

Outpatient Facility Comments, 1Q2016.txt

General Comments on 1st Quarter 2016 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 facility's standard data collection process, there may be an increase in the error rate for these elements.
- Facilities 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.
- Facilities are required to submit data within 60 days after the close of a calendar quarter (facility data submission vendor deadlines may be sooner). Depending on facilities' collection and billing cycles, not all services 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 facility 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 facilities as their best effort to meet statutory requirements.

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PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
QUARTER: 1
YEAR: 2016

Certified With Comments

I elect to certify the data for outpatient 1st quarter 2016. I am certifying this data with the understanding that errors exist and processes are being developed to correct errors on the 2nd quarter 2016 data.

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PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
QUARTER: 1
YEAR: 2016

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.

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PROVIDER: Jackson County Hospital

Outpatient Facility Comments, 102016.txt

THCIC ID: 017000
QUARTER: 1
YEAR: 2016

Certified With Comments

Please note majority of the errors/invalid data in this reporting period is due to SSN's entered as 000-00-0000 instead of System 13's requirements of SSN's to be entered as 999-99-9999.

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PROVIDER: Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 1
YEAR: 2016

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: Good Shepherd Medical Center
THCIC ID: 029000
QUARTER: 1
YEAR: 2016

Certified With Comments

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PROVIDER: Baylor Scott & White Medical Center Carrollton
THCIC ID: 042000
QUARTER: 1
YEAR: 2016

Certified With Comments

Baylor Medical Center Carrollton OUTPATIENT DATA
THCIC ID: 042000
QUARTER: 1
YEAR: 2016

CERTIFIED WITH COMMENTS

Outpatient Facility Comments, 1Q2016.txt

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data. Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 1
YEAR: 2016

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of December 1, 2016. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

The State requires us to submit a snapshot of billed claims, extracted from our database approximately 20 days following the close of the calendar year quarter. 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

Page 3

Outpatient Facility Comments, 1Q2016.txt

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

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

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

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PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
QUARTER: 1
YEAR: 2016

Certified With Comments

Resolution of race issues ongoing via staff education. NPI number and practitioner name discrepancies due to differing naming conventions in facility's database. Resolution underway with facility IT resources. New coders with coding services; manifest diagnosis codes not being principle or ROV is being educated.

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PROVIDER: TMC Bonham Hospital
THCIC ID: 106001
QUARTER: 1
YEAR: 2016

Certified With Comments

Claims in error corrected; 2016 1st quarter outpatient certified.

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 1
YEAR: 2016

Certified With Comments

The data reports for Quarter 1, 2016 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Outpatient Facility Comments, 102016.txt

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

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PROVIDER: Faith Surgical Center
THCIC ID: 120100
QUARTER: 1
YEAR: 2016

Certified With Comments

Certifying with knowledge of errors. Claims submitted under prior Administrator without correction. Unable to have file restored for correction due to timeframe.

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PROVIDER: South Texas Ambulatory Surgery Center
THCIC ID: 130060
QUARTER: 1
YEAR: 2016

Certified With Comments

We are in the process of trying to submit claims with no errors. I was recently made aware that we are able to use "999-99-999" as the patient's social security number when the patient chooses to not disclose that information. I am working to correct the claims that I can, but there are a couple of quarters that had claims already submitted - this quarter is one of them.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 1
YEAR: 2016

Certified With Comments

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

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 1
YEAR: 2016

Certified With Comments

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

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and

newborns, an AIDS treatment center, a skilled nursing unit, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health treatment facility.

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

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

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 1
YEAR: 2016

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

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Clay County Memorial Hospital
THCIC ID: 193000
QUARTER: 1
YEAR: 2016

Outpatient Facility Comments, 1Q2016.txt

There are minor errors in claims. We did not get them corrected.

