

Outpatient Facility Comments, 202012.txt

General Comments on 2nd Quarter 2012 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: St Joseph Regional Health Center
THCIC ID: 002001
QUARTER: 2
YEAR: 2012

Certified With Comments

St Joseph Regional Health Center uses TX 2400 format to do outpatient data submission through its vendor Thomson Reuters (<http://thomsonreuters.com/>). Currently THCIC only requires hospitals to submit outpatient records who received one or more of the surgical procedures and/or radiological services covered by some specific revenue codes. St Joseph Regional Health Center submits more than required outpatient discharges to Thomson Reuters, who then converts the submitted outpatient records to 837 format and sends all submitted outpatient records to THCIC data warehouse System 13 Inc (<https://thcic.system13.com>). Unwanted outpatient records, defined as those records containing non reportable revenue codes, are dropped by System 13, Inc. User discretion is advised in using outpatient data for analysis purposes.

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PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
QUARTER: 2
YEAR: 2012

Certified With Comments

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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: Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 2
YEAR: 2012

Certified With Comments

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

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PROVIDER: Yoakum Community Hospital
THCIC ID: 023000
QUARTER: 2
YEAR: 2012

Certified With Comments

We have made changes to our HMS computer system and are in the process of educating the Patient Access staff on properly selecting race and ethnicity.

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PROVIDER: Baylor Medical Center-Garland
THCIC ID: 027000
QUARTER: 2
YEAR: 2012

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.

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

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PROVIDER: Good Shepherd Medical Center
THCIC ID: 029000
QUARTER: 2
YEAR: 2012

Certified With Comments

Certification: 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: Madison St Joseph Health Center
THCIC ID: 041000
QUARTER: 2
YEAR: 2012

Certified With Comments

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PROVIDER: Baylor Medical Center at Carrollton
THCIC ID: 042000
QUARTER: 2
YEAR: 2012

Certified With Comments

Baylor Medical Center Carrollton OUTPATIENT DATA
THCIC ID: 042000
QUARTER: 2
YEAR: 2012

CERTIFIED WITH COMMENTS

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PROVIDER: Huguley Memorial Medical Center
THCIC ID: 047000
QUARTER: 2
YEAR: 2012

Elected Not to Certify

Due to the notification from THCIC, October 29, 2012 the THCIC Outpatient Technical Specification Manual was previously incorrect and specific revenue codes were unintentionally omitted from the manual, the Huguley Memorial Medical Center Outpatient dataset may be incomplete at the time of Certification. THCIC plans to merge the missing patient encounters back into the 1st quarter dataset with a future quarterly dataset but due to constraints with THCIC deadlines, the hospital is unable to verify this process.

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of March 1, 2013. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

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

Diagnosis and Procedures

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

Patient diagnoses and procedures for a particular hospital stay are coded by the
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hospital using ICD-9-CM and CPT. This is mandated by the federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-9-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

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

Physician

While the hospital documents many treating physicians for each case, the THCIC minimum data set has only (2) physician fields, Attending and Operating Physicians. Many physicians provide care to patients throughout a hospital stay. Consulting physicians may prescribe and treat patients on behalf of the physician listed as the Attending. "Other" physician case volumes, mortality, case costs and LOS, will frequently be inaccurate because of this limitation. Analysis of "Other physician" information should, therefore, take into consideration that a significant portion of treating physicians are excluded from the patient cases.

Given the current certification software, there is not an efficient mechanism to edit and correct the data. In addition, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Huguley underwent a major program conversion to the HCFA 837 EDI electronic claim format. All known errors have been corrected to the best of our knowledge. Within the constraints of the current THCIC process, the data is certified to the best of our knowledge as accurate and complete given the above comments.

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PROVIDER: St Lukes Episcopal Hospital
THCIC ID: 118000
QUARTER: 2
YEAR: 2012

Certified With Comments

The data reports for Quarter 2, 2012 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.

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PROVIDER: Memorial Hermann Southeast Hospital
THCIC ID: 119000
QUARTER: 2
YEAR: 2012

Certified With Comments

Prior to 10/22/2012, the THCIC Outpatient Technical Specifications Manual excluded Revenue Code 0320 as a requirement. Thus, the only patients submitted by Memorial Hermann with a Revenue Code of 0320 prior to the third quarter 2012 submission are patients who incurred, in addition to Revenue Code 0320, another one of the THCIC required Revenue Codes.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 2
YEAR: 2012

Certified With Comments

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

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PROVIDER: TIRR Memorial Hermann
THCIC ID: 164000
QUARTER: 2
YEAR: 2012

Certified With Comments

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PROVIDER: Memorial Hermann Northwest Hospital
THCIC ID: 172000
QUARTER: 2
YEAR: 2012

Certified With Comments

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 2
YEAR: 2012

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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 9 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-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnosis 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

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greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Medi cal Center-PI ano
THCIC ID: 214000
QUARTER: 2
YEAR: 2012

Certified With Comments

To the best of my knowledge, all data and information are complete and accurate. . Certified by Revecca Jones, RHIA

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PROVIDER: Texas Health Harri s Methodi st Hospi tal -Fort Worth
THCIC ID: 235000
QUARTER: 2
YEAR: 2012

Certified With Comments

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PROVIDER: Col umbi a Medi cal Center-McKi nney
THCIC ID: 246000
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

To the best of my knowl edge, all data and i nformation are accurate.

