

General Comments on 4th Quarter 2021 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 selfpay 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: Surgery Center of Plano

THCIC ID: 284000

Q4

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PROVIDER: Park Central Surgical Center

THCIC ID: 217001

Q4

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PROVIDER: Surgcenter of Plano

THCIC ID: 974000

Certification Summary and FER report Reviewed - Verified No errors present

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PROVIDER: United Memorial Medical Center

THCIC ID: 030000

Certification

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PROVIDER: United Memorial Medical Center North Hospital

THCIC ID: 975402

Certified

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PROVIDER: United Memorial Medical Center Sugar Land Hospital

THCIC ID: 975780

Certified

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PROVIDER: Palestine Regional Medical Center

THCIC ID: 629001

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PROVIDER: TMC Bonham Hospital

THCIC ID: 106001

Certified as accurate

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PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery

THCIC ID: 975318

certified

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PROVIDER: SIGNATURECARE EMERGENCY CENTER - CYPRESS - 1960
THCIC ID: 975675

4th Quarter numbers are elevated due to late 3rd quarter submission

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PROVIDER: Adventhealth Central Texas
THCIC ID: 397001

Corrected to the best of my ability.

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PROVIDER: North Pines Surgery Center
THCIC ID: 975117

We did have errors that were corrected when we previously certified this period.

Looks good after double checking. Thank you!

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PROVIDER: Texas Surgical Hospital

THCIC ID: 975785

outpatient

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PROVIDER: Memorial Hermann Surgery Center Southwest

THCIC ID: 839400

missed correction deadline, invalid ss#

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PROVIDER: Hamilton General Hospital

THCIC ID: 640000

All data reviewed for accuracy 6/30/22.

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PROVIDER: Cataract & Surgical Center of Lubbock

THCIC ID: 786400

3 patients refused to give information on or their full SSN so we could correct

SSN and the 999-99-9999 was not used.

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PROVIDER: Texas Health Orthopedic Surgery Center Heritage

THCIC ID: 975328

Certified

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PROVIDER: Baptist St Anthonys Hospital

THCIC ID: 001000

This data is submitted in an effort to meet statutory requirements.

Conclusions

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines

prevent inclusion of all applicable cases therefore this represents

administrative claims data at the time of preset deadlines. Diagnostic and

procedural data may be incomplete due to data field limitations. Data should be

cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Stonegate Surgery Center

THCIC ID: 838500

904 cases corrected

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PROVIDER: PRESTIGE ER-PLANO

THCIC ID: 975725

Please check the attached Q4, 2021 Data

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PROVIDER: Prestige ER

THCIC ID: 975961

Please find the attached Q4, 2021 Data

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PROVIDER: VIP Surgical Center

THCIC ID: 975227

this batch is ready for certification

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PROVIDER: Kindred Hospital Houston NW

THCIC ID: 706000

Kindred Hospital is a long -term care hospital that provides an outpatient services. Data was confirmed accurate by comparing an admission detail report

against a referral report in Meditech. Therefore all (2) are being reported accurate.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Surgery Center 121

THCIC ID: 975356

We would like to certify our data for Q4 2021 with the knowledge that there is

one claim that is missing the provider's last name. We only have one provider at

our facility, so this claim should have the same provider as all the other claims. Please feel free to reach out to us at 469-606-0009 if additional clarification is needed. Thank you.

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PROVIDER: Northwest Hills Surgical Hospital

THCIC ID: 794000

1476 encounters. 0 Errors.

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PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000

All Outpatient are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore,

all 26 records are correctly reported.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital Sugar Land

THCIC ID: 792700

he Outpatient data was attained through the patient accounting system Meditech.

Kindred Hospital is a long term care hospital which offers outpatient services.

All admissions are scheduled prior to any services. Therefore, all 10 accounts are correctly reported.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital Clear Lake

THCIC ID: 720402

The Outpatient data was attained through the patient accounting system Meditech.

Kindred Hospital is a long term care hospital which offers outpatient services.

All admissions are scheduled prior to any services. Therefore, all 54 accounts are correctly reported.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

Data Content

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

Administrative data may not accurately represent the clinical details of an

encounter.

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the

criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing

record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

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criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

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denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Northeast Methodist Hospital

THCIC ID: 154002

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior

to physician evaluation, or physician unknown. All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: St Davids Georgetown Hospital
THCIC ID: 835700

E - 694 - Missing Physician 2 (ED Attending) First Name: All claims reviewed,
ER physician group correct as entered or patient(s) left prior to physician evaluation. All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Heart Hospital-Austin
THCIC ID: 829000

E - 663 - Invalid Patient Zip: Unable to determine patient zip based on demographics in record, chose not to provide. All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: St Davids Bastrop Emergency Center

THCIC ID: 975469

694 - Missing Physician 2 (ED Attending) First Name: All claims reviewed, patient(s) left prior to physician evaluation, no MD assigned
All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Round Rock Medical Center

THCIC ID: 608000

694 - Missing Physician 2 (ED Attending) First Name: All claims reviewed, ER
physician group correct as entered or patient(s) left prior to physician evaluation, physician unknown. All errors have been reviewed and corrected to
the best of the facilities ability.

