

General Comments on 4th Quarter 2018 Data

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

- Data are administrative data, collected for billing purposes, not clinical data.
- Data are submitted in a standard government format, the 837 format used for submitting billing data to payers. State specifications require the submission of additional data elements. These data elements include race and ethnicity. Because these data elements are not sent to payers and may not be part of the hospital's standard data collection process, there may be an increase in the error rate for these elements. Data users should not conclude that billing data sent to payers is inaccurate.
- Hospitals are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information may be collected subjectively and may not be accurate.
- Hospitals are required to submit data within 60 days after the close of a calendar quarter (hospital data submission vendor deadlines may be sooner). Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. Therefore, data for each quarter may not be complete. This can affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.

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

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PROVIDER: Baptist St Anthonys Hospital

THCIC ID: 001000

QUARTER: 4

YEAR: 2018

Certified With Comments

I certify that this data is correct to the best of my knowledge on this date of certification.

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PROVIDER: Matagorda Regional Medical Center

THCIC ID: 006000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview
THCIC ID: 029000
QUARTER: 4
YEAR: 2018

Certified With Comments

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

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PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000

QUARTER: 4

YEAR: 2018

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of July 12, 2019. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

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

Diagnosis and Procedures

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25

diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

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

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

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

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PROVIDER: Texas Scottish Rite Hospital for Children

THCIC ID: 054000

QUARTER: 4

YEAR: 2018

Certified With Comments

Decrease in outpatient claims can be attributed to the fact that we are now reporting claims for our Frisco Campus under ID 975343.

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PROVIDER: San Angelo Community Medical Center

THCIC ID: 056000

QUARTER: 4

YEAR: 2018

Certified With Comments

We were having problems getting the OP information out, therefore I did not have time to do corrections before they were certified.

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PROVIDER: Brownwood Regional Medical Center

THCIC ID: 058000

QUARTER: 4

YEAR: 2018

Certified With Comments

Known issue with naming conventions matching NPI reports

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PROVIDER: Goodall - Witcher Hospital

THCIC ID: 070000

QUARTER: 4

YEAR: 2018

Certified With Comments

Race information is being collected, but a software vendor error in reporting is not pulling the information. We are working with the vendor to correct.

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PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

QUARTER: 4

YEAR: 2018

Certified With Comments

Corrections were made.

PROVIDER: TMC Bonham Hospital

THCIC ID: 106001

QUARTER: 4

YEAR: 2018

Certified With Comments

The issue with the "race" crosswalk in the electronic health record has now been resolved. 4th quarter OP data was regenerated and re-submitted with corrected race information.

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

THCIC ID: 118000

QUARTER: 4

YEAR: 2018

Certified With Comments

The data reports for Quarter 4, 2018 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

More importantly, not all clinically significant conditions can be captured and reflected in the various billing data elements including the ICD-10-CM diagnosis

coding system such as ejection fraction. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

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PROVIDER: Faith Surgical Center

THCIC ID: 120100

QUARTER: 4

YEAR: 2018

Certified With Comments

certification of 4th quarter

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PROVIDER: University Medical Center

THCIC ID: 145000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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PROVIDER: JPS Surgical Center-Arlington

THCIC ID: 153300

QUARTER: 4

YEAR: 2018

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network

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

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

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

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

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PROVIDER: [University Hospital](#)

THCIC ID: 158000

QUARTER: 4

YEAR: 2018

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county

and other surrounded counties.

IP claim accuracy rate is 99.92% for Q4 2018.

OP claim accuracy rate is 99.47% for Q4 2018.

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

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PROVIDER: Cochran Memorial Hospital

THCIC ID: 159000

QUARTER: 4

YEAR: 2018

Certified With Comments

2018 4 quarter had patient race problems but it has been corrected for 1st quarter 2019

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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

QUARTER: 4

YEAR: 2018

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and statistical 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. Charges are not equal to actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries which

are not recongized in the correction software.

The data submitted is done so as a best effort to meet requirements.

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PROVIDER: Medical Center Hospital

THCIC ID: 181000

QUARTER: 4

YEAR: 2018

Certified With Comments

Certified

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

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PROVIDER: Dallas Surgi Center

THCIC ID: 188002

QUARTER: 4

YEAR: 2018

Certified With Comments

Patients will not give social security numbers and will add 9's to those patients data. We were not aware that we could add 9's in the data for social security numbers.

