

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: 4
YEAR: 2020

Certified With Comments

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

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PROVIDER: Matagorda Regional Medical Center

THCIC ID: 006000
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====
PROVIDER: Anson General Hospital
THCIC ID: 016000
QUARTER: 4
YEAR: 2020

Certified With Comments

There are no duplicate encounters. Encounters identified as duplicates are actually two different visits by same patient on same day.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 4
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: Yoakum Community Hospital
THCIC ID: 023000
QUARTER: 4
YEAR: 2020

YCH is certifying outpatient encounters with errors in diagnosis codes due to code changes. Also errors with procedure date. All of these errors were at 100% accurate upon certifying within the THA STAR program. It does not transmit at that rate to system 13. A new process has been put into place to review data twice to ensure 100% accuracy in both systems.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
QUARTER: 4
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: United Memorial Medical Center
THCIC ID: 030000
QUARTER: 4
YEAR: 2020

Certified With Comments

(Removed by THCIC)

*Confidential information removed by THCIC.

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PROVIDER: St Davids Hospital
THCIC ID: 035000
QUARTER: 4
YEAR: 2020

Certified With Comments

SS, Patient Race, Zip Code, Anything related to Admitting - Unable to identify off patient admission. Patient chose not to provide at time of admission.

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Physician Invalid - Correct as entered, NPI match, unable to correct due to
hyphenated name
Coding & Procedures, Statement Date. Invalid statement date - data reviewed,
updated and valid, to the best of the facility's ability.

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PROVIDER: Baylor Scott & White Medical Center Taylor
THCIC ID: 044000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Taylor
THCIC ID 044000
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 4
YEAR: 2020

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of July 2, 2021. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. 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 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

Final 4q2020_Certification_Comments_OP_Modified 20211001.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, 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: Glen Rose Medical Center
THCIC ID: 059000
QUARTER: 4
YEAR: 2020

Certified With Comments

Corrections were not done by the deadline. Certifying as is.

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PROVIDER: Baylor Scott & White Hospital-Brenham
THCIC ID: 066000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital-Brenham
THCIC ID 066000
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed.

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PROVIDER: Goodall - Witcher Hospital
THCIC ID: 070000
QUARTER: 4
YEAR: 2020

Certified With Comments

E-603 - Diagnosis was entered in EMR 2x and transferred to THCIC. Person assigned to correct did not finish
E-608 - No principal Dx on record. Still working with provider at submission deadline
E-637 - Patient had no SSN

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PROVIDER: HCA Houston Healthcare Tomball
THCIC ID: 076000
QUARTER: 4
YEAR: 2020

Certified With Comments

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

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PROVIDER: TMC Bonham Hospital
THCIC ID: 106001
QUARTER: 4
YEAR: 2020

Certified With Comments

Certified as accurate.

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PROVIDER: Facial Plastic & Cosmetic Surgical Center
THCIC ID: 111001
QUARTER: 4
YEAR: 2020

Certified With Comments

low volume continues due to COVID

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PROVIDER: Baptist Medical Center
THCIC ID: 114001
QUARTER: 4
YEAR: 2020

Certified With Comments

I (Removed by THCIC) certify on behalf of (Removed by THCIC) CFO Baptist Medical Center.

*Confidential information removed by THCIC.

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 4
YEAR: 2020

Certified With Comments

The accuracy rate is 99% due to coding policy of assigning codes from the documentation provided by the physician.

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PROVIDER: CHI St Lukes Health Memorial Lufkin
THCIC ID: 129000
QUARTER: 4
YEAR: 2020

Certified With Comments

Error #605, 767, 769 due to diagnosis codes and reason for visit codes provided by the ordering physician and these cannot be changed.
Error #637 due to patient refused to provide SSN, patient does not have SSN assigned and/or facility did not capture SSN.

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PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
QUARTER: 4
YEAR: 2020

Certified With Comments

There were a few procedures that were not accepted due to patient status changing from Outpatient to Inpatient and not matching accordingly.

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PROVIDER: Northeast Baptist Hospital
THCIC ID: 134001
QUARTER: 4
YEAR: 2020

Certified With Comments

I hereby certify 4th quarter 2020 OP. 9446 events. On behalf of (Removed by THCIC), CFO at Northeast Baptist Hospital. (Removed by THCIC), Director Revenue Analysis at North Central Baptist Hospital.

*Confidential information removed by THCIC.

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PROVIDER: Wadley Regional Medical Center
THCIC ID: 144000
QUARTER: 4
YEAR: 2020

Certified With Comments

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 4
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: Humble Kingwood Endoscopy Center
THCIC ID: 149000

QUARTER: 4
YEAR: 2020

Certified With Comments

no errors.

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 4
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.

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PROVIDER: Methodist Hospital
THCIC ID: 154000
QUARTER: 4
YEAR: 2020

Certified With Comments

Missing patient country/gender/race/SSN/address - unable to identify based off of patient admission, patient did not provide or chose not to provide information

Newborn dates: newborns transfer from other hospitals, correct as entered

DOB: date of birth confirmed and entered as correct

Situational code: does not apply as confirmed from patient access manager as no code needed

NPI/Provider name match; correct as entered. NPI name match unable to correct due to double name or hyphenated name.

Zip codes - correct as entered; either no zip code able to be retrieved, or out of country zip code

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PROVIDER: Methodist Specialty & Transplant Hospital
THCIC ID: 154001
QUARTER: 4
YEAR: 2020

Certified With Comments

Per coding 1 invalid other diagnosis is assigned correctly. 10 invalid physicians name match have correct providers name not recognize with hypen. 1 invalid reason for visit code is correct per admitting. 2 accounts showing procedure date and 2 accounts showing procedure through date is more than 30 days before statement date is correct per op report in file. Per coding manifest diagnosis codes are assigned correctly as principal diagnosis and reason for visit.

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PROVIDER: Northeast Methodist Hospital
THCIC ID: 154002
QUARTER: 4
YEAR: 2020

Certified With Comments

- E-605 Diagnosis of R519 headache is correct
- E-624 Condition Code is correct
- E-629 No country code available
- E-637 SSN is correct
- E-633 no other ZIP is available
- E-690 ED attending NPI is correct
- E-695 ED attending name is correct
- E-767 PDX code is correct
- E-769 Reason for visit code is correct

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PROVIDER: Methodist Texsan Hospital
THCIC ID: 154003
QUARTER: 4
YEAR: 2020

Certified With Comments

Unable to correct a total of 4 errors including 1 error code E-607 that coding module shows as correct principal diagnosis, 2 E-637 that couldn't find SSN in patient's chart, and 1 E-655 that database shows valid point of origin.

