General Comments on 3rd Quarter 2022 Data

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

· Data are administrative data, collected for billing purposes, not clinical data.

· Data are submitted in a standard government format, the 837 format used for submitting billing data to payers. State specifications require the submission of additional data elements. These data elements include race and ethnicity. Because these data elements are not sent to payers and may not be part of the hospital's standard data collection process, there may be an increase in the error rate for these elements. Data users should not conclude that billing data sent to payers is inaccurate.

· Hospitals are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information may be collected subjectively and may not be accurate.

· Hospitals are required to submit data within 60 days after the close of a calendar quarter (hospital data submission vendor deadlines may be sooner). Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. Therefore, data for each quarter may not be complete. This can affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.

· Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.


3q2022 Outpatient Certification Comments

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================================================================================

PROVIDER: Texas Ambulatory Surgical Center

THCIC ID: 811800


Our facility only has 1 procedure to report due to law change in Texas.


================================================================================

PROVIDER: My Emergency Room 24/7

THCIC ID: 975579

CERTIFYING WITH TWO ERRORS. SS#, PAT GENDER ERR.

================================================================================

PROVIDER: Cleveland Emergency Department - Woodlands

THCIC ID: 975571


100% accurate

================================================================================

PROVIDER: Texas Rural Hospitals

THCIC ID: 975222


100% Accurate

================================================================================

PROVIDER: Pinnacle Surgery Center

THCIC ID: 975230


There is 1 file/case where I am requesting a 1-time exception due to a duplicate

diagnosis.

================================================================================

PROVIDER: Cleveland Emergency Hospital

THCIC ID: 976034


100% Accurate

===============================================================================

PROVIDER: Cleveland Emergency Hospital - Porter

THCIC ID: 976050

100% Accurate

===============================================================================

PROVIDER: United Memorial Medical Center

THCIC ID: 030000

VLow Volume Sept and 3rdQ

===============================================================================

PROVIDER: Longview Laser and Surgery Center

THCIC ID: 975999

We only saw 1 patient in the month of July for the entire 3rd quarter.

===============================================================================

PROVIDER: Physicians Surgery Center Longview

THCIC ID: 806400

No claims available to correct.

===============================================================================

PROVIDER: Baylor Surgicare At Carrollton

THCIC ID: 791400


CERTIFIED


===============================================================================

PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800


AS IS.


===============================================================================

PROVIDER: WJ Mangold Memorial Hospital

THCIC ID: 010000


(Removed by THCIC) PT LEFT AMA ADDRESS WAS NOT OBTAINED


*Potential confidential information removed by THCIC.

===============================================================================

PROVIDER: Physicians Premier Leopard

THCIC ID: 975614


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: Physicians Premier Emergency Room Saratoga

THCIC ID: 975615

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: PRESTIGE ER-PLANO

THCIC ID: 975725

Q3 Data Submission and please review

================================================================================

PROVIDER: Prestige ER

THCIC ID: 975961

Q3 Data submission and please review

==============================================================================

PROVIDER: TMC Bonham Hospital

THCIC ID: 106001

Certified as accurate.

==============================================================================

PROVIDER: Big Bend Regional Medical Center

THCIC ID: 711900

"One account has PCN error-the nurse placed the cath

watched you tube videos and did not help resolve the issue"

==============================================================================

PROVIDER: Texas Orthopedic Surgery Center

THCIC ID: 784600

All errors have been corrected

==============================================================================

PROVIDER: New Braunfels Spine & Pain Surgery Center

THCIC ID: 975170


this report is ready for certification


===============================================================================

PROVIDER: VIP Surgical Center

THCIC ID: 975227


This report is ready for certification


===============================================================================

PROVIDER: Vivere Austin Surgery Center

THCIC ID: 973270


This report is ready for certification


===============================================================================

PROVIDER: North Austin Medical Center

THCIC ID: 829900


E-694 - Missing Physician 2 (ED Attending) First Name:  All claims reviewed to

the best of the facilities ability, NPI# for ER physician group correct as

entered or patient(s) left prior to physician evaluation

===============================================================================

PROVIDER: St Davids Hospital

THCIC ID: 035000

E-694 - Missing Physician 2 (ED Attending) First Name:  All claims reviewed to

the best of the facilities ability, NPI# for ER physician group correct as

entered or patient(s) left prior to physician evaluation;

===============================================================================

PROVIDER: Round Rock Medical Center

THCIC ID: 608000

E-694 - Missing Physician 2 (ED Attending) First Name:  All claims reviewed to

the best of the facilities ability, NPI# for ER physician group correct as

entered or patient(s) left prior to physician evaluation

===============================================================================

PROVIDER: St Davids South Austin Hospital

THCIC ID: 602000

E-691 Missing Physician 2 (ED Attending) Last Name:  All claims reviewed to the

best of the facilities ability, NPI# for ER physician group correct as entered

or patient(s) left prior to physician evaluation

E-694 - Missing Physician 2 (ED Attending) First Name:  All claims reviewed to

the best of the facilities ability, NPI# for ER physician group correct as

entered or patient(s) left prior to physician evaluation

================================================================================

PROVIDER: Eastland Memorial Hospital

THCIC ID: 222000

100% per thcic

================================================================================

PROVIDER: Surgery Center of Plano

THCIC ID: 284000

Q3

================================================================================

PROVIDER: Methodist Hospital Atascosa

THCIC ID: 975221

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: patient(s)

left prior to physician evaluation, or physician unknown. All errors have been

reviewed and corrected to the best of the facilities ability.

===============================================================================

PROVIDER: MCALLEN EMERGENCY ROOM

THCIC ID: 975903

Reviewed with Leadership - Approved

===============================================================================

PROVIDER: River Oaks Hospitals & Clinics

THCIC ID: 975414

TWO CLAIMS DO OT HVE STATES THEY ARE PAITIENTS THAT ARE FROM OUT OF THE COUNTRY

===============================================================================

PROVIDER: LAREDO EMERGENCY ROOM

THCIC ID: 975691

Reviewed with leadership and approved.

===============================================================================

PROVIDER: Amarillo Cataract & Eye Surgery Center

THCIC ID: 694600

QTR 3 Data Certification

===============================================================================

PROVIDER: Ambulatory Surgery Center of Killeen

THCIC ID: 974330

N/A- (Removed by THCIC), RN

*Potential confidential information removed by THCIC.

===============================================================================

PROVIDER: CLEAR CHOICE EMERGENCY ROOM

THCIC ID: 975690

We had a small website/technical issue when entering a patient state, and a

zipcode(s). Report otherwise accurate.

===============================================================================

PROVIDER: THE EMERGENCY ROOM AT KATY MAIN STREET

THCIC ID: 975684

Two claims in error invalid zip. We experienced web browser issues while

attempting to enter a couple zipcodes.

===============================================================================

PROVIDER: Medical City Surgery Center McKinney

THCIC ID: 802400

Q3

================================================================================

PROVIDER: Woodlands Specialty Hospital

THCIC ID: 974150

Certifying as is due to NPI errors

================================================================================

PROVIDER: North Central Baptist Hospital

THCIC ID: 677001

Facility certifies 3rd quarter 2022 OP.  12419 events.