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PROVIDER: The Heart Hospital Baylor Denton
THCIC ID: 208100
QUARTER: 1
YEAR: 2016

Certified With Comments

CERTIFIED WITH COMMENTS

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PROVIDER: Medical Center-PIano
THCIC ID: 214000
QUARTER: 1
YEAR: 2016

Certified With Comments

Information if valid

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PROVIDER: DeHaven Surgical Center
THCIC ID: 228002
QUARTER: 1
YEAR: 2016

Certified With Comments

submitted by Lisa Myers 04-14-16

Outpatient Facility Comments, 1Q2016.txt

PROVIDER: Texas Health Harris Methodist Hospital -Fort Worth
THCIC ID: 235000
QUARTER: 1
YEAR: 2016

Certified With Comments

Data Content

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PROVIDER: Col umbi a Medi cal Center-McKi nney
THCIC ID: 246000
QUARTER: 1
YEAR: 2016

Certi fied Wi th Comments

PATIENT' S DOB IS CORRECT

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PROVIDER: Texas Heal th Harri s Methodi st Hospi tal -Stephenvi l l e
THCIC ID: 256000
QUARTER: 1
YEAR: 2016

Certi fied Wi th Comments

Data Content

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The state requires us to submit outpatient claims for patients that receive

Outpatient Facility Comments, 102016.txt

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PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 1
YEAR: 2016

Certified With Comments

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

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

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PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 1
YEAR: 2016

Certified With Comments

CERTIFIED WITH COMMENTS

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PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 1
YEAR: 2016

Certified With Comments
CERTIFIED WITH COMMENTS

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PROVIDER: Texas Health Presbyterian Hospital -Kaufman
THCIC ID: 303000
QUARTER: 1
YEAR: 2016

Certified With Comments

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Length of Stay

The length of stay data element contained in the state 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
09/29/16

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

Standard/Non-Standard Source of Payment

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

analysis.

Cost/ Revenue Codes

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

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PROVIDER: Dallas Regional Medical Center
THCIC ID: 315003
QUARTER: 1
YEAR: 2016

Certified With Comments

DRMC 2016 1st Quarter Outpatient

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 1
YEAR: 2016

Certified With Comments

THCIC ID: TH323000
QUARTER: 2016 Quarter 1 Outpatient
Texas Health Cleburne 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

Outpatient Facility Comments, 102016.txt

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.

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

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

Outpatient Facility Comments, 1Q2016.txt

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

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PROVIDER: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 1
YEAR: 2016

Certified With Comments

Baylor Medical Center at BUMC OUTPATIENT DATA
THCIC ID: 331000
QUARTER: 1
YEAR: 2016

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 1
YEAR: 2016

Certified With Comments

Cook Children's Medical Center has submitted and certified 1st QUARTER 2016 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 1st QUARTER OF 2016.

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: University Medical Center-Brackenridge
THCIC ID: 335000
QUARTER: 1
YEAR: 2016

Certified With Comments

As the public teaching hospital in Austin and Travis County, University Medical Center Brackenridge (UMCB) 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.

UMCB has a perinatal program that serves a population that includes mothers with late or no prenatal care. 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 Trauma Center, UMCB 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.

Outpatient Facility Comments, 1Q2016.txt

PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 1
YEAR: 2016

Elected Not to Certify

Being that the data is so voluminous I cannot accurately certify with 100% accuracy.

PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 1
YEAR: 2016

Certified With Comments

PROVIDER: Baylor All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 1
YEAR: 2016

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data. Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 1
YEAR: 2016

Certified With Comments

To the best of my knowledge, all data is correct for this quarter.

