

1q2022 Outpatient Certification Comments

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PROVIDER: Big Bend Regional Medical Center

THCIC ID: 711900

Per photo ID (Removed by THCIC) is correct in Mexico

(Removed by THCIC) tried to change the state with no success

\*Potential confidential information removed by THCIC.

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PROVIDER: Longview Laser and Surgery Center

THCIC ID: 975999

We did not see any patients in January 2022 or February 2022.

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PROVIDER: Howerton Surgical Center

THCIC ID: 233000

Certifying with 3 claims having invalid procedure codes.

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: Bailey Square Surgery Center

THCIC ID: 265000

1 claim missing HCPCS code

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PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery

THCIC ID: 975318

Adult patients showing "999" social did not provide our office with a social security number.

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PROVIDER: Woodland Heights Medical Center

THCIC ID: 481000

I inadvertently omitted one claim while making corrections. It is missing a value code.

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PROVIDER: Surgery Center of Plano

THCIC ID: 284000

1st quarter 2022

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PROVIDER: Valley Baptist Emergency Center - Harlingen

THCIC ID: 975543

All errors corrected. but it still remained at 99% . There is nothing else to correct from facility side. thank you

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PROVIDER: Otto Kaiser Memorial Hospital

THCIC ID: 357000

Note: An Account has the same doc name and NPI in both spaces for the attending and the operating Doctor, and that is accurate.

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PROVIDER: United Memorial Medical Center Sugar Land Hospital

THCIC ID: 975780

1st Quarter

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PROVIDER: Texas Health Orthopedic Surgery Center Heritage

THCIC ID: 975328

Reviewed & Certified

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PROVIDER: Advanced Surgery Center of San Antonio

THCIC ID: 974520

Charges stating present but no corresponding Revenue Code (HC-0275T) Clinical Trial/Q0 Invest Research have been marked as 0500 (Out Patient/General Classification) Per billing department this is due to 1500's going out on UB Forms; because they do not require revenue codes.

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PROVIDER: Physicians Surgical Hospitals - 9th Street

THCIC ID: 852901

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

No errors detected on the certification report.

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PROVIDER: Physicians Surgical Hospitals - Plum Creek

THCIC ID: 852900

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No errors detected on the certification report.

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PROVIDER: St Davids Georgetown Hospital

THCIC ID: 835700

694 - Missing Physician 2 (ED Attending) First Name: All claims reviewed, ER physician group correct as entered or patient(s) left prior to physician evaluation.

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

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PROVIDER: PRESTIGE ER-PLANO

THCIC ID: 975725

Q1, 2022 Data Certification

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PROVIDER: Prestige ER

THCIC ID: 975961

1Q, 2022 Data Certification

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PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000

All Outpatient are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 31 records are correctly reported.

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PROVIDER: Kindred Hospital Clear Lake

THCIC ID: 720402

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, all 57 accounts are correctly reported.

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PROVIDER: Kindred Hospital Sugar Land

THCIC ID: 792700

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, all 8 accounts are correctly reported.

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PROVIDER: New Braunfels Spine & Pain Surgery Center

THCIC ID: 975170

This 1st quarter for 2022 is ready for certification

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PROVIDER: VIP Surgical Center

THCIC ID: 975227

This 1st quarter for 2022 is ready for certification

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PROVIDER: Round Rock Medical Center

THCIC ID: 608000

694 - Missing Physician 2 (ED Attending) First Name: Patient(s) left prior to physician evaluation

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

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PROVIDER: St Davids North Austin Medical Center Emergency Department

THCIC ID: 975557

694 - Missing Physician 2 (ED Attending) First Name: Unable to provide MD patient(s) left prior to physician evaluation. All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Baptist St Anthonys Hospital

THCIC ID: 001000

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PROVIDER: Physicians Premier Leopard

THCIC ID: 975614

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

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PROVIDER: Physicians Premier Emergency Room Saratoga

THCIC ID: 975615

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at

the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Physicians Premier Emergency Room Staples

THCIC ID: 975616

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

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PROVIDER: Physicians Premier Emergency Room South Padre

THCIC ID: 975617

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

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PROVIDER: PHYSICIANS PREMIER EMERGENCY ROOM

THCIC ID: 975729

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

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PROVIDER: North Austin Medical Center

THCIC ID: 829900

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

E - 694 - Missing Physician 2 (ED Attending) First Name: All claims reviewed, NPI# for ER physician group correct as entered or patient(s) left prior to physician evaluation

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

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PROVIDER: Advanced Surgical Center-Amarillo

THCIC ID: 975332

Claim accuracy showing 99.2% although No claim corrections appearing in file.

