General Comments on 4th Quarter 2019 Data

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

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

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

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

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

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

==
PROVIDER: UT Medical Branch Hospital
THCIC ID: 000102
 QUARTER: 4
    YEAR: 2019

Certified With Comments

11 Records out of 29,635 report as has having errors in the System13 which means that 99.9% of the records have no errors. While these 11 records are flagged as records in error in System13, they are consistent with the Source System.

==
PROVIDER: UT MD Anderson Cancer Center
THCIC ID: 000105
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The .02% error rate is tied to procedure codes or diagnosis codes that cannot be
changed.

==
PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

I certify that this information is correct to the best of my knowledge as of
this date of certification.

==
PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Baylor Scott & White Medical Center Uptown
THCIC ID: 008001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

all errors have been corrected, unsure why unable to certify.

```
================================================================================
```
PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall
THCIC ID: 020000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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


```
================================================================================
```
PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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


```
================================================================================
```
PROVIDER: CHRISTUS Southeast Texas - Jasper Memorial
THCIC ID: 038001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

errors as expected

==
PROVIDER: Ascension Providence
THCIC ID: 040000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Frequency of Error Report (FeR) shows 100% Accuracy Rate with no claims to
correct.

==
PROVIDER: Baylor Scott & White Medical Center Carrollton
THCIC ID: 042000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott and White Medical Center Carrollton
THCIC ID 042000
4th Qtr 2019 Outpatient
Accuracy rate - 99.49%
Errors from the 4th Quarter FER reflect the following error codes, E-605, E-624,
E-693, E-694, E-736, E-760, E-762, E-781.
Errors were reviewed and validated against data in the hospital system. The
values transmitted reflect the data from our system.
Other Diagnosis and Condition Code validated against data in hospital system.
Invalid Physician 1 Identifier and Missing Physician 2 (ED Attending) First Name
validated and verified as reported in hospital system.
Procedure dates verified in hospital system reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Ecode reported verified in hospital system.
Errors will stand "as reported".

==
PROVIDER: Baylor Scott & White Medical Center Taylor
THCIC ID: 044000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Taylor
THCIC ID 044000

4th Qtr 2019 Outpatient
Accuracy rate – 99.97%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

===
PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge
data for THCIC mandatory reporting requirements as of July 15, 2020. If any
errors are discovered in our data after this point, we will be unable to
communicate these due to THCIC. This data is administrative data, which
hospitals collect for billing purposes, and not clinical data, from which you
can make judgments about patient care.
Submission Timing
To meet the States submission deadline, approximately 30 days following the
close of the calendar year quarter, we submit a snapshot of billed claims,
extracted from our database. Any discharged patient encounters not billed by
this cut-off date will not be included in the quarterly submission file sent in.
Diagnosis and Procedures
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed which can alter the true picture of a patient's
hospitalization, sometimes significantly.
Patient diagnoses and procedures for a particular hospital stay are coded by the
hospital using ICD-10-CM effective 10-1-2015 and CPT. This is mandated by the
federal government and all hospitals must comply.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code as many as 25
diagnoses and 25 procedures for each patient record. One limitation of using
the ICD-10-CM and CPT is that there does not exist a code for every possible
diagnosis and procedure due to the continued evolution of medicine; new codes
are added yearly as coding manuals are updated.
There is no mechanism provided in the reporting process to factor in DNR (Do Not
Resuscitate) patients. Any mortalities occurring to a DNR patient are not
recognized separately; therefore, mortality ratios may be accurate for reporting
standards but overstated.

Due to an update implemented, three accounts showed invalid diagnoses audits at Certification, but they were verified in our system as correct for the date of the accounts grouper.
Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Texas Health Huguley underwent a major program conversion to the HCFA 837 EDI electronic claim format.
The quarterly data to the best of our knowledge is accurate and complete given the above.

==
PROVIDER: San Angelo Community Medical Center
THCIC ID: 056000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

I corrected all of the errors that I was able to correct.

==
PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Certifying with known errors

==
PROVIDER: Baylor Scott & White Hospital-Brenham
THCIC ID: 066000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Hospital-Brenham
THCIC ID 066000
4th Qtr 2019 Outpatient
Accuracy rate – 99.92%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760, E-769.

4q2019_Certification_Comments_OP.txt

Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

==
PROVIDER: Goodall - Witcher Hospital
THCIC ID: 070000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Unable to obtain missing information.

==
PROVIDER: Wilbarger General Hospital
THCIC ID: 084000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Corrections have been made.

==
PROVIDER: Baptist Emergency Hospital Hausman
THCIC ID: 101100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Memorial Hospital
THCIC ID: 113000
 QUARTER: 4

     YEAR: 2019

Certified With Comments

N/A

==
PROVIDER: Texas Childrens Hospital
THCIC ID: 117000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Will try to get it to 100% next quarter. Thank you

==
PROVIDER: Texas Childrens Hospital West Campus
THCIC ID: 117002
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Will try to get it to 100% next quarter. Thank you

==
PROVIDER: Texas Childrens Hospital-Pavilion for Women
THCIC ID: 117100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Will try to get it to 100% next quarter. Thank you

==
PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The data reports for Quarter 4, 2019 do not accurately reflect patient volume or
severity.
Patient Volume
•   Data reflects administrative claims data (Uniform Billing data elements)
that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.
Severity
•   More importantly, not all clinically significant conditions can be captured
and reflected in the various billing data elements including the ICD-10-CM
diagnosis coding system such as ejection fraction. As a result, the true
clinical picture of the patient population cannot be adequately demonstrated
using admissions and billing data.

===
PROVIDER: UTMB Angleton Danbury Medical Center
THCIC ID: 126000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

9 Records out of 7,223 report as has having errors in the System13 which means
that 99.9% of the records have no errors. While these 9 records are flagged as
records in error in System13, they are consistent with the Source System.

===
PROVIDER: CHI St Lukes Health Memorial Lufkin
THCIC ID: 129000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Unable to correct - insufficient information.

===
PROVIDER: The Hospitals of Providence Memorial Campus
THCIC ID: 130000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No comments

==
PROVIDER: Harlingen Surgical Center
THCIC ID: 130054
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Hard copy claim error report showing OD was corrected to RT modifier

==
PROVIDER: Tuscan Surgery Center at Las Colinas
THCIC ID: 130075
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Errors Corrected

==
PROVIDER: Navarro Regional Hospital
THCIC ID: 141000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Corrections not made due to COVID-19 staffing constraints.

==
PROVIDER: Methodist Charlton Medical Center
THCIC ID: 142000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

There were five claims with diagnosis codes, physician ID or patient name that
we could not correct

==

PROVIDER: Wadley Regional Medical Center
THCIC ID: 144000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

===
PROVIDER: University Medical Center
THCIC ID: 145000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

This data represents accurate information at the time of submission. Subsequent
changes may continue to occur that will not be reflected in this published
dataset.

===
PROVIDER: Covenant Hospital-Plainview
THCIC ID: 146000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No errors found.

===
PROVIDER: Humble Kingwood Endoscopy Center
THCIC ID: 149000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

errors have been corrected.

==
PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
 QUARTER: 4
    YEAR: 2019

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network
under the auspices of the Tarrant County Hospital District. The JPS Health
Network is accredited by the Joint Commission. In addition, JPSH holds
Joint Commission accreditation as a hospital.
JPSH is the only Texas Department of Health certified Level I Trauma
Center in Tarrant County and includes the only psychiatric emergency center in
the county. The hospital's services include intensive care for adults and
newborns, an AIDS treatment center, a full range of obstetrical and
gynecological services, adult inpatient care and an inpatient mental health
treatment facility.
JPSH is a major teaching hospital offering, or providing through co-operative
arrangements, postdoctoral training in orthopedics, obstetrics and gynecology,
psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine,
podiatry and pharmacy. The family medicine residency is the largest
hospital-based family medicine residency program in the nation.
In addition to JPSH, the JPS Health Network operates community health
centers located in medically underserved areas of Tarrant County; school-based
health clinics; outpatient programs for pregnant women, behavioral health and
cancer patients; and a wide range of wellness education programs.

