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SPARCS Data Compliance:
Introduction of Data Quality Protocol

Presented by:

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Agenda

1. Introduction to SPARCS

2. Purpose of Quality Data

3. Data Quality Reports

4. Compliance

5. Quality Report Implementation Schedule

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What is SPARCS?

- Statewide Planning and Research Cooperative System (SPARCS)
  - Cooperation between the health care industry and government

- In existence for over 35 years: established through statute in 1979

- All payer claim level detail on patient characteristics, diagnoses and treatments, services, and charges for hospital discharges, ambulatory surgery, emergency department, and hospital based outpatient service visits (or EODC) in New York State

- Public web link: http://www.health.ny.gov/statistics/sparcs/
  - SPARCS Operations Manual
  - Data Governance Policy and Procedures
  - Training (http://www.health.ny.gov/statistics/sparcs/training/)

- Health Commerce System (HCS):
  https://commerce.health.state.ny.us/public/hcs_login.html
  - SPARCS Home Page for facilities

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Who Submits to SPARCS?

- Facilities licensed under Article 28 of the Public Health Law

- Freestanding ambulatory surgery centers (D&TC's)

Inpatient Services
- Article 28

Outpatient Visits
- Emergency Department
- Ambulatory Surgery
  - Free-Standing Diagnostic & Treatment Center (D&TC)
  - Hospital Based
- Hospital Based Outpatient
  - EODC = Expanded Outpatient Data Collection

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SPARCS Data Uses

- Financial, Rate Setting (e.g., APR-DRG SIWs)
- Developing and Evaluating Policy
- Epidemiology
- Health Planning/Resource Allocation
- Quality of Care Assessment
- Research
- Surveillance
- Utilization Review
- Geo-coding
- Linkages with other data sets, registries, etc.
- AHRQ Healthcare Cost and Utilization Project (HCUP)
- AHRQ Quality, Efficiency and Patient Safety Measures (i.e. IQI, PQI/PDIs, PSIs)
- 3M Efficiency Measures (i.e. PPVs, PPRs, PPCs)

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Purpose of Quality Data

- Complete, accurate and timely submission of SPARCS data is an essential process for all Article 28 facilities operating in New York State.

- 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 becomes.

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Statutory Authority

- Amended regulations (Section 400.18 of Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR)), adopted in September 2014, include provisions for compliance based on data quality.

- Provisions of the amended regulations permit the SPARCS program to:
    - Conduct an audit evaluating the quality of submitted SPARCS data
    - Issue an audit report to a health care facility with any inadequacies or inconsistencies in their data
    - Any health care facility audited must submit corrected data to the SPARCS program within 90 days of the receipt of the audit report.

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SPARCS Data Compliance Protocol: Quantity and Quality

- SPARCS program staff have developed a SPARCS Data Compliance Protocol, which incorporates quality with the current quantity compliance.

- This protocol was posted to the public website in November 2016 and can be found at: http://www.health.ny.gov/statistics/sparcs/training/

- The protocol describes how:
  - The quantity and quality of data submitted by facilities will be monitored
  - Issues identified with submitted facility data will be posted to the HCS
  - Unresolved issues will be enforced

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Data Quality Reports

- The SPARCS program staff will generate quantity and quality reports on a monthly basis, which will be uploaded to the HCS

- The quality reports follow the audit reports on the quantity side, which assist facilities in recognizing inadequacies or inconsistencies in their data

- Allows facilities to make the necessary actions prior to the Data Quality Audit Report

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Data Quality Reports

- Available on the HCS, under SPARCS, then Reports

Data Quality Report Benchmarks

Report Name	Quality Benchmarks
Present on Admission	POA Assessment Criteria Description: 1. Pre-existing Diagnosis Codes Specified as Not POA 2. Percent Uncertain on Indicator for Secondary Diagnosis 3. Large Number of Secondary Diagnoses with POA 4. Small Number of Secondary Diagnoses with POA 5. For Elective Surgical Patients, Surgical Diagnoses marked as POA
SPARCS/ICR Comparison	ICR Days Under/Over Reported in SPARCS (5%), ICR Discharges Under/Over Reported in SPARCS (3%), and ICR Charges Under/Over Reported in SPARCS (5%).
Claim Filing Indicator and Payment Typology	If a record contains a Claim Filing Indicator Code and a Payment Typology code that are not covered in the crosswalk map, the pairing will be highlighted in the report.
Patient County Correctly Reported / Homeless Indicator	If the percentage of county codes coded as '99' is 20 percent or greater than the total number of discharges reported for the year. If the number of discharges with Residence Indicator coded with an 'H' is greater than the number of discharges where the Address field is coded with 'HOMELESS'.

