General Comments on 2nd Quarter 2014 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.

===
PROVIDER: UT MD Anderson Cancer Center
THCIC ID: 000105
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Due to system and technical limitations, some claims were submitted without diagnosis/procedure codes prior to being prepared for submission. The claims are not submitted to payors until the claims are coded.

===
PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

I elect to certify this data is accurate to the best of my knowledge as of this date of certification 11/19/2014.

===
PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
 QUARTER: 2

     YEAR: 2014

Certified With Comments

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

===
PROVIDER: Good Shepherd Medical Center-Marshall
THCIC ID: 020000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

===
PROVIDER: Baylor Medical Center-Garland
THCIC ID: 027000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

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

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

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

===
PROVIDER: Good Shepherd Medical Center

THCIC ID: 029000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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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
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cautiously used to evaluate health care quality and compare outcomes.

===
PROVIDER: Baylor Medical Center at Carrollton
THCIC ID: 042000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Baylor Medical Center Carrollton OUTPATIENT DATA
THCIC ID: 042000
QUARTER: 2
YEAR: 2014

CERTIFIED WITH COMMENTS

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analyze the data. Regarding the mandate to communicate the Certification
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===
PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge
data for THCIC mandatory reporting requirements as of March 2, 2015. If any
errors are discovered in our data after this point, we will be unable to
communicate these due to THCIC. This data is administrative data, which
hospitals collect for billing purposes, and not clinical data, from which you
can make judgments about patient care.

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

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

Patient diagnoses and procedures for a particular hospital stay are coded by the
hospital using ICD-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.

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

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

==
PROVIDER: San Angelo Community Medical Center
THCIC ID: 056000
 QUARTER: 2
    YEAR: 2014

Elected Not to Certify

elect to not certify

==
PROVIDER: St Lukes Episcopal Hospital
THCIC ID: 118000
 QUARTER: 2

        YEAR: 2014

Certified With Comments

The data reports for Quarter 2, 2014 do not accurately reflect patient volume or
severity.

Patient Volume

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

Severity

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

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

==
PROVIDER: Memorial Hermann Southeast Hospital
THCIC ID: 119000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

No comment

==
PROVIDER: University Medical Center
THCIC ID: 145000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

==
PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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: Memorial Hermann Northwest Hospital
THCIC ID: 172000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

No Comment

===
PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
 QUARTER: 2
    YEAR: 2014

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

Length of Stay
The length of stay data element contained in the states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

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

Cost/ Revenue Codes

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

===
PROVIDER: The Heart Hospital Baylor Denton
THCIC ID: 208100
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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analyze the data. Regarding the mandate to communicate the Certification
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decision-making. Quality improvement is not new; it is an on-going commitment.

===
PROVIDER: DeHaven Surgical Center
THCIC ID: 228002
 QUARTER: 2
    YEAR: 2014

Certified With Comments

submitted on 07-08-14

===
PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

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

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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
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only three characters long. Thus any patients discharged with a length of stay
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not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better

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

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

==
PROVIDER: Wise Regional Health System
THCIC ID: 254001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The data for 2Q2014 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

==
PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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cost to deliver the care that each patient needs.

==
PROVIDER: South Austin Surgery Center
THCIC ID: 262001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

2014 2nd Quarter Outpatient

==
PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

==
PROVIDER: Surgery Center of Plano
THCIC ID: 284000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

11/21/2014 I CERTIFY THIS DATA WITHOUT COMMENTS.

==
PROVIDER: Baylor Scott & White Medical Center at Waxahachie

THCIC ID: 285000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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===
PROVIDER: Wilson N Jones Regional Medical Center
THCIC ID: 297000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Continue to work with vendor to reduce errors.

===
PROVIDER: Baylor Medical Center-Irving
THCIC ID: 300000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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===
PROVIDER: Memorial Hermann Memorial City Medical Center
THCIC ID: 302000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

no comments

===
PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

Diagnosis and Procedures
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

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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.

Length of Stay
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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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cost to deliver the care that each patient needs.

