

General Comments on 2nd Quarter 2022 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.

2q2022 Outpatient Certification Comments

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PROVIDER: Big Bend Regional Medical Center

THCIC ID: 711900

- one is a radiology test patient only
- one does not accept the Country of Mexico
- one does not accept the zip code for Ojinaja Mexico

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PROVIDER: Wise Health System-Medical Center

THCIC ID: 254001

The outpatient information for 2nd quarter is true and correct as of the time of certification. The errors remaining were accepted because the missing data for a small number of accounts is not available.

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PROVIDER: United Memorial Medical Center North Hospital

THCIC ID: 975402

Certified

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PROVIDER: Cleveland Emergency Hospital

THCIC ID: 976034

100% accurate

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PROVIDER: Texas Rural Hospitals

THCIC ID: 975222

100% accurate

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PROVIDER: Woodland Heights Medical Center

THCIC ID: 481000

None.

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PROVIDER: Cleveland Emergency Hospital - Porter

THCIC ID: 976050

100% accurate

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PROVIDER: PRESTIGE ER-PLANO

THCIC ID: 975725

2nd Quarter 2022 data

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PROVIDER: Prestige ER

THCIC ID: 975961

MESQUITE ER 2ND QUARTER DATA

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PROVIDER: Physicians Premier Leopard

THCIC ID: 975614

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

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PROVIDER: PHYSICIANS PREMIER EMERGENCY ROOM

THCIC ID: 975729

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

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PROVIDER: Physicians Premier Emergency Room Staples

THCIC ID: 975616

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PROVIDER: Physicians Premier Emergency Room Saratoga

THCIC ID: 975615

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

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PROVIDER: Physicians Premier Emergency Room South Padre

THCIC ID: 975617

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

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PROVIDER: Baptist St Anthony's Hospital

THCIC ID: 001000

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PROVIDER: Amarillo Endoscopy Center

THCIC ID: 779002

The report was submitted with a Test patient in the file. The person who entered the Test patient entered a Test physician. I failed to delete this patient before Certifying the data.

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PROVIDER: Regional Plastic Surgery Center Sherman  
THCIC ID: 975419

(Removed by THCIC) HAS AN ERROR DUE TO THE NPI NUMBER BEING KEYED IN WRONG.

\*Potential confidential information removed by THCIC.

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PROVIDER: Advanced Surgery Center of San Antonio  
THCIC ID: 974520

Patients HAVE BEEN SENT OUT ON 1500 FORMS INSTEAD OF THE UB FORMS SO THERE IS NO REVENUE CODE NEEDED.

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PROVIDER: New Braunfels Spine & Pain Surgery Center  
THCIC ID: 975170

This quarter is ready for certification

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PROVIDER: VIP Surgical Center

THCIC ID: 975227

This quarter is ready for certification

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PROVIDER: Goodall - Witcher Hospital

THCIC ID: 070000

E-608 - Provider did not give Principal Dx

E-637 - No SSN for patient

E-765 - No other Dx available

E-781 (2) - No other Reason for Visit Available

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PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800

AS IS.

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PROVIDER: Heart of Texas Healthcare System

THCIC ID: 362000

Certified with knowledge of one claim in error status due to service line error.

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PROVIDER: Round Rock Medical Center

THCIC ID: 608000

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

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PROVIDER: North Austin Medical Center

THCIC ID: 829900

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

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PROVIDER: St Davids South Austin Hospital

THCIC ID: 602000

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

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PROVIDER: St Davids Hospital

THCIC ID: 035000

672 Invalid Revenue Procedure Code: Revenue procedure code must remain after review of bill, correct as entered

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

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

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

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PROVIDER: Methodist Specialty & Transplant Hospital

THCIC ID: 154001

784 - Claim must contain at least one HCPCS code: Claim was not billed. All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Paris Regional Medical Center North Campus

THCIC ID: 095003

Invalid zip code and invalid Physician identifier - no valid zip code to use.

Learned to add FC in the future.

Provider not listed, accepting NPI.

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PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center

THCIC ID: 975144

2nd q data 2022 1524

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PROVIDER: Surgical Center of El Paso

THCIC ID: 733001

There were 2 errors under the same Physician, 1 for Invalid Physician 1 (Operating Identifier the other for Invalid Physician 1( Operating) Name Match. This physician no longer practices in El Paso per the clinic he was associated with and did not leave a forwarding address therefore can no longer can get in contact with him. Did verify with his previous clinic administrator we had the correct physician name and ID #.

