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# SPARCS Quality Measures & Reports

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2011



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## Quality Measures & Reports

- **StopLight Report:**

- Source of Payment Typology (monthly)

- Homeless (monthly)

- UPIN (monthly)

- POA (bi-annual)

- ICR-SPARCS Comparison (annual)



## StopLight Report

- **Purpose of this Report:**

Allows facilities to see how we view the quality of the data they are submitting to us in five separate areas: Source of Payment Typology, Patient County Code, Unique Personal Identifier, Present on Admission and ICR – SPARCS Comparison report.

- **Frequency of Report:**

This report runs once a month beginning October 2010.

**SEE Quality Handout #1**



## StopLight Report

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Source of Payment Typology (SoP)



## StopLight Report

### Source of Payment Typology (SoP)

#### ■ Purpose of Report:

- The new Source of Payment Typology data elements will be used by the Department of Health for future rate-setting purposes.

#### ■ Frequency of Report:

- This report has been run once a month beginning October 2010.

**Note:** This requirement was originally announced in October 2008 with a complete transition expected by December 31, 2009. The deadline was changed to July 1, 2010 to accommodate facilities. All 2010 inpatient data is expected to be into SPARCS by June 2011. \*Also any unsubmitted or incorrect 2010 SoP inpatient data for the timeframe of January through July 2010 will be required by June 2011.



## StopLight Report

### Source of Payment Typology

#### ■ Data Elements used for this Report:

- PFI
- Claim Filing Indicator (first reported)
- Source of Payment Typology I (first reported)

#### ■ Criteria for Quality and Meeting Threshold:

- Any blanks reported in the Source of Payment Typology I field will result in red (failed criteria) on this portion of the report.
- Source of Payment Typology Codes can be found in Appendix P. See website address below:

<http://www.health.state.ny.us/statistics/sparcs/sysdoc/appp.htm>



# StopLight Report

## Source of Payment Typology

### ■ How to Improve Reporting:

- Download SOPIND (Source of Payment Individual Report for your facility) from HCS under quality reports section.
  - Find and make your corrections on all blank SoP claims.
  - Change the 3<sup>rd</sup> digit of the Bill Type to "7" (replacement) and resubmit to SPARCS as Test. Once satisfied with Test results, resubmit as Production.

**Note:** All 2010 and future "Blank SoP" claims for Inpatient should be submitted and/or corrected by June 2011.



# StopLight Report

## Source of Payment Typology

### Sample of SOPIND

**Source of Payment Typology Cases with Blank SOP#1 Reported**  
 2010 Data Reported as of April  
 Sample PFI & Name = 0000 – General Hospital

Patient Control Number	Medical Record Number	Admit Date	Discharge Date	Claim Filing Indicator
1111111111	10101010101010101	201001xx	20100116	Medicaid
2222222222	20202020202020202	201002xx	20100228	Medicaid
3333333333	30303030303030303	201003xx	20100209	Insurance Company

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# StopLight Report

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## Homeless – Patient County Code



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# StopLight Report

## Homeless – Patient County Code

### ■ Purpose of Report:

- To help facilities identify if they are reporting county codes and homeless claims correct.
- Report created for Inpatient, Ambulatory Surgery, and Emergency Department Files.

### ■ Frequency of Report:

- Beginning in October 2010 this report runs once a month to aid SPARCS in determining how facilities identify County Codes “99 – Unknown” and “Address1 – Homeless” within their systems.



## StopLight Report

### Homeless – Patient County Code

#### ■ Data Elements used for this Report:

- PFI
- Patient State
- Patient County
- Address 1
- Residence Indicator



## StopLight Report

### Homeless – Patient County Code

#### ■ Criteria for Quality & Meeting Threshold:

- Must be a two-digit numeric code
- Must be valid in accordance with the Zip/County Code Edit Validation Table in [Appendix F](#)
- For Patient County Code homeless patients should be coded as "99", and Address1 should be coded as "Homeless"
- Those facilities who do not meet the required 80% "passing percentage" of valid county codes will result in a failure on this report. Those who report 80% or higher of valid county codes compared to total records submitted will pass on this report.

