

SPARCS Update

New York State Department of Health

March 2015

Office of Quality and Patient Safety

General Announcements

New Mailing Address

SPARCS has moved its offices within the Corning Tower Building to Room 1970. This change in room number has been applied to all mail correspondence and SPARCS related forms and reports. For our full mailing address, please refer to the last page of this SPARCS Update and adjust your records accordingly.

ICD-10 Beta Testing

ICD-10 testing is now available in "beta" only. In order to beta test, the allowable service date range for ICD-10 coding is 10/1/2015 through 9/30/2016. Discharges with a date greater than 9/30/2016 will not be processed in the beta testing mode.

Since ICD-10 is only in the beta phase, no data should be submitted unless the TEST/PROD indicator has been set to beta ("B") or "beta test" has been selected in the export option in the SPARCS 837 PC application.

Some facilities have submitted ICD-10 in production. This will result in errors, and these records will need to be corrected with ICD-9 codes and resubmitted.

ASC to Hospital Transfer

Ambulatory Surgery facilities are directed to properly report the HCPCS codes that identify whether a patient experienced a hospital transfer or hospital admission upon discharge from the facility (G8914, G8915).

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HCPCS

Code HCPCS Value

G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC

PC Application V 2.2.4

The new SPARCS-837 PC application, version 2.2.4, is now available and can be downloaded by accessing the Tools tab on the SPARCS Data Submission and Data/Report System page on the Health Commerce System (HCS).

Regulations and Data Quality

With the adoption of the amended SPARCS regulations in September 2014, compliance will now be expanded to include data quality.

The first phase of integration of quality as a component of compliance will involve the SPARCS program developing a Data Quality Compliance Protocol and scheduling a conference call to discuss with facilities and receive feedback. Once finalized, resultant reports will be published on the web site and program staff will be working with facilities on issues that are highlighted in the reports.

Compliance

Monthly data: At least 95 percent of data for all inpatient discharges and outpatient visits must be submitted within sixty (60) days from the end of the month of a patient's discharge or visit. For example: SPARCS data for discharges/visits that occurred in January 2015 are due March 31, 2015.

Quarterly reconciliation: 100 percent of data for all inpatient discharges and outpatient visits must be submitted within one hundred eighty (180) days from the end of the quarter of the patient's discharge or visit. For example: SPARCS data for discharges/visits that occurred in the third quarter of 2014 are due March 31, 2015.

The reconciliation activities appear below according to the month of the patient's discharge or visit.

Discharge / Visit Month	Monthly Data Due at End of Month	Third Quarter Reconciliation Activities	Fourth Quarter Reconciliation Activities
July 2014	September 2014		
August 2014	October 2014		
September 2014	November 2014		
October 2014	December 2014		
November 2014	January 2015		
December 2014	February 2015		

Discharge / Visit Month	Monthly Data Due at End of Month	Third Quarter Reconciliation Activities	Fourth Quarter Reconciliation Activities
January 2015	March 2015	<u>3rd Quarter</u> 1st Warning Letter	
February 2015	April 2015	<u>3rd Quarter</u> 2nd Warning Letter	
March 2015	May 2015	<u>3rd Quarter</u> 3rd Warning Letter; (3rd Quarter Data Due March 31, 2015)	
April 2015	June 2015	Statement of Deficiency Issued	<u>4th Quarter</u> 1st Warning Letter
May 2015	July 2015		<u>4rd Quarter</u> 2nd Warning Letter
June 2015	August 2015		<u>4th Quarter</u> <u>4th</u> Warning Letter; (<u>4th</u> Quarter Data Due June 30, 2015)
July 2015	September 2015		Statement of Deficiency Issued

Data Release

Data Governance Committee

The SPARCS Data Governance Committee held a meeting on March 4, 2015. The following SPARCS identifiable data requests were presented to the Committee:

Request	Project Title	Organization
0901-04 (A)	Health Policy Research; Initiative to Align Hospital and Physician Incentives; Quaesitum Measurement System (QMS), a Comparative Quality and Performance Measurement System	Greater New York Hospital Association
1503-01	Long-Term Maternal Cardiovascular Morbidity in Women With Pre-Eclampsia, Eclampsia and Gestational Diabetes	Montefiore Medical Center
1503-02	Impact of Super Storm Sandy on Healthcare Cost and Utilization in the State of New York	University of California San Francisco
1503-03	Disparities in Health Outcomes in Rochester, NY	Finger Lakes Health Systems Agency (FLHSA)

The next meeting of the SPARCS Data Governance Committee will be held on April 16, 2015.

