# SPARCS Operations Guide
## Version 1.1 (Sep. 2014)

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I. OVERVIEW

OBJECTIVE

The purpose of this guide is to describe the New York Statewide Planning and Research Cooperative System (SPARCS) and its operations. It describes how data is acquired, processed, and accessed; and illustrates how data is added to the master files, how errors are flagged, and what data is available. In addition, the content and availability of file maintenance reports and output user files are provided, along with information on ensuring SPARCS data quality and quantity.

SPARCS OPERATIONS

The responsibility for protecting the confidentiality and privacy of data related to patient care resides with the Commissioner of Health. The responsibility for tracking and monitoring the technical functioning of SPARCS directly resides within SPARCS Operations. SPARCS Operations staff is available to assist with every phase of the SPARCS data system.

SPARCS Operations is located within the Bureau of Health Informatics (BHI) in the Office of Quality and Patient Safety (OQPS). Contact information may be found in the last section of this guide.

BACKGROUND

The Statewide Planning and Research Cooperative System (SPARCS) is a comprehensive all payer data reporting system established in 1979 as a result of cooperation between the healthcare industry and government. The system was initially created to collect information on discharges from hospitals. SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for each of the following facility types in New York State:

- **Inpatient**
  - Hospital Inpatient (1982-present)

- **Outpatient**
  - Ambulatory Surgery (1983-present)
  - Emergency Department (2005-present)
  - Expanded Outpatient Data Collection (EODC) (2011-present)

The enabling legislation for SPARCS is located under Section 28.16 of the Public Health Law (PHL). The regulations pertaining to SPARCS are under Section 400.18 of Title 10 (Health) of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR).

The regulations require that inpatient data be submitted by all Article 28 facilities certified for inpatient care and that outpatient data be submitted by all hospital-based ambulatory surgery services and all other facilities providing ambulatory surgery services. Data is to be submitted according to a designated format and schedule.

In April 1983 and June 1985, the State Hospital Review and Planning Council adopted additional regulations regarding the reporting of ambulatory surgery data to the New York State Department of Health. Additional specifications for ambulatory surgery appear in Section 755.1 and Section 755.10.

Recognizing the need for emergency department data, the New York State Legislature passed, and legislation was signed in September 2001 mandating the collection of emergency department data through SPARCS beginning September 2003.

On April 12, 2006, a new section was added to the law, Section 2816 (2) (a) (iv), authorizing the collection of outpatient clinic data from all Article 28 general hospitals and diagnostic and treatment centers (D&TCs) operating in New York State. The previous authority, granted for the collection of inpatient hospitalization stays and ambulatory surgery and emergency department visits, was
not changed. With the 2006 revision to Section 2816, the Commissioner, in consultation with the healthcare industry, is authorized to promulgate or adopt any rules or regulations necessary to implement the collection of outpatient services data.

In order to fulfill New York State regulations, data elements are required to be submitted to SPARCS in a specified format. SPARCS requires the submission of patient data electronically. Effective January 2008, inpatient and outpatient data is submitted to SPARCS in X12-837 formatted files. Inpatient and outpatient data must be submitted on separate submissions.

Changes in SPARCS submission requirements are published in the SPARCS Update newsletter, so that facilities can alter their internal systems or notify their vendor of the needed changes. These changes are also distributed to subscribers of the SPARCS-L listserv, described in the Communications section of this guide.

SPARCS data users and submitters will find a vast array of specific information concerning SPARCS data content, formats, and access on the Department of Health public website at the following direct link: http://www.health.ny.gov/statistics/sparcs/.

SPARCS continues to be a major management tool assisting hospitals, agencies, and healthcare organizations with decision making regarding financial planning and monitoring of inpatient and outpatient services and chargers. In an effort to reflect the needs of data users, data elements and formats are periodically modified. These modifications are the direct result of input from data users.

II. FACILITY ACCESS ACCOUNTS

ADDING NEW FACILITIES

The Department of Health's secured website is known as the Health Commerce System (HCS). The HCS is maintained by the Bureau of HEALTHCOM Network Systems Management and managed by the Commerce Accounts Management Unit (CAMU). The confidentiality of submitted data is protected by requiring that each organization adheres to the New York State Department of Health's data security standards.

To submit SPARCS data, view a Hospital’s Own Data (HOD), and review audit reports, quality reports, and performance metrics, new facilities must first contact SPARCS Operations at sparcs.submissions@health.ny.gov to be added to the HCS.

The administrator or other executive of an organization, who enrolls as the HCS Administrator, will automatically be made the HCS Coordinator and HCS Security Coordinator. The HCS Administrator can designate an alternate HCS Coordinator to perform the Coordinator function. The primary tasks of the HCS Coordinator are to add new users and to assign the HCS role of SPARCS Coordinator to whomever the facility’s Director gave that responsibility to. Their information must also be included under Coordinator Info.

INFORMATION NEEDED TO ADD FACILITY TO HCS:

ORGANIZATION INFORMATION

1. Organization name
2. Organization type
3. Organization PFI

ADMINISTRATOR/DIRECTOR INFORMATION

4. Complete first, middle, and last name
5. Month and day of birth
6. HCS ID (if one exists)
7. Job title
8. Work address
9. Office telephone number
10. Office fax number
11. E-mail address
12. Existing Director being replaced (if applicable)
HCS COORDINATOR INFO:

13. Complete first, middle, and last name
14. Month and day of birth
15. HCS ID (if one exists)
16. Job title
17. Work address
18. Office telephone number
19. Office fax number
20. E-mail address

OBTAINING AN HCS ACCOUNT

Once the Director and the HCS Coordinator have HCS accounts, the HCS Coordinator may use the paperless method to obtain HCS accounts for other users in the organization. This is a two-step process. First, the user must register to receive their account registration information (Step One). Then, the HCS Coordinator must complete the process by requesting the creation of an HCS account (Step Two).

STEP ONE: REGISTRATION

1. Open your web browser and enter this website in the address bar: https://apps.health.ny.gov/pub/usertop.html
2. Click ‘Register for an account’
3. Complete the Name, Address and Policy Statement sections, and click Continue
   NOTE: Your name and address must match what is on your NYS driver license or NYS Photo ID
4. Request a userid and create a password, click Continue
5. Answer at least six of the 27 secret question, click Register
6. Confirm your account information, and click Confirm
7. Print your NYSDOH Account Registration Completion information, click OK
8. You will receive a confirmation e-mail that your userid was created
9. See your *HCS Coordinator with your NYSDOH Account Registration Completion printout and your NYS DMV driver license or NYS DMV Non-driver Photo ID

Users can contact CAMU at (866) 529-1890 if they do not know the identity of the organization’s HCS Coordinator.

STEP TWO: HCS COORDINATOR STEPS

The HCS Coordinator can enroll a user with the paperless process using the user’s registration information and their driver’s license.

1. Log on the HCS
2. Click Coord Account Tools - HCS under My Applications
3. Click User under ‘Request an account for a…’
4. Click Yes, they have a NYS DMV driver license or NYS DMV Nondriver Photo ID
   Note: A NYS driver license is required for the paperless process. If they do not have one, click ‘No, they do not …’
5. Select your organization in the list
6. Enter the user’s Public ID, click Submit
   Note: This information must be supplied by the user when they registered for an HCS account
7. Enter the user’s information from the NYS driver license or NYS Photo ID, click Submit
8. Enter the user’s contact information (fields marked with an asterisk are required), click Submit
9. Your user is enrolled on the HCS. Please instruct them to log in using their userid and password.
ADDING VENDORS

Vendors must have their companies registered on the HCS. The organizational type is a commercial entity. The Director and the HCS Coordinator must be issued HCS accounts. The Director automatically becomes the HCS Coordinator unless specifying another individual in the company to fill that role. Please note that the healthcare facility is ultimately responsible for the timely submission of accurate SPARCS data.

STEP ONE:
If the vendor does not already have an HCS account, complete the “Information Needed to Add Facility” under the above section “Adding New Facilities.” When done, e-mail the information to sparc.submissions@health.ny.gov to register the vendor’s business and to obtain HCS accounts for the two roles (Director and HCS Coordinator). SPARCS will receive notification that the business is registered on the HCS and forms will be e-mailed to the Director and HCS coordinator, with instructions on how to obtain a unique HCS userid and password. Once your HCS account is activated you can add individual users to the HCS by following the directions in the above section titled “Obtaining an HCS Account.”

If the vendor is already on the HCS and does have an existing HCS account, a facility can affiliate them with their organization by adding the user’s HCS ID to the “SPARCS Coordinator Role,” located under “Manage Role Assignments” in the “Coordinator’s Update Tool.”

STEP TWO:
After a vendor’s HCS account has been created, we will send them a blank vendor agreement form that needs to be signed by the facility, and by a binding party at the vendor’s organization. This document can then be submitted to us electronically at sparc.submissions@health.ny.gov. Only the vendor’s Director may sign the vendor agreement.

III. SUBMITTING DATA VIA THE HEALTH COMMERCE SYSTEM

The HCS provides an efficient and secure data transmission option utilizing the Internet Secure Sockets Layer (SSL) encryption technology. This upload process is used to transmit X12-837 formatted claims to SPARCS. For specific edit and coding information, please refer to the SPARCS X12-837 Input Data Dictionary.

Data can be uploaded to SPARCS via the HCS 24 hours a day, 7 days a week. An electronic confirmation, which includes the submission mode (TEST or PROD), is received within a few minutes. Data is routed to the mainframe computer for processing Monday through Friday, 7:30AM - 5:30PM. Submission results (Edit Report and Error file, if applicable) are usually returned to the HCS within 2 hours of the time of data submission. This information is available on the HCS 24 hours a day, 7 days a week.

