

## Inpatient Comments on 1<sup>st</sup> QUARTER 2020 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: Austin State Hospital  
THCIC ID: 000100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with errors, but working with vendor to open claims for corrections.

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PROVIDER: Big Spring State Hospital  
THCIC ID: 000101  
QUARTER: 1  
YEAR: 2020

Certified With Comments

awaiting PO so vendor can open claims for correction. once granted corrections will be made.

=====  
PROVIDER: UT Medical Branch Hospital  
THCIC ID: 000102  
QUARTER: 1  
YEAR: 2020

Certified With Comments

There is one patient with missing address information in this data set. The information relative to this patient was not available for correction.

=====  
PROVIDER: Rio Grande State Center  
THCIC ID: 000104  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with errors, but working with vendor to open claims for corrections.

=====  
PROVIDER: Kerrville State Hospital  
THCIC ID: 000106  
QUARTER: 1  
YEAR: 2020

Certified With Comments

awaiting PO so vendor can open claims for correction. once granted corrections will be made.

=====  
PROVIDER: Rusk State Hospital

THCIC ID: 000107  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with errors, but working with vendor to open claims for corrections.

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PROVIDER: Terrell State Hospital  
THCIC ID: 000111  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with errors, but working with vendor to open claims for corrections.

=====  
PROVIDER: North Texas State Hospital-Vernon  
THCIC ID: 000113  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with errors, but working with vendor to open claims for corrections.

=====  
PROVIDER: North Texas State Hospital  
THCIC ID: 000114  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with errors, but working with vendor to open claims for corrections.

=====  
PROVIDER: Harris County Psychiatric Center  
THCIC ID: 000115  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Accepted As Is Error E-631 due to Unknown Account

=====  
PROVIDER: Baptist St Anthonys Hospital  
THCIC ID: 001000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: St Joseph Regional Health Center  
THCIC ID: 002001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

This facility reported a 99% accuracy rate with its inpatient data submission, caused primarily due to invalid insurance subscriber information.

=====  
PROVIDER: Matagorda Regional Medical Center  
THCIC ID: 006000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Matagorda Regional Medical Center  
THCIC ID: 006001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall  
THCIC ID: 020000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: Kindred Hospital-Dallas  
THCIC ID: 028000  
QUARTER: 1  
YEAR: 2020

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; and sub-acute. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Data was confirmed accurate by comparing an admission detail report against a referral report in Meditech. Therefore, all 56 records are accurate.  
Ernestine Marsh

=====  
PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: St Davids Hospital  
THCIC ID: 035000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic

=====  
PROVIDER: CHRISTUS Southeast Texas - Jasper Memorial  
THCIC ID: 038001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

errors as expected

=====  
PROVIDER: Baylor Scott & White Medical Center Carrollton  
THCIC ID: 042000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Carrollton

THCIC ID 042000

1st Qtr 2020 Inpatient

Accuracy rate – 97.59%

Please note Baylor Scott & White Health was only responsible for reporting 1st quarter data for January and February 2020. The facility became a part of the SANA group starting in March.

Errors from the first two months for 1st Quarter FER reflect the following error codes, E-693, E-694.

The error codes related to Practitioner information were verified in the hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000

QUARTER: 1

YEAR: 2020

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of October 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.

=====  
PROVIDER: San Angelo Community Medical Center  
THCIC ID: 056000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I made all corrections that I could.

=====  
PROVIDER: Brownwood Regional Medical Center  
THCIC ID: 058000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Known issue with practitioner identifier

=====  
PROVIDER: HCA Houston Healthcare Tomball  
THCIC ID: 076000  
QUARTER: 1



YEAR: 2020

Certified With Comments

NA

=====

PROVIDER: Mission Trail Baptist Hospital  
 THCIC ID: 081001  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

I certify 1st quarter 2020 Inpatient 1544 encounters on behalf James Eckman,  
 CFO  
 Mission Trail Baptist Hospital. No corrections were made due to high passing  
 rate.  
 -Maritza Jimenez  
 Director, Revenue of Revenue Integrity

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PROVIDER: Montgomery County Mental Health Treatment Facility  
 THCIC ID: 100087  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

Patient Age Breakdown: (0) patients Less than 1 Year of age

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PROVIDER: Baptist Medical Center  
 THCIC ID: 114001  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

I herby certify the submission of Quarter 1 for CFO Steven Dorris with Baptist  
 Medical Center.  
 Raymond Beltran-Director Revenue Analysis

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PROVIDER: Memorial Hermann Southeast Hospital  
THCIC ID: 119000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: The Hospitals of Providence Memorial Campus  
THCIC ID: 130000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

For errors left over, the availability of information came post submission

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PROVIDER: Navarro Regional Hospital  
THCIC ID: 141000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Corrections not made due to staffing constraints during COVID.

