

INFORMATION BULLETIN

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BULLETIN HIGHLIGHTS

- EODC Collection Phase I: Go Live Date
- Medicaid Update and SPARCS Information
- Passage of SPARCS All Payer Claims Database Law
- Approved Data Requests
- Source of Payment Typology
- Medicaid, Graduate Medical Education and SPARCS

EODC Collection Phase I: Go Live Date

SPARCS is pleased to announce that the “go live” date for the SPARCS Expanded Outpatient Data Collection (EODC) and the 5010 version of the X12-837(R*) will be Tuesday, August 2, 2011. Facilities will be able to submit outpatient data (OP) from hospitals and free-standing, diagnostic and treatment centers, licensed under Article 28 as outlined in our December 27, 2010 and June 29, 2011 correspondence. As previously communicated, this expanded outpatient collection will be implemented as a phased-in approach. The facilities designated for the first phase of the expanded outpatient data collection are hospitals with outpatient departments. Thus, existing hospital submitters should begin to send in their outpatient data starting August 2, 2011 since they have the greatest ability and expertise in collecting and reporting SPARCS data in their current systems.

First phase submitters must meet the 95% compliance requirements currently found in SPARCS regulations. A time table established for the collection of the first phase is as follows:

- 95% of OP visit data for January thru September 2011 must be submitted by November, 2011
- 95% of OP visit data for October thru December 2011 must be submitted by February, 2012
- 100% of OP visit data for all of 2011 must be submitted by June 30, 2012

For those facilities that are ready to switch to the 5010(R) version, you may do so starting August 2, 2011. Otherwise, facilities may continue to submit data in the 4050(R) version for SPARCS reporting purposes. SPARCS will continue to support both the 4050(R) and 5010(R) until December 31, 2012. (Please keep in mind that covered entities, such as health plans, healthcare clearinghouses, and healthcare providers, are required to conform to HIPAA 5010 standards for 5010 (I**) by January 1, 2012.)

For more information, please go to our website:

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

*R = State Data Reporting format of the Institutional version.

**I = Institutional reporting format of X12-837.

Medicaid Update and SPARCS Information

Did you know that New York Medicaid Program also has a newsletter, which is called the Medicaid Update? The Office of Health Insurance Programs, who is the primary project sponsor of the Expanded Outpatient Data Collection (EODC) project as well as a vested user of the SPARCS data, posted several articles about SPARCS and the EODC project in the April and May 2011 editions of the Medicaid Update. The primary reason for the EODC project as well as the project's importance was outlined in the April issue of the Medicaid Update. According to the Medicaid Program, the EODC project will "help support the accuracy of Medicaid

claims data and help capture pertinent data needed to determine compliance with federal requirements for Disproportionate Share Hospital (DSH) payments. The new OP data will also help provide benchmarking capabilities for the state's ambulatory care reimbursement system (APG), and ensure that the Department is using the most complete data available for calculating the Upper Payment Limit (UPL). The UPL calculation is particularly important as NYS must demonstrate this calculation methodology to the Centers for Medicare and Medicaid Services (CMS) incomplete and inaccurate data in UPL calculations may result in the inability to meet this critical test and a possible reduction of federal financial participation for all Medicaid outpatient services."

The 2011 [Medicaid Updates](#) are located at:

http://www.health.state.ny.us/health_care/medicaid/program/update/2011/index.htm

Passage of SPARCS All Payer Claims Database Law

In April 2011 the New York legislature enacted the creation of an All Payer Claims Database (APCD) that builds on the existing SPARCS law (PHL 2816). The new APCD system may be developed within SPARCS or as a separate entity. The concept is that a repository of claims data is collected from all major public and private payers and will include claims data related to:

- inpatient,
- outpatient,
- emergency department,
- laboratory,
- pharmacy,
- eligibility information and
- other health care services.

APCDs support state-level health care reform efforts by providing powerful tools to evaluate critical issues such as regional variations in utilization, quality, and cost. In addition, APCDs are used to examine the impact of reimbursement methodologies, public health interventions, and health care resources on utilization, quality, outcomes, and/or costs. When this data is publicly available, consumers will have the tools they need to compare price and quality for important health care decisions. APCDs may be a valuable tool in assessing the impact of various delivery system reforms and payment innovations encouraged by federal health care reform.

To date, nine states have created APCDs: Kansas, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, Tennessee, Vermont, and Utah. Three additional states are in the process of implementation, and fourteen states have either taken initial steps toward creating an APCD, or established a voluntary system. The legislation authorizes New York to participate in a similar system operated by a regional or national entity, or another jurisdiction.

A kick-off meeting to discuss planning was held on June 7th, hosted by the New York State Health Foundation, in collaboration with the NYS Department of Health (represented by Commissioner Dr. Nirav Shah and Department of Health staff), the National Association of Health Data Organizations (NAHDO), and New Hampshire Institute for Health Policy and Practice.

Approved Data Requests

Do you know who is using the SPARCS data? Take a peek at the new report. You will be surprised to see the variety of uses for the SPARCS data set. This information is now available in a report called "Approved Data Requests" on the Department of Health website at:

http://www.health.state.ny.us/statistics/sparcs/dprb/approved_data_req.htm. The report displays both identifying and non-identifying approved requests. (The identifying data requests require Data Protection Review Board [DPRB] approval). The report lists: the project director, title of the project, brief description and year(s) and type of data approved. Approved requests for SPARCS data will be posted quarterly. The list is meant to assist data users in finding other data users with similar projects. In addition, the report will also provide data submitters with insight regarding how their data is disseminated.

Source of Payment Typology

As a reminder, all hospital inpatient facilities are required to report all 2010 records with a value in the Source of Payment Typology#1 data field. Hospitals will now have until August 31, 2011 to submit any missing values. Two reports are available on the Health Commerce System (HCS) to assist you with this data element submission:

| Report Name | SPARCS HCS Application | Description |
|-------------|---|---|
| SoPINDPFI# | SPARCS Quality Reporting (Must have SPARCS upload permission to access) | Detailed patient records that contain missing SoP#1 values. (If you have no missing values, you will not receive this report.) |
| SoPCFI | SPARCS Performance Metrics (Any person at your hospital with and HCS account can view) | Total comparison of the SoP#1 and Claim Filing Indicator (CFI) for 2010 Inpatient data. |

The emphasis on improving the quality of your SoP data element will assist in the analysis of many payer related studies and development of Medicaid rate calculations.

Medicaid, Graduate Medical Education and SPARCS

What do Medicaid, Graduate Medical Education and SPARCS have in common? It is reimbursement methodology. The Department of Health Division of Health Care Financing often uses the SPARCS data as part of their Medicaid rate and reconciliation process. Recently all hospitals were asked to verify their SPARCS data in accordance with previously approved methodology for calculating the case-based Graduate Medical Education reimbursement rates for Medicaid and Family Health Plus HMO. Hospitals will have until September 1, 2011 to submit an appeal after reviewing the 2005-2009 inpatient data. Hospitals should review their submitted records for the data field "Principal Reimbursement". The goal is to have your SPARCS discharge data (with Principal Reimbursement coded with a value of "17" [Medicaid HMO]) within 90% to 110% of your paid claims for Medicaid Managed Care and Family Health Plus. For general questions and requests for patient level SPARCS data, please contact Laura Grassman at 518-473-8822 or email to llg13@health.state.ny.us. For SPARCS related questions, please contact SPARCS at the telephone numbers and email above.