==
PROVIDER: Methodist Hospital
THCIC ID: 154000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

error rate under 3%

==
PROVIDER: Methodist Specialty & Transplant Hospital
THCIC ID: 154001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Error rate was <3%


```
===============================================================================
```
PROVIDER: Northeast Methodist Hospital
THCIC ID: 154002
 QUARTER: 4
    YEAR: 2019

Certified With Comments

errors were under the 3%


```
===============================================================================
```
PROVIDER: Methodist Texsan Hospital
THCIC ID: 154003
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Error rate was <3%


```
===============================================================================
```
PROVIDER: University Hospital
THCIC ID: 158000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county
and other surrounding counties.
OP claim accuracy rate is 99.52% for Q4 2019.
Data submitted by this facility has been corrected to the best of our ability to
meet State requirements.


```
===============================================================================
```
PROVIDER: Outpatient Surgisite
THCIC ID: 173001
 QUARTER: 4
    YEAR: 2019

Elected Not to Certify

Errors are as follows:
1. (Admission Source) -reports missing/invalid- 46, clinic or physicians office-71
correct reporting should be all 117- clinic or physicians office
2. (Admission Type)- reports missing/invalid- 46, elective-71
correct reporting should be all 117- elective
3. (Patient Discharge Status)- reports missing/invalid- 46, Dischg to home or self care-71
correct reporting should be all 117-Dischg to home or self care
4. Claim Filing Indicator Code- Missing/ Invalid 78
5. Patient Age Breakdown- Less than 1 year- 7
We do not see pediatric patients of any age at our ASC.

===
PROVIDER: Las Palmas Medical Center
THCIC ID: 180000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is
administrative data not clinical data. Conclusions drawn could be erroneous due
to reporting constraints, subjective assignment of billing codes, system mapping
and normal clerical error. The State data file may not fully represent all
diagnoses treated or all procedures performed. Race and ethnicity data may be
subjectively collected an may not provide an accurate representation of the
patient population. Charges are not equal to actual payments received by the
facility nor facility costs for performing the service. Most errors corrected
were invalid social security numbers, invalid zip codes, invalid state. These
have been corrected to the best of my ability and resources.

===
PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code up to 99
diagnoses and 99 procedures for each patient record. The state is requiring us
to submit ICD-10-CM / CPT data on each outpatient receiving surgical or
radiological services but has limited the number of diagnoses and procedures to
the first 25 diagnoses codes and the first 25 procedure codes. As a result, the
data sent by us does meet state requirements but cannot reflect all the codes an
individual patient's record may have been assigned.

Length of Stay
The length of stay data element contained in the 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: Concho County Hospital
THCIC ID: 202000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Unfortunately we did not meet the deadline for corrections.

===
PROVIDER: Baylor Scott & White Hospital College Station
THCIC ID: 206100

    QUARTER: 4
       YEAR: 2019

Certified With Comments

Baylor Scott & White Hospital College Station
THCIC ID 206100
4th Qtr 2019 Outpatient
Accuracy rate – 99.86%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760,
E-767, E-769.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported

==
PROVIDER: Laredo Medical Center
THCIC ID: 207001
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Working on the Issues with Data Errors

==
PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Baylor Scott & White the Heart Hospital Denton
THCIC ID 208100
4th Qtr 2019 Outpatient
Accuracy rate – 99.53%
Errors from the 4th Quarter FER reflect the following error codes, E-688, E-689,
E-691, E-693, E-694,
E-762, E-767, E-769.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Five error codes relate to Practitioner information and all were verified in the
hospital system as reported.

Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

==
PROVIDER: HCA Houston Healthcare Clear Lake
THCIC ID: 212000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Accepted errors

==
PROVIDER: Eastland Memorial Hospital
THCIC ID: 222000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

claim count of 3 with invalid claim filing indicator code for other subscriber,
after 3 attempts to locate and fix with no luck in locating, I can live with
this error.

==
PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

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

payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code up to 99
diagnoses and 99 procedures for each patient record. The state is requiring us
to submit ICD-10-CM / CPT data on each outpatient receiving surgical or
radiological services but has limited the number of diagnoses and procedures to
the first 25 diagnoses codes and the first 25 procedure codes. As a result, the
data sent by us does meet state requirements but cannot reflect all the codes an
individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the 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: Wise Health System
THCIC ID: 254001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

This file is being certified that the information is accurate to the best information available at the time. Our system has been implementing a new EHR and it may cause delays in information related to coding, but the info provided is correct.

===
PROVIDER: Methodist Dallas Medical Center
THCIC ID: 255000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

There were two records for which we could not reconcile the primary diagnosis

code

===
PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.

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

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

Length of Stay

The length of stay data element contained in the 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: University Medical Center of El Paso
THCIC ID: 263000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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


```
================================================================================
```
PROVIDER: Bailey Square Surgery Center
THCIC ID: 265000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

```
================================================================================
```
PROVIDER: The Hospitals of Providence Sierra Campus
THCIC ID: 266000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Zip Codes for Mexico are correct; however, system is not accepting them.


```
================================================================================
```
PROVIDER: South Plains Endoscopy Center
THCIC ID: 278000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

4th quarter number is higher due to techical difficulty submitting in the 3rd
quarter. A portion of 3rd quarter will be found in the 4th quarter event log.

==
PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Waxahachie
THCIC ID 285000
4th Qtr 2019 Outpatient
Accuracy rate – 99.92%
Errors from the 4th Quarter FER reflect the following error codes, E-631, E-736,
E-760, E-767, E-769.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Patient age > 115 years – Patient is a John Doe or Trauma and never identified.
System uses 01/01/1901 for DOB.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported

==
PROVIDER: North Texas Medical Center
THCIC ID: 298000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Failed Accounts; Male dx code this usually for female patients; several ss#'s
unavailable due to patients refuse to provide, undocumented and severity of
illness to obtain from the patients; nursing home patient coded as home
admission; several emergency room/outpatient visits coded late and they
duplicated with another like procedure/date; facility uses the mandated required
coding-HCPCS/revenue codes and procedure codes are only used when required.

==
PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
 QUARTER: 4

     YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center-Irving
THCIC ID 300000
4th Qtr 2019 Outpatient
Accuracy rate – 97.86%
Errors from the 4th Quarter FER reflect the following error codes, E-689, E-693,
E-694, E-708, E-736, E-760, E-762, E-765, E-781, E-782.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Four error codes relate to Practitioner information and all were verified in the
hospital system as reported.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Three errors for ecodes reported verified in hospital system.
Errors will stand "as reported".

===
PROVIDER: Doctors Hospital-Laredo
THCIC ID: 301000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

data being certified is not at 100%

===
PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data

elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code up to 99
diagnoses and 99 procedures for each patient record. The state is requiring us
to submit ICD-10-CM / CPT data on each outpatient receiving surgical or
radiological services but has limited the number of diagnoses and procedures to
the first 25 diagnoses codes and the first 25 procedure codes. As a result, the
data sent by us does meet state requirements but cannot reflect all the codes an
individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the 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: Covenant Hospital-Levelland
THCIC ID: 307000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No errors found.

===
PROVIDER: Valley Baptist Medical Center-Brownsville
THCIC ID: 314001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

approved as is.

==
PROVIDER: Del Sol Medical Center
THCIC ID: 319000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional

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

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

The length of stay data element contained in the 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
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor University Medical Center
THCIC ID 331000
4th Qtr 2019 Outpatient
Accuracy rate – 99.70%
Errors from the 4th Quarter FER reflect the following error codes, E-631, E-694, E-736, E-760, E-767,
E-769.
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.
Patient age > 115 years – Patient is a John Doe or Trauma and never identified. System uses 01/01/1901 for DOB.
Missing physician first name verified in hospital system, reported as posted.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

===
PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified FOURTH QUARTER
2019 inpatient, outpatient surgery and outpatient radiology encounters to the
Texas Health Care Information Council with the following possible data concerns
based on the required submission method.
Since our data was submitted to the State we have uncovered medical coding
errors regarding the following patient conditions in 2005 and 2010 discharges:
Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma
Comparative complication reports reflecting the above conditions could misstate
the true conditions at Cook Children's Medical Center for the FOURTH QUARTER OF
2019.
There may be some encounters will have one of the following issues:
Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
Missing either a THCIC required HCPCS code, or not having a THCIC required
revenue code and contain at least one procedure code.
These are errors that are very difficult, if not impossible to correct as that
is how they are sent to the respective payers. This is especially true for
modifier errors related to transport (especially our fixed wing transport. Per
the following website, these modifiers appear to be legitimate:
https://www.findacode.com/code-set.php?set=HCPCSMODA.
Additionally, there may be outpatient encounters where there is an invalid NPI
associated with the attending provider. These are most likely to be encounters
in the ED where a patient was seen by a nurse in triage and charges were
incurred, but left without being seen by a physician or an advanced nurse
provider.
However, our overall accuracy rate is very high, so this will be a small
proportion of our encounters.
We will continue to work with the Revenue Cycle team to improve the accuracy of
the data elements going forward.
This will affect encounters for the FOURTH QUARTER OF 2019
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: Medical City Denton
THCIC ID: 336001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Information is Valid

===
PROVIDER: HCA Houston Healthcare West
THCIC ID: 337001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Errors have been corrected.

