

Outpatient Facility Comments, 3Q2016.txt

General Comments on 3rd Quarter 2016 Data

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

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

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PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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PROVIDER: Matagorda Regional Medical Center

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THCIC ID: 006000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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PROVIDER: Baylor Scott & White Medical Center-Garland
THCIC ID: 027000
QUARTER: 3
YEAR: 2016

Certified With Comments

Baylor Scott & White Medical Center
THCIC ID: 027000
QUARTER: 3
Year: 2016

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: CHRISTUS Good Shepherd Medical Center-Longview
 THCIC ID: 029000
 QUARTER: 3
 YEAR: 2016

Certified With Comments

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PROVIDER: Baylor Scott & White Medical Center Carrollton
 THCIC ID: 042000
 QUARTER: 3
 YEAR: 2016

Certified With Comments

Baylor Medical Center Carrollton OUTPATIENT DATA
 THCIC ID: 042000

Outpatient Facility Comments, 3Q2016.txt

QUARTER: 3
YEAR: 2016

CERTIFIED WITH COMMENTS

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PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
QUARTER: 3
YEAR: 2016

Certified With Comments

Principle diagnoses missed on one patient, corrected in facility system.
Invalid Practiioners' information identified and corrected in facility system, ongoing monitoring; known differing naming convention between NPI and facility system.

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 3
YEAR: 2016

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Certified With Comments

The data reports for Quarter 3, 2016 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

Payer Source

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

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 3
YEAR: 2016

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network

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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: 3
YEAR: 2016

Certified With Comments

Data Content

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If a medical record is unavailable for coding the encounter is not billed and is

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

Diagnosis and Procedures

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

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

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

Length of Stay

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

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The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. 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: 3
YEAR: 2016

Certified With Comments

The Heart Hospital Baylor Denton - OUTPATIENT DATA
THCIC ID: 208100
QUARTER: 3
YEAR: 2016

CERTIFIED WITH COMMENTS

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PROVIDER: DeHaven Surgical Center
THCIC ID: 228002
QUARTER: 3
YEAR: 2016

Certified With Comments
submitted by Lisa Myers

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 3
YEAR: 2016

Certified With Comments

Data Content
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PROVIDER: Wise Health System
THCIC ID: 254001
QUARTER: 3
YEAR: 2016

Certified With Comments

The data for 3Q2016 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are

Outpatient Facility Comments, 3Q2016.txt

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.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 3
YEAR: 2016

Certified With Comments

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PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 3
YEAR: 2016

Certified With Comments

Facility: Baylor Scott and White Medical Center - Waxahachie Outpatient
THCIC ID: 285000
QUARTER: 3
Year: 2016

CERTIFIED WITH COMMENTS

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PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 3
YEAR: 2016

Certified With Comments

Facility: Baylor Scott and White Medical Center - Irving _Outpatient
THCIC ID: 300000
QUARTER: 3
Year: 2016

CERTIFIED WITH COMMENTS

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

Outpatient Facility Comments, 3Q2016.txt

THCIC ID: 303000
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH303000
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Kaufman CERTIFIED WITH COMMENTS

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH323000
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Cleburne CERTIFIED WITH COMMENTS

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

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

Diagnosis and Procedures

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

Outpatient Facility Comments, 3Q2016.txt

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

Outpatient Facility Comments, 3Q2016.txt

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: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 3
YEAR: 2016

Certified With Comments

Baylor Medical Center at BUMC OUTPATIENT DATA
THCIC ID: 331000
QUARTER: 3
YEAR: 2016

CERTIFIED WITH COMMENTS

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

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

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

Patient and physician preference contributes to the care rendered to the patient

Outpatient Facility Comments, 3Q2016.txt
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: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 3
YEAR: 2016

Certified With Comments

Cook Children's Medical Center has submitted and certified 3rd QUARTER 2016 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the 3rd QUARTER OF 2016.

