

General Comments on 2nd Quarter 2020 Data

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

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

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PROVIDER: Baptist St Anthonys Hospital
 THCIC ID: 001000
 QUARTER: 2
 YEAR: 2020

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 2
YEAR: 2020

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
QUARTER: 2
YEAR: 2020

Certified With Comments

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

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PROVIDER: St Davids Hospital
THCIC ID: 035000
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors are being addressed and education provided, and will no longer be an issue with Q/3 data.

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 2
YEAR: 2020

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of January 15, 2021. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

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

Diagnosis and Procedures

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

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

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

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

It has come to our attention we may have a mapping issue regarding a couple of payer classes, Medicare and Medicare Risk HMO. The issue is currently being reviewed by our corporate team but due to time constraints we are unable to resolve before this certification.

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: Uvalde Memorial Hospital
THCIC ID: 063000
QUARTER: 2
YEAR: 2020

Certified With Comments

Outpatient certified at 99% due to failing to correct the following 20 claims for the reasons noted:

- 1 Missing Principal Diagnosis
- 3 Invalid Patient SSN
- 2 Missing Patient Discharge Status
- 1 Invalid Point of Origin (admission source)
- 2 Invalid Patient State
- 7 Invalid Patient ZIP
- 2 Procedure Date is more than 30days before the statement date or after the statement thru date
- 2 Procedure through date is more than 30 days before the statement from date or after statement thru date
- 2 Manifest diagnosis codes may not be used as the principle diagnosis code
- 1 Manifest diagnosis codes may not be used as the reason for visit code

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PROVIDER: Baylor Scott & White Hospital-Brenham
THCIC ID: 066000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital-Brenham
THCIC ID 066000
2nd Q2020 Outpatient
Accuracy rate - 99.95%
Errors from the 2nd Quarter FER reflect the following error codes, E-767 and E-769.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

PROVIDER: Goodall - Witcher Hospital
THCIC ID: 070000
QUARTER: 2
YEAR: 2020

Certified With Comments

The diagnosis that errored out is the only one the provider listed.

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PROVIDER: HCA Houston Healthcare Tomball
THCIC ID: 076000
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors reviewed and are not able to be corrected in host system due to age of accounts.

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PROVIDER: Wilbarger General Hospital
THCIC ID: 084000
QUARTER: 2
YEAR: 2020

Certified With Comments

Corrections already made

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PROVIDER: Hunt Regional Medical Center Greenville
THCIC ID: 085000
QUARTER: 2
YEAR: 2020

Certified With Comments

Regarding errors codes 622, 650, 653, 655, 693, 765, 767, 769, 780, 781 - The data was corrected in the EHR, but not corrected in THCIC's System13 program due to the missed deadline of November 1st, 2020 for corrections (with no fee).

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PROVIDER: TMC Bonham Hospital
THCIC ID: 106001

QUARTER: 2
YEAR: 2020

Certified With Comments

Data accurate as reported

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PROVIDER: Facial Plastic & Cosmetic Surgical Center
THCIC ID: 111001
QUARTER: 2
YEAR: 2020

Certified With Comments

No Procedures to report for April 2020 due to COVID restrictions

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PROVIDER: Baptist Medical Center
THCIC ID: 114001
QUARTER: 2
YEAR: 2020

Certified With Comments

I herby certify the submission of Quarter 2 for CFO Steven Dorris with Baptist Medical Center. Raymond Beltran-Director Revenue Analysis

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PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
QUARTER: 2
YEAR: 2020

Certified With Comments

Minimal SS# were not corrected, as data was not made available.

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PROVIDER: Northeast Baptist Hospital
THCIC ID: 134001
QUARTER: 2
YEAR: 2020

Certified With Comments

Certifying on behalf of CFO - Christina Dimambro.

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PROVIDER: Wadley Regional Medical Center
THCIC ID: 144000
QUARTER: 2
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity of data elements, such as patient ethnicity, various system mapping and normal clerical error. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care. Therefore, data should be cautiously used to evaluate health care quality and outcomes.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 2
YEAR: 2020

Certified With Comments

Data represents information at the time of submission. Subsequent changes may continue to occur which will not be reflected in this published dataset. UMC works continually to minimize and rectify errors in our public reporting.

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PROVIDER: Covenant Hospital-Plainview
THCIC ID: 146000
QUARTER: 2
YEAR: 2020

Certified With Comments

Patient visit documentation was incomplete.

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PROVIDER: Humble Kingwood Endoscopy Center

THCIC ID: 149000
QUARTER: 2
YEAR: 2020

Certified With Comments

The three outstanding errors were due to an educational deficit. The deficit has been rectified.

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PROVIDER: Methodist Hospital
THCIC ID: 154000
QUARTER: 2
YEAR: 2020

Certified With Comments

ERRORS REMAINING DUE TO:
Zip: unable to retrieve from patient or accurate as listed
NPI: unable to retrieve
Codes: unable to retrieve updated codes
Billing/Charges: unable to determine - matches as listed on our form

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PROVIDER: Methodist Specialty & Transplant Hospital
THCIC ID: 154001
QUARTER: 2
YEAR: 2020

Certified With Comments

3 accts with invalid patient SSN - information not available at time of registration
1 Invalid Patient State - unable to locate patient state
2 Invalid Patient Zip Code - information not provided
Unable to clear manifest diagnoses used as principal diagnosis codes or reason for visit code
Had 1 acct missing HCPCS code

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PROVIDER: Northeast Methodist Hospital
THCIC ID: 154002
QUARTER: 2
YEAR: 2020

Certified With Comments

SSN and zip codes were not provided at registration. Missing Physician names on ED accounts are not available to make corrections. Manifest diagnosis codes are not available to enter for corrections. Ecodes and HCPCS codes are not available for corrections to be made.

