General Comments on 3rd Quarter 2020 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.

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PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
QUARTER: 3
YEAR: 2020

Certified With Comments

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

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PROVIDER: Matagorda Regional Medical Center

THCIC ID: 006000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

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PROVIDER: United Memorial Medical Center
THCIC ID: 030000
QUARTER: 3
YEAR: 2020

Certified With Comments

Syed

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PROVIDER: St Davids Hospital
THCIC ID: 035000
QUARTER: 3
YEAR: 2020

Certified With Comments

Texas Health Care Information Collection
THCIC
3Q2020 Data Set
The above listed data set is ready for certification.

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PROVIDER: Baylor Scott & White Medical Center Taylor
THCIC ID: 044000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Taylor
THCIC ID 044000
3rd Qtr 2020 – Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 3
YEAR: 2020

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of April 15, 2021. 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 States 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 no 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 a ICD-10-CM effective 10-1-2015. 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 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.

We have identified a mapping issue in our program regarding a couple of payer classes, Medicare and Medicare Risk HMO. The issue has been corrected by our corporate team but due to time constraints on reporting we were unable to resubmit the corrected file before this certification.

Physician

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

Due to hospital volumes, it is not feasible to perform encounter level audits and edits. All known errors have been corrected to the best of our knowledge. Within the constraints of the current THCIC process, the data is certified to the best of our knowledge as accurate and complete given the above comments.

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PROVIDER: Baylor Scott & White Hospital-Brenham
THCIC ID: 066000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital-Brenham
THCIC ID 066000
3rd Qtr 2020 Inpatient
Accuracy rate – 99.76%
Error from the 3rd Quarter FER reflect the following error code E-618.
Principal procedure date verified in hospital system as reported.
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.
Error will stand as reported.

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PROVIDER: HCA Houston Healthcare Tomball
THCIC ID: 076000
QUARTER: 3
YEAR: 2020

Certified With Comments

Corrected to the best of our ability at the time of certification.

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PROVIDER: Montgomery County Mental Health Treatment Facility
THCIC ID: 100087
QUARTER: 3
YEAR: 2020

Certified With Comments

A 100% of MCMHTF inpatient clients (54) Point of Origin (Admission Source) was Court or Law Enforcement.

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PROVIDER: TMC Bonham Hospital
THCIC ID: 106001
QUARTER: 3
YEAR: 2020

Certified With Comments

Certified as accurate.

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PROVIDER: Baptist Medical Center
THCIC ID: 114001
QUARTER: 3
YEAR: 2020

Certified With Comments

I Raymond Beltran (DRA) on behalf of Steven Dorris (CFO) for Baptist Medical Center.

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PROVIDER: PAM Specialty Hospital of New Braunfels
THCIC ID: 124100
QUARTER: 3
YEAR: 2020

Certified With Comments

Due to unforeseen system issues the corrections on the NPI updates on the Operating Physician etc either were not accepted or did not save.

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PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
QUARTER: 3
YEAR: 2020

Certified With Comments

No comments.

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PROVIDER: Northeast Baptist Hospital
THCIC ID: 134001
QUARTER: 3
YEAR: 2020

Certified With Comments

I Jessica Branham, Director of Revenue is Certifying for CFO - Christina Dimambro.

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PROVIDER: Wadley Regional Medical Center
THCIC ID: 144000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity of data elements, such as system mapping and normal clerical error. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care. Therefore, data should be cautiously used to evaluate health care quality and outcomes.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 3
YEAR: 2020

Certified With Comments

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.

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PROVIDER: Methodist Hospital
THCIC ID: 154000
QUARTER: 3
YEAR: 2020

Certified With Comments

- NPI/Provider name match; correct as entered. NPI name match unable to correct due to double name or hyphenated name.
- Missing Patient First Name – unable able to obtain as patient came in unidentified
- Missing patient country/gender/race/SSN/address – unable to identify based off of patient admission, patient did not provide or chose not to provide information
- Newborn dates: newborns transfer from other hospitals, correct as entered

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PROVIDER: Methodist Specialty & Transplant Hospital
THCIC ID: 154001
QUARTER: 3
YEAR: 2020

Certified With Comments

All errors were reviewed and corrected 1 - invalid zip code.
Unable to correct 6 errors with other procedure date than 3 days before admission or statement thru date are correct. UB04 is correct per entries in medical record.
Unable to correct 3 errors with principal procedure date than 3 days before admit date or after statement thru date are correct. UB04 is correct per entries in medical record
Operating and Attending Practitioner names and identifier errors are correct per system database.
Per coding admitting diagnosis are correct on 4 errors that reflect manifest codes as admit dx.

