



# **SPARCS 102: Changes for 2009 & What tools are available on the Health Commerce System (HCS)?**

## **SPARCS 102 - TOPICS**

- What are the changes for 2009?
- What are the tools for viewing my data?
- What are the Data Quality Reports on the HCS?
- How can Race & Ethnicity collection be improved?
- What is the SPARCS Data Report Summary?
- What are the Performance Metrics Reports on the HCS?



## *Changes for 2009* Source of Payment Typology

### What is this?

- New data elements - added to identify the payer that is expected to pay the bill:
  - SoP Typology I: major portion of bill
  - SoP Typology II: secondary payer of bill
  - SoP Typology III: tertiary payer of bill
- Developed by the Public Health Data Standards Consortium (PHDSC)

cont. ...



## Source of Payment Typology

### What is this?

- Eventually will replace Expected Reimbursement data elements:
  - Exp Princ Reimb: major portion of bill
  - Exp Reimb Other I: secondary payer of bill
  - Exp Reimb Other II: tertiary payer of bill



## Source of Payment Typology (2)

### Why do we need this?

- Old data elements not useful – payer information needs to be more reflective of the existing insurance structures and programs
- Very important to capture payment stream
- Needed for rate-setting



## Source of Payment Typology (3)

### What is the rationale?

- At the government level, we need to know who is paying for services
- Medicaid funds multiple programs

### Can you get the data elsewhere?

- NO
- SPARCS is an ALL PAYER system



## Source of Payment Typology (4)

What are the characteristics?

- Is flexible and expandable and allows for different levels of detail
- Identifies broad payer categories with related sub-categories that are more specific
- Allows more specific codes to be added



## Source of Payment Typology (5)

Bad News:

- Collecting three payer types in 2009:
  1. (Old) Expected Principal Reimbursement elements
  2. (X12-837) Source of Payment (aka Claim Filing Indicator)
  3. (New) Source of Payment Typology



## Source of Payment Typology (6)

### Good News!

- Old data elements going away in 2010:
  - Expected Principal Reimbursement
  - Expected Reimbursement Other 1
  - Expected Reimbursement Other 2



## Source of Payment Typology (7)

### What is the timeframe?

- Reporting begins as early as July 2009
- Required production run by Dec. 31, 2009

### How do we collect this?

- You should already have the information
- Crosswalk from old to new codes
- Need to examine insurance information and code set



## Source of Payment Typology (8)

### What are the codes?

- Similar to ICD-9 coding methodology
- Handout to be an Appendix in the Data Dictionary

### How much specificity should we place on the code hierarchy?

- The more the better - particularly Medicaid funded - at least two characters



**Appendix P - Public Health Data Standards Consortium  
Source of Payment Typology  
Version 3.0 - October 2007  
with NYS Additions September 2008**

	MEDICAID	
<b>21</b>	<b>Medicaid (Managed Care)</b>	
211	Medicaid HMO	
2111	<b>Family Health Plus</b>	<b>(NYS ADDITION)</b>
2112	<b>Healthy New York</b>	<b>(NYS ADDITION)</b>
	Medicaid PPO	
213	Medicaid PCCM (Primary Care Case Management)	
219	Medicaid Managed Care Other	
<b>22</b>	<b>Medicaid (Non-managed Care Plan)</b>	<b>(use this for Fee-for-Service)</b>
<b>23</b>	<b>Medicaid/SCHIP</b>	<b>(use this for CHILD HEALTH PLUS)</b>
<b>24</b>	<b>Medicaid Applicant</b>	
<b>25</b>	<b>Medicaid - Out of State</b>	
<b>29</b>	<b>Medicaid Other</b>	

# Source of Payment Typology (9)

Where does it go in the X12-837?

- NTE section
- References in 837 Addendum

Can we test this before a production run?

- Yes... either the X12-837 PC tool or
- "Test" in the Header record



STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM  
2009 CHANGES - FINAL FORMAT

2300 NTE SEGMENT DEFINITION IN THE X12-837 FORMAT  
4050 Reporting\* or 4010(A1) Institutional

Inpatient NTE

Description	Position	Length	Format
Expected Principal Reimbursement	1 - 2	2	AN
Expected Reimbursement Other 1	3 - 4	2	AN
Expected Reimbursement Other 2	5 - 6	2	AN
Method of Anesthesia	7 - 8	2	AN
Exempt Unit Indicator	9 - 11	3	AN
Patient's Race *	12 - 13	2	AN
Patient's Ethnicity *	14 - 14	1	AN
Heart Rate on Arrival	15 - 17	3	AN
Blood Pressure on Arrival- Systolic	18 - 20	3	AN
Blood Pressure on Arrival- Diastolic	21 - 23	3	AN
Source of Payment Typology I (Primary)	24 - 28	5	AN
Source of Payment Typology II (Secondary)	29 - 33	5	AN
Source of Payment Typology III (Tertiary)	34 - 38	5	AN

\* = When using the 4050 Reporting version the Patient Race and Patient Ethnicity are reported in the DMG Segment. Please see the data dictionary and addendums for complete details.

Edit View Insert Format Tools Table Window Help Adobe PDF Acrobat Comments Type a question for help

**STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM  
2009 CHANGES - FINAL FORMAT**

**2300 NTE SEGMENT DEFINITION IN THE X12-837 FORMAT**  
**4050 Reporting\* or 4010(A1) Institutional**

**Outpatient NTE**

Description	Position	Length	Format
Expected Principal Reimbursement	1 - 2	2	AN
Method of Anesthesia	3 - 4	2	AN
Patient's Race *	5 - 6	2	AN
Patient's Ethnicity *	7 - 7	1	AN
Heart Rate Heart Rate on Arrival	8 - 10	3	AN
Blood Pressure on Arrival- Systolic	11 - 13	3	AN
Blood Pressure on Arrival- Diastolic	14 - 16	3	AN
Procedure Time	17 - 19	3	AN
Source of Payment Typology I (Primary)	20 - 24	5	AN
Source of Payment Typology II (Secondary)	25 - 29	5	AN
Source of Payment Typology III (Tertiary)	30 - 34	5	AN

\* = When using the 4050 Reporting version the Patient Race and Patient Ethnicity are reported in the DMG Segment. Please see the data dictionary and addendums for complete details.

