General Comments on 3rd Quarter 2018 Data

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

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

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

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

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

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

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PROVIDER: UT MD Anderson Cancer Center

THCIC ID: 000105
QUARTER: 3
YEAR: 2018

Certified With Comments

There has been an issue identified with the patient race and ethnicity field as it is all reporting as "other race" and "not of hispanic origin". IT department has been made aware and future files will have the correct information.

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PROVIDER: UT Health Center-Tyler

THCIC ID: 000112
QUARTER: 3
YEAR: 2018

Certified With Comments

The predominance of the errors were due to invalid primary or secondary payer source codes. We have been working with our Patient Access team and billing vendor to resolve this issue, resulting in improvement in subsequent quarters.

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PROVIDER: Baptist St Anthonys Hospital

THCIC ID: 001000
QUARTER: 3
YEAR: 2018

Certified With Comments

All data is correct to my knowledge with exception. There was an issue with race listed as "other" for all files. This was a mapping error in our EHR that was corrected November 2018.

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PROVIDER: St Joseph Regional Health Center

THCIC ID: 002001
QUARTER: 3
YEAR: 2018

Certified With Comments

Provider has errors in data for invalid SSN. We are in the process of changing the procedure for missing or invalid SSN to the required inputs of THCIC. Future quarters should see a marked improvement in data due to this change.

Additionally, other errors exists where the coding was not available on the medical record chart. These are usually insiginficant in nature, are mostly found in ambulatory ED cases, minor in nature.

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PROVIDER: Matagorda Regional Medical Center

THCIC ID: 006000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

==========

PROVIDER: Anson General Hospital

THCIC ID: 016000
QUARTER: 3
YEAR: 2018

Certified With Comments

The two patients listed on the duplicates report are not duplicate encounters.

Each patient had two encounters on the same day with different visit ID #s.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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PROVIDER: CHI St Joseph Health Madison Hospital

THCIC ID: 041000
QUARTER: 3
YEAR: 2018

Certified With Comments

Errors exist in data for invalid SSN. We are in the process of changing the

procedure for missing or invalid SSN to meet the requirements of THCIC. Future quarter data submissions should see a marked improvement in reported data due to this change.

Other errors also exist due to values not being coded or entered into the medical record chart. These are insignificant in nature, and are mostly found in ambulatory ED cases, minor in nature.

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PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000
QUARTER: 3
YEAR: 2018

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of April 15, 2019. 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

To meet the States submission deadline, approximately 30 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

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

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

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

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PROVIDER: Texas Scottish Rite Hospital for Children

THCIC ID: 054000
QUARTER: 3
YEAR: 2018

Certified With Comments

Race mapping issue identified - all races were being mapped to other.

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PROVIDER: Brownwood Regional Medical Center

THCIC ID: 058000
QUARTER: 3
YEAR: 2018

Certified With Comments

Known issue with NPI and physician naming convention is being researched by

corporate. One correct SSN not obtainable.

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PROVIDER: Glen Rose Medical Center

THCIC ID: 059000
QUARTER: 3
YEAR: 2018

Certified With Comments

Did not make the deadline to make corrections. Certifying anyway.

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PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000
QUARTER: 3
YEAR: 2018

Certified With Comments

OK to certify per Margaret Woods.

==========

PROVIDER: Mitchell County Hospital

THCIC ID: 075000
QUARTER: 3
YEAR: 2018

Certified With Comments

Race codes in this data file are not accurate. A mapping problem in the software

used to generate the file, caused all race codes to be defaulted to code 5

Other Race.

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PROVIDER: Wilbarger General Hospital

THCIC ID: 084000
QUARTER: 3
YEAR: 2018

Certified With Comments

We have corrected the errors on 2018 3rd Quarter Outpatient Encounters.

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PROVIDER: Hardeman County Memorial Hospital

THCIC ID: 102000
QUARTER: 3
YEAR: 2018

Certified With Comments

Patients at the time of their visit did not have their social security cards

with them, and failed to provide them at a later date. Attempts have been made

to gather this information but have been unsuccessful.

==========

PROVIDER: TMC Bonham Hospital

THCIC ID: 106001
QUARTER: 3
YEAR: 2018

Certified With Comments

During a recent software update to our current electronic health record (EHR)

the race crosswalk was erroneously eliminated. As a result, all race data for

generated reports auto default to "other". Thus, the 3110 encounters generated

for 3rd quarter 2018 outpatient claims reflect the race of the patient as

"other". I had a conversation with our software vendor staff on this date,

3-18-19, and have been told that the crosswalk has been restored and future generated reports should reflect correct patient race. I apologize that resolution of this issue was not established in a more expedient manner.