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PROVIDER: St Davids Hospital

THCIC ID: 035000

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior

to physician evaluation, or physician unknown

694 - Missing Physician 2 (ED Attending) First Name: All claims reviewed, no

physician assigned, patient(s) left prior to physician evaluation

All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: St Davids North Austin Medical Center Emergency Department

THCIC ID: 975557

694 - Missing Physician 2 (ED Attending) First Name: All claims reviewed, no

physician assigned, patient(s) left prior to physician evaluation. All errors

have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Methodist Hospital

THCIC ID: 154000

E-767, 769 - Manifest diagnosis codes may not be used as the Admitting Diagnosis

Code/Principal Diagnosis Code/Reason for Visit Code: Admitting diagnosis, reason

for visit code, and principal diagnosis codes that reflect manifest codes are correct as entered after review of documentation, no other documented diagnosis.

All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: New Braunfels Spine & Pain Surgery Center

THCIC ID: 975170

This report for 2021 4th quarter is ready for certification.

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

data reviewed and certified

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PROVIDER: St Davids South Austin Hospital

THCIC ID: 602000

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior

to physician evaluation, or physician unknown

E-783 - Review of billing and records show no revenue codes assigned due to

specific circumstances, claim was not billed

All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: North Austin Medical Center

THCIC ID: 829900

E 663 - Invalid Patient Zip: Unable to determine patient zip based on demographics in record, chose not to provide

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

physician group correct as entered or patient(s) left prior to physician evaluation

E-725 - Missing patient address line 1: unable to identify based off of patient admission, patient did not provide or chose not to provide information

E 729 - Missing patient city: unable to identify based off of patient admission,

patient did not provide or chose not to provide information

E 784 - Claim must contain at least one HCPCS code: Claim was not billed.
Error

must remain.

All errors have been reviewed and corrected to the best of the facilities
ability.

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PROVIDER: Texas Health Surgery Center Preston Plaza
THCIC ID: 832800

All data submitted is correct to the best of my knowledge.

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PROVIDER: Permian Regional Medical Center
THCIC ID: 187000

FC should have been entered into the state field due to patient living in
foreign country.

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PROVIDER: Hays Surgery Center
THCIC ID: 970210

errors missed

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PROVIDER: Surgical Eye Center of San Antonio

THCIC ID: 974200

Inadvertently missed correcting social security number errors of patients that

would not provide information.

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PROVIDER: Hospitality Health ER-Mccann

THCIC ID: 975698

There was one claim that was unintentionally missed during claim correction process.

1 E-625 Patient Gender not consistent with the Principal Diagnosis

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PROVIDER: Baylor Scott & White Medical Center Uptown

THCIC ID: 008001

Error code - E-736. Patient received procedure and remained as outpatient, was not admitted to full inpatient status until multiple days later. Error unable to be corrected due to following physician orders, and admit and procedure dates correct to medical documentation.

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PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901

This data is submitted in an effort to meet statutory requirements.
Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.
No errors detected on the certification report.

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PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

This data is submitted in an effort to meet statutory requirements.

Conclusions

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines

prevent inclusion of all applicable cases therefore this represents

administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be

cautiously used to evaluate health care quality and compare outcomes.

No errors detected on the certification report.

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PROVIDER: North Central Baptist Hospital

THCIC ID: 677001

I hereby certify 4th quarter 2021 OP. 12,478 Events. On behalf of
(Removed by THCIC),

CFO at North Central Baptist Hospital. (Removed by THCIC), Director
Revenue Analysis at North Central Baptist Hospital.

*Potential confidential information removed by THCIC.

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PROVIDER: Mission Trail Baptist Hospital

THCIC ID: 081001

certified on behalf of CFO (Removed by THCIC) that information is accurate and

correct to the best of our knowledge and information provided

*Potential confidential information removed by THCIC.

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PROVIDER: Brownfield Regional Medical Center

THCIC ID: 078000

clm data set contains 1 claim missing HCPCS code.

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PROVIDER: McAllen Surgical Specialty Center

THCIC ID: 778200

Patient provided office with an address from outside the United States of America. Cant confirm patient zip code.

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PROVIDER: Reeves County Hospital

THCIC ID: 367000

The error is HCPCS Code missing.

Missed deadline.

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PROVIDER: Advanced Surgery Center of San Antonio

THCIC ID: 974520

Cases without Revenue codes are left blank because, per the billing department

these have been going out on 1500 forms instead of the UB forms, so there will

be no revenue code needed.

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PROVIDER: Caplan Surgery Center-Houston

THCIC ID: 796001

Three claims were not correct for invalid procedure code J9290 in error.

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PROVIDER: Mann Cataract Surgery Center

THCIC ID: 853600

There was a patient gender that was missing/invalid. The patient did not disclose with us their gender.

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PROVIDER: Humble Vascular Surgical Center

THCIC ID: 975278

The codes that were documented as errors in the data entry, are codes that are

used for Ellipsys endovascular AVF creations (G2170 & C1889) & for surgical creations and/or revisions (36832 & 36821). These codes were given to me by the

billing department. There are no other codes used to bill for these procedures.