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PROVIDER: Laredo Medical Center

THCIC ID: 207001

QUARTER: 4

YEAR: 2018

Certified With Comments

Claims submitted in error for Mercy Ministries provider could be corrected at this time due to clinic unable to provide provider name for each claim instead of Clinic name for individual claim. Currently working on fixing issue.

Claims submitted in error with missing diagnosis, System would not accept submitted the code provided. Currently working on process to make sure all claimers are coded correctly and errors fixed appropriately.

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PROVIDER: [Texas Health Harris Methodist Hospital-Fort Worth](#)

THCIC ID: 235000

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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

than 1% of the encounter volume.

Diagnosis and Procedures

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

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

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

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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

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: [Wise Health System](#)

THCIC ID: 254001

QUARTER: 4

YEAR: 2018

Certified With Comments

The data for 4Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

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

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: University Medical Center of El Paso

THCIC ID: 263000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

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PROVIDER: Swisher Memorial Hospital

THCIC ID: 273000

QUARTER: 4

YEAR: 2018

Certified With Comments

In 4q2018 and the rest of 2018, there was an issue with our reporting of Patient Race. This issue was both in our Inpatient and Outpatient data. Race Code 5, "Other", was used for 100% of our Inpatient and Outpatient data. This

reporting error was the result of a software issue with our EHR, Cerner, that could not be corrected. To my knowledge, this issue did not only affect us, but all Cerner users. This software issue has been fixed for the 2019 year. Moving forward, I will pay closer attention to the "Summary Report" as I would have discovered this issue much earlier.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

QUARTER: 4

YEAR: 2018

Certified With Comments

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PROVIDER: Del Sol Medical Center

THCIC ID: 319000

QUARTER: 4

YEAR: 2018

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing purposes.

Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that charges are not equal to actual payments received by the facility or facility costs for performing the service. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries which are not recognized in the correction software. These have been corrected to the best of my ability and resources.

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

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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

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

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Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often

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

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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

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PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000

QUARTER: 4

YEAR: 2018

Certified With Comments

Cook Children's Medical Center has submitted and certified FOURTH QUARTER 2018 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the FOURTH QUARTER OF 2018.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

Missing either a THCIC required HCPCS code, or not having a THCIC required revenue code and contain at least one procedure code.

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

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

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

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

This will affect encounters for the FOURTH QUARTER OF 2018

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

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

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

=====

PROVIDER: Medical Arts Hospital

THCIC ID: 341000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000

QUARTER: 4

YEAR: 2018

Certified With Comments

CERTIFYING WITH KNOWN ERRORS AND CORRECTIONS DUE TO SOFTWARE SYSTEM

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

QUARTER: 4

YEAR: 2018

Certified With Comments

Reviewed and updated. Certified data

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PROVIDER: Hansford County Hospital

THCIC ID: 395000

QUARTER: 4

YEAR: 2018

Certified With Comments

Errors did not get corrected before deadline due to circumstances out of my control. Problem will be resolved with next submission

=====

PROVIDER: Victoria Surgery Center

THCIC ID: 396003

QUARTER: 4

YEAR: 2018

Certified With Comments

All information is correct to the best of my knowledge.

=====

PROVIDER: Peterson Regional Medical Center

THCIC ID: 406000

QUARTER: 4

YEAR: 2018

Certified With Comments

We were notified of an issue with the SELF PAY payor source being incorrect, and have chosen not to make corrections at this time.

=====

PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

treatment facility.

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

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

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PROVIDER: [Texas Health Arlington Memorial Hospital](#)

THCIC ID: 422000

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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

Diagnosis and Procedures

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

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PROVIDER: Medina Regional Hospital

THCIC ID: 427000

QUARTER: 4

YEAR: 2018

Certified With Comments

Issue within EMR shows all patients with a race of "Other Race - 5". This has since been corrected.

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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PROVIDER: Connally Memorial Medical Center

THCIC ID: 433000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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PROVIDER: Frio Regional Hospital

THCIC ID: 441000

QUARTER: 4

YEAR: 2018

Certified With Comments

previous leadership/director left our organization without completing/finalizing the data.