PROVIDER: John Peter Smith Hospital

Outpatient Facility Comments, 102016.txt

THCIC ID: 409000
QUARTER: 1
YEAR: 2016

Certified With Comments

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

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a skilled nursing unit, 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: 2016

Certified With Comments

THCIC ID: TH422000
QUARTER: 2016 Quarter 1 Outpatient
Texas Health Arlington Memorial Hospital 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

Outpatient Facility Comments, 102016.txt

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

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

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

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

Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Outpatient Facility Comments, 1Q2016.txt
contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

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

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PROVIDER: Lake Granbury Medical Center
THCIC ID: 424000
QUARTER: 1
YEAR: 2016

Certified With Comments

Software issue with Ethnicity Codes has been corrected. An additional software release will be required to fix the lingering data issues with some fields. This is scheduled to happen in 4q2016.

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PROVIDER: Stephens Memorial Hospital
THCIC ID: 430000
QUARTER: 1
YEAR: 2016

Certified With Comments

1st quarter outpatient 2016 certification

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 1
YEAR: 2016

Certified With Comments

THCIC ID: TH431000
QUARTER: 2016 Quarter 1 Inpatient
Texas Health Dallas CERTIFIED WITH COMMENTS

Data Content

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

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

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

Outpatient Facility Comments, 102016.txt
than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

Admit Source data for Normal Newborn

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

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health

Outpatient Facility Comments, 1Q2016.txt

Dallas recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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Discharge Disposition

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

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PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 1
YEAR: 2016

Certified With Comments

Dallas Medical 1Q 2016 OP Certification

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PROVIDER: DeTar Hospital -Navarro
THCIC ID: 453000
QUARTER: 1
YEAR: 2016

Certified With Comments

The DeTar Healthcare System includes two full-service acute care hospitals: DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital North located at 101 Medical Drive. Both acute care hospitals are located in Victoria, Texas. DeTar Healthcare System is both Joint Commission accredited

Outpatient Facility Comments, 102016.txt
and Medicare certified. The system also includes two Emergency Departments with Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; DeTar Health Center; a comprehensive Cardiac Program including Cardiothoracic Surgery and Interventional Cardiology as well as Electrophysiology; Accredited Chest Pain Center; a Bariatric Surgery Center of Excellence, Inpatient and Outpatient Rehabilitation Centers; Inpatient Adult Behavioral Health Center; Outpatient Counseling and Wellness Center, the DeTar Senior Care Center; Senior Circle; Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: DeTar Hospital -North
THCIC ID: 453001
QUARTER: 1
YEAR: 2016

Certified With Comments

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PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 1
YEAR: 2016

Certified With Comments

THCIC ID: TH469000
QUARTER: 2016 Quarter 1 Outpatient
Texas Health Azle CERTIFIED WITH COMMENTS

Data Content

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Outpatient Facility Comments, 102016.txt

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Race/Ethnicity

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Outpatient Facility Comments, 1Q2016.txt

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PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 1
YEAR: 2016

Certified With Comments

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

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PROVIDER: Seton Medical Center
THCIC ID: 497000
QUARTER: 1
YEAR: 2016

Certified With Comments

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

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

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

=====

PROVIDER: Medical Center-Arlington
THCIC ID: 502000
QUARTER: 1
YEAR: 2016

Certified With Comments

INFORMATION VALID

Outpatient Facility Comments, 102016.txt

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PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 1
YEAR: 2016

Certified With Comments

Baylor Medical Center at Grapevine OUTPATIENT DATA
THCIC ID: 513000
QUARTER: 1
YEAR: 2016

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

=====

PROVIDER: Bellville St Joseph Health Center
THCIC ID: 552000
QUARTER: 1
YEAR: 2016

Certified With Comments

certified by karen mceuen

=====

PROVIDER: Seton Highland Lakes Hospital
THCIC ID: 559000
QUARTER: 1
YEAR: 2016

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a
Page 29

Outpatient Facility Comments, 102016.txt

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.

=====
PROVIDER: Seton Edgar B Davis Hospital
THCIC ID: 597000
QUARTER: 1
YEAR: 2016

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.

=====
PROVIDER: Texas Health Harris Methodist Hospital -Southwest Fort Worth
THCIC ID: 627000
QUARTER: 1
YEAR: 2016

Certified With Comments

THCIC ID: TH627000
QUARTER: 2016 Quarter 1 Outpatient
Texas Health Southwest 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.