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

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

Outpatient Facility Comments, 3Q2016.txt

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: 3
YEAR: 2016

Certified With Comments

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

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

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

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

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

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PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 3
YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

Certified With Comments

Due to the sheer volume of the data and limited resources within the hospital, I cannot analyze the data with 100% accuracy. But 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: 3
YEAR: 2016

Certified With Comments

PROVIDER: Baylor All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 3
YEAR: 2016

CERTIFIED WITH COMMENTS

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

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

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

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

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

Outpatient Facility Comments, 3Q2016.txt

PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 3
YEAR: 2016

Certified With Comments

All correct to the best of my knowledge.

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PROVIDER: Old Town Endoscopy Center
THCIC ID: 402001
QUARTER: 3
YEAR: 2016

Certified With Comments

We were under the impression that all the errors had been corrected as the home page showed us that we had 0 claims with errors. Now I am certifying with errors.

=====

PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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

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

Outpatient Facility Comments, 3Q2016.txt
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: 3
YEAR: 2016

Certified With Comments

These claims are correct to the best of my knowledge

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH422000
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Arlington Memorial Hospital CERTIFIED WITH COMMENTS

Data Content

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

than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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

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

Length of Stay

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Race/Ethnicity

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

Outpatient Facility Comments, 3Q2016.txt

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

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PROVIDER: Stephens Memorial Hospital
THCIC ID: 430000
QUARTER: 3
YEAR: 2016

Certified With Comments

2016 3rd Quarter Outpatient certification for 1489 events.

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 3
YEAR: 2016

Certified With Comments

Outpatient Facility Comments, 3Q2016.txt

THCIC ID: TH431000
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Dallas CERTIFIED WITH COMMENTS

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Outpatient Facility Comments, 3Q2016.txt

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Outpatient Facility Comments, 3Q2016.txt

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PROVIDER: East Texas Medical Center-Pittsburg
THCIC ID: 438000
QUARTER: 3
YEAR: 2016

Certified With Comments

These claims are correct to the best of my knowledge

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PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 3
YEAR: 2016

Certified With Comments

Dallas Med Center 3Q 2016

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 3
YEAR: 2016

Certified With Comments

The DeTar Healthcare System includes two full-service acute care hospitals: DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital North located at 101 Medical Drive. Both acute care hospitals are located in Victoria, Texas. DeTar Healthcare System is both Joint Commission accredited and Medicare certified. The system also includes two Emergency Departments with Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; DeTar Health Center; a comprehensive Cardiac Program including Cardiothoracic Surgery and Interventional Cardiology as well as Electrophysiology; Accredited Chest Pain Center; a Bariatric Surgery Center of Excellence, Inpatient and Outpatient Rehabilitation Centers; Inpatient Adult Behavioral Health Center; Outpatient Counseling and Wellness Center, the DeTar Senior Care Center; Senior Circle; Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

Outpatient Facility Comments, 3Q2016.txt

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PROVIDER: DeTar Hospital-North
THCIC ID: 453001
QUARTER: 3
YEAR: 2016

Certified With Comments

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PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH469000
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Azle CERTIFIED WITH COMMENTS

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Outpatient Facility Comments, 3Q2016.txt

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

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PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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PROVIDER: Seton Medical Center

Outpatient Facility Comments, 3Q2016.txt

THCIC ID: 497000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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

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

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PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 3
YEAR: 2016

Certified With Comments

Baylor Scott & White Medical Center-Grapevine OUTPATIENT DATA
THCIC ID: 513000
QUARTER: 3
YEAR: 2016

CERTIFIED WITH COMMENTS

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

Quality Trending of data over a few years is important to define outcome and

quality. A small sampling of data (i.e. one year) does not explain outcome.

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

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

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

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

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PROVIDER: CHI St Joseph Health Bellville Hospital
THCIC ID: 552000
QUARTER: 3
YEAR: 2016

Certified With Comments

certified by karen mceuen

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PROVIDER: Seton Highland Lakes Hospital
THCIC ID: 559000
QUARTER: 3
YEAR: 2016

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

Outpatient Facility Comments, 3Q2016.txt
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: 3
YEAR: 2016

Certified With Comments

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

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

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

=====

PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH627000
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Southwest CERTIFIED WITH COMMENTS

Data Content

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

encounter.