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Data Quality Report Benchmarks (cont'd)

Report Name	Quality Benchmarks
Patient Disposition	The facility's data will be highlighted in the report if 100 percent of the facility's patient disposition is classified as 'Home'.
Diagnosis and Procedures	Facilities with the lowest 10th percentile of diagnosis and procedures at the State level Cases with significant variation between the facilities data and the calculated averages in its region, the data will be reviewed.
Expanded Race and Ethnicity	Ethnicity: Either the 'Hispanic' rate is 0 or 'Unknown' rate is 100 percent. Race Overall: Either 100 percent of discharges are listed as 'other' or total discharges are greater than 200 and all reported as 'white'. Race Specific: Discharges totals for Asian, Native Hawaiian/Pacific Islander or Multiple Race are greater than 50 and the 'specific' count is zero.

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Data Quality Report Benchmarks (cont'd)

Report Name	Quality Benchmarks
Point of Origin	100 percent of the facility's point of origin is classified as Non-Health Facility 90 percent or more is classified as Undefined Facility. For Newborn Only, if incorrect codes populate the Point of Origin data field.
Discharge Hour	The facility's data will be highlighted in the report if 50 percent or greater of the facility's discharge hour is classified as any one of the possible discharge hours including unknown discharge hour (99). These cases will be deemed to be an anomaly.

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Data Quality Audit Report

- On a quarterly basis, SPARCS will post a Data Quality Audit Report for Inpatient, Ambulatory Surgery and Emergency Department discharges/visits

- The report initiates the 90 calendar day period for facilities to address any inadequacies or inconsistencies

- This process follows the quantity compliance on quarterly reconciliation

- The report identifies facility non-compliance for each quality report
  - Non-compliance is identified by a star (*)

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Data Quality Audit Report

Compliance Based on Quality

- Facilities should be investigating individual data quality reports where non-compliance is identified in the quarterly data quality audit report

- This process is similar to the compliance quantity reports currently issued for submissions

- Facilities in non-compliance with any data reports must either:
  - Report to the SPARCS program in writing, by email or letter, that the data in question truly reflects those discharges and patients, with documentation supporting that assertion, or
  - Submit corrected data to the SPARCS system within 90 days of the receipt of the report

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SPARCS Program working with Facilities

- During the 90 day period, SPARCS program staff will work with facility contacts to help them determine the root cause of data quality issues and corrective actions undertaken.

- Failure to comply may result in Statements of Deficiency (SOD) issued, with possible fees and other actions levied.

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Quality Report Implementation Schedule

- Quality Reports were posted for the full CY 2014 and 2015
  - Reports are available on the SPARCS Data Submission Reports page on the HCS to help identify problem areas in their data

- The quality reports for 2016 in quarterly format are also available on the HCS

- The reports are based upon the October 2016 master file update which contains all data submitted to SPARCS by October 4, 2016

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Quality Report Implementation Schedule (cont'd)

- The quality reports for the third and fourth quarters for 2016 will follow the existing reconciliation calendar

- The 2016 data will be used to assist facilities in becoming familiar with the new quality compliance routine

- The SPARCS program expects the facilities to correct 2016 data
  - All calendar year corrections for 2016 must be completed by June 30, 2017

- Full implementation of the SPARCS Data Quality Compliance Protocol will begin with the 2017 SPARCS data submissions

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Data Quality Reports Schedule

Service Period	SPARCS Data Received By	Data Quality Report Published
Q1 2016: 1/1/2016 – 3/31/2016	5/31/2016	6/30/2016
Q2 2016: 1/1/2016 – 6/30/2016	8/31/2016	9/30/2016
Q3 2016: 1/1/2016 – 9/30/2016	11/30/2016	12/31/2016
Q4 2016: 1/1/2016 – 12/31/2016	2/28/2017	3/31/2017
Q1 2017: 1/1/2017 – 3/31/2017	5/31/2017	6/30/2017
Q2 2017: 1/1/2017 – 6/30/2017	8/31/2017	9/30/2017
Q3 2017: 1/1/2017 – 9/30/2017	11/30/2017	12/31/2017
Q4 2017: 1/1/2017 – 12/31/2017	2/28/2018	3/31/2018

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