



**Department
of Health**

SPARCS Updates and Redesign of the Submission Process

Presented by:

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June 5, 2017

Agenda

1. Edits
2. Quality
3. Redesign of the SPARCS Submission Process

New Edits

Edits

These new edits have been implemented

- Address1 (line 1) - Cannot be blank
- Patient City - Must be Alpha only; no numeric symbols or special characters.
- If NYS ZIP code reported, then NYS County Code must be reported
- Statement from data may be an earlier date than the admission date by as much as 30 days if:
 - There is a revenue code of 0762 and claim type is IP, AS or ED or
 - A HCPC code of G0378 on the claim for claim type AS and ED

Data Quality

Data Quality

SPARCS gave a presentation multiple times in December 2016 on the Data Quality Reports. A couple highlights are:

- The SPARCS program expects the facilities to correct 2016 data and that all calendar year corrections for 2016 must be completed by June 30, 2017
- Full implementation of the SPARCS Data Quality Compliance Protocol will begin with the 2017 SPARCS data submissions

Data Quality Report Benchmarks

Report Name	Quality Benchmarks
Present on Admission	<p><u>POA Assessment Criteria Description:</u></p> <ol style="list-style-type: none"> 1. Pre-existing Diagnosis Codes Specified as Not POA 2. Percent Uncertain on Indicator for Secondary Diagnosis 3. Large Number of Secondary Diagnoses with POA 4. Small Number of Secondary Diagnoses with POA 5. For Elective Surgical Patients, Surgical Diagnoses marked as POA
SPARCS/ICR Comparison	<p>ICR Days Under/Over Reported in SPARCS (5%), ICR Discharges Under/Over Reported in SPARCS (3%), and ICR Charges Under/Over Reported in SPARCS (5%).</p>
Claim Filing Indicator and Payment Typology	<p>If a record contains a Claim Filing Indicator Code and a Payment Typology code that are not covered in the crosswalk map, the pairing will be highlighted in the report.</p>
Patient County Correctly Reported / Homeless Indicator	<p>If the percentage of county codes coded as '99' is 20 percent or greater than the total number of discharges reported for the year. If the number of discharges with Residence Indicator coded with an 'H' is greater than the number of discharges where the Address field is coded with 'HOMELESS'.</p>



Data Quality Report Benchmarks (cont'd)

Report Name	Quality Benchmarks
Patient Disposition	The facility's data will be highlighted in the report if 100 percent of the facility's patient disposition is classified as 'Home'.
Diagnosis and Procedures	Facilities with the lowest 10th percentile of diagnosis and procedures at the State level Cases with significant variation between the facilities data and the calculated averages in its region, the data will be reviewed.
Expanded Race and Ethnicity	<p><u>Ethnicity:</u> Either the 'Hispanic' rate is 0 or 'Unknown' rate is 100 percent.</p> <p><u>Race Overall:</u> Either 100 percent of discharges are listed as 'other' or total discharges are greater than 200 and all reported as 'white'.</p> <p><u>Race Specific:</u> Discharges totals for Asian, Native Hawaiian/Pacific Islander or Multiple Race are greater than 50 and the 'specific' count is zero.</p>

Data Quality Report Benchmarks (cont'd)

Report Name	Quality Benchmarks
Point of Origin	100 percent of the facility's point of origin is classified as Non-Health Facility 90 percent or more is classified as Undefined Facility. For Newborn Only, if incorrect codes populate the Point of Origin data field.
Discharge Hour	The facility's data will be highlighted in the report if 50 percent or greater of the facility's discharge hour is classified as any one of the possible discharge hours including unknown discharge hour (99). These cases will be deemed to be an anomaly.

Data Quality Audit Report

- On a quarterly basis, SPARCS will post a Data Quality Audit Report for Inpatient, Ambulatory Surgery and Emergency Department discharges/visits
- The report initiates the 90 calendar day period for facilities to address any inadequacies or inconsistencies
- This process follows the quantity compliance on quarterly reconciliation
- The report identifies facility non-compliance for each quality report
 - Non-compliance is identified by a star (*)

Data Quality Audit Report

https://commerce.health.state.ny.us/hgn/cgi-bin/applinks/subsparm/subsparm.cgi commerce.health.state.ny.us

File Edit View Favorites Tools Help

FollowMyHealth™ Login Free Hotmail NSO Support SPDS Suggested Sites Web Slice Gallery Home Print Page Safety Tools Help

New York State Department of Health - Bureau of Health Informatics
SPARCS - Data Quality Measures Report - Quarter 3 - 2016
Data Received Through October 1, 2016

