

General Comments on 1st Quarter 2018 Data

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

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

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

Certified With Comments

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

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PROVIDER: Anson General Hospital
THCIC ID: 016000
QUARTER: 1
YEAR: 2018

Certified With Comments

This data includes one duplicate case.

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

Certified With Comments

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

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

Certified With Comments

1st Quarter 2018 outpatient claims are being certified using the patient accounting system Meditech. All 12 outpatient claims are reported correctly.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000
QUARTER: 1
YEAR: 2018

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of October 12, 2018. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

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

Diagnosis and Procedures

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

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

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

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

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

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

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PROVIDER: Brownwood Regional Medical Center

THCIC ID: 058000
QUARTER: 1
YEAR: 2018

Certified With Comments

1 SSN and 1 zip unattainable. Known NPI/facility physician naming convention issue.

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

Certified With Comments

Most of the errors are no social security number. Registration did not put all 9's if the patient did not give them their social security number. There were 4 that had the wrong zip code. There were 4 that showed age to be incorrect but checked & age was correct for the date of service as patient had not had their birthday yet in the current year. One patient had the correct Race but this error may be due to our EHR. One stated it had no patient's name. The patient's name is in our EHR as well as it is on the UB so do not understand why it didn't pull through on our discharge data report.

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PROVIDER: Hardeman County Memorial Hospital
THCIC ID: 102000
QUARTER: 1
YEAR: 2018

Certified With Comments

Claims with Social Security Number errors are from children's accounts we were unable to obtain the information from either their parents, or the requested information was never brought back to us to update their files.

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PROVIDER: Texas General Hospital
THCIC ID: 115100
QUARTER: 1
YEAR: 2018

Certified With Comments

1QRT2018

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

Certified With Comments

The data reports for Quarter 1, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: University Medical Center
 THCIC ID: 145000
 QUARTER: 1
 YEAR: 2018

Certified With Comments

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

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PROVIDER: JPS Surgical Center-Arlington
 THCIC ID: 153300

QUARTER: 1
YEAR: 2018

Certified With Comments

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

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

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

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

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PROVIDER: Brazosport Eye Institute
THCIC ID: 157002
QUARTER: 1
YEAR: 2018

Certified With Comments

E-760 3 claims appear to be data-entry errors regarding DOS (date of service)

E-762 22 claims were reported with invalid CPT codes or codes no longer required to be reported.

These errors were unintentional and will be addressed in future reporting.

thank you

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

Certified With Comments

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

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

Certified With Comments

Data Content

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Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

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

Certified With Comments

Ready for certification

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

Certified With Comments

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

Certified With Comments

INFORMATION IS VALID

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

Certified With Comments

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PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 1
YEAR: 2018

Certified With Comments

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

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

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 1
YEAR: 2018

Certified With Comments

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

QUARTER: 1

YEAR: 2018

Certified With Comments

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1q2018_Certification_Comments_OP.txt

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

Elected Not to Certify

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: Dove Pointe Surgery Center
THCIC ID: 390001
QUARTER: 1
YEAR: 2018

Certified With Comments

Claim contains an error due to revenue code

=====

PROVIDER: Same Day Surgicare
THCIC ID: 391000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Q- 1st time

=====

PROVIDER: Starr County Memorial Hospital
THCIC ID: 393000
QUARTER: 1
YEAR: 2018

Certified With Comments

This is to certify that Starr County Memorial Hospital had a total of 4,741 outpatient events during the first quarter of 2018.

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PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 1
YEAR: 2018

Certified With Comments

Data has been thoroughly reviewed and is complete.

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

Certified With Comments

Ready for Certification

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

Certified With Comments

Ready for Certification

=====

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

Certified With Comments

Ready for Certification

=====

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

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health

Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital.

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

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

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

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

Certified With Comments

This information is correct to the best of my knowledge.

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

Certified With Comments

Data Content

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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

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not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Certified With Comments

Ready for Certification

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

Certified With Comments

1st quarter certification

=====

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

Certified With Comments

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

Certified With Comments

This information is correct to the best of my knowledge.