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PROVIDER: Northeast Methodist Hospital
THCIC ID: 154002
QUARTER: 3
YEAR: 2020

Certified With Comments

E-637 SSN not available; E-657 ZIP can not validate the address provided; E-691& E-694 system would not accept the practitioner first or last name; E-617 & E-618 procedure date is as stated; E-670 Revenue code not provided; E-767 & E-768 no other codes available

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PROVIDER: Methodist Texsan Hospital
THCIC ID: 154003
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Unable to correct 3 errors with other procedure date earlier than 3 days before admission date or after statement thru date.
Per coding summary 2 errors on principal procedure date earlier than 3 days before admit date or after statement thru date are correct.
Unable to correct per system database 30 errors including invalid operating practitioner identifier, attending practitioner name, and operating practitioner name.
Per coding system 1 invalid POA value is correct.

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PROVIDER: Guadalupe Regional Medical Center
THCIC ID: 155000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

We are electing to certify this data. We understand that data is at 99% compliance. We have received additional information to ensure subsequent quarters are at 100%

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PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignments of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations or circumstances outside of daily operations. Race and ethnicity may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that charges are not

equal to actual payments received by the facility or facility costs for performing the service. Most errors corrected were for social security numbers, incorrect patient country code and admission types. Those not corrected were for total charges not equal to service charges, admitting diagnosis code missing and revenue procedure code invalid. These were not within bandwidth or resources to correct and were minimal. Corrections have been completed to the best of my ability.

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PROVIDER: Medical Center Hospital
THCIC ID: 181000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

a few encounters have residents as attending

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source.

Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health HEB recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Baylor Scott & White Hospital College Station
THCIC ID: 206100
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital College Station
THCIC ID 206100
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Laredo Medical Center
THCIC ID: 207001
QUARTER: 3
YEAR: 2020

Certified With Comments

We had some claims that were not coded completely due to missing information. Clinic that has several Physicians and NPs does not accept the name of the clinic so we are working on fixing that.
We also had a few diagnosis that were not accepted erroneous groups.

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PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Denton
THCIC ID 208100
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Medical City Plano
THCIC ID: 214000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Eastland Memorial Hospital
THCIC ID: 222000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Certifying with known practitioner identifier and name issues

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect

premature and sick babies mixed in with the normal newborn data. Texas Health Fort Worth recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Medical City-McKinney
THCIC ID: 246000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Stephenville recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.
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The 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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========

PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 3
YEAR: 2020

Certified With Comments

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

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PROVIDER: The Hospitals of Providence Sierra Campus
THCIC ID: 266000
QUARTER: 3
YEAR: 2020

Certified With Comments

No comments

==========
PROVIDER: Metropolitan Methodist Hospital
THCIC ID: 283000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

E-617, Count 2, Other Procedure Date earlier than three days before Admission Date or after Statement Thru Date; dates were correct
E-618, Count 1, Principal Procedure Date earlier than 3 days before Admit Date or after Statement Thru Date; dates were correct
E-624, Count 5, Invalid Condition Code; condition codes reviewed; correct as stated
E-638, Count 1, Missing Patient Medical Record Number; account number is correct
W-650, Count 2, Date of Birth not = Admission Date and Admission Type = Newborn; date correct
E-652, Count 2, Admission Type = Newborn and Principal Diagnosis Not = Newborn; date correct
W-653, Count 2, Patient Birth Date Not = Admission Date and (Principal Diagnosis = Newborn or Admission Type = Newborn); dates correct
E-655, Count 1, Invalid Point of Origin (Admission Source); reviewed as correct
W-696, Count 9, Invalid Operating Practitioner Name Match; NPI is correct
E-697, Count 1, Missing Claim Filing Indicator Code for Subscriber; reviewed and correct
E-768, Count 1, Manifest diagnosis codes may not be used as the Admitting Diagnosis Code; diagnosis stands as written

==========
PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Waxahachie
THCIC ID 285000
3rd Qtr 2020 – Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going

forward.

==========
PROVIDER: Hamilton Hospital
THCIC ID: 294000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Error report shows SSN not valid on patients claim. Patients refused to give SSN or did not have a SSN to give. I also had set these up to not pull as a zero but the data still pulled as a zero. NO SSN were given or patients did not have a SSN to give.