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PROVIDER: Lamb Healthcare Center

THCIC ID: 217000

1 patient missing last name.

1 invalid incurrence.

missed correction deadline.

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PROVIDER: Longview Regional Medical Center

THCIC ID: 525000

One account would not accept correction.

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PROVIDER: MCALLEN EMERGENCY ROOM

THCIC ID: 975903

Reviewed with Leadership

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PROVIDER: Surgery Center of Plano

THCIC ID: 284000

Q2 April - June

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PROVIDER: North Central Baptist Hospital

THCIC ID: 677001

I hereby certify 2nd quarter 2022 OP. 11,924 Events. On behalf of (Removed by THCIC),  
CFO at North Central Baptist Hospital. (Removed by THCIC), Director  
Revenue Analysis at North Central Baptist Hospital.

\*Potential confidential information removed by THCIC.

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PROVIDER: Amarillo Cataract & Eye Surgery Center  
THCIC ID: 694600

2022 QTR 2 data certification

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PROVIDER: Advanced Dallas Hospitals and Clinics  
THCIC ID: 976019

one physicians NPI number and name per System 13 are invalid, I have corrected  
the physicians name and NPI number and also try with the physicians name and  
license number system 13 continues to state there is an error. I confirmed with  
the Nppes NPI registry and the physicians information is correct per the  
registry.

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PROVIDER: Baylor Scott & White Medical Center Hillcrest  
THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

2nd Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

2nd Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

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PROVIDER: Harlingen Surgical Center

THCIC ID: 130054

Cerfied under ModMed software program

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PROVIDER: Ascension Seton Smithville

THCIC ID: 424500

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

and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements 0 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable.

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PROVIDER: UT Health Cedar Creek Lake Emergency Center  
THCIC ID: 975542

Error 784: claim does not contain a HCPC due to patient leaving without being see by a physician. (Nurse Only).

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PROVIDER: Ascension Seton Medical Center  
THCIC ID: 497000

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

higher costs and increased mortality. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 116 errors on 15517 outpatient claims (representing only 0.0074% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. 2 Missing Patient Country errors were due to incomplete and inaccurate information entered. 67 Invalid Patient SSN 67 were due to incomplete and inaccurate information entered. 1 Invalid Patient Zip error was due to incomplete and inaccurate information entered.

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PROVIDER: CHI St Lukes Health Memorial Lufkin  
THCIC ID: 129000

This is being certified by National IT and not the local market

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PROVIDER: Texas Health Hospital Rockwall  
THCIC ID: 859900

#### Data Content

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

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

#### Diagnosis and Procedures

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

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

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

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

#### Cost/ Revenue Codes

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

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PROVIDER: UMC East Emergency Department

THCIC ID: 975441

In this database only one primary physician is allowed. This represents the

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

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

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PROVIDER: The Hospitals of Providence Emergency Room Edgemere

THCIC ID: 975511

No comments necessary

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PROVIDER: Las Palmas Del Sol Emergency Center-Zaragoza

THCIC ID: 975508

Certified with Comments

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

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PROVIDER: Texas Health Prosper

THCIC ID: 975562

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

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

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

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.

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PROVIDER: Las Palmas Del Sol Emergency Center-West

THCIC ID: 975427

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PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

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PROVIDER: HCA Houston Healthcare West  
THCIC ID: 337001

One error for physician name, could not be corrected.

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PROVIDER: Kindred Hospital Sugar Land  
THCIC ID: 792700

The Outpatient data was attained through the patient accounting system Meditech. Kindred Hospital is a long term care hospital which offers outpatient services. All admissions are scheduled prior to any services. Therefore, all 54 accounts are correctly reported.

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PROVIDER: Ascension Seton Highland Lakes  
THCIC ID: 559000

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 21 errors on 2746 outpatient claims (representing only [0.76]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Patient Country errors 1 were Country errors due to missing information; 11 Patient SSN errors were due to incomplete or inaccurate information entered; and 1 Patient Zip Code error due to incorrect information received.

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PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

2nd Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center

THCIC ID: 118000

Regarding the 2 Errors for Error Code E-769 Error Message: E-769 Manifest diagnosis codes may not be used as the Reason for Visit Code - Coding is correct based on the diagnosis/codes documented on the physician order. Per CMS, we are not permitted to accept amended/late/updated orders after service has been performed and therefore the original coding cannot be corrected. CMS

References:

- Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018, Complying with Medicare Signature Requirements
- Medicare Program Integrity Manual Chapter 3- Verifying Potential Errors and Taking Corrective actions (Rev. 876, 04-12-19)

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PROVIDER: Medical City Las Colinas

THCIC ID: 814000

INFORMATION IS VALID

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PROVIDER: UT Health East Texas Tyler Regional Hospital

THCIC ID: 975299

(1) account downgraded from inpatient to outpatient due to payer UR review.