================================================================================

PROVIDER: Hamilton General Hospital

THCIC ID: 640000

All charts checked for accuracy.

================================================================================

PROVIDER: West Houston Surgery Center

THCIC ID: 318002

NO COMMENTS

========================================================================

PROVIDER: Brownfield Regional Medical Center

THCIC ID: 078000


No address obtained due to patients condition


========================================================================

PROVIDER: Advanced Surgery Center of San Antonio

THCIC ID: 974520


Claims with invalid revenue codes were were billed on 1500 forms instead of UB

forms therefore, there is no billing code needed for these procedures


========================================================================

PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001


Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

3rd Qtr 2022 – Outpatient

Accuracy rate -  100%

No comments needed.


========================================================================

PROVIDER: Texas Health Hospital Mansfield

THCIC ID: 975870

corrected to best of my ability

===============================================================================

PROVIDER: ACPS Surgicentre

THCIC ID: 709100

Ready to certify

===============================================================================

PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

3rd Qtr 2022 Outpatient

Accuracy rate -  100%

No comments needed.

===============================================================================

PROVIDER: UT Health Cedar Creek Lake Emergency Center

THCIC ID: 975542

784 The Claim must contain at least one HCPCS code: No HCPC as left without

being seen

695: NPI System Issue

696: NPI system issue

================================================================================

PROVIDER: Texas Surgical Hospital

THCIC ID: 975785

Due to discrepancy with codes, there were errors.

================================================================================

PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general
acute care, 25-bed facility committed to providing quality inpatient and
outpatient services for residents of Caldwell and surrounding counties. Seton
Edgar B. Davis offers health education and wellness programs. In addition,
specialists offer a number of outpatient specialty clinics providing area
residents local access to the services of medical specialists. Seton Edgar B.
Davis is located at 130 Hays St. in Luling, Texas. This facility is designated
by the Center for Medicare & Medicaid Services as a Critical Access Hospital and
is fully accredited by the Joint Commission on Accreditation of Healthcare
Organizations under its Critical Access program. All physician license numbers
and names have been validated with the Physician and the Texas State Board of
Medical Examiner website as accurate but some remain unidentified in the THCIC
Practitioner Reference Files. These data are submitted by the hospital as their

best effort to meet statutory requirements. Zero errors on outpatient claims were unable to be corrected prior to certification.

==============================================================================

PROVIDER: LONESTAR 24 HR ER

THCIC ID: 975709

Admin error on a couple of these claims when entering charges into the billing software. A corrected claim has been submitted to the payer.
Diagnosis in the UB field in billing software was not updated to reflect the primary diagnosis on a couple of our claims. It was fixed during the clearinghouse scrub.
The physician's claim was billed with the next day's discharge and has been corrected and refiled to the payer.

==============================================================================

PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments needed

==============================================================================

PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000

Certifying with no known errors.

===============================================================================

PROVIDER: UT Health East Texas Tyler Regional Hospital

THCIC ID: 975299


Error 637 (2): Unknown SSN

Error 708 (1): Provider name mismatch (Initial)


===============================================================================

PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000


Data Content

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

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

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

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

Diagnosis and Procedures

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

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

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

The codes are assigned based on documentation in the patient's chart and are

used by hospitals for billing purposes. The hospital can code up to 99

diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or

radiological services but has limited the number of diagnoses and procedures to

the first 25 diagnoses codes and the first 25 procedure codes. As a result, the

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's 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: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

3rd Qtr 2022 – Outpatient

Accuracy rate - 100%

No comments needed.

===============================================================================

PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

Data Content

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

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

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

Diagnosis and Procedures

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

an accurate comparison of hospital or physician performance.

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

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

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

Length of Stay

The length of stay data element contained in the state's 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: McAllen Surgical Specialty Center

THCIC ID: 778200

Data not at 100% accurate as some patients reside outside the United States of America which system does not recognize as valid.

========================================================================

PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

INFORMATION IS VALID

========================================================================

PROVIDER: Medical City ER Saginaw

THCIC ID: 975565

INFORMATION IS VALID

========================================================================

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

3rd Qtr 2022 – Outpatient

Accuracy rate – 99.98  %

Errors from the 3rd Quarter FER reflect the following error codes E-672, E-736

and E-760.

Invalid Service Line Procedure Code, verified as reported in hospital system

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

==============================================================================

PROVIDER: Scott & White Pavilion

THCIC ID: 537002

Scott & White Pavilion

THCIC ID 537002

3rd Qtr 2022 Outpatient

Accuracy rate - 99.96%

Errors from the 3rd Quarter FER reflect the following error codes E-784.

Claims did not meet criteria for state reporting, i.e., required revenue code or

Procedure code, reported as posted.

Errors will stand "as reported".

==============================================================================

PROVIDER: Physicians Premier Emergency Room South Padre

THCIC ID: 975617

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: St Lukes Sugar Land Hospital

THCIC ID: 869700

Regarding the error for the following Error Code of:

1-Error Code:  E-767 Error Description:  Manifest diagnosis codes may not be

used as the Principal Diagnosis Code

Coding is correct based on the diagnosis/codes documented on the physician

order. Per CMS, we are not permitted to accept amended/late/updated orders after

service has been performed and therefore the original coding cannot be

corrected.  CMS References:

-	Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018,

Complying with Medicare Signature Requirements

-	Medicare Program Integrity Manual Chapter 3- Verifying Potential

Errors and Taking Corrective actions (Rev. 876, 04-12-19)

================================================================================

PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed

acute care facility located between Burnet and Marble Falls on Highway 281. The

hospital offers 24-hour emergency services, plus comprehensive diagnostic and

treatment services for residents in the surrounding area. Seton Highland Lakes

also offers home health and hospice services. For primary and preventive care,

Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a

clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the

county. This facility is designated by the Center for Medicare & Medicaid

Services as a Critical Access Hospital and is fully accredited by the Joint

Commission on Accreditation of Healthcare Organizations under its Critical

Access designation program. All physician license numbers and names have been

validated with the Physician and the Texas State Board of Medical Examiner

website as accurate but some remain unidentified in the THCIC Practitioner

Reference Files. These data are submitted by the hospital as their best effort

to meet statutory requirements.x1 error on outpatient claims were unable to be

corrected prior to certification. Error description #1- patient's Country was

due to incorrect information received.


===============================================================================

PROVIDER: Texas Health Willow Park

THCIC ID: 975496


Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit outpatient claims for patients that receive

outpatient surgical or radiological services, by quarter year, gathered from a

form called an UB92, in a standard government format called HCFA 837 EDI

electronic claim format.  Then the state specifications require additional data

elements to be included over and above that.  Adding those additional data

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

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

Diagnosis and Procedures

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

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

The data submitted matches the state's reporting requirements but may be

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

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

Length of Stay

The length of stay data element contained in the state's 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: Medical City Dallas Hospital

THCIC ID: 340000


INFORMATION IS VALID


=============================================================================

PROVIDER: Ascension Seton Hays

THCIC ID: 921000

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.[3] errors on [12853] outpatient claims (representing only [0.0001]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. E-627 Missing Patient Zip 1 error due to incorrect information received, E-628 Invalid Patient country 1 error due to missing information, E-629 Missing Patient country 1 error due to missing information.