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PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

4th Qtr 2021 – Outpatient

Accuracy rate – 99.98%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported

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PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

4th Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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

THCIC ID: 363000

Baylor Scott and White All Saints Medical Center-Fort Worth

THCIC ID 363000

4th Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID: 974240

Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID 974240

4th Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Knapp Medical Center

THCIC ID: 480000

4Q2021 Outpatient Certification of Data

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PROVIDER: St Joseph Medical Center

THCIC ID: 838600

838600 Outpatient data was 100%.

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PROVIDER: Wadley Regional Medical Center

THCIC ID: 144000

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: Covenant Hospital-Plainview

THCIC ID: 146000

For the 4q2021 dataset we have different types of uncorrected errors that related to patient record information. Our facility has changed electronic medical record systems since these patients were cared for at our facility.

Because of the change in systems we no longer have access to correct the data in our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299

- W-695/696: related to one ER provider. Validated the NPI.
- E-608: Cosmetic account that should not have been reported
- E-694: Abstracting error of resident versus MD
- E-708: Abstracting error of resident versus MD
- E-733: Valid codes for 2021. Low back pain and cough
- E-784: Cosmetic account that should not have been reported

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PROVIDER: The Hospitals of Providence Spine & Pain Management Center
THCIC ID: 975803

No comments necessitated

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PROVIDER: Memorial Hospital-Seminole

THCIC ID: 113000

Zip code was incorrect on original report and then was corrected but reporting system still flagged as incorrect.

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PROVIDER: Covenant Childrens Hospital

THCIC ID: 686000

For the 4q2021 dataset we have different types of uncorrected errors that related to patient record information. Our facility has changed electronic medical record systems since these patients were cared for at our facility. Because of the change in systems we no longer have access to correct the data in our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: North Cypress Medical Center ER - Fry Road Campus

THCIC ID: 975429

complete

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PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of July 7, 2022. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. This data is administrative data, which

hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

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

close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by

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

Diagnosis and Procedures

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

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

federal government and all hospitals must comply.

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

used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using

the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes

are added yearly as coding manuals are updated.

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

Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting

standards but overstated.

In our continuous efforts to monitor our data for accuracy we have found some

disparity with our ethnicity volume compared to a population sampling. To correct reporting the patient access team will implement additional education to

ensure fields are appropriately identified at all points of registration.

Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Texas

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

electronic claim format.

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

the above.

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PROVIDER: Wilson N Jones Regional Medical Center

THCIC ID: 297000

Claim error #813 for type of bill due to human error/typo. Claims did not display within claim errors until post submission date. Still are not visible as an error that can be corrected. Other than type of bill error, claims are accurately reported.

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PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

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

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

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

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

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

Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program. All physician license numbers and names have been

validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 11 errors on outpatient claims were unable to be

corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x1 reason for visit error due to invalid diagnosis code and x10 statement from date errors

were accurately reported as required for billing purposes

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PROVIDER: Hardeman County Memorial Hospital

THCIC ID: 102000

Certifying the 4th quarter OP data without 100% due to the deadline of the regeneration.

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PROVIDER: Medical City Lewisville

THCIC ID: 394000

INFORMATION IS VALID

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PROVIDER: Memorial Hermann Surgery Center Richmond

THCIC ID: 934000

2 claims invalid diagnosis & 1 with invalid ssn

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PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

No comments necessitated

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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and administrative decisions at a facility level and transparency level with state entities. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error.

It should be noted that charges are not equal to actual payments received by the

facility or facility costs for performing services provided. Errors occurring in Q4 2021 outpatient data that were not corrected were 6 invalid physician name

matches and 1 diagnosis code deemed not usable as a principal code. All other

errors were corrected. Corrections outstanding were due to lack of bandwidth of

resources.

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PROVIDER: Texas Health Willow Park

THCIC ID: 975496

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An

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

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be

categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements. If any errors are discovered

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

THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

The state provides 60 days following the close of the calendar quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible

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

are added yearly as coding manuals are updated.

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

Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting

standards but overstated.

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

claim format.

The quarterly data from Q4 2021, to the best of our knowledge, is accurate and

complete given the above.

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

THCIC ID: 975341

complete

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PROVIDER: Dodson Surgery Center

THCIC ID: 970400

Cook Children's Medical Center has submitted and certified FOURTH QUARTER 2021

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 FOURTH QUARTER OF

2021.

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 FOURTH QUARTER OF 2021

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: Total Care-Weatherford
THCIC ID: 975960

The error rate is due to the system not allowing a zero charge for any services/supplies. Due to the restrictions on billing for the antibodies treatment for COVID, we did not bill out a charge so we have it as zero on the system.

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PROVIDER: Ascension Seton Hays

THCIC ID: 921000

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

and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.²⁰

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

The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases

the errors are not resolvable. x2 zip code errors due to incorrect information received , x2 country errors due to missing information , x11 SSN errors due to

incomplete or inaccurate information entered , x3 Physician identifier due to patent LWBS, x2 Revenue code errors due to unmatched codes.