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PROVIDER: Bay Area Houston Endoscopy Center

THCIC ID: 970190

The errors were with physician 2, I was unaware the NPI needed was for personal physicians not organizations

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PROVIDER: HCA Houston Healthcare Mainland

THCIC ID: 793000

certified with all available information

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PROVIDER: Azura Surgical Center Houston

THCIC ID: 975262

all errors have been corrected.

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PROVIDER: Center Emergency Department

THCIC ID: 975509

certified

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

certified

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PROVIDER: South Plains Surgery Center

THCIC ID: 975327

Submitted with 99% accuracy rate with outpatient data submission due to registrar unable to obtain identifying information after patient refusal.

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PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

Certification data has been reviewed

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PROVIDER: Amarillo Cataract & Eye Surgery Center

THCIC ID: 694600

QTR 1 2022 data certification has been completed.

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PROVIDER: Baylor Surgicare At Carrollton

THCIC ID: 791400

Certifying with knowledge of social security errors.

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PROVIDER: THCIC Acceptance ASC

THCIC ID: 000004

Test comments

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PROVIDER: HCA Houston Healthcare West

THCIC ID: 337001

No Errors

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PROVIDER: North Central Baptist Hospital

THCIC ID: 677001

I hereby certify 1st quarter 2022 OP. 11,418 Events. On behalf of (Removed by THCIC, CFO at North Central Baptist Hospital. (Removed by THCIC), Director Revenue Analysis at North Central Baptist Hospital.



\*Potential confidential information removed by THCIC.

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PROVIDER: Altus Baytown-Crosby

THCIC ID: 975527

Verified doctors NPI and has been entered correct.

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PROVIDER: THCIC FEMC

THCIC ID: 000005

Test comments

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PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

1st Qtr 2022 Outpatient

Accuracy rate – 99.97%

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

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: UT Health Cedar Creek Lake Emergency Center

THCIC ID: 975542

Left without being seen by physician - 2 accounts.

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PROVIDER: The Heart & Vascular Surgery Center

THCIC ID: 974540

Qtr12022

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PROVIDER: Prestige Emergency Room-Galm

THCIC ID: 975746

At the time of claim correction, the claim presented as a complicated claim.

Software issues prevented me from correcting the errors and was unsuccessful.

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PROVIDER: UT Health East Texas Quitman Hospital

THCIC ID: 975298

Changed account base class outpatient to inpatient.

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PROVIDER: Memorial Hermann Surgery Center Sugar Land

THCIC ID: 839500

Errors occurred due to technical issues, some data files may contain errors. There were changes to our advantx system that did not allow claims to properly rollover. Manual input of the corrections were needed and not all were completed.

The errors were unintentional and will be addressed in future reporting.

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PROVIDER: Good Shepherd Medical Center Northpark Emergency Department

THCIC ID: 975445

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

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PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments

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PROVIDER: HCA Houston Healthcare Northwest

THCIC ID: 229000

All corrections were made to the best of the ability of the facility.

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PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

Three (E Codes) undertermined/unresolved

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PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of October 13, 2022. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care. Submission Timing

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

#### Diagnosis and Procedures

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly. Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the federal government and all hospitals must comply.

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

possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

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

In our continuous efforts to monitor our data for accuracy, during the certification process we found one patient received duplicate charges. The account was corrected and re-billed but due to timing we were unable to correct in the THCIC data file.

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: University Medical Center

THCIC ID: 145000

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

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PROVIDER: North Cypress Medical Center ER - Fry Road Campus

THCIC ID: 975429

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

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PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300

Data Content

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

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

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

### Length of Stay

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

### Race/Ethnicity

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

meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected.

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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

PROVIDER: Valley Baptist Medical Center

THCIC ID: 400000

Certification is being done with these minimal errors as the facility did send a check for accts to be loaded back into the queue to be corrected but I was notified that payment was not received by 9/30/22 so they could not be loaded.

The check was marked as cancelled and is being returned to the facility.

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PROVIDER: Medical City Heart & Spine Hospitals

THCIC ID: 975407

INFORMATION IS VALID

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

THCIC ID: 813100

The Q1 2022 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed and all corrections made

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PROVIDER: Texas Health Surgery Center Preston Plaza

THCIC ID: 832800

All data is accurate to the best of my knowledge.

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PROVIDER: HCA Houston Healthcare Tomball

THCIC ID: 076000

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

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PROVIDER: UT Health East Texas Tyler Regional Hospital

THCIC ID: 975299

Date of birth unavailable due to patient's condition.

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PROVIDER: Medical City Arlington

THCIC ID: 502000

INFORMATION IS VALID

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PROVIDER: DeTar Hospital-Navarro

THCIC ID: 453000

DeTar Hospital Navarro Q1 2022 Outpatient claims only had 1 error code: E-694, Missing Physician 2 (ED Attending) First Name. The missing physician's first name did not cross over correctly from Stratasan's STAR system. All other informational data was corrected.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

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

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

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elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

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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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PROVIDER: Medical City Weatherford-Anderson

THCIC ID: 975241

INFORMATION IS VALID

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PROVIDER: Wise Health System-Medical Center

THCIC ID: 254001

All data is current and accurate as of the date of certification. Any errors remaining are due to missing information.