Outpatient Facility Comments, 102016.txt

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information,

Outpatient Facility Comments, 1Q2016.txt

because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

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

=====
PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 1
YEAR: 2016

Certified With Comments

All data available at time of reporting has been submitted. Any missing data fields not submitted are due to data being unverifiable at the time of data submission deadline.

=====
PROVIDER: Texas Health Presbyterian Hospital -Plano
THCIC ID: 664000
QUARTER: 1
YEAR: 2016

Certified With Comments

Data Content

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Outpatient Facility Comments, 102016.txt

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PROVIDER: Covenant High Plains Surgery Center Quaker
THCIC ID: 693001
QUARTER: 1
YEAR: 2016

Certified With Comments

NPI for "Name Removed by THCIC" are correct according to our records

*Comment modified by THCIC.

=====

PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 1
YEAR: 2016

Certified With Comments

To the best of my knowledge, I approve.

=====

PROVIDER: Ennis Regional Medical Center
THCIC ID: 714500
QUARTER: 1
YEAR: 2016

Certified With Comments

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

=====

PROVIDER: Texas Midwest Surgery Center
THCIC ID: 718200
QUARTER: 1
YEAR: 2016

Certified With Comments

No comments

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 1
YEAR: 2016

Certified With Comments

As is.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 1
YEAR: 2016

Certified With Comments

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=====
PROVIDER: Summit Ambulatory Surgery Center
THCIC ID: 725300
QUARTER: 1
YEAR: 2016

Certified With Comments

2 claims with invalid SSN errors

=====
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 1
YEAR: 2016

Certified With Comments

Data Content

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Outpatient Facility Comments, 1Q2016.txt

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Cost/ Revenue Codes

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=====
PROVIDER: St Lukes Hospital at the Vintage
THCIC ID: 740000
QUARTER: 1
YEAR: 2016

Certified With Comments

The data reports for Quarter 1, 2016 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

=====
PROVIDER: Baylor Heart & Vascular Center
THCIC ID: 784400
QUARTER: 1
YEAR: 2016

Elected Not to Certify

I cannot certify the THCIC Outpatient data. The discrepancies are too large, at even the most basic measures of cases/charges

=====
PROVIDER: MD Aesthetic Surgery Center
THCIC ID: 785500
QUARTER: 1
YEAR: 2016

Certified With Comments

Outpatient Facility Comments, 1Q2016.txt

- 39 claims with errors
- *invalid other dx/principal dx
- *missing principal dx
- *pt gender not consistent
- *missing pt city/state/zip
- *invalid pt ssn
- *statement date
- *procedure date more than 30 days

=====

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 1
YEAR: 2016

Certified With Comments

To the best of my knowledge, I approve.

=====

PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 1
YEAR: 2016

Certified With Comments

To the best of my knowledge, I approve.

=====

PROVIDER: LifeCare Hospital -Piano
THCIC ID: 789800
QUARTER: 1
YEAR: 2016

Certified With Comments

CERTIFY WITH COMMENTS: Patient Accounting System used incorrect segment to identify/report physician information.

Cheryl Carse

=====

PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
QUARTER: 1
YEAR: 2016

Certified With Comments

We will certify 1st quarter 2016 Outpatient data. We was not provided the physician documentation of a diagnosis and procedure documentation within a timely manner. Claims were removed from System13 without procedure and diagnosis information added.

Thank you
Ernestine Marsh

Outpatient Facility Comments, 1Q2016.txt

=====

PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
QUARTER: 1
YEAR: 2016

Certified With Comments

This data is being certified based on the information that was received from the patient accounting system Meditech.

