

General Comments on 4th Quarter 2019 Data

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

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

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

Certified With Comments

9 Records out of 7,227 report as has having errors in the System13 which means that 99.9% of the records have no errors. While these 9 records are flagged as records in error in System13, they are consistent with the Source System.

PROVIDER: Harris County Psychiatric Center  
THCIC ID: 000115  
QUARTER: 4  
YEAR: 2019

Certified With Comments

No additional comments

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

Certified With Comments

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

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

Certified With Comments

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

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PROVIDER: Matagorda Regional Medical Center  
THCIC ID: 006001  
QUARTER: 4  
YEAR: 2019

Certified With Comments

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

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

Certified With Comments

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

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PROVIDER: Kindred Hospital-Dallas  
THCIC ID: 028000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 99 records are correctly reported.

Ernestine Marsh

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

Certified With Comments

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

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

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

Certified With Comments

errors as expected

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

Certified With Comments

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

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

Certified With Comments

Baylor Scott and White Medical Center Carrollton  
THCIC ID 042000  
4th Qtr 2019 Inpatient  
Accuracy rate - 97.21%.  
Errors from the 4th Quarter FER reflect the following error codes, E-618, E-624, E-693, E-694.  
Errors were reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.

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Principal procedure date verified in hospital system reported as posted.  
Invalid Condition code verified in hospital system  
Invalid or missing practitioner errors reflect the values from the hospital system.  
Errors will stand "as reported".

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

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of July 15, 2020. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC 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 States submission deadline, approximately 30 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters no 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 a ICD-10-CM effective 10-1-2015. 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 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.

Physician

While the hospital documents many treating physicians for each case, the THCIC

minimum data set has only (2) physician fields, Attending and Operating Physicians. Many physicians provide care to patients throughout a hospital stay. Consulting physicians may prescribe and treat patients on behalf of the physician listed as the Attending. "Other" physician case volumes, mortality, case costs and LOS, will frequently be inaccurate because of this limitation. Analysis of "Other physician" information should, therefore, take into consideration that a significant portion of treating physicians are excluded from the patient cases.

Due to hospital volumes, it is not feasible to perform encounter level audits and edits. All known errors have been corrected to the best of our knowledge. Within the constraints of the current THCIC process, the data is certified to the best of our knowledge as accurate and complete given the above comments.

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

Certified With Comments

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

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

Certified With Comments

Known issue with facility type code

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PROVIDER: Brownfield Regional Medical Center  
THCIC ID: 078000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

I am not able to make any changes on a few accounts

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

Certified With Comments

Corrections have been made.

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PROVIDER: Hardeman County Memorial Hospital  
THCIC ID: 102000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Claim missed when making corrections to the data set.

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PROVIDER: Memorial Hospital  
THCIC ID: 113000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

(Removed by THCIC) physician ID not reading correctly

\*Confidential information removed by THCIC.

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

Certified With Comments

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

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

Certified With Comments

The data reports for Quarter 4, 2019 do not accurately reflect patient volume or severity.

Patient Volume

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

Severity

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

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

Certified With Comments

Unable to correct - insufficient information.

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

Certified With Comments

No comments

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

Certified With Comments

Corrections not made due to COVID-19 staffing constraints.

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

Certified With Comments

Two claims have an error with a procedure date that occurred prior to the admission date.

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

Certified With Comments

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

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

Certified With Comments

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

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PROVIDER: Covenant Hospital-Plainview  
THCIC ID: 146000

QUARTER: 4  
YEAR: 2019

Certified With Comments

No errors found.

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

Certified With Comments

errors were under 3%

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

Certified With Comments

Error rate was <3%

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

Certified With Comments

errors were under the 3% range

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

Certified With Comments

Error rate was <3%

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

Certified With Comments

University Hospital provides healthcare to a large population in Bexar county and other surrounding counties. IP claim accuracy rate is 99.94% for Q4 2019. Data submitted by this facility has been corrected to the best of our ability to meet State requirements.

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

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data that is utilized for billing purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted that charges are not equal to actual payments received by the facility or facility costs for performing the service. The errors this quarter are due to age is less than 15 years of age however other diagnosis if for adults, and manifestation codes are invalid. All other fatal errors were corrected such as invalid state, invalid zip code, invalid address. Errors have been corrected to the best of my ability and resources.