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PROVIDER: Shannon Medical Center-St Johns Campus
THCIC ID: 445000
QUARTER: 1
YEAR: 2018

Certified With Comments

Corrections have been made and volume will be less than what has been in the past.

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

Certified With Comments

certify 1q outpt 2018

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

Certified With Comments

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

Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; a DeTar Health Center; a comprehensive Cardiac Program including Cardiothoracic Surgery and Interventional Cardiology as well as Electrophysiology; Interventional Radiology Services; Accredited Chest Pain Center; a Bariatric Surgery Center of Excellence, Inpatient and Outpatient Rehabilitation Centers; DeTar Senior Care Center; Senior Circle; Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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

Certified With Comments

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

Certified With Comments

Data Content

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Race/Ethnicity

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=====
PROVIDER: East Texas Medical Center-Carthage
THCIC ID: 484000
QUARTER: 1
YEAR: 2018

Certified With Comments

Unable to determine the casue for the error margin - they may possibly be business office related or due to private accounts not generating a UB claim form when claims data was resubmitted to our vendor.

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

Certified With Comments

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

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

Certified With Comments

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

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

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

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

Certified With Comments

Could not correct a DOB on one encounter as patients identity could not be confirmed.

=====
PROVIDER: Seton Highland Lakes Hospital
THCIC ID: 559000

QUARTER: 1
YEAR: 2018

Certified With Comments

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

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

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

Certified With Comments

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general acute care, 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties. Seton Edgar B. Davis offers health education and wellness programs. In addition, specialists offer a number of outpatient specialty clinics providing area residents local access to the services of medical specialists. Seton Edgar B. Davis is located at 130 Hays St. in Luling, Texas. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access program.

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.

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=====

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

Certified With Comments

Data Content

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

Certified With Comments

All data available reported at time of submission.

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

Certified With Comments

1st Quarter 2018 outpatient claim is being certified using the patient accounting system Meditech. The record for this 1st quarter is correct for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

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

Certified With Comments

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

Length of Stay

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

Race/Ethnicity

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

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====
PROVIDER: Kell West Regional Hospital
THCIC ID: 681400
QUARTER: 1
YEAR: 2018

Certified With Comments

Was not able to finish service date corrections before deadline. Mandatory equipment change outs and upgrades took longer than expected.

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

Certified With Comments

Ready for certification

=====

PROVIDER: Kindred Hospital Houston NW
THCIC ID: 706000
QUARTER: 1
YEAR: 2018

Certified With Comments

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

Ernestine Marsh
Kindred Hospitals
Southeast Region Office (HD)

=====

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

Certified With Comments

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

=====

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

Certified With Comments

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

=====

PROVIDER: Texas Midwest Surgery Center
THCIC ID: 718200
QUARTER: 1
YEAR: 2018

Certified With Comments

No comments

=====

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

Certified With Comments

1st Quarter 2018 Outpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 7 records are correct for 1st quarter 2018.

Ernestine Marsh
Kindred Hospitals
Southeast Region Office (HD)

=====

PROVIDER: Nacogdoches Surgery Center
 THCIC ID: 723800
 QUARTER: 1
 YEAR: 2018

Certified With Comments

AS IS.

=====

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

Certified With Comments

Data Content

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

The state requires us to submit 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.

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Race/Ethnicity

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

Certified With Comments

Data Content

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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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Race/Ethnicity

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

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

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

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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: St Lukes Hospital at the Vintage
THCIC ID: 740000
QUARTER: 1
YEAR: 2018

Certified With Comments

The data reports for Quarter 1, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

=====

PROVIDER: Orthopaedic Surgery Center San Antonio
THCIC ID: 783900
QUARTER: 1
YEAR: 2018

Certified With Comments

This report contains errors with "Invalid Patient Discharge Status", this was a reporting error within our electronic medical record system that should not have reported this with an option as we are an Outpatient Surgery Center where all patients are discharged on the same day.

