

INFORMATION BULLETIN

NOVEMBER 2011



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BULLETIN HIGHLIGHTS

- Edit Enhancements
- Phase I EODC Collection: Are you ready?
- 2011 Training Material Posted
- 5010 added to Health Facility Own Data Request
- All Payer Database Development Update
- What is METRIX?
- Approved Data Requests

Edit Enhancements

With the collection of the new expanded outpatient data (OP) in August, several edit enhancements were identified for the SPARCS system. All of these edit enhancements have been completed as of November 15, 2011. Specifically, the edit enhancements are:

1) **Service Provider:** This edit change adds a new qualifier to the data element "Entity Identifier Code for Service Provider" to conform with the Institutional version of the X12-837. The new qualifier value is "85" for "Billing Provider ". This code is in addition to the "SJ" code for "Service Provider".

2) **Point of Origin value "7":** (Point of Origin was previously called the Source of Admission) (This is only required for IP). This edit change will accept a value of "7" for Point of Origin using dates of discharge until August 1, 2011. For discharge dates after and including August 2, 2011, the value of "7" will fail. Note: due to the timing of our system change, this effective date conflicts with the NUBC effective removal of this value on 7/1/10.

3) **Decimals allowed in Value Amount for Medicaid Rate Code:** This change is a result of edits accepted in the Medicare system when patients are dual eligible for Medicare and Medicaid; the Medicaid rate code is accepted with a decimal for the Medicare system. In turn, they were accepted in the NYS Medicaid system. For example, rate code 1400 is accepted as:

1400
1400.00
14.00
14.0

The allowance of decimal points within a Medicaid Rate code is now accepted in SPARCS. This will keep the claim from having an error when submitted to SPARCS if it is also being submitted to Medicare and Medicaid.

4) **Condition Code value "P7":** NUBC introduced a new condition code value (P7) for public health reporting for a "patient that was admitted directly from this facilities emergency department/room" effective July 1, 2010. This value was not available until August 2, 2011 in SPARCS. Due to this difference, an edit was put in place for the addition of discharge date edit on the Condition Code value of "P7". For discharges prior to July 1, 2010, the value of "P7" must fail and have a message that states that "Point of Origin" should be used to report "emergency room admissions". For discharges, from July 1, 2010 - August 1, 2011, and after, the new edit allows the reporting of "P7".

The table below details the SPARCS 837 ASC X12 specifications for reporting these changes:

Data Element Name#	837 ASC X12 Placement: Loop / Segment ID / Code Qualifier / Value / Reference Designator	Data Element #	Data Type Specifications:
Entity Identifier for Service Provider	2010AA / NM1 / SJ or 85 / / 01	98	AS, ED, IP, OP (required)
Point of Origin	2300 / CL 1/ / / 02	1314	IP (required)
Value Code Amount for Medicaid Rate Code / value	2300 / HI / BE / 24 / (01 thru 12)-2	782	AS, ED, IP (optional) OP (required)
Condition Code for Emergency	2300 / HI / BG / / (01 thru 12)-2	1271	AS, ED, IP, OP (optional)

Phase I EODC Collection: Are you ready?

SPARCS started collecting outpatient services (OP) data from Phase I facilities (hospital outpatient departments) for the new Expanded Outpatient Data Collection (EODC) project on August 2, 2011. To date we have collected over one million records for 2011 visits. Surprisingly, this only represents approximately one-third of the hospitals required to submit. Since the inception of the collection, a few edit changes have been made (see above) to allow facilities to submit without error. If your facility was waiting for some of these changes, now is the time to submit OP data. If your facility needs additional system changes or additional training, now is the time to call SPARCS! All Phase I facilities are required to submit all outpatient services data. Your January thru September 2011 data must be submitted by November 30, 2011. Your October thru December 2011 data must be submitted by February 29, 2012. Are you ready?

2011 Training Material Posted

The 2011 Training was completed in September with much success. The training materials are now posted on the SPARCS website at: http://www.health.ny.gov/statistics/sparcs/training_presentations/index.htm. The material includes: two slide presentations (Changes for the Expanded Outpatient Data Collection (EODC) Project and SPARCS Data Quality), handouts (EODC FAQs, the Stoplight Report), two crosswalk tables (one between the Institutional Cost Report (ICR) and SPARCS Payer data element, and the other crosswalk between the SPARCS Source of Payment Typology (SoP) and the SPARCS Claim Filing Indicator) and also a new SPARCS glossary.

5010 added to Health Facility Own Data Request

A SPARCS utility, known as "Health Facility Own Data Request", has been enhanced to include the output option of the X12-837 in the 5010 format. This utility is only available on the Department of Health's secure system called the Health Commerce System (HCS); it is restricted by access to each approved person working for or with a facility. The "Health Facilities Own Data" option is available from the Data/Report request link on the SPARCS submission results page.

All Payer Database Development Update

Following a June 7, 2011 kick-off meeting hosted by the New York State Health Foundation, in collaboration with the department and Commissioner Dr. Nirav Shah, various healthcare stakeholders throughout the state participated in technical and policy team meetings to provide valuable ideas about how to proceed with the development of an All Payer Database (APD) that was established in section 2816 of the Public Health Law.

The department's Office for Health Information Technology Transformation, in conjunction with the Bureau of Biometrics and Health Statistics, prepared an inventory of the existing data resources in New York that utilize payer data. These databases include SPARCS, [FAIR Health](#), [New York Quality Alliance](#) (NYQA), and a state-funded project in the Adirondacks.

The groups discussed the governance, policies, and technical requirements of the system. Based on their input, the department will create a roadmap for implementation and potential funding sources and requirements, as well as a "Proof of Concept" architecture model. The conceptual idea within the architectural model is to develop an incremental approach establishing key building blocks for the APD – starting with a prototype that will aggregate existing public and private data.

The prototype should provide important insights into legal policy issues as well as technical challenges associated with aggregating data from different sources. Based on currently available data, it will also provide a basis to demonstrate immediate value to Department of Health and stakeholders through a small series of analytic reports targeting health care costs, utilization and quality of care.

What is METRIX?

The New York State Department of Health launched the Maximizing Essential Tools for Research Innovation and eXcellence (METRIX) project in August, 2011. The Department's vision is to increase transparency of government and improve access to data assets through this initiative. The SPARCS data set has been identified as a contributing data set to the METRIX project. For more information, please visit the METRIX webpage at: <https://apps.nyhealth.gov/METRIX/main.action>

Approved Data Requests

Do you know who is using the SPARCS data? Take a peek at the updated [Approved Data Request Report](#). Each quarter, this report will be updated to reflect who has received the SPARCS data, and the approved use of the SPARCS data. You will be surprised to see the variety of uses for the SPARCS data set. In addition, the report also will provide data submitters with insight on how their data is being used. The direct webpage is: http://www.nyhealth.gov/statistics/sparcs/dprb/approved_data_req.htm