## Timetable

<b>Can begin submitting SoP Typology</b>	<b>July 1, 2009</b>
<b>MUST submit SoP Typology</b>	<b>December 31, 2009</b>
<b>Must submit all 3 payer types: Exp Princ Reim, SoP (Claim Filing Ind), SoP Typology)</b>	<b>2009</b>
<b>Must submit only 2 payer types: Exp Princ Reimb dropped</b>	<b>2010</b>

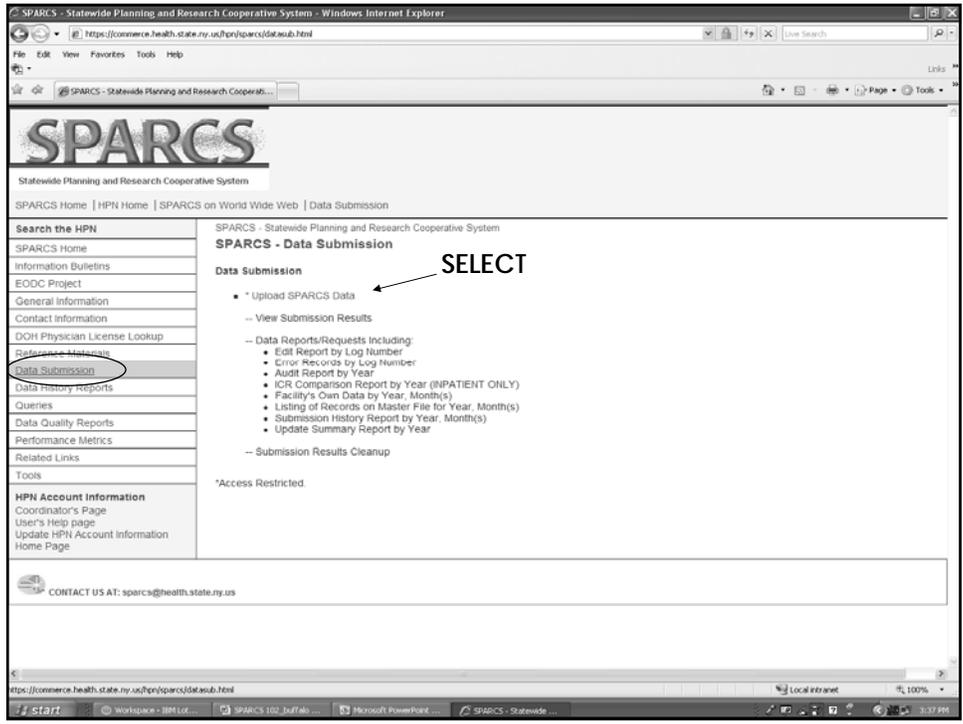
# QUESTION 7

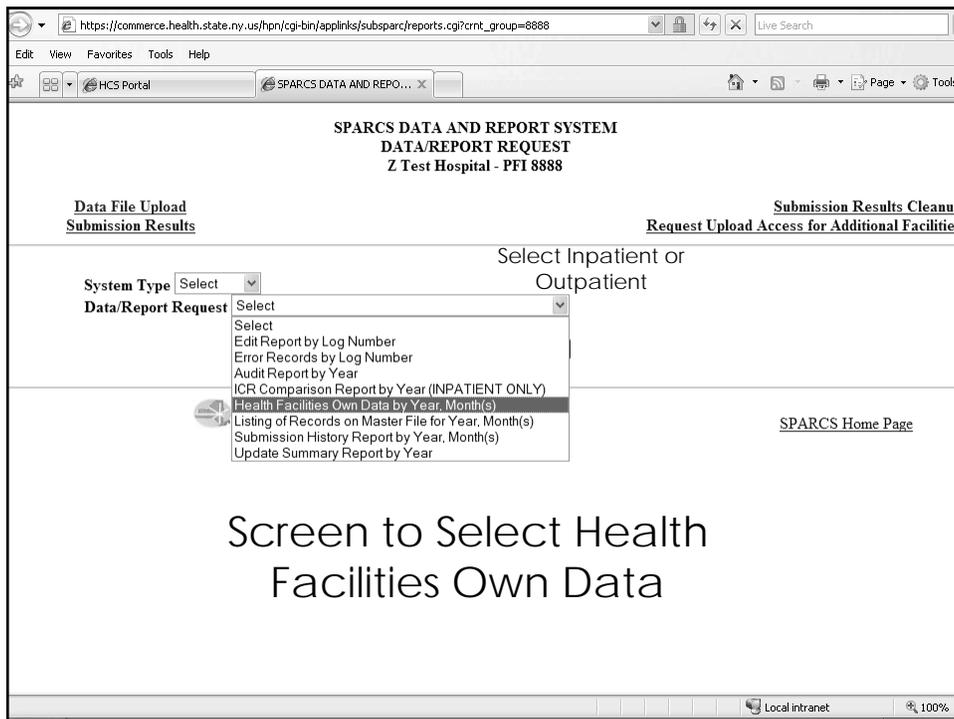


## Tools to View SPARCS Data

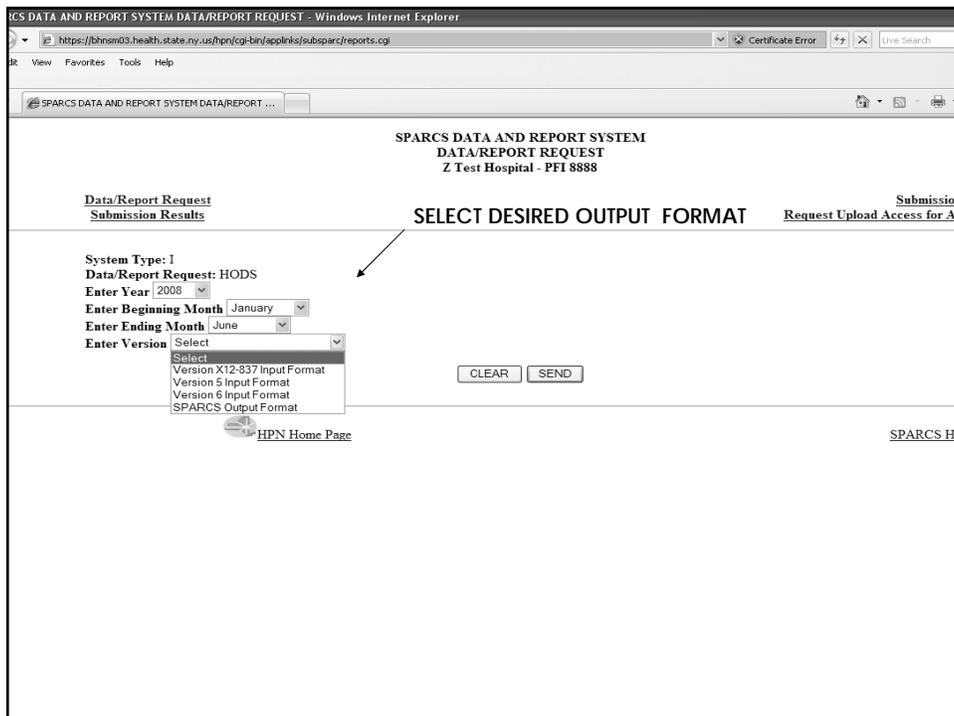
- Raw Data:
  - Health Facilities Own Data (HOD)
- Report Generated Data:
  - Annual Report Generator Query Tool







## Screen to Select Health Facilities Own Data



SPARCS DATA AND REPORT SYSTEM SUBMISSION RESULTS - Windows Internet Explorer

https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/subparc/viewfile.cgi?font\_group=0031

SPARCS DATA AND REPORT SYSTEM  
SUBMISSION RESULTS  
XYZ FACILITY -8888

Data File Upload  
Data/Report Request

Submission Results Cleanup  
Request Upload Access for Additional Facilities

PLEASE NOTE: Files listed below will only be available on this server for 30 days.