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PROVIDER: Methodist Charlton Medical Center  
THCIC ID: 142000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

One patient had a duplicate diagnosis which we were unable to correct

=====  
PROVIDER: Wadley Regional Medical Center  
THCIC ID: 144000  
QUARTER: 1  
YEAR: 2020

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 system mapping and normal clerical error. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care. Therefore, data should be cautiously used to evaluate health care quality and outcomes.

=====  
PROVIDER: University Medical Center  
THCIC ID: 145000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

=====  
PROVIDER: North Runnels Hospital  
THCIC ID: 151000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The 2 claims that have errors are missing admitting diagnosis and primary diagnosis. This is due to missing documentation from the locum tenens providers that were on duty during the discharge. We have not received the information needed to complete these claims. The claims have a hold placed upon them as not to be submitted to insurance until they are coded complete.

=====  
PROVIDER: Methodist Specialty & Transplant Hospital  
THCIC ID: 154001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unable to correct accts with error message of other/principal procedure date earlier than 3 days before admission date or after statement thru date. Accts were combined.  
Could not locate zip code, pt's last name and did not get admit dx code to correct the manifest code.

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PROVIDER: Northeast Methodist Hospital  
THCIC ID: 154002  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unable to make corrections to the codes, procedure dates or determine charges. No additional address or date of birth information available to make changes

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PROVIDER: Methodist Teksan Hospital  
THCIC ID: 154003  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unable to correct procedure date on accounts since date correspond to date/time procedure was done.

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PROVIDER: TIRR Memorial Hermann  
THCIC ID: 164000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

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PROVIDER: Memorial Hermann Greater Heights Hospital  
THCIC ID: 172000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct compared to comps

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PROVIDER: Las Palmas Medical Center  
 THCIC ID: 180000  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and 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 or circumstances outside of daily operations. 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 actual payments received by the facility or facility costs for performing the services. Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries which are not recognized in the correction software. These have been corrected to the best of my ability and resources.

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PROVIDER: Medical Center Hospital  
 THCIC ID: 181000  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

Joe McBride certifying because Carolyn is not here anymore

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PROVIDER: Texas Health Harris Methodist HEB  
 THCIC ID: 182000  
 QUARTER: 1  
 YEAR: 2020

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 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** 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 Hospital College Station  
THCIC ID: 206100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Hospital College Station  
THCIC ID 206100  
1st Qtr 2020 Inpatient  
Accuracy rate - 99.86%  
Errors from the 1st Quarter FER reflect the following error codes, E-617, E-618, E-768.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====  
PROVIDER: Medical City Plano  
THCIC ID: 214000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Birth Date is Correct 03/16/2020

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PROVIDER: CHRISTUS Spohn Hospital-Kleberg  
THCIC ID: 216001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====  
PROVIDER: Southwest General Hospital  
THCIC ID: 228001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Our system will have to be programmed to make changes in our files.

=====  
PROVIDER: HCA Houston Healthcare Northwest  
THCIC ID: 229000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Corrections were made to the best of the facility's ability.

=====  
PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth  
THCIC ID: 235000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

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

#### Diagnosis and Procedures

Patient diagnoses and procedures for a particular 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.

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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.

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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

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including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies.

### Charges

also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

QUARTER: 1

YEAR: 2020

#### Certified With Comments

#### Data Content

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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 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 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: 1

YEAR: 2020

Certified With Comments

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

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

=====  
PROVIDER: The Hospitals of Providence Sierra Campus  
THCIC ID: 266000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No comments

=====  
PROVIDER: Metropolitan Methodist Hospital  
THCIC ID: 283000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

count 19; error E-617, dates corrected as possible  
count 3; error E-618, dates corrected as possible  
count 2; error E-629, Country could not be verified  
count 2; error E-637. SSN could not be verified  
count 2; error E-642, DOB could not be verified  
count 2; error W-650, DOB could not be verified for newborn  
count 2; error E-652, Newborn Admission Status was verified  
count 2; error W-653, Newborn DOB verified  
count 4; error E-655, Admission Source could not be verified  
count 1; error E-662, State could not be verified  
count 1; error E-663, ZIP could not be verified  
count 2; error E-676, Quantity could not be verified  
count 26; error E-763, POA Value could not be verified  
count 3; error E-764, POA Value could not be verified  
count 5; error E-768, Admitting Diagnosis for underlying condition could not be verified

=====  
PROVIDER: Baylor Scott & White Medical Center Waxahachie  
THCIC ID: 285000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

1st Qtr 2020 – Inpatient

Accuracy rate – 99.89%

Errors from the 1st Quarter FER reflect the following error codes E-617, E-618.

Procedure dates verified in hospital system, reported as posted.

Errors will stand “as reported”.

=====

PROVIDER: Wilson N Jones Regional Medical Center

THCIC ID: 297000

QUARTER: 1

YEAR: 2020

Certified With Comments

All charges have been manually entered in due to system outage.