================================================================================

PROVIDER: Good Shepherd Medical Center Northpark Emergency Department

THCIC ID: 975445

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: The Hospitals of Providence East Campus

THCIC ID: 865000

There were 2 cases related to Manifest code usages.  Thorough review and cases were accurately coded as is.

================================================================================

PROVIDER: PHYSICIANS PREMIER EMERGENCY ROOM

THCIC ID: 975729

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: University Medical Center

THCIC ID: 145000

Data represents information at the time of submission.  Subsequent changes may continue to occur which will not be reflected in this published dataset.  UMC works continually to minimize and rectify errors in our public reporting.

================================================================================

PROVIDER: Lakeline Emergency Center LLC

THCIC ID: 975608

missing ecode with e qualifiers, invalid e code

================================================================================

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300

Data Content

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

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

Diagnosis and Procedures

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes.  The hospital can code up to 99 diagnoses and 99 procedures for each patient record.  The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes.  As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's 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

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================================================================================

PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

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[3] errors on [4680] outpatient claims (representing only [0.0006]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. [E-663 Invalid Patient Zip] errors (3) were due to missing information; [error description #2] errors (#) were [error explanation from table]; and [error description #3] errors (#) were [error explanation from table].

===============================================================================

PROVIDER: Las Palmas Del Sol Healthcare-Horizon

THCIC ID: 975884

INFORMATION IS VALID

===============================================================================

PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

Data Content

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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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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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coded by the hospital using a universal standard called the International

Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

(CPT Codes).  This is mandated by the federal government.  The hospital complies

with the guidelines for assigning these diagnosis codes; however, this is often

driven by physician's subjective criteria for defining a diagnosis.  For

example, while one physician may diagnose a patient with anemia when the

patient's blood hemoglobin level falls below 9.5, another physician may not

diagnose the patient with anemia until their blood hemoglobin level is below

9.0.  In both situations, a diagnosis of anemia is correctly assigned, but the

criteria used by the physician to determine that diagnosis was different.  An

'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

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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

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cost to deliver the care that each patient needs.

================================================================================

PROVIDER: Medical Complex Surgery Center

THCIC ID: 918000

Errors corrected to the best of our ability at the time of certification.

================================================================================

PROVIDER: JPS Surgical Center-Arlington

THCIC ID: 153300

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

under the auspices of the Tarrant County Hospital District.  The JPS Health

Network is accredited by the Joint Commission. In addition, JPSH holds

Joint Commission accreditation as a hospital.

JPSH is the only Texas Department of Health certified Level I Trauma

Center in Tarrant County and includes the only psychiatric emergency center in

the county.  The hospital's services include intensive care for adults and

newborns, an AIDS treatment center, a full range of obstetrical and

gynecological services, adult inpatient care and an inpatient mental health treatment facility.

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

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

JPSH has confirmed that for errors related to "Other Procedure Date must be on or after the 3rd day before the Admission Date", patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed.

===============================================================================

PROVIDER: HCA Houston Healthcare Tomball

THCIC ID: 076000

Errors corrected to the best of our ability at the time of certification.

===============================================================================

PROVIDER: Medical City North Hills

THCIC ID: 437000

INFORMATION IS VALID

==============================================================================

PROVIDER: Ballinger Memorial Hospital District

THCIC ID: 234000

This file has two claims with the following errors:

- Patient Gender not consistent with Other Diagnosis – the claim was submitted with gender being female but the correct gender is male.

- Ecodes must be reported with the Ecode qualifier or in the Ecode section and not as Reason for Visit Diagnosis – the claim was submitted with reason for visit Y92009 and the correct reason for visit is S0990XA.

The errors have not been corrected because during the time of Q3-2022 submission/corrections BMHD was in transition from one data submitting organization back to their current submitting organization.  During this process, the errors were corrected with the current submitter but since they only got access to System13 after Q3-2022 correction cut-off they were unable to upload a corrected data file and the previous submitter also did not upload the corrected data.

==============================================================================

PROVIDER: Adventhealth Rollins Brook

THCIC ID: 397000

Corrected to best of my ability.

==============================================================================

PROVIDER: Medical City Arlington

THCIC ID: 502000

INFORMATION IS VALID

==============================================================================

PROVIDER: North Texas Medical Center

THCIC ID: 298000

The appropriate HCPCS codes were included in the accounts, and there was no

reason to make corrections.

==============================================================================

PROVIDER: PAM Specialty Hospital of Victoria North

THCIC ID: 848100

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

==============================================================================

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100

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===============================================================================

PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

Data Content

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Length of Stay

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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

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===============================================================================

PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco

THCIC ID: 975798


Baylor Scott & White Medical Center Orthopedic Surgery Center Waco

THCIC ID 975798

3rd Qtr 2022 – Outpatient

Accuracy rate - 100%

No comments needed.


===============================================================================

PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000


Baylor Scott & White Medical Center-Irving

THCIC ID 300000

3rd Qtr 2022 Outpatient

Accuracy rate – 99.99 %

Errors from the 3rd  Quarter FER reflect the following error codes E-673.

Invalid service line procedure code verified, reported as posted.

Errors will stand "as reported".


===============================================================================

PROVIDER: South Texas Surgical Hospital

THCIC ID: 931000

ALL CERTIFICATIONS REQUIREMENTS MET

================================================================================

PROVIDER: Total Care-Desoto

THCIC ID: 976030

We have recently become aware that our system did not pull the modifier data. We

are working on correcting this for future quarters.

================================================================================

PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

3rd Qtr 2022 – Outpatient

Accuracy rate -   100%

No comments needed.

================================================================================

PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth

THCIC ID: 363000

Baylor Scott and White All Saints Medical Center-Fort Worth

THCIC ID 363000

3rd Qtr 2022 Outpatient

Accuracy rate -   100%

No comments needed.


================================================================================

PROVIDER: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340


Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

3rd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.


================================================================================

PROVIDER: Del Sol Medical Center

THCIC ID: 319000


INFORMATION IS VALID


================================================================================

PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID: 974240


Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID 974240

2nd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

================================================================================

PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

Data Content

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================================================================================

PROVIDER: Knapp Medical Center

THCIC ID: 480000

2022 Q3 Outpatient Data

================================================================================

PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

Data Content

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form called an UB92, in a standard government format called HCFA 837 EDI

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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

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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.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient.  In other words, the state's data

file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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Length of Stay

The length of stay data element contained in the state's 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.

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===============================================================================

PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2022 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 THIRD QUARTER

2022.

There may be some encounters will have one of the following issues:

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

These are errors that are very difficult, if not impossible to correct as that

is how they are sent to the respective payers. This is especially true for

modifier errors related to transport (Rev Codes 0540 & 0545).  Per the following

website, these modifiers appear to be legitimate:

https://www.findacode.com/code-set.php?set=HCPCSMODA.