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PROVIDER: FULL SPECTRUM EMERGENCY ROOM AT THE RIM

THCIC ID: 975744

We are unable to make changes due to the CollaborateMD formatting

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PROVIDER: HCA Houston 24/7 Texas City

THCIC ID: 975474

Fatal errors were corrected

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PROVIDER: Humble Vascular Surgical Center

THCIC ID: 975278

The codes that were documented as errors in the data entry, are codes that are used for Ellipsys Endovascular AVF Creations (G2170 & C1889), for Surgical Creations and/or Revisions (36832 & 36821) & for Basilic Vein Transpositions (36818, 36819, & 36820). These codes were given to me by the billing department and there are no other codes used to bill for these procedures.

The 2 accounts with error code E-746 were not found.

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PROVIDER: Dodson Surgery Center

THCIC ID: 970400

Cook Children's Medical Center has submitted and certified FIRST QUARTER 2022 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

Since our data was submitted to the State we have uncovered medical coding errors regarding the following patient conditions in 2005 and 2010 discharges:

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the FIRST QUARTER 2022.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

This will affect encounters for the FIRST QUARTER 2022.

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

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

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

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

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

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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.

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

#### Length of Stay

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

#### Race/Ethnicity

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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: Las Palmas Medical Center

THCIC ID: 180000

Certified with Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the charges are not equal to or actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been corrected to the best of my ability and resources.

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PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500

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

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

**Diagnosis and Procedures** The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly. Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the federal government and all hospitals must comply. The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated. There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated. Given the current certification software, due to hospital volumes, it is not feasible

to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, the facility underwent a major program conversion to the HCFA 837 EDI electronic claim format. The quarterly data from Q1 2022, to the best of our knowledge, is accurate and complete given the above.

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PROVIDER: Corpus Christi Medical Center-Doctors Regional

THCIC ID: 703002

errors related to interface issue related to physician names

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

#### Data Content

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#### Diagnosis and Procedures

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PROVIDER: Memorial Hermann Surgery Center Richmond

THCIC ID: 934000

Invalid zip code.

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PROVIDER: Total Care-Cedar Hill

THCIC ID: 976027

We received an error for charges missing on one revenue code.

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PROVIDER: United Minimally Invasive Surgery Center

THCIC ID: 975918

2 Claims with Error code E-672 Invalid Service Line Procedure Code

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

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

but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.”24 errors on 13888 outpatient claims (representing only [0.17]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. 1 Patient State error was The Patient State field is required; 1 Patient Zip error was The ZIP code of the patient address is a required field; 2 Principal diagnosis code errors were Manifest diagnosis codes may not be used as the Principal Diagnosis Code; 2 Reason for Visit errors were Manifest diagnosis codes may not be used as the Reason for Visit Code; 2 Revenue code errors were The Revenue Code field must contain a valid revenue code (per Texas UB04 Manual); 8 Procedure Date errors were The Procedure Date must be within the range of 30 days before the Statement From Date and before the Statement Thru Date inclusive, and 8 Procedure Thru Date errors were The Procedure Through Date must be within the range of 30 days before the Statement From Date and before Statement Thru Date inclusive.

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PROVIDER: Ascension Seton Smithville

THCIC ID: 424500

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements Three errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x1 social security number error due to inaccurate information, x1 attending practitioner, x1 invalid diagnosis code

unable to be resolved.

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PROVIDER: South Texas Surgical Hospital

THCIC ID: 931000

There were a couple accounts that the SS# errored out. Patients did not provide their SS#.

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PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

Certifying as National I.T. and not Local Market.

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PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000

Seton Medical Center Austin has a transplant program and Neonatal Intensive Care Unit (NICU). Hospitals with transplant programs generally serve a more seriously ill patient, increasing costs and mortality rates. The NICU serves very seriously ill infants substantially increasing cost, lengths of stay and mortality rates. As a regional referral center and tertiary care hospital for cardiac and critical care services, Seton Medical Center Austin receives numerous transfers from hospitals not able to serve a more complex mix of patients. This increased patient complexity may lead to longer lengths of stay, higher costs and increased mortality. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 119 errors on 13559 outpatient claims representing only 0.008% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in

some cases the errors are not resolvable. 637 Invalid Patient SSN 15 errors were due to incomplete and inaccurate information entered .

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PROVIDER: Carrus Specialty Hospital

THCIC ID: 864600

Due to staffing issues, we were unable to correct the errors prior to due date.