SPARCS UPLOAD PERMISSION

After receiving the HCS account, SPARCS data submitters must also receive SPARCS upload permission to submit SPARCS data through the HCS. To obtain permission, SPARCS data submitters must log onto the HCS. From the HCS home page:

1. Click on Applications from the top menu bar
2. Click on the letter S
3. Click on the green “+” for SPARCS Data Submission under Add/Remove to add to “My Applications”
4. From your “My Applications” list on the left of the HCS Home Page: Select SPARCS Data Submission
5. Complete the Request for Access to the SPARCS Data and Report System form

Your request will be e-mailed to SPARCS Operations staff. SPARCS staff contacts the healthcare facility’s SPARCS coordinator to obtain permission for the requestor to be granted SPARCS upload permission. For vendors, the organizational representative (person who signed the vendor agreement) is sent an e-mail requesting their approval to grant SPARCS Upload permission. An e-mail will be sent when access has been granted.
Note: It is the responsibility of the SPARCS coordinator or vendor’s organizational representative to notify SPARCS if the SPARCS data submitter leaves the facility or no longer requires SPARCS upload permission.

### DATA SUBMISSION REQUIREMENTS

#### SPARCS DATA SOURCES

- Inpatient
- Outpatient
  - Ambulatory Surgery (AS)
  - Emergency Department (ED)
  - Outpatient Services (OP)

The following Article 28 licensed facilities are currently required to submit data to SPARCS:

- Hospitals
- Hospital extension clinics (only those licensed for ambulatory surgery services)
- D&TC (only those licensed for ambulatory surgery services)
- D&TC extension clinics (only those licensed for ambulatory surgery services)

Inpatient and outpatient data must be submitted on separate files in the X12 837 5010R file format.

The submission requirements are as follows:

- 95% of the facility's SPARCS data must be submitted within 60 days following the end of the month of patient discharge/visit.
- 100% of the facility’s SPARCS data is due within 180 days following the end of the month of the patient discharge/visit.
- SPARCS data must be submitted on a monthly basis.

#### SPARCS MONTHLY SUBMISSION SCHEDULE

Reporting Requirements; Section 400.18 of Title 10:

<table>
<thead>
<tr>
<th>DEADLINE</th>
<th>Discharge/Visit Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Day of the Month</td>
<td>95% of Previous Month data</td>
</tr>
<tr>
<td>January</td>
<td>95% of November data</td>
</tr>
<tr>
<td>February</td>
<td>95% of December data</td>
</tr>
<tr>
<td>March</td>
<td>95% of January data</td>
</tr>
<tr>
<td>April</td>
<td>95% of February data</td>
</tr>
<tr>
<td>May</td>
<td>95% of March data</td>
</tr>
<tr>
<td>June</td>
<td>95% of April data</td>
</tr>
<tr>
<td>July</td>
<td>95% of May data</td>
</tr>
<tr>
<td>August</td>
<td>95% of June data</td>
</tr>
<tr>
<td>September</td>
<td>95% of July data</td>
</tr>
<tr>
<td>October</td>
<td>95% of August data</td>
</tr>
<tr>
<td>November</td>
<td>95% of September data</td>
</tr>
<tr>
<td>December</td>
<td>95% of October data</td>
</tr>
</tbody>
</table>
The X12-837 Input Data Dictionary is available on our public website at:

The SPARCS X12-837 Input Data Dictionary details the form and content for each required data element. Following is a sample page from the Input Data Dictionary for the SPARCS Facility Identification Number:

---

**SPARCS INPUT DATA ELEMENT DESCRIPTION**

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>SPARCS Facility Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format Length</td>
<td>N - 5</td>
</tr>
<tr>
<td>Effective Date</td>
<td>October 1999</td>
</tr>
<tr>
<td>Revision Date</td>
<td>March 2011</td>
</tr>
<tr>
<td>National Standard Mapping:</td>
<td></td>
</tr>
<tr>
<td>Electronic: 8371</td>
<td></td>
</tr>
<tr>
<td>Version 40508R</td>
<td></td>
</tr>
<tr>
<td>5010R</td>
<td></td>
</tr>
<tr>
<td>X12 Loop</td>
<td>2010AA</td>
</tr>
<tr>
<td>Ref. Des.</td>
<td>REF 02</td>
</tr>
<tr>
<td>Data Element</td>
<td>127</td>
</tr>
<tr>
<td>Code</td>
<td>X-12 Data Element Name</td>
</tr>
<tr>
<td>Description</td>
<td>Service Provider Secondary Identification</td>
</tr>
<tr>
<td>Definition:</td>
<td>The Department of Health's five (5) digit SPARCS Facility Identifier issued by the SPARCS Administrative Unit.</td>
</tr>
<tr>
<td></td>
<td>Department regulations state that services must be reported under the physical location where they are provided.</td>
</tr>
<tr>
<td></td>
<td>Common ownership of different facilities does not change this requirement.</td>
</tr>
<tr>
<td>Codes and Values:</td>
<td></td>
</tr>
<tr>
<td>1. Equals SPARCS Facility Identifier.</td>
<td></td>
</tr>
<tr>
<td>Edit Applications:</td>
<td></td>
</tr>
<tr>
<td>1. Must be entered, if not, entire file will be rejected.</td>
<td></td>
</tr>
<tr>
<td>2. Files submitted via the Health Commerce System (HCS) must have data for only one SPARCS Facility Identifier.</td>
<td></td>
</tr>
<tr>
<td>Data Element in Output Data Set: Yes</td>
<td></td>
</tr>
</tbody>
</table>

---

**SPARCS-837 PC SOFTWARE**

SPARCS offers a PC application called SPARCS-837. This is a Windows-based application developed to assist providers with the creation, editing, translation, and submission of their SPARCS inpatient and outpatient data. Data in ASC X12N-837 format can be imported and modified. New records can also be created from "scratch" and modified using the input screens. Data can then be selected based on export criteria and exported in ASC X12N-837 format. The exported files can then be uploaded using the SPARCS upload application on the Health Commerce System (HCS). Additional tools exist to validate and edit the imported data. Please note that updating information using this application does not update the original hospital records.

**Note:** The SPARCS-837 application is not meant for larger imports or entry.

Features include:
• Import ASC X12N-837 4050 or 5010 Formatted Files
• Export ASC X12N-837 5010 Formatted Claims
• Maintain Facility, Subscriber, Patient and Claim Level Information
• Built-in Edits for Required Elements
• Validate Data for Individual Subscribers, Patients and Claims
• Batch Edit Claims
• Support for Submission and Retrieval of SPARCS AMI, Payor Typology and enhanced Race/Ethnicity Elements
• Browse by Facility, Subscriber, Patient, or Claim

Visit the SPARCS public website for additional information and details on downloading the SPARCS-837 software and user guide: http://www.nyhealth.gov/statistics/sparcs/x12-837/.

IV. PROCESSING SPARCS DATA

The SPARCS data system is a dynamic system, which means that data files are never frozen or static. A facility may submit and update data for any point in time from 1982 through the present. Although SPARCS accepts the submissions of the SPARCS input files 24 hours a day and 7 days a week, the data is collected and added to the master files in batches. The master file upload schedule is based upon the year of the discharge or visit. The current and previous year are updated weekly, while older years of data are uploaded monthly.

SPARCS FILE HCS SUBMISSION AND EDITS

SUBMITTING THE SPARCS FILE

Inpatient and outpatient data must be submitted in separate SPARCS input files. Upon HCS upload of a SPARCS input file, a confirmation notice is returned to the submitter on the submission page. Submitters are advised to make a PDF copy of this page, and retain and add the date and time the data was submitted.

Data from file C:\Users\test02\Desktop\test88889.txt
File type is X12-837
X12-837 Version is: 5010
Data file loaded: x0890
Submission Mode: T

EDITING PROCESS

Although SPARCS input files are accepted 24/7, the editing process only occurs 7:30AM - 7:30PM, Monday through Friday. SPARCS input files submitted outside these hours are processed the next business day. SPARCS input files submitted during business hours are processed in about two to three hours. If the SPARCS input file is processed successfully, it is assigned a log number for tracking purposes. The log number is a six-digit number, preceded by either an I or O, depending upon whether the file is inpatient or outpatient. The log number is used as a reference number by SPARCS Operations for trouble shooting.

The editing process occurs in two phases:

PHASE 1: FATAL EDITS

1. The SPARCS input file must be submitted in a properly formatted X12-837 version 5010 file, as described in the SPARCS X12-837 Input Data Dictionary. For example, the ISA segment must conform to the specific spacing requirements.
2. Must contain a valid SPARCS facility identification number and collector code.
3. The X12-837 format allows for additional segments that SPARCS does not collect. These extra segments are ignored, but if there are too many of these segments, they cause a Failure Notice.

If any of the above fatal errors are encountered, the entire submission is immediately rejected without further processing. A Failure Notice will appear in the submitter’s Submission Results Directory on the HCS SPARCS Data Reporting System and the Edit Report and Error File are not created.
PHASE 2: DETAILED EDITS

After the submitted file has passed the fatal edits phase, the second phase called the detailed edits begins. This phase examines each of the claims within the file for various conditions, dependent upon the data elements. These edits are specified in the SPARCS X12-837 Input Data Dictionary. An example of one is that diagnosis codes are checked to ensure that they are valid ICD Diagnosis codes.

Unlike the fatal edits, which would cause the total submission to fail, the failure of one or more of the detailed edits will only cause a specific claim to fail. Other claims on the same submission that did not have any errors would pass the edit process.

Edit reports and error records, in X12-837 format, are sent back electronically to the submitter’s Submission Results Directory on the HCS SPARCS Data Reporting System. Submitters should review the Edit Report and (if errors are present) download the Error File, correct errors, and resubmit back to SPARCS. An electronic copy of the Edit Report should be saved, as it contains the log number, which is used as a reference number by SPARCS Operations for trouble shooting.

The detailed edit process creates the following files.

SYSTEM WORK FILES

The following work files are used by SPARCS Programming staff, with the log number extension:

1. TINFO. Contains records exactly as they were received by SPARCS.
2. EDITED TRANSACTION. Contains each claim that passed SPARCS edits as specified in the SPARCS X12-837 Input Data Dictionary and stored in a weekly (most current 2 years)/monthly (older than 2 years) edited transaction file.

REFERENCE

The following reference files, which contain the log number, are used by SPARCS Operations and Facility staff.