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

Certified With Comments

Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

Admit Source data for Normal Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health HEB recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### 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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Baylor Scott & White Hospital College Station  
THCIC ID: 206100  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Baylor Scott & White Hospital College Station  
THCIC ID 206100  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.9%  
Errors from the 4th Quarter FER reflect the following error code, E-768.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported."

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

Certified With Comments

Baylor Scott & White the Heart Hospital Denton  
THCIC ID 208100  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.46%  
Error from the 4th Quarter FER reflects the following error code, E-690.  
Errors reviewed and validated against data in the hospital system. The values

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transmitted reflect the data from our system.

Attending Practitioner Identifier validate against data in hospital system.

Error will stand "as reported.

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

Certified With Comments

Accepted errors

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

Certified With Comments

#### Data Content

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

Admit Source data for Normal Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health

HEB recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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

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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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Wise Health System  
THCIC ID: 254001  
QUARTER: 4  
YEAR: 2019

Certified With Comments

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

is correct.

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

Certified With Comments

There was one record with an error we were unable to correct regarding a John Doe patient.

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

Certified With Comments

Data Content

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

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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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

Admit Source data for Normal Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health HEB recommends use of ICD10 coding data to identify neonates. This methodology

will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====

PROVIDER: University Medical Center of El Paso

THCIC ID: 263000

QUARTER: 4

YEAR: 2019

Certified With Comments

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

4q2019\_Certification\_Comments.txt

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

Certified With Comments

Zip codes for Mexico are correct and valid; however, system not accepting them.

=====

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

Certified With Comments

Baylor Scott & White Medical Center Waxahachie  
THCIC ID 285000  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.85%  
Errors from the 4th Quarter FER reflect the following error codes, E-617, E-618, E-767, E-768.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported"

=====

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

Certified With Comments

Accounts failed that generated a 99.21% claim accuracy; newborn date of birth

year was entered incorrectly, no SSN # unavailable for undocumented patient; an unspecified dx code used as the admitting dx.

=====

PROVIDER: Baylor Scott & White Medical Center-Irving  
THCIC ID: 300000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Baylor Scott & White Medical Center-Irving  
THCIC ID 300000  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.14%  
Errors from the 4th Quarter FER reflect the following error codes, E-693, E-694, E-768.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Two error codes relate to Practitioner information and all were verified in the hospital system as reported.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====

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

Certified With Comments

Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

Admit Source data for Normal Newborn When the Admit type is equal to 'newborn',

the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health HEB recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

PROVIDER: Covenant Hospital-Levelland  
THCIC ID: 307000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

No errors found

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

Certified With Comments

approved as is.

=====

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

Certified With Comments

Certified with Comments

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

PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

QUARTER: 4

YEAR: 2019

Certified With Comments

#### Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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.

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

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Admit Source data for Normal Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

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#### Race/Ethnicity

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#### 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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====

PROVIDER: Baylor University Medical Center

THCIC ID: 331000

QUARTER: 4

YEAR: 2019

Certified With Comments

Baylor University Medical Center

THCIC ID 331000

4th Qtr 2019 Inpatient

Accuracy rate - 99.61%

Errors from the 4th Quarter FER reflect the following error codes, E-617, E-618, E-631, E-652, E-767, E-768.

Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.

Procedure dates verified in hospital system, reported as posted.

Principal procedure date verified in hospital system, reported as posted.

Patient age > 115 years - Patient is a John Doe or Trauma and never identified.

System uses 01/01/1901 for DOB.

Admission Type Newborn verified in hospital system, reported as posted.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Cook Children's Medical Center has submitted and certified FOURTH QUARTER 2019 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

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

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the FOURTH QUARTER OF 2019.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

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

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

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

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

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

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

This will affect encounters for the FOURTH QUARTER OF 2019

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

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients

frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single 'operating physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

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

=====

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

Certified With Comments

These have been corrected

=====

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

Certified With Comments

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

=====

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

Certified With Comments

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

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

Certified With Comments

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

=====

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

Certified With Comments

Baylor Scott and White All Saints Medical Center Fort Worth  
THCIC ID 363000  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.85%  
Errors from the 4th Quarter FER reflect the following error codes, E-618, E-652, E-768.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Principal procedure date verified in hospital system, reported as posted.  
Admission Type Newborn verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====

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

Certified With Comments

It has been our process to try to correct all Fatal Errors (a list is sent to the appropriate departments for corrections) before our submission to System13. Most of the corrections were submitted but we were unable to correct the

remaining errors due to time constraints.

