

Outpatient Facility Comments, 4Q2015.txt

General Comments on 4th Quarter 2015 Data

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

- Data are administrative data, collected for billing purposes, not clinical data.

- Data are submitted in a standard government format, the 837 format used for submitting billing data to payers. State specifications require the submission of additional data elements. These data elements include race and ethnicity. Because these data elements are not sent to payers and may not be part of the facility's standard data collection process, there may be an increase in the error rate for these elements.

- Facilities are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information may be collected subjectively and may not be accurate.

- Facilities are required to submit data within 60 days after the close of a calendar quarter (facility data submission vendor deadlines may be sooner). Depending on facilities' collection and billing cycles, not all services may have been billed or reported. Therefore, data for each quarter may not be complete. This can affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.

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

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PROVIDER: Baptist St Anthonys Hospital
THCIC ID: 001000
QUARTER: 4
YEAR: 2015

Certified With Comments

I elect to certify this data is accurate to the best of my knowledge as of this date of certification 5/6/16

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PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
QUARTER: 4
YEAR: 2015

Certified With Comments

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

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PROVIDER: Grace Medical Center
THCIC ID: 013001

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QUARTER: 4
YEAR: 2015

Certified with Comments

Please disregard the ethnicity errors on all claims for 4th Q 2015. We had a vendor update and was not able to recreate a correct ethnicity code for claims .

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PROVIDER: Jackson County Hospital
THCIC ID: 017000
QUARTER: 4
YEAR: 2015

Certified with Comments

Please note most of the errors/invalid data in this reporting period is due to SSN's registered as 000-00-0000 instead of system 13's required 999-99-9999 format.

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PROVIDER: Baylor Scott & White Medical Center-Garland
THCIC ID: 027000
QUARTER: 4
YEAR: 2015

Certified with Comments

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Good Shepherd Medical Center
THCIC ID: 029000
QUARTER: 4
YEAR: 2015

Certified with Comments

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

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

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PROVIDER: Baylor Scott & White Medical Center Carrollton
THCIC ID: 042000
QUARTER: 4
YEAR: 2015

Certified with Comments

Baylor Medical Center Carrollton OUTPATIENT DATA
THCIC ID: 042000
QUARTER: 4
YEAR: 2015

CERTIFIED WITH COMMENTS

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PROVIDER: Texas Health Huguley Hospital
THCIC ID: 047000
QUARTER: 4
YEAR: 2015

Certified with Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of September 1, 2016. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

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Submission Timing

The State requires us to submit a snapshot of billed claims, extracted from our database approximately 20 days following the close of the calendar year quarter. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

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

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

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

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PROVIDER: San Angelo Community Medical Center
THCIC ID: 056000
QUARTER: 4
YEAR: 2015

Certified with Comments

Have discussed the issue with admission capture of race and ethnicity with Patient Accounts Director. Will work with admission clerks to make sure this information is captured.

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PROVIDER: Brownwood Regional Medical Center
THCIC ID: 058000
QUARTER: 4
YEAR: 2015

Certified with Comments

Known facility data system issue with payer source codes. Resolution is in progress with CHS corporate support. Patient Access staff educated 5/26/16

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regarding appropriate race and ethnicity. Missing practitioner NPI numbers
being researched and corrected.

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PROVIDER: Brownfield Regional Medical Center
THCIC ID: 078000
QUARTER: 4
YEAR: 2015

Certified With Comments

OUT PATIENT IS GOOD

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PROVIDER: Graham Regional Medical Center
THCIC ID: 094000
QUARTER: 4
YEAR: 2015

Certified With Comments

C12-Certification Error Type list shows one error of E-608 Missing Principle
Diagnosis. Unable to determine PCN or MRN or Name.

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PROVIDER: TMC Bonham Hospital
THCIC ID: 106001
QUARTER: 4
YEAR: 2015

Certified With Comments

2740 claims with blank on Patient Country. Our electronic health record has no
means to enter patient country. 2741 claims with second payer src code blank or
zero. This information is not available. If HCPCS procedure codes are blank,
there is no associated HCPCS with the charges.

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PROVIDER: Facial Plastic & Cosmetic Surgical Center
THCIC ID: 111001
QUARTER: 4
YEAR: 2015

Certified With Comments

I noticed that the birth year was incorrect on one entry. Is this something that
must be changed? The name , address, SSN is correct. Please advise.