**Note:** If patient County is outside NYS, then County Code should be "88" and state should not be coded as "NY"



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## StopLight Report

### Homeless – Patient County Code

- **How to Improve Reporting:**

- Take steps within your facility to find and make your corrections on claims that are incorrect.

**Note:** The SPARCS Admin/Quality Unit can help by generating and sending your facility a report by using the HCS FTP tool of those claims in question with the identifying information. This report will help you find specific medical records within your system that may or may not need correcting.



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## StopLight Report

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UPIN - Unique Personal Identifier



## StopLight Report

### UPIN – Unique Personal Identifier

- **Purpose of this Report:**

- Used as matching criteria for individual patient records for longitudinal analysis, without compromising the confidentiality of the record.

- **Frequency of Report:**

- Beginning in October 2010 this report runs once a month to help both SPARCS and facilities identify how the UPIN is being reported.

**Note:** We realize some facilities have problems collecting SS Numbers from patients. However let them know that as a provider of healthcare you have the legal right to ask for this information. When collecting information from the patient reassure them you are legally bound by HIPPA laws and constraints. Also, SPARCS, is only collecting the last 4 digits of the SS Number not the whole number



## StopLight Report

### UPIN – Unique Personal Identifier

- **Values that need to be reported:**

Unique Personal Identifier – 10 Digit field made up of the following:

- 1-2: First 2 characters of the patient's last name
- 3-4: Last 2 characters of the patient's last name
- 5-6: First 2 characters of the patient's first name
- 7-10: Last 4 digits of the patient's social security number (e.g. Bill Smith XXX-XX-1234 smthbi1234)

**Note:** First and Last Name must be Uppercase Alphabetic characters. If the Last Name is less than 4 characters, the first two and last two characters are used, even if some characters are repeated.



## StopLight Report

### UPIN – Unique Personal Identifier

- Examples

Joe Tan	1234	TAAN	JO	TAANJ01234
Bill Su Jr	4321	SUSU	BI	SUSUBI4321
E John Smith	0987	SMTH	EE	SMTHEE0987
Bob O'Brien	3456	OBEN	BO	OBENBO3456
Sue Jones-Davies	Unknown	JOIS	SU	JOISSU0000



## StopLight Report

### UPIN – Unique Personal Identifier

- **Criteria for Quality & Meeting Threshold:**

Facilities who meet the 85% threshold of “passing percentage” of valid UPIN’s will be coded as green (passed criteria) on this report. Those who do not meet that threshold will be coded as red (failed criteria) for this report.

We consider UPIN invalid if all 0000’s are reported for the last 4 digits of the social security number, or if the same number is being reported for a large percent of records submitted (e.g. 5555’s, 7777’s, 9999’s).

**Note:** Newborns are not included in this report



# StopLight Report

UPIN – Unique Personal Identifier

- **How to Improve Reporting:**

- Take steps within your facility to find and make your corrections on claims that are incorrect.

**Note:** The SPARCS Admin/Quality Unit can help by generating and sending your facility a report by using the HCS FTP tool of those claims in question with the identifying information. This report will help you find specific medical records within your system that may or may not need correcting.



# StopLight Report

Present on Admission (POA)  
Inpatient Only



## StopLight Report

### Present on Admission (POA)

- **Purpose of Report:**

- To show facilities how this data element is collected.
- The Present on Admission for diagnoses other than the Principal Diagnosis indicates whether the diagnosis was present on admission to the hospital.
- The Present on Admission Indicator is also used by Medicare and Medicaid in their methodology for reimbursement or payment.

- **Frequency of Report:**

- This report runs bi-annually on the current year's data.