In the future we will check on a monthly basis to ensure that all claims, submissions, errors and certification deadlines have been met.

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PROVIDER: UT Health East Pittsburg Hospital

THCIC ID: 975297

No demographic information available due to unable to capture. SSN not available.

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PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

Introduction

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

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

JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology,

psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation.

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

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

After review of the required THCIC claim submission data criteria, JPSH has amended their reporting criteria to include previously omitted closed accounts and align with THCIC requirements. The change will impact reported data starting 4th Quarter 2021 and may change overall reporting volume.

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PROVIDER: Houston Physicians Hospital

THCIC ID: 822001

Thirteen patients missing reason for visit codes.

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PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000

Certifying as National I.T. and not Local Market.

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PROVIDER: Scott & White Pavilion

THCIC ID: 537002

Scott & White Pavilion

THCIC ID 537002

1st Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321

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

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PROVIDER: The Hospitals of Providence Emergency Room Edgemere

THCIC ID: 975511

No comments

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PROVIDER: Baylor Scott & White Medical Center Uptown

THCIC ID: 008001

Missed correction cut off - Only one claim with error. Missing HCPCS code on bill.

=====

PROVIDER: Mission Trail Baptist Hospital

THCIC ID: 081001

certified on behalf of CFO (Removed by THCIC)

\*Potential confidential information removed by THCIC.

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PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

Data Content

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form called an UB92, in a standard government format called HCFA 837 EDI 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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#### Diagnosis and Procedures

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

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

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

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

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

#### Length of Stay

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#### Race/Ethnicity

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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: Texas Health Willow Park

THCIC ID: 975496

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on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

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PROVIDER: Guadalupe Regional Medical Center

THCIC ID: 155000

We are certifying at 99% due to an oversight by the Compliance Officer in the deadline. To assist with coordination and management of time tables, a Senior Team member will jointly monitor the timeframes to prevent future oversights.

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

No errors to report

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PROVIDER: Texas Health Burleson

THCIC ID: 975460

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Race/Ethnicity

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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: Goodall - Witcher Hospital

THCIC ID: 070000

All corrections possible were made

=====

PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

No errors to report

=====

PROVIDER: River Oaks Hospitals & Clinics

THCIC ID: 975414

The original claim upload had all claim errors corrected, but now I am seeing

that we are not at 100%. I also do not have access to make any additional corrections.

=====

PROVIDER: Northeast Baptist Hospital

THCIC ID: 134001

I hereby certify 1st quarter 2022 OP. 9230 Events. (Removed by THCIC), Director Revenue Analysis at North Central Baptist Hospital on behalf of (Removed by THCIC) CFO at Northeast Baptist Hospital.

3 unresolved errors for Missing Patient Country due to information unavailable at time of service.

1 unresolved error for Patient SSN not 9 numeric characters due to information unavailable at time of service.

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Medical Arts Hospital

THCIC ID: 341000

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

=====

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

1st Qtr 2022 Outpatient

Accuracy rate – 99.96%

Errors from the 1st Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

=====

PROVIDER: Coryell Memorial Hospital

THCIC ID: 346000

Coryell Health submitted to STAR, with 100% accuracy, 4328 outpatient encounters for Q1 2022. There are only 4097 encounters listed in System 13.

=====

PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

#### Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

#### Diagnosis and Procedures

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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



=====

PROVIDER: Baylor University Medical Center

THCIC ID: 331000

Baylor University Medical Center

THCIC ID 331000

1st Qtr 2022 Outpatient

Accuracy rate – 99.97%

Errors from the 1st Quarter FER reflect the following error codes E-637, E-736 and E-760.

Invalid ssn, reported as posted.

Invalid service line procedure code verified, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Medical City ER Grand Prairie

THCIC ID: 975541

INFORMATION IS VALID

=====

PROVIDER: Baylor Scott & White The Heart Hospital Denton

THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton

THCIC ID 208100

1st Qtr 2022 Outpatient

Accuracy rate – 99.53%

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

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

Errors will stand as reported.

=====

PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

1st Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: Harlingen Surgical Center

THCIC ID: 130054

Due to a new Software transition I was unable to correct 3 errors on summary report. Mod Med is working on there system to comply with THCIC reporting.

Thank you

=====

PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

1st Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

1st Qtr 2022 Outpatient

Accuracy rate – 99.98%

Errors from the 1st Quarter FER reflect the following error codes E-637, E-736

and E-760.

Invalid ssn, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

=====

PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID: 975384

Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID 975384

1st Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: North Cypress Medical Center ER - Willowbrook

THCIC ID: 975431

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

=====

PROVIDER: North Texas Medical Center

THCIC ID: 298000

The errors were not corrected because the accounts that are referenced has the correct diagnosis(not a duplicate), and the appropriate services performed for the admitted gender.