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PROVIDER: CHI St Lukes Health Baylor College of Medicine Medical Center
THCIC ID: 118000
QUARTER: 4
YEAR: 2015

Certified With Comments

The data reports for Quarter 4, 2015 do not accurately reflect patient volume or
severity.

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Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

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PROVIDER: South Texas Ambulatory Surgery Center
THCIC ID: 130060
QUARTER: 4
YEAR: 2015

Certified with Comments

Any errors may be due to patient's non-disclosure of their social security number.

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PROVIDER: Memorial Hermann Endoscopy Center North Loop
THCIC ID: 130074
QUARTER: 4
YEAR: 2015

Certified with Comments

MISSING PRINCIPLE DIAGNOSIS

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 4
YEAR: 2015

Certified with Comments

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

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PROVIDER: JPS Surgical Center-Arlington
THCIC ID: 153300
QUARTER: 4
YEAR: 2015

Certified with Comments

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

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

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

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

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 4
YEAR: 2015

Certified with Comments

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not

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

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth
THCIC ID: 235000
QUARTER: 4
YEAR: 2015

Certified with Comments

Data Content

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PROVIDER: Wise Health System
THCIC ID: 254001
QUARTER: 4
YEAR: 2015

Certified With Comments

The data for 4Q2015 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville
THCIC ID: 256000
QUARTER: 4
YEAR: 2015

Outpatient Facility Comments, 4Q2015.txt
Certified with Comments

Data Content

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Diagnosis and Procedures

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PROVIDER: University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 4
YEAR: 2015

Certified with Comments

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

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

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PROVIDER: Baylor Scott & White Medical Center Waxahachie
THCIC ID: 285000
QUARTER: 4
YEAR: 2015

Certified with Comments

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PROVIDER: Christus Mother Frances Hospital Tyler
THCIC ID: 286000
QUARTER: 4
YEAR: 2015

Certified with Comments

Approximately 1.6% of outpatient record count reflects late additions of 3Q data that was previously inadvertently omitted due to software error.

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PROVIDER: Wilson N Jones Regional Medical Center
THCIC ID: 297000
QUARTER: 4
YEAR: 2015

Certified with Comments

Continue to work with vendor to reduce errors.

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PROVIDER: Baylor Scott & White Medical Center-Irving
THCIC ID: 300000
QUARTER: 4
YEAR: 2015

Certified with Comments

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regarding data.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman
THCIC ID: 303000
QUARTER: 4
YEAR: 2015

Certified with Comments

THCIC ID:
TH303000
QUARTER: 2015 Quarter 4 Outpatient
Texas Health Kaufman CERTIFIED WITH COMMENTS
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The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that

this has been added to meet the
THCIC requirement. Our admissions staff indicates that many patients are very
sensitive about
providing race
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and ethnicity information. Therefore, depending on the circumstances of the
patient's admission,
race and
ethnicity data may be subjectively collected. Therefore, the race and ethnicity
data may not
provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Dallas Regional Medical Center
THCIC ID: 315003
QUARTER: 4
YEAR: 2015

Certified With Comments

DRMC 2015 4th Quarter Outpatient

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 4
YEAR: 2015

Certified With Comments

THCIC ID:
TH323000

QUARTER: 2015 Quarter 4 Outpatient

Texas Health Cleburne CERTIFIED WITH COMMENTS

Data Content

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

Administrative data

may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or

radiological services, by quarter year, gathered from a form called an UB92, in a standard

government format called HCFA

837 EDI electronic claim format. Then the state specifications require

additional data elements to

be included over and above that. Adding those additional data places

programming burdens on the

hospital since it is

over and above the actual hospital billing process. Errors can occur due to this additional

programming, but the public should not conclude that billing data sent to our payers is inaccurate.

These errors have been

corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in

the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the

hospital using a universal standard called the International Classification of Disease (ICD-9-CM)

and Current Procedural

Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

with

the guidelines for assigning these diagnosis codes; however, this is often

driven by physician's

subjective criteria for defining a diagnosis. For example, while one physician may diagnose a

patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician

may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both

situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to

determine that diagnosis was different. An apples to apples comparison cannot be made, which

makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission

to the hospital and those occurring during hospitalization. For example, if a code indicating an

infection is made, it is not always possible to determine if the patient had an infection prior to

admission, or developed an infection during their hospitalization. This makes it difficult to

obtain accurate information regarding things such as complication rates.