Ernestine Marsh

=====

PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 1
YEAR: 2016

Certified With Comments

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Patient Volume

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Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

=====

PROVIDER: Doctors Hospital -Renaisance
THCIC ID: 797100
QUARTER: 1
YEAR: 2016

Certified With Comments

Decrease in discharges due to Outpatient Surgical Center is being submitted separately.

=====

PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 1
YEAR: 2016

Certified With Comments

Outpatient Facility Comments, 1Q2016.txt

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

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

=====

PROVIDER: Seton Northwest Hospital
THCIC ID: 797600
QUARTER: 1
YEAR: 2016

Certified With Comments

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=====

PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 1
YEAR: 2016

Certified With Comments

charge issues with OP iv's...

=====

PROVIDER: Lake Granbury Medical Center
THCIC ID: 803800
QUARTER: 1
YEAR: 2016

Certified With Comments

Software issue with Ethnicity Codes has been corrected. An additional software release will be required to fix the lingering data issues with some fields. This is scheduled to happen in 4q2016.

=====

PROVIDER: Medical Village Surgery Center
THCIC ID: 804300
QUARTER: 1
YEAR: 2016

Certified With Comments

There are two instances where the date of service was entered in lieu of the patients date of service.

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake

Outpatient Facility Comments, 1Q2016.txt

THCIC ID: 812800
QUARTER: 1
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 1
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Las Colinas Medical Center
THCIC ID: 814000
QUARTER: 1
YEAR: 2016

Certified With Comments

INFORMATION VALID

=====

PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 1
YEAR: 2016

Certified With Comments

CERTIFIED WITH COMMENTS

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Outpatient Facility Comments, 102016.txt

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 1
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Spi necare
THCIC ID: 816900
QUARTER: 1
YEAR: 2016

Elected Not to Certify

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

=====

PROVIDER: Texas Health Presbyterian Hospital -Denton
THCIC ID: 820800
QUARTER: 1
YEAR: 2016

Certified With Comments

THCIC ID: TH820800
QUARTER: 2016 Quarter 1 Outpatient
Texas Health Denton 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

Outpatient Facility Comments, 102016.txt

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Outpatient Facility Comments, 1Q2016.txt

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: Park Hudson Surgery Center
THCIC ID: 824400
QUARTER: 1
YEAR: 2016

Certi fied Wi th Comments

This Data contains errors in SS#s for children, that are not reportable, for these purposes. The software design has been updated and the SS#s will no longer be recognized as errors. Also there are two procedure codes that needed to be omitted from our data and were recognized as errors. The accuracy of this data is at 79.08% and all of these inaccuracies are based on the two different kind of errors mentioned above. We will have no anticipated errors moving forward.

=====
PROVIDER: Memorial Hermann Surgery Center Woodlands
THCIC ID: 825400
QUARTER: 1
YEAR: 2016

Certi fied Wi th Comments

No comments

=====
PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
QUARTER: 1
YEAR: 2016

Certi fied Wi th Comments

I spot checked a few claims and the data looked to be accurate.

=====
PROVIDER: Pampa Regional Medical Center
THCIC ID: 832900
QUARTER: 1
YEAR: 2016

Certi fied Wi th Comments

1Q2016 OP Pampa Regional

=====
PROVIDER: Stonegate Surgery Center
THCIC ID: 838500
QUARTER: 1
YEAR: 2016

Certi fied Wi th Comments

Outpatient Facility Comments, 1Q2016.txt

Certify with errors due to system/software issues. New patient accounting system in use as of 6/1/16.

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center Stone Oak
THCIC ID: 839600
QUARTER: 1
YEAR: 2016

Certified With Comments

Certified with 94.36% accuracy.

=====

PROVIDER: Christus Santa Rosa Physicians ASC Ewing Halls I
THCIC ID: 840500
QUARTER: 1
YEAR: 2016

Certified With Comments

Certified with 98.46% accuracy.