1. Edit Report File. A multi-part Edit Report is generated for each submission. These reports, which greater detail of their description is located in the “File Maintenance Reports” section shown below, are comprised of:
   a. Submission Analysis Section - lists the error value(s) for each claim that fails the edits
   b. Error Summary Section - lists the number of errors for each edit type
   c. Claims Summary Section - displays the number of claims submitted, rejected, and accepted by the type of data.

   The number of duplicate claims within the SPARCS file submission are shown. Duplicates within a submission are determined by the following data elements:

   **Inpatient Data Elements**
   Patient Control Number
   Statement-Covers-Period-Through Date (Discharge Date)
   Transaction Type (3rd character of bill type)

   **Outpatient Data Elements**
   Patient Control Number
   Statement-Covers-Period-Through Date (Discharge Date)
   Discharge Hour
   Transaction Type (3rd character of bill type)

2. Error File: This file contains all the claims that had an error in the edit report. The claims are in the X12-837 format. These claims may be downloaded and corrected for resubmission. As these claims never made it to the Master File, the transaction type for resubmission is transaction type = 1 (new submission).

MASTER FILE UPDATES

An Inpatient and Outpatient Master File is maintained for each discharge year. A Master File update process is performed on a weekly/monthly cycle, after midnight on each Tuesday, to update the Master files with weekly/monthly edited transaction files.
This batch update process consists of all submissions received in a given period to be merged onto the Master file on the following schedule:

- **Weekly** - Current and Previous year discharges
- **Monthly** - Older years with at least 1,000 inpatient or outpatient transaction or upon request by SPARCS Operations
- **Annually** - All other files, where the volume is less than 1,000 records, are updated at least once a year during the January update.

**KEY IDENTIFYING INFORMATION**

There are two keys (primary and alternate) for the inpatient and outpatient data types. Primary keys are used to determine duplicates for additions and matches for corrections and deletions. Alternate keys are used to keep duplicates from being added to the master file.

**INPATIENT PRIMARY KEYS DATA ELEMENTS:**

- Permanent Facility Identifier (PFI)
- Patient Control Number
- Medical Record Number
- Statement-Covers-Period-From Date
- Statement-Covers-Period-Through Date (Discharge Date)

**INPATIENT ALTERNATE KEY DATA ELEMENTS FOR ADDING RECORDS:**

- Permanent Facility Identifier (PFI)
- Statement-Covers-Period-From Date
- Statement-Covers-Period-Through Date (Discharge Date)
- Date of Birth
- Unique ID
- Address Line 1
- Insurance Policy Number
- Birth Weight

**OUTPATIENT PRIMARY KEY DATA ELEMENTS:**

- Permanent Facility Identifier (PFI)
- Patient Control Number
- Medical Record Number
- Statement-Covers-Period-From Date
- Statement-Covers-Period-Through Date (Discharge Date)
- Discharge Hour

**OUTPATIENT ALTERNATE KEY DATA ELEMENTS:**

- Permanent Facility Identifier (PFI)
- Statement-Covers-Period-From Date
- Statement-Covers-Period-Through Date (Discharge Date)
- Date of Birth
- Unique ID
- Address Line 1
- Primary Diagnosis
- Discharge Hour
The first step merges the individual work and reference files, described previously, pertaining to those records that have been submitted during the current period (since the last update) and stores them onto the following cumulative/historical work and reference files for storage and retrieval:

1. **Edited Transaction File.** Individual Edited Transaction files are merged into a cumulative EDIT File. The edited transactions are analyzed for duplicate claims. A duplicate is determined by the presence of the primary and alternative keys data elements. Transactional duplicates are coded as exceptions and added to the Exception File. The data elements for each key criteria for Inpatient and Outpatient records are detailed above. All records with the same discharge year are extracted from the EDIT file and used to update the Master File for that given year. During the update deletions are placed together chronologically and processed first. All other transactions are processed chronologically. DELETIONS, ADDITIONS, and CORRECTIONS may be submitted in the same SPARCS file. The update program processes claims using primary and alternate keys based on claims transaction type (third character of the bill type) as follows:

**DELETION RECORD**

- 3rd digit of the transaction type = 8 indicates a DELETION
- If the primary key data elements on the claim are the same as data elements on a claim existing in the Master file, the update takes place and the claim is deleted from the Master file.
- If the key data elements cannot be matched to an existing claim in the Master file, then the claim is rejected as an exception and placed in the Exception File.

**ADDITION/NEW RECORD**

- 3rd digit of the transaction type = 1
- If the primary key and alternative key data elements or the claim are not the same as that of another record in the Master file, then the claim gets added to the Master File.
- If the primary key and alternative keys match to an existing claim in the Master file, then the claim is considered to be a duplicate and not added to the Master File. The claim is rejected as an exception and the claim is placed in the Exception File.

**CORRECTION OR REPLACEMENT OF non-MATCH KEY DATA ELEMENTS:**

- 3rd digit of the transaction type = 7 indicates a REPLACEMENT or CORRECTION
- If the primary key data elements of the claim are the same as a claim on the Master File, the update or correction takes place.
- If the match keys of the replacement claim to not find a match on an existing claim in the Master File, the claim is rejected as an exception and added to the Exception File.

2. **Report File.** All edit reports are merged into a cumulative report file by log number. The cumulative file makes it possible to retrieve an edit report electronically for any data submission. This process enables facilities to obtain copies of edit reports for their assigned facilities as needed. Access to these reports require an HCS account and SPARCS upload permission to the SPARCS Data and Report System.

3. **Error File.** If a submission file does not pass all edits, an Error File is generated. Each claim that fails the SPARCS edits is stored in this file (X12-837 format) by Log Number. This enables facilities to obtain copies of error files for their assigned facilities as needed. Access to these files require an HCS account and SPARCS upload permission to the SPARCS Data and Report System.

4. **Exception File.** Updated Exceptions are merged into an Exception file. The form of each file is the SPARCS Output File format (3000 character).

**REPORTS AND DATA**

Due to the various uses of SPARCS data, many of which impact the healthcare provided to the residents of New York State, SPARCS Operations requires that the data must be complete and accurate. To assist in this task, various reports and files are available to SPARCS Operations and facility staff. File Maintenance Reports are designed to promote quality data by providing hospitals with current information regarding their SPARCS data submissions. Data quality issues of completeness and accuracy are addressed through periodic reviews of a facility's submissions and by comparing SPARCS data with other Department of Health databases.

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REPORTS/DATA AVAILABLE FOR REQUEST ON THE HEALTH COMMERCE SYSTEM

All reports are downloadable from the HCS. Reports on the HCS are only available for 30 days before being removed. Old reports may be obtained by request through the Data/Report Request on the SPARCS Data Submission and Data/Report System page on the HCS.

1. Edit Reports by SPARCS Log Number: Summary of the results of the edit.

2. Error Files by SPARCS Log number: Each claim reported in the Edit Report as containing an error.

3. Audit report provides total and month by month counts of SPARCS records on the SPARCS Master file. These reports are updated on the Master File upload schedule.

4. Update Summary File. By year, provides an outcome of each type of exception, DUPLICATE Transactions, ADDITION Duplicates, REPLACEMENTS for which there is no matching record, and DELETIONS with no matching record, by patient control number, Statement Covers-Period-Through Date, log number, and processing date.

5. Master File Summary File. The report lists all claims resident in the inpatient and outpatient Master Files. The data elements in this report are the following:
   a. Patient Control Number
   b. Medical record number
   c. Admission date
   d. Statement Covers-Period-Through Date (Discharge Date)
   e. Reported gender of patient
   f. Patient date of birth
   g. Log Number
   h. Permanent Facility Identifier (PFI)

6. Detailed History Report. Also called History Summary Report, provides all the information about each submitted SPARCS file, including exceptions:
   a. Patient Control Number
   b. Medical record number
   c. Admission date
   d. Statement Covers-Period-Through Date (Discharge Date)
   e. Bill type
   f. Outcome
   g. Log Number
   h. Birthdate

This report enables the data Submitter to examine the exceptions to determine what further action is required. For example, an ADDITION duplicate, when meant as a REPLACEMENT, should have the Facility Type Code changed and the data resubmitted. It is also possible that an ADDITION duplicate is really just a duplicate, and no further action is required.

7. Health Facilities Own Data (HOD) are distinct from the regular output files available to requesters upon approval.
   a. Can only be requested by a facility for its own data by using the Data/Report Request Option within the SPARCS Data and Report System on the HCS.
   b. Request creates an electronic copy of a facility's SPARCS data. The file will be sent to the Submission Results directory of an HCS account. The file that is provided to the facility contains all the information maintained on the Department of Health master file. Those with SPARCS Upload Permissions may electronically submit an HOD Request by using the Data/Report Request option within the HCS SPARCS Data and Report System.
   c. The electronic form used to generate this file has the following options:
      - System Type: Inpatient or Outpatient
      - Year: 1982 through current
      - Beginning and Ending Months: January through December

This file may be requested in either the Version 5010 or SPARCS Output file formats at this time.
AUDIT REPORT

Provides total and month by month counts of SPARCS claims on the SPARCS Master file. The reports are organized by Discharge Year/State Region/Facility Identification Number/Discharge Month and are updated according to the Master File update schedule. Reports are located at the following website: http://www.health.ny.gov/statistics/sparcs/reports/audit.htm. The Last Update Date on the report identifies the date on which data for that year was last processed for the particular hospital. Statewide audit data is also available.

The Audit Report provides total and month by month counts of SPARCS claims on the SPARCS Master file by inpatient and outpatient data. Effective 2011 Audit Reports are parsed by type of outpatient data, ambulatory surgery, emergency department, and outpatient services data.

Emergency department Audit Reports show the emergency department claims referred from ambulatory surgery and the number of claims referred to inpatient from the emergency department, and the number of “treat and release” emergency department claims.

COMPLIANCE REPORT

SPARCS has no way of ascertaining the number of claims a healthcare facility should submit yearly. To assist in the compliance process, SPARCS utilizes a protocol that flags the month(s) of a facility’s record where the number of monthly claims by type of data (inpatient, ambulatory surgery, emergency department, or outpatient services) are less the previous year’s monthly average number of claims for that type of data.