Although historical accuracy has consistently exceeded 99 percent. Harris Health System is modifying its review and correction process for future certifications to further improve the accuracy rate, within the defined time frame.

=====

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

Certified With Comments

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

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

Certified With Comments

files reviewed and certified

=====

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

Certified With Comments

Corrections made to the best of my ability

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PROVIDER: Adventhealth Central Texas  
THCIC ID: 397001  
QUARTER: 4

YEAR: 2019

Certified With Comments

Errors corrected to the best of my ability.

=====

PROVIDER: Valley Baptist Medical Center  
THCIC ID: 400000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

certified as is.

=====

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

Certified With Comments

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

=====

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

Certified With Comments

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital. JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health

treatment facility.

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

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

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

Certified With Comments

#### Data Content

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The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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

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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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### Length of Stay

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Admit Source data for Normal Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

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#### Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====

PROVIDER: Lake Granbury Medical Center  
THCIC ID: 424000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

- 1 error W-650 Date of Birth not = Admission Date and Admission Type = Newborn (working with vendor to correct software to prevent)
- 1 error W-653 Patient Birth Date Not = Admission Date and (Principal Diagnosis = Newborn or Admission Type = Newborn) (working with vendor to correct software to prevent)
- 1 error E-663 Invalid Patient ZIP (working with vendor to correct software to prevent)

1 error E-690 Invalid Attending Practitioner Identifier (working with vendor to correct software to prevent)

=====

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

Certified With Comments

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

=====

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

Certified With Comments

Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

Admit Source data for Normal Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

4q2019\_Certification\_Comments.txt

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health HEB recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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Discharge Disposition

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=====

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

Certified With Comments

errors as expected

=====

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

Certified With Comments

The procedure dates on these claims are correct, unable to resolve errors

=====

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

Certified With Comments

Certify 4Q 2019 inpt

=====

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

Certified With Comments

Inpatient encounters are at 99% accuracy, was not able to fix all errors due to COVID-19 staffing.

=====

PROVIDER: DeTar Hospital-Navarro  
THCIC ID: 453000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Errors have been corrected.

4q2019\_Certification\_Comments.txt

=====

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

Certified With Comments

DeTar Healthcare System has reviewed the Q4 2019 data submitted for state reporting.

=====

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

Certified With Comments

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

=====

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

Certified With Comments

No errors found.

=====

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

Certified With Comments

CLAIM IS HIGH - DUE TO INCLUDING SEPTEMBER'S DATA

=====

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

Certified With Comments

Data Content

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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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### Length of Stay

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Admit Source data for Normal Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health HEB recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### Race/Ethnicity

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

facility.

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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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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

Certified With Comments

Claims have been corrected to the best of our ability

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

Certified With Comments

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

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

Certified With Comments

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

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

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

=====

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

Certified With Comments

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

=====

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

Certified With Comments

Baylor Scott & White Medical Center Hillcrest  
THCIC ID 506001  
4th Qtr 2019 Inpatient

4q2019\_Certification\_Comments.txt

Accuracy rate - 99.95%

Errors from the 4th Quarter FER reflect the following error codes, E-768.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported"

=====

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

Certified With Comments

Baylor Scott and White Medical Center Grapevine  
THCIC ID 513000  
4th Qtr 2019 Inpatient  
Accuracy rate - 98.74%  
Errors from the 4th Quarter FER reflect the following error codes, E-631, E-651, E-671, E-688, E-689, E-691, E-693, E-694.  
Errors were reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Patient age > 115 years - Patient is a John Doe or Trauma and never identified.  
System uses 01/01/1901 for DOB.  
Invalid revenue code verified and reported as shown in the hospital system.  
Five error codes relate to Practitioner information and all were verified in the hospital system as reported.  
Errors will stand "as reported".

=====

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

Certified With Comments

We wish to continue with certification.