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PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
QUARTER: 4
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and forecasting purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. Please also note that charges are not equal to actual payments received by the facility or facility costs for performing the services. Errors corrected on the report include incorrect foreign country codes and zip codes due to transient patients from Mexico, Central and South America. Errors occurring and not corrected are service date one than 30 days before discharge date. These are transplant recurring accounts that are ongoing due to determination of appropriate for donor purposes or transplant patients that are followed in perpetuity. Corrections have been made to the best of my ability, resources and bandwidth. This data is submitted as a best effort to meet statutory requirements.

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PROVIDER: Medical Center Hospital
THCIC ID: 181000
QUARTER: 4
YEAR: 2020

Certified With Comments

One error of invalid state due to being out of country

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 4
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.

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PROVIDER: Concho County Hospital
THCIC ID: 202000
QUARTER: 4
YEAR: 2020

Certified With Comments

There was a deficiency for one of our claims, that was not corrected timely. Therefore corrections couldn't be made timely in your system.

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PROVIDER: Baylor Scott & White Hospital College Station
THCIC ID: 206100
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital College Station
THCIC ID 206100
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

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PROVIDER: Laredo Medical Center
THCIC ID: 207001
QUARTER: 4
YEAR: 2020

Certified With Comments

Some Claims in error due to claims not coded at time of fixing other claims. The reason is the information was not available at time of coding. Some claims in error due to provider information incorrect or missing and we could not find the correct information in due date time.

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PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100
QUARTER: 4
YEAR: 2020

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Certified With Comments

Baylor Scott & White The Heart Hospital Denton
THCIC ID 208100
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

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PROVIDER: Lufkin Endoscopy Center
THCIC ID: 212002
QUARTER: 4
YEAR: 2020

Certified With Comments

I have reviewed reports and still can not certify.

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PROVIDER: Medical City Plano
THCIC ID: 214000
QUARTER: 4
YEAR: 2020

Certified With Comments

All information is Valid

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PROVIDER: HCA Houston Healthcare Northwest
THCIC ID: 229000
QUARTER: 4
YEAR: 2020

Certified With Comments

Data corrected to the best of the facility's ability.

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 4
YEAR: 2020

Data Content

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Diagnosis and Procedures

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

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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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: 4

YEAR: 2020

Certified With Comments

Data Content

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PROVIDER: University Medical Center of El Paso

THCIC ID: 263000

QUARTER: 4

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,

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particularly long term patients may actually be managed by several different teams. The practice of attributing patient outcomes in the database to a single physician may result in inaccurate information. Through performance improvement process, we review the data and strive to make changes to result in improvement.

=====

PROVIDER: The Hospitals of Providence Sierra Campus
THCIC ID: 266000
QUARTER: 4
YEAR: 2020

Certified With Comments

Procedure dates are correct but system would not require as such.

=====

PROVIDER: The Center for Sight
THCIC ID: 272000
QUARTER: 4
YEAR: 2020

Certified With Comments

We do not perform surgery on patients under 18 years of age. One birthdate was entered incorrectly.

=====

PROVIDER: Metropolitan Methodist Hospital
THCIC ID: 283000
QUARTER: 4
YEAR: 2020

Certified With Comments

Error Code: E-605, Count 5, Invalid Other Diagnosis is correct as reported.
Error Code: E-624, Count 1, Invalid Condition Code is correct as reported.
Error Code: E-629, Count 1, Missing Patient Country is correct as reported.
Error Code: E-637, Count 7, Invalid Patient SSN is correct as reported.
Error Code: E-638, Count 1, Missing Patient Medical Record Number could not be corrected via software error.
Error Code: E-663, Count 13, Invalid Patient ZIP is correct as reported.
Error Code: E-690, Count 2, Invalid Physician 2 (ED Attending) Identifier for ED Claim is correct; see NPI Number
Error Code: W-695, Count 50, Invalid Physician 2 (ED Attending) Name Match is

correct; see NPI Number

Error Code: E-733, Count 1, Invalid Reason for Visit Code is correct as reported.

Error Code: E-736, Count 6, Procedure Date is more than 30 days before the Statement Date or after the Statement Thru Date is correct as reported.

Error Code: E-760, Count 6, Procedure Through Date is more than 30 days before the Statement From Date or after Statement Thru Date is correct as reported.

Error Code: E-767, Count 1, Manifest diagnosis codes may not be used as the Principal Diagnosis Code is correct as reported.

Error Code: E-769, Count 1, Manifest diagnosis codes may not be used as the Reason for Visit Code is correct as reported.

Error Code: E-781, Count 5, Ecodes must be reported with the Ecode qualifier or in the Ecode section and not as Reason for Visit Diagnosis is correct as reported.

=====
PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Waxahachie
THCIC ID 285000
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed

=====
PROVIDER: Wilson N Jones Regional Medical Center
THCIC ID: 297000
QUARTER: 4
YEAR: 2020

Certified With Comments

Manual entry of claims has caused some revenue codes not required to be submitted.

=====
PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Irving
THCIC ID 300000
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 4
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. 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.

=====
PROVIDER: Valley Baptist Medical Center-Brownsville
THCIC ID: 314001
QUARTER: 4
YEAR: 2020

Certified With Comments

Certify as is. Unable to resolve any additional accts.

=====
PROVIDER: Del Sol Medical Center
THCIC ID: 319000
QUARTER: 4
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilize for billing purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that changes are not equal to actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. 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: 4
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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Diagnosis and Procedures

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

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

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

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

ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

=====
PROVIDER: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 4
YEAR: 2020

Certified With Comments

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Baylor University Medical Center
THCIC ID 331000
4th Qtr 2020 Outpatient
Accuracy rate -100%
No comments needed

=====

PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 4
YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified FOURTH 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 FOURTH 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 FOURTH 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

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pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are discharged. Therefore, the charges for many patient encounters are under reported.