===
PROVIDER: CHRISTUS Santa Rosa Medical Center
THCIC ID: 339001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

One record saved in "Accept as is" status which resulted in error.

```
================================================================================
```
PROVIDER: CHRISTUS Santa Rosa Hospital-Westover Hills
THCIC ID: 339002
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Two records were saved as "Accept as is" status which resulted in error.


```
================================================================================
```
PROVIDER: Medical Arts Hospital
THCIC ID: 341000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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


```
================================================================================
```
PROVIDER: Coryell Memorial Hospital
THCIC ID: 346000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Coryell Memorial Hospital submits THCIC data through the Stratasan web portal.
A miscommunication occurred which resulted in 4q2019 outpatient critical errors
not being corrected in a timely fashion. The majority of errors pertained to
missing principal diagnoses and/or procedure date discrepancies.
Therefore, the outpatient statistics for Coryell Memorial Hospital's 4q2019
outpatient claims may not contain updated information.


```
================================================================================
```
PROVIDER: North Texas Surgery Center
THCIC ID: 354001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

All Errors have been corrected

==
PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott and White All Saints Medical Center Fort Worth
THCIC ID 363000
4th Qtr 2019 Outpatient
Accuracy rate – 99.75%
Errors from the 4th Quarter FER reflect the following error codes, E-631, E-736,
E-760, E-767, E-769.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Patient age > 115 years – Patient is a John Doe or Trauma and never identified.
System uses 01/01/1901 for DOB.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

==
PROVIDER: Refugio County Memorial Hospital District
THCIC ID: 368000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Social Security numbers were correctly entered into appropriate areas and would
not save. Help desk was unable to help solve this problem. Claims were
submitted with unfix-able errors.

==
PROVIDER: Harris Health System Lyndon B Johnson Hospital
THCIC ID: 384000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

It has been our process to try to correct all Fatal Errors (a list is sent to
the appropriate departments for corrections) before our submission to System13.
Most of the corrections were submitted but we were unable to correct the
remaining errors due to time constraints.
Although historical accuracy has consistently exceeded 99 percent. Harris Health
System is modifying its review and correction process for future certifications
to further improve the accuracy rate, within the defined time frame.

===
PROVIDER: Martin County Hospital District
THCIC ID: 388000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Unable to retrieve social security numbers, guarantors refused or did not know

===
PROVIDER: Baptist Hospitals of Southeast Texas
THCIC ID: 389000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baptist Hospital did correct the errors in the facility system and other
reporting systems such as the billing editor, the quarter we are currently
submitting the facility did not ensure that errors were corrected in HIDI
(Hospital Industry Data Institute).
Future quarters have been corrected in all systems including HIDI to ensure full
compliance requirements related to data integrity.

===
PROVIDER: Nacogdoches Medical Center
THCIC ID: 392000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

reviewed and certified

```
================================================================================
PROVIDER: Victoria Surgery Center
THCIC ID: 396003
 QUARTER: 4
    YEAR: 2019


Certified With Comments


Reviewed.  Correct to the best of our knowledge.



================================================================================
PROVIDER: Adventhealth Rollins Brook
THCIC ID: 397000
 QUARTER: 4
    YEAR: 2019


Certified With Comments


Corrections made to the best of my ability.



================================================================================
PROVIDER: Adventhealth Central Texas
THCIC ID: 397001
 QUARTER: 4
    YEAR: 2019


Certified With Comments


E



================================================================================
PROVIDER: The Surgical Center of Midland
THCIC ID: 398003
 QUARTER: 4
    YEAR: 2019


Certified With Comments


no corrections



================================================================================
PROVIDER: Valley Baptist Medical Center
THCIC ID: 400000
 QUARTER: 4
```

      YEAR: 2019

Certified With Comments

certified as is.

==
PROVIDER: Houston Methodist Baytown Hospital
THCIC ID: 405000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

There were few errors due to some incomplete records which made it to our
extract and submission that shouldn't have. We are working with our IT teams to
overcome these issues.

==
PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network
under the auspices of the Tarrant County Hospital District. The JPS Health
Network is accredited by the Joint Commission. In addition, JPSH holds
Joint Commission accreditation as a hospital.
JPSH is the only Texas Department of Health certified Level I Trauma
Center in Tarrant County and includes the only psychiatric emergency center in
the county. The hospital's services include intensive care for adults and
newborns, an AIDS treatment center, a full range of obstetrical and
gynecological services, adult inpatient care and an inpatient mental health
treatment facility.
JPSH is a major teaching hospital offering, or providing through co-operative
arrangements, postdoctoral training in orthopedics, obstetrics and gynecology,
psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine,
podiatry and pharmacy. The family medicine residency is the largest
hospital-based family medicine residency program in the nation.
In addition to JPSH, the JPS Health Network operates community health
centers located in medically underserved areas of Tarrant County; school-based
health clinics; outpatient programs for pregnant women, behavioral health and
cancer patients; and a wide range of wellness education programs.

==
PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the

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

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

Length of Stay

The length of stay data element contained in the 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: Lake Granbury Medical Center

THCIC ID: 424000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

1 error E-607 Invalid Principal Diagnosis
1 error E-637 Invalid Patient SSN
1 error E-657 Invalid Facility Type Code
8 error E-663 Invalid Patient ZIP
8 error E-687 Missing Value Code Associated Amount
1 error E-690 Invalid Physician 2 (ED Attending) Identifier for ED claim
3 error E-700 Invalid Claim Filing Indicator Code for Subscriber
39 error E-704 Missing Physician 2 (Other) Identifier
11 error E-711 Invalid Physician 2 (Other) Identifier
39 error E-712 Missing Physician 2 (Other) First Name
87 error W-732 Invalid Physician 2 (Other) Name Match
1 error E-733 Invalid Reason for Visit Code
6 error E-767 Manifest diagnosis codes may not be used as the Principal
Diagnosis Code
2 error E-769 Manifest diagnosis codes may not be used as the Reason for Visit
Code