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PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

QUARTER: 4

YEAR: 2018

Certified With Comments

E-690 Information is correct

E-762 Information is correct

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PROVIDER: Midland Memorial Hospital

THCIC ID: 452000

QUARTER: 4

YEAR: 2018

Certified With Comments

Data submission errors have been identified and currently being address to corrected. Midland Memorial Hospital is in the process of working with the software vendor used to create its submission files. This update correction will fix a K3 segment submission file creation error. This error pertains only to the patient social security number, when only reporting the patient social security number on the visit of a self-pay encounter - all other data load field segments are not affected.

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PROVIDER: DeTar Hospital-Navarro

THCIC ID: 453000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

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PROVIDER: DeTar Hospital-North

THCIC ID: 453001

QUARTER: 4

YEAR: 2018

Certified With Comments

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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Race/Ethnicity

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The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: [Driscoll Childrens Hospital](#)

THCIC ID: 488000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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PROVIDER: [Ascension Seton Medical Center](#)

THCIC ID: 497000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

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

=====

PROVIDER: Fort Duncan Regional Medical Center

THCIC ID: 547001

QUARTER: 4

YEAR: 2018

Certified With Comments

unable to correct missing patient country , patient state and zip code. going forward the claims will be corrected.

=====

PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

QUARTER: 4

YEAR: 2018

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid

Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.

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

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

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PROVIDER: [Ascension Seton Edgar B Davis](#)

THCIC ID: 597000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 4
YEAR: 2018

Certified With Comments

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 not 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 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: Hamilton General Hospital

THCIC ID: 640000

QUARTER: 4

YEAR: 2018

Certified With Comments

All data reported as complete as accurate with information available at time of reporting.

=====

PROVIDER: Texas Health Specialty Hospital-Fort Worth

THCIC ID: 652000

QUARTER: 4

YEAR: 2018

Certified With Comments

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.

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THSH does not provide outpatient services. This is an error.

=====

PROVIDER: [Kindred Hospital-Mansfield](#)

THCIC ID: 657000

QUARTER: 4

YEAR: 2018

Certified With Comments

The claims information from pulled from the patient accounting system therefore, it is reported correctly.

Ernestine Marsh

Kindred Healthcare

=====

PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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=====

PROVIDER: [Burluson St Joseph Health Center-Caldwell](#)

HCIC ID: 679000

QUARTER: 4

YEAR: 2018

Certified With Comments

Provider has made every effort to correct all errors present in the submitted data. Only 3 errors remain. The diagnosis codes in question were found in the patient abstracts as they are presented in this submission. Basis for changing the patient abstract was not found, and as such, we felt it best to report data as found in the patient chart, versus making an inappropriate, or unsupported change made by a non-coder.

=====

PROVIDER: [Kell West Regional Hospital](#)

THCIC ID: 681400

QUARTER: 4

YEAR: 2018

Certified With Comments

Outpatient corrections concerning procedure dates on some charges.

When trying to finish up corrections, our area has been hit with some very damaging thunderstorms several times a week over the last 2 or 3 weeks causing flooding, damage and power outages. The hospital has experienced loss of computer equipment and damage due to the power outages that occurred. Had to get equipment repaired and replaced to not interrupt patient care.

=====

PROVIDER: [Encompass Health Rehab Hospital Texarkana](#)

THCIC ID: 684000

QUARTER: 4

YEAR: 2018

Certified With Comments

There was an error during the correction process for this claim. This issue has been resolved.

=====

PROVIDER: [Texarkana Surgery Center](#)

THCIC ID: 692300

QUARTER: 4

YEAR: 2018

Certified With Comments

Certified data with errors due to timeline and closure of error correction process. Internal issue resulted in email receipt failure of notification of original claims errors. Claims for the quarter were reported at 93%. Errors noted in claims consist of incorrect NPI of secondary provider, incorrect patient zipcode, invalid claims filing indicator code for secondary payers, invalid other diagnosis code and invalid revenue code.

Internal credentialing error reviewed and resolved to ensure accurate mode of communication of errors for certification compliance of future quarters.

=====

PROVIDER: Bayview Behavioral Hospital

THCIC ID: 703005

QUARTER: 4

YEAR: 2018

Certified With Comments

Unaware that one of the four outpatient names and identifying data failed to cross correctly and default information was submitted as patient name.

=====

PROVIDER: Kindred Hospital Houston NW

THCIC ID: 706000

QUARTER: 4

YEAR: 2018

Certified With Comments

The data was pulled from the patient accounting system therefore, it is reported correctly.

