General Comments on 3rd Quarter 2022 Data

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

3q2022 Inpatient Certification Comments

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PROVIDER: Texas Rural Hospitals

THCIC ID: 975222

100% Accurate

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PROVIDER: Cleveland Emergency Hospital

THCIC ID: 976034

100% accurate

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PROVIDER: Mayhill Hospital

THCIC ID: 831700

I have reviewed and corrected all claims for accuracy. All claims are completed.

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PROVIDER: TMC Bonham Hospital

THCIC ID: 106001

Certified as accurate

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PROVIDER: El Paso LTAC Hospital

THCIC ID: 841300

We select to certify THCIC 3Q2022 data. Thank You!

==

PROVIDER: CHRISTUS Dubuis Hospital Beaumont

THCIC ID: 975255

Certified as correct.

==

PROVIDER: Kindred Hospital-San Antonio

THCIC ID: 645000

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; 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.

Kindred Healthcare

(Removed by THCIC)

*Potential confidential information removed by THCIC.

==

PROVIDER: Kindred Hospital Houston NW

THCIC ID: 706000

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; 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.

Kindred Healthcare

(Removed by THCIC)

*Potential confidential information removed by THCIC.

==

PROVIDER: Kindred Hospital-Houston Medical Center

THCIC ID: 676000

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; 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.

Kindred Healthcare

(Removed by THCIC)

*Potential confidential information removed by THCIC.

==

PROVIDER: Eastland Memorial Hospital

THCIC ID: 222000

100 % per thcic

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PROVIDER: North Central Baptist Hospital

THCIC ID: 677001

Facility certifies 3rd quarter 2022 IP. 5569 encounters.

==

PROVIDER: Hamilton General Hospital

THCIC ID: 640000

All records checked for accuracy.

==

PROVIDER: Carrus Specialty Hospital

THCIC ID: 864600

One claim has an error on SSN. The number provided to us is all we have

available.

==

PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

3rd Qtr 2022 – Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

3rd Qtr 2022 Inpatient

Accuracy rate – 99.88%

Errors from the 3rd Quarter FER reflect the following error codes E-617.

Procedure date verified in hospital system, reported as posted

Errors will stand as reported

===

PROVIDER: PAM Health Rehab Hospital El Paso

THCIC ID: 975398

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

==

PROVIDER: El Paso Behavioral Health System

THCIC ID: 858600

One account missing charges due to combined Medicare billing due to a

readmission within 24 hours.

==

PROVIDER: North Texas Medical Center

THCIC ID: 298000

All accounts reviewed w/no errors.

==

PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

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 Continuing Care Hospital

THCIC ID: 850300

Baylor Scott & White Continuing Care Hospital

THCIC ID 850300

3rd Qtr 2022 Inpatient

Accuracy rate - 100%

No comments needed.

==

PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

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

==

PROVIDER: BSA Hospital

THCIC ID: 001000

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

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

==

PROVIDER: Ascension Seton Northwest

THCIC ID: 797600

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

==

PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

3rd Qtr 2022 Inpatient

Accuracy rate - 99.64%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

===

PROVIDER: UT Health East Texas Tyler Regional Hospital

THCIC ID: 975299

Error 617-618 (2): 1 combined account. 1 Procedure dates match admit/DC date.

Error 708 (1): Provider name mismatch (Initial)

===

PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

3rd Qtr 2022 – Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Baylor Scott & White Surgical Hospital Las Colinas

THCIC ID: 799500

Certifying with knowledge of one error related to SSN

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PROVIDER: Harlingen Medical Center

THCIC ID: 788002

2022 3Q Inpatient Data

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PROVIDER: Medical Arts Hospital

THCIC ID: 341000

Due to the sheer volume of the data and with limited resources within the

hospital, I cannot properly analyze the data with 100% accuracy. But at this

time, we will elect to certify the data.

===

PROVIDER: JPS Health Network - Trinity Springs North

THCIC ID: 975121

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

under the auspices of the Tarrant County Hospital District. The JPS Health

Network is accredited by the Joint Commission. In addition, JPSH holds

Joint Commission accreditation as a hospital.

JPSH is the only Texas Department of Health certified Level I Trauma

Center in Tarrant County and includes the only psychiatric emergency center in

the county. The hospital's services include intensive care for adults and

newborns, an AIDS treatment center, a full range of obstetrical and

gynecological services, adult inpatient care and an inpatient mental health

treatment facility.

JPSH is a major teaching hospital offering, or providing through co-operative

arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation.