(2) account created in error; services combined to another account

=====

PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940

Baylor Scott & White Medical Center Marble Falls

THCIC ID 974940

2nd Qtr 2022 Outpatient

Accuracy rate – 99.96%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Good Shepherd Medical Center Northpark Emergency Department

THCIC ID: 975445

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

=====

PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

#### Data Content

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

## Diagnosis and Procedures

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

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

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categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

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

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PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

## Data Content

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PROVIDER: Baylor Scott & White Medical Center Lake Pointe

THCIC ID: 975286

Baylor Scott & White Medical Center Lake Point

THCIC ID 975286

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

No comments necessary

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PROVIDER: South Texas Surgical Institute

THCIC ID: 975242

This report was generated by previous staff. There was a gap between me ( the current administrator) listed above and the previous administrator. Therefore the error was not corrected in the window allowed.

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PROVIDER: Northwest Hills Surgical Hospital

THCIC ID: 794000

Northwest Hills Surgical Hospital Q2 2022 Outpatient data uploaded. 1577 encounters noted. Uploaded data file failed to include "Reason for Diagnosis" data point across all encounters. This data point would be a duplicate of the "Primary Diagnosis" data point, which is present for all encounters. The widespread error was not fixed in the System13 portal prior to the deadline. The omission of this data point does not result in central information regarding the care provided to be omitted. This widespread omission should be fixed for future uploads and certification.

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PROVIDER: Mid Coast Medical Center Central

THCIC ID: 975911

File contained one error on one claim for a missing physician 2 first name which was not corrected.

=====

PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

#### Data Content

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PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

#### Data Content

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encounter.

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PROVIDER: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Medical City Arlington

THCIC ID: 502000

INFORMATION IS VALID

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PROVIDER: Lynn County Hospital District

THCIC ID: 192000

No SS number was found for patient.

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PROVIDER: Medical City Frisco

THCIC ID: 975139

INFORMATION IS VALID

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PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

2nd Qtr 2022 Outpatient

Accuracy rate – 99.97%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

#### Data Content

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PROVIDER: The Hospitals of Providence Transmountain Campus

THCIC ID: 975188

No comments necessary

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PROVIDER: Anson General Hospital

THCIC ID: 016000

The duplicate event report shows some patients with only one claim. I am unable to determine why these are listed on this report. Also, some patients on the

duplicate report are only listed once. I checked and the patients listed only show one claim in the batch. I'm not sure why they are showing as duplicates.

=====

PROVIDER: Harlingen Medical Center

THCIC ID: 788002

2022 2Q Outpatient data

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PROVIDER: Corpus Christi Medical Center-Doctors Regional

THCIC ID: 703002

Physicians with two last name created errors that were not corrected.

=====

PROVIDER: Texas Health Willow Park

THCIC ID: 975496

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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 Good Shepherd Medical Center-Longview

THCIC ID: 029000

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines

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

=====

PROVIDER: Hospitality Health ER-Seawall

THCIC ID: 975652

All claims errors have been corrected.

=====

PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

2nd Qtr 2022 Outpatient

Accuracy rate -100%

No comments needed.

=====

PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

No comments

=====

PROVIDER: North Cypress Medical Center ER - Fry Road Campus

THCIC ID: 975429

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

=====

PROVIDER: Texan Surgery Center

THCIC ID: 796500

92 invalid SSN and 1301 reason for visit were not corrected before deadline.

Will be notifying vendor why this information is not pulling.

=====

PROVIDER: Christus Good Shepherd Emergency Department Kilgore

THCIC ID: 975444

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

=====

PROVIDER: Gastroenterology Consultants of San Antonio NE

THCIC ID: 973980

Certifying data with errors of:

Invalid Social Security Number

Total charges not equal to the sum of the service line.

Invalid subscriber code.

This was our first submission with the new program. We will utilize the errors to make corrections going forward.

=====

PROVIDER: The Ambulatory Surgical Center at LBJ

THCIC ID: 973710

All errors have been corrected to the best of our ability. Thank you.