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

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

=====

PROVIDER: Medical City Dallas Hospital
THCIC ID: 340000
QUARTER: 4
YEAR: 2020

Certified With Comments

Information is correct according to documentation

=====

PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 4
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: HCA Houston Healthcare Southeast
THCIC ID: 349001
QUARTER: 4
YEAR: 2020

Certified With Comments

all corrections have been made to the best of our ability at the time of certification

=====

PROVIDER: Heights Surgery Center
THCIC ID: 355001
QUARTER: 4
YEAR: 2020

Certified With Comments

We had E-637 4 count error and E7-744 (10) count error. Due to COVID and short staff reporting was not updated on time.

=====

PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott and White All Saints Medical Center-Fort Worth
THCIC ID 363000
4th Qtr 2020 Outpatient
Accuracy rate - 100
No comments needed.

=====

PROVIDER: Martin County Hospital District
THCIC ID: 388000
QUARTER: 4
YEAR: 2020

Certified With Comments

Reports given to Quality and Cmpliance

=====

PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000

QUARTER: 4
YEAR: 2020

Certified With Comments

data reviewed and updated if applicable and data certified

=====
PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 4
YEAR: 2020

Certified With Comments

All data correct to the best of our knowledge.

=====
PROVIDER: Adventhealth Rollins Brook
THCIC ID: 397000
QUARTER: 4
YEAR: 2020

Certified With Comments

Corrections made to the best of my ability.

=====
PROVIDER: Adventhealth Central Texas
THCIC ID: 397001
QUARTER: 4
YEAR: 2020

Certified With Comments

Data corrected to the best of my ability.

=====
PROVIDER: Valley Baptist Medical Center
THCIC ID: 400000
QUARTER: 4
YEAR: 2020

Certified With Comments

Certify as is. Unable to resolve any additional accts.

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
  QUARTER: 4
    YEAR: 2020

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Certified With Comments

Introduction

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

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

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

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

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.

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=====
PROVIDER: Hereford Regional Medical Center
THCIC ID: 420000
  QUARTER: 4
    YEAR: 2020

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Certified With Comments

We have a claim that had charges and in the process of taking out the charges it didn't refresh and save the changes. The patient had been to the facility

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multiple times. We went in and deleted out the charges and hit save and submit but for some reason the system did not refresh. Due to the failure in the refresh, the data was not correct.

=====

PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 4
YEAR: 2020

Certified With Comments

Data Content

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Diagnosis and Procedures

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

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Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====

PROVIDER: Ascension Seton Smithville
THCIC ID: 424500
QUARTER: 4
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: 4
YEAR: 2020

Certified With Comments

Data Content

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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.

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=====
PROVIDER: CHI St Lukes Health Brazosport
THCIC ID: 436000
QUARTER: 4
YEAR: 2020

Certified With Comments

Multiple errors are encountered in the 4q2020, due to the new development of the receiving format. Not enough time and personnel to allocate this issue makes it difficult to make corrections to the errors.

=====
PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
QUARTER: 4
YEAR: 2020

Certified With Comments

No Errors

=====
PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 4
YEAR: 2020

Certified With Comments

Certify 4q 2020 OUTPUT

=====

PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 4
YEAR: 2020

Certified With Comments

1 OP claim errored for an invalid diagnosis. It was not corrected due to oversight.
1 OP claim errored for an E-code qualifier reported incorrectly. The facility thought it was corrected.
All other errors for the 6,720 encounters were corrected.

=====

PROVIDER: CHI St Lukes Health - Memorial Livingston
THCIC ID: 466000
QUARTER: 4
YEAR: 2020

Certified With Comments

Error type #765, 767, and 769 due to diagnosis and reason for visit codes provided by the ordering physician thus it cannot be changed.
Error type #637 due to patient refused to provide SSN, patient does not have SSN assigned and/or facility did not capture SSN.

=====

PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 4
YEAR: 2020

Certified With Comments

Data Content

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hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

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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

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

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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.

=====
PROVIDER: Memorial Medical Center
THCIC ID: 487000
QUARTER: 4
YEAR: 2020

Certified With Comments

We have corrected these to the best of our abilities

=====
PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 4
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: 4
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

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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 Hillcrest
THCIC ID: 506001
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Grapevine
THCIC ID 513000
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Longview Regional Medical Center
THCIC ID: 525000
QUARTER: 4
YEAR: 2020

Certified With Comments

We certify with a 99% accuracy rate

PROVIDER: Baylor Scott & White Medical Center Temple
THCIC ID: 537000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Temple
THCIC ID 537000
4th Qtr 2020 - Outpatient
Accuracy rate - 99.99%
Errors from the 4th Quarter FER reflect the following error codes E-784.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Errors will stand as reported.

=====
PROVIDER: Scott & White Pavilion
THCIC ID: 537002
QUARTER: 4
YEAR: 2020

Certified With Comments

Scott & White Pavilion
THCIC ID 537002
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====
PROVIDER: Baylor Scott & White McLane Childrens Medical Center
THCIC ID: 537006
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center
THCIC ID 537006
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Bellville Medical Center
THCIC ID: 552000
QUARTER: 4
YEAR: 2020

Certified With Comments

Occurrence code error

=====

PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
QUARTER: 4
YEAR: 2020

Certified With Comments

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

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

=====

PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
QUARTER: 4
YEAR: 2020

Certified With Comments

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general acute care, 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties. Seton Edgar B. Davis offers health education and wellness programs. In addition,

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

=====
PROVIDER: St Davids South Austin Hospital
THCIC ID: 602000
QUARTER: 4
YEAR: 2020

Certified With Comments

All errors were attempted to be corrected. Demographic issues are due to demographic information not being available for that patient. Physician errors are due to ER patients who left without being seen and were placed under a general provider for reporting.

=====
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 4
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.

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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: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: St Davids Rehab Center
THCIC ID: 649000
QUARTER: 4
YEAR: 2020

Certified With Comments

Situational code: does not apply, patient access director reviewed and found codes correct as is

=====

PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
QUARTER: 4
YEAR: 2020

Certified With Comments

No Errors

=====

PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 4
YEAR: 2020

Certified With Comments

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=====
PROVIDER: North Central Baptist Hospital
THCIC ID: 677001
QUARTER: 4
YEAR: 2020

Certified With Comments

I hereby certify 4th quarter 2020 OP. 9685 Events. On behalf of (Removed by THCIC), CFO at North Central Baptist Hospital. (Removed by THCIC), Director Revenue Analysis at North Central Baptist Hospital.

*Confidential information removed by THCIC.