Additionally, there may be outpatient encounters where there is an invalid NPI

associated with the attending provider. These are most likely to be encounters

in the ED where a patient was seen by a nurse in triage and charges were

incurred but left without being seen by a physician or an advanced nurse

provider.

However, our overall accuracy rate is very high, so this will be a small

proportion of our encounters.

We will continue to work with the Revenue Cycle team to improve the accuracy of

the data elements going forward.

This will affect encounters for the THIRD QUARTER 2022.

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: St Joseph Medical Center

THCIC ID: 838600

St. Joseph Medical Center certify 3rd Quarter 2022 .  We have 100% accuracy rate for  Outpatient.

================================================================================

PROVIDER: University Medical Center of El Paso-Mesa

THCIC ID: 975868

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: PAM Rehab Hospital of Corpus Christi

THCIC ID: 975271

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same exact errors were again showing in the audit report provided by system 13.

=================================================================================

PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

E-604, E-625, & E-778, Coding has been verified as correct

=================================================================================

PROVIDER: UMC Northeast Emergency Department

THCIC ID: 975442

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==============================================================================

PROVIDER: Baylor Surgery Center of Waxahachie

THCIC ID: 973560

Baylor Surgery Center of Waxahachie

THCIC ID 973560

3rd Qtr 2022 Outpatient

Accuracy rate -  100%

No comments needed.

==============================================================================

PROVIDER: HCA Houston ER 24/7 Steepletop

THCIC ID: 975545

Errors corrected to the best of our ability at the time of certification.

==============================================================================

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

3rd Qtr 2022 Outpatient

Accuracy rate -  100%

No comments needed.

==============================================================================

PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

3rd Qtr 2022 – Outpatient

Accuracy rate -  100%

No comments needed.

==============================================================================

PROVIDER: North Cypress Medical Center ER - Fry Road Campus

THCIC ID: 975429

Corrections made to the best of our ability at the time of certification.

===============================================================================

PROVIDER: Baylor University Medical Center

THCIC ID: 331000


Baylor University Medical Center

THCIC ID 331000

3rd Qtr 2022 Outpatient

Accuracy rate - 99.99%

Errors from the 3rd Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".


===============================================================================

PROVIDER: Theda Oaks Gastroenterology & Endoscopy Center

THCIC ID: 803200


Our errors were not completed before the cut off date for corrections.


===============================================================================

PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940


Baylor Scott & White Medical Center Marble Falls

THCIC ID 974940

3rd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

==============================================================================

PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

Data Content

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Cost/ Revenue Codes

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==============================================================================

PROVIDER: Las Palmas Del Sol Healthcare-Northeast

THCIC ID: 975428

INFORMATION IS VALID

==============================================================================

PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

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: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

Data Content

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Race/Ethnicity

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===============================================================================

PROVIDER: Las Palmas Del Sol Emergency Center-Zaragoza

THCIC ID: 975508

INFORMATION IS VALID

===============================================================================

PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, women's diagnostics services including mammography and dexa, and onsite imaging (CT, X-ray, ultrasound) and laboratory services. 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 Zero errors on outpatient claims  were unable to be corrected prior

to certification.

================================================================================

PROVIDER: PAM Rehabilitation Hospital of Clear Lake

THCIC ID: 974530

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-795

error was again showing in the audit report provided by system 13.

================================================================================

PROVIDER: Texas Health Prosper

THCIC ID: 975562

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==============================================================================

PROVIDER: University Medical Center of El Paso-Alameda

THCIC ID: 263000

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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================================================================================

PROVIDER: Baylor Scott & White The Heart Hospital Plano

THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

3rd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

================================================================================

PROVIDER: The Center for Sight

THCIC ID: 272000

One date of birth was incorrect.  We do not perform surgery on minors.

================================================================================

PROVIDER: Dodson Surgery Center

THCIC ID: 970400

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2022

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 THIRD QUARTER 2022.

There may be some encounters will have one of the following issues:

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for modifier errors related to transport (Rev Codes 0540 & 0545).  Per the following website, these modifiers appear to be legitimate:

https://www.findacode.com/code-set.php?set=HCPCSMODA.

Additionally, there may be outpatient encounters where there is an invalid NPI associated with the attending provider. These are most likely to be encounters in the ED where a patient was seen by a nurse in triage and charges were incurred but left without being seen by a physician or an advanced nurse provider.

However, our overall accuracy rate is very high, so this will be a small proportion of our encounters.

We will continue to work with the Revenue Cycle team to improve the accuracy of the data elements going forward.

This will affect encounters for the THIRD QUARTER 2022.

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: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI

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

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

Diagnosis and Procedures

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

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

obtain accurate information regarding things such as complication rates.

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

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

Length of Stay

The length of stay data element contained in the state's 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: Rio Grande Regional Hospital 24 Hour Emergency Care San Juan

THCIC ID: 975518

3Q2022 data contains six errors in patient ssn field and six errors in Physician 2 name match field. The error has been identified and corrected.

================================================================================

PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's

hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured

children requiring intensive resources which increase the hospital's costs of

care, lengths of stay and mortality rates. In addition, the hospital includes a

Neonatal Intensive Care Unit (NICU) which serves very seriously ill infants,

which substantially increases costs of care, lengths of stay and mortality rates

.All physician license numbers and names have been validated with the Physician

and the Texas 5State 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.x2

errors on outpatient claims  were unable to be corrected prior to certification.

The primary resources with user permissions that can technically resolve the

data errors do not have the expertise to resolve all errors; and in some cases

the errors are not resolvable. Error description #1 Zip code errors was  due to

incorrect information received.  Error description #2 was the attending

practitioner's name was missing.

================================================================================

PROVIDER: Total Care-Fort Worth

THCIC ID: 975959

We have recently become aware that our system did not pull the modifier data. We

are working on correcting this for future quarters.

====================================================================================

PROVIDER: PAM Specialty Hospital of Luling

THCIC ID: 848200

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

====================================================================================

PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

As the public teaching hospital in Austin and Travis County, Dell Seton Medical

Center at The University of Texas (DSMCUT) serves patients who are often unable

to access primary care. It is more likely that these patients will present in

the later more complex stage of their disease. It is also a regional referral

center, receiving patient transfers from hospitals not able to serve a complex

mix of patients. Treatment of these very complex, seriously ill patients

increases the hospital's cost of care, length of stay and mortality rates. As

the Regional Level I Trauma Center, DSMCUT serves severely injured patients.

Lengths of stay and mortality rates are most appropriately compared to other

trauma centers. All physician license numbers and names have been validated with

the Physician and the Texas State Board of Medical Examiner website as accurate

but some remain unidentified in the THCIC Practitioner Reference Files. These

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

requirements.x4 errors on outpatient claims were unable to be corrected prior to

certification. Error description #1 & #2 were the  Attending Practitioner had

missing information and missing NPI.