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PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321

complete

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

Data Content

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International

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

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

Length of Stay

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

Race/Ethnicity

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

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Scott & White Pavilion

THCIC ID: 537002

Scott & White Pavilion

THCIC ID 537002

4th Qtr 2021 Outpatient

Accuracy rate – 99.96%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported"

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PROVIDER: Ascension Seton Smithville

THCIC ID: 424500

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

and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements

0 errors on outpatient claims were unable to be corrected prior to

certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. "

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PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215

As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease. It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates .As the Regional Level I Trauma Center, DSMCUT serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These

data are submitted by the hospital as their best effort to meet statutory requirements."15 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x8 patient race due to incorrect mappings, x1 no attending- patient LWBS, x1 statement from date errors were accurately reported as required for billing purposes, x5 physician identifier missing

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PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000

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

have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their

best effort to meet statutory requirements.

3 errors on outpatient claims were unable to be corrected prior to certification. x3 physician identifiers missing. The primary resources with user

permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. "

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PROVIDER: Provincial Park Surgery Center

THCIC ID: 969800

The errors noted appear to be an error in the original upload file. Will be check with software vendor to validate fields for future uploads. the errors were 3 invalid other diagnosis E-605: Diagnosis code should have been N9060

6 Invalid Principal Diagnosis E-607, 1 Invalid Patient State (typed in as Tz E-662 and

6 Invalid Claim Filing indicator code for subscriber (these 6 cases were cash pay therefore no subscriber, should have entered ZZ code. E-700

These error could have been corrected, however System13 was not able to open

the claims up for correction

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PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000

Certifying Data as National I.T. and not local market.

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

THCIC ID: 813100

The Q4 2021 All Data/information in these files contain accurate data in areas

such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: HCA Houston ER 24/7 Magnolia

THCIC ID: 975553

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

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PROVIDER: University Medical Center

THCIC ID: 145000

Data represents information at the time of submission. Subsequent changes may

continue to occur which will not be reflected in this published dataset. UMC works continually to minimize and rectify errors in our public reporting.

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PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

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

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in

the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health treatment facility.

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

arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation. In addition to JPSH, the JPS Health Network operates community health centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs. JPSH has confirmed that for errors related to "Other Procedure Date must be on or after the 3rd day before the Admission Date", patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed. After review of the required THCIC claim submission data criteria, JPSH has amended their reporting criteria to include previously omitted closed accounts and align with THCIC requirements. The change will impact reported data starting 4th Quarter 2021 and may change overall reporting volume.

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PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300

Data Content

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

Diagnosis and Procedures

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the

patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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cost to deliver the care that each patient needs.

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PROVIDER: The Hospitals of Providence Emergency Room Edgemere

THCIC ID: 975511

No comments necessitated

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PROVIDER: Texas Health Surgery Center Dallas

THCIC ID: 163000

11 invalid rev codes - missed deadline to make corrections.

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PROVIDER: HCA Houston Healthcare Tomball

THCIC ID: 076000

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

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PROVIDER: HCA Houston Healthcare West

THCIC ID: 337001

Certify with these three errors - Invalid physician 2 (ED Attending) identifier for ED claim, Manifest diagnosis codes may not be used as the Principal Diagnosis code and Manifest Diagnosis codes may not be used as the Reason for Visit Code.

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PROVIDER: Cleveland Emergency Hospital

THCIC ID: 975112

This is 99% because of an error where we cannot correct the error due to not

being able to contact physician and patient. Thank You

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PROVIDER: Texas Health Burleson

THCIC ID: 975460

Data Content

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possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing

record. In order to meet this requirement, each payer identifier must be

categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are

categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

Data Content

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

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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individual patient's record may have been assigned.

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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.

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PROVIDER: CHI St Lukes Health Memorial San Augustine
THCIC ID: 072000

Certifying Data as National I.T. and not local market.

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PROVIDER: Medical Arts Hospital
THCIC ID: 341000

Due to the sheer volume of the data and with limited resources within the hospital, I cannot properly analyze the data with 100% accuracy. But at this time, we will elect to certify the data.

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PROVIDER: Wise Health System-Medical Center

THCIC ID: 254001

The information contained in this file is accurate as of the time of certification. Any errors remaining are due to missing information.

=====

PROVIDER: Doctors United Surgery Center

THCIC ID: 975346

Attempted to fix the errors and they didn't load, assumed all was good.

=====

PROVIDER: PHYSICIANS PREMIER EMERGENCY ROOM

THCIC ID: 975729

This data is submitted in an effort to meet statutory requirements.

Conclusions

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines

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

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000

Data Content

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

than 1% of the encounter volume.

Diagnosis and Procedures

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coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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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

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individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Hunt Regional Emergency Medical Center of Commerce

THCIC ID: 975525

One E-663 error. The patient was pronounced dead soon after arrival and didn't

have any identification. The patient was sent for autopsy and no identity info was ever provided.

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PROVIDER: Physicians Premier Emergency Room Staples

THCIC ID: 975616

This data is submitted in an effort to meet statutory requirements.

Conclusions

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes,

various system mapping and normal clerical error. Data submission deadlines

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

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PROVIDER: Covenant Health Emergency Center Quaker
THCIC ID: 975497

For the 4q2021 dataset we have different types of uncorrected errors that related to patient record information. Our facility has changed electronic medical record systems since these patients were cared for at our facility. Because of the change in systems we no longer have access to correct the data in our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: Methodist ER Helotes
THCIC ID: 975931

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Coryell Memorial Hospital

THCIC ID: 346000

On 2/23/22, System 13 correctly documented Coryell Health had 4,258 outpatient encounters for the fourth quarter of 2021. The Certification Summary now lists only 3,936 encounters.