Ernestine Marsh

Kindred Hospital

=====

PROVIDER: Kelsey Seybold Clinic Ambulatory Surgical Center

THCIC ID: 712400

QUARTER: 4

YEAR: 2018

Certified With Comments

The errors associated with this submission were due to training issues and have been corrected onsite.

=====

PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 4
YEAR: 2018

Certified With Comments

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

=====

PROVIDER: Surgical Arts Center
THCIC ID: 713200
QUARTER: 4
YEAR: 2018

Certified With Comments

Certify with the following comments:

Data for 2018 4th Quarter contains errors in the Patient Race Code. The cause of the error has been identified and corrected.

=====

PROVIDER: Day Time Outpatient Surgery Center
THCIC ID: 714100
QUARTER: 4
YEAR: 2018

Certified With Comments

Daytime Surgery Center experienced a flood due to faulty sprinkling system. They were not be able to perform surgical procedures, as the OR equipment was compromised and needed to be replaced.

=====

PROVIDER: Plano Center for Surgical Arts

THCIC ID: 715500

QUARTER: 4

YEAR: 2018

Certified With Comments

Slow month for the practice and there were a couple of surgeries that were done at other facilities.

=====

PROVIDER: Huntsville Memorial Hospital Outpatient Surgery Center

THCIC ID: 717100

QUARTER: 4

YEAR: 2018

Certified With Comments

No Data for December 2018 - Facility did not have and Surgeries that month.

=====

PROVIDER: Peterson Regional Ambulatory Care Center

THCIC ID: 718100

QUARTER: 4

YEAR: 2018

Certified With Comments

We were notified of an issue with the SELF PAY payor source being incorrect, and have chosen not to make corrections.

=====

PROVIDER: Texas Midwest Surgery Center
THCIC ID: 718200
QUARTER: 4
YEAR: 2018

Certified With Comments

None

=====

PROVIDER: Kindred Hospital Clear Lake
THCIC ID: 720402
QUARTER: 4
YEAR: 2018

Certified With Comments

Kindred Hospital is a long-term care hospital that provides an acute hospital level of care. This data is acquired from the patient accounting system and we believe this information to be accurate.

Thank you

Ernestine Marsh

Kindred Hospital Southeast Region

=====

PROVIDER: Fish Pond Surgery Center
THCIC ID: 721100
QUARTER: 4
YEAR: 2018

Certified With Comments

This quarter includes a portion of the 3rd quarter data due to error in loading prior quarter.

=====

PROVIDER: Eastside Surgery Center
THCIC ID: 723700
QUARTER: 4
YEAR: 2018

Certified With Comments

As of May 28th 2019 we have created processes and guidelines to to elimiate these types of errors from reoccur. We have also request additional training through System 13 websites on June 5th 2019.

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 4
YEAR: 2018

Certified With Comments

AS IS.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 4
YEAR: 2018

Certified With Comments

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=====

PROVIDER: Austin Endoscopy Center I

THCIC ID: 727001

QUARTER: 4

YEAR: 2018

Certified With Comments

I, Chris Peake, am using my account to certify with Heather Rummel present, as we continue to have technical issues.

=====

PROVIDER: [St Lukes Hospital at the Vintage](#)

THCIC ID: 740000

QUARTER: 4

YEAR: 2018

Certified With Comments

The data reports for Quarter 4, 2018 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====

PROVIDER: The Endoscopy Center

THCIC ID: 786500

QUARTER: 4

YEAR: 2018

Certified With Comments

The E-762 code for 178 claims is being shown. The revenue codes and procedure codes are transcribed from the operative reports. I emailed Tiffany Overton on 2-12-19 regarding this matter. Per email it states " we may not be collecting data on this procedure. If this procedure is correct as submitted, please just leave as it is. " Please let me know if I can do anything in future to correct this. Other error are human errors.

=====

PROVIDER: South Texas Spine & Surgical Hospital

THCIC ID: 786800

QUARTER: 4

YEAR: 2018

Certified With Comments

Certify with no comments

=====

PROVIDER: CHRISTUS St Michael Health System

THCIC ID: 788001

QUARTER: 4

YEAR: 2018

Certified With Comments

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

=====

PROVIDER: Harlingen Medical Center
THCIC ID: 788002
QUARTER: 4
YEAR: 2018

Certified With Comments

None

=====

PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 4
YEAR: 2018

Certified With Comments

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

=====

PROVIDER: Kindred Hospital Spring
THCIC ID: 792600
QUARTER: 4
YEAR: 2018

Certified With Comments

The data is pulled from the patient accounting system therefore, it is been reported correctly.

