

General Comments on 2nd Quarter 2017 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: 2
 YEAR: 2017

Certified With Comments

This information 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: 2
YEAR: 2017

Certified With Comments

There are 2 duplicate cases in this file.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 2
YEAR: 2017

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: Baylor Scott & White Medical Center-Garland
THCIC ID: 027000
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA : Baylor Scott & White Medical Center - Garland
THCIC ID: 027000
QUARTER: 2
YEAR: 2017

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to

communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

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

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

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

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

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

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PROVIDER: Baylor Scott & White Medical Center Carrollton

THCIC ID: 042000

QUARTER: 2

YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White Medical Center Carrollton

THCIC ID: 042000

QUARTER: 2

YEAR: 2017

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 2
YEAR: 2017

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of March 1, 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

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

Diagnosis and Procedures

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

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

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

2q2017_Certification_Comments_OP.txt

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: 2
YEAR: 2017

Certified With Comments

Known issues with incomplete physician documentation of diagnoses and invalid PINs due to naming convention conflict with data bank, both issues being worked.

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PROVIDER: Parkview Hospital
THCIC ID: 116000
QUARTER: 2
YEAR: 2017

Certified With Comments

NPI verified with NPI registry, ss# is the only social on file

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system. 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: MISI ASC Dallas
THCIC ID: 130080
QUARTER: 2
YEAR: 2017

Certified With Comments

On or about April 15, 2017 the MISI Facility and Ambulatory Surgical Center experienced a flood which forced us to shut our doors for a period approximating 7 weeks. During this time period, no cases were performed at this center. I have verified and attest that this information is both true and accurate.

Thank you,

Flavio Garcia
Finance Manager, HFMA
Minimally Invasive Spine Institute
972-844-4407

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PROVIDER: Methodist Charlton Medical Center
THCIC ID: 142000
QUARTER: 2
YEAR: 2017

Certified With Comments

Due to mis-mapping that occurred in our new EMR race codes were all mapped to "Other" this quarter.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 2
YEAR: 2017

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: Humble Kingwood Endoscopy Center
THCIC ID: 149000
QUARTER: 2
YEAR: 2017

Certified With Comments

No Social Security Numbers used at our facility

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 2
YEAR: 2017

Certified With Comments

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

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

facility.

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

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

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 2
YEAR: 2017

Certified With Comments

Data Content

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

Diagnosis and Procedures

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

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: The Heart Hospital Baylor Denton
THCIC ID: 208100
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: The Heart Hospital Baylor Denton
THCIC ID: 208100
QUARTER: 2
YEAR: 2017

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 2
YEAR: 2017

Certified With Comments

Data Content

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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: Wise Health System
THCIC ID: 254001
QUARTER: 2
YEAR: 2017

Certified With Comments

The data for 2Q2017 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

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PROVIDER: Methodist Dallas Medical Center
THCIC ID: 255000
QUARTER: 2
YEAR: 2017

Certified With Comments

Due to mis-mapping that occurred in our new EMR race codes were all mapped to "Other" this quarter.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

QUARTER: 2

YEAR: 2017

Certified With Comments

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2q2017_Certification_Comments_OP.txt

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PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 2
YEAR: 2017

Certified With Comments

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

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

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PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 2
YEAR: 2017

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PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 2
YEAR: 2017

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman
 THCIC ID: 303000
 QUARTER: 2
 YEAR: 2017

Certified With Comments

THCIC ID: TH303000
 QUARTER: 2017 Quarter 2 Outpatient
 Texas Health Kaufman CERTIFIED WITH COMMENTS

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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

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: Hamlin Memorial Hospital
THCIC ID: 305000
QUARTER: 2
YEAR: 2017

Certified With Comments

The reason we had 550 claims excluded is that they were lab only

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH323000
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Cleburne CERTIFIED WITH COMMENTS

Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming,

but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 10 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies 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: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 2
YEAR: 2017

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

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

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

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

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

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PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 2
YEAR: 2017

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER 2017 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 2nd QUARTER OF 2017.

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

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

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

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PROVIDER: University Medical Center-Brackenridge
THCIC ID: 335000
QUARTER: 2
YEAR: 2017

Certified With Comments

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

UMCB has a perinatal program that serves a population that includes mothers with late or no prenatal care. It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates.

