

General Comments on 4th Quarter 2022 Data

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

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

4q2022 Outpatient Certification Comments

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PROVIDER: Prestige ER

THCIC ID: 975961

Q4 data submission and please review

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PROVIDER: PRESTIGE ER Plano

THCIC ID: 975725

Q4 data submission and please review

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PROVIDER: Texas Health Surgery Center Denton

THCIC ID: 829500

2022 4th Quarter data certified with one revenue code missing in the first service line detail (Error code E-670). Correction of missed entry was not caught by the certifier on frequency of errors report.

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PROVIDER: El Paso Day Surgery

THCIC ID: 813900

Patient Medical Record (Removed by THCIC) contains an invalid social security number. The patient's social security number was verified with the physician office and confirmed our facility had the incorrect first 3 digits. We performed a verification of benefits with the patient's insurance and have confirm we now have the correct number; patients account has been updated to reflect the correct social security number. We have corrected social security number in our system. will certify with that one error.

\*Potential confidential information removed by THCIC.

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PROVIDER: Cleveland Emergency Hospital - Porter

THCIC ID: 976050

100% Accurate

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PROVIDER: Cleveland Emergency Hospital

THCIC ID: 976034

100% Accurate

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PROVIDER: Cleveland Emergency Hospital - Woodlands

THCIC ID: 975571

100% Accurate

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PROVIDER: Texas Rural Hospitals

THCIC ID: 975222

100% Accurate

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PROVIDER: ER 24/7 Rockport

THCIC ID: 975934

Missed deadline. Unable to correct Social Security numbers.

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

certified

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PROVIDER: THE EMERGENCY ROOM AT KATY MAIN STREET

THCIC ID: 975684

One missing zipcode: No zipcode available for patient's non-U.S. home address.

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PROVIDER: Texas Midwest Endoscopy Center

THCIC ID: 975839

I am sorry to inform that there is an error with one claim, and there are missing information (address, DOB, Zip code, Race, sex and ethnicity), so please excuse for this mistake next time we wont repeat again.

Thank you for your support.

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PROVIDER: Nacogdoches Surgery Center

THCIC ID: 723800

AS IS.

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PROVIDER: Modern Surgery Center of Fort Worth

THCIC ID: 976089

2 patients did not have social security numbers. When entering all 9's, one too many 9's were added and created an error.

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PROVIDER: Park Hill Surgery Center

THCIC ID: 974570

My name is (Removed by THCIC). I normally doing all the corrections and certifying for our facility. But during the 4th qtr 2022, I was out with a medical leave. I came back in Feb. 2023. During this time, the 4th qtr was certified with an error. Our facility received an email from (Removed by THCIC) regarding correcting the error and needing the certification submitted. Per the email from (Removed by THCIC), I called the number provided (888-308-4953) for help in correcting the problem and spoke with (Removed by THCIC) regarding this issue. He recommended that I write this comment that the error was "missing a code" and explain in this comment why we had the problems and re-do the certification. Please let me know if this is acceptable and will correct the issue.

Thank you for your help in this matter!

\*Potential confidential information removed by THCIC.

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PROVIDER: Keystone Surgicenter

THCIC ID: 854300

the one error of omission of the SSN

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PROVIDER: Medical City Surgery Center McKinney

THCIC ID: 802400

q4

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PROVIDER: Texas GI Endoscopy Center

THCIC ID: 793800

Error - Invalid SS# and invalid procedure code. Reason not corrected - email notification that there were errors not seen. I did go in to certify the data and saw the errors. However, the process I followed to correct those errors before certifying was either incorrect or my changes to the errors were not saved.

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PROVIDER: Abilene Center for Orthopedic and Multispecialty Surgery

THCIC ID: 975318

We have started just putting all 9's for social security numbers. we were unaware that we were not supposed to use the last 4 of a social security number.

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PROVIDER: Castle Hills Surgery Center

THCIC ID: 970130

On one of the claims the PCN and the MRN are identical but the PCN is showing an error.

