surgery Center of Fort Worth  
THCIC ID: 975387  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Patient would not provide SS #

=====  
PROVIDER: Baylor Scott & White Medical Center Buda  
THCIC ID: 975391  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Buda  
THCIC ID 975391  
1st Q2020 Outpatient  
Accuracy rate – 99.86%  
Errors from the 1st Quarter FER reflect the following error codes, E-736, E-760.  
Procedure dates verified in hospital system, reported as posted.  
Errors will stand “as reported”.

=====
PROVIDER: Spicewood Surgery Center
THCIC ID: 975410
QUARTER: 1
YEAR: 2020

Certified With Comments

Prior administration failed to update missing diagnosis within allotted window.

=====
PROVIDER: Legent Orthopedic Hospital
THCIC ID: 975413
QUARTER: 1
YEAR: 2020

Certified With Comments

Includes 4q19 data.
Certifying with knowledge of one error.

=====
PROVIDER: Valley Baptist Micro-Hospital Weslaco
THCIC ID: 975415
QUARTER: 1
YEAR: 2020

Certified With Comments

Certifying as is. Irg

=====
PROVIDER: Brushy Creek Family Hospital
THCIC ID: 975417
QUARTER: 1
YEAR: 2020

Certified With Comments

I am certifying with the acknowledgement off E-code errors.

=====

PROVIDER: Ascension Seton Bastrop  
THCIC ID: 975418  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, womens diagnostics services including mammography and dexa, and onsite imaging (CT, X-ray, ultrasound) and laboratory services.

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=====  
PROVIDER: Memorial Hermann Surgery Center Main Street  
THCIC ID: 975420  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Pt 18418 the revenue code is 490 for cpt 20610 and 320 for cpt 77002. These have been corrected since the report was originally run.

We collect social security numbers on all patients that will disclose them. A small percentage of patients elect not to give us their SSN. Those are listed on the error report.

Additional revenue code that is missing is 490.

Please let me know if you need additional information. [ntaylor@uspi.com](mailto:ntaylor@uspi.com)

=====  
PROVIDER: Texas Health Hospital Frisco  
THCIC ID: 975783  
QUARTER: 1  
YEAR: 2020



## Certified With Comments

### Data Content

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=====  
PROVIDER: Baylor Scott & White Medical Center Austin  
THCIC ID: 975789  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott and White Medical Center Austin

THCIC ID 975789

1st Qtr 2020 Outpatient

Accuracy rate – 99.75%

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

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Digestive Health Center of Dallas

THCIC ID: 975800

QUARTER: 1

YEAR: 2020

Certified With Comments

100% Accuracy

=====

PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

QUARTER: 1

YEAR: 2020

Certified With Comments

No comments