==
PROVIDER: Baylor University Medical Center
THCIC ID: 331000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Baylor Medical Center at BUMC OUTPATIENT DATA
THCIC ID: 331000
QUARTER: 2
YEAR: 2014

CERTIFIED WITH COMMENTS

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

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

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

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

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

===
PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER
2014 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 2014.

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

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

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

==
PROVIDER: University Medical Center-Brackenridge
THCIC ID: 335000
 QUARTER: 2
    YEAR: 2014

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.

==
PROVIDER: Memorial Hermann Hospital
THCIC ID: 347000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

no comments

==
PROVIDER: Baylor All Saints Medical Center-Fort Worth
THCIC ID: 363000
 QUARTER: 2
    YEAR: 2014

Elected Not to Certify

Baylor Medical Center at ASFW OUTPATIENT DATA
THCIC ID: 363000
QUARTER: 2
YEAR: 2014

CERTIFIED WITH COMMENTS

BAS does not approve the OP data

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
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==
PROVIDER: Victoria Surgery Center
THCIC ID: 396003
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Corrections made to a few claims: corrected billing for appropriate eye, place
of service, and date of service.

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PROVIDER: East Texas Medical Center-Fairfield
THCIC ID: 401000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

No comments

==
PROVIDER: Memorial Hermann Southwest Hospital
THCIC ID: 407000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

No comment

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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.

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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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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==
PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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PROVIDER: DeTar Hospital-North
THCIC ID: 453001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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===
PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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only three characters long. Thus any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.

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

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

===
PROVIDER: Parkland Memorial Hospital

THCIC ID: 474000
 QUARTER: 2
    YEAR: 2014

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 10,119 staff. 90,004 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: Seton Medical Center
THCIC ID: 497000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

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

===
PROVIDER: Bellville St Joseph Health Center
THCIC ID: 552000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

this was certified by Karen McEuen

===
PROVIDER: Memorial Hermann Sugar Land
THCIC ID: 609001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

no comments

===
PROVIDER: Memorial Hermann The Woodlands Hospital
THCIC ID: 615000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

no comments

===
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
 QUARTER: 2
    YEAR: 2014

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

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

===
PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Data Content
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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
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data sent by us does meet state requirements but cannot reflect all the codes an

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denial of payment by insurance companies. Charges also do not reflect the actual
cost to deliver the care that each patient needs.

===
PROVIDER: Covenant Surgicenter
THCIC ID: 693001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Could not get the Physician's information to go through for (deleted). His NPI
is (deleted) and State License # is (deleted) and this information has
been verified but will not got through.

*Confidential identifiers deleted from this comment by THCIC.

===
PROVIDER: Our Childrens House Baylor
THCIC ID: 710000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The OCH OP Discharges total appears materially low I count 5,975. This report
has 544. Average charge per case is 322% higher on THCIC report. But the

distribution mixes (as above with the inpatients) all appear reasonable. I
believe the processes of discharging and readmitting Outpatient Series accounts
is largely to blame for these variances. It does not appear that same day
surgeries are the only cases populating the THCIC report. Until a report is
available from THCIC that gives a listing of the individual accounts included
here we wont be able to identify a common pattern causing the discrepancies.

===
PROVIDER: Ennis Regional Medical Center
THCIC ID: 714500
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

===
PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
 QUARTER: 2
    YEAR: 2014

Certified With Comments

AS IS.

===
PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

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

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denial of payment by insurance companies. Charges also do not reflect the actual
cost to deliver the care that each patient needs.

==
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Data Content
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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
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an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
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possible to determine if the patient had an infection prior to admission, or
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procedures performed, which can alter the true picture of a patient's
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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

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greater than 999 days will not be accurately stored within the certification
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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
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These values might not accurately reflect the hospital payer information,
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contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any
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inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges.
It is important to note that
charges are not equal to actual payments received by the hospital or hospital
cost for performing the service.
Typically actual payments are much less than charges due to managed
care-negotiated discounts and denial of payment by insurance companies. Charges
also do not reflect the actual cost to deliver the care that each patient needs.