=====
PROVIDER: Kell West Regional Hospital
THCIC ID: 681400
QUARTER: 4
YEAR: 2020

Certified With Comments

Was unable to complete the missing line item service dates until our HIS upgrade was complete.

=====
PROVIDER: Corpus Christi Medical Center-Bay Area
THCIC ID: 703000
QUARTER: 4
YEAR: 2020

Certified With Comments

Physician names with space in last name not interface correctly, creating error with NPI match. Patient address not available in record. Procedure date error in initial submission. Corrected at facility.

PROVIDER: Kindred Hospital Houston NW
THCIC ID: 706000
QUARTER: 4
YEAR: 2020

Certified With Comments

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

*Confidential information removed by THCIC.

=====
PROVIDER: Big Bend Regional Medical Center
THCIC ID: 711900
QUARTER: 4
YEAR: 2020

Certified With Comments

low error rate 4 cases with uncorrected errors.
2 were for invalid state- these were from Mexico- I have now been made aware of how to process foreign country errors
1 for invalid zip which I also believe had something to do with it being a foreign country
1 invalid NPI- this doctor does not have an NPI in the future we will use his license #

=====
PROVIDER: Central Park Surgery Center
THCIC ID: 712100
QUARTER: 4
YEAR: 2020

Certified With Comments

I believe that we have no errors for this quarter.

=====
PROVIDER: Cy Fair Surgery Center
THCIC ID: 715700
QUARTER: 4
YEAR: 2020

To the best of my knowledge all information is correct

=====

PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 4
YEAR: 2020

Certified With Comments

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, all 4 accounts are correctly reported.
(Removed by THCIC)

*Confidential information removed by THCIC.

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 4
YEAR: 2020

Certified With Comments

As is.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 4
YEAR: 2020

Certified With Comments

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=====
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 4
YEAR: 2020

Certified With Comments

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=====
PROVIDER: Surgical Center of El Paso
THCIC ID: 733001
QUARTER: 4
YEAR: 2020

Certified With Comments

We had one patient where the social security number wasn't entered. I know we were training new admissions people and during that time some patients wouldn't want to give their SSN. I had instructed the staff to enter all 9's they had went back and adjusted most of the accounts. One did slip by we will do better for next quarter. Thank you

=====
PROVIDER: St Lukes Hospital at the Vintage
THCIC ID: 740000
QUARTER: 4
YEAR: 2020

Certified With Comments

Final 4q2020_Certification_Comments_OP_Modified 20211001.txt
Accuracy rate is 99% due to coding policy of coding what physician has documented in the chart.

=====

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID 974240
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: CHRISTUS Spohn Corpus Christi Outpatient Surgery
THCIC ID: 786300
QUARTER: 4
YEAR: 2020

Certified With Comments

4TH QTR 2020 CERTIFICATION

=====

PROVIDER: Baylor Scott & White Medical Center-Frisco
THCIC ID: 787400
QUARTER: 4
YEAR: 2020

Certified With Comments

Complete.

=====

PROVIDER: Harlingen Medical Center
THCIC ID: 788002
QUARTER: 4
YEAR: 2020

Certified With Comments

Upon receiving the email from THCIC, we ran THCIC Report (C12) and found that there is one E-783 error on our Q4 , 2020 outpatient data. We immediately reached out to THCIC to know more details in an attempt to correct this error. However, we were informed by system 13 data analyst that a claim was submitted with invalid HCPCS code 2170 and one of our facility team member responsible for correcting the errors, deleted the invalid HCPCS code, but did not click the 'Submit' button and claim got submitted without saving the correction. Also, we were informed that this error cannot be corrected at this point of time. Hence, this error was corrected by our facility.

=====

PROVIDER: Texas Orthopedic Hospital
THCIC ID: 792000
QUARTER: 4
YEAR: 2020

Certified With Comments

One account had 2 errors due to procedure through date is more than 30 days before statement from date. Pre-operative labs performed on 9/4/2020, out patient surgery was done on 10/21/20.

=====

PROVIDER: Hill Country Memorial Surgery Center
THCIC ID: 793300
QUARTER: 4
YEAR: 2020

Certified With Comments

reviewed Q4,2020

=====

PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
QUARTER: 4
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

Final 4q2020_Certification_Comments_OP_Modified 20211001.txt
requirements.

=====

PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
QUARTER: 4
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: Kindred Hospital Tarrant County Fort Worth SW
THCIC ID: 800000
QUARTER: 4
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 9 records are correctly reported.
(Removed by THCIC) Kindred Healthcare

*Confidential information removed by THCIC.

=====

PROVIDER: LMC North
THCIC ID: 800300
QUARTER: 4
YEAR: 2020

Certified With Comments

Some claims might have errors due to Mercy Ministries Provider having several providers working in facility. System does not accept the Mercy Ministries provider. We are working on getting the Director to provide the correct Providers for each claim.

=====

PROVIDER: Baylor Medical Center Trophy Club

THCIC ID: 805100
QUARTER: 4
YEAR: 2020

Certified With Comments

Out of 2425 reports, 4 were missing items of City, State or ZIP
Please certify data. Education will take place.

=====

PROVIDER: Physicians Surgery Center Longview
THCIC ID: 806400
QUARTER: 4
YEAR: 2020

Certified With Comments

Certification with 99% accuracy

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 4
YEAR: 2020

Certified With Comments

The Q4 2020 All Data/information in these files contain accurate data in areas
such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 4
YEAR: 2020

Certified With Comments

The Q4 2020 All Data/information in these files contain accurate data in areas
such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Baylor Ambulatory Endoscopy Center
THCIC ID: 813600

QUARTER: 4
YEAR: 2020

Certified With Comments

Unable to correct SSN errors.

=====

PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Plano
THCIC ID 814001
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 4
YEAR: 2020

Certified With Comments

The Q4 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed

=====

PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

QUARTER: 4

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: 4

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YEAR: 2020

Certified With Comments

1 claim error with missing patient country at time of submission.

=====
PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
QUARTER: 4
YEAR: 2020

Certified With Comments

Errors not corrected due to patient declined

=====
PROVIDER: Heart Hospital-Austin
THCIC ID: 829000
QUARTER: 4
YEAR: 2020

Certified With Comments

Missing patient country/gender/race/SSN/address - unable to identify based off of patient admission, patient did not provide or chose not to provide information

=====
PROVIDER: Texas Health Surgery Center Preston Plaza
THCIC ID: 832800
QUARTER: 4
YEAR: 2020

Certified With Comments

All data is accurate to the best of my knowledge.