Regards,

Terri Gibson

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: San Antonio Eye Surgicenter

THCIC ID: 118001
QUARTER: 3
YEAR: 2018

Certified With Comments

Five claims have invalid Social Security Numbers. These patients refuse to provide us with their SSNs.

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PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000
QUARTER: 3
YEAR: 2018

Certified With Comments

OK to certify per Magaret Woods.

==========

PROVIDER: Odessa Endoscopy Center

THCIC ID: 130059
QUARTER: 3
YEAR: 2018

Certified With Comments

The types of errors received for the facility include invalid social security number as well as primary payer information related to self pay patients. Going forward, we have advised the front office staff of the appropriate format for the social security number during patient registration. The individual previously resposbile for the reporting resigned, and there was not much direction provided in regards to the reporting. However, this has been correted and the fourth quarter was submitted successfully.

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PROVIDER: Schleicher County Medical Center

THCIC ID: 136000
QUARTER: 3
YEAR: 2018

Certified With Comments

Race codes in this data file are not accurate. A mapping problem in the software

used to generate the file, caused all race codes to be defaulted to code 5

Other Race.

==========

PROVIDER: Culberson Hospital

THCIC ID: 139000
QUARTER: 3
YEAR: 2018

Certified With Comments

Race codes in this data file are not accurate. A mapping problem in the software

used to generate the file, caused all race codes to be defaulted to code 5

Other Race.

==========

PROVIDER: University Medical Center

THCIC ID: 145000
QUARTER: 3
YEAR: 2018

Certified With Comments

This data represents accurate information at the time of submission. Subsequent

changes may continue to occur that will not be reflected in this published

dataset.

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PROVIDER: North Runnels Hospital

THCIC ID: 151000
QUARTER: 3
YEAR: 2018

Certified With Comments

2018 Q3 data is being certified, but with race code errors. The mapping issue has been corrected for data in future quarters.

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PROVIDER: JPS Surgical Center-Arlington

THCIC ID: 153300
QUARTER: 3
YEAR: 2018

Certified With Comments

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

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health treatment facility.

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

hospital-based family medicine residency program in the nation.

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

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PROVIDER: University Hospital

THCIC ID: 158000
QUARTER: 3
YEAR: 2018

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county and other surrounded counties.

IP claim accuracy rate is 99.87% for Q3 2018.

OP claim accuracy rate is 99.31% for Q3 2018.

Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000
QUARTER: 3
YEAR: 2018

Certified With Comments

This data is submitted in an effort to meet stutory requirements. It is administrative data not clinical data and is utilized for billing 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 procide an accurate representation of the patient population for a facility. It should also be noted that charges are not equal to actual payments received by the facility or facility costs for performing the service. Most errors occuring are due to incorrect country codes or zip codes assigned to foreign countries which are not recognized in the correction sofware. These have been corrected to the best of my ability and available resources.

This data is submitted with comments.

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PROVIDER: Medical Center Hospital

THCIC ID: 181000
QUARTER: 3
YEAR: 2018

Certified With Comments

I certify

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Dallas Surgi Center

THCIC ID: 188002
QUARTER: 3
YEAR: 2018

Certified With Comments

We started with a new software system and the social security numbers were not dropping in the system. We have resolved this error and all social security numbers are included in our October claims and will continue to be in the future.

==========

PROVIDER: Clay County Memorial Hospital

THCIC ID: 193000
QUARTER: 3
YEAR: 2018

Certified With Comments

THE MISSING SOCIAL SECURITY NUMBER IS ON MOST OF THE ERROR ACCOUNTS. A MAJORITY OF THOSE ACCOUNTS ARE MINORS. MOST PARENTS DO NOT CARRY THEIR CHILDS'S SOCIAL SECURITY CARD WITH THEM.

==========

PROVIDER: Collingsworth General Hospital

THCIC ID: 195000
QUARTER: 3
YEAR: 2018

Certified With Comments

Race codes in this data file are not accurate. A mapping problem in the software used to generate the file, caused all race codes to be defaulted to code 5 Other Race.

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PROVIDER: Concho County Hospital

THCIC ID: 202000
QUARTER: 3
YEAR: 2018

Certified With Comments

this data has issues with the white race code being pulled as other race I could not correct this Qtr but all other data will be sent correctly.

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PROVIDER: Kimble Hospital

THCIC ID: 205000
QUARTER: 3
YEAR: 2018

Certified With Comments

Race codes in this data file are not accurate. A mapping problem in the software

used to generate the file, caused all race codes, except one, to be defaulted to

code 5 - Other Race.