================================================================================

PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000


certified

================================================================================

PROVIDER: John Peter Smith Hospital

THCIC ID: 409000


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

under the auspices of the Tarrant County Hospital District.  The JPS Health

Network is accredited by the Joint Commission. In addition, JPSH holds

Joint Commission accreditation as a hospital.

JPSH is the only Texas Department of Health certified Level I Trauma

Center in Tarrant County and includes the only psychiatric emergency center in

the county.  The hospital's services include intensive care for adults and

newborns, an AIDS treatment center, a full range of obstetrical and

gynecological services, adult inpatient care and an inpatient mental health

treatment facility.

JPSH is a major teaching hospital offering, or providing through co-operative

arrangements, postdoctoral training in orthopedics, obstetrics and gynecology,

psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine,

podiatry and pharmacy. The family medicine residency is the largest

hospital-based family medicine residency program in the nation.

In addition to JPSH, the JPS Health Network operates community health

centers located in medically underserved areas of Tarrant County; school-based

health clinics; outpatient programs for pregnant women, behavioral health and

cancer patients; and a wide range of wellness education programs.

JPSH has confirmed that for errors related to "Other Procedure Date must be on

or after the 3rd day before the Admission Date", patient was in observation

status at the time of the procedure. Procedure date and time are accurate based

on when the procedure was completed.


================================================================================

PROVIDER: Baylor St Lukes Emergency Center Holcombe

THCIC ID: 975481


Regarding the errors for the following Error Codes of:

1 E-671 Invalid Revenue Code

2 E-672 Invalid Service Line Procedure Code

1 E-784 The Claim must contain at least one HCPCS code

The claim is was submitted in error and the facility will be taking measures to

ensure it will be pulled from the submission file.


================================================================================

PROVIDER: Northwest Texas Hospital

THCIC ID: 318000


1600 claim correction have to do with physician name

(Removed by THCIC)

(Removed by THCIC)

(Removed by THCIC)


*Potential confidential information removed by THCIC.

================================================================================

PROVIDER: Rio Grande Regional Hospital Emergency Care-Edinburg

THCIC ID: 975516


3Q2022 contained three errors on patient ssn field. The cause of the error has

been identified and corrected.




================================================================================

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200


Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit outpatient claims for patients that receive

outpatient surgical or radiological services, by quarter year, gathered from a

form called an UB92, in a standard government format called HCFA 837 EDI

electronic claim format.  Then the state specifications require additional data

elements to be included over and above that.  Adding those additional data

places programming burdens on the hospital since it is 'over and above' the

actual hospital billing process. Errors can occur due to this additional

programming, but the public should not conclude that billing data sent to our

payers is inaccurate. These errors have been corrected to the best of our

knowledge.

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

===============================================================================

PROVIDER: Texas Health Burleson

THCIC ID: 975460

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.

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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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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 Hospitals of Providence Transmountain Campus

THCIC ID: 975188

No comments needed

========================================================================

PROVIDER: Humble Vascular Surgical Center

THCIC ID: 975278

There were multiple claims that a a Revenue or HCPCS code that were not

recognized as acceptable codes within the claims.  The codes being G2170 and 36836 that are Endovascular AVF Ellipsys creations, Peritoneal Dialysis catheter codes 49400,74190,49418,76998; Surgical codes for AVF creations, revisions, transpositions and graft placement, 36825, 36830, 36832, 36821, 36833, 36904, 37607, 36820, 35903, 35903, 36838 DRIL, 36832 Aneurysm/Excision.   These codes were used in cases and were not recognized by HCPCS as a usable code.  These procedures are fairly new to our facility and have no other codes to use for billing purposes.

================================================================================

PROVIDER: Hunt Regional Emergency Medical Center of Commerce

THCIC ID: 975525

1) Error 626, 627, 629, 725, & 729 - Not documented on claim and is true to the EHR.

================================================================================

PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

Data Content

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

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obtain accurate information regarding things such as complication rates.

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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.

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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: Cedar Park Emergency Center

THCIC ID: 975607

missing diagnosis code

===============================================================================

PROVIDER: Coryell Memorial Hospital

THCIC ID: 346000

Coryell Health continues to have discrepancies in the number of outpatient

encounters provided to STAR (5425) and the number report by THCIC (4637).

================================================================================

PROVIDER: Total Care-Cedar Hill

THCIC ID: 976027

We have recently become aware that our system did not pull the modifier data. We

are working on correcting this for future quarters.

================================================================================

PROVIDER: Azura Surgical Center Houston

THCIC ID: 975262

All errors have been checked

================================================================================

PROVIDER: Baylor Scott & White The Heart Hospital Denton

THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton

THCIC ID 208100

3rd Qtr 2022 Outpatient

Accuracy rate -  99.85%

Errors from the 3rd Quarter FER reflect the following error codes E-784.

Claims did not meet criteria for state reporting, i.e., required revenue code or

Procedure code, reported as posted.

Errors will stand "as reported".

================================================================================

PROVIDER: Ascension Seton Northwest

THCIC ID: 797600

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.x8

errors on outpatient claims were unable to be corrected prior to certification.

Error description #1 were Attending Practitioner missing information.

================================================================================

PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

2 cases indicating that procedure date coded incorrectly when in fact it was

correct.  Patients were changed from OP status to an IP status resulting in date

change.

================================================================================

PROVIDER: East Houston Medical Center

THCIC ID: 976067


we missed the data correction due to the load of work, will complete the next

data.


================================================================================

PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center

THCIC ID: 118000


Regarding the 6 Errors for the following Error Codes of:

Error Code:  E-767  Error Description:  Manifest diagnosis codes may not be used

as the Principal Diagnosis Code

Error Code: E-769 Error Message: Manifest diagnosis codes may not be used as the

Reason for Visit Code

Coding is correct based on the diagnosis/codes documented on the physician

order. Per CMS, we are not permitted to accept amended/late/updated orders after

service has been performed and therefore the original coding cannot be

corrected.  CMS References:

-        Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018,

Complying with Medicare Signature Requirements

-        Medicare Program Integrity Manual Chapter 3- Verifying Potential

Errors and Taking Corrective actions (Rev. 876, 04-12-19)



================================================================================

PROVIDER: Center Emergency Department

THCIC ID: 975509

data certified with missing HCPCS code on account.

================================================================================

PROVIDER: Rio Grande Regional Hospital 24 Hour Emergency Care McAllen/Mission

THCIC ID: 975517

3Q2022 data contains two errors on physician 2 name match and four on patient

ssn field. The cause of the error has been identified and corrected.

================================================================================

PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

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.10

errors on 8693 outpatient claims (representing only [0.16]% of claims) were

unable to be corrected prior to certification. The primary resources with user

permissions that can technically resolve the data errors do not have the

expertise to resolve all errors; and in some cases the errors are not

resolvable. Patient Country errors (2) were Country errors were due to missing

information; Patient Zip Code errors (2) were Zip code errors were due to

incorrect information received

==============================================================================

PROVIDER: Warm Springs Rehab Hospital-San Antonio

THCIC ID: 844600

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-697,

E-672, E785, E-697 errors were again showing in the audit report provided by

system 13.