=====

PROVIDER: Mission Trail Baptist Hospital

THCIC ID: 081001

certified on behalf of CFO (Removed by THCIC)

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

"All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.34 errors on 6891 outpatient claims (representing only [0.49]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Patient State errors 1 were Address misses, including State are mainly due to newborn/NICU accounts not updated with parents information.; Missing Patient Zip errors were due to incorrect information received; and Invalid Patient Country errors 4 were due to missing information ; Patient SSN errors 15 were due to incomplete or inaccurate information entered. "

=====

PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

#### 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: Ascension Seton Edgar B Davis

THCIC ID: 597000

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

=====

PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments necessary

=====

PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

#### Data Content

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

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

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

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

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

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

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: Reagan Memorial Hospital

THCIC ID: 343000

Certifying with no comments

=====

PROVIDER: Kindred Hospital Clear Lake

THCIC ID: 720402

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

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

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

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275

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

=====

PROVIDER: Azura Surgical Center Houston

THCIC ID: 975262

Pt does not have a SS#.

=====

PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

Data Content

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

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a

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

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: Gastroenterology Consultants of San Antonio Proton

THCIC ID: 853700

Certifying data with errors of:

Invalid Social Security Number

Invalid subscriber code.

This was our first submission with the new program. We will utilize the errors to make corrections going forward.

=====

PROVIDER: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

2nd Qtr 2022 Outpatient

Accuracy rate – 99.99%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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

=====

PROVIDER: Medical City North Hills Day Surgery Center

THCIC ID: 976026

INFORMATION IS VALID

=====

PROVIDER: Medical Park Tower Surgery Center

THCIC ID: 967000

Patient's refusing to give SSN

=====

PROVIDER: Baylor University Medical Center

THCIC ID: 331000

Baylor University Medical Center

THCIC ID 331000

2nd Qtr 2022 Outpatient

Accuracy rate – 99.99%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Harris Health System Lyndon B Johnson Hospital

THCIC ID: 384000

All errors have been corrected to the best of our ability. Thank you.

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

#### 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: Ambulatory Surgery Center of Killeen

THCIC ID: 974330

No further action required. I certify this data.

=====

PROVIDER: Del Sol Medical Center

THCIC ID: 319000

Certified with Comments

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

=====

PROVIDER: McAllen Surgical Specialty Center

THCIC ID: 778200

Couple of patient reside outside the country of the Unites States of America.

=====

PROVIDER: JPS Surgical Center-Arlington

THCIC ID: 153300

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

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

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

In addition to JPSH, the JPS Health Network operates community health

centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs.

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

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

=====

PROVIDER: The Surgical Center of Midland

THCIC ID: 398003

Correct rendering provider

=====

PROVIDER: Medical City North Hills

THCIC ID: 437000

INFORMATION IS VALID

=====

PROVIDER: Laredo Medical Center

THCIC ID: 207001

Claims do not have Provider name and information was not available

Claims with provider names that do not match NPI Registry Provider information,  
will report to Medical staff

Claims not coded for Diagnosis, no information available at time of correction  
so had to accept some claims "as is".

=====

PROVIDER: Rushland Park Surgicenter

THCIC ID: 304000

Data Certified.

=====

PROVIDER: Northshore Emergency Center

THCIC ID: 975561

Download errors with physicians with two last names not interfacing correctly.

=====

PROVIDER: HCA Houston Healthcare Medical Center

THCIC ID: 390000

Patient refused to provide full SSN.

=====

PROVIDER: South Texas Surgical Hospital Outpatient Center

THCIC ID: 806200

some patients did not want to provide their social security number

=====

PROVIDER: St Lukes Sugar Land Hospital

THCIC ID: 869700

Regarding errors:

Count-Error Code-Error Message

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

Coding is correct based on the diagnosis/codes documented on the physician order. Per CMS, we are not permitted to accept amended/late/updated orders after service has been performed and therefore the original coding cannot be corrected. CMS References:

- Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018, Complying with Medicare Signature Requirements
- Medicare Program Integrity Manual Chapter 3- Verifying Potential Errors and Taking Corrective actions (Rev. 876, 04-12-19)

=====

PROVIDER: Medical City-McKinney

THCIC ID: 246000

INFORMATION IS VALID

=====

PROVIDER: Northeast Baptist Hospital

THCIC ID: 134001

I hereby certify on behalf of (Removed by THCIC), CFO at Northeast Baptist Hospital. (Removed by THCIC), Director Revenue Analysis at Northeast Baptist Hospital. Errors indicated on Outpatient Q2 2022 certification derived from invalid address due to incomplete addresses provided. Incomplete demographics received at time of registration caused errors. Incomplete physician information updated in host system error not to occur moving forward.