==========
PROVIDER: North Texas Medical Center
THCIC ID: 298000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

It was only 2 errors reported.
1. Admission Source-breakdown in communication between clinical and admission staff on the transferring patient's location on admission.
2. Zip Code-patient presented and unable to provide demographic information including City/State/zip code.

==========
PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Irving
THCIC ID 300000
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========
PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Kaufman recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========
PROVIDER: Valley Baptist Medical Center-Brownsville
THCIC ID: 314001
QUARTER: 3
YEAR: 2020

Certified With Comments

Certify as is please.

==========
PROVIDER: Del Sol Medical Center
THCIC ID: 319000
QUARTER: 3
YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all

procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the changes are not equal to or actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been corrected to the best of my ability and resources.

==========

PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Cleburne recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========

PROVIDER: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor University Medical Center
THCIC ID 331000
3rd Qtr 2020 Inpatient
Accuracy rate – 99.97%
Error from the 3rd Quarter FER reflect the following error code E-618.
Principal procedure date verified in hospital system as reported.
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be

made at the state level due to time restraints. Error has been corrected going forward.
Error will stand as reported.

==========
PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2020 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 OF 2020.
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 OF 2020
Patient charges that were accrued before admit or after discharge were systematically excluded from the database. This can happen when a patient is pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are

discharged. Therefore, the charges for many patient encounters are under reported.
The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single 'operating physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.
Furthermore, the data structure established by THCIC allows for a limited number of diagnoses and procedures. Patients with more than the limit for diagnoses or procedures will be missing information from the database. This is especially true in complex cases where a patient has multiple major illnesses and multiple surgeries over an extended stay.

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PROVIDER: Medical City Denton
THCIC ID: 336001
 QUARTER: 3
    YEAR: 2020

Certified With Comments

VALID

==========
PROVIDER: Medical City Dallas Hospital
THCIC ID: 340000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

VALID

==========
PROVIDER: Medical Arts Hospital
THCIC ID: 341000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

hospital, I cannot properly analyze the data with 100% accuracy. But at this time we will elect to certify the data.

==========

PROVIDER: Coryell Memorial Hospital
THCIC ID: 346000
QUARTER: 3
YEAR: 2020

Certified With Comments

Coryell Health had 172 inpatient discharges in the third quarter of 2020.

==========

PROVIDER: Nocona General Hospital
THCIC ID: 348000
QUARTER: 3
YEAR: 2020

Certified With Comments

I missed the deadline for corrections due to the heavy workload at our facility with COVID. I work in a small hospital and we wear many hats. I apologize for the errors but I cannot correct them and cannot afford to pay to have regeneration of the data. 98% will be the final outcome. Next quarter I promise this will not happen again.

==========

PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID 363000
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========

PROVIDER: Muenster Memorial Hospital
THCIC ID: 365000
QUARTER: 3
YEAR: 2020

Certified With Comments

on error Code E-648, admitting diagnosis is the same as the problem diagnosis.
Unable to add claim as this is already closed for certification.

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PROVIDER: Mission Regional Medical Center
THCIC ID: 370000
QUARTER: 3
YEAR: 2020

Certified With Comments

Certifying with minimal errors

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PROVIDER: Martin County Hospital District
THCIC ID: 388000
QUARTER: 3
YEAR: 2020

Certified With Comments

Education was done on any errors that we had

==========

PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
QUARTER: 3
YEAR: 2020

Certified With Comments

reviewed data and all files updated with no errors.
Certified

==========

PROVIDER: Medical City Lewisville

THCIC ID: 394000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

VALID

==========

PROVIDER: Adventhealth Rollins Brook
THCIC ID: 397000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Corrected to the best of my ability.

==========

PROVIDER: Adventhealth Central Texas
THCIC ID: 397001
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Content corrected to the best of my ability.

==========

PROVIDER: Valley Baptist Medical Center
THCIC ID: 400000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Certify as is please.

==========

PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital.
JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a 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.

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

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.

Admit Source data for Normal Newborn

When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Arlington Memorial Hospital recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========

PROVIDER: Ascension Seton Smithville
THCIC ID: 424500
QUARTER: 3
YEAR: 2020

Certified With Comments

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

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PROVIDER: El Campo Memorial Hospital
THCIC ID: 426000
QUARTER: 3
YEAR: 2020

Certified With Comments

There were 20 claims in error with 19 of these for SSN missing. Due to a new system used by our provider, THA, a technical issue caused this batch to be released prior to corrections being made. Our facility chooses NOT to correct these errors being that the SSN being changed from 000000000 to 999999999 will not affect the statistical data.