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

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files.

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

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PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 2
YEAR: 2017

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.

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PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 2
YEAR: 2017

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

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

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PROVIDER: Physicians Surgicenter Houston True Results
THCIC ID: 364000
QUARTER: 2
YEAR: 2017

Certified With Comments

2 events is correct for 2nd quarter.

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PROVIDER: Maplewood Ambulatory Surgery Center
THCIC ID: 388001
QUARTER: 2
YEAR: 2017

Certified With Comments

Our reports reflect lower numbers due to the change in the THCIC reportable procedures. The majority of the procedures we perform are now non-reportable.

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PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 2
YEAR: 2017

Certified With Comments

To my knowledge, all information is correct.

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi
THCIC ID: 398000
QUARTER: 2

YEAR: 2017

Certified With Comments

Just took over this position to certify claims.
Gina Rivera

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
  QUARTER: 2
    YEAR: 2017

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Certified With Comments

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

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

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

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

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PROVIDER: East Texas Medical Center-Quitman
THCIC ID: 411000
  QUARTER: 2
    YEAR: 2017

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Certified With Comments

This data is correct to the best of my knowledge.

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PROVIDER: East Texas Medical Center-Jacksonville
THCIC ID: 416000
QUARTER: 2
YEAR: 2017

Certified With Comments

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

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH422000
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Arlington Memorial Hospital 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.

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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PROVIDER: Stephens Memorial Hospital
THCIC ID: 430000
QUARTER: 2
YEAR: 2017

Certified With Comments

2nd Quarter Outpatient 2017

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH431000
QUARTER: 2017 Quarter 2 Outpatient

Texas Health Dallas CERTIFIED WITH COMMENTS

Data Content

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Race/Ethnicity

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PROVIDER: East Texas Medical Center-Pittsburg
THCIC ID: 438000
QUARTER: 2
YEAR: 2017

Certified With Comments

This data is correct to the best of my knowledge.

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 2
YEAR: 2017

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; 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: 2
YEAR: 2017

Certified With Comments

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Cardiac Program including Cardiothoracic Surgery and Interventional Cardiology as well as Electrophysiology; Accredited Chest Pain Center; a Bariatric Surgery Center of Excellence, Inpatient and Outpatient Rehabilitation Centers; 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: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH469000
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Azle CERTIFIED WITH COMMENTS

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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: East Texas Medical Center-Carthage
THCIC ID: 484000
QUARTER: 2
YEAR: 2017

Certified With Comments

Unable to determine cause for the error margin - they may be possibly 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: 2
YEAR: 2017

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: 2
YEAR: 2017

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: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 2
YEAR: 2017

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

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

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

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

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

=====

PROVIDER: Methodist Richardson Medical Center
THCIC ID: 549000
QUARTER: 2
YEAR: 2017

Certified With Comments

Due to mis-mapping that occurred in our new EMR race codes were all mapped to "Other" this quarter.

=====

PROVIDER: Bush Renner
THCIC ID: 549001
QUARTER: 2
YEAR: 2017

Certified With Comments

Due to mis-mapping that occurred in our new EMR race codes were all mapped to "Other" this quarter.

=====

PROVIDER: CHI St Joseph Health Bellville Hospital
THCIC ID: 552000
QUARTER: 2
YEAR: 2017

Certified With Comments

certified by Karen McEuen Cagle

=====

PROVIDER: Seton Highland Lakes Hospital
THCIC ID: 559000
QUARTER: 2

YEAR: 2017

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: Seton Edgar B Davis Hospital
THCIC ID: 597000
QUARTER: 2
YEAR: 2017

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.

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=====
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
  QUARTER: 2
    YEAR: 2017

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Certified With Comments

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THCIC ID:      TH627000
QUARTER:      2017 Quarter 2 Outpatient
Texas Health Southwest CERTIFIED WITH COMMENTS

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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 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: Kindred Hospital-Mansfield
THCIC ID: 657000
QUARTER: 2
YEAR: 2017

Certified With Comments

This data is certified using the patient accounting system Meditech and is reported accurate.

Thank you,
Ernestine Marsh

=====
PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 2
YEAR: 2017

Certified With Comments

Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming,

but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

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

Diagnosis and Procedures

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

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

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

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Length of Stay

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.