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PROVIDER: VILLAGE EMERGENCY ROOM LLC

THCIC ID: 975682

WE HAD ONE DUPLICATE DIAGNOSIS

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PROVIDER: Physicians Premier Leopard

THCIC ID: 975614

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

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

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PROVIDER: Physicians Premier Emergency Room Saratoga

THCIC ID: 975615

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

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PROVIDER: Physicians Premier Emergency Room Staples

THCIC ID: 975616

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



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

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PROVIDER: Physicians Premier Emergency Room South Padre

THCIC ID: 975617

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

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PROVIDER: PHYSICIANS PREMIER EMERGENCY ROOM

THCIC ID: 975729

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

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

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PROVIDER: Texas Orthopedic Surgery Center

THCIC ID: 784600

Texas Orthopedic Surgery Center 2022- Quarter 4 Outpatient

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PROVIDER: Upper Valley Dialysis Access Center

THCIC ID: 976081

Patients not seen till end of quarter.

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PROVIDER: Northeast Methodist Hospital

THCIC ID: 154002

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, patient(s) left prior to physician evaluation, or physician unknown. All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Methodist Specialty & Transplant Hospital

THCIC ID: 154001

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, patient(s) left prior to physician evaluation, or physician unknown. All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Shelby County Emergency Services

THCIC ID: 975509

certified with error of invalid SSN -

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PROVIDER: St Davids Hospital

THCIC ID: 035000

E-689 - Missing Physician 2 (ED Attending) Identifier for ED Claim: All claims reviewed, NPI# for ER physician group correct as entered or patient(s) left prior to physician evaluation

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

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

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PROVIDER: St. David's Emergency Center - Leander

THCIC ID: 975447

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

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

=====

PROVIDER: St Davids South Austin Hospital

THCIC ID: 602000

E-689 - Missing Physician 2 (ED Attending) Identifier for ED Claim: All claims  
reviewed, NPI# for ER physician group correct as entered or patient(s) left  
prior to physician evaluation

E-691 Missing Physician 2(ED Attending) Last Name on ED Claim: All claims  
reviewed, NPI# for ER physician group correct as entered or patient(s) left  
prior to physician evaluation

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

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

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PROVIDER: Round Rock Medical Center

THCIC ID: 608000

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

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

=====

PROVIDER: North Austin Medical Center

THCIC ID: 829900

E-689 - Missing Physician 2 (ED Attending) Identifier for ED Claim: All claims  
reviewed, NPI# for ER physician group correct as entered or patient(s) left  
prior to physician evaluation

E-691 Missing Physician 2(ED Attending) Last Name on ED Claim: All claims  
reviewed, NPI# for ER physician group correct as entered or patient(s) left  
prior to physician evaluation

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

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

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PROVIDER: St Davids Georgetown Hospital

THCIC ID: 835700

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

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

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PROVIDER: Physicians Surgical Hospitals - 9th Street

THCIC ID: 852901

This data is submitted in an effort to meet statutory requirements. Conclusions  
drawn could be erroneous due to communication difficulties in reporting complete  
data caused by reporting constraints, subjectivity in assignment of codes,  
various system mapping and normal clerical error. Data submission deadlines  
prevent inclusion of all applicable cases therefore this represents  
administrative claims data at the time of preset deadlines. Diagnostic and  
procedural data may be incomplete due to data field limitations. Data should be  
cautiously used to evaluate health care quality and compare outcomes.  
No errors detected on the certification report.

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PROVIDER: Physicians Surgical Hospitals - Plum Creek

THCIC ID: 852900

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes. No errors detected on the certification report.

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PROVIDER: Medfinitiy Health Surgery Center Plano  
THCIC ID: 975195

Q4 2022

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PROVIDER: Rushland Park Surgicenter  
THCIC ID: 304000

CERTIFY DATA.

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PROVIDER: Abilene White Rock Surgery Center  
THCIC ID: 975114

Patient refused to supply SS#. I entered incorrect format.

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PROVIDER: Hays Surgery Center

THCIC ID: 970210

2022 4th q

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PROVIDER: Medfinity Health Surgery Center - HEB

THCIC ID: 975183

Q4 2022

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PROVIDER: Methodist Ambulatory Surgery Center North Central

THCIC ID: 784300

One claim has invalid principal diagnosis (error-607) which was submitted in error before correcting claim.