=====

PROVIDER: Rockwall Ambulatory Surgery Center
THCIC ID: 841800
QUARTER: 1
YEAR: 2016

Certified With Comments

In response to the 7 Duplicate Events - Patient received 2 procedures, from separate physicians, on same date of service.

=====

PROVIDER: Heart Hospital Baylor Plano
THCIC ID: 844000
QUARTER: 1
YEAR: 2016

Certified With Comments

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.

Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Outpatient Facility Comments, 1Q2016.txt

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patient's preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

=====

PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 1
YEAR: 2016

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 increases 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: Lake Pointe Surgery Center
THCIC ID: 856820
QUARTER: 1
YEAR: 2016

Certified With Comments

No Comments

=====

PROVIDER: Texas Health Presbyterian Hospital -Rockwall
THCIC ID: 859900
QUARTER: 1
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700
QUARTER: 1
YEAR: 2016

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: Icon Hospital
THCIC ID: 865900
QUARTER: 1
YEAR: 2016

Certified With Comments

I can not explain as to why the correction on these errors did not take. It may have been that the save key was used and not the submit key. I have also called in to THCIC to check and they agree that this was likely what may have happened. But will do a further review to check for any other issue, but as for now. They claim their system is working correctly.

Going forward I will call THCIC that all correction made are accepted, that no other errors are still outstanding.

Thank you
Donna Thompson

=====
PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 1
YEAR: 2016

Certified With Comments

The data reports for Quarter 1, 2016 do not accurately reflect patient volume or severity.

Patient Volume
Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity
Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source
A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

=====
PROVIDER: Round Rock Surgery Center

Outpatient Facility Comments, 1Q2016.txt

THCIC ID: 905000
QUARTER: 1
YEAR: 2016

Certified With Comments

No errors noted.

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 1
YEAR: 2016

Certified With Comments

1q data

=====

PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 1
YEAR: 2016

Certified With Comments

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

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

=====

PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 1
YEAR: 2016

Certified With Comments

The data reports for Quarter 1, 2016 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

Outpatient Facility Comments, 1Q2016.txt

=====

PROVIDER: South Texas Surgical Hospital
THCIC ID: 931000
QUARTER: 1
YEAR: 2016

Certified With Comments

I am certifying without corrections. We have reviewed the errors on the attached file and were unable to correct. When we tried to correct in system 13, it would not take the correction. Our next submission for 2nd quarter 2016, facility will attempt to be at 100%.

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 1
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Surgistar
THCIC ID: 947000
QUARTER: 1
YEAR: 2016

Certified With Comments

I understand we are 93% compliant and have made steps to improve to 100% based on training we have and continue to do so in the near future.

=====

PROVIDER: Texas Health Harris Methodist Fort Worth Outpatient Surgery Center
THCIC ID: 970100
QUARTER: 1
YEAR: 2016

Certified With Comments

Data Content

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not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Outpatient Facility Comments, 1Q2016.txt

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 Outpatient Surgery Center Alliance
THCIC ID: 970110
QUARTER: 1
YEAR: 2016

Certified With Comments

THCIC ID: TH970110
QUARTER: 2016 Quarter 1 Outpatient
Texas Health Alliance Outpatient Surgery Center CERTIFIED WITH COMMENTS

Data Content

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Diagnosis and Procedures

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

Outpatient Facility Comments, 102016.txt

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / 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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Race/Ethnicity

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

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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: 2016

Outpatient Facility Comments, 1Q2016.txt

Certified With Comments

I will certify this data with conditional terms. I was not the submitter nor the certifier at the time of filing and have only recently become the person responsible for these reports and therefore have a limited knowledge base in which to certify these events for 2016 1st Quarter.

=====

PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 1
YEAR: 2016

Certified With Comments

Cook Children's Medical Center has submitted and certified 1st QUARTER 2016 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 1st QUARTER OF 2016.