Claim Type=INPATIENT

Facility Name	FFI	CFI/Payment Typology (1)	County/Homeless (2)	Patient Disposition (3)	Inpatient Diag and Proc (4)	Point of Origin (5)	Point of Origin (Newborn) (6)	Discharge Hour (7)	Ethnicity (8)	Race (9)	Race Specificity (10)
Adirondack Medical Center - Saranac Lake Site	000324				*				*		
Albany Medical Center Hospital	000001	*									
Albany Memorial Hospital	000004				*						
Alice Hyde Medical Center	000325				*	*			*		
Auburn Community Hospital	000085		*		*						
Bellevue Hospital Center	001438	*			*	*					
Blythedale Childrens Hospital	001138	*			*						
Bron Secours Community Hospital	000708				*						
Bronx, Lebanon Hospital Center - Concourse Division	001178						*				
Bronx, Lebanon Hospital Center - Fulton Division	001164				*						
Brooklyn Hospital Center - Downtown Campus	001288	*									
Buffalo General Medical Center	000207	*									
Calvary Hospital Inc	001175				*						
Carthage Area Hospital Inc	000379				*						
Catskill Regional Medical Center	000071	*									
Catskill Regional Medical Center - G. Hermann Site	000968	*			*				*		
Chenango Memorial Hospital Inc	000128	*			*	*					
Clifton, Five Hospital	000817				*	*			*		
Cobleskill Regional Hospital	000851				*	*			*		
Corning Hospital	000866				*	*			*		

(1) Indicator signifies possible mismatch between Claim Filing Indicator and Payer Typology
 (2) Indicator signifies Comany99 greater than 20% Total Discharges and Residence Indicator=01 greater than Address=Homeless
 (3) Indicator signifies 100% of discharges, greater than 10, were to HOME
 (4) Indicator signifies Average Number of Inpatient Diagnosis or Average Number of Inpatient Procedures is below 10th percentile within Region
 (5) Indicator signifies incorrect codes populate point of origin data field
 (6) Indicator signifies incorrect codes populate point of origin data field (Newborns Only)
 (7) Indicator signifies discharge hour reported is greater than 50% of all the discharge hours reported
 (8) Indicator signifies a facility with 1) Combined Hispanic rate of 0% or 2) Unknown rate of 100%
 (9) Indicator signifies a facility with either an OTHER rate of 100% or Total Discharges are greater than 200 and the WHITE rate is 100%
 (10) Indicator signifies a facility where the number of discharges for either Asian, Native Hawaiian/Pacific Islander or Multi are greater than 50 and the corresponding 'Specific' equals 0
 Report Date: 11/23/2016

Done 100%



Compliance Based on Quality

This process is similar to the compliance quantity reports currently issued for submissions

- Facilities should be investigating individual data quality reports where non-compliance is identified in the quarterly data quality audit report
- Facilities in non-compliance with any data reports must either:
 - Report to the SPARCS program in writing, by email or letter, that the data in question truly reflects those discharges and patients, with documentation supporting that assertion, or
 - Submit corrected data to the SPARCS system within 90 days of the receipt of the report