Ernestine Marsh
Kindred Hospital

=====

PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700
QUARTER: 4
YEAR: 2018

Certified With Comments

This data was pull from the patient accounting system and is therefore correctly reported.

Ernestine Marsh
Kindred Hospital

=====

PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 4
YEAR: 2018

Certified With Comments

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Patient Volume

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

=====

PROVIDER: Hill Country Memorial Surgery Center

THCIC ID: 793300

QUARTER: 4

YEAR: 2018

Certified With Comments

Q4 2018 is good to certify

=====

PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

=====

PROVIDER: Ascension Seton Northwest

THCIC ID: 797600

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

=====

PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000

QUARTER: 4

YEAR: 2018

Certified With Comments

This data was pull from the patient accounting system and is therefore reported correctly.

Ernestine Marsh

Kindred Hospital

=====

PROVIDER: LMC North

THCIC ID: 800300

QUARTER: 4

YEAR: 2018

Certified With Comments

Claims submitted with errors could not be fixed at this time due to Mercy Ministries could not submit a provider name instead of the Clinic name. We are currently working on fixing this issue.

=====

PROVIDER: Kindred Hospital-Fort Worth

THCIC ID: 800700

QUARTER: 4

YEAR: 2018

Certified With Comments

The data was pulled the patient accounting system, therefore it is reported correctly.

Ernestine Marsh

Kindred Hospital

=====

PROVIDER: Kindred Hospital Bay Area

THCIC ID: 801000

QUARTER: 4

YEAR: 2018

Certified With Comments

This data was pull from the patient accounting system and therefore it is reported correctly.

Ernestine Marsh

Kindred Hospital

=====

PROVIDER: Lubbock Heart Hospital

THCIC ID: 801500

QUARTER: 4

YEAR: 2018

Certified With Comments

Physician's full name is incorrect in EHR. Working with IT to correct

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

QUARTER: 4

YEAR: 2018

Certified With Comments

The Q4 2018 FILES for IP & OP for Race and Ethnicity were reviewed in detail and found to show a truer mix of patients we see at our facilities. The system issues in previous qtrs. have been addressed so there is no longer an automatic default in these categories. All data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, Bill type etc.

=====

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

THCIC ID: 813100

QUARTER: 4

YEAR: 2018

Certified With Comments

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=====

PROVIDER: Baylor Ambulatory Endoscopy Center
THCIC ID: 813600
QUARTER: 4
YEAR: 2018

Certified With Comments

All data appears correct.

=====

PROVIDER: Texas Health Center-Diagnostics & Surgery Plano
THCIC ID: 815300
QUARTER: 4
YEAR: 2018

Certified With Comments

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=====

PROVIDER: Spinecare

THCIC ID: 816900

QUARTER: 4

YEAR: 2018

Certified With Comments

DATA IS GENERATED FROM SCHEDULING/BILLING SOFTWARE. WE CANNOT GUARANTEE 100% ACCURACY.

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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

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

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

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

Diagnosis and Procedures

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

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

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

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

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

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

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

=====

PROVIDER: Southwest Endoscopy & Surgery Center

THCIC ID: 836400

QUARTER: 4

YEAR: 2018

Certified With Comments

This data has been certified however there are 58 institutional claims that the rendering provider is displayed with the facility NPI instead of the individual. This is something that only happend once, and we have a protocol in place so this does not happen agin.

=====

PROVIDER: Memorial Hermann Surgery Center Sugar Land

THCIC ID: 839500

QUARTER: 4

YEAR: 2018

Certified With Comments

NICKI SIX

=====

PROVIDER: The Center for Special Surgery at TCA

THCIC ID: 847800

QUARTER: 4

YEAR: 2018

Certified With Comments

PATIENT (name removed by THCIC); ACCOUNT (number removed by THCIC), LIVES IN MEXICO SO THERE IS NO CITY, STATE, OR ZIP CODE TO POPULATE.

*Confidential information removed by THCIC.