An example of a compliance report is shown below. The SPARCS compliance report shows the number of claims submitted by type of data (inpatient (IP), ambulatory surgery (AS), emergency department (ED), and outpatient services (OP)) by month of the discharge or visit (Discharge Month). The column (Prev. Yr. Avg) is the monthly average of the previous years’ data. The column (# Recds Expected (Target)) is either 80% of the previous year’s monthly number of claims or, for months of historically low volume, 75% of the previous year’s monthly number of claims. Shortage is the difference between the number of monthly claims submitted and the target. Pct of PrevYrAvg Submtd is the percent of last year’s monthly claims submitted this year. The Pct of PrevYrAvg Submtd is coded green (the number of claims are same as last year), yellow (the number of claims for the current year are greater than last year’s), and red (the number of claims for the current year are less than last year’s).
### 2013 SPARCS Data Submission Compliance Report -- Data Received Through April 2014

**Submissions Not Meeting the Standard of 80% of 2012 Monthly Average (Feb and Dec Set at 75%)**

<table>
<thead>
<tr>
<th>File Type</th>
<th>Discharge Month</th>
<th>Prev Yr Avg</th>
<th>Recds Expected</th>
<th>Recds Submt</th>
<th>Pct of PrevYrAvg Submt</th>
<th>Exception On File with SPARCS</th>
<th>Extension Granted</th>
<th>File Last Submt</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS</td>
<td>January</td>
<td>206</td>
<td>164</td>
<td>223</td>
<td>114%</td>
<td></td>
<td></td>
<td>2013 MAR</td>
</tr>
<tr>
<td></td>
<td>February</td>
<td></td>
<td>154</td>
<td>217</td>
<td>105%</td>
<td></td>
<td></td>
<td>2013 APR</td>
</tr>
<tr>
<td></td>
<td>March</td>
<td></td>
<td>164</td>
<td>228</td>
<td>110%</td>
<td></td>
<td></td>
<td>2013 MAY</td>
</tr>
<tr>
<td></td>
<td>April</td>
<td></td>
<td>164</td>
<td>230</td>
<td>111%</td>
<td></td>
<td></td>
<td>2013 JUN</td>
</tr>
<tr>
<td></td>
<td>May</td>
<td></td>
<td>164</td>
<td>216</td>
<td>104%</td>
<td></td>
<td></td>
<td>2013 JUN</td>
</tr>
<tr>
<td></td>
<td>June</td>
<td></td>
<td>164</td>
<td>227</td>
<td>110%</td>
<td></td>
<td></td>
<td>2013 JUL</td>
</tr>
<tr>
<td></td>
<td>July</td>
<td></td>
<td>133</td>
<td>206</td>
<td>15%</td>
<td></td>
<td></td>
<td>2013 AUG</td>
</tr>
<tr>
<td></td>
<td>August</td>
<td></td>
<td>133</td>
<td>218</td>
<td>163%</td>
<td></td>
<td></td>
<td>2013 SEP</td>
</tr>
<tr>
<td></td>
<td>September</td>
<td></td>
<td>133</td>
<td>231</td>
<td>175%</td>
<td></td>
<td></td>
<td>2013 OCT</td>
</tr>
<tr>
<td></td>
<td>October</td>
<td></td>
<td>133</td>
<td>215</td>
<td>161%</td>
<td></td>
<td></td>
<td>2013 NOV</td>
</tr>
<tr>
<td></td>
<td>November</td>
<td></td>
<td>133</td>
<td>217</td>
<td>163%</td>
<td></td>
<td></td>
<td>2013 NOV</td>
</tr>
<tr>
<td></td>
<td>December</td>
<td></td>
<td>133</td>
<td>198</td>
<td>148%</td>
<td></td>
<td></td>
<td>2014 JAN</td>
</tr>
</tbody>
</table>

**Total Records Submitted: 2,638**

<table>
<thead>
<tr>
<th>ED</th>
<th>Discharge Month</th>
<th>Recds Expected</th>
<th>Recds Submitted</th>
<th>Pct of PrevYr Avg Submt</th>
<th>Exception On File with SPARCS</th>
<th>Extension Granted</th>
<th>File Last Submt</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1212</td>
<td>969</td>
<td>1,035</td>
<td>85%</td>
<td></td>
<td></td>
<td>2013 FEB</td>
</tr>
<tr>
<td>February</td>
<td>909</td>
<td>969</td>
<td>1,051</td>
<td>86%</td>
<td></td>
<td></td>
<td>2013 MAR</td>
</tr>
<tr>
<td>March</td>
<td>969</td>
<td>969</td>
<td>1,158</td>
<td>95%</td>
<td></td>
<td></td>
<td>2013 JUN</td>
</tr>
<tr>
<td>April</td>
<td>969</td>
<td>969</td>
<td>1,037</td>
<td>85%</td>
<td></td>
<td></td>
<td>2013 MAY</td>
</tr>
<tr>
<td>May</td>
<td>969</td>
<td>969</td>
<td>1,179</td>
<td>97%</td>
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<td>2013 JUL</td>
</tr>
<tr>
<td>June</td>
<td>969</td>
<td>969</td>
<td>1,087</td>
<td>89%</td>
<td></td>
<td></td>
<td>2013 JUL</td>
</tr>
<tr>
<td>July</td>
<td>969</td>
<td>969</td>
<td>1,212</td>
<td>100%</td>
<td></td>
<td></td>
<td>2013 SEP</td>
</tr>
<tr>
<td>August</td>
<td>969</td>
<td>969</td>
<td>1,181</td>
<td>97%</td>
<td></td>
<td></td>
<td>2013 DEC</td>
</tr>
<tr>
<td>September</td>
<td>969</td>
<td>969</td>
<td>1,163</td>
<td>95%</td>
<td></td>
<td></td>
<td>2013 NOV</td>
</tr>
<tr>
<td>October</td>
<td>969</td>
<td>969</td>
<td>1,087</td>
<td>89%</td>
<td></td>
<td></td>
<td>2014 FEB</td>
</tr>
<tr>
<td>November</td>
<td>909</td>
<td>969</td>
<td>1,150</td>
<td>94%</td>
<td></td>
<td></td>
<td>2013 DEC</td>
</tr>
</tbody>
</table>

**Total Records Submitted: 13,229**

<table>
<thead>
<tr>
<th>IP</th>
<th>Discharge Month</th>
<th>Recds Expected</th>
<th>Recds Submitted</th>
<th>Pct of PrevYr Avg Submt</th>
<th>Exception On File with SPARCS</th>
<th>Extension Granted</th>
<th>File Last Submt</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>167</td>
<td>133</td>
<td>146</td>
<td>87%</td>
<td></td>
<td></td>
<td>2013 MAR</td>
</tr>
<tr>
<td>February</td>
<td>125</td>
<td>133</td>
<td>141</td>
<td>84%</td>
<td></td>
<td></td>
<td>2013 APR</td>
</tr>
<tr>
<td>March</td>
<td>133</td>
<td>133</td>
<td>169</td>
<td>101%</td>
<td></td>
<td></td>
<td>2013 JUL</td>
</tr>
<tr>
<td>April</td>
<td>133</td>
<td>133</td>
<td>189</td>
<td>113%</td>
<td></td>
<td></td>
<td>2013 JUL</td>
</tr>
<tr>
<td>May</td>
<td>133</td>
<td>133</td>
<td>164</td>
<td>98%</td>
<td></td>
<td></td>
<td>2013 JUL</td>
</tr>
<tr>
<td>June</td>
<td>133</td>
<td>133</td>
<td>150</td>
<td>89%</td>
<td></td>
<td></td>
<td>2013 OCT</td>
</tr>
<tr>
<td>July</td>
<td>133</td>
<td>133</td>
<td>183</td>
<td>109%</td>
<td></td>
<td></td>
<td>2013 SEP</td>
</tr>
<tr>
<td>August</td>
<td>133</td>
<td>133</td>
<td>163</td>
<td>97%</td>
<td></td>
<td></td>
<td>2013 OCT</td>
</tr>
<tr>
<td>September</td>
<td>133</td>
<td>133</td>
<td>144</td>
<td>86%</td>
<td></td>
<td></td>
<td>2013 DEC</td>
</tr>
<tr>
<td>October</td>
<td>133</td>
<td>133</td>
<td>134</td>
<td>80%</td>
<td></td>
<td></td>
<td>2013 DEC</td>
</tr>
<tr>
<td>November</td>
<td>133</td>
<td>133</td>
<td>144</td>
<td>86%</td>
<td></td>
<td></td>
<td>2014 JAN</td>
</tr>
<tr>
<td>December</td>
<td>125</td>
<td>133</td>
<td>136</td>
<td>81%</td>
<td></td>
<td></td>
<td>2014 MAR</td>
</tr>
</tbody>
</table>

**Total Records Submitted: 1,863**
During reconciliation, the SPARCS coordinators are required to review their compliance reports to determine if the reduced number of monthly claims is due to incorrect submission of SPARCS data or a decrease in the healthcare facility's patient volumes. If the problem is reduced patient volume, then the SPARCS coordinator is required to submit a written request for an exception by month and type of data. When the exception is accepted by SPARCS Operations, the compliance report is annotated as documentation of that action.

If facilities require more time to complete their submission extensions may be granted. When the extension is granted, the compliance report is annotated with the extension date.

The column Field Last Updated shows the month and year when the type and month of data was last updated.

Some outcomes that are based on the Compliance Report include:

- Letters are sent to facilities currently out of compliance with SPARCS submission regulations (described previously). SPARCS Operations staff work with each facility receiving a letter to provide assistance to bring their submissions into compliance. Facilities are usually asked to provide a letter explaining why their data submissions are in arrears and when they project their submissions will be in compliance with regulations.
- Correspondence related to data submission problems may be forwarded to the Bureau of Hospital Reimbursement, as supporting evidence of a facility's good faith intentions to comply with submission regulations. If a facility is more than six months delinquent, copies of delinquency notices are forwarded to the Bureau of Hospital Reimbursement.