SPARCS Program working with Facilities

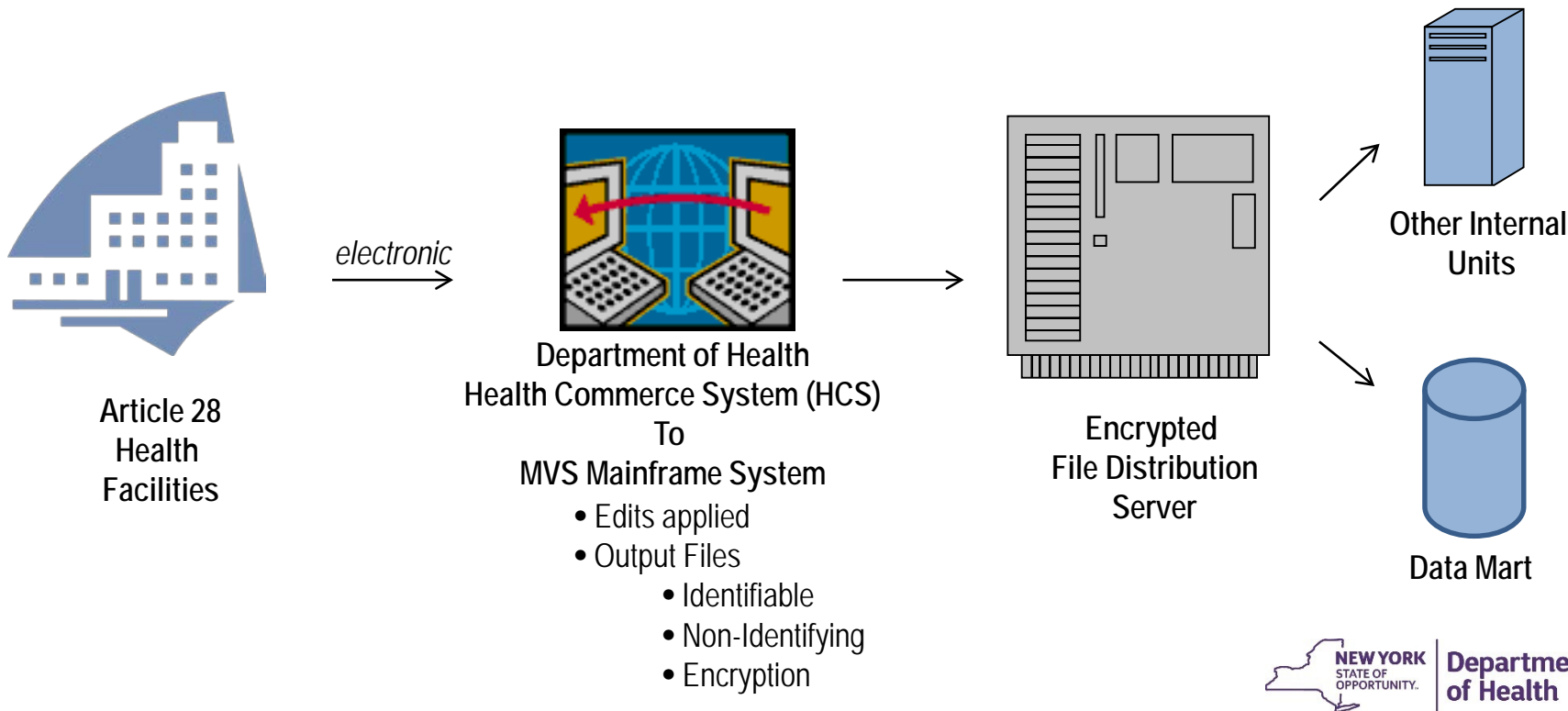
- During the 90 day period, SPARCS program staff will work with facility contacts to help them determine the root cause of data quality issues and corrective actions undertaken.
- As with Quantity Compliance, failure to comply may result in Statements of Deficiency (SOD) issued, with possible fees and other actions levied.

Redesign of the SPARCS Submission Process

SPARCS Currently

- SPARCS has been in existence for over 35 years: established through statute in 1979
 - New York was the first to collect this type of data.
- Calendar Year Based Discharge/Visit Dataset
- All payer claim level detail on patient characteristics, diagnoses and treatments, services, and charges for hospital discharges, ambulatory surgery, emergency department, and hospital based outpatient service visits (or EODC) in New York State