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

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

==

PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

No comments needed.

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PROVIDER: PAM Specialty Hospital of Victoria Southeast

THCIC ID: 975406

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same E-663, E-692 errors were again showing in the audit report provided by system 13.

===

PROVIDER: Adventhealth Central Texas

THCIC ID: 397001

Corrected to the best of my ability.

===

PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

3rd Qtr 2022 – Inpatient

Accuracy rate - 99.25 %

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

===

PROVIDER: PAM Specialty Hospital of Allen

THCIC ID: 973130

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

===

PROVIDER: Texas Health Springwood Behavioral Health Hospital

THCIC ID: 778000

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: Medical City Arlington

THCIC ID: 502000

INFORMATION IS VALID

==

PROVIDER: PAM Health Rehab Hospital Northeast San Antonio

THCIC ID: 844601

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-637

and E-697 errors were again showing in the audit report provided by system 13.

==

PROVIDER: PAM Rehabilitation Hospital of Richardson

THCIC ID: 975848

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

==

PROVIDER: PAM Health Rehab Hospital Houston Heights

THCIC ID: 975397

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-637, E-688, E-689, E691, E-694, E-722 errors were again showing in the audit report provided by system 13.

==

PROVIDER: Mesa Springs

THCIC ID: 973430

The 4th Qtr. 2022 data for ethnicity is incorrect. We are working to update our system to accurately report this statistic.

==

PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments needed

==

PROVIDER: PAM Rehabilitation Hospital Clear Lake North Campus

THCIC ID: 975393

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same exact errors were again showing in the audit report provided by system 13.

==

PROVIDER: PAM Rehab Hospital of Victoria

THCIC ID: 973450

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-637,

E-697 error were again showing in the audit report provided by system 13.

==

PROVIDER: HCA Houston Healthcare Kingwood

THCIC ID: 675000

Unable to correct remaining errors for Invalid Attending Practitioner Identifier

as it is for an entity and not an individual practitioner.

==

PROVIDER: University Medical Center of El Paso-Alameda

THCIC ID: 263000

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

physician at discharge in this institution. At an academic medical center such

as University Medical Center of El Paso, patients are cared for by teams of

physicians who rotate at varying intervals. Therefore, many patients,

particularly long term patients may actually be managed by several different

teams. The practice of attributing patient outcomes in the database to a single

physician may result in inaccurate information.

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

changes to result in improvement.

===

PROVIDER: Brushy Creek Family Hospital

THCIC ID: 975417

invalid poa value

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PROVIDER: Las Palmas Del Sol Rehab Hospital East

THCIC ID: 976047

INFORMATION IS VALID

===

PROVIDER: PAM Specialty Hospital of San Antonio Medical Center

THCIC ID: 975779

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-637,

E-648, E670, E692, W-695, W-696 errors were again showing in the audit report

provided by system 13.

===

PROVIDER: Baylor Scott & White Medical Center-Grapevine

THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine

THCIC ID 513000

3rd Qtr 2022 Inpatient

Accuracy rate - 99.74%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

October 2022 - It was brought to our attention of a discrepancy that

approximately >10% claims had not been submitted to THCIC. Upon investigation,

the issue was identified and was corrected. From this date forward, the

additional claims will be included. Thanks

===

PROVIDER: Texas Health Hospital Mansfield

THCIC ID: 975870

Certified to the best of my ability.

===

PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's

hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured

children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves very seriously ill infants, which substantially increases costs of care, lengths of stay and mortality rates. All physician license numbers and names have been validated with the Physician and the Texas 5State 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. Zero errors on inpatient claims were unable to be corrected prior to certification.

==

PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

certified

==

PROVIDER: Millwood Hospital

THCIC ID: 765001

2 CLAIMS WERE SUBMITTED "ASI IS" DUE TO ADMITT & DISCHARGE SAME DAY. NO PDX WAS AVAIL.

==

PROVIDER: PAM Rehabilitation Hospital of Beaumont

THCIC ID: 975149

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same E-609, E-692 error were again showing in the audit report provided by system 13.

==

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

Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID 363000
3rd Qtr 2022 Inpatient
Accuracy rate - 99.89%
Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.
Procedure date verified in hospital system , reported as posted
Principal procedure date verified in hospital system , reported as posted
Errors will stand "as reported".

==

PROVIDER: Baylor Scott & White The Heart Hospital Denton
THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton
THCIC ID 208100
3rd Qtr 2022 Inpatient
Accuracy rate - 100%

No comments needed.