=====
PROVIDER: St Davids Georgetown Hospital
THCIC ID: 835700
QUARTER: 4
YEAR: 2020

Certified With Comments

Situational Code Conditions: account canceled account was not activated/used, condition code placed in error conditions code removed
Missing patient country/gender/race/SSN/address - unable to identify based off of patient admission, patient did not provide or chose not to provide information, account cancelled/activated
NPI/Provider name match; correct as entered. NPI name match unable to correct due to double name/hyphenated name, specialty group.
Charges; procedure dates not provided due to cancelled procedure/laboratory test

=====
PROVIDER: Stonegate Surgery Center
THCIC ID: 838500
QUARTER: 4
YEAR: 2020

Certified With Comments

When I worked on my error correction, I could no longer access anything with an error causing 2 claims to go in with the wrong revenue code.

=====
PROVIDER: St Joseph Medical Center
THCIC ID: 838600
QUARTER: 4
YEAR: 2020

Certified With Comments

We have 101 claims that have issues with: Patient Control Numbers, Condition Codes, HCPCS codes (procedure codes) and date of birth (unknown patient. 99% for Outpatient.

=====
PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Plano
THCIC ID 844000
4th Qtr 2020 Outpatient

Accuracy rate - 99.98% %

Errors from the 4th Quarter FER reflect the following error codes E-784.

Claims did not meet criteria for state reporting, i.e. required revenue code or procedure code.

Errors will stand as reported.

```

=====
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
  QUARTER: 4
    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: 4
    YEAR: 2020

```

Certified With Comments

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

4th Qtr 2020 - Outpatient

Accuracy rate - 100%

No comments needed

```

=====
PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
  QUARTER: 4

```

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YEAR: 2020

Certified With Comments

Certify all information is correct to my knowledge, no error types noted

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
QUARTER: 4
YEAR: 2020

Certified With Comments

Certify all information is correct to my knowledge, no error types noted

=====

PROVIDER: Baylor Surgicare at Oakmont
THCIC ID: 855500
QUARTER: 4
YEAR: 2020

Elected Not to Certify

CORRECT ERRORS

=====

PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
QUARTER: 4
YEAR: 2020

Certified With Comments

The Q4 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
QUARTER: 4
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: Carrus Specialty Hospital
THCIC ID: 864600
QUARTER: 4
YEAR: 2020

Certified With Comments

Certifying with invalid NPI numbers.

=====

PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
QUARTER: 4
YEAR: 2020

Certified With Comments

Unable to enter the HCPCS code entered. It would not recognize it.

=====

PROVIDER: Methodist Stone Oak Hospital
THCIC ID: 874100
QUARTER: 4
YEAR: 2020

Certified With Comments

All corrections made and saved however, corrections not saved

=====

PROVIDER: Laredo Digestive Health Center
THCIC ID: 904000
QUARTER: 4
YEAR: 2020

Certified With Comments

Error E-607 invalid principal Dx
correction was not corrected at time certification

=====

PROVIDER: HEA Surgery Center
THCIC ID: 906000
QUARTER: 4
YEAR: 2020

Certified With Comments

Missing 1 required revenue code. Overlooked.

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 4
YEAR: 2020

Certified With Comments

97.5%

=====

PROVIDER: Medical Complex Surgery Center
THCIC ID: 918000
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Ascension Seton Hays
THCIC ID: 921000
QUARTER: 4
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

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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 Flower Mound
THCIC ID: 943000
QUARTER: 4
YEAR: 2020

Certified With Comments

The Q4 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: Medical Park Tower Surgery Center
THCIC ID: 967000
QUARTER: 4
YEAR: 2020

Certified With Comments

The following corrections were not made prior to certification due to unexpected illness/staffing issues at the facility during the deadline time period.

Count Error Code:

- 1 E-605 Invalid Other Diagnosis
- 2 E-636 Patient SSN not 9 numeric characters (facility does not request or require SSN from patients)
- 3 E-637 Invalid Patient SSN (facility does not request or require SSN from patients)
- 1 E-670 Revenue Code in first service line detail is missing
- 1 E-679 Charges present but no corresponding Revenue Code
- 12 E-693 Invalid Physician 1 (Operating) Identifier

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
QUARTER: 4
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: Hays Surgery Center
THCIC ID: 970210
QUARTER: 4
YEAR: 2020

Certified With Comments

these were fixed I am unsure how they did not save,
The 5 - E-637 SSN 999999999 should be filled in
4- E-671 should be 0490

=====

PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 4
YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified FOURTH 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 FOURTH 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 FOURTH 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: Texas Health Huguley Surgery Center
THCIC ID: 971500
QUARTER: 4
YEAR: 2020

Certified With Comments

2020 4th 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 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

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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 4th Quarter, to the best of our knowledge, is accurate and complete given the above information.

=====

PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center McKinney
THCIC ID 971900
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Stonebridge Surgery Center
THCIC ID: 972000
QUARTER: 4
YEAR: 2020

Certified With Comments

(Removed by THCIC) is unable to be corrected at this time due to a legal dispute

*Confidential information removed by THCIC.

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 4
YEAR: 2020

Certified With Comments

Data Content

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

encounter.

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====
PROVIDER: Texas Health Orthopedic Surgery Center
THCIC ID: 973210
QUARTER: 4
YEAR: 2020

Certified With Comments

Q4 2020 reviewed & certified

=====
PROVIDER: Vivere Austin Surgery Center
THCIC ID: 973270

QUARTER: 4
YEAR: 2020

Certified With Comments

Error codes exist because we have fertility specialty. Some patients are not billed, only connected to billed patients because they are egg or sperm donors. Those will not have HCPCS code. Gender per dx also might be different d/t this specialty.

=====

PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Surgery Center of Waxahachie
THCIC ID 973560
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Altus Baytown Hospital Baytown Medical Center
THCIC ID: 973860
QUARTER: 4
YEAR: 2020

Certified With Comments

the errors are invalid physician name. It is correct. I am certifying it and I just missed the deadline for the corrections

=====

PROVIDER: Surgcenter of Plano
THCIC ID: 974000
QUARTER: 4
YEAR: 2020

Certified With Comments

For patients with social security numbers listed as 999999999 no ssn was provided to us by the patients. For all other 815 event error SSN list was the

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one provided by the patient.