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Length of Stay

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Standard/Non-Standard Source of Payment

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

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

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PROVIDER: San Antonio Digestive Disease Endoscopy Center
THCIC ID: 329000
QUARTER: 4
YEAR: 2015

Certified with Comments

Need Certification for 4 quarter 2015

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PROVIDER: Baylor University Medical Center
THCIC ID: 331000
QUARTER: 4
YEAR: 2015

Certified with Comments

Baylor Medical Center at BUMC OUTPATIENT DATA
THCIC ID: 331000
QUARTER: 4
YEAR: 2015

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data. Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions
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Outpatient Facility Comments, 4Q2015.txt
that are not available in administrative data. These include a patients
preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated
decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 4
YEAR: 2015

Certified with Comments

Cook Children's Medical Center has submitted and certified 4th QUARTER
2015 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
4th QUARTER OF 2015.

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: University Medical Center-Brackenridge
THCIC ID: 335000
QUARTER: 4
YEAR: 2015

Outpatient Facility Comments, 4Q2015.txt
Certified with Comments

As the public teaching hospital in Austin and Travis County, University Medical Center Brackenridge (UMCB) 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.

UMCB has a perinatal program that serves a population that includes mothers with late or no prenatal care. 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 Trauma Center, UMCB serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers.

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

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

PROVIDER: Medical Arts Hospital
THCIC ID: 341000
QUARTER: 4
YEAR: 2015

Elected Not to Certify

Due to the sheer volume of the data, we have limited resources as a hospital to analyze the data with 100% accuracy. We elect not to certify.

PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 4
YEAR: 2015

Certified with Comments

Baylor Medical Center at ASFW
THCIC ID: 363000
QUARTER: 4
YEAR: 2015

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.

Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Muenster Memorial Hospital
THCIC ID: 365000
QUARTER: 4
YEAR: 2015

Certified with Comments

Recertification submitted

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PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 4
YEAR: 2015

Certified with Comments

All data appears to be correct.

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 4
YEAR: 2015

Certified with Comments

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

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a skilled nursing unit, 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.

Outpatient Facility Comments, 4Q2015.txt

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

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 4
YEAR: 2015

Certified With Comments

THCIC ID:
TH422000
QUARTER: 2015 Quarter 4 Outpatient
Texas Health Arlington Memorial Hospital CERTIFIED WITH COMMENTS
Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

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

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

Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-9-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both

situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

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PROVIDER: Stephens Memorial Hospital
THCIC ID: 430000
QUARTER: 4
YEAR: 2015

Certified With Comments

4th Quarter 2015 Outpatient.

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 4
YEAR: 2015

Certified With Comments

THCIC ID:
TH431000
QUARTER: 2015 Quarter 4 Outpatient
Texas Health Dallas CERTIFIED WITH COMMENTS
Data Content
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Administrative data

Outpatient Facility Comments, 4Q2015.txt
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Outpatient Facility Comments, 4Q2015.txt

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=====

PROVIDER: Bowie Memorial Hospital
THCIC ID: 440000
QUARTER: 4
YEAR: 2015

Certified with Comments

Bowie Memorial Hospital ceased patient operations on November 16, 2015. We are currently undergoing negotiations to purchase the facility.

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PROVIDER: Christus Mother Frances Hospital Winnsboro
THCIC ID: 446001
QUARTER: 4
YEAR: 2015

Certified with Comments

Approximately 0.7% of outpatient record count reflects late additions of 3Q data that was previously inadvertently omitted due to software error.

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PROVIDER: Dallas Medical Center
THCIC ID: 449000
QUARTER: 4
YEAR: 2015

Certified with Comments

Dallas Medical Center 2015 4Q OP Certification

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PROVIDER: DeTar Hospital-Navarro
THCIC ID: 453000
QUARTER: 4
YEAR: 2015

Certified with Comments

The DeTar Healthcare System includes two full-service acute care hospitals: DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital North located at 101 Medical Drive. Both acute care hospitals are located in Victoria, Texas. DeTar Healthcare System is both Joint Commission accredited and Medicare certified. The system also includes two Emergency Departments with