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PROVIDER: Wi se Regional Heal th System
THCIC ID: 254001
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

Report is a snapshot of data at time of certi fication and data is subject to change. Thank you.

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PROVIDER: Texas Heal th Harri s Methodi st Hospi tal -Stephenvi lle
THCIC ID: 256000
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

Data Content

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Patient Volumes

Discrepancies in the data were identified. It is my understanding the resubmitted data will be deleted by System 13 prior to public report. Quarter 2 has not been submitted and THS averages about 900 a month.

We received notification from THCIC indicating that there was an issue with the Outpatient Data reported for 2012. The THCIC Outpatient Technical Specifications Manual Version 8 was updated on October 22, 2012 to include Revenue Code 0320, Radiology, Diagnostic General Classification, which was unintentionally omitted when updating the THCIC Outpatient 837 5010 Technical Specifications Manual Version 8. To correct this, THCIC required that all outpatient claims for 2012 be resubmitted to include the 0320 Revenue Code.

THR has been submitting this revenue code to the DFWHC with your outpatient data. To comply with the States requirement, the DFWHC resubmitted all the 1Q and 2Q 2012 OP data. Since System 13 had already built the 1Q2012 Outpatient Certification data sets for 1Q2012 claims submitted by August 1, the resubmitted claims were rolled into the 2Q2012 Outpatient Certification data set, which is causing the increase in your patient volume. The claims in the 1Q2012 Certification data set that are duplicates in the 2Q2012 Certification data set, due to the resubmission of all 1Q2012 data, will be removed by System 13 to prevent duplicates 1Q2012 claims form the 2Q2012 certification data set, once the provider has completed the 2Q2012 certification.

This same process will occur with the 3Q2012 data.

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PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 2
YEAR: 2012

Certified With Comments

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

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

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PROVIDER: Baylor Medical Center-Waxahachie
THCIC ID: 285000
QUARTER: 2
YEAR: 2012

Certified With Comments

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PROVIDER: Baylor Medical Center-Irving
THCIC ID: 300000
QUARTER: 2
YEAR: 2012

Certified With Comments

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PROVIDER: Memorial Hermann Memorial City Medical Center
THCIC ID: 302000
QUARTER: 2
YEAR: 2012

Certified With Comments

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PROVIDER: Texas Health Presbyterian Hospital -Kaufman
THCIC ID: 303000
QUARTER: 2
YEAR: 2012

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, 202012.txt

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-9-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.

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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.

Outpatient Facility Comments, 202012.txt

THCIC ID: 323000
QUARTER: 2
YEAR: 2012

Certified With Comments

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Outpatient Facility Comments, 202012.txt

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PROVIDER: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 2
YEAR: 2012

Certified With Comments

Baylor Medical Center at BUMC OUTPATIENT DATA
THCIC ID: 331000
QUARTER: 2
YEAR: 2012

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.

Outpatient Facility Comments, 202012.txt

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

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

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

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

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PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 2
YEAR: 2012

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER 2012 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

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

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the 2nd QUARTER OF 2012.

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

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

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

Outpatient Facility Comments, 202012.txt

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PROVIDER: University Medical Center-Brackenridge
THCIC ID: 335000
QUARTER: 2
YEAR: 2012

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: Denton Regional Medical Center
THCIC ID: 336001
QUARTER: 2
YEAR: 2012

Certified With Comments

To the best of my knowledge, all data and information are complete and accurate.

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PROVIDER: Medical City Dallas Hospital
THCIC ID: 340000
QUARTER: 2
YEAR: 2012

Certified With Comments

To the best of my knowledge, all data and information are complete and accurate.

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PROVIDER: Memorial Hermann Hospital
THCIC ID: 347000
QUARTER: 2
YEAR: 2012

Certified With Comments

Prior to 10/22/2012, the THCIC Outpatient Technical Specifications Manual excluded Revenue Code 0320 as a requirement. Thus, the only patients submitted

Outpatient Facility Comments, 202012.txt
by Memorial Hermann with a Revenue Code of 0320 prior to the third quarter 2012 submission are patients who incurred, in addition to Revenue Code 0320, another one of the THCIC required Revenue Codes.