==

PROVIDER: PAM Health Rehab Hospital of Sugar Land

THCIC ID: 976041

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-692,

E697 errors were again showing in the audit report provided by system 13.

==

PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

Data Content

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

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit 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.

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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: Knapp Medical Center

THCIC ID: 480000

2022 3Q Inpatient Data

==

PROVIDER: Laredo Medical Center

THCIC ID: 207001

Physician Providers were not available in a few claims.

Physician provider name does not match provider name in NPI Registry.

Claim diagnosis not coded as of claim corrections.

==

PROVIDER: PAM Rehab Hospital of Corpus Christi

THCIC ID: 975271

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

===

PROVIDER: St Joseph Medical Center

THCIC ID: 838600

St. Joseph Medical Center certify 3rd Quarter 2022. We have 100% accuracy rate

for Inpatient.

===

PROVIDER: Medical City Lewisville

THCIC ID: 394000

INFORMATION IS VALID PER CODING

===

PROVIDER: PAM Specialty Hospital of Corpus Christi Bayfront

THCIC ID: 975303

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-663,

E-697 errors were again showing in the audit report provided by system 13.

===

PROVIDER: Medical City Dallas Hospital

THCIC ID: 340000

INFORMATION IS VALID PER CODING

===

PROVIDER: PAM Specialty Hospital of Luling

THCIC ID: 848200

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

===

PROVIDER: Baylor Scott & White Medical Center Lake Pointe

THCIC ID: 975286

Baylor Scott & White Medical Center Lake Point

THCIC ID 975286

3rd Qtr 2022 Inpatient

Accuracy rate – 99.64 %

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618

and E-764.

Procedure date verified in hospital system, reported as posted

Principal procedure date verified in hospital system, reported as posted

Invalid POA value, reported as posted

Errors will stand "as reported".

==

PROVIDER: Premier Specialty Hospital of El Paso

THCIC ID: 701000

certifying data with my comments of no errors on encounters

==

PROVIDER: PAM Specialty Hospital of Victoria North

THCIC ID: 848100

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

==

PROVIDER: Northwest Hills Surgical Hospital

THCIC ID: 794000

NWHSH Q3 Inpatient claims submission. No errors in data set.

==

PROVIDER: Ascension Seton Smithville

THCIC ID: 424500

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

==

PROVIDER: Baylor University Medical Center
THCIC ID: 331000

Baylor University Medical Center
THCIC ID 331000
3rd Qtr 2022 Inpatient
Accuracy rate - 99.94%
Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.
Procedure date verified in hospital system , reported as posted
Principal procedure date verified in hospital system , reported as posted
Errors will stand "as reported".

==

PROVIDER: Physicians Surgical Hospitals - Plum Creek
THCIC ID: 852900

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

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

===

PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000

Seton Medical Center Austin has a transplant program and Neonatal Intensive Care Unit (NICU). Hospitals with transplant programs generally serve a more seriously ill patient, increasing costs and mortality rates. The NICU serves very seriously ill infants substantially increasing cost, lengths of stay and mortality rates. As a regional referral center and tertiary care hospital for cardiac and critical care services, Seton Medical Center Austin receives numerous transfers from hospitals not able to serve a more complex mix of patients. This increased patient complexity may lead to longer lengths of stay, higher costs and increased mortality. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.24 errors on 6181 inpatient claims representing only 0.003% of claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically

resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. E-652 Admission Type = Newborn and Principal Diagnosis Not = Newborn 7 errors were due to incorrect code mapping.

==

PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements[0] errors on [104] inpatient claims (representing only [0.]% of claims) were unable to be corrected prior to certification.

==

PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000

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

==

PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

3rd Qtr 2022 – Inpatient

Accuracy rate - 99.69%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

==

PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000

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

==

PROVIDER: Warm Springs Rehab Hospital Kyle

THCIC ID: 973970

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

==

PROVIDER: Del Sol Medical Center

THCIC ID: 319000

INFORMATION IS VALID

==

PROVIDER: Martin County Hospital District

THCIC ID: 388000

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

certification.

==

PROVIDER: The Hospitals of Providence Transmountain Campus

THCIC ID: 975188

No comments needed

==

PROVIDER: Warm Springs Rehab Hospital Westover Hills

THCIC ID: 844602

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-637,

E-707 errors were again showing in the audit report provided by system 13.