EDIT REPORTS  
Log No. 1012589  
Download View

ERROR FILES  
Log No. 1012589  
Download View

HEALTH FACILITIES OWN DATA  
Inpatient Vx1205  
Download View

QUALITY REPORTS  
ICR06P  
Download View

PERFORMANCE METRICS REPORTS  
IQI\_06  
Download View

QUALITY REPORTS DESCRIPTIONS  
Potentially Preventable Complications (PPC) Descriptions  
PPC List 1 PPC List 2 PPC List 3

Select View or Download  
to See Results

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HPN Home Page

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https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/subparc/viewfile.cgi - Windows Internet Explorer

https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/subparc/viewfile.cgi

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ISA=00*
GS=00*999*SPARCS*20080915*1257*000000001*X*004050X156-
ST*837*000000001-
BHT*0019*00*1*20080915*1257*BP-
NM1*41*2*SPARCS Tebc Facility*****46*999-
VER*IC*Roque Rabbitt*TE*0164730144-
NM1*40*2*SPARCS*****46*999-
NM1**20*1-
NM1*02*2*8885098*****XX*888999000-
REF*1J*88886-
HL*2*1*22*1-
ISA*9*18*****NA-
NM1*11*1*****NI*456-
N3*123 K STREET-
N4*ALBANY*NY*1208**00*01-
DMP*DD*19601010*P**RET:RS*:RET:E1-
REF*ABB*DOOEA6321-
CLM*HGACCCO2*9855.09**11:A11-
DTP*036*TI*1000-
DTP*454*RD*20080801-20080804-
DTP*435*DI*200808010900-
CL1*1*1*01-
REF*EA*HGACCCO2-
NTE*UPI*03 00 999999999-
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QTY*CA*3*DA-
QTY*HA*0*DA-
NM1*71*1-
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SE*30*000000001-
GE*1*000000001-
IEA*1*000000001-
  
```

Example of HOD  
(Health Facilities Own Data)  
X12-837 format

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# Have you used our Tool to Generate SPARCS DATA?

- Annual Report Generator
  - Inpatient, Ambulatory Surgery and Emergency Department data
  - Reflects current monthly submissions
  - Selection changes based on data elements selected



SPARCS - Statewide Planning and Research Cooperative System

Statewide Planning and Research Cooperative System

SPARCS Home | HPN Home | SPARCS on World Wide Web | Data Submission

**Search the HPN**

- SPARCS Home
- Information Bulletins
- EODC Project
- General Information
- Contact Information
- DOH Physician License Lookup
- Reference Materials
- Data Submission
- Data History Reports
- Queries**
- Data Quality Reports
- Performance Metrics
- Related Links
- Tools

**HPN Account Information**

- Coordinator's Page
- User's Help page
- Update HPN Account information
- Home Page

CONTACT US AT: [sparcs@health.state.ny.us](mailto:sparcs@health.state.ny.us)

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**SPARCS - Queries**

**Queries**

- Annual Report Generator

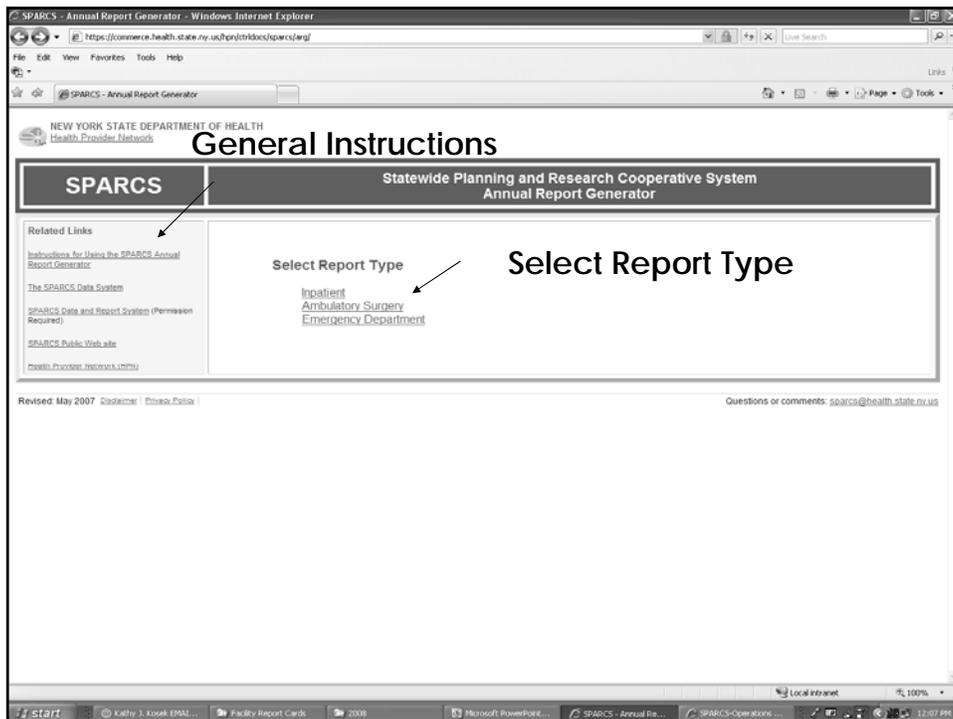
**Disease Related Queries**

- AIDS/HIV Related
- Cardiovascular and Other Diseases of the Circulatory System
- Chronic Liver Disease and Cirrhosis
- Chronic Obstructive Pulmonary Disease
- Diabetes Related
- Injury Prevention
- Neoplasms

**Other Queries**

- Time Series Analysis of Hospital Admissions from Emergency Rooms

Select Annual Report Generator



## Example 1: A Simple Listing Using the Annual Report Generator

- For this example, we will produce a “simple listing” for the DRG “Chest Pain” for a particular facility, and we will show the counts of the various Expected Primary Payers.





SPARCS Annual Report Generator - Windows Internet Explorer

https://commerce.health.state.ny.us/portal/cgi-bin/app/links/sparcscrg/argdr.cgi

2006 Facility Inpatient Report on AP Diagnosis Related Group (DRG) by Expected Primary Payer

Facility: Mount Sinai Medical Center  
 AP Diagnosis Related Group (DRG): Chest Pain

Expected Primary Payer	Patients
Blue Cross	9
Commercial Insurance Co.	1
Medicaid	49
Medicaid HMO	30
Medicare	112
Medicare HMO	27
Other HMO	39
Self-pay	9
Workers Compensation	1

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## Example 2: A Comparison Report Using the Annual Report Generator

- In this example, we will compare how Race is being reported in the year 2007 compared to how it was reported in 2006.

**SPARCS Annual Report Generator**

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**Inpatient Report Type**

ICD-9 Diagnosis Code (List A) Group
ICD-9 Procedure Code (List B) Group
Patient County
<b>Race</b>
Service Category
Total Patients

Year	Area	Report On
2006	Facility	Patients
2005	County	Days
2004	Health Service Area	Length of Stay (Avg)
2003	Commission Catchment Area	Total Charges
2002	Statewide	Charges/Patient (Avg)

**SPARCS Annual Report Generator**

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**Race Report on Patients by Facility for 2006 Inpatient Data**

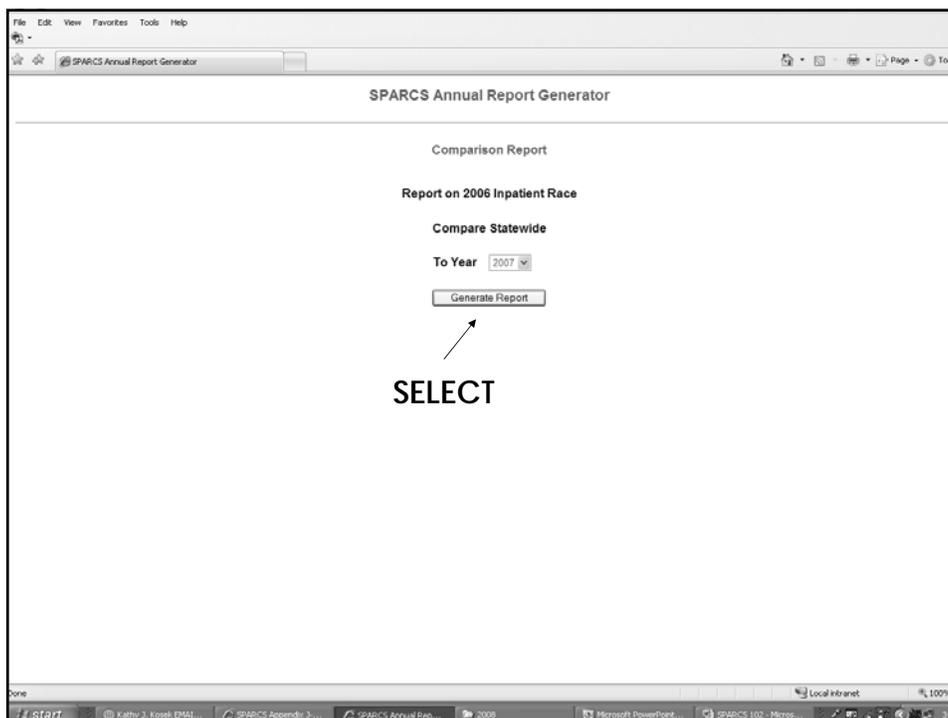
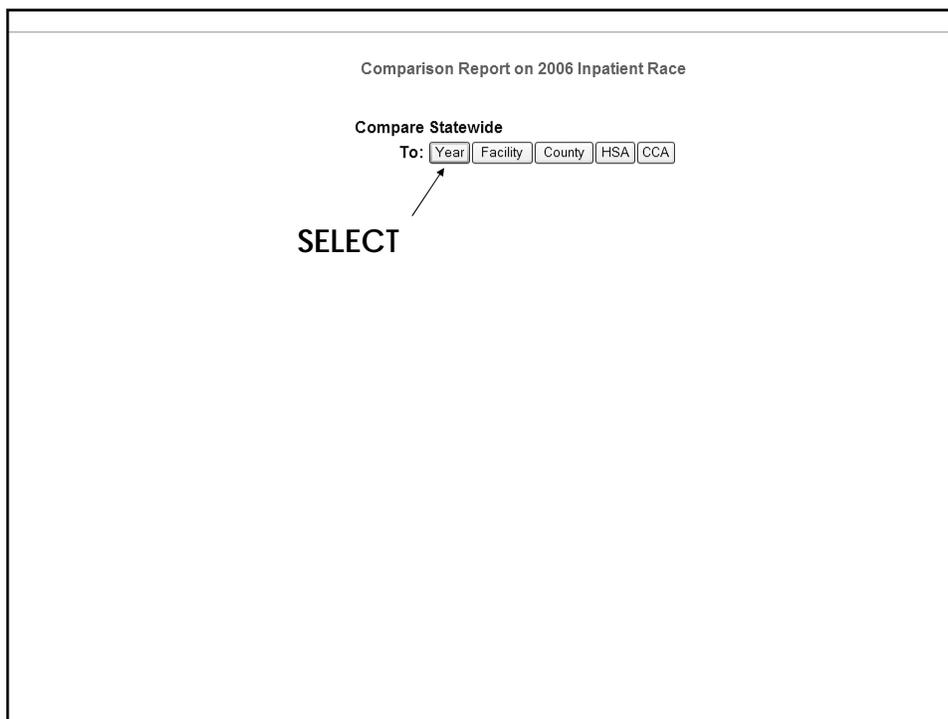
**Race**

All Races
White
Black or African American
Native American or Alaskan Native
Asian

Report By	Facility
Total Patients	All Inpatient Facilities
Age Group	AMC - South Clinical Campus
AP Diagnosis Related Group (DRG)	Adirondack Med Ctr Placid M
AP Major Diagnostic Category (MDC)	Adirondack Med Ctr Smc Lake
Discharge Disposition	Adirondack Regional Hospital

**SELECT**



SPARCS Annual Report Generator - Windows Internet Explorer