Outpatient Facility Comments, 4Q2015.txt

Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; DeTar Health Center; a comprehensive Cardiac Program including Cardiothoracic Surgery and Interventional Cardiology as well as Electrophysiology; Accredited Chest Pain Center; a Bariatric Surgery Center of Excellence, Inpatient and Outpatient Rehabilitation Centers; Inpatient Adult Behavioral Health Center; Outpatient Counseling and Wellness Center, the DeTar Senior Care Center; Senior Circle; Primary Stroke Center and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: DeTar Hospital-North
THCIC ID: 453001
QUARTER: 4
YEAR: 2015

Certified with Comments

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PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 4
YEAR: 2015

Certified with Comments

THCIC ID:
TH469000
QUARTER: 2015 Quarter 4 Outpatient
Texas Health Azle CERTIFIED WITH COMMENTS
Data Content
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Race/Ethnicity

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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

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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.

Outpatient Facility Comments, 4Q2015.txt

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PROVIDER: Parkland Memorial Hospital
THCIC ID: 474000
QUARTER: 4
YEAR: 2015

Certified With Comments

Parkland Health & Hospital System comprises a network of neighborhood-based health centers and Parkland Memorial Hospital, which was established in 1894. The Parkland System is a \$1.271 billion enterprise that is licensed for 862 beds and employs approximately 10,718 staff. 93,340 patients received outpatient care in the clinics (both on campus and in the neighborhood-based health centers) this quarter.

Specific Data Concerns

As in other large academic medical centers, teams of physicians rotating at intervals care for patients. The THCIC dataset allows only one primary physician to be assigned to the patient for the entire inpatient stay. In our institution, this represents the physician caring for the patient at the time of discharge. Many patients, particularly long-term care patients are actually managed by as many as three to four different teams and attending physicians. For this reason, the practice of attributing patient outcomes to the report card of a single physician may result in misleading information.

=====

PROVIDER: Seton Medical Center
THCIC ID: 497000
QUARTER: 4
YEAR: 2015

Certified With Comments

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

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

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

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PROVIDER: Shriners Hospitals for Children
THCIC ID: 526000
QUARTER: 4
YEAR: 2015

Outpatient Facility Comments, 4Q2015.txt
Certified with Comments

The number provided by the State are incorrect. We produced a correct file. The State had an internal failure, or whatever method they are using to read the number is wrong.

These are the FIN counts that are in the Q4 2015 file.

Encounter Counts by Month

November 2015 (Outpatient) : 549
October 2015 (Outpatient) : 656
December 2015 (Outpatient) : 534
October 2015 (Outpatient Surgery) : 39
November 2015 (Outpatient Surgery) : 45
December 2015 (Outpatient Surgery) : 31

=====

PROVIDER: Bellville St Joseph Health Center
THCIC ID: 552000
QUARTER: 4
YEAR: 2015

Certified with Comments

Certified by Karen McEuen

=====

PROVIDER: Seton Highland Lakes Hospital
THCIC ID: 559000
QUARTER: 4
YEAR: 2015

Certified with Comments

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

=====

PROVIDER: Seton Edgar B Davis Hospital
THCIC ID: 597000
QUARTER: 4
YEAR: 2015

Certified with Comments

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general acute care, 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties. Seton Edgar B. Davis offers health education and wellness programs. In

Outpatient Facility Comments, 4Q2015.txt
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.

=====

PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth
THCIC ID: 627000
QUARTER: 4
YEAR: 2015

Certified with Comments

THCIC ID:
TH627000
QUARTER: 2015 Quarter 4 Outpatient
Texas Health Southwest CERTIFIED WITH COMMENTS
Data Content
This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

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

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

Diagnosis and Procedures
Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-9-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is

below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

07/18/16

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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

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Cost/ Revenue Codes

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

=====

PROVIDER: Hamilton General Hospital
THCIC ID: 640000
QUARTER: 4
YEAR: 2015

Certified With Comments

All data available at time of reporting has been submitted. Any missing data fields not submitted are due to data being unverifiable at the time of data submission deadline.

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PROVIDER: Texas Health Presbyterian Hospital-Plano
THCIC ID: 664000
QUARTER: 4
YEAR: 2015

Certified With Comments

Data Content

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Outpatient Facility Comments, 4Q2015.txt

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Outpatient Facility Comments, 4Q2015.txt
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PROVIDER: Center for Assisted Reproduction
THCIC ID: 712700
QUARTER: 4
YEAR: 2015

Certified with Comments

Unable to correct the missing info on a few claims prior to this Certification.