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PROVIDER: Baylor All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 2
YEAR: 2012

Elected Not to Certify

Q2 Outpatient data was inaccurate due to THCIC Outpatient Technical Specs which include Revenue Code 0320, Radiology, Diagnostic General Classification, which was unintentionally omitted when updating the manual. Claims were resubmitted to reflect the claims missing the revenue code 320. The claims were accepted; however, they were not processed in time to reflect on THCIC Q2 Certification Reports. The Certification reports available, as of today, does not reflect the true data to dollar amounts. Due to discrepancy of the Certification Reports and revenue counts, ASFW has decided not to certify.

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PROVIDER: Baylor Medical Center-Southwest Fort Worth
THCIC ID: 363001
QUARTER: 2
YEAR: 2012

Certified With Comments

Baylor Medical Center at SWFW OUTPATIENT DATA
THCIC ID: 363001
QUARTER: 2
YEAR: 2012

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.

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Outpatient Facility Comments, 202012.txt

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PROVIDER: Medical Center-Lewisville
THCIC ID: 394000
QUARTER: 2
YEAR: 2012

Certified With Comments

The Control Numbers, Social Security Numbers, DOB's, Physicians Name and NPI Numbers are valid.

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PROVIDER: Memorial Hermann Southwest Hospital
THCIC ID: 407000
QUARTER: 2
YEAR: 2012

Certified With Comments

Prior to 10/22/2012, the THCIC Outpatient Technical Specifications Manual excluded Revenue Code 0320 as a requirement. Thus, the only patients submitted by Memorial Hermann with a Revenue Code of 0320 prior to the third quarter 2012 submission are patients who incurred, in addition to Revenue Code 0320, another one of the THCIC required Revenue Codes.

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 2
YEAR: 2012

Certified With Comments

Due to an Epic conversion Managed Medicare and Medicaid are classified as Commercial payers.

John Peter Smith Hospital (JPSH) is operated by the 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 was the first Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only 24-hour, seven-day a week psychiatric emergency center in the area. The hospital's special services include intensive care for adults and newborns, a special AIDS treatment center, a skilled nursing unit, a full-range of obstetrical and gynecological services, inpatient care for patients of all ages and an inpatient mental health treatment facility.

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

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

Outpatient Facility Comments, 202012.txt

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 2
YEAR: 2012

Certified With Comments

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

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 2
YEAR: 2012

Certified With Comments

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Outpatient Facility Comments, 202012.txt

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PROVIDER: North Hills Hospital
THCIC ID: 437000
QUARTER: 2
YEAR: 2012

Certified With Comments

The Social Security numbers, Patient Control numbers, and Physician NPI numbers are correct on these claims.

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PROVIDER: DeTar Hospital -Navarro
THCIC ID: 453000
QUARTER: 2
YEAR: 2012

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 in Victoria, Texas. DeTar Healthcare System is both Joint Commission accredited and Medicare certified. The system also includes a Skilled Nursing Unit; 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 Cardiology Program including Cardiothoracic Surgery; Accredited Chest Pain Center; Inpatient and Outpatient Rehabilitation Centers; an Inpatient Geriatric Mental Health Center; the DeTar SeniorCare Center; Senior Circle; Primary Stroke Center; and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: DeTar Hospital -North
THCIC ID: 453001
QUARTER: 2
YEAR: 2012

Certified With Comments

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Outpatient Facility Comments, 202012.txt

Texas. DeTar Healthcare System is both Joint Commission accredited and Medicare certified. The system also includes a Skilled Nursing Unit; 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 Cardiology Program including Cardiothoracic Surgery; Accredited Chest Pain Center; Inpatient and Outpatient Rehabilitation Centers; an Inpatient Geriatric Mental Health Center; the DeTar SeniorCare Center; Senior Circle; Primary Stroke Center; and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 2
YEAR: 2012

Certified With Comments

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Outpatient Facility Comments, 202012.txt

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====

PROVIDER: Parkland Memorial Hospital
THCIC ID: 474000
QUARTER: 2
YEAR: 2012

Certified With Comments

Parkland Health & Hospital System comprises a network of neighborhood-based health centers and Parkland Memorial Hospital, which was established in 1894. The Parkland System is a \$995 million enterprise that is licensed for 968 beds and employs approximately 8,991 staff. 87,196 patients received outpatient care in the clinics (both on campus and in the neighborhood-based health centers) this quarter.

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Specific Data Concerns

As in other large academic medical centers, teams of physicians rotating at intervals care for patients. The THCIC dataset allows only one primary physician to be assigned to the patient for the entire inpatient stay. In our institution, this represents the physician caring for the patient at the time of discharge. Many patients, particularly long-term care patients are actually managed by as many as three to four different teams and attending physicians. For this reason, the practice of attributing patient outcomes to the report card of a single physician may result in misleading information.