=====

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

Certified With Comments

Any errors are due to not having social security numbers

=====

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

Certified With Comments

Baylor Scott & White Medical Center Temple  
THCIC ID 537000  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.89%  
Errors from the 4th Quarter FER reflect the following error codes, E-617, E-631, E-763, E-768.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Procedure dates verified in hospital system, reported as posted.  
Patient age > 115 years - Patient is a John Doe or Trauma and never identified.  
System uses 01/01/1901 for DOB.  
Invalid POA verified in hospital system.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported"

=====

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

Certified With Comments

unable to correct data

=====

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

Certified With Comments

Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.

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

=====

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

Certified With Comments

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

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

=====

PROVIDER: Rio Grande Regional Hospital  
THCIC ID: 601000  
QUARTER: 4

YEAR: 2019

Certified With Comments

Below error threshold

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

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Certified With Comments

Data error:  
 No ED MD or NPI due to patient leaving AMA  
 Newborn admission not matching principal diagnosis - all were new born but  
 principal diagnosis were preterm newborn etc. Social Security numbers incorrect  
 - change some but not all to 999999999

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

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Certified With Comments

Data Content  
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 Administrative data may not accurately represent the clinical details of an  
 encounter.  
 The state requires us to submit inpatient claims, 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  
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#### Length of Stay

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=====  
PROVIDER: Kindred Hospital-San Antonio  
THCIC ID: 645000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 83 records are correctly reported.

Ernestine Marsh

=====  
PROVIDER: Texas Health Specialty Hospital-Fort Worth  
THCIC ID: 652000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Data Content

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Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

#### Admit Source data for Normal Newborn

Texas Health Specialty Hospital does not have a newborn population.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Specialty Hospital recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission. 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. Discharge Disposition THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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

Certified With Comments

No errors

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy Psych  
THCIC ID: 653002  
QUARTER: 4  
YEAR: 2019

Certified With Comments

No Errors

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy Rehab

THCIC ID: 653003  
QUARTER: 4  
YEAR: 2019

Certified With Comments

No Errors

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PROVIDER: Kindred Hospital-Mansfield  
THCIC ID: 657000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 99 records are correctly reported.

Ernestine Marsh

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

Certified With Comments

Data Content  
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.  
The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

#### Admit Source data for Normal

Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Plano recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### 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.

#### Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: TOPS Surgical Specialty Hospital  
THCIC ID: 674000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Submitted corrections 7/9/2020-did not receive email for error completion. Always been able to submit corrections at time of Certification. Not sure why this time is different.

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PROVIDER: Kindred Hospital-Houston Medical Center  
THCIC ID: 676000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 144 records are correctly reported.

Ernestine Marsh

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

Certified With Comments

Error rate was <3%

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PROVIDER: Encompass Health Rehab Hospital Texarkana  
THCIC ID: 684000  
QUARTER: 4

YEAR: 2019

Certified With Comments

The errors were corrected but not submitted.

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

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Certified With Comments

No errors found.

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PROVIDER: Kindred Hospital-Tarrant County
THCIC ID: 690000
  QUARTER: 4
    YEAR: 2019

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Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 77 records are correctly reported.

Ernestine Marsh

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PROVIDER: Kindred Hospital Houston NW
THCIC ID: 706000
  QUARTER: 4
    YEAR: 2019

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Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred

hospital admissions are solely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 98 records are correctly reported.

Ernestine Marsh

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

Certified With Comments

Approved

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PROVIDER: Texas Health Seay Behavioral Health Hospital  
THCIC ID: 720000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

#### Admit Source data for Normal

Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Seay Behavioral Health Hospital recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 190 records are correctly reported.

Ernestine Marsh

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

Certified With Comments

#### Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

#### Admit Source data for Normal

Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Presbyterian Hospital Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### Race/Ethnicity

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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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====
PROVIDER: Houston Methodist Willowbrook Hospital
THCIC ID: 724700
QUARTER: 4
YEAR: 2019

Certified With Comments

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

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PROVIDER: Kindred Hospital El Paso

THCIC ID: 727100  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 128 records are correctly reported.