=====

PROVIDER: CHRISTUS St Michael Rehab Hospital
THCIC ID: 713001
QUARTER: 4
YEAR: 2015

Certified with Comments

To the best of my knowledge, I certify this report.

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PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 4
YEAR: 2015

Certified with Comments

AS IS.

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PROVIDER: Texas Health Presbyterian Hospital Allen

Outpatient Facility Comments, 4Q2015.txt

THCIC ID: 724200

QUARTER: 4

YEAR: 2015

Certified With Comments

Data Content

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Outpatient Facility Comments, 4Q2015.txt

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PROVIDER: Houston Methodist Willowbrook Hospital
THCIC ID: 724700
QUARTER: 4
YEAR: 2015

Certified With Comments

Salvador for Willowbrook hospital

=====

PROVIDER: Christus Mother Frances Hospital-Jacksonville
THCIC ID: 725400
QUARTER: 4
YEAR: 2015

Certified With Comments

Approximately 0.5% of outpatient record count reflect late additions of 3Q data that was previously inadvertently omitted due to software error.

=====

PROVIDER: Piney Point Surgery Center
THCIC ID: 728100

Outpatient Facility Comments, 4Q2015.txt

QUARTER: 4
YEAR: 2015

Certified with Comments

Error E-625, record is a same sex couple.

=====

PROVIDER: Texas Health Heart & Vascular Hospital
THCIC ID: 730001
QUARTER: 4
YEAR: 2015

Certified with Comments

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Outpatient Facility Comments, 4Q2015.txt

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=====

PROVIDER: St Lukes Hospital at the Vintage

THCIC ID: 740000

QUARTER: 4

YEAR: 2015

Certified With Comments

The data reports for Quarter 4, 2015 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction,

Outpatient Facility Comments, 4Q2015.txt
can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

=====

PROVIDER: Baylor Heart & Vascular Center
THCIC ID: 784400
QUARTER: 4
YEAR: 2015

Certified with Comments

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

=====

PROVIDER: South Texas Spine & Surgical Hospital
THCIC ID: 786800
QUARTER: 4
YEAR: 2015

Certified with Comments

Certify without comment.

=====

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 4
YEAR: 2015

Certified with Comments

To the best of my knowledge, I approve.

Outpatient Facility Comments, 4Q2015.txt

=====

PROVIDER: Christus St Michael Hospital Atlanta
THCIC ID: 788003
QUARTER: 4
YEAR: 2015

Certified With Comments

To the best of my knowledge, I approve.

=====

PROVIDER: St Lukes The Woodlands Hospital
THCIC ID: 793100
QUARTER: 4
YEAR: 2015

Certified With Comments

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Patient Volume

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Payer Source

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=====

PROVIDER: Hill Country Memorial Surgery Center
THCIC ID: 793300
QUARTER: 4
YEAR: 2015

Certified With Comments

CLAIMS CHECKED AND NO ERRORS

=====

PROVIDER: Doctors Hospital-Renaissance
THCIC ID: 797100
QUARTER: 4
YEAR: 2015

Certified With Comments

Doctors Hospital at Renaissance Outpatient Surgical Center started reporting

Outpatient Facility Comments, 4Q2015.txt
seperately therefore there will be a difference.

=====

PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 4
YEAR: 2015

Certified with Comments

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

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

=====

PROVIDER: Seton Northwest Hospital
THCIC ID: 797600
QUARTER: 4
YEAR: 2015

Certified with Comments

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=====

PROVIDER: Community Surgery Center
THCIC ID: 807500
QUARTER: 4
YEAR: 2015

Certified with Comments

Patient Accounts Director and HIM Director discussed the issue of Race and Ethnicity not being captured 100% of the time. Process will be discussed with admissions to add this information for every patient.