=====

PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385 – Outpatient

1st Qtr 2022 – 100%

No comments needed.

=====

PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, women's diagnostics services including mammography and dexametaxone, and onsite imaging (CT, X-ray, ultrasound) and laboratory services. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. Zero errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable.

=====

PROVIDER: Medical City Fort Worth

THCIC ID: 477000

INFORMATION IS VALID

=====

PROVIDER: Bellaire ER

THCIC ID: 975602

Good Morning -

We agree to certify this data. If you have any questions or concerns please feel

free to contact us.

Thanks

=====

PROVIDER: LAREDO EMERGENCY ROOM

THCIC ID: 975691

The 1q22 data has 2 errors. As advised by system 13, I am certifying with comments. We are stating that we missed the corrections deadline and then list the errors remaining on the data.

The C12 report will give you the list of errors remaining. See below

1 E-660 Invalid Patient Ethnicity

1 E-664 Invalid Patient Race

1 E-767 Manifest diagnosis codes may not be used as the Principal Diagnosis Code

1 E-785 Missing Reason for Visit Code

=====

PROVIDER: Glen Rose Medical Center

THCIC ID: 059000

Certifying without corrections.

=====

PROVIDER: Providence Hospital

THCIC ID: 804400

99% accuracy due to 1% of remaining data unavailable for corrections.

=====

PROVIDER: Central Park Surgery Center-Austin

THCIC ID: 712100

All errors corrected

=====

PROVIDER: ACPS Surgicentre

THCIC ID: 709100

Okay to certify. No errors noted

=====

PROVIDER: UMC East Emergency Department

THCIC ID: 975441

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

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

=====

PROVIDER: Baylor Scott & White Emergency Center - Forney

THCIC ID: 975537

Baylor Scott & White Medical Center- Forney

THCIC ID 975537

41st Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: Las Palmas Del Sol Emergency Center-West

THCIC ID: 975427

Certified with Comments

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

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

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

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

#### Race/Ethnicity

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

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes



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

=====

PROVIDER: Baylor Scott & White Emergency Center - Wylie

THCIC ID: 975576

Baylor Scott & White Emergency Center – Wylie

THCIC ID: 975576

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

1st Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Driscoll Childrens Hospital

THCIC ID: 488000

Thank you.

=====

PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: HEA Surgery Center

THCIC ID: 906000

1 claim in error- missing revenue code.

=====

PROVIDER: HCA Houston ER 24/7-Alvin

THCIC ID: 975932

Fatal errors corrected

=====

PROVIDER: Del Sol Medical Center

THCIC ID: 319000

Certified with Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the changes are not equal to or actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been

corrected to the best of my ability and resources.

=====

PROVIDER: Medical City Denton

THCIC ID: 336001

INFORMATION IS VALID

=====

PROVIDER: AD Hospital East

THCIC ID: 975130

Original claim upload had all errors corrected. Now it is showing some errors that I am not given the option to correct.

=====

PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

1st Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Texas Surgical Hospital

THCIC ID: 975785

Errors in data are because of a transition of staff. That person no longer worked with the facility to correct by deadline. Thank you.

=====

PROVIDER: Longview Regional Medical Center

THCIC ID: 525000

Certify

=====

PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general acute care, 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties. Seton Edgar B. Davis offers health education and wellness programs. In addition, specialists offer a number of outpatient specialty clinics providing area residents local access to the services of medical specialists. Seton Edgar B. Davis is located at 130 Hays St. in Luling, Texas. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access program. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 0 errors on 3352 outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable.

=====

PROVIDER: Medical City Weatherford-Eureka

THCIC ID: 975252

This Facility had No Data to Report, Claim submitted was don in error.

=====

PROVIDER: HCA Houston ER 24/7-Pearland

THCIC ID: 975933

Fatal errors were corrected

=====

PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

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

Length of Stay

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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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=====

PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000

Certifying without any comments.

=====

PROVIDER: Victoria Surgery Center

THCIC ID: 396003

Reviewed for accuracy. Ready to certify.

=====

PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

#### Data Content

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The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

#### Diagnosis and Procedures

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

#### Length of Stay

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

#### Race/Ethnicity

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

=====

PROVIDER: Baylor Surgery Center of Waxahachie

THCIC ID: 973560

Baylor Surgery Center of Waxahachie

THCIC ID 973560

1st Qtr 2022 Outpatient



Accuracy rate – 100%

No comments needed.