==============================================================================

PROVIDER: Paris Regional Medical Center North Campus

THCIC ID: 095003

16 errors unable to correct

- invalid state - no ID given, unable to determine

- invalid ZIP - no ID given, unable to determine

- Missing Physician Qualifier, first name, Identifier - patient LWOT no provider

information to attach

==============================================================================

PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

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

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

Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

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

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

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

Length of Stay

The length of stay data element contained in the state's 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: Baylor Scott & White Medical Center Lake Pointe

THCIC ID: 975286


Baylor Scott & White Medical Center Lake Point

THCIC ID 975286

3rd Qtr 2022 Outpatient

Accuracy rate -  99.64%

Errors from the 3rd Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

==============================================================================

PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

This is being certified by National IT and not the local market.

==============================================================================

PROVIDER: St Lukes Hospital at the Vintage

THCIC ID: 740000

Regarding the error for the following Error Code of:

1-Error Code:  E-767 Error Description:  Manifest diagnosis codes may not be

used as the Principal Diagnosis Code

Coding is correct based on the diagnosis/codes documented on the physician

order. Per CMS, we are not permitted to accept amended/late/updated orders after

service has been performed and therefore the original coding cannot be

corrected.  CMS References:

-        Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018,

Complying with Medicare Signature Requirements

- Medicare Program Integrity Manual Chapter 3- Verifying Potential

Errors and Taking Corrective actions (Rev. 876, 04-12-19)

================================================================================

PROVIDER: UMC East Emergency Department

THCIC ID: 975441

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: Northwest Hills Surgical Hospital

THCIC ID: 794000

NWHSH Q4 2022 certification. No errors in data set.

================================================================================

PROVIDER: Physicians Surgical Hospitals - Plum Creek

THCIC ID: 852900

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.

No errors detected on the certification report.

================================================================================

PROVIDER: Las Palmas Del Sol Emergency Center-West

THCIC ID: 975427

INFORMATION IS VALID

================================================================================

PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

Data Content

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

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

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

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

Diagnosis and Procedures

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

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

developed an infection during their hospitalization.  This makes it difficult to

obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be

incomplete due to a limitation on the number of diagnoses and procedures the

state allows us to include for each patient.  In other words, the state's data

file may not fully represent all diagnoses treated by the hospital or all

procedures performed, which can alter the true picture of a patient's

hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are

used by hospitals for billing purposes.  The hospital can code up to 99

diagnoses and 99 procedures for each patient record.  The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or

radiological services but has limited the number of diagnoses and procedures to

the first 25 diagnoses codes and the first 25 procedure codes.  As a result, the

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's 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: Life Savers Emergency Room-Shepherd

THCIC ID: 975665

Dear THCIC Support Dept,

This is with regards to the error accuracy for Q3 2022 data, currently we have an accuracy of 99%, our team confirmed that original the claim that we submitted

on 11/29/2022 was uploaded with ethnicity as type 2 which is valid and correct as per our knowledge, but it looks like it was changed later. We request you to kindly over look this one error and process the Q3 data without any fines or penalties.

================================================================================

PROVIDER: OSD Surgery Center

THCIC ID: 972920

One Error is in regards to a Zip Code being invalid.  Verified in system Zip Code is valid.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

================================================================================

PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

No Comments

================================================================================

PROVIDER: Medical City Plano

THCIC ID: 214000

NO PHYSICIAN NAMED IN RECORD

==============================================================================

PROVIDER: UT Health East Texas Quitman Hospital

THCIC ID: 975298


Error # 637 (1): System Error


==============================================================================

PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000


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 Scott & White Hospital-Brenham

THCIC ID: 066000


Baylor Scott & White Hospital-Brenham

THCIC ID 066000

3rd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

===============================================================================

PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000


The following comments reflect concerns, errors, or limitations of discharge

data for THCIC mandatory reporting requirements as of April 14, 2023.  If any

errors are discovered in our data after this point, we will be unable to

communicate these due to THCIC rules.  This data is administrative data, which

hospitals collect for billing purposes, and not clinical data, from which you

can make judgments about patient care.

Submission Timing

To meet the State's submission deadline, approximately 30 days following the

close of the calendar year quarter, we submit a snapshot of billed claims,

extracted from our database.  Any discharged patient encounters not billed by

this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

The data submitted matches the state's reporting requirements but may be

incomplete due to a limitation on the number of diagnoses and procedures the

state allows us to include for each patient.  In other words, the state's data

file may not fully represent all diagnoses treated by the hospital or all

procedures performed which can alter the true picture of a patient's

hospitalization, sometimes significantly.

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

hospital using ICD-10-CM effective 10-1-2015 and CPT.  This is mandated by the

federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are

used by hospitals for billing purposes.  The hospital can code as many as 25

diagnoses and 25 procedures for each patient record.  One limitation of using

the ICD-10-CM and CPT is that there does not exist a code for every possible

diagnosis and procedure due to the continued evolution of medicine; new codes

are added yearly as coding manuals are updated.

There is no mechanism provided in the reporting process to factor in DNR (Do Not

Resuscitate) patients.  Any mortalities occurring to a DNR patient are not

recognized separately; therefore, mortality ratios may be accurate for reporting

standards but overstated.

Given the current certification software, due to hospital volumes, it is not

feasible to perform encounter level audits and edits.  To meet the state's

mandates to submit hospital Outpatient visits with specific procedures, Texas

Health Huguley underwent a major program conversion to the HCFA 837 EDI

electronic claim format.

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

the above.

===============================================================================

PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

3rd Qtr 2022 Outpatient

Accuracy rate -  100%

No comments needed.

===============================================================================

PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit outpatient claims for patients that receive

outpatient surgical or radiological services, by quarter year, gathered from a

form called an UB92, in a standard government format called HCFA 837 EDI

electronic claim format.  Then the state specifications require additional data

elements to be included over and above that.  Adding those additional data

places programming burdens on the hospital since it is 'over and above' the

actual hospital billing process. Errors can occur due to this additional

programming, but the public should not conclude that billing data sent to our

payers is inaccurate. These errors have been corrected to the best of our

knowledge.

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

not included in the data submission. This represents a rare event that is less

than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International

Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

(CPT Codes).  This is mandated by the federal government.  The hospital complies

with the guidelines for assigning these diagnosis codes; however, this is often

driven by physician's subjective criteria for defining a diagnosis.  For

example, while one physician may diagnose a patient with anemia when the

patient's blood hemoglobin level falls below 9.5, another physician may not

diagnose the patient with anemia until their blood hemoglobin level is below

9.0.  In both situations, a diagnosis of anemia is correctly assigned, but the

criteria used by the physician to determine that diagnosis was different.  An

'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the

patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always

possible to determine if the patient had an infection prior to admission or

developed an infection during their hospitalization.  This makes it difficult to

obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be

incomplete due to a limitation on the number of diagnoses and procedures the

state allows us to include for each patient.  In other words, the state's data

file may not fully represent all diagnoses treated by the hospital or all

procedures performed, which can alter the true picture of a patient's

hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are

used by hospitals for billing purposes.  The hospital can code up to 99

diagnoses and 99 procedures for each patient record.  The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or

radiological services but has limited the number of diagnoses and procedures to

the first 25 diagnoses codes and the first 25 procedure codes.  As a result, the

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's 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: Medical City ER Grand Prairie

THCIC ID: 975541

INFORMATION IS VALID PER CODING

===============================================================================

PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

3rd Qtr 2022 – Outpatient

Accuracy rate -  99.98%

Errors from the 3rd Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.