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Baylor Surgery Center of Waxahachie

THCIC ID: 973560

Baylor Surgery Center of Waxahachie

THCIC ID 973560

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Corpus Christi Medical Center-Bay Area

THCIC ID: 703000

Physicians with two last names interfaced incorrectly creating errors that remain unresolved.

=====

PROVIDER: HCA Houston ER 24/7 Steepletop

THCIC ID: 975545

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

=====

PROVIDER: Texas Health Burleson

THCIC ID: 975460

#### Data Content

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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

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#### Race/Ethnicity

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

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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: Texas Institute for Surgery-Texas Health Presbyterian-Dallas

THCIC ID: 813100

The Q2 2022 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims, but the file was reviewed, and all corrections made.

=====

PROVIDER: Waco Cardiology Cath Lab & Surgery Center

THCIC ID: 975118

Missed correction deadline.

Error remaining SSN

=====

PROVIDER: Medical City Denton

THCIC ID: 336001

INFORMATION IS VALID

=====

PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000

This is being certified by National IT and not the local market

=====

PROVIDER: Medical City Weatherford-Anderson

THCIC ID: 975241

INFORMATION IS VALID

=====

PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

Data Content

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=====

PROVIDER: United Minimally Invasive Surgery Center

THCIC ID: 975918

1 claim error code E-693 Invalid Physician 1 (Operating) Identifier. Physician was left off of claim

=====

PROVIDER: St Lukes The Woodlands Hospital

THCIC ID: 793100

Regarding the following errors:

Count-Error Code-Error Message

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

2-E-769-Manifest diagnosis codes may not be used as the Reason for Visit Code

Coding is correct based on the diagnosis/codes documented on the physician order. Per CMS, we are not permitted to accept amended/late/updated orders after service has been performed and therefore the original coding cannot be corrected. CMS References:

- Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018,

Complying with Medicare Signature Requirements

- Medicare Program Integrity Manual Chapter 3- Verifying Potential

Errors and Taking Corrective actions (Rev. 876, 04-12-19)

=====

PROVIDER: Las Palmas Del Sol Healthcare-Horizon

THCIC ID: 975884

Certified with Comments

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

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

#### Data Content

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

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Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity

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

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#### Cost/ Revenue Codes

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=====

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

THCIC ID: 975341

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

=====

PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID: 975384

Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID 975384

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Martin County Hospital District

THCIC ID: 388000

THIS DATA IS CORRECT TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE OF  
CERTIFICATION WITH ZERO ERRORS.

=====

PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321

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

=====

PROVIDER: Baylor Scott & White The Heart Hospital Denton

THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton

THCIC ID 208100

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: University Medical Center of El Paso-Mesa

THCIC ID: 975868

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

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

=====

PROVIDER: Medical City Fort Worth

THCIC ID: 477000

INFORMATION IS VALID

=====

PROVIDER: Baylor St Lukes Medical Center McNair Campus

THCIC ID: 975365

Regarding errors for the following:

Count-Error Code-Error Message

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

1-E-769 Manifest diagnosis codes may not be used as the Reason for Visit Code

Coding is correct based on the diagnosis/codes documented on the physician order. Per CMS, we are not permitted to accept amended/late/updated orders after service has been performed and therefore the original coding cannot be corrected. CMS References:

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Complying with Medicare Signature Requirements

- Medicare Program Integrity Manual Chapter 3- Verifying Potential

Errors and Taking Corrective actions (Rev. 876, 04-12-19)

=====

PROVIDER: Baylor Surgicare at Oakmont

THCIC ID: 855500

During the time that 2Q2022 information was due, there were several changes in leadership at our facility. The administrator who was on file with THCIC, had also resigned at that time. I believe that emails were being routed through her, which is the reason we only achieved a 36% completion. I am fairly new to THCIC reporting and had not had any formal training of processes and due dates. I have since received a copy of the reporting schedule and will ensure that our facility has no less than 100% moving forward. I am still willing to go back and correct the 2Q2022 if given the opportunity.

=====

PROVIDER: UMC Northeast Emergency Department

THCIC ID: 975442

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

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

=====

PROVIDER: Central Park Surgery Center-Austin

THCIC ID: 712100

per certification error report, there were no errors

=====

PROVIDER: St Lukes Lakeside Hospital

THCIC ID: 923000

Regarding errors:

Count-Error Code-Error Message

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=====

PROVIDER: Baylor Scott & White The Heart Hospital Plano

THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Ascension Seton Hays

THCIC ID: 921000

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

and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.5 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x1 Patient Country error was missing information, x1 Zip code error had incorrect received information,x2 No attending listed and x1 Operating doctor

=====

PROVIDER: Baylor Scott & White Medical Center-Plano  
THCIC ID: 814001

Baylor Scott & White Medical Center-Plano  
THCIC ID 814001

2nd Qtr 2022 – Outpatient  
Accuracy rate – 99.99%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.  
Errors will stand “as reported”.