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PROVIDER: Throckmorton County Memorial Hospital
THCIC ID: 428000
QUARTER: 3
YEAR: 2020

Certified With Comments

The errors are demographic errors such as SSN#s that were not able to be obtained. They have also been corrected internally prior to this certification.

==========

PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

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.

Admit Source data for Normal Newborn

When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Dallas recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========
PROVIDER: Medical City North Hills
THCIC ID: 437000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

VALID

==========
PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
 QUARTER: 3
    YEAR: 2020

Certified With Comments

E-617 & E-618 Unable to resolve, procedure dates are correct

==========
PROVIDER: Dallas Medical Center
THCIC ID: 449000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Certify 3Q 2020 inpt

==========

PROVIDER: Midland Memorial Hospital
THCIC ID: 452000
QUARTER: 3
YEAR: 2020

Certified With Comments

One claim contained a “Patient Gender not consistent with… Diagnosis” was identified. The gender error was corrected in System 13 before the corrections period expired, but is still considered as error from our initial upload.

==========

PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 3
YEAR: 2020

Certified With Comments

The DeTar Healthcare System has reviewed their Q3 2020 Inpatient data for state reporting. The hospital's data accuracy rate is 99.85%. There were only 3 counts of error remaining following correction of data due to: missing principal diagnosis, missing admitting diagnosis and manifest diagnosis codes may not be used as the admitting diagnosis code.

==========

PROVIDER: DeTar Hospital-North
THCIC ID: 453001
QUARTER: 3
YEAR: 2020

Certified With Comments

The DeTar Healthcare System has reviewed Q3 2020 Inpatient data for state reporting. The hospital's data accuracy rate is 99.85%. There were only 5 counts of error remaining following the correction of data due to: a missing admitting diagnosis, an invalid attending practitioner qualifier, a missing attending physician identifier, a missing attending practitioner last name and a missing attending physician first name.

==========

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

YEAR: 2020

Certified With Comments

Data Content
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The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
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The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

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If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Azle recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

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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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Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========
PROVIDER: Baylor Scott & White Medical Center Llano
THCIC ID: 476000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Llano
THCIC ID 476000
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
There were not claims for September 2020 for Llano Inpatient.

==========
PROVIDER: Medical City Fort Worth
THCIC ID: 477000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Memorial Medical Center
THCIC ID: 487000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

we have corrected these to the best of our ability

==========
PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

==========
PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Seton Medical Center Austin has a transplant program and Neonatal Intensive Care Unit (NICU). Hospitals with transplant programs generally serve a more seriously ill patient, increasing costs and mortality rates. The NICU serves very seriously ill infants substantially increasing cost, lengths of stay and mortality rates. As a regional referral center and tertiary care hospital for cardiac and critical care services, Seton Medical Center Austin receives numerous transfers from hospitals not able to serve a more complex mix of patients. This increased patient complexity may lead to longer lengths of stay, higher costs and increased mortality.
All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory requirements.

==========
PROVIDER: Medical City Arlington
THCIC ID: 502000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

VALID

==========
PROVIDER: St Lukes Baptist Hospital
THCIC ID: 503001
 QUARTER: 3
    YEAR: 2020

Certified With Comments

I hereby certify the 2020 3rd Quarter Inpatient Encounters (3539) for Geoff Vines, St. Luke's Chief Financial Officer. ~Felicia A Rodriguez, Director of Revenue Analysis, (210) 297-5350~

==========
PROVIDER: Baylor Scott & White Medical Center Hillcrest
THCIC ID: 506001
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
3rd Qtr 2020 – Inpatient
Accuracy rate – 99.97%
Error from the 3rd Quarter FER reflects the following error code E-617.
Other procedure date verified in hospital system as reported.
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.
Error will stand as reported.

==========
PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========

PROVIDER: Baylor Scott & White Medical Center Temple
THCIC ID: 537000
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Temple
THCIC ID 537000
3rd Qtr 2020 – Inpatient
Accuracy rate – 99.8%
Errors from the 3rd Quarter FER reflect the following error codes E-617 and E-618.
Other and Principal procedure dates verified in hospital system as reported.
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.
Error will stand as reported.

==========

PROVIDER: Baylor Scott & White McLane Childrens Medical Center
THCIC ID: 537006
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center
THCIC ID 537006
3rd Qtr 2020 – Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========
PROVIDER: Bush Renner
THCIC ID: 549001
 QUARTER: 3
    YEAR: 2020

Certified With Comments

A duplicate diagnosis appears on one claim due to an error in merging a replacement claim.

==========
PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.
All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory requirements.