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PROVIDER: Methodist Texsan Hospital
THCIC ID: 154003
QUARTER: 2
YEAR: 2020

Certified With Comments

Unable to obtain patient's state
Was not able to review manifest diagnosis codes with coding
Unable to locate HCPCS code to enter on claim

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PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
QUARTER: 2
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing/planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations or circumstances outside of daily operations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that charges are not equal actual payments received by the facility or facility costs for pervading the services. Most errors occurring are due to incorrect state mnemonics, incorrect zip code (Texas versus New Mexico and Mexico). A few Social Security numbers are invalid due to information provided by patient with no valid contact information. The errors are corrected to the best of my ability and resources.

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PROVIDER: Medical Center Hospital

THCIC ID: 181000
QUARTER: 2
YEAR: 2020

Certified With Comments

still have a few residents in attending physician

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

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

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PROVIDER: Baylor Scott & White Hospital College Station
THCIC ID: 206100
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital College Station
THCIC ID 206100
2nd Qtr 2020 Outpatient
Accuracy rate - 99.94%
Errors from the 2nd Quarter FER reflect the following error codes, E-736, E-760, E-767, and E-769.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

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PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Denton
THCIC ID 208100
2nd Qtr 2020 Outpatient
Accuracy rate - 99.89%
Error from the 2nd Quarter FER reflect the following error code E-769.
Manifest diagnosis verified in hospital system as reported.
Error will stand "as reported".

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PROVIDER: East Texas Eye Associates Surgery Center
THCIC ID: 210000
QUARTER: 2
YEAR: 2020

Certified With Comments

ERRORS HAVE BEEN CORRECTED

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PROVIDER: HCA Houston Healthcare Clear Lake
THCIC ID: 212000
  QUARTER: 2
    YEAR: 2020

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Certified With Comments

All errors in system 13 corrected

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
  QUARTER: 2
    YEAR: 2020

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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

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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 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: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

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

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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

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=====
PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 2
YEAR: 2020

Certified With Comments

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

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PROVIDER: The Hospitals of Providence Sierra Campus
THCIC ID: 266000
QUARTER: 2
YEAR: 2020

Certified With Comments

Minor # of cases where the SS# was not able to be clarified/obtained.

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PROVIDER: Crystal Outpatient Surgery Center Lake Jackson
THCIC ID: 269001
QUARTER: 2
YEAR: 2020

Certified With Comments

No Claims in April - Due to COVID
2 Errors, No SS # for patients

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PROVIDER: Metropolitan Methodist Hospital
THCIC ID: 283000
QUARTER: 2
YEAR: 2020

Certified With Comments

Error Code: E-637; 2 Count; could not confirm and change invalid patient SSN from what was produced to facility
Error Code: E-641; 1 Count; could not verify statement from date after statement thru date
Error Code: E-663; 7 Count; could not confirm and change invalid patient ZIP from what was provided to facility
Error Code: E-676; 1 Count; could not confirm missing or invalid unit quantity
Error Code: E-691; 19 Count; could not change missing physician 2 (ED Attending) last name on ED claim
Error Code: E-694; 19 Count; could not change missing physician 2 (ED Attending) first name
Error Code: E-767; 5 Count; could not verify and change alternate codes from manifest diagnosis codes may not be used as the principal diagnosis codes
Error Code: E-769; 2 Count; could not verify and change alternate codes from manifest diagnosis codes may not be used as the reason for visit code
Error Code: E-784; 1 Count; could not confirm a HCPCS code, so the claim must still contain at least one HCPCS code

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PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Waxahachie
THCIC ID 285000
2nd Qtr 2020 - Outpatient
Accuracy rate - 99.94%
Errors from the 2nd Quarter FER reflect the following error codes E-767 and E-769.

Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====
PROVIDER: Wilson N Jones Regional Medical Center
THCIC ID: 297000
QUARTER: 2
YEAR: 2020

Certified With Comments

As of April 2020, Wilson N. Jones Regional Medical Center encountered an issue with the electronic billing software vendor. The vendor issue could not be rectified. There were no 837 files for 2nd or 3rd quarter. The hospital utilized manual billing (paper claims) during this timeframe. The issue has been rectified and 4th quarter will once again use the 837 files to transmit the appropriate data for THCIC reporting.

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PROVIDER: North Texas Medical Center
THCIC ID: 298000
QUARTER: 2
YEAR: 2020

Certified With Comments

No SS#'s and unable to obtain current home addresses for patients such as; construction workers from out-of-State and Illegal immigrants. Elective surgeries had Covid test prior to surgery and it took several weeks for results to return. This created pre-op testing date of service weeks prior to the surgeries being performed.

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PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Irving
THCIC ID 300000
2nd Qtr 2020 Outpatient
Accuracy rate - 99.98%
Errors from the 2nd Quarter FER reflect the following error codes E-767 and

E-769.

Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

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

Diagnosis and Procedures

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

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

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

cost to deliver the care that each patient needs.