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

PROVIDER: Kindred Rehab Hospital Clear Lake
THCIC ID: 680000
QUARTER: 2
YEAR: 2017

Certified With Comments

This data is being certified using the patient accounting system Meditech. The data is certified to be accurate.

Thank you,
Ernestine Marsh

=====

PROVIDER: Cornerstone Hospital Houston-Bellaire
THCIC ID: 698005
QUARTER: 2
YEAR: 2017

Certified With Comments

Submitting with errors

=====

PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 2
YEAR: 2017

Certified With Comments

To the best of my knowledge, this information appears accurate.

=====

PROVIDER: Ennis Regional Medical Center
THCIC ID: 714500
QUARTER: 2
YEAR: 2017

Certified With Comments

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

=====

PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 2
YEAR: 2017

Certified With Comments

This data is being certified using the patient accounting system Meditech and we certify the data to be accurate.

Thank you,
Ernestine Marsh

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 2
YEAR: 2017

Certified With Comments

As is.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 2
YEAR: 2017

Certified With Comments

Data Content

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

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Length of Stay

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Race/Ethnicity

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Standard/Non-Standard Source of Payment

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=====
PROVIDER: El Paso Specialty Hospital
THCIC ID: 728200
QUARTER: 2
YEAR: 2017

Certified With Comments

One account, unable to correct due to Mexico address with no zip code, etc.

=====
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 2
YEAR: 2017

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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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.

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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: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====
PROVIDER: Baylor Heart & Vascular Center
THCIC ID: 784400
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Heart & Vascular Center
THCIC ID: 784400
QUARTER: 2
YEAR: 2017

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

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

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

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

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

=====
PROVIDER: South Texas Spine & Surgical Hospital

THCIC ID: 786800
QUARTER: 2
YEAR: 2017

Certified With Comments

Certify without comment

=====

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 2
YEAR: 2017

Certified With Comments

To the best of my knowledge, this information appears accurate.

=====

PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 2
YEAR: 2017

Certified With Comments

To the best of my knowledge, this information appears accurate.

=====

PROVIDER: LifeCare Hospital-Plano
THCIC ID: 789800
QUARTER: 2
YEAR: 2017

Certified With Comments

Healthland (patient admission system) does not transfer outpatient physician information so physician name does not populate on THCIC report C08

=====

PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
QUARTER: 2
YEAR: 2017

Certified With Comments

The data is being certified using the patient accounting system Meditech. We certify the data to be accurate.

Thank you,
Ernestine Marsh

=====

PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====

PROVIDER: Caplan Surgery Center
THCIC ID: 796001
QUARTER: 2
YEAR: 2017

Certified With Comments

358 claims from first quarter (March) are included in 2nd quarter due to an error on our system.

=====

PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 2
YEAR: 2017

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: 2
YEAR: 2017

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-Fort Worth
THCIC ID: 800700
QUARTER: 2
YEAR: 2017

Certified With Comments

The data is pulled from the patient accounts system Meditech. We certify that the data is accurate according to the sytem.

Thank you,
Ernestine Marsh

2q2017_Certification_Comments_OP.txt

=====

PROVIDER: Kindred Hospital Bay Area
THCIC ID: 801000
QUARTER: 2
YEAR: 2017

Certified With Comments

The data is being certified using the patient accounting system Meditech. We certify this data to be accurate.

Thank you,
Ernestine Marsh

=====

PROVIDER: Foundation Surgical Hospital of El Paso
THCIC ID: 801300
QUARTER: 2
YEAR: 2017

Certified With Comments

I am certifying these claims to the best of my ability based on the reporting information provided by Healthland. There have been recent updates to the Healthland System which have improved the reporting capabilities and accuracy of data.

=====

PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 2
YEAR: 2017

Certified With Comments

Patients refused to give ss# on several claims
Dr (removed by THCIC) and (removed by THCIC) NPI number is correct but keeps giving error.

*THCIC has removed identifying information from this comment.

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 2
YEAR: 2017

Certified With Comments

Files may contain duplicates and/or missing claims/ There might be a couple of clerical issues,all data is accurate

=====
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 2
YEAR: 2017

Certified With Comments

Files may contain duplicates and/or missing claims

=====
PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 2
YEAR: 2017

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

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

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

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients

preference for life-sustaining treatments, functional status, and other factors.

