

# SPARCS Update

New York State Department of Health

March/April 2016

Office of Quality and Patient Safety

## General Announcements

### Data Quality Reports

As part of continuous efforts to improve data quality, accuracy and completeness the SPARCS program is rolling out a series of data quality data reports on the SPARCS Home Page on the Health Commerce System (HCS) under the Reports tab.

The Data Quality Reports that will be available on the HCS SPARCS Home Page include:

- Present on Admission
- Facility Race and Ethnicity Concordance
- SPARCS to Institutional Cost Report (ICR) Comparisons
- Claim Filing Indicator and Payment Typology
- Patient County Correctly Reported / Homeless Indicator
- Patient Disposition
- Source of Admission
- Diagnosis and Procedure Reporting
- Expanded Race and Ethnicity Reporting
- Duplicate Records

In the coming weeks, a data quality protocol will be drafted and an informational webinar will be scheduled to inform facilities on the availability and function of these reports. Facilities will be asked to carefully review the Data Quality Reports to determine if there is an issue, and take corrective action to improve the quality and accuracy of data submitted. Facilities are expected to contact SPARCS to discuss data anomalies and/or methods to initiate corrective action.

### Health Data NY

The de-identified version of 2014 SPARCS Inpatient data is now available on Health Data NY. The data can be found at:

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<https://health.data.ny.gov/>. In this new file, and in the 2011 through 2013 SPARCS de-identified inpatient data, Payment Typology was updated to replace Source of Payment.

### *Statistical Briefs*

Statistical Brief #13: Identifying Domestic Violence Events in New York State All Payer Inpatient Hospital Discharges and Emergency Room Visits, 2014 was publicly released on the SPARCS Home Page on the DOH website: <http://www.health.ny.gov/statistics/sparcs/sb/>

This Statistical Brief implements a unique method of identifying domestic violence events through diagnosis coding among hospital inpatient and emergency room discharges reported to SPARCS. This brief was shared with the NYS Office for Prevention of Domestic Violence in anticipation of contributing SPARCS data to their annual dashboard: <http://www.opdv.ny.gov/statistics/nydata/index.html>.

## **Compliance**

### *Monthly*

Warning notices were issued to healthcare facilities who did not submit inpatient and/or outpatient monthly SPARCS data. Regulation NYCRR 400.18 requires 95% of patient records to be provided to SPARCS within 60 days from the end of the month of the visit/discharge. For the January 2016 discharges/visits, approximately 25% of the healthcare facilities did not submit data.

### *Quarterly*

Regulation NYCRR 400.18 provides facilities 180 days from the end of the quarter to reconcile discrepancies between the visits/discharges submitted to SPARCS with that captured by the facility. In April 2016, initial reminders were sent to facilities regarding the end of the Fourth Quarter 2015 (October, November, December) SPARCS reconciliation period. The compliance report will be generated with the July 6, 2016 master file update.

If 100% of the facility data was submitted to SPARCS, and fewer than the expected records are generated for a particular month for a facility, it is the responsibility of the SPARCS Coordinator to request an exception for those months. An exception is requested by sending an email to: [SPARCS.submissions@health.ny.gov](mailto:SPARCS.submissions@health.ny.gov). Exceptions will not be granted if unresolved errors are greater than 1% of the total number of records for the period, unless the SPARCS Coordinator submits sufficient rationale for unresolved errors.

If healthcare facilities experience technical difficulties submitting data, SPARCS allows two sequential one-month extensions after the end of the reconciliation period. If you feel you need to request an extension, please send an email to: [SPARCS.submissions@health.ny.gov](mailto:SPARCS.submissions@health.ny.gov).