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

Outpatient Facility Comments, 3Q2016.txt

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: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 3
YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

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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Outpatient Facility Comments, 3Q2016.txt

procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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Outpatient Facility Comments, 3Q2016.txt

=====

PROVIDER: Endoscopy Center at Redbird Square
THCIC ID: 703200
QUARTER: 3
YEAR: 2016

Certified With Comments

We were under the impression that all claims had been corrected as the home screen showed 0 claims with errors when we were making our corrections. Now I am having to certify that there were errors.

=====

PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 3
YEAR: 2016

Certified With Comments

To the best of my acknowledge, I agree to certify.

=====

PROVIDER: Ennis Regional Medical Center
THCIC ID: 714500
QUARTER: 3
YEAR: 2016

Certified With Comments

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

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 3
YEAR: 2016

Certified With Comments

As is.

Outpatient Facility Comments, 3Q2016.txt

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

QUARTER: 3

YEAR: 2016

Certified With Comments

Data Content

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Outpatient Facility Comments, 3Q2016.txt

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Race/Ethnicity

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Outpatient Facility Comments, 3Q2016.txt

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

=====

PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 3
YEAR: 2016

Certified With Comments

Data Content

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Diagnosis and Procedures

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Outpatient Facility Comments, 3Q2016.txt

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

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=====

PROVIDER: St Lukes Hospital at the Vintage
THCIC ID: 740000
QUARTER: 3
YEAR: 2016

Certified With Comments

Outpatient Facility Comments, 3Q2016.txt

The data reports for Quarter 3, 2016 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

Payer Source

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

=====
PROVIDER: Endoscopy Center at Central Park
THCIC ID: 778400
QUARTER: 3
YEAR: 2016

Certified With Comments

We thought that all corrections had been made as the home screen showed there were 0 errors to correct. I am now certifying that there were still errors.

=====
PROVIDER: Baylor Heart & Vascular Center
THCIC ID: 784400
QUARTER: 3
YEAR: 2016

Elected Not to Certify

Baylor Heart & Vascular Center OUTPATIENT DATA
THCIC ID: 784400
QUARTER: 3
YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

CERTIFIED WITH COMMENTS

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

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

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

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

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

=====
PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 3
YEAR: 2016

Certified With Comments

To the best of my acknowledge, I agree to certify.

=====
PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 3
YEAR: 2016

Certified With Comments

Outpatient Facility Comments, 3Q2016.txt

To the best of my acknowledge, I agree to certify.

=====
PROVIDER: Kindred Hospital Tomball
THCIC ID: 792601
QUARTER: 3
YEAR: 2016

Certified With Comments

TLAA9061, claim crossover w/o HCPCs code and has yet to be coded in our system.

=====
PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 3
YEAR: 2016

Certified With Comments

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Patient Volume

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

Severity

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

Payer Source

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

=====
PROVIDER: Northwest Hills Surgical Hospital
THCIC ID: 794000

Outpatient Facility Comments, 3Q2016.txt

QUARTER: 3
YEAR: 2016

Certified With Comments

Resubmitted 3rd QTR 2016 claims due to SYSTEM 13 error issues on ER claims corrected claims 2/6/17, after regen on 2/3/17
Email from John Coogan from THCIC Data Warehouse

=====

PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 3
YEAR: 2016

Certified With Comments

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

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

=====

PROVIDER: Seton Northwest Hospital
THCIC ID: 797600
QUARTER: 3
YEAR: 2016

Certified With Comments

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=====

PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 3
YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

Certified With Comments

Physicians NPI is correct according to document

=====
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 3
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 3
YEAR: 2016

Elected Not to Certify

Files may contain duplicate and/or missing claims

=====
PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
QUARTER: 3
YEAR: 2016

Certified With Comments

Facility: Baylor Scott and White Medical Center - Plano_Outpatient
THCIC ID: 814001
QUARTER: 3
Year: 2016