https://commerce.health.state.ny.us/portal/cgi-bin/app/ks/spwcc/eng/argdb02.pl

SPARCS Annual Report Generator

### Comparison Report on All Inpatient Facilities Race

Race	2006 Patients	2007 Patients
Asian	76,379	97,774
Black or African American	497,239	477,904
Native American or Alaskan Native	9,573	39,305
Native Hawaiian or Other Pacific Islander	141	21,146
Other Race	346,871	347,470
Unknown Race	131,315	80,137
White	1,602,023	1,537,270

**NOTICE UNKNOWN RACE**

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## LIVE DEMO

- Annual Report Generator



# QUESTION 8



## Data Quality Reports

- New Reports Posted on the HCS
  - Physician License Verification\*
  - POA (Present on Admission Indicator)
  - PPC-Identified Patient-Level Records\*
  - Race & Ethnicity
  - Duplicate Records\*
- How to select a report (following slides)

\* Patient-Level Data



SPARCS DATA AND REPORT SYSTEM Submission Rep...

# SPARCS

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SPARCS - Statewide Planning and Research Cooperative System

## XYZ FACILITY - PFI 8888

**QUALITY REPORTS**

- DUPIP05
- DUPIP06
- DUPIP08
- DUPOPO6
- DUPOPO7
- DUPOPO8
- ICR08UP
- ICR09UP
- PHYSLIC\_IP\_06
- PHYSLIC\_IP\_07
- PHYSLIC\_IP\_08
- PHYSLIC\_OP\_06
- PHYSLIC\_OP\_07
- PHYSLIC\_OP\_08
- POA\_DOH
- POA\_DOH\_08
- POA\_PPC\_3M\_06
- POA\_PPC\_3M\_05
- RACE\_ETHNIC\_AS\_06
- RACE\_ETHNIC\_AS\_07
- RACE\_ETHNIC\_AS\_08
- RACE\_ETHNIC\_ED\_06
- RACE\_ETHNIC\_ED\_07
- RACE\_ETHNIC\_ED\_08
- RACE\_ETHNIC\_IP\_06
- RACE\_ETHNIC\_IP\_07
- RACE\_ETHNIC\_IP\_08

REPORT NAME	DESCRIPTION
POA_DOH	Bi-Annual DOH Analysis of the POA Indicator by payer
POA_PPC_3M	Annual 3M analysis of the POA indicator
	- PPC Descriptions
	- PPC List 1
	- PPC List 2
	- PPC List 3
RACE_ETHNIC_IP_YR	Inpatient Race and Ethnicity analysis
RACE_ETHNIC_AS_YR	Ambulatory Surgery Race and Ethnicity analysis
RACE_ETHNIC_ED_YR	Emergency Department Race and Ethnicity analysis
PhysLic_IP_YR	Inpatient physician license match against the NYSED master license file
PhysLic_OP_YR	Outpatient physician license match against the NYSED master license file

CONTACT US AT: sparc@health.state.ny.us

SPARCS DATA AND REPORT SYSTEM SUBMISSION RESULTS - Windows Internet Explorer

https://commerce.health.state.ny.us/portal/cgi-bin/qs/qs/s/subreportviewlist.cgi?unit\_group=8888

## SPARCS DATA AND REPORT SYSTEM SUBMISSION RESULTS

Z Test Hospital - PFI 8888

Data File Upload  
Data/Report Request

Submission Results Cleanup  
Request Upload Access for Additional Facilities

PLEASE NOTE: Files listed below will only be available on this server for 30 days.

**EDIT REPORTS**

Log No. 1011922  
Download View

**ERROR FILES**

Log No. 1011922  
Download View

**FAILURE NOTICES**

Log No. 0010022  
Download View

**HOSPITALS OWN DATA**

Inpatient X70708  
Download View

**QUALITY REPORTS**

PREPORT  
Download View

**Quality Reports**

Select View or Download

**QUALITY REPORTS DESCRIPTIONS**  
Potentially Preventable Complications (PPC) Descriptions  
[PPC List 1](#) [PPC List 2](#) [PPC List 3](#)

PLEASE NOTE: The files listed above will only be available on this server for 30 days.

HPN Home Page

## Physician License Data Quality Report

- Purpose of Reports
  - To validate practitioner license numbers for both Inpatient and Outpatient files submitted to SPARCS against NYS Education License File
- Data Elements validated
  - Attending/Emergency Dept. Physician 1 State License Number
  - Operating/Emergency Dept. Physician 2 State License Number
  - Other/Emergency Dept. Physician 3 State License Number



## Physician License Data Quality Report (2)

- Frequency of Reports
  - Beginning April 2008, with February 2008 discharges, license match quality reports will be produced on a monthly basis.
  - SPARCS will be comparing license types (physician and limited licenses) with the State Education Department's (SED) licensure file.



## Physician License Data Quality Report (3)

- **Impact of Poor Reporting**
  - Practitioners may be practicing with expired or inactive professional license.
  - Inadequacies with a facility's internal credentialing processes.
  - Data submission will not make it into master file if criteria are not met.



## Physician License Data Quality Report (4)

- **Criteria for Quality & Meeting Threshold**
  - In January 2009, SPARCS will be implementing a "PASSING PERCENTAGE" threshold of 90%
  - Using Current NYS Education Dept. License File
  - Analyzing license numbers for 5 months of discharges "Based" on the current month



## Physician License Data Quality Report (5)

Example of typical submission containing more than one month:

60 Day Due Date	Discharge Month Due	License Edit for 5 Months	# Records
October	August	June	10
		July	40
		August	100
		September	35
		October	5
<b>Total</b>			<b>190</b>
<b>90% Threshold</b>			<b>171</b>

## Physician License Report Sample of Outpatient Data

2008 OUTPATIENT INVALID LICENSE SUMMARY REPORT

Date: 07/03/2008

PFI Site Name ADDR  
 2222 SAMPLE SITE - 123 ABC STREET City, NY 103331  
 Lic Number Attn Phys Oper Phys Oth Phys  
 111111 2 2 0

Total Physican records 2412  
 Total Physican errors 2  
 Percent Passed 99