## Fourth Quarter Submissions (Oct., Nov., and Dec. 2015)

Month	Reconciliation Activities
April 2016	4 <sup>th</sup> Quarter Reconciliation Period <i>1<sup>st</sup> email warning notice to SPARCS Coordinators</i>
May 2016	4 <sup>th</sup> Quarter Reconciliation Period <i>2<sup>nd</sup> email warning notice to SPARCS Coordinators</i>
June 2016	4 <sup>th</sup> Quarter Reconciliation Period <i>3<sup>rd</sup> email warning notice to SPARCS Coordinators and CEO's</i>  4 <sup>th</sup> Quarter data due <b>June 30, 2016</b>
July 2016	Statement of Deficiency issued

## Data Release

### Data Governance Committee

The SPARCS Data Governance Committee convened on March 18, 2016. The following SPARCS identifiable data requests were presented to the Committee during this meeting:

Request #	Project Title	Organization Name
1603-01	Hotspotting Brownsville, Identifying Patterns of Service Use and Community Needs and Comparisons With Other High Risk Communities Across New York State	Nathan S Kline Institute for Psychiatric Research (NKI)
1603-02	Measuring The Value Of Healthcare - Assessing Costs, Outcomes and Quality	KPMG

The next meeting of the SPARCS Data Governance Committee was held on April 26, 2016.

### Limited and Identifiable

The following organizations received SPARCS data from February 10, 2016 through April 07, 2016.

Organization	Data Type	Years
Bassett Healthcare	Limited	2000-2015
Columbia University	Identifiable	1995-2015
Columbia University	Identifiable	1995-2015
CUNY Hunter College	Identifiable	2009-2013
CUNY John Jay College	Identifiable	2014-2015
Evariant	Limited	2014-2016
George Washington University	Limited	2000-2008
HealthCare Intelligence, LLC	Identifiable	2015
IPRO	Identifiable	
Mount Sinai School of Medicine	Identifiable	2008-2010
New York University	Limited	2004-2007
New York University Medical Center	Identifiable	2000-2014
NorthWestern Law School	Identifiable	1995-2013

Organization	Data Type	Years
Rochester Regional Health	Limited	2013-2015
SUNY Stony Brook University Medical Center	Identifiable	2003-2014
Susquehanna Health	Limited	2011-2015
Truven	Limited	2015
Truven	Identifiable	2014-2015
University Rochester Medical Center	Identifiable	2014
Winthrop University Hospital	Limited	2010-2012
Yale New Haven Health System	Limited	2014-2015
Yale University	Identifiable	2006-2012

The complete list of approved identifiable data requests dating back to 2009 is on the public webpage at the following address: [http://www.health.ny.gov/statistics/sparcs/dgc/appr\\_data\\_req.htm](http://www.health.ny.gov/statistics/sparcs/dgc/appr_data_req.htm).

## Submitter Notes

### Listserv Notification

The SPARCS program has received questions on coding, insurance, and the submission of stand-alone x-ray and laboratory outpatient services data (formerly called expanded outpatient data collection (EODC)). The following announcement was emailed to listserv subscribers on March 30, 2016:

**Changes to the SPARCS edits:** The ICD-9 diagnosis code V7611, screening mammogram for high-risk patients, had an edit based upon the sex of the patient. The edit restricted this ICD-9 code to female patients only. The edit has now been changed to allow it to be used for both male and female patients. The ICD-10 diagnosis codes Z381, single live-born infant, born outside hospital; Z384, twin live-born infant, born outside hospital; Z387, other multiple live-born infant, born outside hospital, were not allowed as the primary diagnosis code. This edit has now been removed and Z381, Z384, and Z387 may be used as the primary diagnosis. The document on the Health Commerce System, *ICD-10 Edit Flags and Exceptions for SPARCS Edits*, has been modified to reflect this change.

**Source of payment typology designations for New York State's new Essential Plans:** Effective January 1, 2016 New York State offered a new health plan called the Essential Plan. The source of payment typology code for the new Essential Plan should be coded, 362 specific state program, 369 not otherwise specified state program, or code 38 other government (Federal, State, Local not specified).

**The reporting of Private Referred Ancillary services for x-rays and laboratory services:** SPARCS has received several questions about errors that submitters are encountering for attending providers for these services. The issue is that SPARCS files with out-of-state doctors are being rejected when the facility places the referring physician in this field. This field should be populated by the healthcare facility provider who is providing the service, not the referring physician. If the facility wishes to add the referring physician they should use the other physician field. The suffix for the out-of-state physician

should be 90, instead of the 00 required as a suffix for New York State physicians. The license number of the out-of-state referring physician must only be six characters.

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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/>*