==
PROVIDER: Ascension Seton Smithville
THCIC ID: 424500
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Medina Regional Hospital
THCIC ID: 427000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Available corrections made to active accounts.

```
================================================================================
PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be

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

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

Length of Stay

The length of stay data element contained in the 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.

==

PROVIDER: CHRISTUS Southeast Texas - St Elizabeth
THCIC ID: 444001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

errors as expected

==
PROVIDER: UT Southwestern University Hospital-Clements University
THCIC ID: 448001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

These accounts are LWBS, the default attending provider NPI was used, unable to
resolve errors

==
PROVIDER: Dallas Medical Center
THCIC ID: 449000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Certify 4Q 2019 outpt

==
PROVIDER: Midland Memorial Hospital
THCIC ID: 452000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Outpatient encounters are at 91% accuracy, was not able to fix all data errors
to 100% due to COVID-19 staffing.

==
PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000

QUARTER: 4
   YEAR: 2019

Certified With Comments

Applicable corrections have been made.

==
PROVIDER: DeTar Hospital-North
THCIC ID: 453001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The DeTar Healthcare System has reviewed Q4 2019 Outpatient data for state
reporting.

==
PROVIDER: Harris Health System Ben Taub Hospital
THCIC ID: 459000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

It has been our process to try to correct all Fatal Errors (a list is sent to
the appropriate departments for corrections) before our submission to System13.
Most of the corrections were submitted but we were unable to correct the
remaining errors due to time constraints.
Although historical accuracy has consistently exceeded 99 percent. Harris Health
System is modifying its review and correction process for future certifications
to further improve the accuracy rate, within the defined time frame.

==
PROVIDER: Covenant Medical Center
THCIC ID: 465000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No errors found.

==
PROVIDER: CHI St Lukes Health - Memorial Livingston
THCIC ID: 466000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Insufficient information to correct any further . Per facility, will certify as
is.

==
PROVIDER: Ward Memorial Hospital
THCIC ID: 468000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

CLAIM IS HIGH - DUE TO INCLUDING SEPTEMBER'S DATA

==
PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
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encounter.
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outpatient surgical or radiological services, by quarter year, gathered from a
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electronic claim format. Then the state specifications require additional data
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places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
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than 1% of the encounter volume.

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coded by the hospital using a universal standard called the International
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(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
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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
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state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
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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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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.

==
PROVIDER: Memorial Medical Center
THCIC ID: 487000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

All claims have been corrected to the best of out ability.

==
PROVIDER: Driscoll Childrens Hospital
THCIC ID: 488000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Ascension Seton Medical Center
THCIC ID: 497000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

===
PROVIDER: Hendrick Medical Center
THCIC ID: 500000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Those visits should have been submitted with "Accept as Is". We are not sure
what happened, but we thought that is what we did. We were not aware of any
errors that were still shown to be in error. We will check the future quarters
more closely.

===
PROVIDER: Baylor Scott & White Medical Center Hillcrest
THCIC ID: 506001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Hillcrest
THCIC ID 506001
4th Qtr 2019 Outpatient
Accuracy rate — 99.86%
Errors from the 4th Quarter FER reflect the following error codes, E-631, E-736,
E-760, E-767, E-769.
Errors reviewed and validated against data in the hospital system. The values

transmitted reflect the data from our system.
Patient age > 115 years – Patient is a John Doe or Trauma and never identified.
System uses 01/01/1901 for DOB.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported

==
PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott and White Medical Center Grapevine
THCIC ID 513000
4th Qtr 2019 Outpatient
Accuracy rate – 99.28%
Errors from the 4th Quarter FER reflect the following error codes, E-624, E-631,
E-688, E-689, E-691, E-693, E-694, E-736, E-760, E-762, E-769, E-782.
Errors were reviewed and validated against data in the hospital system. The
values transmitted reflect the data from our system.
Invalid condition Code validated against data in hospital system.
Patient age > 115 years – Patient is a John Doe or Trauma and never identified.
System uses 01/01/1901 for DOB.
Five error codes relate to Practitioner information and all were verified in the
hospital system as reported.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Manifest diagnosis verified in hospital system as reported.
Ecodes verified in hospital system as reported.
Errors will stand "as reported".

==
PROVIDER: Longview Regional Medical Center
THCIC ID: 525000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

We wish to certify the data

==
PROVIDER: Lavaca Medical Center
THCIC ID: 527000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Errors are due to no social security numbers

==
PROVIDER: Baylor Scott & White Medical Center Temple
THCIC ID: 537000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Temple
THCIC ID 537000
4th Qtr 2019 Outpatient
Accuracy rate – 99.81%
Errors from the 4th Quarter FER reflect the following error codes, E-605, E-631,
E-736, E-760, E-767.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Invalid other diagnosis verified in hospital system, reported as posted.
Patient age > 115 years – Patient is a John Doe or Trauma and never identified.
System uses 01/01/1901 for DOB.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported

==
PROVIDER: Scott & White Pavilion
THCIC ID: 537002
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Scott & White Pavilion
THCIC ID 537002
4th Qtr 2019 Outpatient
Accuracy rate – 99.92%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760.

Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

===
PROVIDER: Baylor Scott & White McLane Childrens Medical Center
THCIC ID: 537006
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White McLane Childrens Medical Center
THCIC ID 537006
4h Qtr2019 Outpatient
Accuracy rate – 99.85%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760,
E-767 E-769.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported

===
PROVIDER: Fort Duncan Regional Medical Center
THCIC ID: 547001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

unable to correct datat

===
PROVIDER: Methodist Richardson Medical Center
THCIC ID: 549000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

One claim has an error with the physician ID that we could not correct

```
===============================================================================
PROVIDER: Bush Renner
THCIC ID: 549001
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

Two patients had a principle diagnosis code that we did not resolve.

```
===============================================================================
PROVIDER: Bellville Medical Center
THCIC ID: 552000
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

Claims with error are due to missing SSN. No SSN listed in our system.

```
===============================================================================
PROVIDER: Ascension Seton Highland Lakes
THCIC ID: 559000
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

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

===
PROVIDER: Knox County Hospital
THCIC ID: 568000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

We do not have a SS# for (Removed by THCIC).

*Confidential information removed by THCIC.
===
PROVIDER: Shamrock General Hospital
THCIC ID: 571000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Missing some social securtity numbers due to disconnected phone number

===
PROVIDER: Ascension Seton Edgar B Davis
THCIC ID: 597000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Rio Grande Regional Hospital
THCIC ID: 601000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Below error threshold

==
PROVIDER: Round Rock Medical Center
THCIC ID: 608000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Claims with no ED physician listed left AMA. Newborn admission source correct -
principal diagnosis were preterm new born did not match admission source. Some
Social security numbers corrected with 999999999

==
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
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encounter.
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outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
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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
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(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be
incomplete due to a limitation on the number of diagnoses and procedures the
state allows us to include for each patient. In other words, the state's data
file may not fully represent all diagnoses treated by the hospital or all
procedures performed, which can alter the true picture of a patient's
hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are
used by hospitals for billing purposes. The hospital can code up to 99
diagnoses and 99 procedures for each patient record. The state is requiring us
to submit ICD-10-CM / CPT data on each outpatient receiving surgical or
radiological services but has limited the number of diagnoses and procedures to
the first 25 diagnoses codes and the first 25 procedure codes. As a result, the
data sent by us does meet state requirements but cannot reflect all the codes an
individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the state's certification file is
only three characters long. Thus, any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.   Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and

ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

===
PROVIDER: UT Southwestern University Hospital-Zale Lipshy
THCIC ID: 653001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No errors

===
PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data

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

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data
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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: TOPS Surgical Specialty Hospital
THCIC ID: 674000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Submitted correction 7/9/2020-did not receive a separate email for request or
missed correction deadline however in the past we have always been able to
correct and certify. not sure what changed.

==
PROVIDER: Methodist Ambulatory Surgery Hospital-Northwest
THCIC ID: 681001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Error rate was <3%

===
PROVIDER: Paso Del Norte Surgery Center
THCIC ID: 683800
 QUARTER: 4
    YEAR: 2019

Certified With Comments

reviewed and errors did not appear.

===
PROVIDER: Covenant Childrens Hospital
THCIC ID: 686000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No errors found.

===
PROVIDER: ACPS Surgicentre
THCIC ID: 709100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Okay to certify

===
PROVIDER: Abilene Spine & Joint Surgery Center
THCIC ID: 711700
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Social Security Number or Claim Filing INdicator Code errors only.

==
PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Approved

==
PROVIDER: The Surgery Center of Nacogdoches
THCIC ID: 716300
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Initial error report showed 100% correction, but after generating data to
certify, error report showed duplicate diagnosis error code. Unable to correct
error due to past deadline.

==
PROVIDER: Texas Midwest Surgery Center
THCIC ID: 718200
 QUARTER: 4
    YEAR: 2019

Certified With Comments

We should have fixed these errors after submission was completed. The only error
that should have popped up would be W-696 due to a known issue with matching a
physician name. We will make sure we double check our errors before it's too
late to do so.

==
PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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 5 accounts
are correctly reported.

Ernestine Marsh

===
PROVIDER: Fish Pond Surgery Center
THCIC ID: 721100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Knowledge of one provider's organizational NPI used instead of the physician
individual NPI

===
PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
 QUARTER: 4
    YEAR: 2019

Certified With Comments

As is.

===
PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data

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

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

Diagnosis and Procedures

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

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

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

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

Length of Stay

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

not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by hospitals. These guidelines will provide better
clarity for the accurate collection of this data. Hospitals do not routinely
collect race and ethnicity as part of the admission process, that this has been
added to meet the THCIC requirement. Our admissions staff indicates that many
patients are very sensitive about providing race and ethnicity information.
Therefore, depending on the circumstances of the patient's admission, race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not provide an accurate representation of the patient population for a
facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data
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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: Houston Methodist Willowbrook Hospital
THCIC ID: 724700
 QUARTER: 4
    YEAR: 2019

Certified With Comments

There were few errors due to some incomplete records which made it to our
extract and submission that shouldn't have. We are working with our IT teams to
overcome these issues.