Ernestine Marsh

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

Certified With Comments

THHV - Inpatient

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 inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-9-CM. 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-9-CM data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### Length of Stay

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

#### Race/Ethnicity

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

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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

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

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to home as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====

PROVIDER: Ascension Providence DePaul Center  
THCIC ID: 736000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

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

=====

PROVIDER: Cypress Creek Hospital  
THCIC ID: 744001  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Failed/Invalid entries resulted in improper placement of the data. The error

4q2019\_Certification\_Comments.txt

messages: Invalid/Missing Patient SSN, Invalid Patient State, Invalid Patient ZIP, Revenue Code in first service line detail is missing, and Charges present without corresponding Revenue Code, generated were caused from a technical issue. The interfaces between our internal system and THCIC system were not updated correctly. However, the quality and accuracy of services provided were not hindered. The new updates were processed after the fourth quarter in 2019, and the issue had been resolved and corrected in subsequent quarters.

=====

PROVIDER: West Oaks Hospital  
THCIC ID: 755001  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Any claims generated for missing information such as the social security numbers or the patient ethnicity was caused by a system issue, the interfacing between internal system and the THCIC system. This did not affect the quality or accuracy of services provided, nor does this accurately represent the clinical details of an encounter. There were changes that were not generated until after the 4Q2019 data was processed. This system issue has been resolved and corrected for the subsequent quarters.

Any claims that were for NPI Invalid Physician license numbers have been validated with the physician and the hospital credentialing source. These errors have since been resolved and corrected for the subsequent quarters.

=====

PROVIDER: Millwood Hospital  
THCIC ID: 765001  
QUARTER: 4  
YEAR: 2019

Certified With Comments

There was a software update that occurred during this time which could have effected data transmittal from UHS corporate , resulting in Social Security number errors.

I have implemented process and procedure changes to ensure errors are identified prior to certification and necessary data is transmitted properly. I have also reached out to ensure I am following updated procedure changes by THCIC to ensure accuracy of data as well as error corrections are made timely.

=====

PROVIDER: Texas Health Springwood Behavioral Health Hospital

THCIC ID: 778000

QUARTER: 4

YEAR: 2019

Certified With Comments

Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

#### Admit Source data for Normal

Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Springwood Behavioral Health Hospital recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### 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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====

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

Certified With Comments

Baylor Scott and White Heart & Vascular Hospital Dallas  
THCIC ID 784400  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.82%  
Errors from the 4th Quarter FER reflect the following error codes, E-617, E-618. Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Procedure dates verified in hospital system, reported as posted.  
Principal procedure date verified in hospital system, reported as posted.  
Errors will stand "as reported".

=====

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

Certified With Comments

No comments

=====

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

Certified With Comments

Approved

=====

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

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 134 records are correctly reported.

Ernestine Marsh

=====

PROVIDER: Kindred Hospital Tomball  
THCIC ID: 792601  
QUARTER: 4  
YEAR: 2019

Elected Not to Certify

The Kindred Hospital Tomball closed its doors on January 6, 2020 and in the mist of the facility closing the errors for this facility was not corrected prior to correction cut off date. However, all data was gather from the patient accounting system Meditech and submitted.

This data is not being certified with corrections to 47 claims. These errors included 6 claims needing social security numbers, 1 claim invalid social security, 42 claims missing claim filing indicator for subscriber, 2 invlaid

claim filing indicator code for the other subscriber and 2 claims with admitting diagnosis codes invalid.

Ernestine Marsh

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

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Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 196 records are correctly reported.

Ernestine Marsh

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=====
PROVIDER: HCA Houston Healthcare Mainland
THCIC ID: 793000
  QUARTER: 4
    YEAR: 2019

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Certified With Comments

ERRORS HAVE BEEN CORRECTED

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

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Certified With Comments

The data reports for Quarter 4, 2019 do not accurately reflect patient volume or severity.  
Patient Volume

4q2019\_Certification\_Comments.txt

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

Severity

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

=====

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

Certified With Comments

Reviewed Errors

=====

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

Certified With Comments

Reviewed Errors

=====

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

Certified With Comments

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

=====

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

Certified With Comments

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

=====

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

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 164 records are correctly reported.

Ernestine Marsh

=====

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

Certified With Comments

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

=====

PROVIDER: Kindred Hospital-Fort Worth  
THCIC ID: 800700  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 140 records are correctly reported.