=====

PROVIDER: North Texas Medical Center

THCIC ID: 298000

QUARTER: 1

YEAR: 2020

Certified With Comments

I submitted 376 Inpatient accounts and no errors were found-100% accuracy.

=====

PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

QUARTER: 1

YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

1st Qtr 2020 Inpatient

Accuracy rate –99.89%

Error from the 1st Quarter FER reflect the following error code, E-768.

Manifest diagnosis verified in hospital system as reported.

Errors will stand “as reported”.



=====  
PROVIDER: Memorial Hermann Memorial City Medical Center  
THCIC ID: 302000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data correct with comp comparison

=====  
PROVIDER: Texas Health Presbyterian Hospital-Kaufman  
THCIC ID: 303000  
QUARTER: 1  
YEAR: 2020

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

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 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: Valley Baptist Medical Center-Brownsville  
THCIC ID: 314001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

certifying as is.

=====  
PROVIDER: Del Sol Medical Center  
THCIC ID: 319000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified with Comments

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

=====  
PROVIDER: Texas Health Harris Methodist Hospital Cleburne  
THCIC ID: 323000  
QUARTER: 1  
YEAR: 2020

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.

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#### Diagnosis and Procedures

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

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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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.

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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 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** 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 University Medical Center  
THCIC ID: 331000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor University Medical Center  
THCIC ID 331000  
1st Qtr 2020 Inpatient  
Accuracy rate – 99.82%  
Errors from the 1st Quarter FER reflect the following error codes, E-617, E-618, 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.  
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: 1  
YEAR: 2020

Certified With Comments

Cook Children's Medical Center has submitted and certified FIRST QUARTER 2020 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 FIRST QUARTER OF 2020.  
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 (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

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

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

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

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

This will affect encounters for the FIRST QUARTER OF 2020

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: 1

YEAR: 2020

Certified With Comments



Certify due to corrections can not be made.

=====  
PROVIDER: Medical City Dallas Hospital  
THCIC ID: 340000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Acct# (Removed by THCIC) The Patient Birth Date (Removed by THCIC) is correct, patient was readmitted on (Removed by THCIC).  
Acct.# (Removed by THCIC) The Patient Birth Date (Removed by THCIC) is correct.  
Acct.# (Removed by THCIC) The Patient Birth Date (Removed by THCIC) is correct, patient was transferred from another Facility on (Removed by THCIC).

\*Confidential information removed by THCIC.

=====  
PROVIDER: Medical Arts Hospital  
THCIC ID: 341000  
QUARTER: 1  
YEAR: 2020

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: 1  
YEAR: 2020

Certified With Comments

Coryell Health statistics reveal 183 inpatient discharges for Q12020.

=====  
PROVIDER: Memorial Hermann - Texas Medical Center

THCIC ID: 347000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Files are correct based on our comparison data

=====  
PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth  
THCIC ID: 363000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White All Saints Medical Center-Fort Worth  
THCIC ID 363000  
1st Qtr 2020 Inpatient  
Accuracy rate – 99.84%  
Errors from the 1st Quarter FER reflect the following error codes, E-617, E-652, E-767, E-768.  
Other Procedure Date validated against data in the hospital system. The value transmitted reflects the date from our system.  
Admission Type Newborn verified in hospital system, reported as entered.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand “as reported”.

=====  
PROVIDER: Martin County Hospital District  
THCIC ID: 388000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No errors to correct

=====  
PROVIDER: HCA Houston Healthcare Medical Center  
THCIC ID: 390000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Zip code unknown

=====

PROVIDER: Nacogdoches Medical Center  
THCIC ID: 392000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

report reviewed and all errors corrected. certify data

=====

PROVIDER: Medical City Lewisville  
THCIC ID: 394000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Patient Birth Date for Acct.# (Removed by THCIC) is (Removed by THCIC) correct.  
Patient Birth Date for Acct.# (Removed by THCIC)is (Removed by THCIC) correct

\*Confidential information removed by THCIC.

=====

PROVIDER: CHRISTUS Spohn Hospital Corpus Christi  
THCIC ID: 398000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====

PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-Shoreline  
THCIC ID: 398001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====

PROVIDER: CHRISTUS Spohn Hospital Corpus Christi-South  
THCIC ID: 398002  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====

PROVIDER: Valley Baptist Medical Center  
THCIC ID: 400000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

certifying as is

=====

PROVIDER: Memorial Hermann Southwest Hospital  
THCIC ID: 407000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Reports are correct

=====

PROVIDER: John Peter Smith Hospital  
THCIC ID: 409000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Introduction

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

Joint Commission accreditation as a hospital.

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

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

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

=====

PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

QUARTER: 1

YEAR: 2020

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 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** 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: Ascension Seton Smithville  
THCIC ID: 424500  
QUARTER: 1  
YEAR: 2020

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: CHRISTUS Spohn Hospital-Beeville  
THCIC ID: 429001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Gina Rivera

=====  
PROVIDER: Texas Health Presbyterian Hospital Dallas  
THCIC ID: 431000  
QUARTER: 1  
YEAR: 2020

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.