==
PROVIDER: Northstar Surgical Center
THCIC ID: 729200
 QUARTER: 4
    YEAR: 2019

Certified With Comments

certification done

==
PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data places
programming burdens on the hospital since it is over and above the actual
hospital billing process. Errors can occur due to this additional programming,
but the public should not conclude that billing data sent to our payers is
inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-9-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

Page 64

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-9-CM / CPT data on each outpatient receiving surgical or radiological
services, but has limited the number of diagnoses and procedures to the first 25
diagnoses codes and the first 25 procedure codes. As a result, the data sent by
us does meet state requirements but cannot reflect all the codes an individual
patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the states certification file is
only three characters long. Thus any patients discharged with a length of stay
greater than 999 days will not be accurately stored within the certification
database. It is rare that patients stay longer than 999 days, therefore, it is
not anticipated that this limitation will affect this data.
Race/Ethnicity
As of the December 7, 2001, the THCIC Board indicated that they would be
creating guidelines for use by
hospitals. These guidelines will provide better clarity for the accurate
collection of this data. Hospitals do not routinely collect race and ethnicity
as part of the admission process, that this has been added to meet the THCIC
requirement. Our admissions staff indicates that many patients are very
sensitive about providing race and ethnicity information. Therefore, depending
on the circumstances of the patient's admission, race and ethnicity data may be
subjectively collected. Therefore, the race and ethnicity data may not provide
an accurate representation of the patient population for a facility.
Standard/Non-Standard Source of Payment
The standard and non-standard source of payment codes are an example of data
required by the state that is not contained within the standard UB92 billing
record. In order to meet this requirement, each payer identifier must be
categorized into the appropriate standard and non-standard source of payment
value.
These values might not accurately reflect the hospital payer information,
because those payers identified
contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any
true managed care comparisons by contract type (HMO vs. PPO) may result in
inaccurate analysis.
Cost/ Revenue Codes
The state requires that hospitals submit revenue information including charges.
It is important to note that

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

==
PROVIDER: East El Paso Surgery Center
THCIC ID: 732900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Needed corrections were not submitted by the deadline as required.

==
PROVIDER: Surgical Center of El Paso
THCIC ID: 733001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Needed corrections were not submitted by the deadline as required.

==
PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas
THCIC ID: 784400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott and White Heart & Vascular Hospital Dallas
THCIC ID 784400
4th Qtr 2019 Outpatient
Accuracy rate – 99.93%
Errors from the 4th Quarter FER reflect the following error codes, E-736 E-760.
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

==
PROVIDER: The Endoscopy Center
THCIC ID: 786500
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The error message 782- for not having a required HCPCS code or revenue code
were sent as is. I used the codes given on the operative reports. I have already
spoken with Tiffany Overton from the state regarding this in the past regarding
this.

==
PROVIDER: Baylor Scott & White Medical Center-Frisco
THCIC ID: 787400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Errors either corrected or removed due to erroneous data.

==
PROVIDER: Harlingen Medical Center
THCIC ID: 788002
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No comments

==
PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Approved

==

PROVIDER: Vista Surgery Center
THCIC ID: 791900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Unable to correct errors prior to due date due to facility closure/staff- due to
COVID-19

==
PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The Outpatient data for the reporting period of Oct 1st through December 31st
2019 is being reported accurate. The system used to collect this data is
Meditech (patient accounting system) Admission source and Pace form (Pre
Admission Clinical Evaulution). Therefore, all 11 records are accurate. Facility
closed.
Thank you,
Ernestine Marsh

==
PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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 2 accounts
are correctly reported.

Ernestine Marsh

==
PROVIDER: HCA Houston Healthcare Mainland
THCIC ID: 793000

  QUARTER: 4
     YEAR: 2019

Certified With Comments

ERRORS CORRECTED

===
PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
 QUARTER: 4
     YEAR: 2019

Certified With Comments

The data reports for Quarter 4, 2019 do not accurately reflect patient volume or
severity.
Patient Volume
•   Data reflects administrative claims data (Uniform Billing data elements)
that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.
Severity
•   More importantly, not all clinically significant conditions can be captured
and reflected in the various billing data elements including the ICD-10-CM
diagnosis coding system such as ejection fraction. As a result, the true
clinical picture of the patient population cannot be adequately demonstrated
using admissions and billing data.

===
PROVIDER: Hill Country Memorial Surgery Center
THCIC ID: 793300
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Q4 2019 is all ready to go

===
PROVIDER: Northwest Hills Surgical Hospital
THCIC ID: 794000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

*For Q4 2019 this data set does not include 98 Outpatient in a bed claims.

===
PROVIDER: Texan Surgery Center
THCIC ID: 796500
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Unable to obtain social security numbers on 4 patients

===
PROVIDER: Key Whitman Surgery Center
THCIC ID: 796600
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Missing country and social security numbers are missing or incorrect due to
patients not wanting to give information.

===
PROVIDER: Doctors Hospital-Renaissance
THCIC ID: 797100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Reviewed Errors

===
PROVIDER: Womens Hospital-Renaissance
THCIC ID: 797101
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Reviewed Errors

```
===============================================================================
PROVIDER: Ascension Seton Southwest
THCIC ID: 797500
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

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

```
===============================================================================
PROVIDER: Ascension Seton Northwest
THCIC ID: 797600
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

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

```
===============================================================================
PROVIDER: Kindred Hospital Tarrant County Fort Worth SW
THCIC ID: 800000
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

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 34 accounts
are correctly reported.

Ernestine Marsh

```
================================================================================
```
PROVIDER: Houston Methodist West Hospital
THCIC ID: 800010
 QUARTER: 4
    YEAR: 2019

Certified With Comments

There were few errors due to some incomplete records which made it to our
extract and submission that shouldn't have. We are working with our IT teams to
overcome these issues.


```
================================================================================
```
PROVIDER: LMC North
THCIC ID: 800300
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Working on the issues with data that has errors


```
================================================================================
```
PROVIDER: Kindred Hospital Bay Area
THCIC ID: 801000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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 6 accounts
are correctly reported.

Ernestine Marsh


```
================================================================================
```
PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Few ethnic errors minor

==
PROVIDER: Lake Granbury Medical Center
THCIC ID: 803800
 QUARTER: 4
    YEAR: 2019

Certified With Comments

1 error E-663 Invalid Patient ZIP

==
PROVIDER: Providence Hospital
THCIC ID: 804400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

data being certified is not at 100%

==
PROVIDER: Physicians Surgery Center Longview
THCIC ID: 806400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

We wish to certify.

==
PROVIDER: Community Surgery Center
THCIC ID: 807500
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Corrected all the errors that I was able to correct.

===
PROVIDER: Texas International Endoscopy Center
THCIC ID: 810001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Corrects not complete due to COVID-19

===
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The Q4 2019 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

===
PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The Q4 2019 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

===
PROVIDER: Baylor Scott & White Medical Center-Plano
THCIC ID: 814001
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center-Plano
THCIC ID 814001
4th Qtr 2019 Outpatient

Accuracy rate – 98.99%
Errors from the 4th Quarter FER reflect the following error codes, E-624, E-693, E-694, E-736, E-760,
E-762, E-767, E-769, E-782.
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.
Invalid revenue code verified, reported as posted.
Two errors relate to Practitioner/Physician information and all were verified in the hospital system as reported.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or procedure code.
Manifest diagnosis verified in hospital system as reported.
Ecodes reported verified in hospital system.
Errors will stand "as reported".

==
PROVIDER: Gastrointestinal Endoscopy Center
THCIC ID: 815100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Claims for 1st qtr were corrected and thought we were correcting 4th qtr claims. Did not realize until deadline had passed. Most errors were invalid social security number because they were all xxxxx and then 9999 for last digits.

==
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The Q4 2019 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

==
PROVIDER: Spinecare
THCIC ID: 816900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

DATA GENERATED FROM OUR SCHEDULING SOFTWARE. WE CANNOT GUARANTEE 100% ACCURACY.

==
PROVIDER: North Garland Surgery Center
THCIC ID: 819200
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Not sure what errors there are to explain.
I corrected 1 error for SS#.

==
PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies

with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the 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: Westlake Medical Center
THCIC ID: 822800
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

gender not consistent with procedure due to gender transition not accepting male/female

```
================================================================================
PROVIDER: Houston Methodist Sugar Land Hospital
THCIC ID: 823000
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

There were few errors due to some incomplete records which made it to our extract and submission that shouldn't have. We are working with our IT teams to overcome these issues.

```
================================================================================
PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
 QUARTER: 4
    YEAR: 2019
```

Certified With Comments

Revenue code added

==
PROVIDER: Texas Health Surgery Center Preston Plaza
THCIC ID: 832800
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The data being certified is accurate to the best of our knowledge.