==========

PROVIDER: Amarillo Colonoscopy Center

THCIC ID: 208200
QUARTER: 3
YEAR: 2018

Certified With Comments

The claims that need correcting all reflect the patient control number error.

We do not know how to correct this issue.

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PROVIDER: CHRISTUS Spohn Hospital-Kleberg

THCIC ID: 216001
QUARTER: 3
YEAR: 2018

Certified With Comments

Done 5rd Qtr

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

Administrative data may not accurately represent the clinical details of an encounter.

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

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

Diagnosis and Procedures

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

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

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

Admit Source data for Normal Newborn

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

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

Discharge Disposition

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

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PROVIDER: Gramercy Outpatient Surgery Center

THCIC ID:
QUARTER: 3
YEAR: 2018

Elected Not to Certify

none

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PROVIDER: Wise Health System

THCIC ID: 254001
QUARTER: 3
YEAR: 2018

Certified With Comments

The data for 3Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THICIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

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PROVIDER: University Medical Center of El Paso

THCIC ID: 263000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

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PROVIDER: Crystal Outpatient Surgery Center Lake Jackson

THCIC ID: 269001
QUARTER: 3
YEAR: 2018

Elected Not to Certify

Error w/SS # on one patient

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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PROVIDER: Del Sol Medical Center

THCIC ID: 319000
QUARTER: 3
YEAR: 2018

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing 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 that charges are not equal to 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. These have been corrected to the best of my ability and resources.

This data is submitted as the best effort to meet statutory requirements.

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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

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

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

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Length of Stay

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

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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cost to deliver the care that each patient needs.

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PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 3
YEAR: 2018

Certified With Comments

Cook Children's Medical Center has submitted and certified 3rd QUARTER 2018 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 3rd QUARTER OF 2018.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

Missing either a THCIC required HCPCS code, or not having a THCIC required

revenue code and contain at least one procedure code.

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. 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 3rd QUARTER OF 2018.

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

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

Furthermore, the data structure established by THCIC allows for a limited number of diagnoses and procedures. Patients with more than the limit for diagnoses or procedures will be missing information from the database.

This is especially true in complex cases where a patient has multiple

major illnesses and multiple surgeries over an extended stay.

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PROVIDER: Medical Arts Hospital

THCIC ID: 341000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

time we will elect to certify the data.

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PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000
QUARTER: 3
YEAR: 2018

Certified With Comments

Certifying with known errors.

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PROVIDER: Martin County Hospital District

THCIC ID: 388000
QUARTER: 3
YEAR: 2018

Certified With Comments

Transitioning from old EHR to new EHR

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PROVIDER: Dove Pointe Surgery Center

THCIC ID: 390001
QUARTER: 3
YEAR: 2018

Certified With Comments

For this quarter we did not have any patients for the months of July and Aug.

Any patient that was marked as "hispanic" under ethnicity should have been

marked as "white" instead of "other" for race.

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000
QUARTER: 3
YEAR: 2018

Certified With Comments

applicable errors that we could update, were updated. If no valid SSI number

or no SSI - there is a generic number utilized for all those patients. Patient

control numbers were reviewed and those were valid patient control numbers in

our system.

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PROVIDER: Hansford County Hospital

THCIC ID: 395000
QUARTER: 3
YEAR: 2018

Certified With Comments

Report was submitted with error in race codes. Issue resolved for 4th qtr data.

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi

THCIC ID: 398000
QUARTER: 3
YEAR: 2018

Certified With Comments

Done 3rd Qtr

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PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline

THCIC ID: 398001
QUARTER: 3
YEAR: 2018

Certified With Comments

Done 3rd Qtr

==========

PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South
THCIC ID: 398002
QUARTER: 3
YEAR: 2018

Certified With Comments

Done 3rd Qtr

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PROVIDER: John Peter Smith Hospital

THCIC ID: 409000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health

treatment facility.

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

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

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PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

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Length of Stay

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Race/Ethnicity

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PROVIDER: Lake Granbury Medical Center

THCIC ID: 424000
QUARTER: 3
YEAR: 2018

Certified With Comments

Lake Granbury is making comment on our certification of data. We did not identify a software/process problem in time to correct it for 3q2018. This process has subsequently been rectified. 43% are related to pateint race/ethnicity which is predominately non-Hispanic for our patient population.