=====

PROVIDER: Valley Baptist Medical Center-Brownsville
 THCIC ID: 314001
 QUARTER: 2
 YEAR: 2020

Certified With Comments

Certify as is.

=====

PROVIDER: Northwest Texas Hospital
 THCIC ID: 318000
 QUARTER: 2
 YEAR: 2020

Certified With Comments

higher errors due to computer downtime

=====

PROVIDER: Del Sol Medical Center
 THCIC ID: 319000
 QUARTER: 2
 YEAR: 2020

Certified With Comments

Certified with Comments

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

corrected to the best of my ability and resources.

=====

PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

QUARTER: 2

YEAR: 2020

Certified With Comments

Data Content

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PROVIDER: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor University Medical Center
THCIC ID 331000
2nd Qtr 2020 Outpatient
Accuracy rate - 99.95%
Errors from the 2nd Quarter FER reflect the following error codes, E-736, E-760, E-767 and E-769.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 2
YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified SECOND QUARTER 2020 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.
Since our data was submitted to the State we have uncovered medical coding errors regarding the following patient conditions in 2005 and 2010 discharges:
Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma
Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the SECOND QUARTER OF 2020.
There may be some encounters will have one of the following issues:
Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for modifier errors related to transport (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

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

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

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

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

This will affect encounters for the SECOND QUARTER OF 2020

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

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

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

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PROVIDER: HCA Houston Healthcare West
THCIC ID: 337001
QUARTER: 2
YEAR: 2020

Certified With Comments

Unable to correct the two errors.

=====
PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: Nocona General Hospital
THCIC ID: 348000
QUARTER: 2
YEAR: 2020

Certified With Comments

I did not catch a date error on one charge on one claim. I also did not realize that only zero error rate was acceptable. We have had an outside agency uploading our data for years until recently when I decided to upload the data for our hospital so I was unaware of the change from accepting a 3% error rate to a 0% error rate. This will not happen in the future, all of our data will be error free before I certify.

=====
PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott and White All Saints Medical Center-Fort Worth
THCIC ID 363000
2nd Qtr 2020 Outpatient
Accuracy rate - 99.93%
Errors from the 2nd Quarter FER reflect the following error codes, E-767 and E-769
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====
PROVIDER: Martin County Hospital District
THCIC ID: 388000
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors were corrected missing information obtained

=====

PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
QUARTER: 2
YEAR: 2020

Certified With Comments

reviewed and updated. certified

=====

PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 2
YEAR: 2020

Certified With Comments

Certifying all information is correct.

=====

PROVIDER: Adventhealth Rollins Brook
THCIC ID: 397000
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors corrected to the best of my ability.

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PROVIDER: Adventhealth Central Texas
THCIC ID: 397001
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors have been corrected to the best of my ability.

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PROVIDER: Medical Center Endoscopy
THCIC ID: 399000
QUARTER: 2
YEAR: 2020

Certified With Comments

no cases in April 2020 due to COVID-19 Gov Abbott order to only do medically necessary cases in Texas.

=====

PROVIDER: Valley Baptist Medical Center
THCIC ID: 400000
QUARTER: 2
YEAR: 2020

Certified With Comments

certify as is.

=====

PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 2
YEAR: 2020

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital. JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health treatment facility. JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation. In addition to JPSH, the JPS Health Network operates community health

centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs. JPSH has confirmed that for errors related to "Other Procedure Date must be on or after the 3rd day before the Admission Date", patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed.

=====

PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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=====
PROVIDER: Ascension Seton Smithville
THCIC ID: 424500
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 2
YEAR: 2020

Certified With Comments

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=====
PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
QUARTER: 2
YEAR: 2020

Certified With Comments

E-694 (1) error - There is no physician documented, the UTSW default physician NPI was used

=====
PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 2
YEAR: 2020

Certified With Comments

Certify 2 Q 2020 op

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 2
YEAR: 2020

Certified With Comments

DeTar Hospital Navarro certifies Q2 2020 Outpatient data with an accuracy rate of 99.38%. The remaining errors that were left uncorrected were for: claim charges not = sum of service line charges, invalid procedure dates/procedure thru dates, missing principal diagnosis, duplicate diagnosis codes, Ecodes missing the Ecode qualifier or in the Ecode section and missing physician first/last name identifiers.

Note: The coding and abstraction is performed at the Community Health Systems Corporate Coding Department and this missing data cannot be corrected at the facility level.

=====
PROVIDER: DeTar Hospital-North
THCIC ID: 453001
QUARTER: 2
YEAR: 2020

Certified With Comments

DeTar Hospital North submitted 3884 Outpatient claims for Q2 2020 with a data reporting accuracy rate of 99.35%. Of the 3884 claims, there were 138 submitted with error that were left incorrect due to not being able to obtain the correct information to correct them prior to deadline. The error reasons are: Missing ED or Other attending's first name, last name or qualifier on the ED claim, total claim charges not = sum of service line charges, invalid procedure date, procedure date is more than 30 days before the statement date or after the statement thru date, missing principal diagnosis and manifest diagnosis codes may not be used as the principal diagnosis code.

The coding and abstraction data is performed (entered) by our Community Health System's Corporate Coding Department and changes involving this information cannot be corrected by the DeTar's facility staff.

=====
PROVIDER: Covenant Medical Center
THCIC ID: 465000
QUARTER: 2
YEAR: 2020

Certified With Comments

Principal diagnosis code errors still under review by hospital coders.

PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

QUARTER: 2

YEAR: 2020

Certified With Comments

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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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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: Woodland Heights Medical Center
THCIC ID: 481000

QUARTER: 2
YEAR: 2020

Certified With Comments

April 2020 data reflects government mandated closure/suspension of certain elective procedures during the pandemic.

=====

PROVIDER: Memorial Medical Center
THCIC ID: 487000
QUARTER: 2
YEAR: 2020

Certified With Comments

We have corrected these to these to the best of our ability

=====

PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000
QUARTER: 2
YEAR: 2020

Certified With Comments

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

higher costs and increased mortality.

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

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

=====
PROVIDER: St Lukes Baptist Hospital
THCIC ID: 503001
QUARTER: 2
YEAR: 2020

Certified With Comments

I hereby certify the 2020 2nd Quarter Outpatient Encounters (4821) for Geoff Vines, St. Luke's Chief Financial Officer. ~Felicia A Rodriguez, Director of Revenue Analysis, (210) 297-5350~

=====
PROVIDER: Baylor Scott & White Medical Center Hillcrest
THCIC ID: 506001
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
2nd Qtr 2020 - Outpatient
Accuracy rate - 99.95%
Errors from the 2nd Quarter FER reflect the following error codes E-767 and E-769.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====
PROVIDER: HCA Houston Healthcare Conroe
THCIC ID: 508001
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Grapevine
THCIC ID 513000
2nd Qtr 2020 Outpatient
Accuracy rate - 99.90%
Errors from the 2nd Quarter FER reflect the following error codes E-736, E-760, E-767, and E-769.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Baylor Scott & White Medical Center Temple
THCIC ID: 537000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Temple
THCIC ID 537000
2nd Qtr 2020 - Outpatient
Accuracy rate - 99.95%
Errors from the 2nd Quarter FER reflect the following error codes E-767 and E-769.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Baylor Scott & White McLane Childrens Medical Center
THCIC ID: 537006
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

2nd Qtr 2020 - Outpatient

Accuracy rate - 99.86%

Errors from the 2nd Quarter FER reflect the following error codes E-737 and E-769.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Seymour Hospital

THCIC ID: 546000

QUARTER: 2

YEAR: 2020

Certified With Comments

One of recurring errors is our EMR program (CPSI) generates a social security number for newborns and others without a social security number, however the generated number is not acceptable for system 13 and creates an error. We have to correct those errors manually on each encounter, usually without an accurate number. Our other error type is "Missing Claim Filing Indicator Code for Subscriber". Our system, CPSI, allows only five insurance classifications, Medicare, Medicaid, BCBS, Private and Commercial. Veterans Affaire/Tricare, workers comp and charity all go under commercial and/or private therefore, we have to manually correct every insurance classification into System 13. IT is currently working with CPSI to make the necessary corrections within the EMR program.

The responsible employee missed the deadline for corrections because she had surgery and has not been at work. We have now changed our processes and policy with sending, correcting and certifying our data. This new process will ensure our data is reviewed and corrected prior to deadline dates for submission.

=====

PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

QUARTER: 2

YEAR: 2020

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a

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clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.

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

=====
PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: Rio Grande Regional Hospital
THCIC ID: 601000
QUARTER: 2
YEAR: 2020

Certified With Comments

2020 data contains two errors on patient control number. The cause of the error has been identified and corrected.

=====

PROVIDER: St Davids South Austin Hospital
THCIC ID: 602000
QUARTER: 2
YEAR: 2020

Certified With Comments

The two remaining errors not corrected were claims missing HCPCS codes. Facility attempted to correct but was unable to correct prior to deadline due to staffing challenges amid COVID-19 pandemic.

=====

PROVIDER: Round Rock Medical Center
THCIC ID: 608000
QUARTER: 2
YEAR: 2020

Certified With Comments

All errors have been reviewed and corrected to the best of the facility's ability.

=====

PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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.

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

Length of Stay

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Race/Ethnicity

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

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=====
PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 2
YEAR: 2020

Certified With Comments

Data certified as complete and accurate with all information available at time of reporting.

=====
PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
QUARTER: 2
YEAR: 2020

Certified With Comments

No errors

PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

QUARTER: 2

YEAR: 2020

Certified With Comments

Data Content

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=====
PROVIDER: North Central Baptist Hospital
THCIC ID: 677001

QUARTER: 2
YEAR: 2020

Certified With Comments

I hereby certify 2nd quarter 2020 Outpatient 7194 events. On behalf of Steven Beckman, CFO at North Central Baptist Hospital. Christy Augustine, Director Revenue Analysis at North Central Baptist Hospital.

=====
PROVIDER: Methodist Ambulatory Surgery Hospital-Northwest
THCIC ID: 681001
QUARTER: 2
YEAR: 2020

Certified With Comments

There are no errors for the specified encounters

=====
PROVIDER: Paso Del Norte Surgery Center
THCIC ID: 683800
QUARTER: 2
YEAR: 2020

Certified With Comments

unable to correct errors.

=====
PROVIDER: Premier Specialty Hospital of El Paso
THCIC ID: 701000
QUARTER: 2
YEAR: 2020

Certified With Comments

Certifying with known errors. Working to eliminate errors.

=====
PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 2
YEAR: 2020

Certified With Comments

All Outpatient are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. The claim is reported accurate.

Ernestine Marsh
Kindred Healthcare

=====
PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 2
YEAR: 2020

Certified With Comments

As is.