===
PROVIDER: St Lukes Hospital at the Vintage
THCIC ID: 740000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The data reports for Quarter 2, 2014 do not accurately reflect patient volume or
severity.

Patient Volume

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

Severity

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

patient population cannot be adequately demonstrated using admissions and
billing data.

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

===
PROVIDER: Baylor Heart & Vascular Center
THCIC ID: 784400
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Please Certify with my exceptions as noted below

The OP Discharges total appears materially low I count 6,579. THCIC report has
5,183. Average charge per case is 23% higher on THCIC report. But the
distribution mixes all appear reasonable. Until a report is available from
THCIC that gives a listing of the individual accounts included here we wont be
able to identify a common pattern causing the discrepancy.

===
PROVIDER: Texas Orthopedics Surgery Center
THCIC ID: 784600
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Certified 11/20/14

===
PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Certified to the best of my knowledge.

===
PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
 QUARTER: 2
    YEAR: 2014

Certified With Comments

To the best of my knowledge.

===
PROVIDER: LifeCare Hospital-Plano
THCIC ID: 789800
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Cannot verify the operating physician for one of the patients - 02q14.

Director Quality Mgmt

==
PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The data reports for Quarter 2, 2014 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
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If the encounter has not yet been billed, data will not be reflected in this
quarter.

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

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

==
PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

==
PROVIDER: Seton Northwest Hospital
THCIC ID: 797600
 QUARTER: 2
    YEAR: 2014

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: Baylor Surgical Hospital-Fort Worth
THCIC ID: 804500
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Baylor Surgical Hospital at Fort Worth Outpatient Center 2Q2014 were included
with the hospital outpatient claims.

===
PROVIDER: Community Surgery Center
THCIC ID: 807500
 QUARTER: 2
    YEAR: 2014

Elected Not to Certify

elect not to certify

===
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The files might contain duplicate or missing claims

===
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The files might contain duplicate or missing claims

===
PROVIDER: Baylor Regional Medical Center-Plano
THCIC ID: 814001
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

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

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

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

==
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The files might contain duplicate or missing claims

==
PROVIDER: Spine Team Texas ASC
THCIC ID: 816200
 QUARTER: 2
    YEAR: 2014

Certified With Comments

REVIEWED

==
PROVIDER: Spinecare
THCIC ID: 816900
 QUARTER: 2
    YEAR: 2014

Elected Not to Certify

DATA IS GENERATED FROM FACILITY'S SCHEDULING AND BILLING SOFTWARE. WE CANNOT
GUARANTEE 100% ACCURACY.

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

YEAR: 2014

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

Length of Stay
The length of stay data element contained in the states certification file is

only three characters long. Thus any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.

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

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

===
PROVIDER: Memorial Hermann Surgery Center Woodlands
THCIC ID: 825400
 QUARTER: 2
    YEAR: 2014

Certified With Comments

No comments

===
PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
 QUARTER: 2
    YEAR: 2014

Certified With Comments

i did a spot check on and it looks to be accurate.

===
PROVIDER: ADC Endoscopy Specialist
THCIC ID: 837500
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Resubmission/ Recertification

==
PROVIDER: St Joseph Medical Center
THCIC ID: 838600
 QUARTER: 2
    YEAR: 2014

Certified With Comments

St. Joseph Medical Center certified the inpatient data, 7385 patients.

During this time period St. Joseph Medical Center provided charity to 89
patients with total charges (-$643,786.63) dollars. The system didn't identity
these patients.

==
PROVIDER: Simmons Ambulatory Surgery Center
THCIC ID: 843300
 QUARTER: 2
    YEAR: 2014

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 10,119 staff. Approximately 1,619 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: Texoma Medical Center
THCIC ID: 847000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Certified

==
PROVIDER: Memorial Hermann Northeast
THCIC ID: 847100

QUARTER: 2
YEAR: 2014

Certified With Comments

no comments

===
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

===
PROVIDER: Texas Health Presbyterian Hospital-Rockwall
THCIC ID: 859900
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The files might contain duplicate or missing claims

===
PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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and the Texas State Board of Medical Examiner website as accurate but
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statutory requirements.