=====

PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

QUARTER: 4

YEAR: 2018

Certified With Comments

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

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files.

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

=====

PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

QUARTER: 4

YEAR: 2018

Certified With Comments

All data is correct to my knowledge with exception. Race is listed as other for partial files. Mapping error in EHR corrected 11/2018

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901

QUARTER: 4

YEAR: 2018

Certified With Comments

All data is correct to my knowledge with exception. Race is listed as other for partial files. Mapping error in EHR was corrected 11/2018

=====

PROVIDER: Robert B Green Ambulatory Surgery Center

THCIC ID: 856830

QUARTER: 4

YEAR: 2018

Certified With Comments

Robert B Green Ambulatory Surgery Center provides healthcare to a large population in Bexar county and other surrounded counties.

RBG claim accuracy rate is 100.0% for Q4 2018.

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

=====

PROVIDER: Sagecrest Hospital Grapevine

THCIC ID: 858200

QUARTER: 4

YEAR: 2018

Certified With Comments

Patient Ethnicity was not given.

Patients race was not given.

Other diagnosis code (M79.1) had to be manually corrected until software update for 3m coder was done.

=====

PROVIDER: Texas Health Presbyterian Hospital-Rockwall

THCIC ID: 859900

QUARTER: 4

YEAR: 2018

Certified With Comments

The Q4 2018 FILES for IP & OP for Race and Ethnicity were reviewed in detail and found to show a truer mix of patients we see at our facilities. The system issues in previous

qtrs. have been addressed so there is no longer an automatic default in these categories. All

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

Admissions, Diagnostic, Bill type etc.

=====

PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

=====

PROVIDER: Carrus Specialty Hospital

THCIC ID: 864600

QUARTER: 4

YEAR: 2018

Certified With Comments

The information was not forthcoming and we are working on policy to correct this oversight and train staff to avoid any future issues. Thank you for your patience.

=====

PROVIDER: SE Texas ER and Hospital

THCIC ID: 865900

QUARTER: 4

YEAR: 2018

Certified With Comments

certified

=====

PROVIDER: Kelsey Seybold Clinic Ambulatory Surgical Center Spring

THCIC ID: 866300

QUARTER: 4

YEAR: 2018

Certified With Comments

The errors associated with this submission were due to training issues and have been corrected onsite.

=====

PROVIDER: St Lukes Sugar Land Hospital

THCIC ID: 869700

QUARTER: 4

YEAR: 2018

Certified With Comments

The data reports for Quarter 4, 2018 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 4
YEAR: 2018

Certified With Comments

99.63%

=====

PROVIDER: Ascension Seton Hays
THCIC ID: 921000
QUARTER: 4
YEAR: 2018

Certified With Comments

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

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

=====

PROVIDER: St Lukes Lakeside Hospital

THCIC ID: 923000

QUARTER: 4

YEAR: 2018

Certified With Comments

The data reports for Quarter 4, 2018 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====

PROVIDER: South Texas Surgical Hospital

THCIC ID: 931000

QUARTER: 4

YEAR: 2018

Certified With Comments

all corrections have been done. I tried to correct 3 accounts that had Dr. Brehm with an invalid NPI number but when I verified his NPI, it was correct. I did a name and NPI match so am hoping these corrected as when I submitted the correction it did not come back as an error.

=====

PROVIDER: Memorial Hermann Surgery Center Richmond
THCIC ID: 934000
QUARTER: 4
YEAR: 2018

Certified With Comments

ERROR WAS FOR NO RESPONSE TO RACE AND NATIONALITY. ERROR WERE CORRECTED.

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 4
YEAR: 2018

Certified With Comments

The Q4 2018 FILES for IP & OP for Race and Ethnicity were reviewed in detail and found to show a truer mix of patients we see at our facilities. The system issues in previous qtrs. have been addressed so there is no longer an automatic default in these categories. All data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, Bill type etc.

=====

PROVIDER: El Paso Childrens Hospital

THCIC ID: 969700

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

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

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

obtain accurate information regarding things such as complication rates.

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

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

Length of Stay

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

Race/Ethnicity

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

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

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====

PROVIDER: [Castle Hills Surgery Center](#)

THCIC ID: 970130

QUARTER: 4

YEAR: 2018

Certified With Comments

Entered 4 claims that did not need to be reported because it was not a required procedure code.