=====
PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-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.

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=====
PROVIDER: Northstar Surgical Center
THCIC ID: 729200
QUARTER: 2
YEAR: 2020

Certified With Comments

Physician missing due to EMR error

=====
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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=====
PROVIDER: Digestive Health Center at Bedford
THCIC ID: 778400
QUARTER: 2
YEAR: 2020

Certified With Comments

All claims were corrected system 13 merged duplicate claims which was after the deadline.

=====
PROVIDER: Winnie Community Hospital
THCIC ID: 781400
QUARTER: 2
YEAR: 2020

Certified With Comments

All corrections may have not been completed due to staff being out because of COVID-19

=====

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID 784400
2ndQ2020 Outpatient
Accuracy rate - 99.90%
Errors from the 2nd Quarter FER reflect the following error codes, E-767 and E-769.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Texas Orthopedics Surgery Center
THCIC ID: 784600
QUARTER: 2
YEAR: 2020

Certified With Comments

Error not corrected - missing social security number, invalid SS #, missing diagnosis
Errors not corrected because we missed the deadline.

=====

PROVIDER: Cataract & Surgical Center of Lubbock
THCIC ID: 786400
QUARTER: 2
YEAR: 2020

Certified With Comments

one operating physician's last name was mistakenly left off

PROVIDER: Baylor Scott & White Medical Center-Frisco
THCIC ID: 787400
QUARTER: 2
YEAR: 2020

Certified With Comments

This is being certified with a 99.61% accuracy - 11 errors regarding race. These errors were previously certified inadvertently without being corrected and there is now a fee to correct. Going forward, we will ensure these errors are corrected prior to certification.

=====
PROVIDER: Harlingen Medical Center
THCIC ID: 788002
QUARTER: 2
YEAR: 2020

Certified With Comments

No comments

=====
PROVIDER: Hill Country Memorial Surgery Center
THCIC ID: 793300
QUARTER: 2
YEAR: 2020

Certified With Comments

Ok to certify

=====
PROVIDER: Key Whitman Surgery Center
THCIC ID: 796600
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors found within reports are missing social security numbers of patients who do not wish to reveal due to their insistence in not allowing anyone to view or know their private information due to identity theft issues

=====

PROVIDER: Doctors Hospital-Renaissance
THCIC ID: 797100
QUARTER: 2
YEAR: 2020

Certified With Comments

Patient resides in a foreign country for this reason any errors regarding missing and/or invalid patient state, patient zip, SSN, and city were not corrected. As far as patient race missing is due to patient refused to provide information. Missing patient address was because patient was considered homeless; no address was provided. Accounts with procedure date before or after 30 days from the statement date were due to patient cancelled procedure and re-scheduled. Lastly, coding indicators such as: missing principal diagnosis, admitting diagnosis, invalid codes were accounts that were not final billed at point of submitting due to pending chart completion.

=====

PROVIDER: Womens Hospital-Renaissance
THCIC ID: 797101
QUARTER: 2
YEAR: 2020

Certified With Comments

Patient resides in a foreign country for this reason any errors regarding missing and/or invalid patient state, patient zip, SSN, and city. Coding indicators such as: missing principal diagnosis, invalid unit quantity were accounts that were not final billed at point of submitting due to pending chart completion. Accounts with procedure date before or after 30 days from the statement date were due to patient cancelled procedure and re-scheduled.

=====

PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: GAB Endoscopy Center
THCIC ID: 799400
QUARTER: 2
YEAR: 2020

Certified With Comments

Our facility did close for 6 weeks due to COVID-19 pandemic and governor's executive order.

=====

PROVIDER: Kindred Hospital Tarrant County Fort Worth SW
THCIC ID: 800000
QUARTER: 2
YEAR: 2020

Certified With Comments

All Outpatient are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 10 records are correctly reported.
Ernestine Marsh
Kindred Healthcare

=====

PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 2

YEAR: 2020

Certified With Comments

OP accounts dates are incorrect but were errored by EMR
SS errors were also errors by EMR

=====

PROVIDER: Baylor Scott & White Surgical Hospital-Fort Worth
THCIC ID: 804500
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors noted: missing demographic information from records; missing physician identifiers/names;
procedure date more than 30 days before statement date/thru date;
procedure through date more than 30 days before statement from/thru date

=====

PROVIDER: Baylor Surgicare Plano
THCIC ID: 807200
QUARTER: 2
YEAR: 2020

Certified With Comments

Certify with known errors social security and invalid admission type. Missed correction deadline.

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 2
YEAR: 2020

Certified With Comments

The Q2 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

2q2020_Certification_Comments_OP modified.txt

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 2
YEAR: 2020

Certified With Comments

The Q2 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====

PROVIDER: Baylor Ambulatory Endoscopy Center
THCIC ID: 813600
QUARTER: 2
YEAR: 2020

Certified With Comments

The volume of patients noted to have Medicaid claim filing is incorrect. These patients have Medicare claim filing.

=====

PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Plano
THCIC ID 814001
2nd Qtr 2020 - Outpatient
Accuracy rate - 99.96%
Errors from the 2nd Quarter FER reflect the following error codes E-736, E-760, E-767 and E-769.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 2
YEAR: 2020

Certified With Comments

The Q2 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====
PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 2
YEAR: 2020

Certified With Comments

We are certifying data with known errors of invalid SS number, invalid procedure date and invalid diagnosis code.

