



STATE OF NEW YORK DEPARTMENT OF HEALTH

800 North Pearl Street, Room 231

Albany, New York 12204

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

December 27, 2010

Dear Hospital Administrator:

The Statewide Planning and Research Cooperative System (SPARCS) of the New York State Department of Health (NYSDOH) will expand its data collection effort to include outpatient visits to hospitals and to free-standing, diagnostic and treatment centers licensed under Article 28. Your facility will be involved in the first phase of this expanded data reporting.

We plan to implement this initiative using a phased approach to take advantage of the existing data submission capability of facilities. Since hospitals have mature data reporting systems in place, the first phase will focus on data collected from hospital outpatient departments. This will allow more time for providers that are not currently SPARCS data reporters to develop a data reporting methodology and infrastructure.

We are requiring information on all 2011 outpatient visits. While the requirement is that hospitals provide information on outpatient visits occurring as of January 1, 2011, data do not have to be reported until the Department's data reporting system is in place. We expect that system to be operational on July 1, 2011. This schedule allows hospitals time to develop systems for data reporting while satisfying the NYSDOH's requirement for the collection of the data for the entire year 2011.

The data elements that will be reported for outpatient visits are, with only minor exception, a subset of the data elements that are currently part of your claims submission process and SPARCS submissions. Enclosed is a listing of the data elements to be reported. We will be providing additional detail on the data specifications in the near future. We will be available for assistance throughout the process.

Thank you for your cooperation in this important new initiative. If you have any questions, please feel free to contact the SPARCS Administrative Unit at (518) 473-8144 or email at sparcs@health.state.ny.us.

Sincerely,

A handwritten signature in black ink that reads "Laura K. Dellehunt".

Laura K. Dellehunt, Director,
SPARCS Administrative Unit

Enclosure
CC: SPARCS Coordinator

S P A R C S EXPANDED OUTPATIENT

DATA COLLECTION

2011

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Biometrics

Background:

On April 12, 2006, Section 2816 (2) (a) (iv) was amended to authorize the collection of outpatient clinic data from all licensed Article 28 general hospitals and diagnostic and treatment centers (D&TCs) operating in New York State. A primary purpose of the collection of the additional data is to aid in the development of new methodologies for calculating the upper payment limit for Medicaid reimbursement as requested by the federal government.

The collection of this new type of data will be phased in due to the large number of facilities that perform outpatient services. We expect that approximately 2,278 D&TCs not currently required to report to SPARCS will be added to the list of SPARC data reporters. Approximately 1,070 of these D&TCS are affiliated with a hospital that already reports data.

In addition, the 223 hospitals that currently submit data to SPARCS will be required to add outpatient department data to their current submissions for inpatient, ambulatory surgery, and emergency department services. Phase I of the expanded outpatient data reporting requirement will be limited to these 223 hospitals.

Below is a listing of those data elements to be provided as part of this additional reporting requirement. This listing is intended to be informational only. Detailed data specifications will be provided in a separate document.

**EXPANDED OUTPATIENT (OP)
DATA SPECIFICATIONS**

Segments	Loops	Element Names	Data Edit Specification
ISA	HEADER	Test/Production Indicator (for processing file)	R
BHT	HEADER	File Sequence and Serial Number (for processing file)	N
BHT	HEADER	Processing Date (for processing file)	N
NM1	1000A	Submitter Name (for processing file)	N
NM1	1000A	SPARCS Collector Code (for processing file)	R
NM1	2010AA	Billing National Provider Identification Number (NPI) (Previously Provider Identification Number)	R
REF	2010AA	Facility Identifier (Previously SPARCS Identification Number/ PFI + Check digit)	R
SBR	2000B, 2320	Claim filing Indicator (Previously Source of Payment Code)	R
N3	2010BA, 2010CA	PATIENT RESIDENCE ADDRESS - ADDRESS LINE 1	R
		ADDRESS LINE 2	C
N4	2010BA, 2010CA	Patient City	R
N4	2010BA, 2010CA	Patient State	R
N4	2010BA, 2010CA	Patient Postal Service Zip Code and EXTENSION CODE	R
N4	2010BA, 2010CA	Patient County Code	R
DMG	2010BA, 2010CA	PATIENT BIRTH DATE	R
DMG	2010BA, 2010CA	Patient Sex	R
DMG	2010BA, 2010CA	Patient Race	C
DMG	2010BA, 2010CA	Patient Ethnicity	C
REF	2010BA, 2010CA	UNIQUE PERSONAL IDENTIFIER	R
NM1, REF	2010BC, 2330B	Payer Identification Number	S
CLM	2300	PATIENT CONTROL NUMBER	R
CLM	2300	Total Charges	R
CLM	2300	Type of Bill	R
DTP	2300	STATEMENT COVERS PERIOD - FROM DATE	R
DTP	2300	STATEMENT COVERS PERIOD - THRU DATE	R
DTP	2300	START OF CARE DATE	R
REF	2300	MEDICAL RECORD NUMBER	R
NTE	2300	Source of Payment Typology I	R
NTE	2300	Source of Payment Typology II	C
NTE	2300	Source of Payment Typology III	C

KEY for Data Specifications	
C	Collected. Edited if submitted.
N	Not collected for this type of data. If submitted, it will be ignored.
R	Required data element on all records.
S	Situationally required based on value of other data elements.

OP Data Specifications Continued:

Segments	Loops	Element Names	Data Edit Specification
HI	2300	Principal/Primary Diagnosis Code	R
HI	2300	External Cause of Injury Code (External Cause of Injury and Place-of-Injury Code are combined into one distinct data element)	S
HI	2300	Other Diagnosis Code 1-14	C
HI	2300	Occurrence Codes and Dates (Previously Occurrence Information - ACCIDENT RELATED Codes and DATES)	C
HI	2300** (new)	Value Code and Amount (Only Value code 24 = Medicaid Rate Code)	C
HI	2300	Condition Codes (only Homeless) (Previously Condition Information) - only code for Homeless Patients (17) for OP	C
REF	2310A	ATTENDING PROVIDER/ STATE LICENSE NUMBER	R
SV2	2400	Revenue Code (Previously Outpatient Ancillary Revenue Code)	R
SV2	2400	Procedure Code - CPT-4 / HCPCS & Modifier 1 and 2	R
DTP03	2400** (new)	Service Date (FL 45)	R
SV2	2400	Service Line Charges (Previously Outpatient Ancillary Total Charges)	R
SV2	2400**(new)	Service Units (Previously used only on the Inpatient file - called Accommodation Days)	R
SV2	2400	Service Line Non-Covered Charges (Previously Outpatient Ancillary Total Non-Covered Charges)	R

**** = Only collected for outpatient visit**

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