==
PROVIDER: Pampa Regional Medical Center
THCIC ID: 832900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Will educate on not using manifestation codes as principal diagnosis and/or
reason for visit.

==
PROVIDER: CHRISTUS Spohn Surgicare of Corpus Christi
THCIC ID: 839300
 QUARTER: 4
    YEAR: 2019

Certified With Comments

It states on my report all claims passed, there were no excluded or rejected
claims on my report dated 2/27/2020. It shows a total of 1904 claims passed for
4th Qrt 2019. If you have something that shows differently, I'm not aware of
it.

==
PROVIDER: Memorial Hermann Surgery Center Southwest
THCIC ID: 839400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

certified

==
PROVIDER: Memorial Hermann Surgery Center Katy
THCIC ID: 842400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

no comment

==
PROVIDER: Baylor Scott & White The Heart Hospital Plano
THCIC ID: 844000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White The Heart Hospital Plano
THCIC ID 844000
4th Qtr 2019 Outpatient
Accuracy rate – 98.98%
Errors from the 4th Quarter FER reflect the following error codes, E-624, E-688,
E-689, E-691, E-693,
E-694, E-736, E-760, E-762, E-767.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Invalid Condition code verified in hospital system
Errors relate to Physician information and all were verified in the hospital
system as reported.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported

==
PROVIDER: St Lukes Patients Medical Center
THCIC ID: 846100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Errors have been reviewed

==
PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Foundation Surgical Hospital-San Antonio
THCIC ID: 852100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Because of Covid-19 we had staff furloughs accross our organization, therefore,
we were unable to make the necessary corrections before the due date.   This was
a one time occurence and should not happen again.

==
PROVIDER: Baylor Scott & White Medical Center Round Rock
THCIC ID: 852600
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Round Rock
THCIC ID 852600
4th Qtr 2019 Outpatient
Accuracy rate – 99.89%
Errors from the 4th Quarter FER reflect the following error codes, E-631, E-736, E-760, E-767, E-769.
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.
Patient age > 115 years – Patient is a John Doe or Trauma and never identified. System uses 01/01/1901 for DOB.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

===
PROVIDER: Physicians Surgical Hospital-Quail Creek
THCIC ID: 852900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Certifying with knowledge of error: primary payor name missing

===
PROVIDER: Physicians Surgical Hospital-Panhandle Campus
THCIC ID: 852901
 QUARTER: 4
    YEAR: 2019

Certified With Comments

all data submission correct to my knowledge

===
PROVIDER: Robert B Green Ambulatory Surgery Center
THCIC ID: 856830
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Robert B Green Ambulatory Surgery Center provides healthcare to a large population in Bexar county and other surrounding counties.
RBG claim accuracy rate is 99.80% for Q4 2019.

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

===
PROVIDER: Ambulatory Surgical Institute of Dallas
THCIC ID: 856840
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Physician and billing given the opportunity to review and correct.

===
PROVIDER: Corpus Christi Endoscopy Center
THCIC ID: 857300
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The claims with errors were minimal and I was not able to make corrections

===
PROVIDER: Texas Health Hospital Rockwall
THCIC ID: 859900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The Q4 2019 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

===
PROVIDER: USMD Hospital Fort Worth
THCIC ID: 861400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Not sure what the error is?

==
PROVIDER: Ascension Seton Williamson
THCIC ID: 861700
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: The Hospitals of Providence East Campus
THCIC ID: 865000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No comments

==
PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The data reports for Quarter 4, 2019 do not accurately reflect patient volume or
severity.
Patient Volume
•   Data reflects administrative claims data (Uniform Billing data elements)
that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.
Severity
•   More importantly, not all clinically significant conditions can be captured
and reflected in the various billing data elements including the ICD-10-CM
diagnosis coding system such as ejection fraction. As a result, the true
clinical picture of the patient population cannot be adequately demonstrated

using admissions and billing data.

==
PROVIDER: Methodist Stone Oak Hospital
THCIC ID: 874100
 QUARTER: 4
     YEAR: 2019

Certified With Comments

error rate under 3%

==
PROVIDER: Laredo Digestive Health Center
THCIC ID: 904000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

errors were corrected on program

==
PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

4th q data

==
PROVIDER: Ascension Seton Hays
THCIC ID: 921000
 QUARTER: 4
     YEAR: 2019

Certified With Comments

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

requirements.

==
PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The data reports for Quarter 4, 2019 do not accurately reflect patient volume or
severity.
Patient Volume
•   Data reflects administrative claims data (Uniform Billing data elements)
that
are a snapshot of claims one month following quarter-end. If the encounter has
not yet been billed, data will not be reflected in this quarter.
Severity
•   More importantly, not all clinically significant conditions can be captured
and reflected in the various billing data elements including the ICD-10-CM
diagnosis coding system such as ejection fraction. As a result, the true
clinical picture of the patient population cannot be adequately demonstrated
using admissions and billing data.

==
PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The Q4 2019 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

==
PROVIDER: First Surgery Suites
THCIC ID: 946000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Submitting certification with known SSN errors.

===
PROVIDER: Texas Health Outpatient Surgery Center Fort Worth
THCIC ID: 970100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For
example, while one physician may diagnose a patient with anemia when the
patient's blood hemoglobin level falls below 9.5, another physician may not
diagnose the patient with anemia until their blood hemoglobin level is below
9.0. In both situations, a diagnosis of anemia is correctly assigned, but the
criteria used by the physician to determine that diagnosis was different. An
'apples to apples' comparison cannot be made, which makes it difficult to obtain
an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the
patient's admission to the hospital and those occurring during hospitalization.
For example, if a code indicating an infection is made, it is not always
possible to determine if the patient had an infection prior to admission or
developed an infection during their hospitalization. This makes it difficult to
obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

==
PROVIDER: Central Texas Day Surgery Center
THCIC ID: 970120
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Claim codes and E codes?

==
PROVIDER: Dodson Surgery Center
THCIC ID: 970400
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified FOURTH QUARTER
2019 inpatient, outpatient surgery and outpatient radiology encounters to the
Texas Health Care Information Council with the following possible data concerns
based on the required submission method.
Since our data was submitted to the State we have uncovered medical coding
errors regarding the following patient conditions in 2005 and 2010 discharges:
Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma
Comparative complication reports reflecting the above conditions could misstate
the true conditions at Cook Children's Medical Center for the FOURTH QUARTER OF
2019.
There may be some encounters will have one of the following issues:
Questionable Revenue Procedure Modifier 1
Questionable Revenue Procedure Modifier 2
Missing either a THCIC required HCPCS code, or not having a THCIC required
revenue code and contain at least one procedure code.
These are errors that are very difficult, if not impossible to correct as that
is how they are sent to the respective payers. This is especially true for
modifier errors related to transport (especially our fixed wing transport. Per
the following website, these modifiers appear to be legitimate:
https://www.findacode.com/code-set.php?set=HCPCSMODA.
Additionally, there may be outpatient encounters where there is an invalid NPI
associated with the attending provider. These are most likely to be encounters
in the ED where a patient was seen by a nurse in triage and charges were
incurred, but left without being seen by a physician or an advanced nurse
provider.
However, our overall accuracy rate is very high, so this will be a small

proportion of our encounters.
We will continue to work with the Revenue Cycle team to improve the accuracy of
the data elements going forward.
This will affect encounters for the FOURTH QUARTER OF 2019
Patient charges that were accrued before admit or after discharge were
systematically excluded from the database. This can happen when a patient is
pre-admitted and incurs charges to their encounter before their admit date or
charges are discovered and added to the patient encounter after they are
discharged. Therefore, the charges for many patient encounters are under
reported.
The data structure allowed by THCIC erroneously assigns surgeons to surgical
procedures they did not perform. The data structure provided by THCIC allows
for one attending and one operating physician assignment. However, patients
frequently undergo multiple surgeries where different physicians perform
multiple procedures. Assigning all of those procedures to a single 'operating
physician' will frequently attribute surgeries to the wrong physician. THCIC
chooses to only assign one surgeon to a patient encounter, not to each
procedure.
Furthermore, the data structure established by THCIC allows for a limited number
of diagnoses and procedures. Patients with more than the limit for diagnoses or
procedures will be missing information from the database. This is especially
true in complex cases where a patient has multiple major illnesses and multiple
surgeries over an extended stay.