=====
PROVIDER: Wichita Falls Endoscopy Center
THCIC ID: 819400
QUARTER: 2
YEAR: 2020

Certified With Comments

Trying for 3rd time to certify.

=====
PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data

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

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====
PROVIDER: Houston Physicians Hospital
THCIC ID: 822001
QUARTER: 2
YEAR: 2020

Certified With Comments

There is one claim error due to incorrect gender.

=====
PROVIDER: Fannin Surgicare
THCIC ID: 825900
QUARTER: 2
YEAR: 2020

Certified With Comments

Staff member who was in charge of correcting errors is no longer with the company.

=====

PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
QUARTER: 2
YEAR: 2020

Certified With Comments

The errors are 6: invalid patient SS# - 3 Invalid Service Line Procedure Code

=====

PROVIDER: Texas Health Surgery Center Preston Plaza
THCIC ID: 832800
QUARTER: 2
YEAR: 2020

Certified With Comments

All claims corrected to the best of my knowledge.

=====

PROVIDER: Pampa Regional Medical Center
THCIC ID: 832900
QUARTER: 2
YEAR: 2020

Certified With Comments

Claim count high due to Q1 claims submitted that were left out due to system update during last submission

=====

PROVIDER: St Davids Georgetown Hospital
THCIC ID: 835700
QUARTER: 2
YEAR: 2020

Certified With Comments

All errors have been reviewed and corrected to the best of facility's ability.

=====

PROVIDER: St Joseph Medical Center
THCIC ID: 838600
QUARTER: 2
YEAR: 2020

Certified With Comments

1. There's 32 errors left that could not be resolve.
2. Errors includes missing HCPCS codes, Principle diagnosis Codes on Recurring accounts, and unknown date of birth.
3. There is a 99 % accuracy rate for outpatient accounts.

=====

PROVIDER: Simmons Ambulatory Surgery Center
THCIC ID: 843300
QUARTER: 2
YEAR: 2020

Certified With Comments

Certifying with one error. claim missing HCPCS code.

=====

PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Plano
THCIC ID 844000
2nd Qtr 2020 Outpatient
Accuracy rate - 98.60%
Errors from the 2nd Quarter FER reflect the following error codes E-781.
Claim did not contain at least one HCPCS code. Verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Texas Eye Surgery Center
THCIC ID: 851500
QUARTER: 2

YEAR: 2020

Certified With Comments

Patient control number 010584. This record was uploaded in error. This was a test patient for online bill pay. No services were rendered.

=====

PROVIDER: The Surgery Center at Gaslight Medical Park
 THCIC ID: 851700
 QUARTER: 2
 YEAR: 2020

Certified With Comments

Volume is drastically declined compared to previous quarters due to Governor's mandate of suspension of elective surgeries due to pandemic.

=====

PROVIDER: Dell Childrens Medical Center
 THCIC ID: 852000
 QUARTER: 2
 YEAR: 2020

Certified With Comments

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

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

=====

PROVIDER: Baylor Scott & White Medical Center Round Rock
 THCIC ID: 852600
 QUARTER: 2
 YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

2nd Qtr 2020 - Outpatient

Accuracy rate - 99.90%

Errors from the 2nd Quarter FER reflect the following error codes E-736, E-760, E-767 and E-769.

Procedure dates verified in hospital system, reported as posted.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====
PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

QUARTER: 2

YEAR: 2020

Certified With Comments

certified with no errors

=====
PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901

QUARTER: 2

YEAR: 2020

Certified With Comments

certifying with no errors

=====
PROVIDER: Ambulatory Surgical Institute of Dallas

THCIC ID: 856840

QUARTER: 2

YEAR: 2020

Certified With Comments

Billing company sent information on missing revenue code for new therapeutic procedure, MILD.

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PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
QUARTER: 2
YEAR: 2020

Certified With Comments

The Q2 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====

PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
QUARTER: 2
YEAR: 2020

Certified With Comments

Minimal SS# were not available

=====

PROVIDER: Methodist Stone Oak Hospital
THCIC ID: 874100
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors that could not be corrected are as follows:
E-637 - Patients did not have SSNs

- E-663 - Unable to validate zip codes based on address provided
- E-691 - System would not accept physician names
- E-694 - System would not accept physician names
- E-769 - System would not accept diagnosis code
- E-784 - System would not accept HCPCS code

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
 THCIC ID: 917000
 QUARTER: 2
 YEAR: 2020

Certified With Comments

99.4%

=====

PROVIDER: Medical Complex Surgery Center
 THCIC ID: 918000
 QUARTER: 2
 YEAR: 2020

Certified With Comments

None

=====

PROVIDER: Ascension Seton Hays
 THCIC ID: 921000
 QUARTER: 2
 YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Dallas IVF Surgery Center
 THCIC ID: 929000
 QUARTER: 2

YEAR: 2020

Certified With Comments

The second quarter is not complete, due to COVID shutdown and the loss of staff we were not able to have all procedures entered. We did ask for an extension, but were denied.

```

=====
PROVIDER: South Texas Surgical Hospital
THCIC ID: 931000
  QUARTER: 2
    YEAR: 2020

```

Certified With Comments

Certifying data with 1 error. could not correct the physician on an account. Physician is (Removed by THCIC). I have verified his name and NPI number with the NPI database and we have them correct but THCIC cannot not match up the name and NPI number.

*Confidential information removed by THCIC.