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PROVIDER: Surgery Center of Plano

THCIC ID: 284000



Q4

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PROVIDER: LAREDO EMERGENCY ROOM

THCIC ID: 975691

Approved

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PROVIDER: MCALLEN EMERGENCY ROOM

THCIC ID: 975903

Approved

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PROVIDER: Key Whitman Surgery Center

THCIC ID: 796600

2 uncorrected duplicate diagnosis codes - was not corrected due to not knowing  
how to correct

1 invalid product/service procedure code - was not corrected due to not knowing  
how to correct

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PROVIDER: Paris Regional Medical Center North Campus

THCIC ID: 095003

Invalid Physician - not accepting NPI with name

Missing Physician - LWOT patient, no provider

Invalid Procedure Date, Procedure date more than 30 days before statement date,

Procedure Through Date more than 30 days before statement date not accepting

date of service changes

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PROVIDER: Martin County Hospital District

THCIC ID: 388000

This data is correct to the best of my knowledge as of this date of certification.

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PROVIDER: Huebner Ambulatory Surgery Center

THCIC ID: 975211

certify with out comments

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PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000

This Data is being certified by National I.T. and not by the local market.

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PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Baylor Scott & White Orthopedic Surgery Center Waco

THCIC ID: 975798

Baylor Scott & White Medical Center Orthopedic Surgery Center Waco

THCIC ID 975798

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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

THCIC ID: 363000

Baylor Scott and White All Saints Medical Center-Fort Worth

THCIC ID 363000

4th Qtr 2022 Outpatient

Accuracy rate – 99.99%

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

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

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PROVIDER: UT Health Cedar Creek Lake Emergency Center

THCIC ID: 975542

SSN unknown

Patient Control Number, canceled treatment

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PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID: 974240

Baylor Heart and Vascular Hospital of Fort Worth

THCIC ID 974240

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves very seriously ill infants, which substantially increases costs of care, lengths of stay and mortality rates. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 25 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Country error x2, Patient DOB error x1, SSN errors x19, Race error x1, Physician error x2,

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PROVIDER: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels

THCIC ID: 917000

2945 99.93%

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PROVIDER: Lynn County Hospital District

THCIC ID: 192000

Certified with comments

Missing SSN

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PROVIDER: Knapp Medical Center

THCIC ID: 480000

2022 Q4 Outpatient

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PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

#### Data Content

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

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are

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

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to



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

#### Length of Stay

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

#### Race/Ethnicity

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

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

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

Cost/ Revenue Codes

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

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PROVIDER: Ascension Seton Hays  
THCIC ID: 921000

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.2 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable.x1 Patient state, x1 zip code error.

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PROVIDER: St Joseph Medical Center  
THCIC ID: 838600

St. Joseph Medical Center certify 4th Quarter 2022. We have 100% accuracy rate for

outpatient.

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PROVIDER: Houston Medical ER

THCIC ID: 976012

1 error code missed - error E-687 missing value code associated amount

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PROVIDER: University Medical Center

THCIC ID: 145000

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

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PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300

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

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

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

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

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PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of July 13, 2023. If any errors are discovered in our data after this point, we will be unable to

communicate these due to THCIC rules. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

#### Submission Timing

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

#### Diagnosis and Procedures

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

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

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

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

Given the current certification software, due to hospital volumes, it is not

feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Texas Health Huguley underwent a major program conversion to the HCFA 837 EDI electronic claim format.

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

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

THCIC ID: 813100

The Q4 2022 IP All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed and all corrections made

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PROVIDER: Lake Travis ER

THCIC ID: 975269

invalid reason for visit code

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PROVIDER: UT Health East Texas Tyler Regional Hospital

THCIC ID: 975299

SSN - unknown



DOB - unknown

principal dx - payer specific change

=====

PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments needed

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PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

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

to meet statutory requirements. 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 3 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Physician errors x3 in total.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman  
THCIC ID: 303000

#### Data Content

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

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

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

than 1% of the encounter volume.