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

#### Data Content

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

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#### Diagnosis and Procedures

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=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

Data Content

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PROVIDER: Medical City Dallas Hospital

THCIC ID: 340000

INFORMATION IS VALID, SELF REFERRED

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PROVIDER: Medical Park Tower Surgery Center

THCIC ID: 967000

I am certifying the data

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PROVIDER: JPS Surgical Center-Arlington

THCIC ID: 153300

## Introduction

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

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

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

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

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

After review of the required THCIC claim submission data criteria, JPSH has amended their reporting criteria to include previously omitted closed accounts and align with THCIC requirements. The change will impact reported data starting 4th Quarter 2021 and may change overall reporting volume.

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PROVIDER: Doctors Hospital-Laredo

THCIC ID: 301000

99% accuracy due to unavailable data for remaining 1% of corrections

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PROVIDER: Medical City Green Oaks Hospital

THCIC ID: 766000

INFORMATION IS VALID

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PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Medical City North Hills

THCIC ID: 437000

INFORMATION IS VALID

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PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800

AS IS.

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center

THCIC ID: 975144

q1 2022

Invalid ss# and invalid dx. Accounts reflecting reason to visit was not

supported by SIS.

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PROVIDER: Theda Oaks Gastroenterology & Endoscopy Center

THCIC ID: 803200

1,766 errors due to blank reason for visit. Facility was unaware of the new requirements. Corrections not made due to the same reason.

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

#### Data Content

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PROVIDER: CHRISTUS Spohn Corpus Christi Outpatient Surgery

THCIC ID: 786300

unaware of the dx update.

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

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=====

PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements[5] errors on [4517] outpatient claims (representing only [0.001]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Social Security number errors were in accurately documented.

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PROVIDER: Medical City Frisco

THCIC ID: 975139

INFORMATION IS VALID

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PROVIDER: Harlingen Medical Center

THCIC ID: 788002

2022 Q1 Outpatient data

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PROVIDER: Medical City-McKinney

THCIC ID: 246000

INFORMATION IS VALID

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PROVIDER: Las Palmas Del Sol Emergency Center-Zaragoza

THCIC ID: 975508

Certified with Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the charges are not equal to or actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been corrected to the best of my ability and resources.

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

Data Content

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=====

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: ER OF DALLAS

THCIC ID: 975927

We were unable to fix some errors for Jan 2022 due to a change of vendor.

=====

PROVIDER: Baylor Scott & White The Heart Hospital Plano

THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

1st Qtr 2022 Outpatient

Accuracy rate – 99.98%

Errors from the 1st Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Christus Good Shepherd Emergency Department Kilgore

THCIC ID: 975444

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

=====

PROVIDER: Tyler County Hospital

THCIC ID: 569000

On error - patient from out of country, zip code unknown.

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100

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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.

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

### Length of Stay

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

### Race/Ethnicity



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

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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

=====

PROVIDER: Resolute Health

THCIC ID: 973850

outpatient 99%. Few errors

=====

PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments

=====

PROVIDER: Medical City Las Colinas

THCIC ID: 814000

INFORMATION IS VALID

=====

PROVIDER: Precision Ambulatory Surgery Center

THCIC ID: 975826

Filing with knowledge with claims of incorrect Claims Filing Indicator Codes

=====

PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Legent Outpatient Surgery Eules

THCIC ID: 973220

Unable to make corrections due to abrupt change in staff. moving forward will  
make corrections in a timely manner.

=====

PROVIDER: Las Palmas Del Sol Healthcare-Horizon

THCIC ID: 975884

Certified with Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the changes are not equal to or actual

payments received by the facility or facility costs for performing the service.  
Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software.  
Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been corrected to the best of my ability and resources.

=====

PROVIDER: Baylor Scott & White Medical Center Lake Pointe

THCIC ID: 975286

Baylor Scott & White Medical Center Lake Point

THCIC ID 975286

1st Qtr 2022 Outpatient

Accuracy rate – 99.98%

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

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Total Care-Desoto

THCIC ID: 976030

We were missing one patient's date of birth.

=====

PROVIDER: University Medical Center of El Paso-Mesa

THCIC ID: 975868

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

teams. The practice of attributing patient outcomes in the database to a single physician may result in inaccurate information.

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

=====

PROVIDER: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

1st Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

October 11, 2022 - It was brought to our attention of a discrepancy that approximately >10% claims had not been submitted to THCIC. Upon investigation, the issue was identified and will be corrected. From this date forward, the additional claims will be included. Thanks

=====

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

Data Content

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

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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

#### Length of Stay

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

#### Race/Ethnicity

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

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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

=====

PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

#### Data Content

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

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

#### Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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

#### Length of Stay

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

#### Race/Ethnicity

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

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

#### Standard/Non-Standard Source of Payment

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

#### Cost/ Revenue Codes

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

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

=====

PROVIDER: UMC Northeast Emergency Department

THCIC ID: 975442

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

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

=====

PROVIDER: Huebner Ambulatory Surgery Center

THCIC ID: 975211

I certify without comments.