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=====
PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
  QUARTER: 2
    YEAR: 2020

```

Certified With Comments

The Q2 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

```

=====
PROVIDER: Medical Park Tower Surgery Center
THCIC ID: 967000
  QUARTER: 2
    YEAR: 2020

```

Certified With Comments

Due to Covid staffing restraints/outages 9 corrections were not completed prior to certification.

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

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

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

file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====

PROVIDER: Dodson Surgery Center

THCIC ID: 970400
QUARTER: 2
YEAR: 2020

Certified With Comments

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

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

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

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

This will affect encounters for the SECOND QUARTER OF 2020

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

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single 'operating

physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

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

=====

PROVIDER: Seton Medical Center Harker Heights
THCIC ID: 971000
QUARTER: 2
YEAR: 2020

Certified With Comments

I wish to certify the 2020 2nd quarter outpatient data as is. It is correct to the best of my knowledge. I wish to certify this report.

=====

PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
QUARTER: 2
YEAR: 2020

Certified With Comments

2020 2nd Quarter:

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care. Submission Timing To meet the State's submission deadline, approximately 60 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

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

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

2q2020_Certification_Comments_OP modified.txt

hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the federal government and all hospitals must comply.

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

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

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

The quarterly data for 2020 2nd Quarter, to the best of our knowledge, is accurate and complete given the above information. *Please note: the center did not report any April 2020 data intentionally due to closure of the ASC related to the COVID-19 Virus. There is/was no data to report for that month. We are certifying knowledge of low claim count for 2020 2nd Quarter.

=====
PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
QUARTER: 2
YEAR: 2020

Certified With Comments

NPI verified

=====
PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center McKinney
THCIC ID 971900
2nd Qtr 2020 Outpatient
Accuracy rate - 99.96%
Errors from the 2nd Quarter FER reflect the following error codes E-736, E-760,

and E-767.

Procedure dates verified in hospital system, reported as posted.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 2
YEAR: 2020

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

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

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

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

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Length of Stay

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Race/Ethnicity

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2q2020_Certification_Comments_OP modified.txt

denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: OSD Surgery Center
THCIC ID: 972920
QUARTER: 2
YEAR: 2020

Certified With Comments

Farhan Faiz

=====

PROVIDER: Methodist Stone Oak Fertility Surgery Center
THCIC ID: 973380
QUARTER: 2
YEAR: 2020

Certified With Comments

No errors

=====

PROVIDER: Park Ambulatory Surgery Center
THCIC ID: 973470
QUARTER: 2
YEAR: 2020

Certified With Comments

April we were closed due Covid 19 and number of cases were low due to that.

=====

PROVIDER: Preston Crossing Endoscopy Center
THCIC ID: 973510
QUARTER: 2
YEAR: 2020

Certified With Comments

All claims were corrected , then duplicate claims were merged which caused errors after the deadline to correct claims.

=====

PROVIDER: Rio Grande Regional Hospital Outpatient Surgery Center
THCIC ID: 973700
QUARTER: 2
YEAR: 2020

Certified With Comments

2Q20 data contains one error on patient state field and one error on patient ssn field. The cause of the error has been identified and corrected.

=====

PROVIDER: Baylor Surgical Hospital at Fort Worth Outpatient Center
THCIC ID: 973940
QUARTER: 2
YEAR: 2020

Certified With Comments

errors noted: Procedure date more than 30 days before statement date
Procedure thru date more than 30 days before the statement date

=====

PROVIDER: Woodlands Specialty Hospital
THCIC ID: 974150
QUARTER: 2
YEAR: 2020

Certified With Comments

Diagnosis code errors reviewed by certified coders and found to be correct. NPI number error do correlate with appropriate provider-non-ED physician.

=====

PROVIDER: Lone Star Endoscopy Flower Mound
THCIC ID: 974170
QUARTER: 2
YEAR: 2020

Certified With Comments

april no claims due to covid19

=====

PROVIDER: Surgical Eye Center of San Antonio
THCIC ID: 974200
QUARTER: 2
YEAR: 2020

Certified With Comments

NO patients seen in April due to Covid-19.

=====

PROVIDER: Ambulatory Surgery Center of Killeen
THCIC ID: 974330
QUARTER: 2
YEAR: 2020

Certified With Comments

No errors in claims as of 11/2/20.

=====

PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Marble Falls
THCIC ID 974940
2nd Qtr 2020 Outpatient
Accuracy rate - 99.98%
Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

=====

PROVIDER: Doctors Hospital at Renaissance Outpatient Surgical Center
THCIC ID: 974950
QUARTER: 2
YEAR: 2020

Certified With Comments

Patient resides in a foreign country for this reason any errors regarding invalid patient SSN. As far as patient race missing is due to patient refused to provide information. Accounts with procedure date before or after 30 days from the statement date were due to patient cancelled procedure and re-scheduled. Lastly, Coding indicators such as: missing principal diagnosis were accounts that were not final billed at point of submitting due to pending chart completion.