===============================================================================

PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID: 975384

Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID 975384

3rd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

===============================================================================

PROVIDER: Midland Memorial Hospital

THCIC ID: 452000

1 claim contains invalid zip code and state

===============================================================================

PROVIDER: Total Care - Frisco

THCIC ID: 976054

We have recently become aware that our system did not pull the modifier data. We

are working on correcting this for future quarters.

===============================================================================

PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

3rd Qtr 2022 Outpatient

Accuracy rate -   100%

No comments needed.

========================================================================

PROVIDER: BSA Hospital

THCIC ID: 001000


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 Scott & White Medical Center McKinney

THCIC ID: 971900


Baylor Scott & White Medical Center McKinney

THCIC ID 971900

3rd Qtr 2022 Outpatient

Accuracy rate -  99.98%

Errors from the 3rd Quarter FER reflect the following error codes E-672, E-736

and E-760.

Invalid Service Line Procedure Code, verified as reported in hospital system

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

==============================================================================

PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385


Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

3rd Qtr 2022 – Outpatient

Accuracy rate - 100%

No comments needed.


==============================================================================

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800


Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit outpatient claims for patients that receive

outpatient surgical or radiological services, by quarter year, gathered from a

form called an UB92, in a standard government format called HCFA 837 EDI

electronic claim format.  Then the state specifications require additional data

elements to be included over and above that.  Adding those additional data

places programming burdens on the hospital since it is 'over and above' the

actual hospital billing process. Errors can occur due to this additional

programming, but the public should not conclude that billing data sent to our

payers is inaccurate. These errors have been corrected to the best of our knowledge.

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

Diagnosis and Procedures

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

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

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

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

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

Length of Stay

The length of stay data element contained in the state's 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: Central Park Surgery Center-Austin

THCIC ID: 712100

There is no errors for the data.  Certified

=================================================================================

PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500

Texas Health Care Information Collection THCIC

3Q2022 Certification of Data

Your facility, THCIC Id 971500, has completed the certification of their

Outpatient 3Q2022 data.

Thank you.

The following comments reflect concerns, errors, or limitations of discharge

data for THCIC mandatory reporting requirements. If any errors are discovered in

our data after this point, we will be unable to communicate these due to THCIC.

This data is administrative data, which hospitals collect for billing purposes,

and not clinical data, from which you can make judgments about patient care.

Submission Timing The state provides 60 days following the close of the calendar

quarter, we submit a snapshot of billed claims, extracted from our database. Any

discharged patient encounters not billed by this cut-off date will not be

included in the quarterly submission file sent in. Diagnosis and Procedures The

data submitted matches the state's reporting requirements but may be incomplete

due to a limitation on the number of diagnoses and procedures the state allows

us to include for each patient. In other words, the state's data file may not

fully represent all diagnoses treated by the hospital or all procedures

performed which can alter the true picture of a patient's hospitalization,

sometimes significantly. Patient diagnoses and procedures for a particular

hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and

CPT. This is mandated by the federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are

used by hospitals for billing purposes. The hospital can code as many as 25

diagnoses and 25 procedures for each patient record. One limitation of using the

ICD-10-CM and CPT is that there does not exist a code for every possible

diagnosis and procedure due to the continued evolution of medicine; new codes

are added yearly as coding manuals are updated. There is no mechanism provided

in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any

mortalities occurring to a DNR patient are not recognized separately; therefore,

mortality ratios may be accurate for reporting standards but overstated. Given

the current certification software, due to hospital volumes, it is not feasible

to perform encounter level audits and edits. To meet the state's mandates to

submit hospital Outpatient visits with specific procedures, the facility

underwent a major program conversion to the HCFA 837 EDI electronic claim

format. The quarterly data from Q3 2022, to the best of our knowledge, is

accurate and complete given the above.


================================================================================

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275


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: Ascension Seton Smithville

THCIC ID: 424500


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 x20 errors on  outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Error description #1 Attending Practitioners errors were due to missing information.

================================================================================

PROVIDER: North Cypress Medical Center, a campus of Kingwood Medical Center

THCIC ID: 975341

Corrections made to the best of our ability at the time of certification.

================================================================================

PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

3rd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

================================================================================

PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000

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.50 errors on 14883 outpatient claims representing only 0.003% of claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. E-627 Missing Patient Zip 1 error due to incorrect information received, E-628 Invalid Patient country 1 error due to missing information, E-637 Invalid Patient SSN 12 errors due to SSN errors were due to incomplete or inaccurate information entered

============================================================================

PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321

Corrections made to the best of our ability at the time of certification.

================================================================================

PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000


This is being certified by National IT and not the local market.


================================================================================

PROVIDER: Christus Good Shepherd Emergency Department Kilgore

THCIC ID: 975444


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: Texas Health Hospital Clearfork

THCIC ID: 975167


Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

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

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

Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the

patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always

possible to determine if the patient had an infection prior to admission or

developed an infection during their hospitalization.  This makes it difficult to

obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be

incomplete due to a limitation on the number of diagnoses and procedures the

state allows us to include for each patient.  In other words, the state's data

file may not fully represent all diagnoses treated by the hospital or all

procedures performed, which can alter the true picture of a patient's

hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are

used by hospitals for billing purposes.  The hospital can code up to 99

diagnoses and 99 procedures for each patient record.  The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or

radiological services but has limited the number of diagnoses and procedures to

the first 25 diagnoses codes and the first 25 procedure codes.  As a result, the

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's 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: GEORGETOWN FAMILY EMERGENCY CENTER

THCIC ID: 975654

Invalid Service Line Procedure Code

Reason for Visit code invalid, incorrect use of E Code

Missing Reason for Visit Code

===============================================================================

PROVIDER: Outpatient Surgisite

THCIC ID: 173001

Certifying with 1 Error.

===============================================================================

PROVIDER: The Hospitals of Providence Emergency Room Edgemere

THCIC ID: 975511

No comments needed

===============================================================================

PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

3rd Qtr 2022 – Outpatient

Accuracy rate - 100%

No comments needed.

===============================================================================

PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000


No comments needed




===============================================================================

PROVIDER: Family First ER Baytown

THCIC ID: 975939


Patient did not have active insurance




===============================================================================

PROVIDER: Total Care-Weatherford

THCIC ID: 975960


We have recently become aware that our system did not pull the modifier data. We

are working on correcting this for future quarters.