=====

PROVIDER: Plaza Medical Center-Fort Worth
THCIC ID: 477000
QUARTER: 2
YEAR: 2012

Certified With Comments

To the best of my knowledge, all data and information are complete and accurate.

=====

PROVIDER: Nacogdoches Memorial Hospital
THCIC ID: 478000
QUARTER: 2
YEAR: 2012

Certified With Comments

Certified by Jane Ann Bridges, CFO

=====

PROVIDER: Seton Medical Center
THCIC ID: 497000
QUARTER: 2
YEAR: 2012

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: Medical Center-Arlington
THCIC ID: 502000
QUARTER: 2
YEAR: 2012

Certified With Comments

NPI Database not update to reflect physician's current name.
To the best of my knowledge, all data and information are complete and accurate.

=====

PROVIDER: Doctors Hospital -White Rock Lake
THCIC ID: 511000
QUARTER: 2
YEAR: 2012

Certified With Comments

Scott Manis was CEO at the time data was created. Jay Krishnaswamy is the current CEO. This data is being certified by Rhonda Houghton, CEO designee for data submission and certification.

=====

PROVIDER: Baylor Regional Medical Center-Grapevine
THCIC ID: 513000
QUARTER: 2
YEAR: 2012

Elected Not to Certify

Q2 2012 Inpatient only is OK to certify. Grapevine will NOT certify Q2 2012 Outpatient. THCIC stated Q1 that there was an issue with Rev Code 320. In Q2, we now see Late Q1 Jan-Mar, which should be the Rev Code 320. However, the summary amount appears to have doubled the Rev Code 320. The detail provided by System 13 doesn't tie to the summary page. However, Apr-Jun detail ties to the summary page. Rev Code 320 was not submitted for Apr-Jun and it should appear next quarter. I certainly hope we don't see this same issue next quarter.

=====

PROVIDER: Memorial Hermann Katy Hospital
THCIC ID: 534001
QUARTER: 2
YEAR: 2012

Certified With Comments

Prior to 10/22/2012, the THCIC Outpatient Technical Specifications Manual excluded Revenue Code 0320 as a requirement. Thus, the only patients submitted by Memorial Hermann with a Revenue Code of 0320 prior to the third quarter 2012 submission are patients who incurred, in addition to Revenue Code 0320, another one of the THCIC required Revenue Codes.

=====

PROVIDER: Seton Highland Lakes Hospital
THCIC ID: 559000
QUARTER: 2
YEAR: 2012

Outpatient Facility Comments, 202012.txt

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 service. For primary and preventative care, Seton Highland Lakes offers clinics in Burnet, Marble Falls, Bertram, Lampasas and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare and Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organization under its Critical Access designation program.

=====

PROVIDER: Seton Edgar B Davis Hospital
THCIC ID: 597000
QUARTER: 2
YEAR: 2012

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

=====

PROVIDER: Memorial Hermann Sugar Land
THCIC ID: 609001
QUARTER: 2
YEAR: 2012

Certified With Comments

Prior to 10/22/2012, the THCIC Outpatient Technical Specifications Manual excluded Revenue Code 0320 as a requirement. Thus, the only patients submitted by Memorial Hermann with a Revenue Code of 0320 prior to the third quarter 2012 submission are patients who incurred, in addition to Revenue Code 0320, another one of the THCIC required Revenue Codes.

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PROVIDER: Memorial Hermann The Woodlands Hospital
THCIC ID: 615000
QUARTER: 2
YEAR: 2012

Outpatient Facility Comments, 202012.txt

Certified With Comments

Prior to 10/22/2012, the THCIC Outpatient Technical Specifications Manual excluded Revenue Code 0320 as a requirement. Thus, the only patients submitted by Memorial Hermann with a Revenue Code of 0320 prior to the third quarter 2012 submission are patients who incurred, in addition to Revenue Code 0320, another one of the THCIC required Revenue Codes.

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PROVIDER: Texas Health Harris Methodist Hospital -Southwest Fort Worth
THCIC ID: 627000
QUARTER: 2
YEAR: 2012

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 9 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

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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-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

Patient Volumes

Will certify 202012 with understanding that the 102012 data will be removed by System 13 to prevent duplication upon publication

=====
PROVIDER: Texas Health Presbyterian Hospital -Plano
THCIC ID: 664000
QUARTER: 2
YEAR: 2012

Certified With Comments

Data Content

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

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Patient volumes

We received notification from THCIC indicating that there was an issue with the Outpatient Data reported for 2012. The THCIC Outpatient Technical Specifications Manual - Version 8 was updated on October 22, 2012 to include Revenue Code 0320, Radiology, Diagnostic General Classification, which was unintentionally omitted when updating the THCIC Outpatient 837 5010 Technical Specifications Manual - Version 8. To correct this, THCIC required that all outpatient claims for 2012 be resubmitted to include the 0320 Revenue Code.