---

**SUBMISSION HISTORY REPORT**

This report provides a detailed accounting of transactions submitted to the SPARCS for the updating of the SPARCS Master files. It tallies the number of inpatient and outpatient stays submitted to SPARCS, the number of errors and exceptions encountered, and the number of error and exceptions still outstanding (unresolved). The purpose of the Submission History Reports is to show facilities the status of their records submitted to SPARCS. For detailed information visit [http://www.health.ny.gov/statistics/sparcs/reports/submission_history.htm](http://www.health.ny.gov/statistics/sparcs/reports/submission_history.htm). The reports are organized by Discharge Year/Facility Identification Number/Discharge Month and are updated monthly. They are subdivided into five (5) sections:

a. A tally of the status of the records within log number and discharge month.

b. A tally of the status of the records within discharge month and log number.
c. All TRANSACTION records except those deleted by any means from the SPARCS master file.
d. All UNRESOLVED FAILED EDIT records from within list number one (1) above.
e. All UNRESOLVED MERGE TRANSACTION EXCEPTIONS from within list number one (1) above.

ERROR CORRECTION PROCESS

EDIT REPORTS

Once the file that you successfully uploaded via the HCS is processed by the mainframe edit process (usually within 2 hours of upload), an edit report will be available in the Submission Results area of the HCS SPARCS Data Submission Application. Locate the edit reports of interest by referencing the most recent Log Number using the drop down menu. There are 4 sections to each edit report. The very top section is the header, which contains the name of the file you uploaded and the SPARCS inpatient or outpatient Log # (this is vital information to provide to SPARCS staff if you end up needing assistance. See highlighted log number in edit report example below).

Check the pass % of your submission. If you discover that your SPARCS data upload pass % was less than 100%, your submission had errors. Edit Reports provide the following information: Error Code, Patient Control Number, Loop, HL Index, and Element Value. The values listed below the column headings will guide you to the cause of the edit issue. Clicking your mouse button on the Error Code hyperlink will bring you to an error Code description. The bottom of the Error Report displays a summary of the data upload statistics and can be used to track your SPARCS data upload progress. Take a look at your report and note the following for each file that you submit to SPARCS:

<table>
<thead>
<tr>
<th>Sample edit Report</th>
<th>Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date 02/06/2014</td>
<td></td>
</tr>
<tr>
<td>New York State Department of Health</td>
<td></td>
</tr>
<tr>
<td>Statewide Planning and Research Cooperative System (SPARCS)</td>
<td></td>
</tr>
<tr>
<td>X12-850 Inpatient Edit Report Production Log 123456 -- Upload Log 123456</td>
<td></td>
</tr>
<tr>
<td>Uploaded File: C:\Users\username\Desktop\SPARCS\Facility_data.DAT</td>
<td></td>
</tr>
<tr>
<td>Data Collector SS</td>
<td>SPARCS Facility Identifier 009999</td>
</tr>
<tr>
<td>GET HEALTHY HOSPITAL</td>
<td>BETTER HEALTH HOSPITAL</td>
</tr>
<tr>
<td>100 First St.</td>
<td>100 Main Street</td>
</tr>
<tr>
<td>ALBANY NY</td>
<td>ALBANY NY</td>
</tr>
<tr>
<td>12337</td>
<td>12337</td>
</tr>
<tr>
<td>Error Code</td>
<td>Patient Control Number</td>
</tr>
<tr>
<td>2010REP2009</td>
<td>20A</td>
</tr>
<tr>
<td>2010REP2000</td>
<td>M0999999999</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>2010REP2000</td>
<td>UNIQUE ID CODE</td>
</tr>
<tr>
<td>2010REP2000</td>
<td>ENDED SUBSCRIBER/PATIENT</td>
</tr>
<tr>
<td>Type</td>
<td>Accepted</td>
</tr>
<tr>
<td>AMBULATORY SURGERY</td>
<td>0</td>
</tr>
<tr>
<td>AMBULATORY SURGERY FROM ED</td>
<td>0</td>
</tr>
<tr>
<td>EMERGENCY DEPARTMENT</td>
<td>2,047</td>
</tr>
<tr>
<td>ED/DC OUTPATIENT</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,047</td>
</tr>
<tr>
<td>Monthly Breakdown</td>
<td></td>
</tr>
<tr>
<td>Edits</td>
<td>Claims</td>
</tr>
<tr>
<td>6/1/2014</td>
<td>2,222</td>
</tr>
<tr>
<td>1/2014</td>
<td>2,222</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,222</td>
</tr>
</tbody>
</table>
ERROR FILES

For each ERROR REPORT that indicates records from the SPARCS input file upload that were rejected, an X12-837 ERROR FILE is produced for each set of failed records. The ERROR FILE will have a matching Log Number to the ERROR REPORT for easy identification. The facility can then review the ERROR FILES for errors that have been flagged in the ERROR REPORT and to correct and resubmit the data to SPARCS.

ADDITIONAL RESOURCES

The following, additional troubleshooting resources are available:

- E-mail sparcs.submissions@health.ny.gov with questions.
- Call SPARCS Operations at (518) 473-8144. Be prepared to provide your Permanent Facility Identifier (PFI), log number, and error description.

V. COMMUNICATIONS

SPARCS Operations uses the following mechanisms to distribute important information to facilities.

PUBLIC WEBSITE

SPARCS information is available on the New York State Department of Health’s public site at http://www.health.ny.gov/statistics/sparcs/. The website includes information on data collection, data release, compliance, training, reports, newsletters, and more.

BUREAU MAIL LOG

The SPARCS Bureau Mail Log (BML) (sparcs.submissions@health.ny.gov) is used to contact SPARCS coordinators and other parties with important announcements. SPARCS-related questions and changes to contact information should also be submitted by facilities to the BML in a timely fashion, in order to ensure that correspondence is distributed appropriately.

LISTSERV

SPARCS Operations also maintains the SPARCS-L, an electronic distribution list used to communicate important information. To request to be added to the distribution list, please contact SPARCS Operations at (518) 473-8144 or e-mail sparcs.submissions@health.ny.gov.

SPARCS UPDATE NEWSLETTER

The SPARCS Update is an electronic newsletter distributed monthly to SPARCS-L listserv subscribers. This newsletter provides information pertaining to SPARCS Operations, including: announcements, data collection and distribution, reports, compliance, and training sessions. Newsletters are posted online: http://www.health.ny.gov/statistics/sparcs/newsletters/.

VI. SPARCS DATA QUALITY AND QUANTITY

DATA QUALITY

SPARCS is committed to strong data quality standards. SPARCS Operations staff review the quality and completeness of data reported by each facility. When review of a facility's data indicates the possibility of a significant data problem, the facility is contacted and a copy of the findings is provided to the facility for their review and confirmation. An analysis might often compare SPARCS information with information reported on a separate document, such as the Institutional Cost Report (ICR). Such a comparison might reveal differences that suggest the need for further investigation. The maintenance of quality data is critical to the use of SPARCS data for reimbursement purposes as well as to the growing use of data for healthcare research.
SPARCS Operations uses feedback from calls, e-mails, and other communications to continually improve data quality. SPARCS conducts training sessions for facility staff and participate in national and state meetings that provide opportunities to share concerns and information.

**SPARCS COMPLIANCE**

Facilities are informed that their complete data is crucial for SPARCS Annual Reports and other healthcare researchers. Facilities are also advised that in cases where there are data shortfalls, these shortfalls are identified together with the reasons and are published in the Annual Report, so that the data is not misinterpreted.

As stated earlier in Section III, healthcare facilities must submit at least 95 percent of their total SPARCS inpatient discharges and outpatient visits within 60 days from the end of the month of a patient’s discharge or visit. A monthly reminder will be sent to the SPARCS coordinators of healthcare facilities that failed to submit sufficient SPARCS data by the end of the reporting month for outpatient visits or inpatient discharges.

Current SPARCS regulations require the submission of 100% of inpatient, ambulatory surgery, and emergency department SPARCS data 180 days from the end of the calendar year. All SPARCS data is due 180 days from the end of the last day of the quarter in which the discharge or visit occurred. The *Quarterly Reconciliation* is the SPARCS process that implements this protocol.

The calendar for the *Quarterly Reconciliation* process is as follows:

- In the first month of the reporting quarter, SPARCS staff will contact the SPARCS coordinators of those healthcare facilities that have SPARCS records that are less than their monthly target after the upload to the SPARCS Master File on the first month of the reporting quarter. The monthly target is generally 80% of the previous year’s monthly average SPARCS records. A lesser percentage, 75% of the previous year’s monthly average SPARCS records, is allowed for those months that the healthcare facility has historically shown to have low patient volumes. SPARCS coordinators should review the Compliance Report that shows the number of records submitted and their monthly targets. The Compliance Report is found on the public website at [http://www.health.ny.gov/statistics/sparcs/audit.htm](http://www.health.ny.gov/statistics/sparcs/audit.htm).

- After the second month of the reporting quarter’s upload to the Master file is complete, a warning e-mail will be sent the first week of the reporting quarter to SPARCS coordinators of the facilities not meeting the 80/75% threshold (for any month). SPARCS coordinators should review the Compliance Report. If there is a valid reason for the lesser number of patient records the SPARCS coordinators should submit a request for an exception through the SPARCS Bureau Mail Log sparcs.submissions@health.ny.gov. Vendor issues are not an acceptable reason for an exception request.

- After the third month of the reporting quarter’s upload to the Master file is complete those facilities that continue to have deficiencies will receive a second warning letter. This letter will be sent to the healthcare facility’s C.E.O. or administrator with copies to the SPARCS coordinators. The warning letter states that all data is due by the end of the quarter. Facilities that require additional time beyond the due date may request a one-month extension with a new due date. SPARCS coordinators should make this request through the SPARCS Bureau Mail Log, sparcs.submissions@health.ny.gov. SPARCS allows one additional one-month extension for facilities requiring additional time to submit data with a new due date.