CERTIFIED WITH COMMENTS

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Outpatient Facility Comments, 3Q2016.txt

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=====
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 3
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====
PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH820800
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Denton CERTIFIED WITH COMMENTS

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Outpatient Facility Comments, 3Q2016.txt

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Outpatient Facility Comments, 3Q2016.txt

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

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: Memorial Hermann Surgery Center Woodlands
THCIC ID: 825400
QUARTER: 3
YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

Certified With Comments

No comments

=====

PROVIDER: Texas Health Surgery Center Denton
THCIC ID: 829500
QUARTER: 3
YEAR: 2016

Certified With Comments

Report has SSN errors. Facility reporting with zeros populated. Have implemented process to use 9 in appropriate fields.

=====

PROVIDER: Pampa Regional Medical Center
THCIC ID: 832900
QUARTER: 3
YEAR: 2016

Certified With Comments

Pampa Regional 3Q 2016 Data Files

=====

PROVIDER: North Richland Hills Endoscopy Center
THCIC ID: 839800
QUARTER: 3
YEAR: 2016

Certified With Comments

We thought we had all the errors corrected as the home screen showed 0 claims with errors when we were correcting them all to send. I am now certifying with errors.

=====

PROVIDER: Rockwall Ambulatory Surgery Center
THCIC ID: 841800
QUARTER: 3
YEAR: 2016

Certified With Comments

Outpatient Facility Comments, 3Q2016.txt

4- Duplicate events are the result of 2 Physicians performing seperate procedures on same DOS.

=====

PROVIDER: Heart Hospital Baylor Plano
THCIC ID: 844000
QUARTER: 3
YEAR: 2016

Certified With Comments

Heart Hospital Baylor Plano OUTPATIENT DATA
THCIC ID: 844000
QUARTER: 3
YEAR: 2016

CERTIFIED WITH COMMENTS

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

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

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

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

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

=====

PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 3

Outpatient Facility Comments, 3Q2016.txt

YEAR: 2016

Certified With Comments

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which 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: 3
YEAR: 2016

Certified With Comments

Any incomplete cliams were not coded at the time of certification

=====
PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
QUARTER: 3
YEAR: 2016

Certified With Comments

Any incomplete cases were not coded at the tie mof certification.

=====
PROVIDER: Lake Pointe Surgery Center
THCIC ID: 856820
QUARTER: 3
YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

Certified With Comments

No Comments.

=====

PROVIDER: Texas Health Presbyterian Hospital-Rockwall
 THCIC ID: 859900
 QUARTER: 3
 YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Seton Medical Center Williamson
 THCIC ID: 861700
 QUARTER: 3
 YEAR: 2016

Certified With Comments

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

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

=====

PROVIDER: Carrus Specialty Hospital
 THCIC ID: 864600
 QUARTER: 3
 YEAR: 2016

Certified With Comments

*Comment removed by THCIC due to confidential information.

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PROVIDER: St Lukes Sugar Land Hospital
 THCIC ID: 869700
 QUARTER: 3
 YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

Certified With Comments

The data reports for Quarter 3, 2016 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

Payer Source

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

=====
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 3
YEAR: 2016

Certified With Comments

99.35%

=====
PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 3
YEAR: 2016

Certified With Comments

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

Outpatient Facility Comments, 3Q2016.txt

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

=====

PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 3
YEAR: 2016

Certified With Comments

The data reports for Quarter 3, 2016 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

Payer Source

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

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 3
YEAR: 2016

Certified With Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

Outpatient Facility Comments, 3Q2016.txt

THCIC ID: 970100

QUARTER: 3

YEAR: 2016

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

Outpatient Facility Comments, 3Q2016.txt

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

Outpatient Facility Comments, 3Q2016.txt

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: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH970110
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Alliance Outpatient Surgery Center 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.

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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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Outpatient Facility Comments, 3Q2016.txt

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

Cost/ Revenue Codes

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

=====
PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 3
YEAR: 2016

Certified With Comments

Cook Children's Medical Center has submitted and certified 3rd QUARTER 2016 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

- Post-operative infections
- Accidental puncture and lacerations
- Post-operative wound dehiscence
- Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the 3rd QUARTER OF 2016.