=====

PROVIDER: Texas Orthopedic Surgery Center  
THCIC ID: 784600

All the data is complete and accurate

=====

PROVIDER: LMC North

THCIC ID: 800300

Claim in error due to inability to find the Provider name for said claim.

=====

PROVIDER: Baylor Ambulatory Endoscopy Center

THCIC ID: 813600

Five patients noted with incomplete SSNs; unable to obtain full SSNs for these patients. Data correct.

=====

PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments

=====

PROVIDER: Las Palmas Del Sol Healthcare-Northeast

THCIC ID: 975428

Certified with Comments

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=====

PROVIDER: University Medical Center

THCIC ID: 145000

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

=====

PROVIDER: Medical Arts Hospital

THCIC ID: 341000

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

=====

PROVIDER: Vivere Austin Surgery Center

THCIC ID: 973270

Certifying with comments: 3 error code E-698 Invalid filing indicator code and 3 E-733 Invalid Reason for Visit code.

Thank you!

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300

Data Content

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=====

PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco

THCIC ID: 975798

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco

THCIC ID 975798

2nd Qtr 2022 – Outpatient

Accuracy rate – 99.92%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and

E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

=====

PROVIDER: Medical Center of Southeast Texas Beaumont Campus

THCIC ID: 975111

outpatient errors were warnings

=====

PROVIDER: Oak Point Surgical Suites

THCIC ID: 975349

MISSED CORRECTION DEADLINE WITH THE FOLLOWING MISSED CORRECTIONS:

1 - INVALID PRINCIPAL DIAGNOSIS

2 - INVALID PATIENT STATE

1 - INVALID REASON FOR VISIT

1 - INVALID CLAIM FILING INDICATOR CODE FOR OTHER SUBSCRIBER

=====

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

THCIC ID: 363000

Baylor Scott and White All Saints Medical Center-Fort Worth

THCIC ID 363000

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Adventhealth Central Texas

THCIC ID: 397001

corrected to the best of my ability

=====

PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID: 974240

Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID 974240

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

Data Content

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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: HCA Houston Healthcare Tomball

THCIC ID: 076000

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

=====

PROVIDER: Adventhealth Rollins Brook

THCIC ID: 397000

corrected to the best of my ability

=====

PROVIDER: Legent Orthopedic Hospital

THCIC ID: 975413

E-671 E-763

=====

PROVIDER: Knapp Medical Center

THCIC ID: 480000

2022 2Q Outpatient Data

=====

PROVIDER: University Medical Center of El Paso-Alameda

THCIC ID: 263000

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

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

=====

PROVIDER: Baptist Medical Center

THCIC ID: 114001

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

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Schertz Cibolo Emergency Clinic

THCIC ID: 976037

6 E-603 Duplicate Diagnosis Codes

1 E-636 Patient SSN not 9 numeric characters

28 E-637 Invalid Patient SSN

93 E-660 Invalid Patient Ethnicity

93 E-664 Invalid Patient Race

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

1 E-769 Manifest diagnosis codes may not be used as the Reason for Visit Code

1 E-781 Ecodes must be reported with the Ecode qualifier or in the Ecode section and not as Reason for Visit

Diagnosis.

2 E-785 Missing Reason for Visit Code

Reason:

Patient information was not available at the time of the visit so it was not updated.

Duplicate Diagnosis Codes were systematic errors.

=====

PROVIDER: St Joseph Medical Center

THCIC ID: 838600

(Removed by THCIC) Pt from Israel and system would not accept how it was entered.

(Removed by THCIC) PT from Canada system would not accept how it was entered.

(Removed by THCIC) PT From Canada

(Removed by THCIC) PT From Canada.

Hospital does need to address this issue with THCIC on how to enter these different countries.

(Removed by THCIC) - not able to resolve issue in hospital system or THCIC.