Ernestine Marsh

=====

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

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 140 records are correctly reported.

Ernestine Marsh

=====

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

Certified With Comments

Few provider errors due to furlough

=====

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

Certified With Comments

The Q4 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====

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

Certified With Comments

The Q4 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====

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

Certified With Comments

Baylor Scott & White Medical Center-Plano  
THCIC ID 814001  
4th Qtr 2019 Inpatient  
Accuracy rate - 98.91%  
Errors from the 4th Quarter FER reflect the following error codes, E-688, E-689, E-691, E-694.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Four errors relate to Practitioner information and all were verified in the hospital system as reported.  
Errors will stand "as reported".

=====

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

Certified With Comments

The Q4 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====

PROVIDER: Allegiance Behavioral Health Center-Plainview  
THCIC ID: 816001  
QUARTER: 4  
YEAR: 2019

Certified With Comments

95% accurate error rate is acceptable

=====

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

Certified With Comments

Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

Admit Source data for Normal

Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Presbyterian Hospital Denton recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====

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

Certified With Comments

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

=====

PROVIDER: University Behavioral Health-Denton  
THCIC ID: 826800  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Due to system limitations and Covid 19 we are unable to correct the errors for this certification. I am utilizing this information as an opportunity to educate admission and HIM staff of opportunities we may have to improve the accuracy of our data. I will make every attempt to ensure our data is complete and accurate for all of our future encounters.

=====

PROVIDER: Mayhill Hospital  
THCIC ID: 831700  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Due to circumstances beyond my control with the Corvid virus and limited staff I am unable to correct the errors for our facility. I am reviewing the errors to educate hospital team members on what opportunities we have to capture more accurate data in the future.

=====

PROVIDER: Laredo Specialty Hospital  
THCIC ID: 836300  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Our facility has reviewed the errors in our entry of patient information. We have assessed that our greatest area of deficiency is in the obtainment and entry of patient's social security identification number. The other errors that we noted were incorrect entry of or no entry for "payor", when these were identified as Charity cases for our hospital & incorrect entry of a Physician NPI number.

We have discussed these deficiencies with our Admissions Department staff, whom are responsible for the entry of this data. In doing so, we have educated our staff regarding the importance of complete entry of patient demographics and protected health information. At this time we will continue to monitor and oversee the entry of information to limit or eliminate future errors from occurring.

=====

PROVIDER: Methodist Mansfield Medical Center  
THCIC ID: 842800  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Eight claims has issue with procedure dates that were not corrected

=====

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

Certified With Comments

Baylor Scott & White The Heart Hospital Plano  
THCIC ID 844000  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.78%  
Errors from the 4th Quarter FER reflect the following error codes, E-694, E-767 E-768.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Errors relate to Practitioner/Physician information and all were verified in the hospital system as reported.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported"

=====

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

Certified With Comments

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

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

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

=====

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

Certified With Comments

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

=====

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

Certified With Comments

Baylor Scott & White Medical Center Round Rock  
THCIC ID 852600  
4th Qtr 2019 Inpatient  
Accuracy rate - 99.88%  
Errors from the 4th Quarter FER reflect the following error codes, E-763, E-768.

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Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.

Invalid POA verified in hospital system.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

QUARTER: 4

YEAR: 2019

Certified With Comments

Certifying with knowledge of error: primary payor name missing

=====

PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901

QUARTER: 4

YEAR: 2019

Certified With Comments

All data submission is correct to my knowledge.

=====

PROVIDER: Central Texas Rehab Hospital

THCIC ID: 854400

QUARTER: 4

YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 234 records are correctly reported.

Ernestine Marsh

4q2019\_Certification\_Comments.txt

=====

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

Certified With Comments

The Q4 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====

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

Certified With Comments

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

=====

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

Certified With Comments

No comments

=====

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

Certified With Comments

The data reports for Quarter 4, 2019 do not accurately reflect patient volume or

severity.

Patient Volume

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

Severity

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

=====

PROVIDER: Atrium Medical Center  
 THCIC ID: 874000  
 QUARTER: 4  
 YEAR: 2019

Certified With Comments

for the 4th quarter of 2019 their was Erros in patients Ethnicity and Race. We could not correct this problem in time due to the following factors:  
 1- Change in Management, the person in charge has left her position  
 2- The billing company that creates the files has problem in the coding program  
 3- COVID 19 affected the Hospital management in Hiring the right person in time.