THR has been submitting this revenue code to the DFWHC with your outpatient data. To comply with the States requirement, the DFWHC resubmitted all of the 1Q and 2Q 2012 OP data. Since System13 had already built the 1Q2012 Outpatient Certification data sets for 1Q2012 claims submitted by August 1, the resubmitted claims were rolled into the 2Q2012 Outpatient Certification data set, which is causing the increase in your patient volume. The claims in the 1Q2012 Certification data set that are duplicated in the 2Q2012 Certification data set, due to the resubmission of all 1Q2012 data, will be removed by System 13 to prevent duplicate 1Q2012 claims from the 2Q2012 certification data set, once the provider has completed the 202012 certification.

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PROVIDER: Burlison St Joseph Health Center-Caldwell
THCIC ID: 679000
QUARTER: 2
YEAR: 2012

Certified With Comments

Burlison St. Joseph Hospital Center uses TX 2400 format to do outpatient data submission through its vendor Thomson Reuters (<http://thomsonreuters.com/>). Currently THCIC only requires hospitals to submit outpatient records who received one or more of the surgical procedures and/or radiological services covered by some specific revenue codes. Burlison St. Joseph Hospital Center submits more than required outpatient discharges to Thomson Reuters, who then

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converts the submitted outpatient records to 837 format and sends all submitted outpatient records to THCIC data warehouse System 13 Inc (https://thcic.system13.com). Unwanted outpatient records, defined as those records containing non reportable revenue codes, are dropped by System 13, Inc. User discretion is advised in using outpatient data for analysis purposes.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 2
YEAR: 2012

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

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The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

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Cost/ Revenue Codes

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=====

PROVIDER: Methodist Willowbrook Hospital
THCIC ID: 724700
QUARTER: 2
YEAR: 2012

Certified With Comments

435 records errored out in correctly and failed to be submitted

=====

PROVIDER: Grimes St Joseph Health Center
THCIC ID: 728800
QUARTER: 2
YEAR: 2012

Certified With Comments

Grimes St. Joseph Hospital uses TX 2400 format to do outpatient data submission through its vendor Thomson Reuters (<http://thomsonreuters.com/>). Currently THCIC only requires hospitals to submit outpatient records who received one or more of the surgical procedures and/or radiological services covered by some specific revenue codes. Grimes St. Joseph Hospital submits more than required outpatient discharges to Thomson Reuters, who then converts the submitted outpatient records to 837 format and sends all submitted outpatient records to THCIC data warehouse System 13 Inc (<https://thci.c.system13.com>). Unwanted outpatient records, defined as those records containing non reportable revenue codes, are dropped by System 13, Inc. User discretion is advised in using outpatient data for analysis purposes.

=====

PROVIDER: Green Oaks Hospital
THCIC ID: 766000
QUARTER: 2
YEAR: 2012

Certified With Comments

To the best of my knowledge, all data and information are complete and accurate.

=====

PROVIDER: Baylor Heart & Vascular Center
THCIC ID: 784400
QUARTER: 2
YEAR: 2012

Elected Not to Certify

Q2 2012 Inpatient only is OK to certify. BHVH will NOT certify Q2 2012 Outpatient. THCIC stated Q1 that there was an issue with Rev Code 320. In Q2, we now see Late Q1 Jan-Mar, which should be the Rev Code 320. However, the summary amount appears to have doubled the Rev Code 320. The detail provided by System 13 doesn't tie to the summary page. However, Apr-Jun detail ties to the summary page. Rev Code 320 was not submitted for Apr-Jun and it should appear next quarter. I certainly hope we don't see this same issue next quarter.

=====

PROVIDER: Baylor Medical Center-Frisco
THCIC ID: 787400
QUARTER: 2
YEAR: 2012

Certified With Comments

We are actively working with our 3rd party vendor to correct the 5010 transmission errors.

=====

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 2
YEAR: 2012

Certified With Comments

Certify to the best of my knowledge.

=====
PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 2
YEAR: 2012

Certified With Comments

The data reports for Quarter 2, 2012 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.

=====
PROVIDER: Doctors Hospital -Renaissance
THCIC ID: 797100
QUARTER: 2
YEAR: 2012

Certified With Comments

3rd Quarter data is duplicated due to Rev Code 0320 update which required data to be resubmitted. System 13 will remove the duplicate claims after certification but any corrections made will be lost.

=====
PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 2
YEAR: 2012

Certified With Comments

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

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

=====
PROVIDER: Seton Northwest Hospital
THCIC ID: 797600
QUARTER: 2

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YEAR: 2012

Certi fied Wi th Comments

All physi ci an li cense num bers and na mes have been va li dated wi th the Physi ci an and the Texas State Board of Medical Exami ner websi te as accurate but some remain uni den ti fi ed in the THCIC Practi ti oner Reference Fi les.