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PROVIDER: El Campo Memorial Hospital

THCIC ID: 426000
QUARTER: 3
YEAR: 2018

Certified With Comments

I had 173 claims in error due to two errors #736 and #760. These are procedure date is more than 30 days before the statement date or after the statement thru date AND procedure through date is more than 30 days before the statement from date or after statement thru date. During this quarter we changed to a new computer system and we also have started using THA to submit for us. On checking on these claims I see where the procedure date is being keyed in manually to a date that doesn't fall within the above guidelines. At first I thought it was just a keying error but then realized with this MANY errors that it couldn't be. I feel that with these two new vendors involved that the problem has to lie with one of them. I have reached out to both vendors with this information to have them investigate. It may even be tied to an issue with the 3M encoder that interfaces with our CPSI system. That is where I get the date to key in. We have never had this issue before and I see that the 4th quarter 2018 also has 200+ error claims with this same error. These errors were not corrected by me because the report that I received from THA showed no errors and I didn't realize that I had to also check for the other frequency of error report from THCIC. I guess all of these years I never check the frequency of error report either because Texas A&M made sure that all of my claims were clean. Hopefully the issue will be identified prior to submission of the next quarter data.

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PROVIDER: CHRISTUS Spohn Hospital-Beeville
THCIC ID: 429001
QUARTER: 3
YEAR: 2018

Certified With Comments

done 3rd Qtr

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PROVIDER: Stephens Memorial Hospital

THCIC ID: 430000
QUARTER: 3
YEAR: 2018

Certified With Comments

3RD QT OUTPATIENT CERTIFICATION .

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000
QUARTER: 3
YEAR: 2018

Certified With Comments

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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: UT Southwestern University Hospital-Clements University

THCIC ID: 448001
QUARTER: 3
YEAR: 2018

Certified With Comments

E-762 - Information is correct

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PROVIDER: Dallas Medical Center

THCIC ID: 449000
QUARTER: 3
YEAR: 2018

Certified With Comments

certify q3 outpt

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PROVIDER: DeTar Hospital-Navarro

THCIC ID: 453000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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PROVIDER: DeTar Hospital-North

THCIC ID: 453001
QUARTER: 3
YEAR: 2018

Certified With Comments

The DeTar Healthcare System includes two full-service acute care hospitals: DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital North located at 101 Medical Drive. Both acute care hospitals are located in Victoria, Texas. DeTar Healthcare System is both Joint Commission accredited and Medicare certified. The system also includes two Emergency Departments with Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; a DeTar Health Center; a comprehensive Cardiac Program including Cardiothoracic Surgery and Interventional Cardiology as well as Electrophysiology; Interventional Radiology Services; Accredited

Chest Pain Center; a Bariatric Surgery Center of Excellence, Inpatient and Outpatient Rehabilitation Centers; DeTar Senior Care Center; Infusion Center; DeTar on Demand Urgent Care Centers, Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000
QUARTER: 3
YEAR: 2018

Certified With Comments

OK to certify per Margaret Woods.

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing

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

Cost/ Revenue Codes

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

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PROVIDER: Memorial Medical Center

THCIC ID: 487000
QUARTER: 3
YEAR: 2018

Certified With Comments

The ones that werent certified were er visits

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PROVIDER: Driscoll Childrens Hospital

THCIC ID: 488000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

==========

PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

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

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PROVIDER: Fort Duncan Regional Medical Center

THCIC ID: 547001
QUARTER: 3
YEAR: 2018

Certified With Comments

unable to correct errors

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PROVIDER: CHI St Joseph Health Bellville Hospital

THCIC ID: 552000
QUARTER: 3
YEAR: 2018

Certified With Comments

Failed to meet correction deadline.

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PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000
QUARTER: 3
YEAR: 2018

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.

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

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

statutory requirements.

==========

PROVIDER: Shamrock General Hospital

THCIC ID: 571000
QUARTER: 3
YEAR: 2018

Certified With Comments

file path error caused many mistakes

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PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

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

statutory requirements.

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PROVIDER: HCA Houston Healthcare Cypress Fairbanks

THCIC ID: 606000
QUARTER: 3
YEAR: 2018

Certified With Comments

approved

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

Administrative data may not accurately represent the clinical details of an

encounter.

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

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

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

electronic claim format. Then the state specifications require additional data

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

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

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

but the public should not conclude that billing data sent to our payers is

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

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PROVIDER: Muleshoe Area Medical Center

THCIC ID: 631000
QUARTER: 3
YEAR: 2018

Certified With Comments

Race codes in this data file are not accurate. A mapping problem in the software used to generate the file caused all race codes to be defaulted to code 5 Other Race.