=====

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

Certified With Comments

certify

=====

PROVIDER: Kindred Hospital Dallas Central  
 THCIC ID: 914000  
 QUARTER: 4  
 YEAR: 2019

Certified With Comments

4q2019\_Certification\_Comments.txt

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 122 records are correctly reported.

Ernestine Marsh

=====

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

Certified With Comments

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

=====

PROVIDER: Methodist McKinney Hospital  
THCIC ID: 937000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

We had 338 discharges in the 4th quarter.  
We had 283 discharges in the 3rd quarter.  
Since the 283 discharges were submitted late, they were included in the 621 claims.

=====

PROVIDER: Kindred Hospital The Heights  
THCIC ID: 941000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 113 records are correctly reported.

Ernestine Marsh

=====

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

Certified With Comments

The Q4 2019 all Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed

=====

PROVIDER: Encompass Health Rehab Hospital Sugar Land  
THCIC ID: 969000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Failed to make corrections prior to deadline.

=====

PROVIDER: Carrollton Springs  
THCIC ID: 969500  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Deadline for corrections was missed. Codes are correct just not in the correct section.

=====

PROVIDER: Seton Medical Center Harker Heights  
THCIC ID: 971000  
QUARTER: 4  
YEAR: 2019

Certified With Comments

I wish to certify the 2019 4th quarter data as is. It is correct to the best of my knowledge.

=====

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

Certified With Comments

Baylor Scott & White Medical Center McKinney  
THCIC ID 971900  
4th Qtr 2019 Inpatient  
Accuracy rate - 98.31%  
Errors from the 4th Quarter FER reflect the following error codes, E-617, E-671, E-693, E-694.  
Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.  
Other procedure dates verified in hospital system, reported as posted.  
Invalid revenue code verified, reported as posted.  
Two error codes relate to Practitioner information and all were verified in the hospital system as reported.  
Errors will stand "as reported".

=====

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

Certified With Comments

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker

patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

#### Admit Source data for Normal

Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Methodist Hospital Alliance recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

#### 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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

=====

PROVIDER: Mesa Springs  
THCIC ID: 973430  
QUARTER: 4  
YEAR: 2019

Certified With Comments

The 1st Quarter 2020 data for ethnicity is incorrect. We are working on our system to be able to accurately report this statistic.

=====

PROVIDER: Baylor Emergency Medical Center at Murphy  
THCIC ID: 973550  
QUARTER: 4  
YEAR: 2019

Certified With Comments

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

=====

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

Certified With Comments

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

=====

PROVIDER: Rock Prairie Behavioral Health  
THCIC ID: 973830  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Certification with knowledge of 2 invalid SSN's. Thank you.

=====

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

Certified With Comments

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

=====

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

Certified With Comments

Accuracy is within the 3% threshold for error.

=====

PROVIDER: Laredo Rehabilitation Hospital  
THCIC ID: 974470  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Our facility has reviewed the errors in our entry of patient information. We have assessed that our greatest area of deficiency is in the obtainment and entry of patient's social security identification number. The other errors that

we noted were incorrect entry of or no entry for "payor", when these were identified as Charity cases for our hospital & incorrect entry of a Physician NPI number.

We have discussed these deficiencies with our Admissions Department staff, whom are responsible for the entry of this data. In doing so, we have educated our staff regarding the importance of complete entry of patient demographics and protected health information. At this time we will continue to monitor and oversee the entry of information to limit or eliminate future errors from occurring.

=====

PROVIDER: Texas Rehab Hospital of Arlington  
THCIC ID: 974730  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Errors corrected. No issues noted in file.

=====

PROVIDER: JPS Health Network - Trinity Springs North  
THCIC ID: 975121  
QUARTER: 4  
YEAR: 2019

Certified With Comments

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

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

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

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

cancer patients; and a wide range of wellness education programs.