==========
PROVIDER: Tyler County Hospital
THCIC ID: 569000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

"Due to COVID-19 staffing, not all social security corrections were made."

==========
PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

==========
PROVIDER: St Davids South Austin Hospital
THCIC ID: 602000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Efforts were made to correct all errors.

==========
PROVIDER: Round Rock Medical Center
THCIC ID: 608000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

All errors have been reviewed and corrected to the best of the facility’s ability.

==========
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An ‘apples to apples’ comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
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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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
Length of Stay
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Admit Source data for Normal Newborn
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If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Southwest recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

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Discharge Disposition
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==========
PROVIDER: Encompass Health Rehab Hospital San Antonio
THCIC ID: 636000
QUARTER: 3
YEAR: 2020

Certified With Comments

14 errors (social security numbers) were inadvertently not corrected this quarter. The result is a 95% accuracy of data.

==========
PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data certified as complete and accurate with all information available at time of reporting.

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PROVIDER: Kindred Hospital-San Antonio
THCIC ID: 645000
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 163 records are correctly reported as Elective. Ernestine Marsh Kindred Healthcare

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PROVIDER: Texas Health Specialty Hospital-Fort Worth
THCIC ID: 652000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
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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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect

premature and sick babies mixed in with the normal newborn data. Texas Health Specialty Hospital recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
QUARTER: 3
YEAR: 2020

Certified With Comments

E-617 & E-618 Unable to resolve, procedure dates are correct

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PROVIDER: Kindred Hospital-Mansfield
THCIC ID: 657000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 84 records are correctly reported as Elective. Ernestine Marsh Kindred Healthcare

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PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Plano recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: HCA Houston Healthcare Kingwood
THCIC ID: 675000
QUARTER: 3
YEAR: 2020

Certified With Comments

Unable to correct remaining errors for invalid SSN and invalid attending practitioner name match

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PROVIDER: Kindred Hospital-Houston Medical Center
THCIC ID: 676000
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 255 records are correctly reported as Elective. Ernestine Marsh Kindred Healthcare

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PROVIDER: North Central Baptist Hospital
THCIC ID: 677001
QUARTER: 3
YEAR: 2020

Certified With Comments

I hereby certify 3rd quarter 2020 IP. 4799 encounters. On behalf of Steven Beckman, CFO at North Central Baptist Hospital. Christy Augustine, Director Revenue Analysis at North Central Baptist Hospital.

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PROVIDER: Kindred Hospital-Tarrant County
THCIC ID: 690000
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized

admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 108 records are correctly reported as Elective.
Ernestine Marsh Kindred Healthcare

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PROVIDER: Encompass Health Rehab Hospital The Mid-Cities
THCIC ID: 700003
QUARTER: 3
YEAR: 2020

Certified With Comments

True and accurate to the best of my knowledge.

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PROVIDER: Kindred Hospital Houston NW
THCIC ID: 706000
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 147 records are correctly reported as Elective.
Ernestine Marsh Kindred Healthcare

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PROVIDER: Texas Health Seay Behavioral Health Hospital
THCIC ID: 720000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker

patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Seay Behavioral Center recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.

Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 217 records are correctly reported as Elective. Ernestine Marsh Kindred Healthcare

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PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate

whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Kindred Hospital El Paso

THCIC ID: 727100
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 138 records are correctly reported as Elective. Ernestine Marsh Kindred Healthcare

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PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD 10 CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health

Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Medical City Green Oaks Hospital
THCIC ID: 766000
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

PROVIDER: Texas Health Springwood Behavioral Health Hospital
THCIC ID: 778000
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.
Admit Source data for Normal Newborn
When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.
If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Springwood recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.
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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========
PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID 784400
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========
PROVIDER: Baylor Scott & White Medical Center-Frisco
THCIC ID: 787400
QUARTER: 3
YEAR: 2020

Certified With Comments

We didn't realize correction must take place before certification and thought

they could be made at the time of certification. Our error rate is .09 Future corrections are being made now prior to certification.