#### Diagnosis and Procedures

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

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

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

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

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

Cost/ Revenue Codes

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

=====

PROVIDER: Medical City Weatherford-Anderson

THCIC ID: 975241

FAILED TO CORRECT

=====

PROVIDER: Medical City Heart & Spine Hospitals

THCIC ID: 975407

FAILED TO CORRECT

=====

PROVIDER: HCA Houston Healthcare Tomball

THCIC ID: 076000

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

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PROVIDER: North Park Heart & Vascular Surgery Center

THCIC ID: 975283

Our 4th qtr. 2022 data submission did not contain the “reason for visit” information for all 139 claims, there were several changes in leadership in our center in 2022 and the software program we utilize to collect reportable data did not receive the update needed to add “reason for visit”. Moving forward with Qtr. 1- 2023, the “reason for visit” information will be part of our data submission for our Ambulatory Surgery Center.

=====

PROVIDER: Christus Good Shepherd Emergency Center NorthPark

THCIC ID: 975445

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

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PROVIDER: Seton Medical Center Harker Heights

THCIC ID: 971000

SSN unknown

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PROVIDER: HCA Houston ER 24/7 - Fry Road

THCIC ID: 975429

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

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PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

No comments needed.

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PROVIDER: HCA Houston ER 24/7 - Tomball

THCIC ID: 976043

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

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PROVIDER: DeTar Hospital-Navarro

THCIC ID: 453000

DeTar Healthcare System only had 1 OP account for Q4 2022 that could not be final coded until 2/17/23 so it crossed over as an error due to missing code information.

=====

PROVIDER: Cedar Park Emergency Center

THCIC ID: 975607

incorrect principal diagnosis code

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

#### Data Content

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

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

#### Diagnosis and Procedures

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

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

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

The data submitted matches the state's reporting requirements but may be

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

facility.

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

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

#### Cost/ Revenue Codes

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

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

#### Data Content

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

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

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

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

#### Diagnosis and Procedures

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

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

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

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

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

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

#### Length of Stay

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

#### Race/Ethnicity

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

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

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

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

#### Cost/ Revenue Codes

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

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PROVIDER: FULL SPECTRUM EMERGENCY ROOM AT THE RIM

THCIC ID: 975744

4Q 2022 certification submission.

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PROVIDER: Texas Health Huguley Surgery Center

THCIC ID: 971500

Texas Health Care Information Collection THCIC

4Q2022 Certification of Data

Your facility, THCIC Id 971500, has completed the certification of their  
Outpatient 4Q2022 data.

Thank you.

The following comments reflect concerns, errors, or limitations of discharge  
data for THCIC mandatory reporting requirements. If any errors are discovered in  
our data after this point, we will be unable to communicate these due to THCIC.

This data is administrative data, which hospitals collect for billing purposes,  
and not clinical data, from which you can make judgments about patient care.

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

included in the quarterly submission file sent in. Diagnosis and Procedures The  
data submitted matches the state's reporting requirements but may be incomplete

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

performed which can alter the true picture of a patient's hospitalization,  
sometimes significantly. Patient diagnoses and procedures for a particular

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

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

diagnoses and 25 procedures for each patient record. One limitation of using the

ICD-10-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated. There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated. Given the current certification software, due to hospital volumes, it is not feasible to perform encounter-level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, the facility underwent a major program conversion to the HCFA 837 EDI electronic claim format. The quarterly data from Q4 2022, to the best of our knowledge, is accurate and complete given the above.

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PROVIDER: Redd ASC

THCIC ID: 975984

90% accuracy due to a duplicate claim that wasn't removed after corrected claim was submitted

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PROVIDER: Medical City Arlington

THCIC ID: 502000

VALID CODE AND POA WAS PRESENT AT TIME OF ADMISSION



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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

FAILED TO CORRECT

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PROVIDER: Dodson Surgery Center

THCIC ID: 970400

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

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

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

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

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

This will affect encounters for the FOURTH QUARTER 2022.

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

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

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

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

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PROVIDER: LMC North

THCIC ID: 800300

Provider name and number do not match any provider on the Registry for a few claims.

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PROVIDER: Ascension Seton Smithville

THCIC ID: 424500

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

=====

PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

This Data is being certified by National I.T. and not by the local market.