These data are sub mi tted by the hospi tal as their best effort to meet sta tu to ry re qui re ments.

=====
PROVI DER: Lubbock Heart Hospi tal
THCIC ID: 801500
QUARTER: 2
YEAR: 2012

Elected Not to Certi fy

This in for ma ti on is so vo lu mi nous that I cannot accu rately asses the in for ma ti on for 100% accu rancy.

=====
PROVI DER: Las Coli nas Medi cal Center
THCIC ID: 814000
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

To the best of my knowl edge, all data and in for ma ti on are com plete and accu rate.

=====
PROVI DER: Bayl or Regi onal Medi cal Center-Plano
THCIC ID: 814001
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

Due to the sheer vo lume of OP data, we have li mited re sources as a hospi tal to ana lyze the data. Re garding the man date to com mu ni cate the Cer ti fi ca ti on re ports to physi ci ans The State does not offer a se cure me cha nism for us to com mu ni cate other than the hard copy re ports. At this time, we as a hospi tal are moving to li mit or eli mi nate pa per di stri bu ti on and we do not have an in ter nal sys tem to com mu ni cate to all physi ci ans fea si bly.

Quality Tren ding of data over a few years is im por tant to de fine out come and quality. A small sam pling of data (i.e. one year) does not ex plain out come.

We re com mend the Pa ti ent com mu ni cate wi th the Hospi tal and the Physi ci an re garding data. Pa ti ent and physi ci an pre fer ence con tri bu tes to the care ren dered to the pa ti ent and the data does not al ways re flect this.

Pa ti ents and physi ci ans con si der many fac tors when ma king heal th care de ci si ons that are not avai la ble in ad mi ni stra ti ve data. These in clude a pa ti ents pre fer ence for li fe-sus tain ing treat ments, func ti onal sta tus, and other fac tors.

We support the Pa ti ent, Pro vi der, and Pa yer and em po wered, edu cated

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

PROVIDER: Texas Health Presbyterian Hospital -Denton
THCIC ID: 820800
QUARTER: 2
YEAR: 2012

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 9 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

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diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-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.

Patient Volumes

Per a note from our corporate office, I understand that the patient volumes will be corrected to remove duplicate cases by System 13 after certification has occurred. The duplicated cases are from 1Q12

=====
PROVIDER: Good Shepherd Medical Center-Linden
THCIC ID: 822100
QUARTER: 2
YEAR: 2012

Certified With Comments

Certification: 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

Outpatient Facility Comments, 202012.txt

therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

=====

PROVIDER: Memorial Hermann Rehab Hospital Katy
THCIC ID: 838400
QUARTER: 2
YEAR: 2012

Certified With Comments

Prior to 10/22/2012, the THCIC Outpatient Technical Specifications Manual excluded Revenue Code 0320 as a requirement. Thus, the only patients submitted by Memorial Hermann with a Revenue Code of 0320 prior to the third quarter 2012 submission are patients who incurred, in addition to Revenue Code 0320, another one of the THCIC required Revenue Codes.

=====

PROVIDER: Texoma Medical Center
THCIC ID: 847000
QUARTER: 2
YEAR: 2012

Certified With Comments

Data Source. The source of this data, the electronic bill, is administrative in nature, and was collected for billing purposes. It is not clinical data and should be cautiously used to evaluate health care quality.

*The billing data file limits the diagnosis codes to 25 (principal plus 24 secondary diagnosis codes); the admission diagnosis and up to nine E-code fields.

*The procedure codes are limited to 25 (principal plus 24 secondary).

*The fewer the codes the less information is available to evaluate the patients outcomes and service utilization

*The Hospital can only list 2 physicians that were involved with any one patient. Other physicians who were involved in those cases will not be identified.

Payer Codes. The payer codes utilized in the THCIC data base were defined by the state. They are not utilizing the standard payer information from the claim.

Revenue Codes and Charges. Charges associated with the 1450 data do not represent actual payments or costs for services.

Severity Adjustment. THCIC is using the 3M APR-DRG system to assign the All-Patient Refined (APR) DRG, severity and risk of mortality scores. The scores represent a categorization of patient severity and mortality risk. The assignment is made by evaluation of the patients age, sex, diagnosis codes, procedure codes, and discharge status.

Timing of Data Collection. Hospitals must submit data to THCIC no later than 60 days after the close of the quarter.

*Not all claims may have been billed at this time.

*Internal data may be updated later and appear different than the data on the claim.

Unless the payment is impacted, the hospital does not rebill when a data field is changed internally. This results in differences between internal systems and the snapshot of data that was taken at the end of the quarter.