==========

PROVIDER: Harlingen Medical Center
THCIC ID: 788002
 QUARTER: 3
    YEAR: 2020

Certified With Comments

No comments

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PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 219 records are correctly reported.
Ernestine Marsh

==========

PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

==========

PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
QUARTER: 3
YEAR: 2020

Certified With Comments

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

==========

PROVIDER: Kindred Hospital Tarrant County Fort Worth SW
THCIC ID: 800000
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 215 records are correctly reported as Elective.
Ernestine Marsh Kindred Healthcare

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PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 3
YEAR: 2020

Certified With Comments

Procedure dates error due to EMR

==========

PROVIDER: Baylor Scott & White Surgical Hospital-Fort Worth
THCIC ID: 804500

 QUARTER: 3
    YEAR: 2020

Certified With Comments

Error noted: Duplicate E-Codes; Invalid POA values

==========
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
 QUARTER: 3
    YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

==========
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
 QUARTER: 3
    YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

==========
PROVIDER: Medical City Las Colinas
THCIC ID: 814000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

VALID

==========
PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Plano
THCIC ID 814001
3rd Qtr 2020 – Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

==========

PROVIDER: Allegiance Behavioral Health Center-Plainview
THCIC ID: 816001
QUARTER: 3
YEAR: 2020

Certified With Comments

The claim errors have been corrected in our system and education has taken place on proper submission and verification process.

==========

PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 3
YEAR: 2020

Certified With Comments

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

encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each

severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

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.

Admit Source data for Normal Newborn

When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Denton recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

==========
PROVIDER: St Marks Medical Center
THCIC ID: 823400
QUARTER: 3
YEAR: 2020

Certified With Comments

Certified/Submitted with all available information

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PROVIDER: Laredo Specialty Hospital
THCIC ID: 836300
QUARTER: 3
YEAR: 2020

Certified With Comments

The Admissions/Intake Specialists at Laredo Specialty Hospital have reviewed & discussed the errors in our entry of patient information. Upon evaluation, it became evident that the extent of our deficiencies is in the area of obtaining and follow-up data entry of patients’ social security identification number. The other errors that we noted were incorrect entry of or no entry for “payor”, when these were identified as Charity cases for our hospital & COVID-19 waiver patients whose payor information was entered in as a blank. Staff has been educated & reminded of the importance of complete entry of patient demographics and protected health information. At this time we will continue to monitor and oversee the entry of information to limit or eliminate future errors from occurring.

==========
PROVIDER: St Joseph Medical Center
THCIC ID: 838600
QUARTER: 3
YEAR: 2020

Certified With Comments

We have 100% compliance for Inpatient.

==========

PROVIDER: Solara Specialty Hospitals Harlingen
THCIC ID: 840700
 QUARTER: 3
    YEAR: 2020

Certified With Comments

missed correcting data by accident

==========

PROVIDER: El Paso LTAC Hospital
THCIC ID: 841300
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Certify.   No Errors found for 2020 3rd Quarter Inpatient Encounters.

==========

PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Plano
THCIC ID 844000
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========

PROVIDER: Solara Specialty Hospitals Harlingen Brownsville
THCIC ID: 847500

 QUARTER: 3
    YEAR: 2020

Certified With Comments

missed error correction by accident

==========
PROVIDER: Baylor Scott & White Continuing Care Hospital
THCIC ID: 850300
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Continuing Care Hospital
THCIC ID 850300
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves very
seriously ill infants, which substantially increases costs of care, lengths of stay and mortality rates.
All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory requirements.

==========

PROVIDER: Baylor Scott & White Medical Center Round Rock
THCIC ID: 852600
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Round Rock
THCIC ID 852600
3rd Qtr 2020 – Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========

PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
QUARTER: 3
YEAR: 2020

Certified With Comments

Certifying with no errors

==========

PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
QUARTER: 3
YEAR: 2020

Certified With Comments

Certifying with no errors

==========

PROVIDER: Central Texas Rehab Hospital
THCIC ID: 854400
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a Rehabilitation hospital that provides an Rehab hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; and sub-acute. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 194 encounters are reported accurate.
Ernestine Marsh
Kindred Hospital Southeast District

==========

PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

==========

PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
QUARTER: 3
YEAR: 2020

Certified With Comments

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

==========

PROVIDER: Carrus Specialty Hospital
THCIC ID: 864600
QUARTER: 3
YEAR: 2020

Certified With Comments

Claim error is due to patient not having a social security number.

==========
PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

No comments

==========
PROVIDER: Methodist Stone Oak Hospital
THCIC ID: 874100
 QUARTER: 3
    YEAR: 2020

Certified With Comments

SSN: patients do not have a SSN
Admission type for Newborn is correct
Physician NPI numbers have been corrected to match NPI Registry
Date of birth for newborn is correct
Diagnosis codes are correct as documented

==========
PROVIDER: Kindred Hospital Dallas Central
THCIC ID: 914000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 161 records are correctly reported.
Ernestine Marsh

==========
PROVIDER: Ascension Seton Hays
THCIC ID: 921000

QUARTER: 3
YEAR: 2020

Certified With Comments

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

==========

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 3
YEAR: 2020

Certified With Comments

The Q3 2020 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. file has been reviewed.