## StopLight Report

### Present on Admission (POA)

- **Data elements used for this report:**

- PFI
- Present on Admission (POA)
- Secondary Diagnoses

- **Current Codes and Values:**

- Y= Yes – Present at the time of Inpatient admission
- N= No – Not Present at the time of Inpatient admission
- U= Unknown – Documentation is insufficient to determine if condition is present on admission
- W = Clinically Undetermined - Provider is unable to clinically determine whether condition was present on admission or not
- 1 or blank = Exempt from POA reporting for selected ICD-9-CM codes



## StopLight Report

### Present on Admission (POA)

- **Criteria for Quality & Meeting Threshold:**

- Criterion 1: POA specified as 'Uncertain' should not exceed 10% of the overall POA Indicators for that given bi-annual period.
- Criterion 2: POA specified as 'Present on Admission' should not exceed 99% of the overall POA Indicators for that given bi-annual period.
- Criterion 3: POA specified as 'Not Present on Admission' should not exceed 50% of the overall POA Indicators for that given bi-annual period.



## StopLight Report

### Present on Admission (POA)

- **Where to find a list of Exempt Codes:**

SPARCS RESOURCES -

<http://www.health.state.ny.us/statistics/sparcs/operations/>

**GUIDELINES**

Centers for Medicare and Medicaid Services (CMS)/National Center for Health Statistics (NCHS): ICD-9-CM Official Guidelines for Coding and Reporting pages 106 -111 (effective October 1, 2009)



## StopLight Report

### Present on Admission (POA)

#### ■ Why Improve POA Reporting:

- As of July 1, 2008, Medicaid Claims without the POA indicator will be denied
- Will impact payment for Medicare and Medicaid
- Affects our goal of enhancing patient safety and quality
- Affects the PPC Project – Potentially Preventable Complications



## StopLight Report

### Present on Admission (POA)

#### ■ How to Improve POA Reporting:

- Take steps within your facility to find and make your corrections on claims that are incorrect.

**Note:** The SPARCS Admin/Quality Unit can help by generating and sending your facility a report by using the HCS FTP tool of those claims in question with the identifying information. This report will help you find specific medical records within your system that may or may not need correcting.



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# StopLight Report

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## SPARCS - ICR COMPARISON



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# StopLight Report

## SPARCS-ICR Comparison

- **Purpose of this Report:**

To compare the SPARCS data and the Institutional Cost Report, (ICR) that is reported annually from your facility's Finance Department to the Department of Health's Finance Department.

- **Frequency of this Report:**

Yearly – Currently using 2009 ICR and SPARCS data



## StopLight Report

### SPARCS-ICR Comparison

- **Data Elements Used for this Report:**

- PFI/OpCert
- Admit/Discharge Date
- Length of Stay
- Total Days
- Total Discharges



## StopLight Report

### SPARCS-ICR Comparison

- **Criteria for Quality & Meeting Threshold:**

- We expect the total discharges and the total days collected between SPARCS and ICR should be within the range of  $\pm 3\%$ .



## StopLight Report SPARCS-ICR Comparison

- **Differences might be due to:**

- Hospice services not in SPARCS
- SPARCS is only Article 28
- Cases submitted to SPARCS after ICR closed
- Patient payment status changed
- Newborns without charges

**Note:** SPARCS collection is done using PFI, while ICR collection is by OPCERT.



## StopLight Report SPARCS-ICR Comparison

- **How to Improve SPARCS-ICR Reporting:**

- Take steps within your facility to find and make your corrections on claims that are incorrect.
- Start looking at Payer Comparison Report



# Performance Metrics Report

## ICR-SPARCS PAYER COMPARISON REPORT



# Performance Metrics Report

## ICR – SPARCS Payer Comparison

- Annual Institutional Cost Report (ICR)
- Financial Report compared to SPARCS counts
  - ICR is reflective of PAYMENT
  - SPARCS is reflective of EXPECTED PAYER



## Performance Metrics Report ICR – SPARCS Payer Comparison

### ■ Purpose of Report:

- The combined use of these two data sets provides a validating mechanism between the ICR filed with the Department and data reported to SPARCS. The added feature of specific payer information allows facilities to see how it is being reported within their financial division, as well as how it is being collected within their billing department.
- As of now, we do not expect an exact match of Payer information. However we do expect the total discharges and total days collected between SPARCS and ICR to be within the +/-3% range.