=====

PROVIDER: Woodlands Specialty Hospital
THCIC ID: 974150
QUARTER: 4
YEAR: 2020

Certified With Comments

Despite errors flagged in outpatient claims, our review determined that all information submitted was found to be accurate to the best of our knowledge.

=====

PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID 974240
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Medical City Alliance
THCIC ID: 974490
QUARTER: 4
YEAR: 2020

Certified With Comments

INFORMATION IS VALID

=====

PROVIDER: The Heart & Vascular Surgery Center
THCIC ID: 974540
QUARTER: 4
YEAR: 2020

Certified With Comments

Q4 2020

=====

PROVIDER: Texas Precision Surgery Center
THCIC ID: 974770
QUARTER: 4
YEAR: 2020

Certified With Comments

Certification is not at 100% accuracy due to not being able to see claim correction in the claim correction tab.

=====

PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Marble Falls
THCIC ID 974940
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 4
YEAR: 2020

Certified With Comments

99.54%

=====

PROVIDER: Methodist Southlake Hospital
THCIC ID: 975153
QUARTER: 4
YEAR: 2020

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Certified With Comments

No changes

=====

PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lakeway
THCIC ID 975165
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 4
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: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188
QUARTER: 4
YEAR: 2020

Certified With Comments

Procedure dates coded were correct as is

=====
PROVIDER: Memorial Hermann Surgery Center Pinecroft
THCIC ID: 975191
QUARTER: 4
YEAR: 2020

Certified With Comments

System failed to add 9's to SS field. We do not add SSN to our PAS.

=====
PROVIDER: Lubbock Vascular Access Center
THCIC ID: 975199
QUARTER: 4
YEAR: 2020

Certified With Comments

SSN is missing for one patient due to the patient refusing to provide this

=====

PROVIDER: Huebner Ambulatory Surgery Center
THCIC ID: 975211
QUARTER: 4
YEAR: 2020

Certified With Comments

certify without comments.

=====

PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 4
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: 4
YEAR: 2020

Certified With Comments

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Missing patient country/gender/race/SSN/address - unable to identify based off
of patient admission, patient did not provide or chose not to provide
information, SSN number correct as is after review
NPI/Provider name match; correct as entered, NPI name match unable to correct
due to double name or hyphenated name.
Situational code: PAD reviewed and found codes correct as is

=====
PROVIDER: Total Vascular Care
THCIC ID: 975226
QUARTER: 4
YEAR: 2020

Certified With Comments

We are certifying with a comment regarding the error for 4Q2020 which is a
secondary payer name was missing on a claim. This was originally completed
before my attempt to certify, but somehow it was saved and not submitted.

=====
PROVIDER: Medical City Weatherford
THCIC ID: 975241
QUARTER: 4
YEAR: 2020

Certified With Comments

Information Valid

=====
PROVIDER: South Texas Surgical Institute
THCIC ID: 975242
QUARTER: 4
YEAR: 2020

Certified With Comments

Error report missed during transitioning of staff.

=====
PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
QUARTER: 4
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: Humble Vascular Surgical Center
THCIC ID: 975278
QUARTER: 4
YEAR: 2020

Certified With Comments

The codes that were documented as errors in the data entry, are codes that are used for Ellipsys endovascular AVF creations(G2170 & C1889) and PD catheter placements (49400). These codes were given to me by the billing department. There are no other codes used to bill for these procedures.

=====
PROVIDER: Azura Surgery Center Star
THCIC ID: 975280
QUARTER: 4
YEAR: 2020

Certified With Comments

Unable to verify SSN# for patients. All sources have the same social security number that is listed.

=====
PROVIDER: Austin Access Care
THCIC ID: 975282
QUARTER: 4
YEAR: 2020

Certified With Comments

2 patients have 000000000 for their SSN. One would not return call to verify

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correctness of the number that was provided and the other patient stated they
did not know their SSN and hung up.

=====

PROVIDER: Baylor Scott & White Medical Center Centennial
THCIC ID: 975285
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Centennial
THCIC ID 975285
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: UT Health East Texas Carthage Hospital
THCIC ID: 975294
QUARTER: 4
YEAR: 2020

Certified With Comments

No errors

=====

PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295

QUARTER: 4
YEAR: 2020

Certified With Comments

No errors

=====

PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299
QUARTER: 4
YEAR: 2020

Certified With Comments

Errors include trauma patients with unknown identity and HCPCS codes.

=====

PROVIDER: St Davids Austin Surgery Center
THCIC ID: 975310
QUARTER: 4
YEAR: 2020

Certified With Comments

There was one error that was not corrected. Social Security Number was not corrected on one claim to be 9 digits long. Steps for reviewing errors will be monitored more closely.

=====

PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery
THCIC ID: 975318
QUARTER: 4
YEAR: 2020

Certified With Comments

4th quarter certification for 2020

=====

PROVIDER: HCA Houston Healthcare North Cypress
THCIC ID: 975321
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Texas Health Orthopedic Surgery Center Heritage
THCIC ID: 975328
QUARTER: 4
YEAR: 2020

Certified With Comments

Q4 2020 reviewed & certified

=====

PROVIDER: Baylor Scott & White Medical Center Pflugerville
THCIC ID: 975340
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Pflugerville
THCIC ID 975340
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: North Cypress Medical Center, a campus of Kingwood Medical Center
THCIC ID: 975341
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Comfort Surgery Center of San Antonio
THCIC ID: 975350
QUARTER: 4

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YEAR: 2020

Certified With Comments

I am currently at 99.8%, there is 1 claim that I did not notice the error, please accept my certification as is.

Thank you,
(Removed by THCIC)

*Confidential information removed by THCIC.

=====

PROVIDER: Surgery Center 121
THCIC ID: 975356
QUARTER: 4
YEAR: 2020

Certified With Comments

Noted 99% Accuracy for Quarter 4 2020. Reviewed Claim corrections with no claim error data shown within the window of corrections. Submitted as complete, contacted HelpDesk to find missing error determined to be a 783 error.

=====

PROVIDER: Baylor St Lukes Medical Center McNair Campus
THCIC ID: 975365
QUARTER: 4
YEAR: 2020

Certified With Comments

Accuracy rate is 99% due to coding policy of following CMS guidelines of coding documentation based on what the physician has provided.