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

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=====

PROVIDER: CHRISTUS Southeast Texas - St Elizabeth

THCIC ID: 444001

QUARTER: 1

YEAR: 2020

Certified With Comments

errors as expected

=====  
PROVIDER: UT Southwestern University Hospital-Clements University  
THCIC ID: 448001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

E-617 & E-618 Unable to Correct, Procedure dates are correct

=====  
PROVIDER: Midland Memorial Hospital  
THCIC ID: 452000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Please be advised that our data error percentage was corrected to 100% on the System13 website – but based on State of Texas/System 13 guideline/rules the error % is accounted.

=====  
PROVIDER: Texas Health Harris Methodist Hospital Azle  
THCIC ID: 469000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content

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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

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=====  
PROVIDER: Memorial Medical Center  
THCIC ID: 487000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

These have been corrected to the best of our ability.

=====  
PROVIDER: Ascension Seton Medical Center  
THCIC ID: 497000  
QUARTER: 1  
YEAR: 2020

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: St Lukes Baptist Hospital  
THCIC ID: 503001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I hereby certify the 2020 1st Quarter Inpatient Encounters (3560) for Geoffrey Vines, St. Luke's Chief Financial Officer.

Felicia A Rodriguez  
Director of Revenue Analysis  
(210) 297-5350

=====  
PROVIDER: Baylor Scott & White Medical Center Hillcrest  
THCIC ID: 506001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Hillcrest  
THCIC ID 506001  
1st Qtr 2020 – Inpatient  
Accuracy rate – 99.97%  
Error from the 1st Quarter FER reflects the following error code E-768.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand “as reported”.

=====  
PROVIDER: HCA Houston Healthcare Conroe  
THCIC ID: 508001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Verified errors to the best of my ability.

=====  
PROVIDER: Baylor Scott & White Medical Center-Grapevine  
THCIC ID: 513000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Grapevine  
THCIC ID 513000

1st Qtr 2020 Inpatient  
Accuracy rate – 99.83%  
Errors from the 1st Quarter FER reflect the following error codes, E-617, E-618,  
E-690, E-767, E-768.  
Procedure dates verified in hospital system, reported as posted.  
Invalid Attending Physician verified in the hospital system and reported as  
such.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand “as reported”.

=====  
PROVIDER: Longview Regional Medical Center  
THCIC ID: 525000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Some data such as insurance validation was unavailable due to COVID 19  
screening  
processes.

=====  
PROVIDER: Memorial Hermann Katy Hospital  
THCIC ID: 534001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Baylor Scott & White Medical Center Temple  
THCIC ID: 537000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Temple  
THCIC ID 537000  
1st Qtr 2020 – Inpatient  
Accuracy rate – 99.88%  
Errors from the 1st Quarter FER reflect the following error codes E-618, E-652,



E-763, E-767, E-768.

Procedure date verified in hospital system, reported as posted.

Admission type + Newborn and Principal Diagnosis Not = Newborn verified in hospital system, reported as posted.

Invalid POA verified, reported as posted.

Manifest diagnosis verified in hospital system as reported.

Errors will stand "as reported".

=====

PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

QUARTER: 1

YEAR: 2020

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: 1

YEAR: 2020

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: St Davids South Austin Hospital  
THCIC ID: 602000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic.

=====  
PROVIDER: Round Rock Medical Center  
THCIC ID: 608000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic

=====  
PROVIDER: Memorial Hermann Sugar Land  
THCIC ID: 609001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Memorial Hermann The Woodlands Medical Center  
THCIC ID: 615000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: Encompass Health Rehab Hospital Humble  
THCIC ID: 616000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

SSN errors

=====  
PROVIDER: Texas NeuroRehab Center  
THCIC ID: 622001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Unsure of why our data is reflecting an error. Our documentation reflects all errors were corrected April 28, 2020

=====  
PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth  
THCIC ID: 627000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data Content  
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=====

PROVIDER: Palestine Regional Medical Center

THCIC ID: 629001

QUARTER: 1

YEAR: 2020

Certified With Comments

BKP

=====

PROVIDER: Encompass Health Rehab Hospital San Antonio

THCIC ID: 636000

QUARTER: 1

YEAR: 2020

Certified With Comments

The data submitted contains claims with 14 missing/invalid social security numbers. This information was not corrected by the (free) cutoff date. Therefore the errors will remain leaving the 1st quarter 2020 with a 95% accuracy rate. All claims will be complete in the future.

=====

PROVIDER: Hamilton General Hospital

THCIC ID: 640000

QUARTER: 1

YEAR: 2020

Certified With Comments

Data certified as complete and accurate with all information available at time of reporting.