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

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC

Outpatient Facility Comments, 3Q2016.txt

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: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 3
YEAR: 2016

Certified With Comments

PROVIDER: Baylor Medical Center - McKinney
THCIC ID: 971900
QUARTER: 3
YEAR: 2016

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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decision-making. Quality improvement is not new; it is an on-going commitment.

=====

PROVIDER: Pain Management Professionals of Baytown
THCIC ID: 972100
QUARTER: 3
YEAR: 2016

Certified With Comments

To the best of my knowledge the information is true and correct. KJ

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH972900
QUARTER: 2016 Quarter 3 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.

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

Diagnosis and Procedures

Outpatient Facility Comments, 3Q2016.txt

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

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

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

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

Length of Stay

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

Outpatient Facility Comments, 3Q2016.txt

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: Preston Crossing Endoscopy Center
THCIC ID: 973510
QUARTER: 3
YEAR: 2016

Certified With Comments

We were under the impression that all claims had been corrected as the home page showed 0 claims with errors for the 3rd quarter. Now we are having to certify that there were still errors.

=====

PROVIDER: Walnut Hill Medical Center
THCIC ID: 973750
QUARTER: 3
YEAR: 2016

Certified With Comments

3rd Quarter Walnut Hill Outpatients 2377 events

Outpatient Facility Comments, 3Q2016.txt

=====

PROVIDER: Parkway Surgical and Cardiovascular Hospital
THCIC ID: 973840
QUARTER: 3
YEAR: 2016

Certified With Comments

The data for 3Q2016 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.

=====

PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
QUARTER: 3
YEAR: 2016

Elected Not to Certify

Baylor Heart and Vascular Hospital of Fort Worth OUTPATIENT DATA
THCIC ID: 974240
QUARTER: 3
YEAR: 2016

CERTIFIED WITH COMMENTS

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

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

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

Outpatient Facility Comments, 3Q2016.txt

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: Keystone Surgery Center
THCIC ID: 974650
QUARTER: 3
YEAR: 2016

Certified With Comments

Jessica Augustine

=====

PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
THCIC ID: 974790
QUARTER: 3
YEAR: 2016

Certified With Comments

The data reports for Quarter 3, 2016 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

Payer Source

Outpatient Facility Comments, 3Q2016.txt

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

=====

PROVIDER: Doctors Hospital at Renaissance Outpatient Surgical Center
THCIC ID: 974950
QUARTER: 3
YEAR: 2016

Certified With Comments

Ambulatory accounts are being reported separately; therefore Doctors Hospital at Renaissance Outpatient will decrease in discharges

=====

PROVIDER: CHI St Lukes Health Baylor Medical Center ASC
THCIC ID: 974960
QUARTER: 3
YEAR: 2016

Certified With Comments

The data reports for Quarter 3, 2016 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

Payer Source

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

Outpatient Facility Comments, 3Q2016.txt

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PROVIDER: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
QUARTER: 3
YEAR: 2016

Certified With Comments

The data reports for Quarter 3, 2016 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

Payer Source

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

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 3
YEAR: 2016

Certified With Comments

100%

=====

PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
QUARTER: 3
YEAR: 2016

Outpatient Facility Comments, 3Q2016.txt

Certified With Comments

THCIC ID: TH975146

QUARTER: 2016 Quarter 3 Outpatient

Texas Health Southwest Outpatient Surgery Center 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

Outpatient Facility Comments, 3Q2016.txt

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

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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: Spring Excellence Surgical Hospital
THCIC ID: 975157
QUARTER: 3
YEAR: 2016

Certified With Comments

As the hospital changed ownership in Feb 2017 and the facility was without the THCIC designated staff, corrections are impossible at this time.

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PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 3
YEAR: 2016

Certified With Comments

THCIC ID: TH975167
QUARTER: 2016 Quarter 3 Outpatient
Texas Health Clearfork CERTIFIED WITH COMMENTS

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