Limited and Identifiable

The following organizations received limited or identifiable SPARCS data files in February 2014.

Organization	Data Type	Years
Federal Trade Commission	Limited	2013-2014
HANY'S Service	Identifiable	2014
New Solutions, Inc.	Limited	2011-2013
New York University, School of Medicine	Identifiable	2009
Niagara Health Quality Coalition	Identifiable	2013
NYC Health and Hospitals Corporation	Limited	2012-2013
Stony Brook University Medical Center	Identifiable	2005-2010
SUNY Stony Brook University Medical Center	Limited	2008-2013
TRUVEN Health Analytics	Limited	2014
Western CT Health Network	Limited	2010-2014

Submitter Notes

Reporting Observations

HCUP has brought to our attention that New York's data on observation stays appears to fall below national averages. Observation status is identified by the revenue code of 0762 and/or a HCPCS code of G0378. Observation codes should be reported on inpatient claims where the patient was admitted to inpatient care from outpatient observation status.

In the September 2014 SPARCS Update, Submitter Notes included a description of the edit for the maximum number of days allowed for emergency department and ambulatory surgery visits if the claim contained observation codes. The outpatient edit program has been modified to allow the reporting of observation stays of greater length than two days for ambulatory surgery and three days for emergency department records. This edit allows any length of stay for either ambulatory surgery or emergency department records when observation codes are reported.

Reporting of Newborn Birth Weight

The Input Data Dictionary has been updated to clarify the reporting of newborn birth weight. On page 204, Newborn Birth Weight, value code equaling '54' now reads: The actual birth weight (or weight at time of admission for extramural birth). This is required on Inpatient claims when the Admission Date is within 28 days from the Patient's (Newborn's) Date of Birth.

Re-submitting Corrected Records

Prior to uploading edited SPARCS data to the Master file, each record is evaluated to determine if there is already a record in the Master file to complete an action of addition, correction, or deletion. Detailed information on this process is available in the SPARCS Operation Guide under the title, *Key Identifying Information*, located on the public website at:

http://www.health.ny.gov/statistics/sparcs/training/docs/sparcs_operations_guide.pdf.

Exceptions are generated when there is either a record in the Master file (a potential duplicate) with the same record identifiers (keys), or there is no matching record in the Master file to delete or correct.

SPARCS has become aware that there are some facilities submitting the same edited patient record multiple times, records that have already been previously accepted by the Master file. This creates a large number of exceptions caused by the rejection of duplicate submissions. It also greatly increases the processing time. Exceptions may be found on the history summary report located on the public website: http://www.health.ny.gov/statistics/sparcs/reports/submission_history.htm

Some of these multiple submissions are inadvertent errors. Some are the way facilities are submitting their rejected edit errors and non-submitted records. For instance a facility may have 50 rejected edit-error records for the month of January with the other 450 records accepted as additions by the Master file, but instead of resubmitting just the 50 corrections, the facility submits the entire 500 records for January again. This creates 450 exceptions.

This may happen because the facility's program that creates the SPARCS file may only allow the selection of a date range to create the SPARCS file. Alternatively the facility may simply find it more expedient to resubmit the whole month's data. Neither of these options are valid reasons for exceptions.

SPARCS is requesting each healthcare facility to examine its submission policy to reduce their submission of exceptions. SPARCS staff will be reaching out to affected facilities for plans of correction of this issue.

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SPARCS Update newsletters are distributed electronically to individuals who have Health Commerce System (HCS) data upload access, subscribers to SPARCS-L, and other interested parties upon request.

*Updates are also available online at:
<http://www.health.ny.gov/statistics/sparcs/newsletters/>*