=====  
PROVIDER: Kindred Hospital-San Antonio  
THCIC ID: 645000  
QUARTER: 1  
YEAR: 2020

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 85 records are correctly reported.  
Ernestine Marsh

=====  
PROVIDER: Texas Health Specialty Hospital-Fort Worth  
THCIC ID: 652000  
QUARTER: 1  
YEAR: 2020

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

Texas Health Specialty Hospital does not have a newborn population.

#### 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: UT Southwestern University Hospital-Zale Lipshy  
THCIC ID: 653001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No errors

=====  
PROVIDER: UT Southwestern University Hospital-Zale Lipshy Psych  
THCIC ID: 653002  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No Errors

=====  
PROVIDER: UT Southwestern University Hospital-Zale Lipshy Rehab  
THCIC ID: 653003  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No Errors

=====  
PROVIDER: Kindred Hospital-Mansfield  
THCIC ID: 657000  
QUARTER: 1  
YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 105 records are correctly reported.  
Ernestine Marsh

=====  
PROVIDER: Texas Health Presbyterian Hospital-Plano  
THCIC ID: 664000  
QUARTER: 1  
YEAR: 2020

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 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** 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: Kindred Hospital-Houston Medical Center

THCIC ID: 676000

QUARTER: 1

YEAR: 2020

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 194 records are correctly reported.  
Ernestine Marsh

=====

PROVIDER: North Central Baptist Hospital

THCIC ID: 677001

QUARTER: 1

YEAR: 2020

Certified With Comments

I hereby certify 1st quarter 2020 IP. 4963 encounters. On behalf of Steven Beckman, CFO at North Central Baptist Hospital. Christy Augustine, Director Revenue Analysis at North Central Baptist Hospital.

=====

PROVIDER: Methodist Ambulatory Surgery Hospital-Northwest

THCIC ID: 681001

QUARTER: 1

YEAR: 2020

Certified With Comments

No errors to correct

=====

PROVIDER: CHRISTUS Spohn Hospital Alice  
 THCIC ID: 689401  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

Done

=====

PROVIDER: Kindred Hospital-Tarrant County  
 THCIC ID: 690000  
 QUARTER: 1  
 YEAR: 2020

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 84 records are correctly reported.  
 Ernestine Marsh

=====

PROVIDER: Encompass Health Rehab Hospital-Midland Odessa  
 THCIC ID: 693000  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

Error correction was started and failed to complete. Process will be evaluated to ensure accurate data is entered and transmitted appropriately.

=====

PROVIDER: Encompass Health Rehab Hospital The Mid-Cities

THCIC ID: 700003  
QUARTER: 1  
YEAR: 2020

Certified With Comments

True and accurate to the best of my knowledge.

=====  
PROVIDER: Kindred Hospital Houston NW  
THCIC ID: 706000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Kindred Hospital is a long-term care hospital that provides an acute hospital level of care and services to patients 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; and sub-acute. All referrals are screened by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Data was confirmed accurate by comparing an admission detail report against a referral report in Meditech. Therefore, all 146 records are accurate.  
Ernestine Marsh

=====  
PROVIDER: Big Bend Regional Medical Center  
THCIC ID: 711900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

we had an issue with an out of country patients postal code

=====  
PROVIDER: CHRISTUS St Michael Rehab Hospital  
THCIC ID: 713001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

We are unable to correct SSN errors if the patients refuse to provide them. I am unable to correct certain coding errors.

=====  
PROVIDER: Texas Health Seay Behavioral Health Hospital  
THCIC ID: 720000  
QUARTER: 1  
YEAR: 2020

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 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 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 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: Kindred Hospital Clear Lake  
THCIC ID: 720402  
QUARTER: 1  
YEAR: 2020

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 referrals 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

=====

PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200  
QUARTER: 1  
YEAR: 2020

## 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 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** 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: Kindred Hospital El Paso

THCIC ID: 727100

QUARTER: 1

YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 126 records are correctly reported.

Ernestine Marsh

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PROVIDER: CHI St Joseph Health Grimes Hospital

THCIC ID: 728800

QUARTER: 1

YEAR: 2020

Certified With Comments

This provider had a 98% accuracy rate with only 1 error in its inpatient data submission, due to incorrect code for insurance subscriber.

=====  
PROVIDER: Texas Health Heart & Vascular Hospital  
THCIC ID: 730001  
QUARTER: 1  
YEAR: 2020

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

#### Race/Ethnicity

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

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

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

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

#### Cost/ Revenue Codes

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

Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies.

Charges

also do not reflect the actual cost to deliver the care that each patient needs.

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: Millwood Hospital

THCIC ID: 765001

QUARTER: 1

YEAR: 2020

Certified With Comments

The errors reported on this quarterly data are due to a "rapid re-admit" from Medicare/ Medicaid account. When there is a rapid re-admission for Medicare/ Medicaid within a 72 hour timeframe those 2 accounts are rolled over into a second account and billed as 1 admission, which is why it shows errors in revenue cycle.