=====

PROVIDER: Medical City Frisco  
THCIC ID: 975139  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Information is Valid

=====

PROVIDER: Methodist Southlake Hospital  
THCIC ID: 975153  
QUARTER: 4  
YEAR: 2019

Certified With Comments

No changes

=====

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

Certified With Comments

Correction deadline missed due to Staff/ hour reduction during Covid-19  
1 error code E-725 Missing patient address line 1, no resolution because patient  
is unknown.  
68 error codes E-763 Invalid POA. Meditech code 'E' for exemption does not  
translate to a billing charge, but all conditions are YES, present on admission.

=====

PROVIDER: Kindred Hospital San Antonio Central  
THCIC ID: 975155  
QUARTER: 4  
YEAR: 2019

Certified With Comments

4q2019\_Certification\_Comments.txt

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 122 records are correctly reported.

Ernestine Marsh

=====

PROVIDER: Palms Behavioral Health  
THCIC ID: 975164  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Certification with knowledge of 2 invalid SSN's.

=====

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

Certified With Comments

Data Content

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

The state requires us to submit inpatient claims, 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 hospital stay are coded by the

hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. 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 data on each patient 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. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

#### 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.

#### Admit Source data for Normal

Newborn When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis

at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Hospital Clearfork recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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

Certified With Comments

No comments

=====

PROVIDER: Houston Methodist The Woodlands Hospital  
THCIC ID: 975208  
QUARTER: 4  
YEAR: 2019

Certified With Comments

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

=====

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

Certified With Comments

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

=====

PROVIDER: Encompass Health Rehab Hospital Pearland

THCIC ID: 975246  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Certify without comment.

=====

PROVIDER: CHRISTUS Dubuis Hospital Beaumont  
THCIC ID: 975255  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Certify as correct.

=====

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

Certified With Comments

Baylor Scott & White Medical Center Centennial  
THCIC ID 975285  
4 Qtr 2019 Inpatient  
Accuracy rate - 99.9%  
Error from the 4th Quarter FER reflects the following error code, E-768.  
Errors reviewed and validated against data in the hospital system. The values  
transmitted reflect the data from our system.  
Manifest diagnosis verified in hospital system as reported.  
Error will stand "as reported".

=====

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

Certified With Comments

Baylor Scott & White Medical Center Lake Pointe

THCIC ID 975286

4th Qtr 2016 Inpatient

Accuracy rate - 99.81%

Errors from the 4th Quarter FER reflect the following error codes, E-693, E-780. Errors reviewed and validated against data in the hospital system. The values transmitted reflect the data from our system.

Practitioner information verified in the hospital system as reported.

Ecode reported verified in hospital system.

Errors will stand "as reported".

=====

PROVIDER: UT Health East Texas Athens Hospital

THCIC ID: 975293

QUARTER: 4

YEAR: 2019

Certified With Comments

Facility had 1 error submitted for missing a revenue code in first service line detail.

=====

PROVIDER: UT Health East Texas Tyler Regional Hospital

THCIC ID: 975299

QUARTER: 4

YEAR: 2019

Certified With Comments

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=====

PROVIDER: The Heights Hospital

THCIC ID: 975326

QUARTER: 4

YEAR: 2019

Certified With Comments

Claims are missing diagnosis and procedure codes because they have not been coded yet.

=====

PROVIDER: South Plains Rehab Hospital

THCIC ID: 975371  
QUARTER: 4  
YEAR: 2019

Certified With Comments

(Removed by THCIC) - error was patient gender. Patient is a FEMALE but in your system as a Male. (Removed by THCIC) DOB is (Removed by THCIC). Was unable to correct on my end.

\*Confidential information removed by THCIC.

=====

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

Certified With Comments

I certify these claims.

=====

PROVIDER: Cobalt Rehabilitation Hospital El Paso  
THCIC ID: 975398  
QUARTER: 4  
YEAR: 2019

Certified With Comments

Claims were entered for the 4th quarter 2019 and a claims correction took place on 05/06/2020.

A call was placed to THCIC regarding on errors not being corrected, i was told today that the claims are showing up however the SUBMIT BUTTON was not pressed, causing the claims correction not to go through and process.

I would like to submit these 2 claims if possible. This was an oversight on my part and would appreciate this to be possible, i do not need to correct them i just need to SUBMIT THEM.

thank you

=====

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

Certified With Comments

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