===
PROVIDER: Texas Health Huguley Surgery Center
THCIC ID: 971500
 QUARTER: 4
    YEAR: 2019

Certified With Comments

THCIC Q4 2019 Comments:
The following comments reflect concerns, errors, or limitations of discharge
data for THCIC mandatory reporting requirements. If any errors are discovered
in our data after this point, we will be unable to communicate these due to
THCIC. This data is administrative data, which hospitals collect for billing
purposes, and not clinical data, from which you can make judgments about patient
care.
Submission Timing
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 4th quarter 2019, to the best of our knowledge, is
accurate and complete given the above.

==
PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
 QUARTER: 4
    YEAR: 2019

Certified With Comments

NPI are verified and correct

==
PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center McKinney
THCIC ID 971900
4th Qtr 2019 Outpatient

Accuracy rate – 99.21%
Errors from the 4th Quarter FER reflect the following error codes, E-624, E-688,
E-689, E-690, E-691, E-693, E-694, E-736, E-760, E-762, E-767, E-769, E-782.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Invalid revenue code verified, reported as posted.
Six errors relate to Practitioner information and all were verified in the
hospital system as reported.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Manifest diagnosis verified in hospital system as reported.
Ecodes reported verified in hospital system.
Errors will stand "as reported".

===
PROVIDER: Pain Management Professionals of Baytown
THCIC ID: 972100
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Certification.

===
PROVIDER: Baylor Emergency Medical Center
THCIC ID: 972420
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

===
PROVIDER: Baptist Emergency Hospital Overlook
THCIC ID: 972810
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.
The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.
If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the 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: Baptist Emergency Hospital Westover Hills
THCIC ID: 973000
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Eclipse Surgicare
THCIC ID: 973220
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The claim correction tab shows no errors. When I press certify it says there are errors and to make a comment regarding the errors.

==
PROVIDER: Methodist Stone Oak Fertility Surgery Center
THCIC ID: 973380
 QUARTER: 4
    YEAR: 2019

Certified With Comments

error rate below 3%

==
PROVIDER: Precinct Ambulatory Surgery Center
THCIC ID: 973460

QUARTER: 4
    YEAR: 2019

Certified With Comments

certified all calims to best of my knowledge with Erin Ferletia

==
PROVIDER: CHRISTUS Southeast Texas Orthopedic Specialty Center
THCIC ID: 973570
 QUARTER: 4
    YEAR: 2019

Certified With Comments

errors as expected.

==
PROVIDER: University Health System Surgery Center
THCIC ID: 973580
 QUARTER: 4
    YEAR: 2019

Certified With Comments

University Health System Surgery Center provides healthcare to a large
population in Bexar county and other surrounding counties.
UHS Surgery Center claim accuracy rate is 99.66% for Q4 2019.
Data submitted by this facility has been corrected to the best of our ability to
meet State requirements.

==
PROVIDER: Baylor Emergency Medical Center at Rockwall
THCIC ID: 973610
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Houston Methodist St John Hospital
THCIC ID: 973640
 QUARTER: 4
    YEAR: 2019

Certified With Comments

There were few errors due to some incomplete records which made it to our
extract and submission that shouldn't have. We are working with our IT teams to
overcome these issues.

==
PROVIDER: Rio Grande Regional Hospital Outpatient Surgery Center
THCIC ID: 973700
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Below error threshold

==
PROVIDER: The Ambulatory Surgical Center at LBJ
THCIC ID: 973710
 QUARTER: 4
    YEAR: 2019

Certified With Comments

It has been our process to try to correct all Fatal Errors (a list is sent to
the appropriate departments for corrections) before our submission to System13.
Most of the corrections were submitted but we were unable to correct the
remaining errors due to time constraints.
Although historical accuracy has consistently exceeded 99 percent. Harris Health
System is modifying its review and correction process for future certifications
to further improve the accuracy rate, within the defined time frame.

==
PROVIDER: Wise Health Surgical Hospital
THCIC ID: 973840
 QUARTER: 4
    YEAR: 2019

Certified With Comments

This file is being certified that the information is accurate to the best
information available at the time. Our system has been implementing a new EHR
and it may cause delays in information related to coding, but the info provided
is correct.

==
PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID 974240
4th Qtr 2019 Outpatient
Accuracy Rate – 99.65%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Errors will stand "as reported".

==
PROVIDER: HCA Houston Healthcare Pearland
THCIC ID: 974390
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Accuracy is within the 3% threshold for error.

==
PROVIDER: Bear Creek Surgery Center
THCIC ID: 974440
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Attempted to fix State from TE to TX and system would not save correction.

==
PROVIDER: Texas Precision Surgery Center
THCIC ID: 974770
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Corrections did not get completed by deadline. I am new to the THCIC process.

==
PROVIDER: Baylor Scott & White Medical Center Marble Falls
THCIC ID: 974940
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott and White Medical Center Marble Falls
THCIC ID 974940
4th Qtr 2019 Outpatient
Accuracy rate - 99.89%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760,
E-767, E-769.
Errors were reviewed and validated against data in the hospital system. The
values transmitted reflect the data from our system.
Procedure Date and Procedure Through Date verified in hospital system as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

==
PROVIDER: Doctors Hospital at Renaissance Outpatient Surgical Center
THCIC ID: 974950
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Already reviewed errors

==
PROVIDER: Baylor Surgicare at North Dallas
THCIC ID: 975050
 QUARTER: 4

     YEAR: 2019

Certified With Comments

claim count high Q319 claim count included

==
PROVIDER: Abilene White Rock Surgery Center
THCIC ID: 975114
 QUARTER: 4
     YEAR: 2019

Certified With Comments

missing SS# was unavailable

==
PROVIDER: North Pines Surgery Center
THCIC ID: 975117
 QUARTER: 4
     YEAR: 2019

Certified With Comments

E605

==
PROVIDER: AD Hospital East
THCIC ID: 975130
 QUARTER: 4
     YEAR: 2019

Certified With Comments

Certified with errors with accuracy rate of 97%

==
PROVIDER: UTMB League City Campus Hospital
THCIC ID: 975140
 QUARTER: 4
     YEAR: 2019

Certified With Comments

13 Records out of 18,581 report as has having errors in the System13 which means that 99.9% of the records have no errors. While these 13 records are flagged as records in error in System13, they are consistent with the Source System.

==
PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 975144
 QUARTER: 4
    YEAR: 2019

Certified With Comments

2019 4th q data

==
PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center
THCIC ID: 975146
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data Content
This data is administrative data, which hospitals collect for billing purposes.
Administrative data may not accurately represent the clinical details of an
encounter.
The state requires us to submit outpatient claims for patients that receive
outpatient surgical or radiological services, by quarter year, gathered from a
form called an UB92, in a standard government format called HCFA 837 EDI
electronic claim format. Then the state specifications require additional data
elements to be included over and above that. Adding those additional data
places programming burdens on the hospital since it is 'over and above' the
actual hospital billing process. Errors can occur due to this additional
programming, but the public should not conclude that billing data sent to our
payers is inaccurate. These errors have been corrected to the best of our
knowledge.
If a medical record is unavailable for coding the encounter is not billed and is
not included in the data submission. This represents a rare event that is less
than 1% of the encounter volume.
Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are
coded by the hospital using a universal standard called the International
Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes
(CPT Codes). This is mandated by the federal government. The hospital complies
with the guidelines for assigning these diagnosis codes; however, this is often
driven by physician's subjective criteria for defining a diagnosis. For

example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.
The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.
The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.
The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.
Length of Stay
The length of stay data element contained in the 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: Methodist Southlake Hospital
THCIC ID: 975153
 QUARTER: 4
    YEAR: 2019

Certified With Comments

No changes

===
PROVIDER: Saint Camillus Medical Center
THCIC ID: 975154
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Correction deadline missed due to Staff/ hour reduction during Covid-19
2 error code E-655- Meditech uses a 7 for, should be a 1 for outside admission
1 error code E-736 and 1 error code E-760 Incorrect procedure dates of more then
30 days, due to clerical error.
1 error code E-762 HCPCS code, likely due to lack of procedure code crossing
over.