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PROVIDER: Fort Duncan Regional Medical Center

THCIC ID: 547001

account corrected to the best of our knowledge

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PROVIDER: Glen Rose Medical Center

THCIC ID: 059000

Failed to correct data errors by deadline. Certifying without corrections.

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

Data correct as reported

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PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

Data Content

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

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

Diagnosis and Procedures

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coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

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

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

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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

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PROVIDER: CHI St Lukes Health Emergency Center-Pasadena
THCIC ID: 975499

There are minimal errors that can be corrected, but are a past the correction period for System 13. We have 1 error type that identifies a discrepancy with the admission source coding and THCIC data formatting. The org has undergone personnel changes and some system issues that has delayed the certification. The certification period was extended, and we have also requested for permission to make corrections.

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PROVIDER: Covenant Hospital-Levelland
THCIC ID: 307000

For the 4q2021 dataset we have different types of uncorrected errors that

related to patient records. Our facility has changed electronic medical record systems since these patients were cared for at our facility. Because of the change in systems we no longer have access to correct the data in our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: North Cypress Medical Center ER - Willowbrook
THCIC ID: 975431

complete

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PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton

THCIC ID 208100

4th Qtr 2021 Outpatient

Accuracy rate – 99.73%

Errors from the 4th Quarter FER reflect the following error codes E-784.

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

Errors will stand as reported.

=====

PROVIDER: Del Sol Medical Center

THCIC ID: 319000

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 charges 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: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

4th Qtr 2021 Outpatient

Accuracy rate – 99.95%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Amarillo Cataract & Eye Surgery Center

THCIC ID: 694600

When I corrected data errors, I was unable to successfully correct one claim which had an error regarding the revenue code.

I certify all data on reports as accurate.

=====

PROVIDER: Providence Hospital

THCIC ID: 804400

99% accuracy due to unavailable data for corrections to obtain 100%.

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PROVIDER: UMC East Emergency Department

THCIC ID: 975441

In this database only one primary physician is allowed. This represents the physician at discharge in this institution. At an academic medical center such

as University Medical Center of El Paso, patients are cared for by teams of physicians who rotate at varying intervals. Therefore, many patients, particularly long term patients may actually be managed by several different teams. The practice of attributing patient outcomes in the database to a single

physician may result in inaccurate information.

Through performance improvement process, we review the data and strive to make

changes to result in improvement.

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PROVIDER: Baylor University Medical Center

THCIC ID: 331000

Baylor University Medical Center

THCIC ID 331000

4th Qtr 2021 Outpatient

Accuracy rate – 99.98%

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

and E-760.

Invalid service line procedure code verified, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

Data Content

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

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

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denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Minimally Invasive Surgery Institute

THCIC ID: 975395

Data corrections personnel out on extended medical leave due to injury.
Unable

to make corrections by deadline in time to get to 100%.

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PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

4th Qtr 2021 Outpatient

Accuracy rate – 99.90%

Errors from the 4th Quarter FER reflect the following error codes E-767, E-769.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Las Palmas Del Sol Emergency Center-West

THCIC ID: 975427

Data is submitted and certified with out errors.

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PROVIDER: Baylor Scott & White Emergency Center - Wylie

THCIC ID: 975576

Baylor Scott & White Emergency Center – Wylie

THCIC ID: 975576

3rd Qtr 2021 – Outpatient

Accuracy rate 100%

No comments needed

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PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

4th Qtr 2021 – Outpatient

Accuracy rate – 99.98%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported

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PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

Data Content

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An

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

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be

categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

4th Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

4th Qtr 2021 Outpatient

Accuracy rate – 99.98%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

Data correct as reported

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PROVIDER: Baylor Scott & White The Heart Hospital McKinney
THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney
THCIC ID 975385
4th Qtr 2021 – Outpatient
Accuracy rate – 100%
No comments needed

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PROVIDER: Victoria Surgery Center
THCIC ID: 396003

Data confirmed. Complete.

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PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID 784400
4th Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed.

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PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560

Baylor Surgery Center of Waxahachie
THCIC ID 973560
4th Qtr 2021 Outpatient
Accuracy rate -100%
No comments needed.

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PROVIDER: HEA Surgery Center
THCIC ID: 906000

Incomplete social security number (only the last 4 digits) given by patient.

=====

PROVIDER: Doctors Hospital-Laredo
THCIC ID: 301000

98% accuracy due to unavailable data for corrections to obtain 100%.

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PROVIDER: HCA Houston ER 24/7-Alvin

THCIC ID: 975932

The invalid reason for visit was accurate and correct

=====

PROVIDER: American Surgery Center

THCIC ID: 835200

missing value code on 5 claims

=====

PROVIDER: Doctors Hospital Emergency Room South

THCIC ID: 975492

99% accuracy due to unavailable data for corrections to obtain 100%.

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID: 975384

Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID 975384

4th Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000

"Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general

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

is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access program. All physician license numbers

and names have been validated with the Physician and the Texas State Board of

Medical Examiner website as accurate but some remain unidentified in the THCIC

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

best effort to meet statutory requirements.