=====

PROVIDER: North Cypress Emergency Room-Town Lake Campus

THCIC ID: 975430

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

=====

PROVIDER: Medical City Plano

THCIC ID: 214000

INFORMATION IS VALID

=====

PROVIDER: Medical City ER White Settlement



THCIC ID: 975538

INFORMATION IS VALID

=====

PROVIDER: Baptist Medical Center

THCIC ID: 114001

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

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

1st Qtr 2022 – Outpatient

Accuracy rate – 99.98%

Errors from the 1st Quarter FER reflect the following error codes E-673, E-672, E-736 and E-760.

Invalid ssn, reported as posted.

Invalid service line procedure code verified, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand as reported

=====

PROVIDER: Clay County Memorial Hospital

THCIC ID: 193000

The error summary shows one (1) E-781 error code and three (3) E-784 error codes.

Encodes must be reported with the Encode qualifier or in the Ecode section.

The claim must contain at least one HCPCS code.

Corrections were not completed because we are unable to provide the requested information.

=====

PROVIDER: The Hospitals of Providence Transmountain Campus

THCIC ID: 975188

No comments

=====

PROVIDER: Texas Orthopedic Surgery Center

THCIC ID: 784600

Data is complete and accurate.

=====

PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000

Cook Children's Medical Center has submitted and certified FIRST QUARTER 2022 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

Since our data was submitted to the State we have uncovered medical coding errors regarding the following patient conditions in 2005 and 2010 discharges:

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the FIRST QUARTER 2022.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for

modifier errors related to transport (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

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

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

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

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

This will affect encounters for the FIRST QUARTER 2022.

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

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

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

procedures will be missing information from the database. This is especially true in complex cases where a patient has multiple major illnesses and multiple surgeries over an extended stay.

=====

PROVIDER: Baylor Ambulatory Endoscopy Center

THCIC ID: 813600

All errors accounted for and corrected.

=====

PROVIDER: HOSPITALITY HEALTH ER

THCIC ID: 975767

There is one claim that was uploaded incorrectly with a missing diagnosis and was marked to submit as is. This claim should not have been added in our original submission.

=====

PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000

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

=====

PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

1st Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Las Palmas Del Sol Healthcare-Northeast

THCIC ID: 975428

Certified with Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the charges are not equal to or actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been corrected to the best of my ability and resources.

=====

PROVIDER: Medical City Alliance

THCIC ID: 974490

INFORMATION IS VALID

=====

PROVIDER: Methodist Mansfield Ambulatory Surgery Center

THCIC ID: 975846

There are 14 claims with invalid SSN those that could be corrected were done  
came across with 999-99 and the true last 4 digits it appears these errored out  
6 Claims with invalid Physician 1 name match Physician uses Initial for first  
name and system rejects the initial The physician uses First Initial Middle Name  
then Last name that is how credentialing files show his NPI  
6 Invalid Claim Filing Indicator Code for other subscriber primary payer sources  
were corrected in home before claim transmission to THCIC  
3 Invalid Reason for Visit Code were missed  
4 Missing Reason for Visit Code were missed

=====

PROVIDER: Laredo Medical Center

THCIC ID: 207001

Some Providers changed their names or are now with other company(s) and do not  
match Registry. I will have Registration Manager verify with Providers and make  
correction in Physician Master.

Some claims were not coded due to insufficient information to complete the  
claim.

Some codes were not valid codes and Coders were unsure which were correct. They  
will investigate the errors for next QTR.

=====

PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

1st Qtr 2022 Outpatient

Accuracy rate – 99.99%

Errors from the 1st Quarter FER reflect the following error codes E-736 and  
E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

=====

PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco

THCIC ID: 975798

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco

THCIC ID 975798

1st Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Northwest Surgery Center

THCIC ID: 851300

The errors are due to the fact that we were unaware of the new requirement. We are working with our software vendor rectify the issue for future quarters.

=====

PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

No comments

=====

PROVIDER: Hamilton General Hospital

THCIC ID: 640000

All data reviewed for accuracy.

=====

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

THCIC ID: 363000

Baylor Scott and White All Saints Medical Center-Fort Worth

THCIC ID 363000

1st Qtr 2022 Outpatient

Accuracy rate –99.96%

Errors from the 1st Quarter FER reflect the following error codes E-673, E-672, E-736 and E-760.

Invalid ssn, reported as posted.

Invalid service line procedure code verified, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand as reported

=====

PROVIDER: Texan Surgery Center

THCIC ID: 796500

Did not make the corrections in time, missed the error report message.

Items missed:

Reason for visit - E-785- 1301 - 0%

SSN - E-637 - 92 - 92.92%

Invalid Physician 1 (Operating) Name Match - E-785

=====

PROVIDER: Ascension Seton Northwest

THCIC ID: 797600

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files These data are submitted by the hospital as their best effort to meet statutory requirements.89 errors on 9905 outpatient claims (representing only [0.01]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable.