**SUMMARY**

**DETAILS**

2008 OUTPATIENT INVALID LICENSE NUMBER REPORT

Date: 07/03/2008

PFI Site Name ADDR  
 2222 SAMPLE SITE - 123 ABC STREET City, NY 103331  
 Patient Ctrl1 Numb Med Record Sex Admit DT Dischg DT AttnPhys OperPhys OthPhys Invalid Phys  
 V007190000 M0070000 F 20080130 20080130 111111 111111 111111  
 V007210000 M0170000 M 20080130 20080130 111111 111111 111111

**PLEASE Refer to Handout #6**



SPARCS - Statewide Planning and Research Cooperative System - Windows Internet Explorer

https://commerce.health.state.ny.us/hpn/sparcs/qualityreports.html

# SPARCS

Statewide Planning and Research Cooperative System

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SPARCS - Statewide Planning and Research Cooperative System

## SPARCS - Data Quality Reports

SPARCS is beginning to post data quality analysis reports specific to your facility's Permanent Facility Identifier (PFI). The purpose of these reports is to bring to your attention anomalies identified in the discharge data reported to SPARCS. Descriptions of the reports are listed below along with a button to view the Data Quality Reports. Please contact SPARCS if you have any questions at 1-800-638-3608.

REPORT NAME	DESCRIPTION
POA_DOH	Bi-Annual DOH Analysis of the POA indicator by payer
POA_PPC_3M	Annual 3M analysis of the POA indicator
	- PPC Descriptions
	- PPC List 1
	- PPC List 2
	- PPC List 3
Race_Ethnic_IP_YR	Inpatient Race and Ethnicity Analysis
Race_Ethnic_AS_YR	Ambulatory Surgery Race and Ethnicity analysis
Race_Ethnic_ED_YR	Emergency Department Race and Ethnicity analysis
PhysLic_IP_YR	Inpatient physician license match against the NYSED master license file
PhysLic_OP_YR	Outpatient physician license match against the NYSED master license file

[Physician License Lookup](#)

[View Quality Reports](#)

\*Access Restricted

CONTACT US AT: sparcs@health.state.ny.us

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3:13 PM

Select

Spars Physician Query - Windows Internet Explorer

https://commerce.health.state.ny.us/hpn/sparcs/applications/subsparc/qualpt/lookups

# SPARCS

Statewide Planning and Research Cooperative System

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SPARCS - Statewide Planning and Research Cooperative System

Provider Type      License No. \*AND/OR\*      Enter Last Name OR Name String      Lookup Instructions

Acupuncture  
 Audiologist  
 Chiropractor  
 Dentist  
 Dietitian/Nutritionist  
 Midwife  
 Nurse Practitioner  
 Occupational Therapist  
 Optometrist  
 Physical Therapist  
 Physician  
 Podiatrist  
 Psychologist  
 Social Workers  
 Speech-Language Pathologists

Exact Match  
 Contains  
 Exact Match  
 Contains  
 Exact Match  
 Contains

[Search](#) [Reset](#)

[HPN Home Page](#)      [SPARCS Home Page](#)      [State Education Dept.](#)      [Comments or Questions](#)

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3:15 PM

## LIVE DEMO

- Physician License Lookup



## QUESTION 9



## POA – Present on Admission Indicator Data Quality Report Inpatient Only

- Purpose of Reports
  - To identify secondary diagnoses that were present on admission
- Data Elements validated
  - Present on Admission (POA)
  - Secondary Diagnoses
  - Payer



## POA – Present on Admission Indicator Data Quality Report (2)

- Frequency of Reports
  - Beginning in April 2008 with data for 2006 through 2007, SPARCS will produce bi-yearly reports on a bi-yearly basis.
- Criteria for Quality & Meeting Threshold
  - Criterion 1: POA specified as 'Uncertain' should not exceed 10% of the overall POA Indicators for that given bi-yearly period.
  - Criterion 2: POA specified as 'Present on Admission' should not exceed 99% of the overall POA Indicators for that given bi-yearly period.
  - Criterion 3: POA specified as 'Not Present on Admission' should not exceed 50% of the overall POA Indicators for that given bi-yearly period.



# POA Report Sample Data

## POA Quality Report: Criteria 1

Facility Name: =

Present On Admission (POA)	Primary Payer	Discharge Date							
		2006: 1st Half		2006: 2nd Half		2007: 1st Half		2007: 2nd Half	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Criteria 1: POA: Uncertain (>10%)	Medicaid	0	0.00%	0	0.00%	66	2.58%	325	12.72%
	Medicare	0	0.00%	0	0.00%	160	1.14%	1,412	9.87%
	Other	0	0.00%	0	0.00%	95	1.64%	702	11.96%
	Total	0	0.00%	0	0.00%	321	1.44%	2,439	10.73%



# POA Report Sample Data

## POA Quality Report: Criteria 2

Facility Name: =

Present On Admission (POA)	Primary Payer	Discharge Date							
		2006: 1st Half		2006: 2nd Half		2007: 1st Half		2007: 2nd Half	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Criteria 2: POA: Present (>99%)	Medicaid	1,576	85.79%	1,829	83.89%	2,122	92.30%	673	97.25%
	Medicare	21,236	92.79%	20,095	92.92%	21,835	96.95%	7,382	99.52%
	Other	10,288	77.63%	10,033	77.82%	11,272	89.73%	4,109	98.86%
	Total	33,100	87.16%	31,957	87.08%	35,229	94.24%	12,164	99.17%



## POA – Present on Admission Indicator Data Quality Report (3)

- **Incorrectly reported Present on Admission Indicator may:**
  - reflect insufficiencies with a facility's coding processes
  - decrease the integrity of SPARCS data used by New York State government agencies and researchers alike