- After the month after the reporting quarter’s upload to the Master file is complete those facilities that continue to have deficiencies will receive a second warning letter. This letter will be sent to the healthcare facility’s C.E.O. or administrator stating that their facility will be issued a Statement of Deficiencies (SOD).

An SOD will be sent to the facility’s C.E.O. or administrator by certified mail. A Plan of Corrective Action (POC) is required within two weeks of the facility’s receipt of the SODs.

If data is not submitted according to regulation, facilities are subject to a reimbursement rate penalty.
<table>
<thead>
<tr>
<th>Month of Submission</th>
<th>Monthly Notification</th>
<th>1st Quarter (Jan.—March) Reconciliation</th>
<th>2nd Quarter (April—June) Reconciliation</th>
<th>3rd Quarter (July—Sept.) Reconciliation</th>
<th>4th Quarter (Oct.—Dec.) Reconciliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Friday after the Wednesday April upload</td>
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<tr>
<td>February</td>
<td>Friday after the Wednesday May upload</td>
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<td>March</td>
<td>Friday after the Wednesday June upload</td>
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<td>April</td>
<td>Friday after the Wednesday July upload</td>
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<td>Friday after the Wednesday August upload</td>
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<td>June</td>
<td>Friday after the Wednesday September upload</td>
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<td>July</td>
<td>Friday after the Wednesday October upload</td>
<td>1st Quarter 1st Warning Letter</td>
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<tr>
<td>August</td>
<td>Friday after the Wednesday November upload</td>
<td>1st Quarter 2nd Warning Letter</td>
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<tr>
<td>September</td>
<td>Friday after the Wednesday December upload</td>
<td>1st Quarter 3rd Warning Letter; (1st Quarter Data Due 9/30)</td>
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<tr>
<td>October</td>
<td>Friday after the Wednesday January upload</td>
<td>Statement of Deficiency Issued</td>
<td>2nd Quarter 1st Warning Letter</td>
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<tr>
<td>November</td>
<td>Friday after the Wednesday February upload</td>
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<td>2nd Quarter 2nd Warning Letter</td>
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<tr>
<td>December</td>
<td>Friday after the Wednesday March upload</td>
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<td>2nd Quarter 3rd Warning Letter; (2nd Quarter Data Due 12/31)</td>
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<td>Next Year</td>
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<td>January</td>
<td>Friday after the Wednesday April upload</td>
<td>Statement of Deficiency Issued</td>
<td>3rd Quarter 1st Warning Letter</td>
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EFFORTS TO ENHANCE DATA QUALITY

SPARCS is committed to reliable data. Consequently, questions about data quality are looked upon as positive steps to improve the data. The more the data are used and scrutinized, the better it will become.

Verification of SPARCS data is accomplished by examining irregular patterns over time. A code can be valid for an individual record. However, that code is not necessarily valid for all of the data records for a hospital. For example, a disposition code indicating the patient was discharged to home is acceptable. But if all patient records from a hospital indicate a discharge to home, that would warrant examination of that data item more closely.

SPARCS Operations evaluates the quality of submitted SPARCS data and issues reports listing any inadequacies or inconsistencies in the data. Any health care facility that receives a data quality report finding must submit corrected data to the SPARCS program within 90 days of the receipt of the report. SPARCS Operations staff work with facility contacts to help them determine the root cause of data quality issues and corrective actions undertaken.

REPORT TYPE AND PERIODICITY

The following chart describes some of the volume and quantity reports and when they are made available. Descriptions follow.
<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Periodicity</th>
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<tbody>
<tr>
<td><strong>Volume</strong></td>
<td>Audit Report by Month of Discharge</td>
<td>Weekly*/Monthly</td>
</tr>
<tr>
<td></td>
<td>Submission History</td>
<td>Weekly*/Monthly</td>
</tr>
<tr>
<td></td>
<td>Compliance Report by Facility</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>Compliance Summary Report (“Exception”)</td>
<td>Monthly</td>
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<td></td>
<td>Volume by Hospital: Inpatient</td>
<td>Monthly</td>
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<td></td>
<td>Volume by Hospital: ED</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>Volume by Facility: Ambulatory Surgery</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>Volume by Facility: EODC</td>
<td>Monthly</td>
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<tr>
<td><strong>Quality</strong></td>
<td>Present on Admission 2009-2012</td>
<td>Static - Annual</td>
</tr>
<tr>
<td></td>
<td>Race and Ethnicity Concordance</td>
<td>Static - Annual</td>
</tr>
<tr>
<td></td>
<td>Institutional Cost Report/SPARCS Comparison</td>
<td>Static - Annual</td>
</tr>
<tr>
<td></td>
<td>Present on Admission</td>
<td>Quarterly (Rolling)</td>
</tr>
<tr>
<td></td>
<td>Unique Personal Identifier Report – IP and OP</td>
<td>Quarterly</td>
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<tr>
<td></td>
<td>Source of Payment Typology</td>
<td>Quarterly</td>
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<tr>
<td></td>
<td>Homeless</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Payer ID Reporting</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

* Weekly reports are provided for current and previous year.

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**PRESENT ON ADMISSION REPORT**

This report provides a summary of reporting on the Present on Admission (POA) coding on inpatient discharges through SPARCS by Article 28 hospitals. For detailed information visit our public website.

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**RACE/ETHNICITY CONCORDANCE REPORTS**

These reports are the result of concordance analysis performed on SPARCS data elements for race and ethnicity using data linked between SPARCS and Medicaid and between SPARCS and Vital Statistics. Concordance analysis produces a rate that indicates how well a facility is coding race or ethnicity within SPARCS, compared to either Medicaid or Vital Statistics. This rate is the correct observations as a percentage of the compared observations.

---

**INSTITUTIONAL COST REPORT/SPARCS COMPARISON**

An Institutional Cost Report (ICR) is required to be filed by all Article 28 hospitals with the New York State Department of Health (DOH) annually. This report includes both expenses and revenues of the provider, as well as statistical information. The reports are used to develop Medicaid rates, assist in the formulation of reimbursement methodologies, analyze trends, and develop fiscals. Included in the reports are the facilities’ total number of discharges and total number of inpatient days for a calendar year. Calculated from these fields is the average length of stay. The total number of discharges, average length of stay, and total charges are then compared to the same data reported to SPARCS on a calendar year basis. This report helps to validate the information sent to DOH for the ICR and to SPARCS.

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**UNIQUE PERSONAL IDENTIFIER REPORT – INPATIENT AND OUTPATIENT**

Validation to see if facilities are reporting the last four digits of a patient’s social security number that is required for this data field. To receive a passing grade, facilities are expected to have 85% of their reported UPIDS with accurate data. Those facilities who report a large number of 0000s, 9999s, 7777s, or consistent one-digit numbers in the social security portion of the UPIDs will receive a failing grade.
This report contains patient detail for determining which cases were not coded with Source of Payment #1. If all Source of Payment #1 have values reported in them, there will be no report for the facility.

**HOMELESS**

This report evaluates the number of patient records with the New York State county coded unknown/homeless, code 99, and the other address fields that are coded as homeless.

**PAYER ID REPORTING**

The reporting of Payer ID (the NAIC ID Number or Plan Number for Insurance Company) is extremely important for efficiency analytics and trends over time. This report evaluates the robustness of reporting of Payer Id.

**VII. OUTPUT USER FILES**

**DATA TYPES**

There are three types of SPARCS data available to researchers and others wishing to use the data for public health initiatives.

**IDENTIFIABLE**

Identifiable data pertains to a particular individual's facility stay which, if disclosed, would constitute an unwarranted invasion of personal privacy, as stipulated in Department regulations, Title 10, NYCRR 400.18. Below is the list of current identifiable element categories that can be requested and the data elements they contain.

<table>
<thead>
<tr>
<th>Category</th>
<th>Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>Accident Related Date</td>
</tr>
<tr>
<td></td>
<td>Admission Date</td>
</tr>
<tr>
<td></td>
<td>Date Alternate Care Required</td>
</tr>
<tr>
<td></td>
<td>Date of Service</td>
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<td>Date of Visit</td>
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<td>Discharge Date</td>
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<td></td>
<td>Non-Acute Care From Date</td>
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<td></td>
<td>Non-Acute Care Thru Date</td>
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<tr>
<td></td>
<td>Principal Procedure Date</td>
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<td></td>
<td>Other Procedures 1-4, 5, 6-14</td>
</tr>
<tr>
<td></td>
<td>Statement Covers From Date</td>
</tr>
<tr>
<td></td>
<td>Statement Covers Thru Date</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Patient Date of Birth</td>
</tr>
<tr>
<td>Address</td>
<td>Residence Address Line 1</td>
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<tr>
<td></td>
<td>Residence Address Line 2</td>
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<tr>
<td></td>
<td>Patient Zip Code Extension</td>
</tr>
<tr>
<td>Numbers</td>
<td>Medical Record Number</td>
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<tr>
<td></td>
<td>Mothers Medical Record Number (for newborn)</td>
</tr>
<tr>
<td></td>
<td>Patient Control Number</td>
</tr>
</tbody>
</table>
### Category | Elements
--- | ---
 | Pre-Hospital Care Report Number

| Policy Number | Policy Number |
--- | ---
UPI | Unique Personal Identifier

Permission to use SPARCS identifiable data can be obtained by completing the Identifying Data Request application, and submitting it by e-mail to **sparcs.requests@health.ny.gov**. Applications and instructions can be found on our public website at [http://www.health.ny.gov/statistics/sparcs/forms/](http://www.health.ny.gov/statistics/sparcs/forms/). Applications go through a preliminary review process where changes are made (if needed). When an application is ready, it will be presented to a review committee who will then vote on whether or not to approve the application. If approved, an invoice for the data will be sent (if applicable) and, upon receipt, of payment the data will be mailed. If the application is denied, a notification will be sent with the denial reason.

**LIMITED**

Limited data does not contain elements that are deemed identifiable according to HIPAA standards. A complete list of elements can be found in the output data dictionary (inpatient or outpatient), located on the public webpage at [http://www.health.ny.gov/statistics/sparcs/download.htm](http://www.health.ny.gov/statistics/sparcs/download.htm).