==========

PROVIDER: Encompass Health Rehab Hospital Sugar Land
THCIC ID: 969000
QUARTER: 3
YEAR: 2020

Certified With Comments

All information entered concurred with what we had in our system.

==========

PROVIDER: Encompass Health Rehab Hospital The Vintage
THCIC ID: 970600
QUARTER: 3
YEAR: 2020

Certified With Comments

NPI numbers have been verified via NPPES NPI Registry
SSN numbers missing could not be obtained

==========

PROVIDER: Seton Medical Center Harker Heights
THCIC ID: 971000
 QUARTER: 3
    YEAR: 2020

Certified With Comments

I wish to certify the 2020 3rd quarter inpatient data as is. It is correct to the best of my knowledge. I wish to certify this report.

==========
PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center McKinney
THCIC ID 971900
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.
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.

Admit Source data for Normal Newborn

When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Alliance recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive

Director.

==========
PROVIDER: Oceans Behavioral Hospital Abilene
THCIC ID: 973240
 QUARTER: 3
    YEAR: 2020

Elected Not to Certify

Errors with submission.

==========
PROVIDER: Dallas Behavioral Healthcare Hospital
THCIC ID: 973400
 QUARTER: 3
    YEAR: 2020

Certified With Comments

The claims with errors were in the hospital less than 24 hours but do not have charges attached to them however the claims remained on the report because I was unaware of how to remove them at that time.

==========
PROVIDER: Mesa Springs
THCIC ID: 973430
 QUARTER: 3
    YEAR: 2020

Certified With Comments

The 4th Qtr. 2020 data for ethnicity is incorrect. We are working on our system to be able to accurately report this statistic.

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PROVIDER: HCA Houston Healthcare Pearland
THCIC ID: 974390
 QUARTER: 3
    YEAR: 2020

Certified With Comments

There is one account with an error due to System13 not recognizing the LifeGift

{organ donation)physician.

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PROVIDER: Medical City Alliance
THCIC ID: 974490
QUARTER: 3
YEAR: 2020

Certified With Comments

ALL INFORMATION AND DATA IS ACCURATE

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PROVIDER: Texas Rehab Hospital of Arlington
THCIC ID: 974730
QUARTER: 3
YEAR: 2020

Certified With Comments

List of errors:
Data missing patient race and ethnicity
Data missing patient SS#
Data missing code for subscriber
Transition of contact and responsible party for this data; this has been updated in order to avoid errors in the future

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PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Marble Falls
THCIC ID 974940
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: JPS Health Network - Trinity Springs North
THCIC ID: 975121
QUARTER: 3
YEAR: 2020

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital.
JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a 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.

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PROVIDER: Medical City Frisco
THCIC ID: 975139
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Saint Camillus Medical Center
THCIC ID: 975154
QUARTER: 3

YEAR: 2020

Certified With Comments

61 counts of Invalid POA because Meditech codes E for exemption on codes that do not incur charges. All codes with and E are Y-yes present on admission
1 count of invalid point of origin- unknown cause
Deadline was missed due to covid/staffing turnovers

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PROVIDER: Kindred Hospital San Antonio Central
THCIC ID: 975155
QUARTER: 3
YEAR: 2020

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 111 records are correctly reported.
Ernestine Marsh

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PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lakeway
THCIC ID 975165
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 3
YEAR: 2020

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

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.

Admit Source data for Normal Newborn

When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Clearfork recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.
Discharge Disposition
THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188
 QUARTER: 3
    YEAR: 2020

Certified With Comments

No comments

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PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
 QUARTER: 3
    YEAR: 2020

Certified With Comments

As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease.
It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates.
As the Regional Level I Trauma Center, DSMCUT serves severely injured patients.

Lengths of stay and mortality rates are most appropriately compared to other trauma centers.
All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.
These data are submitted by the hospital as their best effort to meet statutory requirements.

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PROVIDER: Medical City Weatherford
THCIC ID: 975241
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: CHRISTUS Dubuis Hospital Beaumont
THCIC ID: 975255
QUARTER: 3
YEAR: 2020

Certified With Comments

No changes, certified as accurate.