## POA – Present on Admission Indicator Data Quality Report (4)

- **Impact of Poor Reporting**
  - As of July 1, 2008, Medicaid Claims without indicator will be denied
  - Affect our goal of enhancing patient safety and quality
  - Affects the PPC Project – Potentially Preventable Complications



# QUESTION 10



## How can Race & Ethnicity collection be improved?

- The Health Research and Educational Trust (HRET) Race and Ethnicity toolkit
- Designed to help facilities implement a framework to collect information from patients/enrollees about their race and ethnicity.
- <http://www.hretdisparities.org/>



## The HRET framework

- Offer a rationale to the patient for why they are being asked to provide information about their race and ethnicity.
- Create a script that is taught to staff so that responses to patients are uniform.
- Create a method for patients to self identify their race and ethnicity.
- Create a standard approach for analyzing the data.
- Offer assurances that the data will be held in strict confidentiality and put into place procedures that guarantee that claim.



## Race & Ethnicity Data Quality Report

- Purpose of Reports
- Data Elements Validated
- Frequency of Reports
- Criteria for Quality & Meeting Threshold
- Impact of Poor Reporting



## Race & Ethnicity Data Quality Report Sample Data (Poor)

ETHNICITY	RACE	HOSPITAL COUNT	STATEWIDE COUNT	HOSPITAL %	STATEWIDE %
Hispanic	Asian	0	369	0.00	0.01
	Black	0	21,957	0.00	0.83
	Native American	0	1,106	0.00	0.04
	Native Hawaiian or Other Pacific Islander	0	3	0.00	0.00
	Other	9	183,641	0.04	6.92
	Unknown	13,657	44,792	54.72	1.69
	White	0	94,929	0.00	3.58
<b>Hispanic</b>		<b>13,666</b>	<b>346,797</b>	<b>54.75</b>	<b>13.06</b>
Not Hispanic	Asian	0	74,392	0.00	2.80
	Black	6	456,720	0.02	17.20
	Native American	0	8,249	0.00	0.31
	Native Hawaiian or Other Pacific Islander	0	115	0.00	0.00
	Other	2	78,549	0.01	2.96
	Unknown	11,285	45,016	45.21	1.70
	White	0	1,413,679	0.00	53.25
<b>Not Hispanic</b>		<b>11,293</b>	<b>2,076,720</b>	<b>45.24</b>	<b>78.23</b>
Unknown	Asian	0	1,573	0.00	0.06
	Black	0	16,623	0.00	0.63
	Native American	0	308	0.00	0.01
	Native Hawaiian or Other Pacific Islander	0	23	0.00	0.00
	Other	1	81,106	0.00	3.06
	Unknown	0	43,200	0.00	1.63
	White	0	88,329	0.00	3.33
<b>Unknown</b>		<b>1</b>	<b>231,162</b>	<b>0.00</b>	<b>8.71</b>
<b>Total Hospital Reported 24,960 Compared to: Statewide Reported 2,654,679</b>					

## Race & Ethnicity Data Quality Report Sample Data (Better)

ETHNICITY	RACE	HOSPITAL COUNT	STATEWIDE COUNT	HOSPITAL %	STATEWIDE %
Hispanic	Asian	0	369	0.00	0.01
	Black	0	21,957	0.00	0.83
	Native American	0	1,106	0.00	0.04
	Native Hawaiian or Other Pacific Islander	0	3	0.00	0.00
	Other	0	183,641	0.00	6.92
	Unknown	0	44,792	0.00	1.69
	White	0	94,929	0.00	3.58
<b>Hispanic</b>		<b>0</b>	<b>346,797</b>	<b>0.00</b>	<b>13.06</b>
Not Hispanic	Asian	315	74,392	1.05	2.80
	Black	4,082	456,720	13.59	17.20
	Native American	74	8,249	0.25	0.31
	Native Hawaiian or Other Pacific Islander	0	115	0.00	0.00
	Other	1,467	78,549	4.88	2.96
	Unknown	53	45,016	0.18	1.70
	White	23,060	1,413,679	76.79	53.25
<b>Not Hispanic</b>		<b>29,051</b>	<b>2,076,720</b>	<b>96.74</b>	<b>78.23</b>
Unknown	Asian	0	1,573	0.00	0.06
	Black	0	16,623	0.00	0.63
	Native American	0	308	0.00	0.01
	Native Hawaiian or Other Pacific Islander	0	23	0.00	0.00
	Other	0	81,106	0.00	3.06
	Unknown	980	43,200	3.26	1.63
	White	0	88,329	0.00	3.33
<b>Unknown</b>		<b>980</b>	<b>231,162</b>	<b>3.26</b>	<b>8.71</b>
<b>Total Hospital Reported 30,031 Compared to: Statewide Reported 2,654,679</b>					

# QUESTION 11



## Duplicate Claims Data Quality Report

- Purpose of Reports
- Data Elements Validated
- Frequency of Reports
- Criteria for Quality & Meeting Threshold
- Impact of Poor Reporting



# Duplicate Claims Data Quality Report Sample Data (Inpatient)

## 2007 Inpatient Potential Duplicate Summary Report PFI 8888 - TEST FACILITY CENTER

Date: 09/03/2008

Patient Control No.	Medical Record No.	Sex	Admit Date	Discharge Date	Unique Personal ID	Insurance Policy No.
V00027299999	L000333261	M	06/14/2007	06/14/2007	SKTTJO8978	ZZZZZ0244744
V00027299999	L000334267	M	06/14/2007	06/14/2007	SKTTJO8978	
V00027999999	L000112485	M	11/13/2007	11/14/2007	FRSTJA0000	ZZZZZ0105015
V00027999999	L000112867	M	11/13/2007	11/14/2007	FRSTJA0000	ZZZZZ0105015



# Duplicate Claims Data Quality Report Sample Data (Outpatient)

## 2008 Outpatient Potential Duplicate Summary Report PFI 8888 - TEST FACILITY HOSPITAL

Date: 09/03/2008

Patient Control No.	Medical Record No.	Sex	Admit Date	Discharge Date	Discharge Hom	Unique Personal ID	Primary Diagnosis
88888529	X331936	F	01/01/2008	01/01/2008	19	SKTTJO8909	64003
88888062	X331936	F	01/01/2008	01/01/2008	19	SKTTJO8909	64003
99999469	Z987598	F	01/04/2008	01/04/2008	16	DENTLA8767	7172
99999893	Z987598	F	01/04/2008	01/04/2008	16	DENTLA8767	7172



# New this Year SPARCS Data Report Summary

- New this year – summarized report to capture how facilities are reporting certain data elements:
  - Physician License Data
  - Race/Ethnicity Data
  - Present on Admission Data
  - ICR / SPARCS Comparison

PLEASE SEE HANDOUT #8- ABC HOSPITAL



Adobe Acrobat Professional - [F\_Qual\_ABC.pdf]