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

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: Las Palmas Medical Center

THCIC ID: 180000

Certified with Comments

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

=====

PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

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

which substantially increases costs of care, lengths of stay and mortality rates. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 43 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. There were 26 Social Security numbers that were incomplete or inaccurate, 6 Patient ethnicity errors due to incorrect mappings, 2 Zip code errors due to incorrect information received, 8 Race errors due to incorrect mappings and 1 missing provider because they left without being seen

=====

PROVIDER: North Cypress Medical Center ER - Willowbrook

THCIC ID: 975431

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

=====

PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

Certification reviewed. CGM

=====

PROVIDER: CHI St Lukes Health Springwoods Village

THCIC ID: 975122

Regarding Error:

Count-Error Code-Error Message

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

Coding is correct based on the diagnosis/codes documented on the physician order. Per CMS, we are not permitted to accept amended/late/updated orders after service has been performed and therefore the original coding cannot be corrected. CMS References:

- Medicare Learning Network (MLN) Fact Sheet ICN905364, May 2018,

Complying with Medicare Signature Requirements

- Medicare Program Integrity Manual Chapter 3- Verifying Potential

Errors and Taking Corrective actions (Rev. 876, 04-12-19)

=====

PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

2nd Qtr 2022 – 100%

No comments needed.

=====

PROVIDER: Scott & White Pavilion

THCIC ID: 537002

Scott & White Pavilion

THCIC ID 537002

2nd Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Emergency Center - Forney

THCIC ID: 975537

Baylor Scott & White Medical Center- Forney

THCIC ID 975537

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Medical City Plano

THCIC ID: 214000

INFORMATION IS VALID

=====

PROVIDER: Ascension Seton Northwest

THCIC ID: 797600

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files These data are submitted by the hospital as their best effort to meet statutory requirements.135 errors on 9905 outpatient claims (representing only 1.36% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Error 629 Missing Patient Country 2 errors were due to incomplete and inaccurate information entered. Error 637 Invalid Patient SSN 67 errors were due to incomplete and inaccurate information entered.

=====

PROVIDER: Medical Center Hospital

THCIC ID: 181000

All corrections were made that could be made.

=====

PROVIDER: HCA Houston ER 24/7 Magnolia

THCIC ID: 975553

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

=====

PROVIDER: Baylor Scott & White Emergency Center - Wylie

THCIC ID: 975576

Baylor Scott & White Emergency Center – Wylie

THCIC ID: 975576

2nd Qtr 2022 – Outpatient

Accuracy rate 100%

No comments needed.

=====

PROVIDER: Medical City Lewisville

THCIC ID: 394000

INFORMATION IS VALID

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

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

#### Diagnosis and Procedures

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

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=====

PROVIDER: Texas Health Hospital Mansfield

THCIC ID: 975870

corrected to the best of my ability

=====

PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

#### Data Content

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=====

PROVIDER: HOSPITALITY HEALTH ER

THCIC ID: 975767

All corrections have been made.

=====

PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

No errors to report

=====

PROVIDER: ER 24/7 Rockport

THCIC ID: 975934

Unresolved errors are physicians with two last names that did not interface correctly.

=====

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

2nd Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: Hamilton General Hospital

THCIC ID: 640000

Reviewed for accuracy.

=====

PROVIDER: Kindred Hospital Houston NW

THCIC ID: 706000

This data is being reported accurate. The information is pulled for the Meditech system.

thank you,

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Midland Memorial Hospital

THCIC ID: 452000

Type of Error - Invalid Patient ZIP - resulted from a patient address from another country outside the U.S. but has been corrected after deadline.

=====

PROVIDER: Baylor Scott & White Surgical Hospital Las Colinas

THCIC ID: 799500

The revenue codes are correct but associated with items that could be  
non-covered items for this payer

The E-637 error resulted from patient only providing the last 4 of their SSN

=====

PROVIDER: Key Whitman Surgery Center

THCIC ID: 796600

had to submit multiple times due to mapping issue, but all corrections completed

=====

PROVIDER: Medical City Dallas Hospital

THCIC ID: 340000

INFORMATION IS VALID

=====

PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital also outpatient services. This data is being reported accurately, using the Meditech system.

(Removed by THCIC)

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Medical City Green Oaks Hospital

THCIC ID: 766000

INFORMATION IS VALID

=====

PROVIDER: North Texas Medical Center

THCIC ID: 298000

The errors that were included; SSN-patient's age, invalid date of service, missing reason for visit were all valid for each account. All corrections were made to the accounts that were true errors. Accounts left that were reported as errors were actually correct as provided by the patient or according to clinical documentation on the accounts.

=====

PROVIDER: Eastland Memorial Hospital

THCIC ID: 222000

per c12 no errors

=====

PROVIDER: Dodson Surgery Center

THCIC ID: 970400

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

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

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

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

Additionally, there may be outpatient encounters where there is an invalid NPI

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

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

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

This will affect encounters for the SECOND QUARTER 2022.