=====

PROVIDER: Texas Health Springwood Behavioral Health Hospital

THCIC ID: 778000

QUARTER: 1

YEAR: 2020

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 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** 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: Winnie Community Hospital  
THCIC ID: 781400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certification with known errors. Out for COVID-19

=====

PROVIDER: CHRISTUS St Michael Health System  
THCIC ID: 788001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

We are unable to correct SSN errors if the patients refuses to provide them. I am unable to correct certain coding errors.

=====

PROVIDER: Harlingen Medical Center  
THCIC ID: 788002  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No comments

=====

PROVIDER: Christus St Michael Hospital Atlanta  
THCIC ID: 788003  
QUARTER: 1  
YEAR: 2020

Certified With Comments

We are unable to correct SSN errors if the patient refuses to provide them. I

am unable to correct certain coding errors.

=====  
PROVIDER: Kindred Hospital Spring  
THCIC ID: 792600  
QUARTER: 1  
YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 65 records are correctly reported.  
Ernestine Marsh

=====  
PROVIDER: Kindred Hospital Tomball  
THCIC ID: 792601  
QUARTER: 1  
YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 32 records are correctly reported as Scheduled.  
Ernestine Marsh

=====  
PROVIDER: Kindred Hospital Sugar Land  
THCIC ID: 792700  
QUARTER: 1  
YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 175 records are correctly reported.

Ernestine Marsh

=====  
PROVIDER: Womens Hospital-Renaissance  
THCIC ID: 797101  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Already reviewed

=====  
PROVIDER: Ascension Seton Southwest  
THCIC ID: 797500  
QUARTER: 1  
YEAR: 2020

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: 1  
YEAR: 2020

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: 1  
YEAR: 2020

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 187 records are correctly reported.  
Ernestine Marsh

=====  
PROVIDER: Kindred Hospital-Fort Worth  
THCIC ID: 800700  
QUARTER: 1  
YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 70 records are correctly reported.  
Ernestine Marsh

=====  
PROVIDER: Kindred Hospital Bay Area  
THCIC ID: 801000  
QUARTER: 1  
YEAR: 2020

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 31 records are correctly reported.

Ernestine Marsh

=====
PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 1
YEAR: 2020

Certified With Comments

19 procedure date errors. Dates were correct but on observation before being admitted as IP.

=====
PROVIDER: Texas Health Harris Methodist Hospital Southlake
THCIC ID: 812800
QUARTER: 1
YEAR: 2020

Certified With Comments

The Q1 2020 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: 1
YEAR: 2020

Certified With Comments

The Q1 2020 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: Medical City Las Colinas

THCIC ID: 814000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Acct.# (Removed by THCIC) - Patient Birth Date is correct (Removed by THCIC)

\*Confidential information removed by THCIC.

=====  
PROVIDER: Baylor Scott & White Medical Center-Plano  
THCIC ID: 814001  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center-Plano  
THCIC ID 814001  
1st Qtr 2020 – Inpatient  
Accuracy rate – 99.81%  
Errors from the 1st Quarter FER reflect the following error codes E-617, E-618,  
E-768.  
Procedure dates verified in hospital system, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand “as reported”.

=====  
PROVIDER: Texas Health Center-Diagnostics & Surgery Plano  
THCIC ID: 815300  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 2020 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 Health Presbyterian Hospital-Denton  
THCIC ID: 820800  
QUARTER: 1  
YEAR: 2020



## 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 not 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 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** 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: Heart Hospital-Austin

THCIC ID: 829000

QUARTER: 1

YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic.

=====

PROVIDER: Pampa Regional Medical Center

THCIC ID: 832900

QUARTER: 1

YEAR: 2020

Certified With Comments

Claim count low due to system update

=====

PROVIDER: St Davids Georgetown Hospital

THCIC ID: 835700

QUARTER: 1

YEAR: 2020

Certified With Comments

The Q 1 error rate was well below 3% error threshold, however, was attempted to be corrected while facilities were under limited resources during the unprecedented COVID pandemic

=====  
PROVIDER: St Joseph Medical Center  
THCIC ID: 838600  
QUARTER: 1  
YEAR: 2020

Certified With Comments

St. Joseph Medical Center was unable to correct 1st Q 2020 data, du to the person who does the correction died expected in June 2020.

=====  
PROVIDER: Baylor Scott & White The Heart Hospital Plano  
THCIC ID: 844000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White The Heart Hospital Plano  
THCIC ID 844000  
1st Qtr 2020 Inpatient  
Accuracy rate – 99.77%  
Error from the 1st Quarter FER reflects the following error code E-768.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand "as reported".

=====  
PROVIDER: St Lukes Patients Medical Center  
THCIC ID: 846100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

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

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

=====  
PROVIDER: Memorial Hermann Northeast  
THCIC ID: 847100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Data is correct

=====  
PROVIDER: PAM Specialty Hospital of Victoria North  
THCIC ID: 848100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The First Quarter 2020 data file includes partial data due to the addition of a rehab unit within this long term acute care facility. Policies and procedures are in place within the facility's processes to validate and assure the accuracy of the data and any corrections submitted; and omissions known to the facility have been corrected or the facility has provided comments describing the errors and to the best of their knowledge and belief, the data submitted accurately represents the facility's administrative status of data for the reporting quarter.