=====

PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas
THCIC ID: 813100
QUARTER: 4
YEAR: 2015

Certified with Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Spinecare
THCIC ID: 816900
QUARTER: 4

YEAR: 2015

Certified With Comments

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

=====

PROVIDER: Texas Health Presbyterian Hospital-Denton
THCIC ID: 820800
QUARTER: 4
YEAR: 2015

Certified With Comments

THCIC ID:
TH820800
QUARTER: 2015 Quarter 4 Outpatient
Texas Health Denton CERTIFIED WITH COMMENTS
Data Content
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Administrative data
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Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD-9-CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both

situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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

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

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

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

Race/Ethnicity

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

Standard/Non-Standard Source of Payment

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

Cost/ Revenue Codes

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

=====

PROVIDER: Houston Methodist Sugar Land Hospital
THCIC ID: 823000
QUARTER: 4
YEAR: 2015

Certified With Comments

approve as per IT file

=====

PROVIDER: Memorial Hermann Surgery Center Woodlands
THCIC ID: 825400
QUARTER: 4
YEAR: 2015

Certified With Comments

No Comments

=====

PROVIDER: Dallas Endoscopy Center
THCIC ID: 826200
QUARTER: 4

Outpatient Facility Comments, 4Q2015.txt

YEAR: 2015

Certified With Comments

i did a spot check on a few claims and it looks to be accurate.

=====

PROVIDER: Pampa Regional Medical Center
THCIC ID: 832900
QUARTER: 4
YEAR: 2015

Certified With Comments

Pampa Regional Med Center - 2015 4Q OP Certification

=====

PROVIDER: Rockwall Ambulatory Surgery Center
THCIC ID: 841800
QUARTER: 4
YEAR: 2015

Elected Not to Certify

Current Certifier was not at this facility during these events.
In regards to the duplicate events- 2 seperate physicians performed seperate procedures on the patients listed, and only one operating room was used on the same date of service.

=====

PROVIDER: Simmons Ambulatory Surgery Center
THCIC ID: 843300
QUARTER: 4
YEAR: 2015

Certified With Comments

Parkland Health & Hospital System comprises a network of neighborhood-based health centers and Parkland Memorial Hospital, which was established in 1894. The Parkland System is a \$1.271 billion enterprise that is licensed for 862 beds and employs approximately 10,718 staff. 93,340 patients received outpatient care in the clinics (both on campus and in the neighborhood-based health centers) this quarter.

Specific Data Concerns

As in other large academic medical centers, teams of physicians rotating at intervals care for patients. The THCIC dataset allows only one primary physician to be assigned to the patient for the entire inpatient stay. In our institution, this represents the physician caring for the patient at the time of discharge. Many patients, particularly long-term care patients are actually managed by as many as three to four different teams and attending physicians. For this reason, the practice of attributing patient outcomes to the report card of a single physician may result in misleading information.

=====

PROVIDER: Grace Medical Center

Outpatient Facility Comments, 4Q2015.txt

THCIC ID: 848900
QUARTER: 4
YEAR: 2015

Certified with Comments

Please disregard the ethnicity errors on all claims for 4th Q 2015. We had a vendor update and was not able to recreate a correct ethnicity code for claims .

=====

PROVIDER: Cook Childrens Northeast Hospital
THCIC ID: 850200
QUARTER: 4
YEAR: 2015

Certified with Comments

Due to an issue with the bridge routine between the patient account software and the billing software which drops claims to THCIC the Patient Race is not pulling over accurately. and this was the case during the time period of these claims.

=====

PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 4
YEAR: 2015

Certified with Comments

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

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

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

=====

PROVIDER: Lake Pointe Surgery Center
THCIC ID: 856820
QUARTER: 4
YEAR: 2015

Certified with Comments

Incorrect data: We did not operate on patients less than 1 year of age.

=====

PROVIDER: Texas Health Presbyterian Hospital-Rockwall
THCIC ID: 859900
QUARTER: 4
YEAR: 2015

Outpatient Facility Comments, 4Q2015.txt

Certified with Comments

Files may contain duplicate and/or missing claims

=====

PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700
QUARTER: 4
YEAR: 2015

Certified with Comments

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

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=====

PROVIDER: Methodist Willowbrook Hospital Outpatient Surgery Department
THCIC ID: 862300
QUARTER: 4
YEAR: 2015

Certified with Comments

Salvador for Willowbrook Hospital

=====

PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 4
YEAR: 2015

Certified with Comments

The data reports for Quarter 4, 2015 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the heart's ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

Outpatient Facility Comments, 4Q2015.txt

=====

PROVIDER: Womens Specialty Surgery Center of Dallas
THCIC ID: 912000
QUARTER: 4
YEAR: 2015

Certified With Comments

To the best of my knowledge I "certify" the data this quarter was uploaded from a file in our current practice management software. The file created was to fill data requirements for claims for the quarter. Errors listed in the FOE report on THCIC were corrected. Each individual claim contained was not reviewed and compared to the original entry. I am not responsible for errors or discrepancy in data that is due to software malfunction or file transfer and mapping. I do not have any reason to think the data is compromised.