=====

PROVIDER: UGHS Surgicare The Woodlands

THCIC ID: 970220

QUARTER: 4

YEAR: 2018

Certified With Comments

two claims was added from 3q

=====

PROVIDER: Dodson Surgery Center

THCIC ID: 970400

QUARTER: 4

YEAR: 2018

Certified With Comments

Cook Children's Medical Center has submitted and certified FOURTH QUARTER 2018 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

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

FOURTH QUARTER OF 2018.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

Missing either a THCIC required HCPCS code, or not having a THCIC required revenue code and contain at least one procedure code.

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

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

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

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

This will affect encounters for the FOURTH QUARTER OF 2018

Patient charges that were accrued before admit or after discharge were systematically excluded from the database. This can happen when a patient

is pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are discharged. Therefore, the charges for many patient encounters are under reported.

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

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

=====

PROVIDER: [Seton Medical Center Harker Heights](#)
THCIC ID: 971000
QUARTER: 4
YEAR: 2018

Certified With Comments

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

=====

PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500

QUARTER: 4

YEAR: 2018

Certified With Comments

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

Submission Timing

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

Diagnosis and Procedures

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

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

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

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

=====

PROVIDER: Surgery Center of Northeast Texas
THCIC ID: 971600
QUARTER: 4
YEAR: 2018

Certified With Comments

NPI numbers are verified as being correct

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 4
YEAR: 2018

Certified With Comments

Data Content

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

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collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

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=====

PROVIDER: Eclipse Surgicare

THCIC ID: 973220

QUARTER: 4

YEAR: 2018

Certified With Comments

4th Quarter 2018

=====

PROVIDER: Preston Surgery Center

THCIC ID: 973370

QUARTER: 4

YEAR: 2018

Certified With Comments

Two claims for same pt flagged for claim correction due to invalid social security number. Pt refused to provide all digits of their social, therefore, facility had to change pt social for reporting purposes to "all 9s".

=====

PROVIDER: Methodist Stone Oak Fertility Surgery Center

THCIC ID: 973380

QUARTER: 4

YEAR: 2018

Certified With Comments

Low number is due to physiciain leaving practice.

=====

PROVIDER: University Health System Surgery Center

THCIC ID: 973580

QUARTER: 4

YEAR: 2018

Certified With Comments

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

UHS Surgery Center claim accuracy rate is 99.50% for Q4 2018.

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

=====

PROVIDER: Frisco Ambulatory Surgery Center

THCIC ID: 973690

QUARTER: 4

YEAR: 2018

Certified With Comments

errors were not completed in time event. will have 100% on next certification.

=====

PROVIDER: Wise Health Surgical Hospital

THCIC ID: 973840

QUARTER: 4

YEAR: 2018

Certified With Comments

The data for 4Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

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

=====

PROVIDER: Binz Surgery Center

THCIC ID: 974580

QUARTER: 4

YEAR: 2018

Certified With Comments

Wrong file sent without corrections to THCIC indadvertently for

4thQTR...Information was updated in billing system.

=====

PROVIDER: Keystone Surgery Center

THCIC ID: 974650

QUARTER: 4

YEAR: 2018

Certified With Comments

2018 Q3 was accidently included in 2018 Q4 reporting

=====

PROVIDER: Texas Precision Surgery Center

THCIC ID: 974770

QUARTER: 4

YEAR: 2018

Certified With Comments

unable to correct errors by due date due to regulatory body visits with priority

to stay compliant.

=====

PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy

THCIC ID: 974790

QUARTER: 4

YEAR: 2018

Certified With Comments

The data reports for Quarter 4, 2018 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====

PROVIDER: CHI St Lukes Health Baylor Medical Center ASC

THCIC ID: 974960

QUARTER: 4

YEAR: 2018

Certified With Comments

The data reports for Quarter 4, 2018 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

=====

PROVIDER: Valley Ambulatory Surgical Center
THCIC ID: 975110
QUARTER: 4
YEAR: 2018

Certified With Comments

Patient control number was not assigned to one of the cases this quarter.