Current SPARCS Submission Process



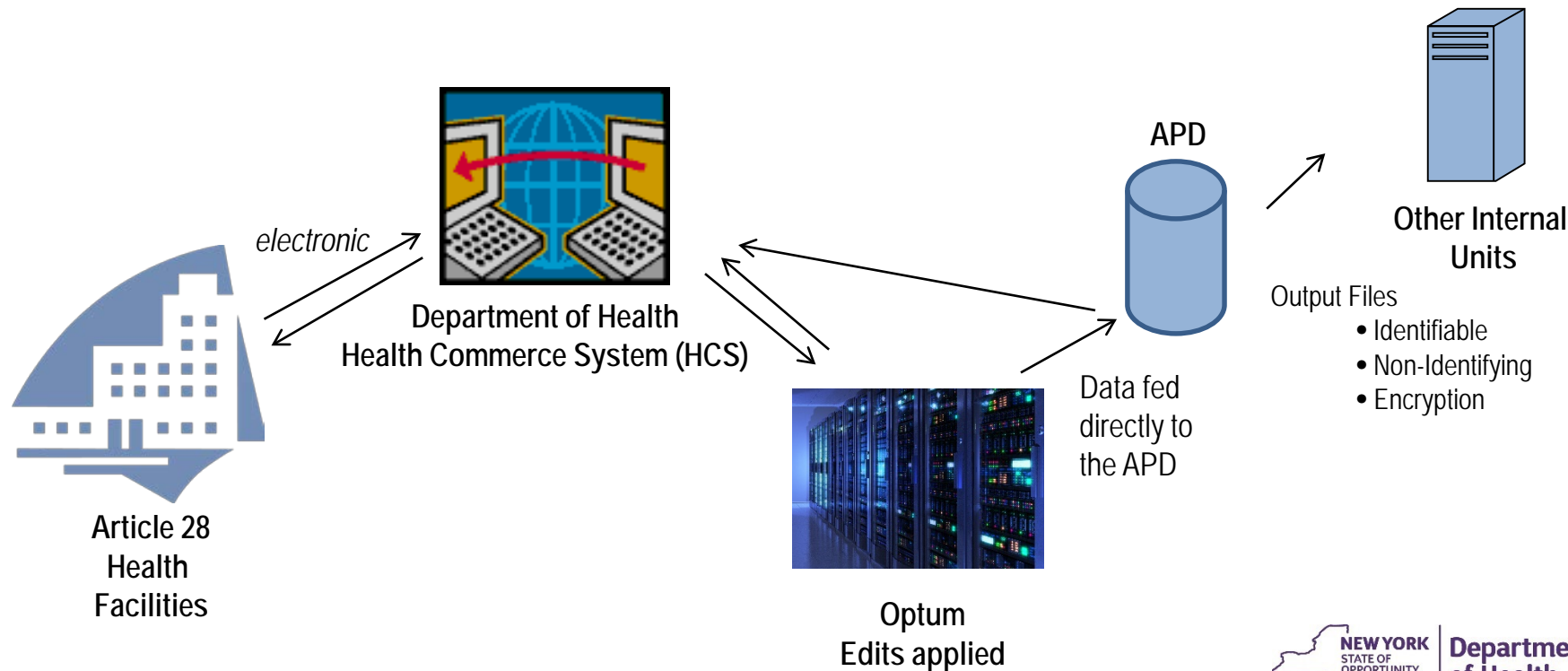
Current SPARCS Submission Process

- Health care facilities submit their SPARCS data in an electronic, computer-readable format following the 837R format for New York State purposes.
- The processing programs have experienced a series of modifications to the original file structure over these past 35+ years.
 - Includes data elements and edits that are unique to New York State.

SPARCS New Submission Process

- NYSDOH has partnered with Optum Government Solutions, Inc (Optum) for a new processing system.
- The time schedule for building the new system is aggressive;
 - Under 12 months
- During the transition, dual systems will be run for a portion of the time; essentially until the system passes all validation processes.

SPARCS New Submission Process



SPARCS New Submission Process

The Concept

- Take the current data stream that facilities use to submit bills to their payers and use a modified version of that data for the SPARCS data submissions.
- Have the data processed by edits which mostly mirror the national standard edits.
- Receive back the reports and files that are:
 - Standard to x12 environment and/or
 - Clear and concise in explanation of the problem with those records

SPARCS New Submission Process

Data Format

- Use the data that is current submitted to payers; with a few added data elements needed from a public health perspective
- Will be using the x225 837R
 - Essentially the x12 837I with:
 - A segment for race/ethnicity
 - Use the NTE segment to collect:
 - Source of Payment Typology
 - Cardiac data elements
- Most 'New York State-isms' are gone;
i.e. Expected Reimbursements, Method of Anesthesia



SPARCS New Submission Process

Data Format –con't

- Data elements in the X12 file that SPARCS has not previously taken will be collected.
 - Following standard x12 rules on whether required, situational, etc.
- Includes the following data elements:
 - Patient's First and Last names
 - SPARCS will now construct the Unique Personal IDs
 - National Provider ID
 - State Provider License Numbers will no longer required



SPARCS New Submission Process

Edits

- For standard x12 data elements, will be following the standard X12 edits.
- For the couple of New York State data elements, edits will be straightforward:
 - Payment Typology => appropriate codes, version 7
 - Cardiac => valid values
- Gone are the New York State specific edits
 - i.e. statement from date = admission date

SPARCS New Submission Process

Reports

- Two types of reports will be available:
 - The standard x12 edit and error reports; more machine based as they come back in x12 format.
 - 999 (Implementation Acknowledgement)
 - 277CA (Health Care Claim Status Response transaction)
 - 837R (Error Records returned)
 - For those facilities that would prefer user readable format, reports will be available that are clear and concise in explaining the reason of the error/rejection.
 - i.e. this record failed this edit (code and description) because of this reason



SPARCS New Submission Process

Changes to note

- Once the processing identifies an error in a record, processing of that record is stopped. That record is placed in the error file and the process continues onto the next record.
 - No more reporting of all errors on a record.
 - A record may have to be submitted multiple times until error free

SPARCS New Submission Process

Changes to note – con't

- Health Commerce System (HCS) will be updated at this time too.
 - Taking advantage of the processing rebuild, the HCS will be updated to strengthen security and it's capabilities.
 - Differences in appearance and functionality between the current and updated versions may occur.
 - SPARCS Operations will notify facilities of these changes as we are aware of them.

SPARCS New Submission Process

Finally

- This Webinar is the first in a series of bi-weekly webinars to be held throughout the transition to the new system.
 - Schedule, with topics, will be sent next week.
- Purpose of these webinars is to update the facilities and their vendors to the details of the changes.
- A stakeholders meeting will be held in Albany.
 - The date is TBD; either last week in July/1st week in August.
 - Purpose is to have face-to-face discussions on the new process
- Sampling of facilities on issues will occur as they arise.



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SPARCS New Submission Process

QUESTIONS