=====

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

Certified With Comments

No comments

=====

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

Certified With Comments

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

=====

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

YEAR: 2018

Certified With Comments

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

=====

PROVIDER: Texas Orthopedic Hospital
THCIC ID: 792000
QUARTER: 1
YEAR: 2018

Certified With Comments

Codes E736 & E-760: 0.92% error rate due to Procedure date is more than 30 days before the Statement Date.

=====

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

Certified With Comments

1st Quarter 2018 outpatient claims are being certified using the patient accounting system Meditech. The claims for outpatient are reported correctly for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====

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

Certified With Comments

The data reports for Quarter 1, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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

Certified With Comments

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

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

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

Certified With Comments

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

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

=====
PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000
QUARTER: 1
YEAR: 2018

Certified With Comments

1st Quarter 2018 Inpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 29 records are correct for 1st quarter 2018.

Ernestine Marsh
Kindred Hospitals
Southeast Region Office (HD)

=====

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

Certified With Comments

1st Quarter 2018 outpatient are being certified using the patient accounting system Meditech. The record for outpatient is reported correctly for 1st quarter 2018.

Ernestine Marsh
Southeast Region - Kindred Hospitals

=====

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

Certified With Comments

1st Quarter 2018 Outpatient claims are being certified using the patient accounting system Meditech. All referrals are screen by our centralized admission department prior to admission and schedules for admission at least 24 hours in advance. Therefore, all 3 records are correct for 1st quarter 2018.

Ernestine Marsh
Kindred Hospitals
Southeast Region Office (HD)

=====

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

Certified With Comments

I am certifying these claims to the best of my ability based on the reporting capabilities and information provided by our practice software system. (Healthland).
Although some of the claims showed no errors, there appeared to be some discrepancies with the race code. I corrected those that I encountered.

=====

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

Certified With Comments

NPI's are correct

=====

PROVIDER: Walnut Hill Surgery Center
THCIC ID: 804001
QUARTER: 1
YEAR: 2018

Certified With Comments

1st q-2 corrections-

=====

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

Certified With Comments

Data Content

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

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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.

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

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

individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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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: Memorial Hermann Surgery Center Woodlands
THCIC ID: 825400
QUARTER: 1
YEAR: 2018

Certified With Comments

No comments

PROVIDER: Memorial Hermann Surgery Center Sugar Land
THCIC ID: 839500
QUARTER: 1
YEAR: 2018

Certified With Comments

Certified by N. Six

=====

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

Certified With Comments

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

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

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

=====

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

Certified With Comments

if incomplete then not coded or NPI not accepted

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901

QUARTER: 1
YEAR: 2018

Certified With Comments

all NPI numbers were corrected. New EMR- I am unable to reach coding to obtain newly ocoded cases data.

=====

PROVIDER: Robert B Green Ambulatory Surgery Center
THCIC ID: 856830
QUARTER: 1
YEAR: 2018

Certified With Comments

Robert B Green Ambulatory Surgery Center provides healthcare to a large population in Bexar county and other surrounded counties.
RBG claim accuracy rate is 99.19% for Q1 2018.
Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

=====

PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700
QUARTER: 1
YEAR: 2018

Certified With Comments

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

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

=====

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

Certified With Comments

The data reports for Quarter 1, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

=====

PROVIDER: Atrium Medical Center
THCIC ID: 874000
QUARTER: 1
YEAR: 2018

Certified With Comments

Duplicate E code

=====

PROVIDER: HEA Surgery Center
THCIC ID: 906000
QUARTER: 1
YEAR: 2018

Certified With Comments

99.54% - missed cut off for corrections.

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 1
YEAR: 2018

Certified With Comments

99.10%

=====

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

Certified With Comments

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=====

PROVIDER: St Lukes Lakeside Hospital
 THCIC ID: 923000
 QUARTER: 1
 YEAR: 2018

Certified With Comments

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Patient Volume

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Severity

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=====

PROVIDER: South Texas Surgical Hospital
 THCIC ID: 931000

QUARTER: 1
YEAR: 2018

Certified With Comments

all corrections made.