=====

PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park
THCIC ID: 975384
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Emergency Medical Center Cedar Park
THCIC ID 975384
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Baylor Scott & White The Heart Hospital McKinney
THCIC ID: 975385
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital McKinney
THCIC ID 975385
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Baylor Scott & White Medical Center Buda
THCIC ID: 975391
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Buda
THCIC ID 975391
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: Valley Baptist Micro-Hospital Weslaco
THCIC ID: 975415
QUARTER: 4
YEAR: 2020

Certified With Comments

Certify as is. unable to resolve any additional accts

=====

PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
QUARTER: 4
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.

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

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

=====
PROVIDER: Memorial Hermann Surgery Center Main Street
THCIC ID: 975420
QUARTER: 4
YEAR: 2020

Certified With Comments

We have one principle diagnosis that has been listed as invalid. I have confirmed it with billing as well as validated as appropriate in 2021. There are also 80 SSN that are not approved. We have had several patients refuse to give their social security numbers. We have asked for the last four digits, and given 9's as the first 5 digits. Please let me know if this is not appropriate.

=====
PROVIDER: UT Health South Broadway Emergency Center
THCIC ID: 975426
QUARTER: 4
YEAR: 2020

Certified With Comments

Errors attributed HCPCS code

=====
PROVIDER: Las Palmas Del Sol Emergency Center West

THCIC ID: 975427
QUARTER: 4
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and forecasting purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. Please also note that charges are not equal to actual payments received by the facility or facility costs for performing the services. After all corrections were made, this data shows 100% correct out of 1995 encounters.

=====
PROVIDER: Las Palmas Del Sol Healthcare Northeast
THCIC ID: 975428
QUARTER: 4
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and forecasting purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of odes, system mapping and normal clerical error. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. Please also note that charges are not equal to actual payments received by the facility or facility costs for performing the services. Errors corrected on the report include incorrect foreign country codes and zip codes due to transient patients from Mexico, Central and South America. 3 errors out of 1545 encounters were not corrected; 2 admission sources and 1 procedure code. Corrections have been made to the best of my ability, resources and bandwidth. This data is submitted as a best effort to meet statutory requirements.

=====
PROVIDER: North Cypress Medical Center ER - Fry Road Campus
THCIC ID: 975429
QUARTER: 4
YEAR: 2020

Certified With Comments

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Certifying as is due to the miscommunication of reporting data for FSED. THCIC manual does not specify all FSED claims are to be reported. This facility has claims that are not ED claims. Going forward in Q1 2021 this has been corrected to include all claims. Point of Origin will be sent for all FSED claims beginning Q1 2021.

=====

PROVIDER: North Cypress Emergency Room-Town Lake Campus
THCIC ID: 975430
QUARTER: 4
YEAR: 2020

Certified With Comments

Certifying as is due to the miscommunication of reporting data for FSED. THCIC manual does not specify all FSED claims are to be reported. This facility has claims that are not ED claims. Going forward in Q1 2021 this has been corrected to include all claims. The point of origin will be included on all claims from the FSED.

=====

PROVIDER: North Cypress Medical Center ER - Willowbrook
THCIC ID: 975431
QUARTER: 4
YEAR: 2020

Certified With Comments

Certifying as is due to the miscommunication of reporting data for FSED. THCIC manual does not specify all FSED claims are to be reported. This facility has claims that are not ED claims. Going forward in Q1 2021 this has been corrected to include all claims.

=====

PROVIDER: Texas Health Presbyterian Hospital Rockwall North Campus
THCIC ID: 975436
QUARTER: 4
YEAR: 2020

Certified With Comments

The Q4 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

=====

PROVIDER: UMC East Emergency Department
THCIC ID: 975441
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: UMC Northeast Emergency Department
THCIC ID: 975442
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Christus Good Shepherd Emergency Department Kilgore
THCIC ID: 975444
QUARTER: 4
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

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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: Good Shepherd Medical Center Northpark Emergency Department
THCIC ID: 975445
QUARTER: 4
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: Texas Health Burleson
THCIC ID: 975460
QUARTER: 4
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: St. David's Bastrop Emergency Center
THCIC ID: 975469
QUARTER: 4
YEAR: 2020

Certified With Comments

Remaining errors were attempted to be corrected. Errors are due to patient demographics not being available. Physician errors are due to patients who left without being seen and were assigned to general provider for reporting.

=====

PROVIDER: St. David's Emergency Center
THCIC ID: 975470
QUARTER: 4
YEAR: 2020

Certified With Comments

Remaining errors were attempted to be resolved. Unable to obtain patient country for entry. Physician errors were due to patient leaving without being seen.

=====

PROVIDER: Baylor St Lukes Emergency Center Holcombe
THCIC ID: 975481
QUARTER: 4
YEAR: 2020

Certified With Comments

Accuracy rate is 99% due to coding policy of coding the chart based on physician documentation. Orders cannot be altered post discharge and the coding of the account is done post discharge.

=====

PROVIDER: Baylor St Lukes Emergency Center Pearland
THCIC ID: 975483
QUARTER: 4
YEAR: 2020

Certified With Comments

Coding is correct based on the diagnosis/codes documented on the physician order. Per CMS, we are not permitted to accept amended/late/updated orders after service has been performed and therefore the original coding cannot be corrected. CMS References:

- Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018, Complying with Medicare Signature Requirements
- Medicare Program Integrity Manual Chapter 3- Verifying Potential Errors and Taking Corrective actions (Rev. 876, 04-12-19)

=====

PROVIDER: CHI St Lukes Health Emergency Center
THCIC ID: 975484
QUARTER: 4
YEAR: 2020

Certified With Comments

Accuracy rate is 99% due to coding policy of coding the chart based on physician documentation. Orders cannot be altered post discharge and the coding of the account is done post discharge.

=====

PROVIDER: Texas Health Willow Park
THCIC ID: 975496
QUARTER: 4

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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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

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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: Las Palmas Del Sol Emergency Center
THCIC ID: 975508
QUARTER: 4
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilize for billing purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that changes are not equal to actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. 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: Center Emergency Department
THCIC ID: 975509
QUARTER: 4
YEAR: 2020

Certified With Comments

reviewed updated and data certified

=====

PROVIDER: The Hospitals of Providence Emergency Room Edgemere
THCIC ID: 975511
QUARTER: 4
YEAR: 2020

Certified With Comments

No comments

=====

PROVIDER: Methodist Boerne Medical Center Emergency Department
THCIC ID: 975521
QUARTER: 4
YEAR: 2020

Certified With Comments

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NPI - correct as entered; names are not allowing an updated due to hyphens and double last names.