===============================================================================

PROVIDER: HCA Houston Healthcare Northwest

THCIC ID: 229000


All errors were corrected to the best of the facility's ability.

==============================================================================

PROVIDER: HCA Houston Healthcare West

THCIC ID: 337001

There is two questionable modifiers as errors and they are correct.

==============================================================================

PROVIDER: Physicians Surgical Hospitals - 9th Street

THCIC ID: 852901

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.

No errors detected on the certification report.

==============================================================================

PROVIDER: Medical Arts Hospital

THCIC ID: 341000

Due to the sheer volume of the data and with limited resources within the

hospital, I cannot properly analyze the data with 100% accuracy. But at this

time, we will elect to certify the data.

================================================================

PROVIDER: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

3rd Qtr 2022 Outpatient

Accuracy rate – 99.96%

Errors from the 3rd Quarter FER reflect the following error codes E-637, E-655,

E-736, E-757 and E-760.

Invalid ssn, reported as posted.

Invalid point of origin reported as posted.

Missing first name, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

October 2022 - It was brought to our attention of a discrepancy that

approximately >10% claims had not been submitted to THCIC.  Upon investigation,

the issue was identified and was corrected.  From this date forward, the

additional claims will be included. Thanks

================================================================

PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

Certification Summary has been reviewed.

================================================================================

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas

THCIC ID: 813100

The Q3 2022 OP All Data/information in these files contain accurate data in

areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain

duplicates/missing claims but the file was reviewed and all corrections made

================================================================================

PROVIDER: Adventhealth Central Texas

THCIC ID: 397001

corrected to the best of my ability.

================================================================================

PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit outpatient claims for patients that receive

outpatient surgical or radiological services, by quarter year, gathered from a

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

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

Diagnosis and Procedures

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

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

developed an infection during their hospitalization.  This makes it difficult to

obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be

incomplete due to a limitation on the number of diagnoses and procedures the

state allows us to include for each patient.  In other words, the state's data

file may not fully represent all diagnoses treated by the hospital or all

procedures performed, which can alter the true picture of a patient's

hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are

used by hospitals for billing purposes.  The hospital can code up to 99

diagnoses and 99 procedures for each patient record.  The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or

radiological services but has limited the number of diagnoses and procedures to

the first 25 diagnoses codes and the first 25 procedure codes.  As a result, the

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's 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: Harlingen Medical Center
THCIC ID: 788002

2022 Q3 2022 Outpatient Data

================================================================================

PROVIDER: Laredo Medical Center

THCIC ID: 207001

Diagnosis in Claim not coded as of claim corrections.

Physician provider name does not match Provider name in NPI Registry in some

claims.

================================================================================

PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit outpatient claims for patients that receive

outpatient surgical or radiological services, by quarter year, gathered from a

form called an UB92, in a standard government format called HCFA 837 EDI

electronic claim format.  Then the state specifications require additional data

elements to be included over and above that.  Adding those additional data

places programming burdens on the hospital since it is 'over and above' the

actual hospital billing process. Errors can occur due to this additional

programming, but the public should not conclude that billing data sent to our

payers is inaccurate. These errors have been corrected to the best of our

knowledge.

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

not included in the data submission. This represents a rare event that is less

than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes.  The hospital can code up to 99

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

Length of Stay

The length of stay data element contained in the state's 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: Medical City Alliance

THCIC ID: 974490

INFORMATION IS VALID

================================================================================

PROVIDER: North Cypress Medical Center ER - Willowbrook

THCIC ID: 975431

Corrections made to the best of our ability at the time of certification.

================================================================================

PROVIDER: Baylor St Lukes Medical Center McNair Campus

THCIC ID: 975365

Regarding the errors for the following Error Codes of:

2-Error Code:  E-767  Error Description:  Manifest diagnosis codes may not be

used as the Principal Diagnosis Code

2-Error Code: E-769 Error Message: Manifest diagnosis codes may not be used as

the Reason for Visit Code

Coding is correct based on the diagnosis/codes documented on the physician

order. Per CMS, we are not permitted to accept amended/late/updated orders after

service has been performed and therefore the original coding cannot be

corrected.  CMS References:

-        Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018,

Complying with Medicare Signature Requirements

-        Medicare Program Integrity Manual Chapter 3- Verifying Potential

Errors and Taking Corrective actions (Rev. 876, 04-12-19)

===============================================================================

PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

3rd Qtr 2022 Outpatient

Accuracy rate -  100%

No comments needed.

===============================================================================

PROVIDER: Brushy Creek Family Hospital

THCIC ID: 975417


missing zip

invalid pt country code

missing e code with e code qualifiers


================================================================================

PROVIDER: Resolute Baptist Hospital

THCIC ID: 973850


99% accuracy. errors were only for missing demographic information .


================================================================================

PROVIDER: Baylor Scott & White Emergency Center - Wylie

THCIC ID: 975576


Baylor Scott & White Emergency Center – Wylie

THCIC ID: 975576

3rd Qtr 2022 – Outpatient

Accuracy rate -  100%

No comments needed.


================================================================================

PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000

This is being certified by National IT and not the local market.

================================================================================

PROVIDER: Physicians Premier Emergency Room Staples

THCIC ID: 975616

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: Huebner Ambulatory Surgery Center

THCIC ID: 975211

certifying without comments.

================================================================================

PROVIDER: Total Care Garland

THCIC ID: 976074

We have recently become aware that our system did not pull the modifier data. We

are working on correcting this for future quarters.

========================================================================

PROVIDER: North Cypress Emergency Room-Town Lake Campus

THCIC ID: 975430

Corrections made to the best of our ability at the time of certification.

========================================================================

PROVIDER: Hunt Regional Emergency Medical Center at Quinlan

THCIC ID: 975563

1) Error 626, 627, 629, 725 and 729 - Not documented on claim and is true to the

EHR.

2) Error 784 - HCPCS codes not populating as these are not chargeable items, so

not claim was dropped.

========================================================================

PROVIDER: Medical City ER White Settlement

THCIC ID: 975538

INFORMATION IS VALID

========================================================================

PROVIDER: Texas Surgical Center

THCIC ID: 800100

certifying with known errors; two errors in SSN and two errors related to gender
inconsistent to diagnosis.

==============================================================================

PROVIDER: Hunt Regional Medical Center Greenville
THCIC ID: 085000

1) Error 618 - the procedure data for the patient being 3 days before the
admission date is true to the EHR.
2) Error 784 - HCPCS codes not populating as these are not chargeable items, so
no claim was dropped.

==============================================================================

PROVIDER: Dallas Medical Center
THCIC ID: 449000

Certify 3Q 2022 outpt

==============================================================================

PROVIDER: Baylor Scott & White Emergency Center - Forney
THCIC ID: 975537

Baylor Scott & White Medical Center- Forney
THCIC ID 975537

3rd Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

========================================================================

PROVIDER: Martin County Hospital District

THCIC ID: 388000


This data is correct to the best of my knowledge as of this date of

certification.  I had trouble with one correction and never could get it fixed.

It was the control number which is the account number on our side. The charges

were correct.