File Edit View Document Comments Tools Advanced Window Help

100%

SPARCS Data Quality Report Summary

Inpatient  
ABC Hospital  
PH ABCD

**I Physician License Valid - 2008 Data**  
Data as of August 2008

	Year Hospital	%	
	Statewide	100.0%	▲
		90.0%	

**II Race/Ethnicity - 2008 Data**  
Data as of August 11, 2008

Ethnicity:	Race:			Black			Unknown		
	Hispanic	Non-Hispanic	Unknown	PH	ABCD	Statewide	PH	ABCD	Statewide
	0.13%	85.55%	0.00%	▲	▲	▲	▲	▲	▲
	0.00%	0.00%	0.00%	▲	▲	▲	▲	▲	▲

**III POA - 2008 Data**  
Jan-June 2008 - Data as of August 11, 2008

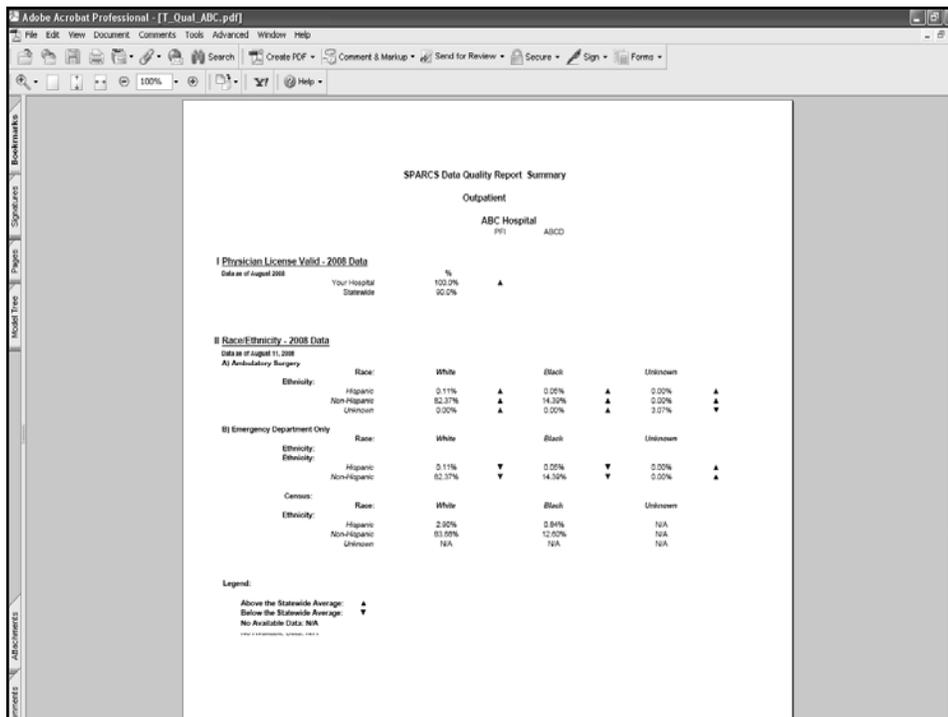
Criterion	Medicaid	Medicare	Other
Criterion 1 (Uncertain >10%)	0.23%	0.23%	0.33%
Criterion 2 (Present >50%)	73.45%	75.10%	75.35%
Criterion 3 (Not Present >50%)	8.49%	8.40%	9.35%

**IV ICR\*\* - SPARCS Comparison - 2005 Data**

	Discharges	Days
Inpatient ICR	30,265	187,083
SPARCS	30,211	186,340
Difference	-54	-743
Criteria: No more than +/- 3% Change	-0.21%	-0.39%

Legend:  
▲ Above the Statewide Average  
▼ Below the Statewide Average  
■ No Available Data: N/A

1 of 2



## Physician License SPARCS Data Report Summary (2)

- Both Inpatient and Outpatient files if applicable
- Looking for a 90% or higher to meet what is currently being submitted correctly statewide.



## Race/Ethnicity

### SPARCS Data Report Summary (3)

- Inpatient, Ambulatory Surgery and Emergency Department if applicable
- Checking Race categories of White, Black and Unknown and comparing to County Census Percentages reported of those Race and Ethnicities.
- Those reported above those Census percents are perceived as being incorrectly reported.



## Present on Admission

### SPARCS Data Report Summary (4)

- Inpatient only – based on Secondary Diagnoses
- Using same criteria as Quality Reports
- Shows if your Hospital is reporting within the expected Criteria.



## ICR – SPARCS Comparison SPARCS Data Report Summary (5)

- ICR – Meaning Institutional Cost Report
- Comparing Number of Discharges and Number of Days between those submitted to SPARCS and those submitted to Finance office within NYSDOH.
- Criterion is No more than +/- 3 %



## What are the Performance Metrics Reports?

- Report Names:
  - Potentially Preventable Complications (PPC) Reports (Inpatient)
  - POA 3M Quality Report (Inpatient)
  - Institutional Cost Report (ICR) Comparison (Inpatient)
  - Inpatient Quality Indicators (IQI)
  - SPARCS Data Quality Report Summary



## What are the PPC Reports?

### Performance Metrics Reports POTENTIALLY PREVENTABLE COMPLICATIONS

- Developed by Hospital Associations and 3M Health Information Systems in response to the nationwide emphasis on patient safety in recent years
- Not a new project.... just a new year of reports... 2006
- Statistical reports to aid in the identification of records (found in Data Quality Reports)

(cont. ...)



## What are the PPC Reports?

### Performance Metrics Reports

- Identify potentially preventable complications from among secondary diagnoses that were not present on admission
- Since not all complications that occur after admission are potentially preventable, 2 things considered:
  - 1) whether a secondary diagnosis that arises after admission should be considered a complication, and
  - 2) whether the complication is potentially preventable, given the patient's reason for admission



## What are PPC Categories?

### Performance Metrics Reports

(See detail in Handout #7.1)

- 35 Categories
- Based on ICD-9-CM Diagnosis and Procedure Codes
- Use secondary diagnosis and severity of illness at admission
- Example of categories:
  - Shock (#7)
  - Acute Myocardial Infarction (#9)
  - Obstetrical Lacerations & Other Trauma Without Instrumentation (#32)



## Why do I want a PPC Report?

### Performance Metrics Reports

- Makes your own data useful
- Provides direction to improve care
- Can target specific departments in hospital
- Can create an internal process to monitor quality within facility
- Provides focus on Patient Safety



## 1<sup>st</sup> Step: Pass the POA Criteria

### Performance Metrics Reports

- Present on Admission (POA) Data Element used in Statistical Model to determine severity of illness
- If POA not coded properly, not useful for analysis in statistical model - facilities excluded from analysis.



## What are the POA Criteria for PPC Project?

### Performance Metrics Reports

- **Onset Uncertain (U)**
  - Statewide Avg (as of 9/08): 3.34%
  - **Criterion 1:** > 10%
  - Could not be determined
- **Onset Prior to Admission code (Y)**
  - Statewide Avg (as of 9/08): 88.15%
  - **Criterion 2:** >99%
- **Onset Not Prior to Admission (N)**
  - Statewide Avg (as of 9/08): 8.49%
  - **Criterion 3:** > 50%



## What are the POA Criteria for PPC Project?

### Performance Metrics Reports

- **Criterion 4:**
  - Diagnosis PoA specified as NOT PRESENT ON ADMISSION for Diagnoses in List 1 > 5%
- **Criterion 5:**
  - For surgical patients, diagnosis PoA specified as PRESENT on ADMISSION for Diagnoses in List 2 > =49%
- **Criterion 6:**
  - For surgical patients, diagnosis PoA specified as PRESENT on ADMISSION for Diagnoses in List 3 >=68%