Zip codes - correct as entered; either no zip code able to be retrieved, or out of country zip code

SSN - correct as entered; unable to retrieve correct SSN from patient

=====
PROVIDER: Valley Baptist Emergency Center - Brownsville
THCIC ID: 975522
QUARTER: 4
YEAR: 2020

Certified With Comments

Please certify as is. Unable to resolve any additional accts.

=====
PROVIDER: Baylor Scott & White Emergency Center - Forney
THCIC ID: 975537
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center- Forney
THCIC ID 975537
4th Qtr 2020 Inpatient
Accuracy rate - 100%
No comments needed

=====
PROVIDER: Valley Baptist Emergency Center - Harlingen
THCIC ID: 975543
QUARTER: 4
YEAR: 2020

Certified With Comments

please certify as is. unable to resolve any additional accts.

=====
PROVIDER: HCA Houston ER 24/7
THCIC ID: 975545
QUARTER: 4

Certified With Comments

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

=====

PROVIDER: Affinity Emergency Center at Magnolia
THCIC ID: 975553
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Texas Health Prosper
THCIC ID: 975562
QUARTER: 4
YEAR: 2020

Certified With Comments

Data Content

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Diagnosis and Procedures

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=====
PROVIDER: Metropolitan Methodist Emergency Center
THCIC ID: 975566
QUARTER: 4
YEAR: 2020

Certified With Comments

Error Code: E-605, Count 1, Invalid Other Diagnosis is correct as recorded.
Error Code: E-637, Count 1, Invalid Patient SSN is correct as recorded.
Error Code: E-646, Count 112, Missing Point of Origin (Admission Source) is correct as recorded.
Error Code: E-663, Count 1, Invalid Patient Zip is correct as recorded.
Error Code: W-695, Count 2, Invalid Physician 2 (ED Attending) Name Match is correct - see NPI Registry number.

=====
PROVIDER: Methodist Westover Hills Emergency Center
THCIC ID: 975567
QUARTER: 4
YEAR: 2020

Certified With Comments

Situational code: does not apply, confirmed from patient access manager no code needed

=====
PROVIDER: Methodist ER Converse
THCIC ID: 975568
QUARTER: 4

Certified With Comments

All social security numbers are correct with what is in our database
NPI's are correct in our database
Physician names are correct in our database. There is an issue when they cross to the THCIC site when the last name contains more than one word and there is no hyphen in the name.

=====

PROVIDER: Baylor Scott & White Emergency Center - Wylie
THCIC ID: 975576
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Emergency Center - Wylie
THCIC ID: 975576
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: CEDAR PARK EMERGENCY CENTER
THCIC ID: 975607
QUARTER: 4
YEAR: 2020

Certified With Comments

One claim not corrected due to patient not providing address to include street name and number, city, state, and zip code.

=====

PROVIDER: EXCEPTIONAL HEALTHCARE
THCIC ID: 975656
QUARTER: 4
YEAR: 2020

Certified With Comments

PHYSICIAN 1 (OPERATING) QUAL CODE was not corrected as a human error. We were certifying our locations and unintentionally this was left as an error.

=====

PROVIDER: LAREDO EMERGENCY ROOM
THCIC ID: 975691
QUARTER: 4
YEAR: 2020

Certified With Comments

All data of claims for Q4 2020 Laredo have been reviewed, any errors were corrected and worked with system 13 team since this was the first time for Freestanding ER. All is completed.

=====

PROVIDER: CARRUS CARE ER
THCIC ID: 975730
QUARTER: 4
YEAR: 2020

Certified With Comments

Please ignore Data entry Errors, We will make sure not to repeat such type of errors in next and upcoming data for 2021.

=====

PROVIDER: PHYSICIANS PREMIER
THCIC ID: 975759
QUARTER: 4
YEAR: 2020

Certified With Comments

1 Claim was missing HCPCS Code as this CPT was missed during the correction

=====

PROVIDER: United Memorial Medical Center Sugar Land Hospital
THCIC ID: 975780
QUARTER: 4
YEAR: 2020

Certified With Comments

(Removed by THCIC)

*Confidential information removed by THCIC.

=====

PROVIDER: Texas Health Hospital Frisco
THCIC ID: 975783
QUARTER: 4
YEAR: 2020

Certified With Comments

Data Content

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

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

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Race/Ethnicity

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Standard/Non-Standard Source of Payment

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=====
PROVIDER: Plano Surgical Hospital

THCIC ID: 975785
QUARTER: 4
YEAR: 2020

Certified With Comments

corrected all errors, but could not correct duplicate diagnosis code

=====

PROVIDER: Baylor Scott & White Medical Center Austin
THCIC ID: 975789
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott and White Medical Center Austin
THCIC ID 975789
4th Qtr 2020 Outpatient
Accuracy rate - 100%
No comments needed.

=====

PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco
THCIC ID: 975798
QUARTER: 4
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco
THCIC ID 975798
4th Qtr 2020 - Outpatient
Accuracy rate - 100%
No comments needed

=====

PROVIDER: The Hospitals of Providence Spine & Pain Management Center
THCIC ID: 975803
QUARTER: 4
YEAR: 2020

Certified With Comments

No comments

=====

PROVIDER: University Medical Center of El Paso
THCIC ID: 975868
QUARTER: 4
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Houston ER
THCIC ID: 975873
QUARTER: 4
YEAR: 2020

Certified With Comments

occurrence added without date at last second creating error after FER report ran same day showing 100% accuracy.

=====

PROVIDER: Las Palmas Del Sol Healthcare-Horizon
THCIC ID: 975884
QUARTER: 4
YEAR: 2020

Certified With Comments

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provide an accurate representation of the patient population for a facility. It should also be noted that changes are not equal to actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. 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: Shannon Medical Center South
THCIC ID: 975887
QUARTER: 4
YEAR: 2020

Certified With Comments

There were 7 claims submitted with errors. This is a recently acquired facility by Shannon Medical Center, and the claims were all outpatient ED with CPT code errors. We were unable to correct the claims as the system used by the previous facility is no longer available. Going forward, we will be able to correct these errors prior to certification.