==

PROVIDER: PAM Specialty Hospital of Victoria South

THCIC ID: 973320

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same E-692 errors were again showing in the audit report provided by system 13.

==

PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000

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

==

PROVIDER: PAM Specialty Hospital of Corpus Christi North

THCIC ID: 974360

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same exact errors were again showing in the audit report provided by system 13.

===

PROVIDER: PAM Rehab Hospital Round Rock

THCIC ID: 975339

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same exact

errors were again showing in the audit report provided by system 13.

===

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

2nd Qtr 2022 – Inpatient

Accuracy rate - 99.63%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

===

PROVIDER: Montgomery County Mental Health Treatment Facility

THCIC ID: 100087

Total claims for September 2022 is (22). One widow orphan claim for September

2022 (#645), corrected/reentered for Q4 2022

==

PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

3rd Qtr 2022 Inpatient

Accuracy rate - 100%

No comments needed.

==

PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

3rd Qtr 2022 Inpatient

Accuracy rate - 99.83%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

==

PROVIDER: Warm Springs Rehab Hospital-San Antonio

THCIC ID: 844600

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-707,

E-697, E-692, E-637 errors were again showing in the audit report provided by

system 13.

==

PROVIDER: PAM Specialty Hospital of New Braunfels

THCIC ID: 124100

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-692

and E707 errors were again showing in the audit report provided by system 13.

==

PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

3rd Qtr 2022 – Inpatient

Accuracy rate - 100%

No comments needed.

===

PROVIDER: Ascension Seton Hays

THCIC ID: 921000

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

and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files. These data are

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

Zero errors on [2869] inpatient claims (representing only [0.]% of claims) were

unable to be corrected prior to certification.

===

PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

No comment needed

===

PROVIDER: Medical City Denton

THCIC ID: 336001

INFORMATION IS VALID

===

PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

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

==

PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

Certification summary has been reviewed.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

==

PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

Data Content

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

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit 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: Methodist McKinney Hospital

THCIC ID: 937000

2022 3rd Quarter Inpatient Encounters

==

PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

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.

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diagnoses and 99 procedures for each patient record. The state is requiring us

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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

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which therefore make percentage calculations inaccurate (i.e. mortality

percentages for any given diagnosis or procedure, percentage of patients in each

severity of illness category). It would be obvious; therefore, those sicker

patients (more diagnoses and procedures) are less accurately reflected by the

837 format. It then stands to reason that hospitals, which treat sicker

patients, are likewise less accurately reflected.

Length of Stay

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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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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 Williamson

THCIC ID: 861700

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

and the Texas State Board of Medical Examiner website as accurate but some

remain unidentified in the THCIC Practitioner Reference Files. These data are

submitted by the hospital as their best effort to meet statutory requirements.x1

error on inpatient claims was unable to be corrected prior to certification.

Error description #1 Zip code error was because the information attained was

incorrect.

==

PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

Data Content

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

The state requires us to submit 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

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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

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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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Discharge Disposition

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===

PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

Data Content

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PROVIDER: Hunt Regional Medical Center Greenville

THCIC ID: 085000

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

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

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PROVIDER: University Medical Center

THCIC ID: 145000

Data represents information at the time of submission. Subsequent changes may

continue to occur which will not be reflected in this published dataset. UMC

works continually to minimize and rectify errors in our public reporting.

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PROVIDER: Cook Childrens Medical Center

THCIC ID: 332000

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2022

inpatient, outpatient surgery and outpatient radiology encounters to the Texas

Health Care Information Council with the following possible data concerns based

on the required submission method.

Since our data was submitted to the state we have uncovered medical coding

errors regarding the following patient conditions in 2005 and 2010 discharges:

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate

the true conditions at Cook Children's Medical Center for the THIRD QUARTER

2022.

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

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

These are errors that are very difficult, if not impossible to correct as that

is how they are sent to the respective payers. This is especially true for

modifier errors related to transport (Rev Codes 0540 & 0545). Per the following

website, these modifiers appear to be legitimate:

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

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

associated with the attending provider. These are most likely to be encounters

in the ED where a patient was seen by a nurse in triage and charges were

incurred but left without being seen by a physician or an advanced nurse

provider.

However, our overall accuracy rate is very high, so this will be a small

proportion of our encounters.

We will continue to work with the Revenue Cycle team to improve the accuracy of

the data elements going forward.

This will affect encounters for the THIRD QUARTER 2022.