0 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically

resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable."

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PROVIDER: HCA Houston ER 24/7-Pearland

THCIC ID: 975933

The invalid reason for visit for was accurate and did not require correction

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PROVIDER: Grace Surgical Hospital

THCIC ID: 975898

For the 4q2021 dataset we have different types of uncorrected errors that related to patient record information. Our facility has changed electronic medical record systems since these patients were cared for at our facility.

Because of the change in systems we no longer have access to correct the data in

our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

4th Qtr 2021 Outpatient

Accuracy rate – 99.96%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Doctors Hospital Emergency Room Saunders

THCIC ID: 975491

99% accuracy due to unavailable data for corrections to obtain 100%.

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PROVIDER: Winnie Community Hospital

THCIC ID: 781400

Patient information did not transfer over.

=====

PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000

Certifying with known errors.

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

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

only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

"Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art

hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and

services provided include: 24 hour emergency care, inpatient services, primary

care and family medicine, outpatient maternal fetal medicine, heart and vascular

care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function

tests and arterial blood gas testing, women's diagnostics services including mammography and dexametaxone, 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

0 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically

resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. "

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PROVIDER: Swisher Memorial Hospital

THCIC ID: 273000

Our 4Q2021 Outpatient claims had 23 claims with errors that were not corrected.

17 of these errors included missing claim filing indicators and missing primary

payer name. These claims are usually Self Pay or Indigent claims. The other

errors were invalid patient social security numbers. These claims are usually patients at the correctional facility where no valid SSN is given. We missed the deadline for corrections as they just kept getting put off.

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

Data Content

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

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

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

than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

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

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

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely

collect race and ethnicity as part of the admission process, that this has been

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patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

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required by the state that is not contained within the standard UB92 billing

record. In order to meet this requirement, each payer identifier must be

categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are

categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual

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

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

Baylor Scott & White Medical Center- Forney
THCIC ID 975537

3rd Qtr 2021 Outpatient
Accuracy rate – 100%
No comments needed

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000

Data Content

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

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

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

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

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Length of Stay

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

Race/Ethnicity

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Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

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by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: CHI St Joseph Health - College Station Hospital

THCIC ID: 975403

The following missing data elements from 1 to 13 claims (representing less than

0.3% of OP claims data) were unavailable to the certifier at the time of certification.

Principal diagnosis
Charges for revenue code
Claim filing indicator code for subscriber
Primary payer name
Operating physician first name

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PROVIDER: Acute & Chronic Pain Management Center
THCIC ID: 783500

Patients refuse to give us their full social security numbers. They advised it is not legal and refuse.

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PROVIDER: Medical Park Tower Surgery Center
THCIC ID: 967000

Patients are refusing to provide us with SS numbers

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PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

4th Qtr 2021 Outpatient

Accuracy rate – 99.98%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported"

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PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

4th Qtr 2021 – Outpatient

Accuracy rate – 99.99%

Errors from the 4th Quarter FER reflect the following error code E-733.

Visit Code verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

4th Qtr 2021 – Outpatient

Accuracy rate – 99.98%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

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PROVIDER: Las Palmas Del Sol Emergency Center-Zaragoza

THCIC ID: 975508

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.

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PROVIDER: Bellville Medical Center
THCIC ID: 552000

the 2 claims on error list were not listed in the claim correction list at time of corrections.

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PROVIDER: Texas Health Prosper
THCIC ID: 975562

Data Content

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An

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

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be

categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center

THCIC ID: 975144

4th q data 2021

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PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

Data Content

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PROVIDER: Medical City Denton

THCIC ID: 336001

INFORMATION IS VALID

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PROVIDER: Abilene White Rock Surgery Center

THCIC ID: 975114

Duplicate diagnosis was not corrected because I did not catch it.

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PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

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PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

4th Qtr 2021 – Outpatient

Accuracy rate – – 100%

No comments needed

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PROVIDER: Physicians Premier Emergency Room South Padre

THCIC ID: 975617

This data is submitted in an effort to meet statutory requirements.

Conclusions

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines

prevent inclusion of all applicable cases therefore this represents

administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be

cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Dallas Nephrology Associates Vascular Center Plano

THCIC ID: 975254

Claim errors occurred from wrong dummy SSN or a voided charge being reported.

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PROVIDER: Mansfield Endoscopy Center

THCIC ID: 975951

We had one error, E-700 filing indicator code for subscriber was invalid. Not sure how it slipped through or why we were not able to correct?

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PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments necessitated

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PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

Data Content

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Race/Ethnicity

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cost to deliver the care that each patient needs.

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PROVIDER: North Runnels Hospital

THCIC ID: 151000

2021 Q4 is being "Certified with Comments". Due to an EHR conversion going live

December 8, 2021, provider documentation was hindered and delayed. This impacted the errors for this quarter. Staffing is also still an issue.

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PROVIDER: Dallas Nephrology Associates Vascular Center Dallas

THCIC ID: 975284

All errors from dummy SSN that should have been corrected to comply with
THCIC
reporting.