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

=====
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 2
YEAR: 2017

Certified With Comments

Files may contain duplicates and/or missing claims

=====
PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 2
YEAR: 2017

Certified With Comments

INFORMATION SUBMITTED BASED ON SCHEDULING/BILLING SOFTWARE. WE CANNOT GUARANTEE 100% ACCURACY.

=====
PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH820800
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Denton CERTIFIED WITH COMMENTS

Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 10 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For 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: St Marks Medical Center
THCIC ID: 823400
QUARTER: 2
YEAR: 2017

Certified With Comments

The facility is unable to submit some data due to new software implementation.

We are working on these issues to make corrections within the new system

=====

PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
QUARTER: 2
YEAR: 2017

Certified With Comments

i spot checked some of the account and it appears to be correct.

=====

PROVIDER: Rockwall Ambulatory Surgery Center
THCIC ID: 841800
QUARTER: 2
YEAR: 2017

Certified With Comments

Duplicate Events are the result of 2 procedures performed by 2 physicians, with patient under 1 anesthesia.

=====

PROVIDER: Methodist Mansfield Medical Center
THCIC ID: 842800
QUARTER: 2
YEAR: 2017

Certified With Comments

Due to mis-mapping that occurred in our new EMR race codes were all mapped to "Other" this quarter.

=====

PROVIDER: Heart Hospital Baylor Plano
THCIC ID: 844000
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Heart Hospital Baylor Plano
THCIC ID: 844000

QUARTER: 2
YEAR: 2017

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

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

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

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

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=====

PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 2
YEAR: 2017

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: 2
YEAR: 2017

Certified With Comments

Any charts that are not completed have not been coded.

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
QUARTER: 2
YEAR: 2017

Certified With Comments

Any incomplete charts are not coded at this time.

=====

PROVIDER: Lake Pointe Surgery Center
THCIC ID: 856820
QUARTER: 2
YEAR: 2017

Certified With Comments

No comments.

=====

PROVIDER: Texas Health Presbyterian Hospital-Rockwall
THCIC ID: 859900
QUARTER: 2
YEAR: 2017

Certified With Comments

Files may contain duplicates and/or missing claims/ There might be a couple of clerical issues,all data is accurate

2q2017_Certification_Comments_OP.txt

=====

PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700
QUARTER: 2
YEAR: 2017

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: Laredo Laser & Surgery
THCIC ID: 868500
QUARTER: 2
YEAR: 2017

Certified With Comments

Errors appearing are in reference to submitted revenue codes that are not currently being collected.

=====

PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 2
YEAR: 2017

Certified With Comments

99.95%

=====
PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 2
YEAR: 2017

Certified With Comments

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

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

=====
PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that

2q2017_Certification_Comments_OP.txt

are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

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

=====
PROVIDER: South Texas Surgical Hospital
THCIC ID: 931000
QUARTER: 2
YEAR: 2017

Certified With Comments

Certifying 2017 2nd quarter Outpt with no errors.

=====
PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 2
YEAR: 2017

Certified With Comments

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=====
PROVIDER: Surgistar
THCIC ID: 947000
QUARTER: 2
YEAR: 2017

Certified With Comments

no comments

=====

PROVIDER: Corm Surgicenter
THCIC ID: 949000
QUARTER: 2
YEAR: 2017

Elected Not to Certify

I am receiving a message stating some of our months from 2nd quarter are missing data. I see we have 107 events for 2nd quarter so I'm not sure why the message would state there was missing data. If you can please clarify so we can continue to certify the 2nd quarter I would greatly appreciate it. Thank you.

=====
PROVIDER: Children 1st Dental & Surgery Center
THCIC ID: 960000
QUARTER: 2
YEAR: 2017

Certified With Comments

The data for reporting is currently being entered manually due to the fact that the THCIC reporting software has not been working correctly with the billing software.
Corrections for future compliance are in the process of being implemented.

=====
PROVIDER: Medical Park Tower Surgery Center
THCIC ID: 967000
QUARTER: 2
YEAR: 2017

Certified With Comments

Procedure listed as ORAMAC has been loaded into our system for tracking purposes only, and is not billed to patient or insurance.