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PROVIDER: Hamilton General Hospital

THCIC ID: 640000
QUARTER: 3
YEAR: 2018

Certified With Comments

All data certified as complete and accurate witn information available at time of reporting and certification.

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PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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

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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

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

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cost to deliver the care that each patient needs.

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PROVIDER: CHRISTUS Spohn Hospital Alice
THCIC ID: 689401
QUARTER: 3
YEAR: 2018

Certified With Comments

Done 3rd Qtr

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PROVIDER: Big Bend Regional Medical Center
THCIC ID: 711900
QUARTER: 3
YEAR: 2018

Certified With Comments

After Certification Review of over 250 items, there are no errors to report/

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PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 3
YEAR: 2018

Certified With Comments

To the best of my knowledge, the data submitted is accurate. I agree to

certify.

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PROVIDER: Ennis Regional Medical Center
THCIC ID: 714500
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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PROVIDER: Texas Midwest Surgery Center
THCIC ID: 718200
QUARTER: 3
YEAR: 2018

Certified With Comments

Reviewed all data

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PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 3
YEAR: 2018

Certified With Comments

The 3rd Quarter Outpatient data is being certified using the patient accounting

system Meditech. This is our system of records and therefore, all 7 records are

correctly reported.

Thank you,

Ernestine Marsh

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PROVIDER: Fish Pond Surgery Center
THCIC ID: 721100
QUARTER: 3
YEAR: 2018

Certified With Comments

I am certifying this portion of the 3rd quarter data, but additional third

quarter data did not load properly and will be certified separately.

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PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800
QUARTER: 3
YEAR: 2018

Certified With Comments

As is.

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PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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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.

==========

PROVIDER: CHI St Joseph Health Grimes Hospital

THCIC ID: 728800
QUARTER: 3
YEAR: 2018

Certified With Comments

Data includes errors for missing or invalid SSN. We are in the processing of

revising the process for invalid SSNs to meet the requirments of THCIC. Future

quarters should see this error rate decrease due to the procedural change.

Additonally, we have errors for point of origin (Admission Source) due to

failure of entry of this data on the patient abstract. Records missing this

field are usually ambulatory ED cases, minor in nature.

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PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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Length of Stay

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Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by

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

Standard/Non-Standard Source of Payment

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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: St Lukes Hospital at the Vintage

THCIC ID: 740000
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

==========

PROVIDER: The Endoscopy Center

THCIC ID: 786500
QUARTER: 3
YEAR: 2018

Certified With Comments

Error Code E-631, 665,671,760 were from human error and did not realize were incorrect. Error Code E-762 - all entries are procedure and revenue codes from

the procedures performed. Unsure of why they were not accepted. In future will

look into more closely and call THCIC for assistance.

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PROVIDER: South Texas Spine & Surgical Hospital
THCIC ID: 786800
QUARTER: 3
YEAR: 2018

Certified With Comments

Certify without comments

==========

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 3
YEAR: 2018

Certified With Comments

To the best of my knowledge, the data submitted is accurate. I agree to

certify.

==========

PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 3
YEAR: 2018

Certified With Comments

To the best of my knowledge, the data submitted is accurate. I agree to

certify.

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PROVIDER: LifeCare Hospital-Plano
THCIC ID: 789800
QUARTER: 3
YEAR: 2018

Certified With Comments

Due to the usul staff member going out on emergency leave it appears the

corrections were put in the system but were not submitted fully

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PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
QUARTER: 3
YEAR: 2018

Certified With Comments

The 3rd Quarter Outpatient data is being certified using the patient accounting

system Meditech. This is our system of records and therefore, all 11 records are

correctly reported.

Thank you,

Ernestine Marsh

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PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or

severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that

are a snapshot of claims one month following quarter-end. If the encounter has

not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

==========

PROVIDER: Hill Country Memorial Surgery Center

THCIC ID: 793300
QUARTER: 3
YEAR: 2018

Certified With Comments

ALL GOOD Q318

==========

PROVIDER: Ascension Seton Southwest

THCIC ID: 797500
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

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PROVIDER: Ascension Seton Northwest

THCIC ID: 797600
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

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PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000
QUARTER: 3
YEAR: 2018

Certified With Comments

The 3rd Quarter Outpatient data is being certified using the patient accounting system Meditech. This is our system of records and therefore, all 41 records are correctly reported.

Thank you,

Ernestine Marsh

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PROVIDER: Kindred Hospital-Fort Worth

THCIC ID: 800700
QUARTER: 3
YEAR: 2018

Certified With Comments

The 3rd Quarter Outpatient data is being certified using the patient accounting system Meditech. This is our system of records and therefore, all 3 records are correctly reported.