=====  
PROVIDER: Dell Childrens Medical Center  
THCIC ID: 852000  
QUARTER: 1  
YEAR: 2020

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: Baylor Scott & White Medical Center Round Rock  
THCIC ID: 852600  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center Round Rock  
THCIC ID 852600  
1st Qtr 2020 – Inpatient  
Accuracy rate – 99.83%  
Errors from the 1st Quarter FER reflect the following error codes E-602, E-763, E-768.  
Invalid principal procedure verified, reported as posted.  
Invalid POA verified, reported as posted.  
Manifest diagnosis verified in hospital system as reported.  
Errors will stand “as reported”.

=====  
PROVIDER: Physicians Surgical Hospital-Quail Creek  
THCIC ID: 852900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

All information correct to my knowledge

=====  
PROVIDER: Physicians Surgical Hospital-Panhandle Campus  
THCIC ID: 852901  
QUARTER: 1  
YEAR: 2020

Certified With Comments

certify with no errors

=====  
PROVIDER: Central Texas Rehab Hospital  
THCIC ID: 854400  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Kindred Hospital is a Rehab care hospital that provides an rehab 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: short term acute care; skilled nursing; and sub-acute. All referrals are screen by using specific criteria for rehab hospitalization. Screening is performed by our Clinical Liaison’s prior to admission and once approved admission are scheduled at least 24 hours in advance. This data was confirmed by comparing an admission detail report against a referral report in Meditech financial system.

Thank you,  
Ernestine Marsh

=====  
PROVIDER: Texas Health Hospital Rockwall  
THCIC ID: 859900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 2020 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: 1  
YEAR: 2020

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: 1  
YEAR: 2020

Certified With Comments

Errors were corrected but 6 were overlooked

=====  
PROVIDER: Methodist Stone Oak Hospital  
THCIC ID: 874100  
QUARTER: 1  
YEAR: 2020

Certified With Comments

for errors that could not be corrected - no available NPI for ER physicians could be found, Rev code could not be updated in system

=====  
PROVIDER: Kindred Hospital Dallas Central  
THCIC ID: 914000  
QUARTER: 1  
YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 152 records are correctly reported.  
Ernestine Marsh

=====



PROVIDER: Encompass Health Rehab Hospital Abilene  
THCIC ID: 920000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I was unable to get the information needed to correct the claim

=====

PROVIDER: Ascension Seton Hays  
THCIC ID: 921000  
QUARTER: 1  
YEAR: 2020

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 The Heights  
THCIC ID: 941000  
QUARTER: 1  
YEAR: 2020

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 referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 23 records are correctly reported.  
Ernestine Marsh

=====

PROVIDER: Texas Health Presbyterian Hospital Flower Mound  
THCIC ID: 943000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The Q1 2020 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 The Vintage  
THCIC ID: 970600  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Physician NPI numbers are correct as entered.  
Patient's SSN number may be incorrect as patient has expired since hospital stay.

=====  
PROVIDER: Seton Medical Center Harker Heights  
THCIC ID: 971000  
QUARTER: 1  
YEAR: 2020

Certified With Comments

I wish to certify the 2020 first quarter inpatient data as is. It is correct to the best of my knowledge. I wish to certify this report.

=====  
PROVIDER: Baylor Scott & White Medical Center McKinney  
THCIC ID: 971900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Baylor Scott & White Medical Center McKinney  
THCIC ID 971900  
1st Qtr 2020 Inpatient  
Accuracy rate – 99.69%  
Errors from the 1st Quarter FER reflect the following error codes E-671, E-767, E-768.  
Invalid revenue code verified in hospital system.

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

=====  
PROVIDER: Texas Health Harris Methodist Hospital Alliance  
THCIC ID: 972900  
QUARTER: 1  
YEAR: 2020

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 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 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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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: 1  
YEAR: 2020

Certified With Comments

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

=====

PROVIDER: Rock Prairie Behavioral Health  
THCIC ID: 973830  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Report process for 1Q 2020 is now complete.

=====  
PROVIDER: Resolute Health  
THCIC ID: 973850  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Certified by Matthew Mayes, Controller, Resolute Health Hospital.

=====  
PROVIDER: San Antonio Behavioral Healthcare Hospital  
THCIC ID: 973900  
QUARTER: 1  
YEAR: 2020

Certified With Comments

None

=====  
PROVIDER: HCA Houston Healthcare Pearland  
THCIC ID: 974390  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Some of the data was not able to be corrected due to the records being archived. Two of the errors pertaining to admitting diagnoses codes were accurate per the patients' records. The error pertaining to Patient State was correct- patient's address is from outside of the US.