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PROVIDER: Peterson Regional Medical Center

THCIC ID: 406000

Please certify an delete one uncorrected account

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PROVIDER: Baptist Medical Center

THCIC ID: 114001

I certify on behalf of (Removed by THCIC) CFO of Baptist Medical Center

*Potential confidential information removed by THCIC.

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PROVIDER: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

4th Qtr 2021 Outpatient

Accuracy rate -100%

No comments needed

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PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800

AS IS.

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PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

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

and the Texas State Board of Medical Examiner website as accurate but
some

remain unidentified in the THCIC Practitioner Reference Files. These data are
submitted by the hospital as their best effort to meet statutory requirements

5 errors on outpatient claims were unable to be corrected prior to

certification. The primary resources with user permissions that can
technically

resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x5 SSN errors were due to due to incomplete or inaccurate information entered"

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PROVIDER: Covenant Medical Center

THCIC ID: 465000

For the 4q2021 dataset we have different types of uncorrected errors that related to patient record information. Our facility has changed electronic medical record systems since these patients were cared for at our facility. Because of the change in systems we no longer have access to correct the data in our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

4th Qtr 2021 – Outpatient

Accuracy rate – 99.97%

Errors from the 4th Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported"

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PROVIDER: Grace Medical Center

THCIC ID: 848900

For the 4q2021 dataset we have different types of uncorrected errors that related to patient record information. Our facility has changed electronic medical record systems since these patients were cared for at our facility.

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our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: Vision Park Surgery Center

THCIC ID: 975796

Submitted with error.

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PROVIDER: Physicians Premier Emergency Room Saratoga

THCIC ID: 975615

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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: Covenant Health Emergency Center Milwaukee

THCIC ID: 975498

For the 4q2021 dataset we have different types of uncorrected errors that related to patient record information. Our facility has changed electronic medical record systems since these patients were cared for at our facility.

Because of the change in systems we no longer have access to correct the data in

our old EMR system, which is why we cannot correct the errors in this dataset.

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PROVIDER: Las Palmas Del Sol Healthcare-Horizon

THCIC ID: 975884

Certified with Comments

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subjectivity in assignment of codes, system mapping and normal clerical error.

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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 charges 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.

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PROVIDER: Resolute Health

THCIC ID: 973850

only 3 errors. 1 for missing Zip and 2 for missing ED physician first name. IT issues

=====

PROVIDER: Medical Complex Surgery Center

THCIC ID: 918000

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

=====

PROVIDER: St Lukes Patients Medical Center

THCIC ID: 846100

There are minimal errors that can be corrected, but are a past the correction period for System 13. We have 3 error types that are patient identifiers where

data wasn't available for social security and residence, then an error with date

ranges. These are formatting errors, but neither are substantial, and could be

corrected to meet System 13 edits for data format. The org has undergone personnel changes and some system issues that has delayed the certification. The certification period was extended, and we have also requested for permission to make corrections.

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PROVIDER: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188

No comments necessitated

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PROVIDER: MCALLEN EMERGENCY ROOM
THCIC ID: 975903

Reviewed and approved with leadership- BS

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PROVIDER: Liberty Dayton Regional Medical Center
THCIC ID: 089001

THERE ARE TWO ERRORS FOR ONE PATIENT AS FOLLOWS: E-662 INVALID PATIENT STATE AND E-663 INVALID PATIENT ZIP. AT THE TIME OF CORRECTING OUTPATIENT THCIC ERRORS IT WAS DISCOVERED THIS PATIENT WAS FROM A STATE IN MEXICO OF WHICH WAS NOT OPTION TO BE SELECTED WHEN CORRECTING INFORMATION. I WAS ALSO UNABLE TO FIND A ZIP CODE FOR THE ADDRESS LISTED IN OUR FILES.

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PROVIDER: Laredo Medical Center
THCIC ID: 207001

There are some claims that we were not able to correct due to the following:
A few claims were left without a physician provider. We were unable to find out who attended pt.
A few claims were in conflict where the provider name did not match the Provider name in the NPI Registry therefore rejecting the claim. We have since are trying to fix these errors.

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PROVIDER: Ascension Seton Northwest
THCIC ID: 797600

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

and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files These data are submitted by the hospital as their best effort to meet statutory requirements.

5 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically

resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x1 principal diagnosis code due to invalid code, x1 reason for visit due to invalid code, x3 revenue codes unmatched."

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PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100

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to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

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

only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Clay County Memorial Hospital

THCIC ID: 193000

Types of errors in this data included missing principle diagnosis, invalid pt ssn, invalid service line procedure code and procedure date is more than 30 days

before statement date.

I thought I corrected these errors, but I will have to blame COVID-19 pandemic

for the apparent lack of correction for this batch of claims.

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PROVIDER: Altus Baytown ER-Broadway

THCIC ID: 975720

Missed one record to look at by mistake

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PROVIDER: Baylor Scott & White Medical Center-Frisco

THCIC ID: 787400

One file with error code E-784. Missing HCPCS code for one file. There are
No

HCPCS codes for this patient file.

=====

PROVIDER: University Medical Center of El Paso-Mesa

THCIC ID: 975868

In this database only one primary physician is allowed. This represents the
physician at discharge in this institution. At an academic medical center
such

as University Medical Center of El Paso, patients are cared for by teams of
physicians who rotate at varying intervals. Therefore, many patients,

particularly long term patients may actually be managed by several different teams. The practice of attributing patient outcomes in the database to a single

physician may result in inaccurate information.