=====

PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID: 974240



Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID 974240

1st Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: Hospitality Health ER-Mccann

THCIC ID: 975698

All errors have been corrected.

=====

PROVIDER: Medical Center-Southeast Texas

THCIC ID: 464002

E783 Error - There is no hcpcs or other revenue code for this one line item.

=====

PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940

Baylor Scott & White Medical Center Marble Falls

THCIC ID 974940

1st Qtr 2022 Outpatient

Accuracy rate – 99.98%

Errors from the 1st Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Texas Health Surgery Center Chisholm Trail

THCIC ID: 975998

The information provided is true and correct to the best of my knowledge.

=====

PROVIDER: Lavaca Medical Center

THCIC ID: 527000

Certify with 22 claims invalid due to Missing Patient state, zip code, and admissions source. 8 claims contained manifest codes. Missed correction cutoff

=====

PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.17 errors on 6573 outpatient claims (representing only 0.26% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable.

=====

PROVIDER: Pampa Regional Medical Center

THCIC ID: 832900

Failed to correct invalid CPT code for one claim prior to submission deadline.

=====

PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and

procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

=====

PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

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

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

#### Diagnosis and Procedures

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

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates. The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

#### Standard/Non-Standard Source of Payment

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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 Marks Medical Center

THCIC ID: 823400

Invalid Zip due to patient from out of country and NPI is correct per NPPES  
however error is showing on this software.

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PROVIDER: University Medical Center of El Paso-Alameda

THCIC ID: 263000

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

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

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PROVIDER: Methodist Hospital for Surgery

THCIC ID: 750000

One record had no social security number given by the patient.

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PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

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

#### Length of Stay

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#### Race/Ethnicity

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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: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

1st Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Knapp Medical Center

THCIC ID: 480000

2022 Q1 Outpatient Data

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PROVIDER: Dallas Medical Center

THCIC ID: 449000

Certify 1Q 2022 OP

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PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

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 state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored



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

Race/Ethnicity

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

Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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=====

PROVIDER: St Joseph Medical Center

THCIC ID: 838600

St. Joseph Medical Center certify 1st Quarter 2022. We have 99% accuracy rate for outpatient.

The 25 accounts were corrected, overwritten what was in THCIC.

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PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

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

hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves 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. 23 errors from outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x1 Zip code error due to incorrect information received, x15 social security number errors were due to incomplete or inaccurate information entered and x7 patient race errors were not documented.

=====

PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000

Certifying as National I.T. and not Local Market.

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PROVIDER: Knox County Hospital

THCIC ID: 568000

Have 1 claim that has an invalid procedure code. Failed to get corrected before the deadline.

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PROVIDER: HCA Houston Healthcare Clear Lake

THCIC ID: 212000

Fatal errors were corrected

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PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275

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

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PROVIDER: Breckenridge Surgery Center

THCIC ID: 816100

Error - Procedure through date is more than 30 days before the statement from date or after statement thru date.

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PROVIDER: Carrus Behavioral Hospital

THCIC ID: 975834

Outpatient claims are not reportable as our outpatient only uses two revenue codes that are not reportable. This was not known at the time of submission.

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PROVIDER: Martin County Hospital District

THCIC ID: 388000

Errors have been corrected, education will be provided

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PROVIDER: Medical City ER Red Oak

THCIC ID: 975564

INFORMATION IS VALID

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PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 6 errors on 2535 outpatient claims (representing only 0.24% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable.

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PROVIDER: Medical Center Hospital

THCIC ID: 181000

Accounts with errors are due to manifestation diagnosis codes

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PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels

THCIC ID: 917000

1st q data 2022

21 E-605 Invalid Other Diagnosis

9 E-607 Invalid Principal Diagnosis

1 E-636 Patient SSN not 9 numeric characters

2 E-637 Invalid Patient SSN

2527 E-785 Missing Reason for Visit Code

Failed to correct data due to change in process, invalid reason for visit code was not supported by SIS.

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PROVIDER: Medical City Lewisville

THCIC ID: 394000

INFORMATION IS VALID

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

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PROVIDER: Rice Medical Center

THCIC ID: 560000

Certifying with one error due to missed deadline. I thought all errors were corrected before I left for my surgery, not realizing that one claim had not been coded yet due to waiting on physician completion. This is the first time we are certifying with an error.

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PROVIDER: Ascension Seton Hays

THCIC ID: 921000

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.[40] errors on [11801] outpatient claims (representing only [0.003]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x1 Patient Country, x1Social Security number and x1 zip code were all inaccurate.

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PROVIDER: Advanced Dallas Hospitals and Clinics

THCIC ID: 976019

Unable to correct the error in the report due to the codes not being accepted