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: Huguley Surgery Center
THCIC ID: 971500
QUARTER: 1
YEAR: 2016

Certified With Comments

Texas Health Huguley Surgery Center Certification Comments 1st Quarter 2016

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of December 1, 2016. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

The State requires us to submit a snapshot of billed claims, extracted from our database approximately 20 days following the close of the calendar year quarter. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

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

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

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

PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 1
YEAR: 2016

Certified With Comments

CERTIFIED WITH COMMENTS

Outpatient Facility Comments, 1Q2016.txt

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data. Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 1
YEAR: 2016

Certified With Comments

THCIC ID: TH972900
QUARTER: 2016 Quarter 1 Outpatient
Texas Health Alliance CERTIFIED WITH COMMENTS

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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

Outpatient Facility Comments, 102016.txt

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Outpatient Facility Comments, 1Q2016.txt

payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs

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PROVIDER: Precinct Ambulatory Surgery Center
THCIC ID: 973460
QUARTER: 1
YEAR: 2016

Certified With Comments

I am unable to open the C08 file for downloading.

=====

PROVIDER: Executive Surgery Center
THCIC ID: 973480
QUARTER: 1
YEAR: 2016

Certified With Comments

This data is incorrect as well as the data from Q4 2015. We implemented a new EHR/billing software program in late September 2015. (1st providers choice/IMS) The reports were not pulling all of the performed cases. I incorrectly certified Q42015 data before I realized all cases were not accounted for. The data for Q1 2016 is still incorrect due to the same issue. As of today 8/10/2016 the program is working and pulling all performed cases however it is too late to submit correct data.

=====

PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
QUARTER: 1
YEAR: 2016

Certified With Comments

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data. Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

Outpatient Facility Comments, 1Q2016.txt

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
QUARTER: 1
YEAR: 2016

Elected Not to Certify

I cannot certify the THCIC Outpatient data. The discrepancies are too large, at even the most basic measures of cases/charges

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PROVIDER: Binz Surgery Center
THCIC ID: 974580
QUARTER: 1
YEAR: 2016

Certified With Comments

Called Vendor for Errors, system has been updated (Version)

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PROVIDER: Christus Santa Rosa Hospital Alamo Heights Outpatient Surgery Center
THCIC ID: 974630
QUARTER: 1
YEAR: 2016

Certified With Comments

Certified with 98.37% accuracy.

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PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
THCIC ID: 974790
QUARTER: 1
YEAR: 2016

Certified With Comments

The data reports for Quarter 1, 2016 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Outpatient Facility Comments, 1Q2016.txt

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

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PROVIDER: Doctors Hospital at Renaissance Outpatient Surgical Center
THCIC ID: 974950
QUARTER: 1
YEAR: 2016

Certified With Comments

Doctors Hospital at Renaissance Outpatient Surgical Center is no longer combined with Doctors Hospital at Renaissance Outpatient.

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PROVIDER: CHI St Lukes Health Baylor Medical Center ASC
THCIC ID: 974960
QUARTER: 1
YEAR: 2016

Certified With Comments

The data reports for Quarter 1, 2016 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

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PROVIDER: Lake Jackson Endoscopy Center
THCIC ID: 975060
QUARTER: 1
YEAR: 2016

Certified With Comments

Only one provider at this facility. Provider's name was misspelled on two patients.

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PROVIDER: Select Ambulatory Surgery Center of Fort Worth
THCIC ID: 975100
QUARTER: 1

Outpatient Facility Comments, 1Q2016.txt

YEAR: 2016

Certified With Comments

Facility type code issue caused an anomalie in the processes of claims. In the future we will delete the prior batch to avoid having repeat of this issue.

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PROVIDER: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
QUARTER: 1
YEAR: 2016

Certified With Comments

The data reports for Quarter 1, 2016 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

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PROVIDER: AD Hospital East
THCIC ID: 975130
QUARTER: 1
YEAR: 2016

Certified With Comments

This is the old Victory Surgical Hospital East Houston purchased by AD Hospital East LLC on January 21st, 2016.