===
PROVIDER: TrustPoint Hospital
THCIC ID: 865800
 QUARTER: 2
    YEAR: 2014

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: 2014

Certified With Comments

The data reports for Quarter 2, 2014 do not accurately reflect patient volume or
severity.

Patient Volume

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

Severity

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

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

==
PROVIDER: Spine Team Texas Rockwall ASC
THCIC ID: 902000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

REVIEWED

==
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

99.87%

==
PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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statutory requirements.

===
PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The data reports for Quarter 2, 2014 do not accurately reflect patient volume or
severity.

Patient Volume

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

Severity

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

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

===
PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The files might contain duplicate or missing claims

===
PROVIDER: Park Ten Surgical Center
THCIC ID: 969400
 QUARTER: 2
    YEAR: 2014

Certified With Comments

certified on behalf of Chris Riedel by Ann Elahi

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

QUARTER: 2
    YEAR: 2014

Certified With Comments

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hospital billing process. Errors can occur due to this additional programming,
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Length of Stay

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denial of payment by insurance companies. Charges also do not reflect the actual
cost to deliver the care that each patient needs.

==
PROVIDER: Texas Health Outpatient Surgery Center Alliance
THCIC ID: 970110
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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to submit ICD-9-CM / CPT data on each outpatient receiving surgical or
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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
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contract type (HMO vs. PPO) may result in inaccurate analysis.

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

==
PROVIDER: Outpatient Surgery Center
THCIC ID: 970140
 QUARTER: 2
    YEAR: 2014

Certified With Comments

There remains an underlying issue with second quarter data. Reported cases
should be 414.

==
PROVIDER: Dodson Surgery Center
THCIC ID: 970400
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER
2014 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 2014.

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,
                                Page 49

not to each procedure.

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

==
PROVIDER: Huguley Surgery Center
THCIC ID: 971500
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge
data for THCIC mandatory reporting requirements as of March 2, 2015. If any
errors are discovered in our data after this point, we will be unable to
communicate these due to THCIC. This data is administrative data, which
hospitals collect for billing purposes, and not clinical data, from which you
can make judgments about patient care.

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

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

Patient diagnoses and procedures for a particular hospital stay are coded by the
hospital using ICD-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.

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

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

===
PROVIDER: Baylor Medical Center McKinney
THCIC ID: 971900
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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

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

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

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

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

===
PROVIDER: Pain Management Professionals of Baytown
THCIC ID: 972100
 QUARTER: 2
    YEAR: 2014

Certified With Comments

These are correct to the best of my knowledge. Kelli Johnson

===
PROVIDER: Digestive Disease Center
THCIC ID: 972400
 QUARTER: 2
    YEAR: 2014

Certified With Comments

coding issue no adj needed

===
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
 QUARTER: 2
    YEAR: 2014

Certified With Comments

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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: Austin Midtown Ambulatory Surgery Center
THCIC ID: 972950
 QUARTER: 2
    YEAR: 2014

Certified With Comments

Report Completed and Certified by YC

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PROVIDER: St Joseph Medical Center-Heights
THCIC ID: 973100
 QUARTER: 2
    YEAR: 2014

Certified With Comments

St. Joseph Medical Center certified the outpatient data, 651 patients.

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PROVIDER: Wise Regional Health System Bridgeport Campus
THCIC ID: 973110
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The data for 2Q2014 is being certified with comment. All reported data is
accurate and correct at the specific point in time that the data files are

generated. Information is subject to change after files are generated and
submitted to THCIC; any changes would be information collected or updated during
the normal course of business.

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PROVIDER: Parkway Surgical and Cardiovascular Hospital
THCIC ID: 973840
 QUARTER: 2
    YEAR: 2014

Certified With Comments

The data for 2Q2014 is being certified with comment. All reported data is
accurate and correct at the specific point in time that the data files are
generated. Information is subject to change after files are generated and
submitted to THCIC; any changes would be information collected or updated during
the normal course of business.