=====
PROVIDER: Children 1st Grand Prairie
THCIC ID: 970000
QUARTER: 2
YEAR: 2017

Certified With Comments

The data for reporting is currently being entered manually due to the fact that

the reporting software has not been working correctly with the billing software. Corrections for future compliance are in the process of being implemented.

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
QUARTER: 2
YEAR: 2017

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.

2q2017_Certification_Comments_OP.txt

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

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

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Cost/ Revenue Codes

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

=====

PROVIDER: Texas Health Outpatient Surgery Center Alliance
THCIC ID: 970110
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH970110
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Alliance Outpatient Surgery Center CERTIFIED WITH COMMENTS

Data Content

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

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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.

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

=====
PROVIDER: Hays Surgery Center
THCIC ID: 970210
QUARTER: 2
YEAR: 2017

Certified With Comments

some items missing due to patients denying info

=====
PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 2
YEAR: 2017

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER 2017 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 2nd QUARTER OF 2017.

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

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

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

=====
PROVIDER: Huguley Surgery Center
THCIC ID: 971500
QUARTER: 2
YEAR: 2017

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of March 1, 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

The State requires us to submit a snapshot of billed claims, extracted from our

database approximately 20 days following the close of the calendar year quarter. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

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

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

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

=====
PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 2

YEAR: 2017

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

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

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

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

=====
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH972900
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Alliance CERTIFIED WITH COMMENTS

Data Content

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

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

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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.

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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: Cornerstone Hospital of Austin - Round Rock
THCIC ID: 973410
QUARTER: 2
YEAR: 2017

Certified With Comments

submitting with errors

PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
QUARTER: 2
YEAR: 2017

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

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

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

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

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

=====

PROVIDER: Parkway Surgical and Cardiovascular Hospital
THCIC ID: 973840
QUARTER: 2
YEAR: 2017

Certified With Comments

The data for 2Q2017 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THICIC; any changes would be information collected or updated

during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

=====
PROVIDER: San Antonio Childrens Surgical
THCIC ID: 974140
QUARTER: 2
YEAR: 2017

Certified With Comments

Only had ENT patients in April and May 2017....but not in June

=====
PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
QUARTER: 2
YEAR: 2017

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=====

PROVIDER: Binz Surgery Center
THCIC ID: 974580
QUARTER: 2
YEAR: 2017

Certified With Comments

All Errors done

=====

PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
THCIC ID: 974790
QUARTER: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system. 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: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

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Severity

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

=====

PROVIDER: West Gray Center for Special Surgery
THCIC ID: 975090
QUARTER: 2
YEAR: 2017

Certified With Comments

2nd Quarter

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PROVIDER: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
QUARTER: 2
YEAR: 2017

Certified With Comments

The data reports for Quarter 2, 2017 do not accurately reflect patient volume or severity.

Patient Volume

2q2017_Certification_Comments_OP.txt

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Severity

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=====
PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 2
YEAR: 2017

Certified With Comments

100%

=====
PROVIDER: Austin Fertility Surgery Center
THCIC ID: 975145
QUARTER: 2
YEAR: 2017

Certified With Comments

Patients chose not to answer questions regarding race and ethnicity.

=====
PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH975146
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Southwest Outpatient Surgery Center CERTIFIED WITH COMMENTS

Data Content

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

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PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
QUARTER: 2
YEAR: 2017

Certified With Comments

OUTPATIENT DATA: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
QUARTER: 2
YEAR: 2017

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PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 2
YEAR: 2017

Certified With Comments

THCIC ID: TH975167
QUARTER: 2017 Quarter 2 Outpatient
Texas Health Clearfork CERTIFIED WITH COMMENTS

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=====

PROVIDER: Caplan Surgery Center

THCIC ID: 975172
QUARTER: 2
YEAR: 2017

Certified With Comments

17 claims from first quarter (March) are included in 2nd quarter due to an error on our system.

=====

PROVIDER: Memorial Houston Surgery Center
THCIC ID: 975189
QUARTER: 2
YEAR: 2017

Certified With Comments

There were errors for patients that uploaded. I attempted to delete those files as they should have been canceled as errors.

=====

PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 2
YEAR: 2017

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.

2q2017_Certification_Comments_OP.txt

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