===
PROVIDER: Baylor Scott & White Medical Center Lakeway
THCIC ID: 975165
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Lakeway
THCIC ID 975165
4th Qtr 2019 Outpatient
Accuracy rate – 99.89%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760,
E-767.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

===
PROVIDER: First Texas Hospital
THCIC ID: 975166
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Unable to correct remaining errors with our system capabilities.

===
PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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: Baptist Emergency Hospital Zamora
THCIC ID: 975179
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

===
PROVIDER: Advanced Cardiovascular Surgery Center at Methodist West Houston
THCIC ID: 975186
 QUARTER: 4
    YEAR: 2019

Certified With Comments

All errors were corrected.

```
================================================================================
PROVIDER: The Hospitals of Providence Transmountain Campus
THCIC ID: 975188
 QUARTER: 4
    YEAR: 2019


Certified With Comments


No comments



================================================================================
PROVIDER: Medfinity Health Surgery Center Plano
THCIC ID: 975195
 QUARTER: 4
    YEAR: 2019


Certified With Comments


Unable to correct 2 errors per deadline May 1st.



================================================================================
PROVIDER: Beaumont Heart & Vascular Surgery Center
THCIC ID: 975200
 QUARTER: 4
    YEAR: 2019


Certified With Comments


I had 98.7 accuracy rate going forward I will make corrections to have 100%



================================================================================
PROVIDER: Texas Childrens Hospital The Woodlands
THCIC ID: 975205
 QUARTER: 4
    YEAR: 2019


Certified With Comments


Will try to get it to 100% next quarter.  Thank you



================================================================================
PROVIDER: Houston Methodist The Woodlands Hospital
THCIC ID: 975208
```

  QUARTER: 4
     YEAR: 2019

Certified With Comments

There were few errors due to some incomplete records which made it to our
extract and submission that shouldn't have. We are working with our IT teams to
overcome these issues.

===
PROVIDER: CHRISTUS St Mary Outpatient Center Mid-County
THCIC ID: 975209
 QUARTER: 4
     YEAR: 2019

Certified With Comments

errors as expected

===
PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
 QUARTER: 4
     YEAR: 2019

Certified With Comments

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

==
PROVIDER: Texas Health Surgery Center Bedford
THCIC ID: 975219
 QUARTER: 4
    YEAR: 2019

Certified With Comments

certifying with known errors related to gender.

==
PROVIDER: Texas Rural Hospitals
THCIC ID: 975222
 QUARTER: 4
    YEAR: 2019

Certified With Comments

2% of the claims for the 2019 4th quarter, contained errors primarily related to
the E-codes being reported under Other Diagnosis, instead of the E-codes
section. This error occurred because the wrong identifier was used in the THCIC
data set for E-codes. This issue has been corrected and will not occur in
subsequent quarters for THCIC reporting. Thank you.

==
PROVIDER: The Hospitals of Providence Horizon City Campus
THCIC ID: 975233
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Caprock Hospital
THCIC ID: 975270
 QUARTER: 4
    YEAR: 2019

Certified With Comments

This includes data from our freestanding ER.

==
PROVIDER: Mountain West Surgery Center
THCIC ID: 975272
 QUARTER: 4
    YEAR: 2019

Certified With Comments

High Claim count due to, 4th quarter is including 3rd quarter claims.

==
PROVIDER: Coppell Surgery Center
THCIC ID: 975273
 QUARTER: 4
    YEAR: 2019

Certified With Comments

no comment

==
PROVIDER: Christus Good Shepherd Ambulatory Surgical Center
THCIC ID: 975275
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: Humble Vascular Surgical Center
THCIC ID: 975278
 QUARTER: 4

     YEAR: 2019

Certified With Comments

The two procedures that were noted to need corrections is due to a new procedure
(WavelinQ AVF creation). The charge code that was noted is what was given to
our office and is a current billable code. Code: C9755 WavelinQ

==
PROVIDER: Baylor Scott & White Medical Center Centennial
THCIC ID: 975285
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Centennial
THCIC ID 975285
4 Qtr 2019 Outpatient
Accuracy rate – 99.74%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760,
E-762, E-765, E-767.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or
procedure code.
Ecode reported verified in hospital system.
Manifest diagnosis verified in hospital system as reported.
Errors will stand "as reported".

==
PROVIDER: Baylor Scott & White Medical Center Lake Pointe
THCIC ID: 975286
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center Lake Pointe
THCIC ID 975286
4th Qtr 2016 Outpatient
Accuracy rate – 99.84%
Errors from the 4th Quarter FER reflect the following error codes, E-631, E-693,
E-704, E-712,
E-731, E-736, E-760, E-762, E-767, E-769, E-782.

Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.
Five error codes relate to Practitioner information and all were verified in the hospital system as reported.
Procedure dates verified in hospital system, reported as posted.
Claims did not meet criteria for state reporting, i.e. required revenue code or procedure code.
Manifest diagnosis verified in hospital system as reported.
Ecodes reported verified in hospital system.
Errors will stand "as reported".

==
PROVIDER: UT Health East Texas Athens Hospital
THCIC ID: 975293
 QUARTER: 4
    YEAR: 2019

Certified With Comments

The facility had the following errors:
1 error for missing revenue code in first service line detail
1 error for invalid service line procedure code
21 claims submitted that did not have a THCIC required HCPCS and/or a THCIC required revenue code

==
PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295
 QUARTER: 4
    YEAR: 2019

Certified With Comments

This facility submitted one account with error

==
PROVIDER: UT Health East Texas Tyler Regional Hospital
THCIC ID: 975299
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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PROVIDER: Baylor Scott & White Surgicare at Plano Alliance
THCIC ID: 975308
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Reviewed


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===============================================================================
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PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery
THCIC ID: 975318
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Q4 2019


```
===============================================================================
```
PROVIDER: Wise Health Surgical Hospital
THCIC ID: 975322
 QUARTER: 4
    YEAR: 2019

Certified With Comments

This file is being certified that the information is accurate to the best
information available at the time. Our system has been implementing a new EHR
and it may cause delays in information related to coding, but the info provided
is correct.


```
===============================================================================
```
PROVIDER: Texas Health Orthopedic Surgery Center Heritage
THCIC ID: 975328
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Certified Q4 2019

==
PROVIDER: The Hospitals of Providence Northeast Campus
THCIC ID: 975338
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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

==
PROVIDER: CHRISTUS Surgery Center Olympia Hills
THCIC ID: 975344
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Data is accurate.

==
PROVIDER: UTMB Clear Lake Hospital
THCIC ID: 975354
 QUARTER: 4
    YEAR: 2019

Certified With Comments

7 Records out of 5,548 report as has having errors in the System13 which means
that 99.9% of the records have no errors. While these 7 records are flagged as
records in error in System13, they are consistent with the Source System.

==
PROVIDER: Surgery Center of Boerne
THCIC ID: 975360
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Errors have been corrected

===
PROVIDER: Scenic Mountain Medical Center
THCIC ID: 975372
 QUARTER: 4
    YEAR: 2019

Certified With Comments

I certify these claims

===
PROVIDER: Baylor Scott & White The Heart Hospital McKinney
THCIC ID: 975385
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott & White The Heart Hospital McKinney
THCIC ID 975385
4th Qtr 2019 Outpatient
Accuracy rate – 99.81%
Errors from the 4th Quarter FER reflect the following error codes, E-693.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Invalid Physician identifier verified in the hospital system as reported.
Errors will stand "as reported

===
PROVIDER: Baylor Scott & White Medical Center Buda
THCIC ID: 975391
 QUARTER: 4
    YEAR: 2019

Certified With Comments

Baylor Scott and White Medical Center Buda
THCIC ID 975391
4th Qtr 2019 Outpatient
Accuracy rate – 99.79%
Errors from the 4th Quarter FER reflect the following error codes, E-736, E-760.
Errors reviewed and validated against data in the hospital system. The values
transmitted reflect the data from our system.
Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

==
PROVIDER: Surgcenter of Greater Dallas
THCIC ID: 975408
 QUARTER: 4
    YEAR: 2019

Certified With Comments

New administration of new company. Errors not corrected before cutoff date.

==
PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
 QUARTER: 4
    YEAR: 2019

Certified With Comments

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