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PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000

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. 6 errors on inpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. SSN errors 3 were due to incorrect information; Admission errors 3 were due to incorrect code mapping

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PROVIDER: ALLY MEDICAL EMERGENCY ROOM - SOUTH AUSTIN

THCIC ID: 975907

The Error remains due to the systematic issue, Patient visited from out of country on (Removed by THCIC), We mentioned the details of that patient in the system for claims and reporting to System13, it was added as same.

\*Potential confidential information removed by THCIC.

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease. It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates .As the Regional Level I Trauma Center, DSMCUT serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.6 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in

some cases the errors are not resolvable. Errors that could not be resolved were patient record could not be coded x1, State information missing x1, Zio code missing x1, Physician error x2, reason for visit x1.

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PROVIDER: Texas Health Willow Park

THCIC ID: 975496

#### Data Content

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM / CPT data on each outpatient receiving surgical or radiological services but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the

data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

#### Length of Stay

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

#### Race/Ethnicity

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: CHI St Lukes Health Memorial Lufkin  
THCIC ID: 129000

This Data is being certified by National I.T. and not by the local market.

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PROVIDER: North Cypress Medical Center, a campus of Kingwood Medical Center  
THCIC ID: 975341

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

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PROVIDER: John Peter Smith Hospital  
THCIC ID: 409000

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

Joint Commission accreditation as a hospital.

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

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

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

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

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

=====

PROVIDER: GEORGETOWN FAMILY EMERGENCY CENTER

THCIC ID: 975654

invalid service line procedure code

incorrect use of ecode

missing reason for visit code

=====

PROVIDER: Amarillo Cataract & Eye Surgery Center

THCIC ID: 694600

QTR 4 2022 Data Certification

=====

PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321

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

=====

PROVIDER: The Hospitals of Providence Emergency Room Edgemere

THCIC ID: 975511

No comments needed.

=====

PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

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=====

PROVIDER: Scott & White Pavilion

THCIC ID: 537002

Scott & White Pavilion

THCIC ID 537002

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Hunt Regional Emergency Medical Center at Quinlan

THCIC ID: 975563

1.) Error 626, 627, 629, 725, 729 - Not documented on the claim and is true to the EHR.

2.) Error 784 - HCPCS codes not populating as these are not chargeable items, so no claim was dropped.

=====

PROVIDER: HCA Houston Healthcare West

THCIC ID: 337001

No way to correct the errors. 99%

=====

PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

No Comments

=====

PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

No Comments

=====

PROVIDER: Advanced Surgery Center of San Antonio

THCIC ID: 974520

All claims submitted blank with no revenue codes are due to billing having to send these out on 1500 forms rather than UB forms.

I have spoken with (Removed by THCIC) at the system13 help desk and he informed us that the issue is because the system that we use (VISION) is submitting our clinical trial data as institutional claims rather than professional claims. We are currently working with VISISON to help correct this issue for Q2-2023

\*Potential confidential information removed by THCIC.

=====

PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400



Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

4th Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: Medical Arts Hospital

THCIC ID: 341000

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

=====

PROVIDER: Texas Health Burleson

THCIC ID: 975460

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=====

PROVIDER: Lakeline Emergency Center LLC

THCIC ID: 975608

invalid reason for visit code

=====

PROVIDER: Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID: 975384

Baylor Scott & White Emergency Medical Center Cedar Park

THCIC ID 975384

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Adventhealth Central Texas

THCIC ID: 397001

Corrected to the best of my ability.

=====

PROVIDER: Medical City Fort Worth

THCIC ID: 477000

FAILED TO CORRECT

=====

PROVIDER: Hunt Regional Emergency Medical Center of Commerce

THCIC ID: 975525

1.) Error 626, 627, 629, 725, 729 - Not documented on claim and is true to the

EHR.

=====

PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

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=====

PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: North Texas Medical Center

THCIC ID: 298000

All corrections were made on accounts that had incorrect information. The majority of accounts that had errors for Ethnicity were skipped because they were correct in the accounts.