=====  
PROVIDER: Texas Rehab Hospital of Arlington  
THCIC ID: 974730  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No errors found. Submitted without issue.

=====
PROVIDER: Memorial Hermann Orthopedic and Spine Hospital
THCIC ID: 974820
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

=====
PROVIDER: JPS Health Network - Trinity Springs North
THCIC ID: 975121
QUARTER: 1
YEAR: 2020

Certified With Comments

Introduction

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: Sun Behavioral Houston
THCIC ID: 975124
QUARTER: 1
YEAR: 2020

Certified With Comments

Claims with errors have zero charges.

=====

PROVIDER: Memorial Hermann Pearland Hospital  
 THCIC ID: 975138  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

Data is correct

=====

PROVIDER: Kindred Hospital San Antonio Central  
 THCIC ID: 975155  
 QUARTER: 1  
 YEAR: 2020

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 referrals 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: Horizon Medical Center of Denton  
 THCIC ID: 975163  
 QUARTER: 1  
 YEAR: 2020

Certified With Comments

two (2) errors on data are reported- E620 Invalid Other Procedure Date. The errors have been corrected, but were not corrected prior to this release of data.



=====
PROVIDER: Palms Behavioral Health
THCIC ID: 975164
QUARTER: 1
YEAR: 2020

Certified With Comments

1st Quarter 2020 encounters for Palms Behavioral Health have been reviewed and corrected and are accurate to the best of our knowledge.

=====
PROVIDER: Texas Health Hospital Clearfork
THCIC ID: 975167
QUARTER: 1
YEAR: 2020

Certified With Comments

Data Content

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#### Length of Stay

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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.

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Discharge Disposition

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=====

PROVIDER: The Hospitals of Providence Transmountain Campus  
THCIC ID: 975188  
QUARTER: 1  
YEAR: 2020

Certified With Comments

No comments

=====
PROVIDER: Memorial Hermann Cypress Hospital
THCIC ID: 975201
QUARTER: 1
YEAR: 2020

Certified With Comments

Data is correct

=====
PROVIDER: Dell Seton Medical Center at The University of Texas
THCIC ID: 975215
QUARTER: 1
YEAR: 2020

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: CHRISTUS Dubuis Hospital Beaumont
THCIC ID: 975255
QUARTER: 1
YEAR: 2020

Certified With Comments

No errors, certifying as correct.

=====
PROVIDER: Lake Travis ER
THCIC ID: 975269
QUARTER: 1
YEAR: 2020

Certified With Comments

I am certifying with the acknowledgement off Value code errors.

=====
PROVIDER: UT Health East Texas Carthage Hospital
THCIC ID: 975294
QUARTER: 1
YEAR: 2020

Certified With Comments

No errors

=====
PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295
QUARTER: 1
YEAR: 2020

Certified With Comments

No errors

=====
PROVIDER: HCA Houston Healthcare North Cypress
THCIC ID: 975321
QUARTER: 1
YEAR: 2020

Certified With Comments

Corrections made to best of our ability at the time.

=====
PROVIDER: Scenic Mountain Medical Center
THCIC ID: 975372

QUARTER: 1  
YEAR: 2020

Certified With Comments

We a few claims with NPI issues - these are all BHU patients with the same provider. We show the NPI in the system - we could not correct.

=====  
PROVIDER: Stat Specialty Hospital  
THCIC ID: 975377  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Total 2 admissions Certified

=====  
PROVIDER: PAM Specialty Hospital of Victoria Southeast  
THCIC ID: 975406  
QUARTER: 1  
YEAR: 2020

Certified With Comments

The First Quarter 2020 data file includes partial data due to the addition of a rehab unit within this long term acute care facility. Policies and procedures are in place within the facility's processes to validate and assure the accuracy of the data and any corrections submitted; and omissions known to the facility have been corrected or the facility has provided comments describing the errors and to the best of their knowledge and belief, the data submitted accurately represents the facility's administrative status of data for the reporting quarter.

=====  
PROVIDER: Legent Orthopedic Hospital  
THCIC ID: 975413  
QUARTER: 1  
YEAR: 2020

Certified With Comments

Includes 4q19 data.

=====
PROVIDER: Brushy Creek Family Hospital
THCIC ID: 975417
QUARTER: 1
YEAR: 2020

Certified With Comments

I am certifying with the acknowledgement off Value code errors.

=====
PROVIDER: Ascension Seton Bastrop
THCIC ID: 975418
QUARTER: 1
YEAR: 2020

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, womens diagnostics services including mammography and dexa, and onsite imaging (CT, X-ray, ultrasound) and laboratory services.

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

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

=====
PROVIDER: Texas Health Hospital Frisco
THCIC ID: 975783
QUARTER: 1
YEAR: 2020

Certified With Comments

Data Content
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=====

PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

QUARTER: 1

YEAR: 2020

Certified With Comments

No comments