=====

PROVIDER: Methodist McKinney Hospital
THCIC ID: 937000
QUARTER: 1
YEAR: 2018

Certified With Comments

700 Error Codes (5) - There was no additional physicians listed.
600 Error COdes (2) - Correction was unsuccessful.

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
QUARTER: 1
YEAR: 2018

Certified With Comments

Data Content

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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

Certified With Comments

I wish to certify this report, it is correct to the best of my knowledge.

=====
PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
QUARTER: 1
YEAR: 2018

Certified With Comments

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

Submission Timing

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

Diagnosis and Procedures

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

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

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

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

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

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

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PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
QUARTER: 1
YEAR: 2018

Certified With Comments

Missing social security numbers not provided by patients
NPI numbers verified as correct.

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

QUARTER: 1

YEAR: 2018

Certified With Comments

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.

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=====
PROVIDER: Eclipse Surgicare
THCIC ID: 973220
QUARTER: 1
YEAR: 2018

Certified With Comments

Q1 2018

=====

PROVIDER: University Health System Surgery Center
THCIC ID: 973580
QUARTER: 1
YEAR: 2018

Certified With Comments

University Health System Surgery Center provides healthcare to a large population in Bexar county and other surrounded counties. UHS Surgery Center claim accuracy rate is 99.58% for Q1 2018. Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

=====

PROVIDER: Keystone Surgery Center
THCIC ID: 974650
QUARTER: 1
YEAR: 2018

Certified With Comments

2017 Q4 WAS ACCIDENTLY INCLUDED IN 2018 Q1

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PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
THCIC ID: 974790
QUARTER: 1
YEAR: 2018

Certified With Comments

The data reports for Quarter 1, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

=====

PROVIDER: CHI St Lukes Health Baylor Medical Center ASC
THCIC ID: 974960
QUARTER: 1
YEAR: 2018

Certified With Comments

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Patient Volume

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Severity

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=====

PROVIDER: Westgreen Surgical Center
THCIC ID: 974970
QUARTER: 1
YEAR: 2018

Certified With Comments

Completed

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

Certified With Comments

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

=====

PROVIDER: Baylor Surgicare at North Dallas
THCIC ID: 975050
QUARTER: 1
YEAR: 2018

Certified With Comments

Errors did show and they were corrected prior to certification

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

Certified With Comments

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=====

PROVIDER: First Baptist Medical Center
THCIC ID: 975129
QUARTER: 1
YEAR: 2018

Certified With Comments

FMBC First Quarter Outpatient data did not pull correctly from Cerner (EMR system) due to the 837 file was created missing 3 important segments. The missing segments were the ethnicity, race, and social security number fields. We were not able to get the file corrected in a timely manner. Cerner IT is working to get the file corrected.

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 1
YEAR: 2018

Certified With Comments

99.32%

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PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
QUARTER: 1
YEAR: 2018

Certified With Comments

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=====
PROVIDER: Katy Surgery Center
THCIC ID: 975150
QUARTER: 1
YEAR: 2018

Certified With Comments

Information was provided as given to us by patients. Information reported is what we have in our files.

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

Certified With Comments

No changes

=====
PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

QUARTER: 1

YEAR: 2018

Certified With Comments

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=====
PROVIDER: Parkway Surgery Center
THCIC ID: 975194
QUARTER: 1
YEAR: 2018

Certified With Comments

NA

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

Certified With Comments

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

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

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

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

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

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PROVIDER: Methodist Allen Surgery Center
THCIC ID: 975220
QUARTER: 1
YEAR: 2018

Certified With Comments

600 Error Codes (13) - Currently receiving additional training to gain better clarification on error codes.

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PROVIDER: North Texas Surgery Center
THCIC ID: 975232
QUARTER: 1
YEAR: 2018

Certified With Comments

Inaccurate date of service date.

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PROVIDER: Methodist Craig Ranch Surgery Center
THCIC ID: 975244
QUARTER: 1
YEAR: 2018

Certified With Comments

600 Error Codes (1) - Correction wa unsuccessful.
700 Error Codes (8) - Currently receiving additional training to gain better clarification on error codes.