Thank you,

Ernestine Marsh

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PROVIDER: Kindred Hospital Bay Area

THCIC ID: 801000
QUARTER: 3
YEAR: 2018

Certified With Comments

The 3rd Quarter Outpatient data is being certified using the patient accounting system Meditech. This is our system of records and therefore, all 7 records are correctly reported.

Thank you,

Ernestine Marsh

==========

PROVIDER: Lake Granbury Medical Center

THCIC ID: 803800
QUARTER: 3
YEAR: 2018

Certified With Comments

Lake Granbury is making comment on our certification of data. We did not identify a software/process problem in time to correct it for 3q2018. This process has subsequently been rectified. 93% are related to pateint race/ethnicity which is predominately non-Hispanic for our patient population.

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PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800
QUARTER: 3
YEAR: 2018

Certified With Comments

The Q3 2018 FILES for IP & OP for Race and Ethnicity contain information which is generalized, these files could have been more specific in detail to represent a truer mix of the patients we see at our facility. The system issue discovered that a default was in place that did not display on our reports as an error but with review it was determined the data can never really statistically ever be a 100% of any one category. The files list "Other" # 5 as Race As far as the other data/information the files contain accurate data in areas such as Coding, Admissions, Diagnostic, Bill type etc.

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

THCIC ID: 813100
QUARTER: 3
YEAR: 2018

Certified With Comments

The Q3 2018 FILES for IP & OP for Race and Ethnicity contain information which is generalized, these files could have been more specific in detail to represent a truer mix of the patients we see at our facility. The system issue discovered that a default was in place that did not display on our reports as an error but with review it was determined the data can never really statistically ever be a 100% of any one category. The files list "Other" # 5 as Race As far as the other data/information the files contain accurate data in areas such as Coding, Admissions, Diagnostic, Bill type etc.

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PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300
QUARTER: 3
YEAR: 2018

Certified With Comments

The Q3 2018 FILES for IP & OP for Race and Ethnicity contain information which is generalized, these files could have been more specific in detail to represent a truer mix of the patients we see at our facility. The system issue discovered that a default was in place that did not display on our reports as an error but with review it was determined the data can never really statistically ever be a 100% of any one category. The files list "Other" # 5 as Race As far as the other data/information the files contain accurate data in areas such as Coding, Admissions, Diagnostic, Bill type etc.

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PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual

hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Memorial Hermann Surgery Center Woodlands

THCIC ID: 825400
QUARTER: 3
YEAR: 2018

Certified With Comments

No comments

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PROVIDER: University Surgery Center

THCIC ID: 827300
QUARTER: 3
YEAR: 2018

Certified With Comments

It was discovered that there was a discrepancy in how race was reported in 3Q

2018 due to a new form mapping issue. This issue has been corrected in 4Q 2018

and going forward.

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PROVIDER: Southwest Endoscopy & Surgery Center

THCIC ID: 836400
QUARTER: 3
YEAR: 2018

Certified With Comments

Certified on 2.12.2019

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PROVIDER: Memorial Hermann Surgery Center Katy

THCIC ID: 842400
QUARTER: 3
YEAR: 2018

Certified With Comments

3rd Quarter 2018 was submitted without correcting errors on the claims. This

was a huge oversight on my part. It will not happen again.

==========

PROVIDER: Memorial Hermann Surgery Center Texas Medical Center

THCIC ID: 843900
QUARTER: 3
YEAR: 2018

Certified With Comments

A change in administration in November 2018 did not give access to complete

claim corrections in a timely manner. Errors with social a due to policy only

allowing for the last 4 of SSN.

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PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000
QUARTER: 3
YEAR: 2018

Certified With Comments

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves very seriously ill infants, which substantially increases costs of care, lengths of stay and mortality rates.

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

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

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PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900
QUARTER: 3
YEAR: 2018

Certified With Comments

All data is correct to my knowledge with exception. Race is listed as "other" for all files. This is a mapping error in our EHR that was corrected 11/2018.

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PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901
QUARTER: 3
YEAR: 2018

Certified With Comments

All data is correct to my knowledge with exception. Race is listed as "other"

for all files. This is a mapping error in our EHR that was corrected 11/2018.

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PROVIDER: Robert B Green Ambulatory Surgery Center

THCIC ID: 856830
QUARTER: 3
YEAR: 2018

Certified With Comments

RBG claim accuracy rate is 100.0% for Q3 2018.