The process to request the use of these data can be started by completing the Limited Data Request Form found on the public website at [http://www.health.ny.gov/statistics/sparcs/forms/](http://www.health.ny.gov/statistics/sparcs/forms/). E-mail a completed application to **sparcs.requests@health.ny.gov**. If accepted, an invoice will be sent (if applicable), and upon receipt of payment the data will be mailed. If there is something wrong with the application, it will be returned with correction instructions.

**PUBLIC USE**

Public Use data contains de-identified data consisting of basic record-level detail. It does not contain protected health information under HIPAA. Public data is openly available at [https://health.data.ny.gov/](https://health.data.ny.gov/). By keying in "SPARCS" in the search box, located about half way down the page on the left hand side, you will be presented with a list of available data, by year. Currently available is Hospital Inpatient Discharges from 2009-2012.
SPARCS DATA APPLICATION PROCESS

START
Applicant requests for Data

Identifiable
Download and prepare application
Applicant submits request to DGC BML and SPARCS Operations will review it
Application approved by SPARCS
Denial notification to applicant
Send notification packet to applicant
Applicant submits request to DGC BML and SPARCS Operations will review it
Application approved by SPARCS
Denial notification to applicant
Committee's recommendations submitted to the Commissioner
Recommendation ratified by Commissioner?
Yes
Already approved data request application for multiple years
No
Begin Final approval process and send notification to the applicant with the To Do List
Applicant exempt?
Yes
Contact SPARCS BML to request data
No
Prepare and send the data set
Applicant exempt?
Yes
Did Applicant pay the invoice amount?
No
DELAY
Yes
Send invoice to applicant
Did applicant pay the invoice amount?
Yes
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Applicant exempt?
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Applicant exempt?
SPARCS HEALTH DATA QUERY SYSTEM

SPARCS discharge data is summarized in statistical tables on an annual calendar year basis. These tables are grouped into the following major areas: Statewide, County, and Hospital. Some of the specific data categories included in these tables are: Age, Sex, Expected Principal Source of Reimbursement, Service Category, Major Diagnostic Category, and Disposition of Patient. The tables are available within the Health Data Query System located on the Department’s public webpage at https://apps.health.ny.gov/pubdoh/sparcsqry/.

A similar application, the Annual Report Generator, is located on the HCS in the SPARCS Data Query application.

STANDARD SPARCS OUTPUT FILE

Output files have been created for the SPARCS inpatient and outpatient data streams consisting of edited data maintained on the master file, in addition to several calculated fields that have been added to enhance the value of the information to various users.

INPATIENT OUTPUT FILE

The SPARCS Inpatient Output File contains the inpatient information received from the facility, as well as certain calculated data elements such as Age, Diagnosis Related Groups (DRGs), Major Diagnostic Categories (MDCs), and Calculated Lengths of Stay. Please refer to the SPARCS Inpatient Output Data Dictionary at http://www.health.ny.gov/statistics/sparcs/datadic.htm for details. The SPARCS Inpatient Output File includes data from 1982 to present.

OUTPATIENT OUTPUT FILE

The SPARCS Outpatient (AS, ED, & OP) Output File contains the outpatient information received from the facility, as well as certain calculated data elements such as Age. Please refer to the SPARCS Outpatient Output Data Dictionary at http://www.health.ny.gov/statistics/sparcs/datadic.htm for details. The SPARCS Outpatient Output File includes data from 1983 to present.

CONTACT INFORMATION

We always welcome questions, comments, and feedback. Please contact us at:

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sparcs.requests@health.ny.gov (data requests)

ListServ: SPARCS-L@health.state.ny.us
Website: http://www.health.ny.gov/statistics/sparcs/

SPARCS Operations has made every effort to provide accurate and complete information in this guide. Any typographical error is unintentional on our part and we urge users of this guide to bring them to our attention for correction. Edits, deletions, modifications, or changes to areas of this guide will be maintained in a change log and updated versions of the guide will be released.
### APPENDIX A – GLOSSARY OF ACRONYMS AND TERMS