=====

PROVIDER: CHRISTUS Santa Rosa Physicians ASC New Braunfels
THCIC ID: 917000
QUARTER: 4
YEAR: 2015

Certified With Comments

98.75%

=====

PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 4
YEAR: 2015

Certified With Comments

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

=====

PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 4
YEAR: 2015

Certified With Comments

The data reports for Quarter 4, 2015 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Outpatient Facility Comments, 4Q2015.txt

Severity

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Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000
QUARTER: 4
YEAR: 2015

Certified with Comments

Files may contain duplicate and/or missing claims- 2nd time/ File was reprocessed per System 13

PROVIDER: Texas Health Harris Methodist Fort Worth Outpatient Surgery Center
THCIC ID: 970100
QUARTER: 4
YEAR: 2015

Certified with Comments

Data Content

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

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

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

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the

Outpatient Facility Comments, 4Q2015.txt
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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Race/Ethnicity

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

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Cost/ Revenue Codes

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

Outpatient Facility Comments, 4Q2015.txt

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PROVIDER: Texas Health Outpatient Surgery Center Alliance
THCIC ID: 970110
QUARTER: 4
YEAR: 2015

Certified With Comments

THCIC ID:
TH970110
QUARTER: 2015 Quarter 4 Outpatient
Texas Health Alliance Outpatient Surgery Center CERTIFIED WITH COMMENTS
Data Content
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Administrative data
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Outpatient Facility Comments, 4Q2015.txt

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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

Outpatient Facility Comments, 4Q2015.txt
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Cost/ Revenue Codes

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PROVIDER: Dodson Surgery Center
THCIC ID: 970400
QUARTER: 4
YEAR: 2015

Certified with Comments

Cook Children's Medical Center has submitted and certified 4th QUARTER 2015 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 4th QUARTER OF 2015.

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.

Outpatient Facility Comments, 4Q2015.txt

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: Huguley Surgery Center
THCIC ID: 971500
QUARTER: 4
YEAR: 2015

Certified with Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of June 1, 2016. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

The State requires us to submit a snapshot of billed claims, extracted from our database approximately 20 days following the close of the calendar year quarter. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

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

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

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

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

Given the current certification software, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Texas

Outpatient Facility Comments, 4Q2015.txt
Health Huguley underwent a major program conversion to the HCFA 837 EDI
electronic claim format.

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

=====

PROVIDER: Baylor Scott & White Medical Center McKinney
THCIC ID: 971900
QUARTER: 4
YEAR: 2015

Certified With Comments

Due to the sheer volume of OP data, we have limited resources as a hospital to
analyze the data. Regarding the mandate to communicate the Certification
reports to physicians The State does not offer a secure mechanism for us to
communicate other than the hard copy reports. At this time, we as a hospital
are moving to limit or eliminate paper distribution and we do not have an
internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and
quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician
regarding data.
Patient and physician preference contributes to the care rendered to the patient
and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions
that are not available in administrative data. These include a patients
preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated
decision-making. Quality improvement is not new; it is an on-going commitment.

=====

PROVIDER: Stonebridge Surgery Center
THCIC ID: 972000
QUARTER: 4
YEAR: 2015

Certified With Comments

Upon reviewing the C01: Certification Summary it was noticed that the Patient
Race for Race 1 American Indian is incorrect. All listed for Race 1 should have
been Race 4, but due to an issue with our system they were reported wrong. It
is 07/28/16 and the cutoff for corrections was 07/15/16 so we can't correct the
error, but are certifying with an explanation.

=====

PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900
QUARTER: 4
YEAR: 2015

Certified With Comments

THCIC ID:
TH972900

QUARTER: 2015 Quarter 4 Outpatient

Texas Health Alliance CERTIFIED WITH COMMENTS

Data Content

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Administrative data

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hospital using a universal standard called the International Classification of Disease (ICD-9-CM)

and Current Procedural

Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies

with

the guidelines for assigning these diagnosis codes; however, this is often

driven by physician's

subjective criteria for defining a diagnosis. For example, while one physician may diagnose a

patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician

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situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to

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Outpatient Facility Comments, 4Q2015.txt

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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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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.