=====

PROVIDER: CHI St Lukes Health Springwoods Village
THCIC ID: 975122
QUARTER: 4
YEAR: 2018

Certified With Comments

The data reports for Quarter 4, 2018 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

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PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center

THCIC ID: 975144

QUARTER: 4

YEAR: 2018

Certified With Comments

99.63%

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PROVIDER: Texas Health Harris Methodist Southwest Outpatient Surgery Center

THCIC ID: 975146

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-10-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For

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

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

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

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

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

Length of Stay

The length of stay data element contained in the states certification file is

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Providence Hospital of North Houston
THCIC ID: 975152
QUARTER: 4
YEAR: 2018

Certified With Comments

certified

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PROVIDER: Methodist Southlake Hospital
THCIC ID: 975153
QUARTER: 4
YEAR: 2018

Certified With Comments

No comments

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PROVIDER: First Texas Hospital
THCIC ID: 975166
QUARTER: 4
YEAR: 2018

Certified With Comments

Changes in our user management disabled our following up, timely, for claims correction. Issue has been resolved and will not impede future submissions.

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

QUARTER: 4

YEAR: 2018

Certified With Comments

Data Content

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

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

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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: Parkway Surgery Center

THCIC ID: 975194

QUARTER: 4

YEAR: 2018

Certified With Comments

2018 Q3 was accidently included with Q4 2018 filing

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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

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

trauma centers.

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

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

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PROVIDER: Castle Hills Surgicare
THCIC ID: 975218
QUARTER: 4
YEAR: 2018

Certified With Comments

The errors due to revenue codes being excluded.

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PROVIDER: Dallas Nephrology Associates Vascular Center Plano
THCIC ID: 975254
QUARTER: 4
YEAR: 2018

Certified With Comments

Computer submission of the facility charges filtered the wrong physician in to the Operating physician position. A total of 5 physicians operated on these patients. This system error was not caught as all the physicians on the report have valid NPIs. This has been addressed and the correct operating physician will be on future submissions.

=====

PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275

QUARTER: 4

YEAR: 2018

Certified With Comments

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

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PROVIDER: Dallas Nephrology Associates Vascular Center Dallas

THCIC ID: 975284

QUARTER: 4

YEAR: 2018

Certified With Comments

Computer submission of the facility charges filtered the wrong physician in to the Operating physician position. A total of 5 physicians operated on these patients. This system error was not caught as all the physicians on the report have valid NPIs. This has been addressed and the correct operating physician will be on future submissions.

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PROVIDER: UT Health East Texas Carthage Hospital

THCIC ID: 975294

QUARTER: 4

YEAR: 2018

Certified With Comments

Unable to determine the cause for the error margin - they may be possibly
business office related or due to private accounts not generating a UB claim
form when claims data was resubmitted to our vendor.

=====

PROVIDER: UT Health East Texas Henderson Hospital

THCIC ID: 975295

QUARTER: 4

YEAR: 2018

Certified With Comments

Unable to determine the cause for the error margin - they may be possibly
business office related or due to private accounts not generating a UB claim
form when claims data was resubmitted to our vendor.

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PROVIDER: UT Health East Pittsburg Hospital

THCIC ID: 975297

QUARTER: 4

YEAR: 2018

Certified With Comments

Data is correct to the best of my knowledge

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PROVIDER: UT Health East Texas Quitman Hospital

THCIC ID: 975298

QUARTER: 4

YEAR: 2018

Certified With Comments

This data is correct to the best of my knowledge.

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PROVIDER: Wise Health Surgical Hospital

THCIC ID: 975322

QUARTER: 4

YEAR: 2018

Certified With Comments

The data for 4Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

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

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PROVIDER: Texas Health Orthopedic Surgery Center Heritage

THCIC ID: 975328

QUARTER: 4

YEAR: 2018

Certified With Comments

2018 4th quarter reviewed & certified

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PROVIDER: Wise Health Pain Management Center at Southlake

THCIC ID: 975333

QUARTER: 4

YEAR: 2018

Certified With Comments

The data for 4Q2018 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

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

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PROVIDER: Blue Star Surgery Center

THCIC ID: 975336

QUARTER: 4

YEAR: 2018

Certified With Comments

Revenue code 490 was not corrected on one claim to 0490.

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PROVIDER: Scottish Rite for Children

THCIC ID: 975343

QUARTER: 4

YEAR: 2018

Certified With Comments

New reporting facility.

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PROVIDER: CHRISTUS Surgery Center Olympia Hills

THCIC ID: 975344

QUARTER: 4

YEAR: 2018

Certified With Comments

Data looks good.