Through performance improvement process, we review the data and strive to make

changes to result in improvement.

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PROVIDER: Physicians Premier Leopard

THCIC ID: 975614

This data is submitted in an effort to meet statutory requirements.
Conclusions

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines

prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be

cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Woodlands Specialty Hospital

THCIC ID: 974150

Certifying, do not see errors on report at all.

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PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

No comments necessitated

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PROVIDER: Baylor Scott & White Sports Surgery Center at the Star

THCIC ID: 975309

Data certified with 3 claims having invalid SSN# and 3 invalid orther
diagnosis

codes

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PROVIDER: UMC Northeast Emergency Department

THCIC ID: 975442

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: Medical City Alliance
THCIC ID: 974490

INFORMATION IN VALID

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PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286

Baylor Scott & White Medical Center Lake Point
THCIC ID 975286

4th Qtr 2021 Outpatient

Accuracy rate – 99.98%

Errors from the 4th Quarter FER reflect the following error code E-607.

Other Principal Diagnosis validated against data in hospital system

Errors will stand as reported

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PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

4th Qtr 2021 – Outpatient

Accuracy rate – 99.99%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported

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PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco

THCIC ID: 975798

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco

THCIC ID 975798

4th Qtr 2021 – Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

Data Content

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

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

than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

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

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

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely

collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

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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.

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The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual

payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

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

and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.

3 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically

resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x1 statement of date errors were accurately reported as required for billing purposes, x2 revenue code unmatched"

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PROVIDER: CHI St Lukes Health - Memorial Livingston
THCIC ID: 466000

Certifying data as National I.T. and not local market.

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PROVIDER: Spinotech Surgery Center
THCIC ID: 975213

Claims submitted with an error.

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PROVIDER: Baylor Scott & White Medical Center Pflugerville
THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

4th Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Las Palmas Del Sol Healthcare-Northeast

THCIC ID: 975428

This data is submitted in effort to meet statutory requirements. It is submitted with a 100% accuracy rate and no corrections are needed.

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PROVIDER: Riceland Surgery Center

THCIC ID: 975113

Charge date did not transfer over

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PROVIDER: Huebner Ambulatory Surgery Center

THCIC ID: 975211

i certify.

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PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000

Cook Children's Medical Center has submitted and certified FOURTH QUARTER 2021

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 FOURTH QUARTER OF

2021.

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 FOURTH QUARTER OF 2021

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: North Cypress Emergency Room-Town Lake Campus

THCIC ID: 975430

complete

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PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels

THCIC ID: 917000

4q data certification

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PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

Data Content

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes

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

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

driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

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

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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

used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us

to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to

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

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

individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been

added to meet the THCIC requirement. Our admissions staff indicates that many

patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity

data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data

required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment

value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

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PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

4th Qtr 2021 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: University Medical Center of El Paso-Alameda

THCIC ID: 263000

In this database only one primary physician is allowed. This represents the physician at discharge in this institution. At an academic medical center such

as University Medical Center of El Paso, patients are cared for by teams of physicians who rotate at varying intervals. Therefore, many patients, particularly long term patients may actually be managed by several different teams. The practice of attributing patient outcomes in the database to a single

physician may result in inaccurate information.

Through performance improvement process, we review the data and strive to make

changes to result in improvement.

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PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

4th Qtr 2021 Outpatient

Accuracy rate – 99.97%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Midland Memorial Hospital

THCIC ID: 452000

All claim data errors where corrected - a few were completed after the correction deadline, but they are all have been corrected for this quarter.

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PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940

Baylor Scott & White Medical Center Marble Falls
THCIC ID 974940

4th Qtr 2021 Outpatient

Accuracy rate – 99.97%

Errors from the 4th Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000

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

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

children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a

Neonatal Intensive Care Unit (NICU) which serves veryseriously ill infants, which substantially increases costs of care, lengths of stay and mortality

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

Physician and the Texas 5State Board of Medical Examiner website as accurate but

some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 6 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. 3 missing date of birth, 2 SSN errors were due to incomplete or inaccurate information entered, 1 LWBS therefore not seen by a provider.

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PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001

Data Content

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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

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

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an accurate comparison of hospital or physician performance.

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

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

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the

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

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Length of Stay

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

Race/Ethnicity

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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.

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by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

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PROVIDER: South Texas Surgical Institute

THCIC ID: 975242

Errors due to new employee processing of report.

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PROVIDER: Martin County Hospital District

THCIC ID: 388000

Data contains a claim with missing state and missing zip code

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PROVIDER: Tuscan Surgery Center at Las Colinas

THCIC ID: 130075

Fourth quarter 2021 data contains 19 errors, that were not corrected prior to submission (primarily SS# not entered correctly during admission).

Tuscan has consistently maintained 100% correct submission of data for previous reporting periods.

Tuscan Surgery Center at Las Colinas was in the process of training new staff,

during the timeframe the errors occurred.

Moving forward 100% of errors will be corrected prior to submission and certification of data.

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

Data Content

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

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

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Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay

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

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.