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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.

=====

PROVIDER: Vivere Austin Surgery Center
THCIC ID: 973270
QUARTER: 4
YEAR: 2015

Certified with Comments

Error E-625 is a same sex couple. Record has been reported correctly.

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PROVIDER: Baylor Surgery Center of Waxahachie
THCIC ID: 973560
QUARTER: 4
YEAR: 2015

Certified with Comments

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

Outpatient Facility Comments, 4Q2015.txt
PROVIDER: Walnut Hill Medical Center
THCIC ID: 973750
QUARTER: 4
YEAR: 2015

Certified with Comments

No changes to be made.

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PROVIDER: Parkway Surgical and Cardiovascular Hospital
THCIC ID: 973840
QUARTER: 4
YEAR: 2015

Certified with Comments

The data for 4Q2015 is being certified with comment. All reported data is accurate and correct at the specific point in time that the data files are generated. Information is subject to change after files are generated and submitted to THCIC; any changes would be information collected or updated during the normal course of business.

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PROVIDER: Magna Surgery Center
THCIC ID: 973950
QUARTER: 4
YEAR: 2015

Certified with Comments

4th Quarter 2015 Outpatient Data Certification

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PROVIDER: Baylor Heart and Vascular Hospital of Fort Worth
THCIC ID: 974240
QUARTER: 4
YEAR: 2015

Certified with Comments

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

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Outpatient Facility Comments, 4Q2015.txt
We support the Patient, Provider, and Payer and empowered, educated
decision-making. Quality improvement is not new; it is an on-going commitment.

=====

PROVIDER: Binz Surgery Center
THCIC ID: 974580
QUARTER: 4
YEAR: 2015

Certified With Comments

I have cleared all errors, there is an issue with our system collecting all the
data for principal codes. Will be working with Source Med to resolve issues.

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PROVIDER: Planned Parenthood South Texas Surgical Center
THCIC ID: 974780
QUARTER: 4
YEAR: 2015

Certified With Comments

Data Inadvertently submitted without physician.

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PROVIDER: Baylor St Lukes Medical Center McNair Endoscopy
THCIC ID: 974790
QUARTER: 4
YEAR: 2015

Certified With Comments

The data reports for Quarter 4, 2015 do not accurately reflect patient volume or
severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that
are a snapshot of claims that have been billed prior to the reporting deadline.
If the encounter has not yet been billed, data will not be reflected in this
quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction,
can be captured and reflected in the various billing data elements including the
ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the
patient population cannot be adequately demonstrated using admissions and
billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is
working towards a resolution.

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PROVIDER: Elite Minimally Invasive Surgery of Oakbend Health System
THCIC ID: 974860
QUARTER: 4
YEAR: 2015

Outpatient Facility Comments, 4Q2015.txt

Certified with Comments

This Center was new for State Reporting in Q3. There are some Q3 claims in the Q4 data

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PROVIDER: Doctors Hospital at Renaissance Outpatient Surgical Center
THCIC ID: 974950
QUARTER: 4
YEAR: 2015

Certified with Comments

Doctors Hospital at Renaissance Outpatient Surgical Center started reporting seperately therefore there will be a difference in the Doctors Hospital-Renaissance Outpatient services.

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PROVIDER: CHI St Lukes Health Baylor Medical Center ASC
THCIC ID: 974960
QUARTER: 4
YEAR: 2015

Certified with Comments

The data reports for Quarter 4, 2015 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using admissions and billing data.

Payer Source

A payer source mapping discrepancy has been identified. The HIS vendor is working towards a resolution.

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PROVIDER: Cumberland Surgical Hospital
THCIC ID: 974980
QUARTER: 4
YEAR: 2015

Certified with Comments

Certified without comments

Outpatient Facility Comments, 4Q2015.txt

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PROVIDER: Our Childrens House

THCIC ID: 975010

QUARTER: 4

YEAR: 2015

Certified With Comments

Certify without comments

=====

PROVIDER: Medical Center of Southeast Texas Victory Campus

THCIC ID: 975111

QUARTER: 4

YEAR: 2015

Certified With Comments

Certifying data as is.