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PROVIDER: Texas Health Presbyterian Hospital-Rockwall

THCIC ID: 859900
QUARTER: 3
YEAR: 2018

Certified With Comments

The Q3 2018 FILES for IP & OP for Race and Ethnicity contain information which

is generalized, these files could have been more specific in detail to represent

a truer mix of the patients we see at our facility. The system issue discovered

that a default was in place that did not display on our reports as an error but

with review it was determined the data can never really statistically ever be a

100% of any one category. The files list "Other" # 5 as Race As far as the other

data/information the files contain accurate data in areas such as Coding,

Admissions, Diagnostic, Bill type etc.

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PROVIDER: Trinity Park Surgery Center

THCIC ID: 860900
QUARTER: 3
YEAR: 2018

Certified With Comments

3RD QUARTER 2018

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PROVIDER: Ascension Seton Williamson

THCIC ID: 861700
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

remain unidentified in the THCIC Practitioner Reference Files.

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

requirements.

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PROVIDER: Icon Hospital

THCIC ID: 865900
QUARTER: 3
YEAR: 2018

Certified With Comments

System change prevented correction of errors

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PROVIDER: St Lukes Sugar Land Hospital

THCIC ID: 869700
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels

THCIC ID: 917000
QUARTER: 3
YEAR: 2018

Certified With Comments

99.52%

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PROVIDER: Ascension Seton Hays

THCIC ID: 921000
QUARTER: 3
YEAR: 2018

Certified With Comments

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

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

==========

PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and

billing data.

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PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000
QUARTER: 3
YEAR: 2018

Certified With Comments

The Q3 2018 FILES for IP & OP for Race and Ethnicity contain information which is generalized, these files could have been more specific in detail to represent a truer mix of the patients we see at our facility. The system issue discovered that a default was in place that did not display on our reports as an error but with review it was determined the data can never really statistically ever be a 100% of any one category. The files list "Other" # 5 as Race As far as the other data/information the files contain accurate data in areas such as Coding, Admissions, Diagnostic, Bill type etc.

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PROVIDER: Provincial Park Surgery Center

THCIC ID: 969800
QUARTER: 3
YEAR: 2018

Certified With Comments

complete

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PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

==========

PROVIDER: Dodson Surgery Center

THCIC ID: 970400
QUARTER: 3
YEAR: 2018

Certified With Comments

Cook Children's Medical Center has submitted and certified 3rd QUARTER 2018 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 3rd QUARTER OF 2018.

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

Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
Missing either a THCIC required HCPCS code, or not having a THCIC required revenue code and contain at least one procedure code.

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers.
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 3rd QUARTER OF 2018.

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: Seton Medical Center Harker Heights

THCIC ID: 971000
QUARTER: 3
YEAR: 2018

Certified With Comments

I wish to certify this report. It is correct to the best of my knowledge.

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PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500
QUARTER: 3
YEAR: 2018

Certified With Comments

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

To meet the States submission deadline, approximately 60 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.

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PROVIDER: Surgery Center of Northeast Texas

THCIC ID: 971600
QUARTER: 3
YEAR: 2018

Certified With Comments

NPI /physician numbers verified and are correct

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PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

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

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

==========

PROVIDER: OSD Surgery Center
THCIC ID: 972920
QUARTER: 3
YEAR: 2018

Certified With Comments

Corrections were Revenue code report did not pick and one specific Surgeon NPI

number. I changed to state medical license and it accepted it. NPI was

verified and is correct dont know why system does not accept

Farhan Faiz

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PROVIDER: Eclipse Surgicare
THCIC ID: 973220
QUARTER: 3
YEAR: 2018

Certified With Comments

Q3 2018

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PROVIDER: Imperial Surgery Center
THCIC ID: 973230
QUARTER: 3
YEAR: 2018

Certified With Comments

Administrative overlook on not correcting errors before the cutoff date

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PROVIDER: University Health System Surgery Center
THCIC ID: 973580
QUARTER: 3
YEAR: 2018

Certified With Comments

University Health System Surgery Center provides healthcare to a large population in Bexar county and other surrounded counties.

UHS Surgery Center claim accuracy rate is 99.76% for Q3 2018.

Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

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PROVIDER: Wise Health Surgical Hospital

THCIC ID: 973840
QUARTER: 3
YEAR: 2018

Certified With Comments

The data for 3Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THICIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.

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PROVIDER: Houston Surgery Center

THCIC ID: 974590
QUARTER: 3
YEAR: 2018

Certified With Comments

I was unable to meet the deadline of 2/14/19 to correct the errors.