=====

PROVIDER: Baylor University Medical Center

THCIC ID: 331000

Baylor University Medical Center

THCIC ID 331000

4th Qtr 2022 Outpatient

Accuracy rate – 99.98%

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

Procedure dates verified in hospital system, reported as posted.

Errors will stand "as reported".

=====

PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, women's diagnostics services including mammography and dexametaxone, and onsite imaging (CT, X-ray, ultrasound) and laboratory services. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements x1 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Error type related to physician

=====

PROVIDER: Hunt Regional Medical Center Greenville

THCIC ID: 085000

1.) Error 618 - The procedure date for the patient being 3 days before the admission date is true to the EHR.

2.) Error 784 - HCPCS codes not populating as these are not chargeable items, so no claim was dropped.

=====

PROVIDER: Harlingen Surgical Center

THCIC ID: 130054

4th quarter complete

=====

PROVIDER: Baylor Scott & White Emergency Center - Forney

THCIC ID: 975537

Baylor Scott & White Medical Center- Forney

THCIC ID 975537

3rd Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: HCA Houston ER 24/7 - Willowbrook

THCIC ID: 975431

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

=====

PROVIDER: Baylor Scott & White The Heart Hospital Denton

THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton

THCIC ID 208100

4th Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

4th Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: UMC East Emergency Department

THCIC ID: 975441

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

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

=====

PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Brushy Creek Family Hospital

THCIC ID: 975417

invalid e code

=====

PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Emergency Center - Wylie

THCIC ID: 975576

Baylor Scott & White Emergency Center – Wylie

THCIC ID: 97576

3rd Qtr 2022 – Outpatient

Accuracy rate - 100%

No comments needed.

=====

PROVIDER: Texas Health Hospital Mansfield

THCIC ID: 975870

Corrected to the best of my ability.

=====

PROVIDER: ACPS Surgicentre

THCIC ID: 709100

Certify-done

=====

PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

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=====

PROVIDER: CHI St Lukes Health Emergency Center - Huntsville

THCIC ID: 975485

1 account with error for invalid rev code was incorrectly marked account AS IS.

We will ensure this will not occur again.

=====

PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

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

#### Race/Ethnicity

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

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

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

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PROVIDER: Medical City Dallas Hospital

THCIC ID: 340000

FAIL TO CORRECT ON TIME

=====

PROVIDER: Victoria Surgery Center

THCIC ID: 396003

Verified

=====

PROVIDER: Medical City Denton

THCIC ID: 336001

FAILED TO CORRECT

=====

PROVIDER: Medical City Green Oaks Hospital

THCIC ID: 766000

NO PHYSICIAN NPI IN RECORD

=====

PROVIDER: Baylor Surgery Center of Waxahachie

THCIC ID: 973560

Baylor Surgery Center of Waxahachie

THCIC ID 973560

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000

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



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

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PROVIDER: Wilbarger General Hospital  
THCIC ID: 084000

6th quarter OP certification summary reviewed.

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PROVIDER: HCA Houston ER 24/7 - Cypress Fairbanks  
THCIC ID: 975545

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

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PROVIDER: Gastrointestinal Endoscopy Center  
THCIC ID: 815100

11 claims were missed in the correcting process due to employee illness.

=====

PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements x3 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. x3 zip code errors.

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

#### Data Content

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

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

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PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

#### Data Content

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

Data Content

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PROVIDER: Medical City Frisco

THCIC ID: 975139

INFORMATION VALID

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PROVIDER: JPS Surgical Center-Arlington

THCIC ID: 153300

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

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

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

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

JPSH has confirmed that for errors related to "Other Procedure Date must be on

or after the 3rd day before the Admission Date”, patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed.

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

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PROVIDER: Harlingen Medical Center

THCIC ID: 788002

2022 Q4 Outpatient Data

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PROVIDER: Texas Procedure Center

THCIC ID: 975316

1 claim error due to patient refusal to provide social security number

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PROVIDER: Medical Park Tower Surgery Center

THCIC ID: 967000

We elect to certified the QRT with no comments



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PROVIDER: Medical City North Hills

THCIC ID: 437000

FAILED TO CORRECT

=====

PROVIDER: Full Spectrum Emergency Room at Hardy Oak

THCIC ID: 976032

Access error/issue. We received access after the certification date, we were unable to correct from 83% to 100%.