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

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

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

=====

PROVIDER: Huebner Ambulatory Surgery Center

THCIC ID: 975211

I certify without comments.

=====

PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

2nd Qtr 2022 – Outpatient

Accuracy rate - 100%

No comments needed.

=====

PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient

neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, women's diagnostics services including mammography and dexta, and onsite imaging (CT, X-ray, ultrasound) and laboratory services. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements 1 error on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. 1 Patient provider missing due to patient Leaving without Being seen.

=====

PROVIDER: North Cypress Emergency Room-Town Lake Campus  
THCIC ID: 975430

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

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PROVIDER: Medical City ER White Settlement  
THCIC ID: 975538

INFORMATION IS VALID

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease. It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates. As the Regional Level I Trauma Center, DSMCUT serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements."101 errors on 13888 outpatient claims (representing only [0.73]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. There were 3 Zip code errors, 4 Patient Country, 49 Social Security number errors all due to missing or inaccurate information , 17 patient ethnicity and 17 race due to incorrect mappings, 15 Attending provider First and Last name missing information, 9 ED attending first and last name missing information and 1 missing attending due to Left Without Being Seen.

=====  
PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 15 errors on 4385 outpatient claims (representing only [.003]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Patient SSN errors x10 were incomplete or inaccurate information entered; Patient zip code errors x 1 were due to incorrect information received;

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PROVIDER: Medical City ER Red Oak

THCIC ID: 975564

INFORMATION IS VALID

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PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

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

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

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

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

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

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

=====

PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

2nd Qtr 2022 Outpatient

Accuracy rate – 99.98%

Errors from the 2nd Quarter FER reflect the following error codes E-637, E-736 and E-760.

Invalid ssn, reported as posted.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported” .

=====

PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of January 17, 2023. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

#### Submission Timing

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

#### Diagnosis and Procedures

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

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

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

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

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

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: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

This is being certified by National IT and not the local market.

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PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

2nd Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

2nd Qtr 2022 – Outpatient

Accuracy rate – 99.99%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Medical City Heart & Spine Hospitals

THCIC ID: 975407

INFORMATION IS VALID

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PROVIDER: Abilene White Rock Surgery Center

THCIC ID: 975114

Medicare Claims were grouped into Commercial for this quarter. Medicare part B claims should be approximately 80%.

=====

PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

No errors to report

=====

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

2nd Qtr 2022 – Outpatient

Accuracy rate – 99.99%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Harris Health System Ben Taub Hospital

THCIC ID: 459000

All errors have been corrected to the best of our ability. Thank you.

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PROVIDER: Pampa Regional Medical Center

THCIC ID: 832900

Physician name is correct for the claims still showing errors.

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PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100

#### 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: St Marks Medical Center

THCIC ID: 823400

Errors corrected to best of the ability

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PROVIDER: Medical City Alliance

THCIC ID: 974490

INFORMATION IS VALID

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PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500

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

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

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

CPT. This is mandated by the federal government and all hospitals must comply. The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated. There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated. Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, the facility underwent a major program conversion to the HCFA 837 EDI electronic claim format. The quarterly data from Q2 2022, to the best of our knowledge, is accurate and complete given the above.

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PROVIDER: Coryell Memorial Hospital

THCIC ID: 346000

Coryell Health continues to have discrepancies in the number of outpatient encounters provided to STAR (5376) and the number reported by THCIC (5083).

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PROVIDER: Hospitality Health ER-Mccann

THCIC ID: 975698

All corrections have been made.

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PROVIDER: Medical City ER Grand Prairie

THCIC ID: 975541

INFORMATION IS VALID

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PROVIDER: Gastroenterology Consultants of San Antonio

THCIC ID: 236000

Certifying data with errors of:

Invalid Social Security Number

Total charges not equal to the sum of the service line.

Invalid subscriber code.

This was our first submission with the new program. We will utilize the errors to make corrections going forward.

=====

PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

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: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

## Data Content

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

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

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

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

## Diagnosis and Procedures

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

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

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

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

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

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

#### Length of Stay

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

### Race/Ethnicity

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

### Standard/Non-Standard Source of Payment

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

### Cost/ Revenue Codes

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

=====

PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

2nd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

2nd Qtr 2022 Outpatient

Accuracy rate – 99.98%

Errors from the 2nd Quarter FER reflect the following error codes E-736 and E-760.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

2nd Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000

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

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

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

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

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

This will affect encounters for the SECOND QUARTER 2022.

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

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

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

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