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PROVIDER: Keystone Surgery Center
THCIC ID: 974650
QUARTER: 3
YEAR: 2018

Certified With Comments

2018 2ND QTR WAS ACCIDENTLY INCLUDED WITH 2018 3RD QTR FILING.

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PROVIDER: Paris Cardiology Center Cath Lab
THCIC ID: 974760
QUARTER: 3
YEAR: 2018

Certified With Comments

Some 2nd Quarter data was included with the 3rd quarter data. Done by mistake

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PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
THCIC ID: 974790
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or

severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that

are a snapshot of claims one month following quarter-end. If the encounter has

not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: AUA Surgical Center

THCIC ID: 974840
QUARTER: 3
YEAR: 2018

Certified With Comments

We had a system/process issue regarding race and ethnicity, it has been fixed now.

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PROVIDER: CHI St Lukes Health Baylor Medical Center ASC

THCIC ID: 974960
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: CHI St Lukes Health Springwoods Village

THCIC ID: 975122
QUARTER: 3
YEAR: 2018

Certified With Comments

The data reports for Quarter 3, 2018 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims one month following quarter-end. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and

billing data.

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PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
QUARTER: 3
YEAR: 2018

Certified With Comments

98.53%

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PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
QUARTER: 3
YEAR: 2018

Certified With Comments

Data Content

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

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

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

than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-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 states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information,

because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

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

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PROVIDER: Providence Hospital of North Houston

THCIC ID: 975152
QUARTER: 3
YEAR: 2018

Certified With Comments

Hospital is migrating to new systems which impacted their ability to correct errors

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167
QUARTER: 3
YEAR: 2018

Certified With Comments

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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PROVIDER: Parkway Surgery Center

THCIC ID: 975194
QUARTER: 3
YEAR: 2018

Certified With Comments

2018 Q3 was accidently included with Q4 2018 filing

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215
QUARTER: 3
YEAR: 2018

Certified With Comments

As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease.

It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates.

As the Regional Level I Trauma Center, DSMCUT serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers.

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

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

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PROVIDER: VIP Surgical Center

THCIC ID: 975227
QUARTER: 3
YEAR: 2018

Certified With Comments

5 patients social security numbers not entered; 1 invalid principal diagnosis

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PROVIDER: Azura Surgery Center Star

THCIC ID: 975280
QUARTER: 3
YEAR: 2018

Certified With Comments

I was the certifier, we have a home office doing the data entry. I found an

error in scheduling that has resulted in adding four (4) Office Visits to this

claim resulting in errors in procedure code. I missed deadline for corrections,

I will monitor more closely moving forward. Rik Ralph

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PROVIDER: UT Health East Texas Carthage Hospital

THCIC ID: 975294
QUARTER: 3
YEAR: 2018

Certified With Comments

Unable to determine the cause for error margin, possbily due to business office

related issues or private pay accounts

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PROVIDER: UT Health East Texas Henderson Hospital

THCIC ID: 975295
QUARTER: 3
YEAR: 2018

Certified With Comments

Unable to determine the casue for the error margin,possibly business office

related or due to private accounts not generating a UBclaim form when claims

data was resubmitted to our vendor

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PROVIDER: UT Health East Pittsburg Hospital
THCIC ID: 975297
QUARTER: 3
YEAR: 2018

Certified With Comments

This data is correct to the best of my knowledge.

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PROVIDER: UT Health East Texas Quitman Hospital
THCIC ID: 975298
QUARTER: 3
YEAR: 2018

Certified With Comments

This data is correct to the best of my knowledge.

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PROVIDER: St Davids Austin Surgery Center
THCIC ID: 975310
QUARTER: 3
YEAR: 2018

Certified With Comments

will correct SSN and DX in future quarters

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PROVIDER: Austin Diagnostic Clinic Ambulatory Surgery Center
THCIC ID: 975312
QUARTER: 3
YEAR: 2018

Certified With Comments

we will make sure ssn field is complete next quarter

PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321
QUARTER: 3
YEAR: 2018

Certified With Comments

Data was submiteed for Sept with the wrong THCIC number. Data was resubmitted

2/11/19 wtih a 98% accurancy rate.

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PROVIDER: Wise Health Surgical Hospital

THCIC ID: 975322
QUARTER: 3
YEAR: 2018

Certified With Comments

The data for 3Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THICIC; any changes would be information collected or updated during the normal course of business.

Any claims errors generated for missing information for the Operating Physician or Invalid Value Codes are caused by system issue which did not affect the quality or accuracy of the claim data as it has been accepted and processed by the payer for reimbursement when appropriate.