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PROVIDER: BSA Hospital

THCIC ID: 001000

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: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

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PROVIDER: Texas Health Prosper

THCIC ID: 975562

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

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

#### Length of Stay

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

#### Race/Ethnicity

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Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center

THCIC ID: 975144

1528 100%

=====

PROVIDER: UT Health East Texas Henderson Hospital

THCIC ID: 975295



1 account SSN error

=====

PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

4th Qtr 2022 – Outpatient

Accuracy rate – 99.98%

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

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: McAllen Surgical Specialty Center

THCIC ID: 778200

Unknown Zip Code

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

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.

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=====

PROVIDER: Baylor Scott & White The Heart Hospital Plano

THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

4th Qtr 2022 Outpatient

Accuracy rate - 100%

No comments needed.

=====

PROVIDER: Texas Health Outpatient Surgery Center Fort Worth

THCIC ID: 970100

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=====

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

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PROVIDER: College Station ED

THCIC ID: 975467

PATIENT GENDER NOT CONSISTANT WITH PRINCIPAL DIAGNOSIS.



=====

PROVIDER: CLEAR CREEK EMERGENCY ROOM LLC

THCIC ID: 975694

Please certify

We have a duplicate in our files and we would like to certify w comments

=====

PROVIDER: Baylor Scott & White Medical Center Lake Pointe

THCIC ID: 975286

Baylor Scott & White Medical Center Lake Point

THCIC ID 975286

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

Data Content

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=====

PROVIDER: Christus Good Shepherd Emergency Center Kilgore

THCIC ID: 975444

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

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

=====

PROVIDER: HCA Houston ER 24/7 - Towne Lake

THCIC ID: 975430

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

=====

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

#### Data Content

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=====

PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments needed.

=====

PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000



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

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

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

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

This will affect encounters for the FOURTH QUARTER 2022.

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

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

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

=====

PROVIDER: University Medical Center of El Paso-Mesa

THCIC ID: 975868

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

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

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

=====

PROVIDER: Laredo Medical Center North Central ER

THCIC ID: 975930

Claim not coded as of correction process.

=====

PROVIDER: UMC Northeast Emergency Department

THCIC ID: 975442

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

Through performance improvement process, we review the data and strive to make

changes to result in improvement.

=====

PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000

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=====

PROVIDER: Baptist Medical Center

THCIC ID: 114001

I certify that all information is correct.

=====

PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

4th Qtr 2022 Outpatient

Accuracy rate –100%

No comments needed.

=====

PROVIDER: The Hospitals of Providence Transmountain Campus

THCIC ID: 975188

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

4th Qtr 2022 – Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Medical Complex Surgery Center

THCIC ID: 918000

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

=====

PROVIDER: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

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

=====

PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940

Baylor Scott & White Medical Center Marble Falls

THCIC ID 974940

4th Qtr 2022 Outpatient

Accuracy rate – 100%

No comments needed.

=====

PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

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=====

PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

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

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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: The Hospitals of Providence Memorial Campus  
THCIC ID: 130000

No comments needed

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PROVIDER: Ascension Seton Northwest  
THCIC ID: 797600

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

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PROVIDER: Laredo Medical Center

THCIC ID: 207001

Claim not coded yet while processing corrections, not enough information.

Provider name in and number in claim does not match the Registry.

Diagnosis code is not accepted in claim and currently no other code available.

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PROVIDER: Hamilton General Hospital

THCIC ID: 640000

All records checked for accuracy.

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PROVIDER: University Medical Center of El Paso-Alameda

THCIC ID: 263000

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

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

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PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 4 errors on outpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Invalid Patient SSN errors 2 where The Patient Social Security Number field contains a number that is not the confidentiality default (999999999) and is not a valid number recognized by the Social Security Administration. Physician errors x2 unresolvable.

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

#### 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.

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PROVIDER: Christus Good Shepherd Ambulatory Surgical Center

THCIC ID: 975275

This data is submitted in an effort to meet statutory requirements. Conclusions



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

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

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