Patient charges that were accrued before admit or after discharge were

systematically excluded from the database. This can happen when a patient is

pre-admitted and incurs charges to their encounter before their admit date or

charges are discovered and added to the patient encounter after they are

discharged. Therefore, the charges for many patient encounters are under

reported.

The data structure allowed by THCIC erroneously assigns surgeons to surgical

procedures they did not perform. The data structure provided by THCIC allows

for one attending and one operating physician assignment. However, patients

frequently undergo multiple surgeries where different physicians perform

multiple procedures. Assigning all of those procedures to a single 'operating

physician' will frequently attribute surgeries to the wrong physician. THCIC

chooses to only assign one surgeon to a patient encounter, not to each

procedure.

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

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PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300

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Discharge Disposition

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patient discharges to "home" as opposed to rehab. THR will communicate this

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Director.

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

As the public teaching hospital in Austin and Travis County, Dell Seton Medical

Center at The University of Texas (DSMCUT) serves patients who are often unable

to access primary care. It is more likely that these patients will present in

the later more complex stage of their disease .It is also a regional referral

center, receiving patient transfers from hospitals not able to serve a complex

mix of patients. Treatment of these very complex, seriously ill patients

increases the hospital's cost of care, length of stay and mortality rates. As

the Regional Level I Trauma Center, DSMCUT serves severely injured patients.

Lengths of stay and mortality rates are most appropriately compared to other

trauma centers. All physician license numbers and names have been validated with

the Physician and the Texas State Board of Medical Examiner website as accurate

but some remain unidentified in the THCIC Practitioner Reference Files. These

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

requirements. Zero errors on inpatient claims were unable to be corrected prior

to certification.

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PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

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

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

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

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

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

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PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments needed

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

Data Content

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encounter.

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elements to be included over and above that. Adding those additional data

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actual hospital billing process. Errors can occur due to this additional

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hospital using a universal standard called the International Classification of

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy Rehab

THCIC ID: 653003

No Comments

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PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

3rd Qtr 2022 Inpatient

Accuracy rate - 99.92%

Errors from the 3rd Quarter FER reflect the following error code E-618.

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported.

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PROVIDER: HCA Houston Healthcare Tomball

THCIC ID: 076000

Errors corrected to the best of our ability at the time of certification.

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

No Comments

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PROVIDER: Adventhealth Rollins Brook

THCIC ID: 397000

Corrected to the best of my ability.

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PROVIDER: Texas Health Harris Methodist Hospital Alliance

THCIC ID: 972900

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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 Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

3rd Qtr 2022 – Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

Data Content

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

Administrative data may not accurately represent the clinical details of an

encounter.

The state requires us to submit 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

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Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

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Discharge Disposition

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PROVIDER: PAM Rehabilitation Hospital of Clear Lake

THCIC ID: 974530

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same (1)E-637, (2)E668, (2)E-670, (1)E697, (1)E-707 errors were again showing in the audit report provided by system 13.

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PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940

Baylor Scott & White Medical Center Marble Falls

THCIC ID 974940

3rd Qtr 2022 Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

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

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes,

various system mapping and normal clerical error. Data submission deadlines

prevent inclusion of all applicable cases therefore this represents

administrative claims data at the time of preset deadlines. Diagnostic and

procedural data may be incomplete due to data field limitations. Data should be

cautiously used to evaluate health care quality and compare outcomes.

==

PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

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.

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Race/Ethnicity

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

Discharge Disposition

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

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PROVIDER: Texas Health Seay Behavioral Health Hospital

THCIC ID: 720000

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

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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

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Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

Discharge Disposition

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

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PROVIDER: Coryell Memorial Hospital

THCIC ID: 346000

Coryell Health continues to have discrepancies in the number of discharged inpatient encounters provided through STAR (143) and reported by THCIC (80).

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PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

3rd Qtr 2022 Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: HCA Houston Healthcare Northwest

THCIC ID: 229000

All errors were corrected to the best of the facility's ability.

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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

INFORMATION IS VALID PER CODING

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PROVIDER: Baylor Scott & White The Heart Hospital Plano

THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

3rd Qtr 2022 Inpatient

Accuracy rate – 99.93%

Errors from the 3rd Quarter FER reflect the following error codes E-617.

Procedure date verified in hospital system, reported as posted

Errors will stand as reported

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PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

3rd Qtr 2022 Inpatient

Accuracy rate – 99.56%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand "as reported".