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PROVIDER: Baylor Scott & White Medical Center Centennial
THCIC ID: 975285
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Centennial
THCIC ID 975285
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

==========
PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: UT Health East Texas Carthage Hospital
THCIC ID: 975294
 QUARTER: 3
    YEAR: 2020

Certified With Comments

No Errors

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PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295
 QUARTER: 3
    YEAR: 2020

Certified With Comments

No errors

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PROVIDER: UT Health East Pittsburg Hospital
THCIC ID: 975297
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Due to unanticipated changes in leadership and dedicated resources, the operationalization of our corrective action plan was delayed. As a result, we were unable to submit the necessary error corrections by the due date. As an aside, our records demonstrate that the majority of the error codes were attributed to a zero dollar [$0] charge code assigned to patient accounts for lack of semi-private rooms; the facilities impacted only have private rooms.

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PROVIDER: UT Health East Texas Quitman Hospital
THCIC ID: 975298
QUARTER: 3
YEAR: 2020

Certified With Comments

Due to unanticipated changes in leadership and dedicated resources, the operationalization of our corrective action plan was delayed. As a result, we were unable to submit the necessary error corrections by the due date. As an aside, our records demonstrate that the majority of the error codes were attributed to a zero dollar [$0] charge code assigned to patient accounts for lack of semi-private rooms; the facilities impacted only have private rooms.

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PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299
QUARTER: 3
YEAR: 2020

Certified With Comments

Trauma patient did not allow for accurate capture of patient identification information.

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PROVIDER: HCA Houston Healthcare North Cypress
THCIC ID: 975321
QUARTER: 3
YEAR: 2020

Certified With Comments

Data has been corrected to the best of our ability at the time of certification.

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PROVIDER: Baylor Scott & White Medical Center Pflugerville
THCIC ID: 975340
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Pflugerville
THCIC ID 975340
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Baylor Scott & White The Heart Hospital McKinney
THCIC ID: 975385
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital McKinney
THCIC ID 975385
3rd Qtr 2020 – Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Baylor Scott & White Medical Center Buda
THCIC ID: 975391
QUARTER: 3
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Buda
THCIC ID 975391
3rd Qtr 2020 Inpatient
Accuracy rate – 100%

An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: Medical City Heart & Spine Hospitals
THCIC ID: 975407
QUARTER: 3
YEAR: 2020

Certified With Comments

VALID

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PROVIDER: Legent Orthopedic Hospital
THCIC ID: 975413
QUARTER: 3
YEAR: 2020

Certified With Comments

The following errors were not corrected:
Invalid Revenue Code, Invalid Attending Practitioner Name Match, and Invalid Operating Practitioner Name Match.
My calendar was marked for February 2, 2021.

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PROVIDER: Valley Baptist Micro-Hospital Weslaco
THCIC ID: 975415
QUARTER: 3
YEAR: 2020

Certified With Comments

Certify as is please.

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PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
QUARTER: 3
YEAR: 2020

Certified With Comments

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, womens 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

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PROVIDER: United Memorial Medical Center Sugar Land Hospital
THCIC ID: 975780
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Syed

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PROVIDER: Texas Health Hospital Frisco
THCIC ID: 975783
 QUARTER: 3
    YEAR: 2020

Certified With Comments

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

Admit Source data for Normal Newborn

When the Admit type is equal to ‘newborn’, the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to ‘normal delivery’ as the admission source. Therefore, admission source does not always give an accurate picture.

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Race/Ethnicity

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Cost/ Revenue Codes

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Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to “home” as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive

Director.

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PROVIDER: Baylor Scott & White Medical Center Austin
THCIC ID: 975789
 QUARTER: 3
    YEAR: 2020

Certified With Comments

Baylor Scott and White Medical Center Austin
THCIC ID 975789
3rd Qtr 2020 Inpatient
Accuracy rate – 100%
An insurance payer mapping issue was discovered recently which caused Medicare counts to be out of sync for the month of September. Corrections unable to be made at the state level due to time restraints. Error has been corrected going forward.

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PROVIDER: The Hospitals of Providence Spine & Pain Management Center
THCIC ID: 975803
 QUARTER: 3
    YEAR: 2020

Certified With Comments

No comments

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PROVIDER: Carrollton Regional Medical Center
THCIC ID: 975813
 QUARTER: 3
    YEAR: 2020

Certified With Comments

We have verified and corrected the accounts to the best of our ability. We have migrated to a new EMR and no longer have access to the previous systems owned by Baylor Scott and White.

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PROVIDER: Methodist Hospital Stone Oak Rehab Center
THCIC ID: 975881

QUARTER: 3
YEAR: 2020

Certified With Comments

No errors on report