<table>
<thead>
<tr>
<th>Acronym or Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>5010 R</td>
<td>Version of the Health Care Services Data Reporting used by SPARCS. The 5010(I) Institutional version is used for all electronic claim submissions for payment starting January 1, 2012.</td>
</tr>
<tr>
<td>Affidavit – Individual</td>
<td>Data use agreement that must be signed by the project director and all individuals who will be working with SPARCS data.</td>
</tr>
<tr>
<td>Affidavit – Organizational</td>
<td>Binding document that must be signed by a representative of the organization who is authorized to sign on behalf of said organization. This person is usually a corporate officer or department chair.</td>
</tr>
<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
</tr>
<tr>
<td>AMI</td>
<td>Acute Myocardial Infarction – for SPARCS purposes, this refers to the collection of blood pressure and pulse data elements.</td>
</tr>
<tr>
<td>ANSI ASC X12 837</td>
<td>American National Standards Institute (ANSI) Accredited Standards Developers (ASC) committee that establishes national electronic standards for submitting claims in the format called X12-837 for health care institutions. Selected version standards have been adopted under HIPAA (Department of Health and Human Services (HHS) for the administrative and financial transactions required by the Health Insurance Portability and Accountability Act of 1996.)</td>
</tr>
<tr>
<td>APR DRG</td>
<td>All Payer Refined Diagnosis Related Group.</td>
</tr>
<tr>
<td>AS</td>
<td>Ambulatory Surgery data.</td>
</tr>
<tr>
<td>Audit and History Report</td>
<td>A report of the number of records that have been accepted onto the master file and the number of records containing outstanding errors.</td>
</tr>
<tr>
<td>Backup Coordinator</td>
<td>The backup contact at a facility responsible specifically for SPARCS data and security.</td>
</tr>
<tr>
<td>Breach</td>
<td>Unauthorized use of SPARCS data, either by a person without an individual affidavit on file, or by using the data in a manner, or for a purpose, not approved by the SPARCS data review committee.</td>
</tr>
<tr>
<td>CCA</td>
<td>Commission Catchment Area</td>
</tr>
<tr>
<td>CCS</td>
<td>AHRQ Clinical Classification System</td>
</tr>
<tr>
<td>Claim</td>
<td>A record submitted by a health care facility containing encounter and billing information about a patient's visit(s).</td>
</tr>
<tr>
<td>Collector Code</td>
<td>Unique 3 digit number identifying the entity submitting a SPARCS data file.</td>
</tr>
<tr>
<td>Commerce Accounts Management Unit</td>
<td>The unit within the DOH responsible for establishing and maintaining HCS accounts, including issuance of user id’s and passwords.</td>
</tr>
<tr>
<td>(CAMU)</td>
<td></td>
</tr>
<tr>
<td>CPT</td>
<td>Common Procedure Terminology. A code set maintained by the American Medical Association (AMA).</td>
</tr>
<tr>
<td>Data Governance Committee</td>
<td>The Data Governance Committee (DGC) was formed in September 2014 and is responsible for reviewing and approving SPARCS identifiable data requests. It supersedes the Data Protection Review Board.</td>
</tr>
<tr>
<td>Data Protection Review Board</td>
<td>The Board that presides over the request and presentation of SPARCS data applications, ensuring that SPARCS data is only released to researchers with the proven ability to effectively perform the research and maintain a secure environment for the data.</td>
</tr>
<tr>
<td>Data Queue</td>
<td>Following approval of the data application, the applicant is instructed to contact <a href="mailto:sparcssubmissions@health.ny.gov">sparcssubmissions@health.ny.gov</a> to request the years and file types. The applicant’s request is then added to the queue with other data requesters. The</td>
</tr>
<tr>
<td>Acronym or Term</td>
<td>Definition</td>
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</tr>
<tr>
<td>Data Retention</td>
<td>Length of time that each applicant is allowed to use SPARCS data. The date is set programmatically to two years after the last year of data is received. Retention can be extended for up to two additional years by e-mailing a request to <a href="mailto:sparscs.requests@health.ny.gov">sparscs.requests@health.ny.gov</a> and including the reason for the extension.</td>
</tr>
<tr>
<td>Data Set Sheet</td>
<td>Document created upon finalizing an applicant’s request. It contains the information necessary to create the specific data file.</td>
</tr>
<tr>
<td>Data Specifications</td>
<td>Commonly referred to as &quot;X12-837 Input Data Specifications&quot;. A document describing the elements and requirements of data collected by SPARCS.</td>
</tr>
<tr>
<td>De-identified Data</td>
<td>Unlike identifiable data, a public use file that does not contain data that can be used to identify a patient (alone, or linked with other data).</td>
</tr>
<tr>
<td>DTC or D&amp;TC</td>
<td>Diagnostic and Treatment Center, commonly referred to as a &quot;clinic.&quot;</td>
</tr>
<tr>
<td>Duplicate</td>
<td>A record with the same key existing on the Master file.</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department data.</td>
</tr>
<tr>
<td>EODC</td>
<td>Expanded Outpatient Data Collection</td>
</tr>
<tr>
<td>Edit Report</td>
<td>An on-line report of the results of edits applied during file intake.</td>
</tr>
<tr>
<td>Error File</td>
<td>File containing records which did not make it to the Master File.</td>
</tr>
<tr>
<td>Exceptions</td>
<td>Relates to claims submitted. Records which were not found (REPLACEMENT/DELETION) due to a key mismatch or duplicate records (NEW/DUPLICATE).</td>
</tr>
<tr>
<td>Facility ID</td>
<td>Facility ID that is a unique 5 digit code identifying a facility location certified to provide health care services under Article 28 of the Public Health Law. This number was assigned upon receiving your Certificate of Operation. Also known as Permanent Facility Identifier (PFI).</td>
</tr>
<tr>
<td>File</td>
<td>Typically, refers to an electronic file containing claims/visit data.</td>
</tr>
<tr>
<td>File Transfer Utility</td>
<td>See FTP.</td>
</tr>
<tr>
<td>FTP</td>
<td>File Transfer Protocol. This is a tool available on the HCS.</td>
</tr>
<tr>
<td>HCS</td>
<td>Health Commerce System. A secure intranet site for exchanging information between DOH and the health care industry. Formerly known as the Health Provider Network (HPN).</td>
</tr>
<tr>
<td>HCS Coordinator</td>
<td>Person at a facility responsible for management of HCS accounts for the facility.</td>
</tr>
<tr>
<td>Health Data Query System</td>
<td>Report tool located at <a href="https://apps.health.ny.gov/pubdoh/sparcsqry/">https://apps.health.ny.gov/pubdoh/sparcsqry/</a> that produces listings or comparisons by year, facility, county, HAS, or CCA on patients, days, and charges.</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act of 1996.</td>
</tr>
<tr>
<td>HOD</td>
<td>Health Facility Own Data. Data submitted and accepted by a facility that is stored on the DOH Master file.</td>
</tr>
<tr>
<td>HPN</td>
<td>Previous name for the HCS.</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Classification of Diseases, Version 10. This is a medical classification list for the coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases; maintained by the World Health Organization. The implementation</td>
</tr>
<tr>
<td>Acronym or Term</td>
<td>Definition</td>
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</tr>
<tr>
<td></td>
<td>date for this code set in the United States is October 1, 2015. The code list was completed by WHO in 1992.</td>
</tr>
<tr>
<td>ICD-9</td>
<td>International Classification of Diseases, Version 9. This is a medical classification list for the coding of diseases and procedures. Published in 1977 by the World Health Organization.</td>
</tr>
<tr>
<td>ICR</td>
<td>Institutional Cost Report. Submitted by facilities to the DOH financial office annually.</td>
</tr>
<tr>
<td>Identifiable Data</td>
<td>SPARCS data elements that could identify a patient. This type of data is also referred to as Protected Health Information (PHI).</td>
</tr>
<tr>
<td>Inpatient</td>
<td>SPARCS currently collects patient level detail on characteristics, diagnoses and treatments, services, and charges for inpatient stays in New York State from 1982 to present.</td>
</tr>
<tr>
<td>Input Data Specifications</td>
<td>Commonly referred to as &quot;X12-837 Input Data Specifications.&quot; A document describing the elements and requirements of data collected by SPARCS.</td>
</tr>
<tr>
<td>Input File</td>
<td>The file, either inpatient or outpatient, submitted by a facility to SPARCS.</td>
</tr>
<tr>
<td>IP</td>
<td>Inpatient data.</td>
</tr>
<tr>
<td>Key</td>
<td>Unique combination of elements which identify a claim/visit.</td>
</tr>
<tr>
<td></td>
<td>Inpatient key includes: Permanent Facility Identifier (PFI), Patient Control Number, Medical Record Number, Statement-Covers-Period-From Date, and Statement-Covers-Period-Through Date (Discharge Date).</td>
</tr>
<tr>
<td></td>
<td>Outpatient (AS, ED) key includes: Permanent Facility Identifier (PFI), Patient Control Number, Medical Record Number, Statement-Covers-Period-From Date, and Statement-Covers-Period-Through Date (Discharge Date), and Discharge Hour.</td>
</tr>
<tr>
<td>Limited Data</td>
<td>Limited data contains indirect identifiers that are deemed potentially identifiable according to HIPAA standards.</td>
</tr>
<tr>
<td>Log #</td>
<td>A unique number identifying a file submitted by a facility, its associated error report, and error file.</td>
</tr>
<tr>
<td>Master File</td>
<td>Database containing all claims/visits submitted to SPARCS which have passed the edits.</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier. Unique identifier number assigned to providers of health care and health care entities on a national level.</td>
</tr>
<tr>
<td>NUBC</td>
<td>National Uniform Billing Committee. A governing body for forms and codes used in medical billing in the USA.</td>
</tr>
<tr>
<td>NYCRR 400.18</td>
<td>Enabling legislation and regulations for SPARCS are located under Section 2816 of the Public Health Law (PHL), Section 400.18 of Title 10 (Health) of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR). The section authorizes SPARCS to collect data from facilities, and control the manner in which data can be released.</td>
</tr>
<tr>
<td>OP</td>
<td>Outpatient Services data. Collection of OP data started in 2011.</td>
</tr>
<tr>
<td>Operating Certificate (OPCERT)</td>
<td>Operating Certificate. The official document issued by DOH certifying an entity. In addition to facility type, it lists the certified services, beds, and locations for a facility.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>SPARCS currently collects patient-level detail on characteristics, diagnoses and treatments, services, and charges for outpatient visits in New York State for the following:</td>
</tr>
<tr>
<td></td>
<td>• Ambulatory Surgery (1983-present)</td>
</tr>
<tr>
<td></td>
<td>• Emergency Department (2005-present)</td>
</tr>
<tr>
<td>Acronym or Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Output Data Dictionary</strong></td>
<td>Document describing the output data elements available from SPARCS, including calculated variables. There are two output data dictionaries: inpatient and outpatient.</td>
</tr>
<tr>
<td><strong>Output File</strong></td>
<td>A file of either inpatient or outpatient data elements available from SPARCS including calculated variables/value-added data elements. Available by discharge/visit year.</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>Person receiving health care services from a facility.</td>
</tr>
<tr>
<td><strong>Payer</strong></td>
<td>Insurance company responsible for payment of services rendered to a patient by a facility.</td>
</tr>
<tr>
<td><strong>PFI (see also Facility Identifier)</strong></td>
<td>Permanent Facility Identifier. Unique 5 digit code identifying a facility location certified to provide health care services under Article 28 of the Public Health Law (renamed Facility ID in 2011).</td>
</tr>
<tr>
<td><strong>POA</strong></td>
<td>Present on Admission Indicator.</td>
</tr>
<tr>
<td><strong>POC</strong></td>
<td>Plan of Correction. A facility's response to a SOD describing how it plans to correct the violations identified.</td>
</tr>
<tr>
<td><strong>PPC</strong></td>
<td>Potentially Preventable Complications.</td>
</tr>
<tr>
<td><strong>Primary Key</strong></td>
<td>See &quot;Key.&quot;</td>
</tr>
<tr>
<td><strong>Programmer's Guide</strong></td>
<td>Appendix NN. Document describing the X12-837 data elements by loop and segment for both the Inpatient and Outpatient submission file. Includes the syntax for each data element (previously the Inpatient and Outpatient Addendum).</td>
</tr>
<tr>
<td><strong>Public Health Law (PHL), 2816</strong></td>
<td>New York Public Health Law that defines SPARCS.</td>
</tr>
<tr>
<td><strong>Ratification</strong></td>
<td>Commissioner of Health’s approval of the data review committee recommendations to release or not release SPARCS data.</td>
</tr>
<tr>
<td><strong>Record</strong></td>
<td>Information in an electronic file submitted to SPARCS which contains all the patient’s claim information.</td>
</tr>
<tr>
<td><strong>Review and Recommendation (R&amp;R)</strong></td>
<td>Document created by SPARCS Operations while reviewing an applicant’s request. It is used to assist the data review committee with their recommendation.</td>
</tr>
<tr>
<td><strong>Safe Harbor</strong></td>
<td>HIPAA “Safe Harbor” is the de-Identification of Medical Record Information requiring that certain identifiers of the individual or of relatives, employers, or household members of the individual must be removed from medical record information in order for the records to be considered de-identified.</td>
</tr>
<tr>
<td><strong>SOD</strong></td>
<td>Statement of Deficiencies. Official document describing individual violations of Department regulations.</td>
</tr>
<tr>
<td><strong>SPARCS</strong></td>
<td>Statewide Planning and Research Cooperative System.</td>
</tr>
<tr>
<td><strong>SPARCS 837 PC Application</strong></td>
<td>A free Windows-based desktop application developed by SPARCS programming staff used to enter, edit, and manage claims to be sent to the SPARCS system.</td>
</tr>
<tr>
<td><strong>SPARCS Administrator</strong></td>
<td>Person or designee responsible for assuring that NYCRR Title 10 Section 400.18 is adhered to when requesting access to SPARCS identifiable data.</td>
</tr>
<tr>
<td><strong>SPARCS Annual Report Generator</strong></td>
<td>A SPARCS query tool available on the Health Commerce System where registered users can quickly query and download inpatient, emergency room and ambulatory surgery data.</td>
</tr>
<tr>
<td><strong>SPARCS Coordinator</strong></td>
<td>The primary contact at a facility responsible specifically for SPARCS data and security.</td>
</tr>
<tr>
<td><strong>SPARCS ID</strong></td>
<td>Unique 5 digit code (Facility ID plus a check digit) identifying a facility.</td>
</tr>
<tr>
<td>Acronym or Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>SPARCS Operations</td>
<td>Program area within the Bureau of Health Informatics, Office of Quality and Patient Safety that collects and releases SPARCS data.</td>
</tr>
<tr>
<td>SPARCS Update</td>
<td>The monthly SPARCS newsletter published by SPARCS Operations.</td>
</tr>
<tr>
<td>Subscriber</td>
<td>The person holding the insurance policy.</td>
</tr>
<tr>
<td>Test/Production Indicator</td>
<td>A single character element located in segment ISA15 which determines whether a file submitted to the SPARCS system is a test or production. (Test files are not retained by SPARCS.)</td>
</tr>
<tr>
<td>Title 10 – NYCRR</td>
<td>New York State Law governing health care facilities (Article 28 of the Public Health Law).</td>
</tr>
<tr>
<td>Transparency</td>
<td>Refers to the Department of Health’s commitment to data openness, trust, and accountability.</td>
</tr>
<tr>
<td>Upload Log #</td>
<td>A sequential submission number assigned to files uploaded to the SPARCS system.</td>
</tr>
<tr>
<td>Value Codes</td>
<td>A numeric code, defined by NUBC, which identifies what the value immediately following the code represents. Example: Value code 24=Medicaid Rate Code. The Value amount following this code would represent the specific Medicaid Rate Code used on the claim. (See Appendix OO for these value “amounts”).</td>
</tr>
</tbody>
</table>