=====
PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 2
YEAR: 2020

Certified With Comments

99.83%

=====
PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
QUARTER: 2
YEAR: 2020

Certified With Comments

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=====
PROVIDER: Methodist Southlake Hospital
THCIC ID: 975153
QUARTER: 2
YEAR: 2020

Certified With Comments

No comments

=====
PROVIDER: Christus Mother Frances Hospital Sulphur Springs
THCIC ID: 975159
QUARTER: 2
YEAR: 2020

Certified With Comments

Errors related to patient address when patient is from another country not recognized by the system, and an outdated HCPCS code.

=====
PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

2nd Qtr 2020 Outpatient

Accuracy rate - 99.94%

Errors from the 2nd Quarter FER reflect the following error code E-767.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

QUARTER: 2

YEAR: 2020

Certified With Comments

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=====
PROVIDER: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188
QUARTER: 2
YEAR: 2020

Certified With Comments

No comments

=====
PROVIDER: Memorial Hermann Surgery Center Pinecroft
THCIC ID: 975191
QUARTER: 2
YEAR: 2020

Certified With Comments

SSN were not correct, not able to correct within the time frame.

=====
PROVIDER: Medfinity Health Surgery Center Plano
THCIC ID: 975195
QUARTER: 2
YEAR: 2020

Certified With Comments

Certify with comments with knowledge of following errors:
Revenue code missing.
Invalid procedure code.
Revenue code missing.
Invalid indicator code for subscriber.

=====
PROVIDER: Huebner Ambulatory Surgery Center

THCIC ID: 975211
QUARTER: 2
YEAR: 2020

Certified With Comments

n/a

=====

PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 2
YEAR: 2020

Certified With Comments

As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease. It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates. As the Regional Level I Trauma Center, DSMCUT serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Methodist Hospital South
THCIC ID: 975221
QUARTER: 2
YEAR: 2020

Certified With Comments

The remaining claim has been reviewed by coding and billing, the primary dx and admitting dx are correct, and there are no changes to be made. Please accept AS IS

=====

PROVIDER: VIP Surgical Center
THCIC ID: 975227
QUARTER: 2
YEAR: 2020

Certified With Comments

One account-missed in error. 783 did not have rev code-0490 associated with claim at time certification -

=====

PROVIDER: Eye Surgery Center of East Texas
THCIC ID: 975243
QUARTER: 2
YEAR: 2020

Certified With Comments

Error reported was a unrecognizable code due to self pay item.

=====

PROVIDER: Bay Area ASC
THCIC ID: 975262
QUARTER: 2
YEAR: 2020

Certified With Comments

Submitting with 1 SSN error unable to correct for Q2. Spoke with patient and patient stated that she does not have a SSN, just an I-10 number.

=====

PROVIDER: City Hospital at White Rock
THCIC ID: 975268
QUARTER: 2
YEAR: 2020

Certified With Comments

No able to fix one physicians documentation.

=====

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Azura Surgery Center Star
THCIC ID: 975280
QUARTER: 2
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Austin Access Care
THCIC ID: 975282
QUARTER: 2
YEAR: 2020

Certified With Comments

Contacted both patients with SS Number errors. One states what is listed is correct and the other patient stated she doe not actually have a social security number. Unable to correct the errors on our Q2 claim

=====

PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286
2nd Qtr 2020 Outpatient
Accuracy rate - 99.98%
Errors from the 2nd Quarter FER reflect the reflect the following error code E-767.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299
QUARTER: 2
YEAR: 2020

Certified With Comments

PCN/HCHPCS errors related to radiology procedures

=====

PROVIDER: CCRM Dallas Fort Worth
THCIC ID: 975315
QUARTER: 2
YEAR: 2020

Certified With Comments

Because of COVID-19, we did not do any cases in April and started back at the end of May with only 3 cases. Thank you.

=====

PROVIDER: Texas Health Orthopedic Surgery Center Heritage
THCIC ID: 975328
QUARTER: 2
YEAR: 2020

Certified With Comments

certified

=====

PROVIDER: Baylor Scott & White Medical Center Pflugerville
THCIC ID: 975340

QUARTER: 2
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Pflugerville
THCIC ID 975340
2nd Qt 2020 Outpatient
Accuracy rate - 99.90%
Errors from the 2nd Quarter FER reflect the following error codes E-736, E-760, E-767 and E-769.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

=====

PROVIDER: Vital Heart and Vein ASC
THCIC ID: 975369
QUARTER: 2
YEAR: 2020

Certified With Comments

Data unavailable for entry

=====

PROVIDER: Nuvision Same Day Procedure Center
THCIC ID: 975382
QUARTER: 2
YEAR: 2020

Certified With Comments

Less cases this quarter due to COVID shutdown.

=====

PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
QUARTER: 2
YEAR: 2020

Certified With Comments

Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services

residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, womens diagnostics services including mammography and dexa, and onsite imaging (CT, X-ray, ultrasound) and laboratory services.

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=====
PROVIDER: Memorial Hermann Surgery Center Main Street
THCIC ID: 975420
QUARTER: 2
YEAR: 2020

Certified With Comments

Patients refused to give their social security numbers even after being given the reason for the collection. I have reviewed the claims, and the case diagnosis codes were M47.896 not M4806 on the first case, and M51.36 on the second.

=====
PROVIDER: Texas Health Hospital Frisco
THCIC ID: 975783
QUARTER: 2
YEAR: 2020

Certified With Comments

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=====

PROVIDER: Digestive Health Center of Dallas
THCIC ID: 975800
QUARTER: 2
YEAR: 2020

Certified With Comments

All claims were corrected . System 13 merged some claims that duplicated them after the due date

=====

PROVIDER: The Hospitals of Providence Spine & Pain Management Center
THCIC ID: 975803
QUARTER: 2
YEAR: 2020

Certified With Comments

No comments

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