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PROVIDER: South Texas Surgical Hospital

THCIC ID: 931000

ok to certify

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PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

3rd Qtr 2022 – Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Physicians Surgical Hospitals - 9th Street

THCIC ID: 852901

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

drawn could be erroneous due to communication difficulties in reporting complete

data caused by reporting constraints, subjectivity in assignment of codes,

various system mapping and normal clerical error. Data submission deadlines

prevent inclusion of all applicable cases therefore this represents

administrative claims data at the time of preset deadlines. Diagnostic and

procedural data may be incomplete due to data field limitations. Data should be

cautiously used to evaluate health care quality and compare outcomes.

No errors detected on the certification report.

==

PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general

acute care, 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties. Seton Edgar B. Davis offers health education and wellness programs. In addition, specialists offer a number of outpatient specialty clinics providing area residents local access to the services of medical specialists. Seton Edgar B. Davis is located at 130 Hays St. in Luling, Texas. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access program. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. Zero errors on inpatient claims were unable to be corrected prior to certification.

===

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

THCIC ID: 813100

The Q3 2022 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type etc. They may contain duplicates/missing claims but the file was reviewed and all corrections made

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PROVIDER: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

3rd Qtr 2022 Inpatient

Accuracy rate – 99.66%

Errors from the 3rd Quarter FER reflect the following error code E-618.

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported.

==

PROVIDER: Reagan Memorial Hospital

THCIC ID: 343000

Certifying that facility did not have any inpatient admissions for the month of
September 2022. The facility had a total of 2 inpatient claims for the 3rd
Quarter 2022 with no errors to report.

==

PROVIDER: Texas Health Presbyterian Hospital Flower Mound

THCIC ID: 943000

Data Content

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encounter.

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

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Race/Ethnicity

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Standard/Non-Standard Source of Payment

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

contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges.

It is important to note that charges are not equal to actual payments received

by the hospital or hospital cost for performing the service. Typically, actual

payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual

cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some

patient discharges to "home" as opposed to rehab. THR will communicate this

issue and the plan to address this issue in writing to the THCIC Executive

Director.

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PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

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.

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PROVIDER: Medical City North Hills

THCIC ID: 437000

INFORMATION IS VALID

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PROVIDER: Medical City Alliance

THCIC ID: 974490

INFORMATION IS VALID

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

Data Content

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

The state requires us to submit 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.

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PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

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.

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

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.

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

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

Cost/ Revenue Codes

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Discharge Disposition

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

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PROVIDER: UT Southwestern University Hospital-Clements Psych

THCIC ID: 448002

No Comments

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PROVIDER: Texas Health Specialty Hospital-Fort Worth

THCIC ID: 652000

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

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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.

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patient discharges to "home" as opposed to rehab. THR will communicate this

issue and the plan to address this issue in writing to the THCIC Executive

Director.

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PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

E-617 & E-618 - Dates are correct, these are combined accounts per billing

regulations

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PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

3rd Qtr 2022 Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

3rd Qtr 2022 Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

Data Content

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encounter.

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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

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

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.

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Length of Stay

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issue and the plan to address this issue in writing to the THCIC Executive

Director.

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PROVIDER: PAM Rehabilitation Hospital of Humble

THCIC ID: 975394

Quarter 3 data contained errors corrected prior to submission as well as prior

to correction deadline. After the correction deadline on 2/1/23 the same E-637,

E-670,E-697 errors were again showing in the audit report provided by system 13.

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PROVIDER: HCA Houston Healthcare North Cypress

THCIC ID: 975321

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

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PROVIDER: Medical City-McKinney

THCIC ID: 246000

INFORMATION IS VALID PER CODING

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PROVIDER: South Plains Rehab Hospital

THCIC ID: 975371

Missed free correction deadline on 5 accounts. please certify without correction.

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PROVIDER: Medical City Plano

THCIC ID: 214000

INFORMATION IS VALID PER CODING

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PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

Data Content

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PROVIDER: PAM Specialty Hospital of San Antonio

THCIC ID: 972960

Quarter 3 data contained errors corrected prior to submission as well as prior to correction deadline. After the correction deadline on 2/1/23 the same exact errors were again showing in the audit report provided by system 13.

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PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

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

neurosurgery care, outpatient respiratory services including pulmonary function

tests and arterial blood gas testing, women's diagnostics services including

mammography and 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 Zero errors on inpatient claims were unable to be corrected prior

to certification.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

Data Content

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PROVIDER: Seton Medical Center Harker Heights

THCIC ID: 971000

Error 617- 618 (1): Combined Account

Error 652 (2): Validated admission type is appropriate.