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=====

PROVIDER: Memorial Hermann Northeast
THCIC ID: 847100
QUARTER: 2
YEAR: 2012

Certified With Comments

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=====

PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 2
YEAR: 2012

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 increases 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: Seton Medical Center Williamson
THCIC ID: 861700
QUARTER: 2
YEAR: 2012

Certified With Comments

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=====

PROVIDER: CHRISTUS Santa Rosa Hospital New Braunfels
THCIC ID: 863300
QUARTER: 2
YEAR: 2012

Certified With Comments

Outpatient Facility Comments, 202012.txt

Please exclude all errors (duplicates and outside quarterly data) provided in this 2012 data file.
Thank you

=====

PROVIDER: TrustPoint Hospital
THCIC ID: 865800
QUARTER: 2
YEAR: 2012

Elected Not to Certify

DATA HAS "FACE VALIDITY" BUT FORMAL LINE-BY-LINE HAS NOT BEEN COMPLETED.

=====

PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 2
YEAR: 2012

Certified With Comments

The data reports for Quarter 2, 2012 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.

=====

PROVIDER: San Antonio Eye Surgi center
THCIC ID: 118001
QUARTER: 2
YEAR: 2012

Certified With Comments

No comments.

=====

PROVIDER: DeHaven Surgical Center
THCIC ID: 228002
QUARTER: 2
YEAR: 2012

Certified With Comments

certified 09-17-12

=====

PROVIDER: The Center for Sight
THCIC ID: 272000
QUARTER: 2
YEAR: 2012

Certified With Comments

We do not perform surgery on patients under 18 years of age. Patient Age Breakdown report shows two patients less than 1 year. The year of birth was reported incorrectly.

=====

PROVIDER: South Plains Endoscopy Center
THCIC ID: 278000
QUARTER: 2
YEAR: 2012

Certified With Comments

Please refer to first quarter comment for reason of the higher number of events reported in the second quarter

=====

PROVIDER: Rushland Park Surgi center
THCIC ID: 304000
QUARTER: 2
YEAR: 2012

Certified With Comments

Thank you.
HAPPY HOLIDAYS!!

=====

PROVIDER: Platinum Surgery Center
THCIC ID: 380000
QUARTER: 2
YEAR: 2012

Certified With Comments

no comments

=====

PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 2
YEAR: 2012

Certified With Comments

All info is accurate the my knowledge.

Outpatient Facility Comments, 202012.txt

PROVIDER: Plastic & Cosmetic Surgery Center of Texas
THCIC ID: 715500
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

The amount of claims for this quarter is low due an upgrade needed to submit electronically which caused claims to be sent in test mode. This was later not noticed until certi fication time and Q2 claims were sent with Q3 quarter.

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

As is.

=====

PROVIDER: Medi cal Vi llage Surgery Center
THCIC ID: 804300
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

There is one case where the procedure date was inadvertantly entered in lieu of the patients date of birth, and on instance where a case was entered twice.

=====

PROVIDER: Speci al Surgery of Houston
THCIC ID: 809500
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

I have replaced Michelle Kerr. I was not here during the 2nd quarter of 2012 but wish to certify for compliance reasons.

=====

PROVIDER: Headache & Pain Ambulatory Surgery Center
THCIC ID: 809900
QUARTER: 2
YEAR: 2012

Certi fied Wi th Comments

Frequency of Errors Report (Outpatient- Professional)

This report indicates that there was an error because no patient social security number was entered on one claim.

No social security number was entered because that patient does not have a social security number assigned to him/her.

Outpatient Facility Comments, 202012.txt

=====

PROVIDER: Spine Team Texas ASC
THCIC ID: 816200
QUARTER: 2
YEAR: 2012

Certified With Comments

No Comments Necessary

=====

PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 2
YEAR: 2012

Elected Not to Certify

Data generated from scheduling/billing software. We cannot guarantee 100% accuracy of the data.

=====

PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
QUARTER: 2
YEAR: 2012

Certified With Comments

i did a spot check on a few claims and it looks great.

=====

PROVIDER: Doctors Surgery Center at Huguley
THCIC ID: 831600
QUARTER: 2
YEAR: 2012

Certified With Comments

Certified by Becky Hernandez

=====

PROVIDER: Texas Health Outpatient Surgery Center Stephenville
THCIC ID: 838800
QUARTER: 2
YEAR: 2012

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

Outpatient Facility Comments, 202012.txt

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 9 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-9-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.

Patient Volumes

Discrepancies in the data were identified. It is my understanding the resubmitted data will be deleted by System 13 prior to public report.

=====
PROVIDER: Simmons Ambulatory Surgery Center
THCIC ID: 843300
QUARTER: 2
YEAR: 2012

Certified With Comments

Parkland Health & Hospital System comprises a network of neighborhood-based health centers and Parkland Memorial Hospital, which was established in 1894. The Parkland System is a \$995 million enterprise that is licensed for 968 beds and employs approximately 8,991 staff. Approximately 1,785 patients received outpatient care in the clinics (both on campus and in the neighborhood-based health centers) this quarter.