## Performance Metrics Report ICR-SPARCS Payer Comparison

### ■ Names of SPARCS Data elements used:

- PFI/OPCERT
- Admission Date
- Discharge Date
- Claim Filing Indicator/Source of Payment Code (1<sup>st</sup> reported)

### ■ Frequency of Report

- This report runs annually, with the most current ICR data.



## Performance Metrics Report ICR-SPARCS Payer Comparison

### ■ Inpatient

- Collecting totals for both ICR and SPARCS
- Total Number of Days and Discharges

### ■ Ambulatory Services Excluding Inpatient Counts

- Total Number of Procedures

### ■ Emergency Department Services Excluding Inpatient Counts

- Total Number of Visits

SEE TABLE II for breakout of Payers



TABLE II: SPARCS - ICR Comparison Report - Data Element Crosswalk

SPARCS Output file	SPARCS	ICR	
Payer Type	Source of Payment/Claim Filing Indicator	Line Number	Description
Commercial [F] (Insurance Company)	Commercial Insurance	CI	Commercial Indemnity 20
	Preferred Provider - PPO	12	HMO/PHSP 203
	Exclusive Provider - EPO	14	Self-Insured 205
	Indemnity Insurance	15	Non-Profit Indemnity 13
	Health Maintenance	HM	Medicare HMO 204
	Medicare HMO	16	Medicaid HMO 200
Medicaid [D] (Medicaid)	Medicaid	MC	Medicaid 14
Medicare [C] (Medicare Part A, Medicare Part B)	Medicare Part A	MA	Medicare 12
	Medicare PART B	MB	
Other Government Program [E] (Other Federal Program)	Other Federal Program	OF	Government 207
	Veterans Affairs Plan	VA	
Self Pay [A] (Self-Pay)	Self Pay	09	Self Pay 16
Workers Compensation [B] (Workers' Compensation)	Workers Compensation	WC	Workers Compensation 15
Other [G,H,I] (Blue Cross, CHAMPUS, Other Non-Federal Program)	Other: Blue Cross	BL	Other: Courtesy 209
	CHAMPUS/VA	CH	Free 208
	Non-Federal	11	No Fault 206

## Performance Metrics Report ICR-SPARCS Payer Comparison

- Criteria for Maintaining Quality

See the Color Coding % ranges table below. Note: SPARCS expects that the Total Days and Total Discharges will be within the  $\pm 3\%$  range.

Color Key: Payer		Color Key: Total	
Payer Specific Reported		Total Discharges & Days Reported	
Green	75-125%	Green	97%-103%
Yellow	51-74% or 126%-149%	Yellow	NA
Red	<50% or >149%	Red	<97% or >103%

OPCERT\*\* Includes PFI's that had combined reporting under one OPCERT

**DEFINITION OF OTHER\* FOR PURPOSES OF THIS REPORT**

SPARCS includes: Blue Cross, CHAMPUS/VA, and other Non-Federal Programs  
ICR includes: Courtesy, Free (charity, Hill-Burton), No Fault



## Performance Metrics Report ICR-SPARCS Payer Comparison

- ICR-SPARCS Inpatient Comparison Report – OPCERT- 0000000  
PFI- 8888 SAMPLE FACILITY