## PPC Criteria on the POA

### Performance Metrics Reports

- Example Criterion 4 (List 1) (7,875 codes)
- Diagnosis as “Not Present on Admission” in list > 5%
- Or Cases with these codes should have a POA as “Present on Admission” 95% of the time

<u>Code</u>	<u>Description</u>
010	PRIMARY TUBERCULOUS COMPLEX, UNSPECIFIED EXAMINATION
0661	TICK-BORNE FEVER
7224	DEGENERATION OF CERVICAL INTERVERTEBRAL DISC
991	FROSTBITE OF FACE



## PPC Criteria on the POA Performance Metrics Reports

- Example Criterion 5 (List 2) (15 codes)
- Surgical Patients should have these secondary diagnoses "Present on Admission" 49% of time or less

### Code Description

7991	Respiratory Arrest
9973	Surgical Complication Respiratory System



## Who passed the POA Criteria? Performance Metrics Reports

### 2006 Data

- 157 Hospitals Passed ALL 6 criteria
  - Will receive their own reports on Performance Metric Section on HCS
  - Will receive their PPC Data files on Quality Report Section on HCS
- 83 Hospitals did not pass criteria
  - Will receive "St. Elsewhere" Reports on Performance Metric Section



## 2<sup>nd</sup> Step: Where do I get the PPC information?

### Performance Metrics Reports

- ON THE HCS
  - Performance Metric Report Section
    - 3M POA Quality Report
    - Your Facilities Reports 1,2,3,4 or “St. Elsewhere’s”
  - Quality Report Section
    - 3M POA Quality Report (same)
    - Data File with individual detail for each facility that passed all criteria



## 3<sup>rd</sup> Step: How do I use the PPC Reports?

### Performance Metrics Reports

(See detail in Handout #7)

- Focus on REPORT 3 ALL SERVICE LINES STATE :
  - \* = Higher rate; more cases in the expected column; need to improve this area
  - \*\*\* = Lower rate; fewer cases in the expected column; good job



## 4<sup>th</sup> Step: How do I use the PPC Data File?

### Performance Metrics Reports

- EXCEL file on HCS
- Contains all cases identified in PPC project
- Sort by PPC Group that you need to improve upon (one star \* )
- Sort by Service Category to see if Departmental problem
- Pull the charts to investigate!!



## 4<sup>th</sup> Step: Example File

### Performance Metrics Reports

phi	ptctn	medrec	admdt	disdt	sex	dob	ppcnum	servline
8888	110000000	10100000	20061024	20061026	F	19XXXXXX	12	05 VASCULAR SURGERY
8888	110000001	10100001	20061208	20061228	F	19XXXXXX	08	22 NEPHROLOGY
8888	110000002	10100002	20060502	20060510	M	19XXXXXX	08	10 PULMONARY MEDICINE
8888	110000003	10100003	20060115	20060130	F	19XXXXXX	30	14 GASTROENTEROLOGY
8888	110000004	10100004	20060427	20060429	F	19XXXXXX	08	14 GASTROENTEROLOGY
8888	110000005	10100005	20060424	20060427	F	19XXXXXX	24	05 VASCULAR SURGERY



## ICR Report

Performance Metrics Reports

- Inpatient only
- Soon to be adding Ambulatory Surgery
- Comparison of total discharges/visits and days



## What do you mean the ICR report doesn't match the SPARCS counts?

Performance Metrics Reports

- Annual Institutional Cost Report (ICR)
- Financial Report compared to SPARCS counts
  - ICR is reflective of PAYMENT
  - SPARCS is reflective of EXPECTED PAYER
  - Ideal to be within +/- 3%



## Why is there a difference between my ICR discharges & SPARCS discharges?

### Performance Metrics Reports

- Differences might be due to:
  - Hospice services
    - Not in SPARCS
  - Article 31 facilities included
    - SPARCS is only Article 28
  - Cases submitted to SPARCS after ICR closed
  - Patient payment status changed
  - Newborns without charges



## How can I compare the ICR to SPARCS monthly?

### Performance Metrics Reports

- Quality Section on HCS
  - HCS SPARCS Report Requests
  - Your monthly submission reports are now reflected in the comparison report
- Data Report Request Selection
  - Report generated by year selected



## What are the Inpatient Quality Indicators (IQI)?

### Performance Metrics Reports

- Measurements produced by Agency for Healthcare Research Quality (AHRQ)
  - Free software produces statistical coefficients
    - Results with good “-” or bad “+”
  - [www.qualityindicators.ahrq.gov/iqi\\_download.htm](http://www.qualityindicators.ahrq.gov/iqi_download.htm)
  - NYS DOH ran software for you



## AHRQ's IQI

### Performance Metrics Reports

- Three Types of Indicators:
  - Mortality for Inpatient Procedures
    - 8 Measures
    - Ex: Abdominal Aortic Aneurysm (AAA) repair
  - Mortality for Inpatient Conditions Indicators
    - 7 Measures
    - Ex: Acute Myocardial Infarction (AMI)
  - Procedure Utilization Indicators
    - 7 Measures
    - Ex: Cesarean Delivery Rate



## The Future of SPARCS

- Continued commitment to standards
- Technologically current
- We always try to get better



## To Subscribe to SPARCS-L

[www.health.state.ny.us](http://www.health.state.ny.us)

- Follow path to:
  - Statistics & Data
  - Hospital Discharge
  - SPARCS (Home Page)
  - Resources (Select Listserv)
- Listserv
- Follow the instructions under SPARCS-L



## Contact Information

[www.health.state.ny.us/statistics/sparcs](http://www.health.state.ny.us/statistics/sparcs)

Phone: 518-473-8144 or  
800-638-3808

Fax: 518-486-3518

Email: [sparcs@health.state.ny.us](mailto:sparcs@health.state.ny.us)

*When calling,  
Please know your PFI  
THANK YOU*