Specific Data Concerns

As in other large academic medical centers, teams of physicians rotating at intervals care for patients. The THCIC dataset allows only one primary physician to be assigned to the patient for the entire inpatient stay. In our institution, this represents the physician caring for the patient at the time of discharge. Many patients, particularly long-term care patients are actually managed by as many as three to four different teams and attending physicians. For this reason, the practice of attributing patient outcomes to the report card of a single physician may result in misleading information.

=====
PROVIDER: Spine Team Texas Rockwall ASC
THCIC ID: 902000
QUARTER: 2
YEAR: 2012

Certified With Comments

No Comments Necessary

Outpatient Facility Comments, 202012.txt

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PROVIDER: CHRISTUS Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 917000
QUARTER: 2
YEAR: 2012

Certified With Comments

98.7%

=====

PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 2
YEAR: 2012

Certified With Comments

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

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

=====

PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 2
YEAR: 2012

Certified With Comments

The data reports for Quarter 2, 2012 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.

=====

PROVIDER: Methodist Willowbrook Hospital Outpatient Surgery Department
THCIC ID: 862300
QUARTER: 2
YEAR: 2012

Certified With Comments

7 records errored out incorrectly and failed to be submitted

=====

PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 2
YEAR: 2012

Certified With Comments

Data Content

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Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-9-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

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Length of Stay

Outpatient Facility Comments, 202012.txt

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

Race/Ethnicity

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

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service.

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

=====
PROVIDER: St Lukes Hospital at the Vintage
THCIC ID: 740000
QUARTER: 2
YEAR: 2012

Certified With Comments

The data reports for Quarter 2, 2012 do not accurately reflect patient volume or severity.

Patient Volume

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Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-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.

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PROVIDER: Seton Smithville Regional Hospital
THCIC ID: 424500
QUARTER: 2
YEAR: 2012

Certified With Comments

DATA INCLUDES ADMISSIONS FROM 1ST QUARTER 2011.

=====

PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 2
YEAR: 2012

Certified With Comments

Due to an Epic conversion Managed Medicare and Medicaid are classified as Commercial payers.

John Peter Smith Hospital (JPSH) is operated by the 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 was the first Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only 24-hour, seven-day a week psychiatric emergency center in the area. The hospital's special services include intensive care for adults and newborns, a special AIDS treatment center, a skilled nursing unit, a full-range of obstetrical and gynecological services, inpatient care for patients of all ages and an inpatient mental health treatment facility.

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

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

=====

PROVIDER: Park Ten Surgical Center
THCIC ID: 969400
QUARTER: 2
YEAR: 2012

Certified With Comments

data certified for Chris Riedel R.N admin by Ann Elahi business office manager

=====

PROVIDER: Texas Health Harris Methodist Fort Worth Outpatient Surgery Center
THCIC ID: 970100
QUARTER: 2

YEAR: 2012

Certified With Comments

Data Content

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Outpatient Facility Comments, 202012.txt

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.

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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.

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PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 2
YEAR: 2012

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER 2012 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

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

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the 2nd QUARTER OF 2012.

Patient charges that were accrued before admit or after discharge were systematically excluded from the database. This can happen when a patient is pre-admitted and incurs charges to their encounter before their admit

date or charges are discovered and added to the patient encounter after they are discharged. Therefore, the charges for many patient encounters are under reported.

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

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

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PROVIDER: Huguley Surgery Center
THCIC ID: 971500
QUARTER: 2
YEAR: 2012

Elected Not to Certify

Huguley Surgery Center had a change of ownership effective May 1, 2012 which falls in the middle of a quarter due to THCIC rules and regulations. The dataset reported under Huguley Surgery Center does not include mandatory discharge reporting for prior ownership.

Due to the notification from THCIC, October 29, 2012 the THCIC Outpatient Technical Specification Manual was previously incorrect and specific revenue codes were unintentionally omitted from the manual, the Huguley Surgery Center Outpatient dataset may be incomplete at the time of Certification. THCIC plans to merge the missing patient encounters back into the dataset with a future quarterly dataset but due to constraints with THCIC deadlines, the hospital is unable to verify this process.

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of March 1, 2013. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

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

Diagnosis and Procedures

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

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

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hospital using ICD-9-CM and CPT. This is mandated by the federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-9-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

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

Physician

Two accounts with Principal Diagnoses 8442 and 3669 did not cross over properly in our enterprise system. The corrections have been made to our internal system but unable to be corrected in the permanent THIC file.

Given the current certification software, there is not an efficient mechanism to edit and correct the data. In addition, due to hospital volumes, it is not feasible to perform encounter level audits and edits.