DISCHARGES				
Source of Payment	SPARCS	ICR	Difference ICR-SPARCS	% Difference SPARCS/ICR
Commercial Insurance	7,167	11,056	3,889	65%
Medicaid	1,947	1,427	-520	136%
Medicare	8,445	8,514	69	99%
Other*	2,929	746	-2,183	393%
Other Government Programs	150	186	36	81%
Self Pay	1,234	0	-1,234	0%
Workers Compensation	59	112	53	53%
<b>Discharge Totals</b>	<b>21,931</b>	<b>22,041</b>	<b>110</b>	<b>100%</b>



## Performance Metrics Report ICR-SPARCS Payer Comparison

- ICR-SPARCS Inpatient Comparison Report – OPCERT- 0000000  
PFI- 8888 SAMPLE FACILITY

DAYS ↙				
Source of Payment	SPARCS	ICR	Difference ICR-SPARCS	% Difference SPARCS/ICR
Commercial Insurance	27,441	32,239	4,798	85%
Medicaid	9,151	7,663	-1,488	119%
Medicare	52,295	52,632	337	99%
Other*	10,914	2,994	-7,920	365%
Other Government Programs	661	726	65	91%
Self Pay	4,545	0	-4,545	0%
Workers Compensation	199	383	184	52%
<b>Days Totals</b>	<b>105,206</b>	<b>96,637</b>	<b>8,569</b>	<b>109%</b>



## Performance Metrics Report ICR-SPARCS Payer Comparison

- ICR-SPARCS Ambulatory Comparison Report – OPCERT- 0000000  
PFI- 8888 SAMPLE FACILITY

Ambulatory Procedures ↙				
Source of Payment	SPARCS	ICR	Difference ICR-SPARCS	% Difference SPARCS/ICR
Commercial Insurance	0	1,897	1,897	0%
Medicaid	1,811	129	-1,682	1404%
Medicare	297	549	252	54%
Other*	0	53	53	0%
Other Government Programs	28	0	-28	0%
Self Pay	138	35	-103	394%
Workers Compensation	620	273	-347	227%
<b>Discharge Totals</b>	<b>2,894</b>	<b>2,936</b>	<b>42</b>	<b>99%</b>



## Performance Metrics Report ICR-SPARCS Payer Comparison

- ICR-SPARCS Emergency Comparison Report – OPCERT- 0000000  
PFI- 8888 SAMPLE FACILITY

Emergency Department Visits				
Source of Payment	SPARCS	ICR	Difference ICR-SPARCS	% Difference SPARCS/ICR
Commercial Insurance	1,757	9,170	7,413	19%
Medicaid	5,075	2,335	-2,740	217%
Medicare	1,992	2,911	919	68%
Other*	575	351	-224	164%
Other Government Programs	2,715	118	-2,597	2301%
Self Pay	4,127	2,182	-1,945	189%
Workers Compensation	117	567	450	21%
<b>Discharge Totals</b>	<b>16,358</b>	<b>17,634</b>	<b>1,276</b>	<b>93%</b>



## Performance Metrics Report ICR-SPARCS Payer Comparison

- **SPARCS is seeing large discrepancies:**
  - Medicaid
  - Other
  - Self Pay

Note1: It appears some coders may be using Self Pay until declaring patient's Medicaid eligibility...resulting in higher totals in SPARCS Self Pay. Should go back and resubmit to get true counts.

Note2: Self Pay – new definition: Payment directly by the patient, personal guarantor, relatives, or friends – does not include any co-payments or deductibles.



## Performance Metrics Report ICR-SPARCS Payer Comparison

### ■ Differences might be due to:

- Hospice services not in SPARCS
- SPARCS is only Article 28
- Cases submitted to SPARCS after ICR closed
- Patient payment status changed
- Newborns without charges

**Note:** SPARCS collection is done using PFI while ICR collection is by OPCERT



## Performance Metrics Report ICR-SPARCS Payer Comparison

### ■ What's coming next?

We will be checking SPARCS data against Medicaid Managed Care Payer ID. See Appendix O.

**Quality Handout#2** which is still in Draft a crosswalk of new SoP codes and SPARCS Claim Filing Indicator Codes.

