NEW YORK STATE OF OPPORTUNITY. | Department of Health

Statewide Planning and Research Cooperative System (SPARCS) Translation Project Stakeholder Meeting

December 20, 2017

John Piddock, Director
SPARCS Operations
Bureau of Health Informatics
Division of Information and Statistics

John Bock, Director
Client Executive Management
State Government Solutions
Optum

Agenda

Time	Topic
11:30 am – 11:40 am	Welcoming Remarks
11:40 am – 11:55 am	Overview of SPARCS Translation Project
11:55 am – 12:15 pm	SPARCS File Submission Process
12:15 pm – 12:30 pm	SPARCS Response Transactions
12:30 pm – 12:55 pm	Companion Guide
12:55 pm – 1:10 pm	Beta Testing
1:10 pm – 1:25 pm	Break
1:25 pm – 1:50 pm	Timeline and Implementation Strategy
1:50 pm – 2:15 pm	SPARCS Transaction Changes
2:15 pm – 2:30 pm	Concluding Remarks

NEW YORK STATE OF OPPORTUNITY. Department of Health

Overview of SPARCS Translation Project

Reasons for Change

These modifications to the original file structure have led to a system which is:

- Inconsistent with claim submission to payers.
- Inefficient, inflexible and difficult to modify.
- Built on outdated technology.
- Not collecting all relevant content available in the transaction.
- At times, delayed processing and response to submitted files.

Project Overview

- NYSDOH has partnered with Optum Government Solutions, Inc. (Optum) for the new processing system. Solution components include:
  - 24X7 Submission and Processing Window
  - OTVM (Optum Transaction Validation Manager)
    - Translation Engine
    - Rules Engine for Performing Edits
  - Standardized Response Transactions

- Edits will more closely align with industry norms for claim submission editing

- Response transactions will include X12 standard transactions

Project Overview (cont.)

- Current SPARCS Input Specification is:
  - Loosely based on the 837R.
  - Often confusing because it contains instructions for multiple versions that have been retired (UB04 and 4050 837R).
  - Not always consistent with the X12 Implementation Guide (IG) standard.
  - Is now being retired:
    - The X12 IG will now be the primary specification source. NY specific instruction is detailed in the Companion Guide (CG), which augments the X12 IG.

NEW YORK STATE OF OPPORTUNITY. Department of Health

Project Overview (cont.)

- In the new system:
  - Files can include both inpatient and outpatient transactions. Individual claims will be classified as inpatient/outpatient using the Facility Type Code.
  - Will enable the submission of any standard code. This eliminates the current challenges presented by the use of limited or subsets of codes.
  - Many of the NYS specific requirements have been eliminated.
  - The SPARCS PC application is incompatible and will not be updated.

Timeline and Implementation - Update

Key Milestones*

Nov 6th	Optum Clearinghouse began user provisioning process.
Dec 31st	SPARCS submission process on Health Commerce System (HCS) retired; able to access reports until Jan 15, 2018.
Jan 9th	Facility training webinars begin.
Jan 15th	SPARCS page on the HCS is removed.
Jan 23rd	Facility transaction testing begins.
Mar 26th	New system in production.
Apr 30th	Each facility must have at least one record of each data type accepted into new system.

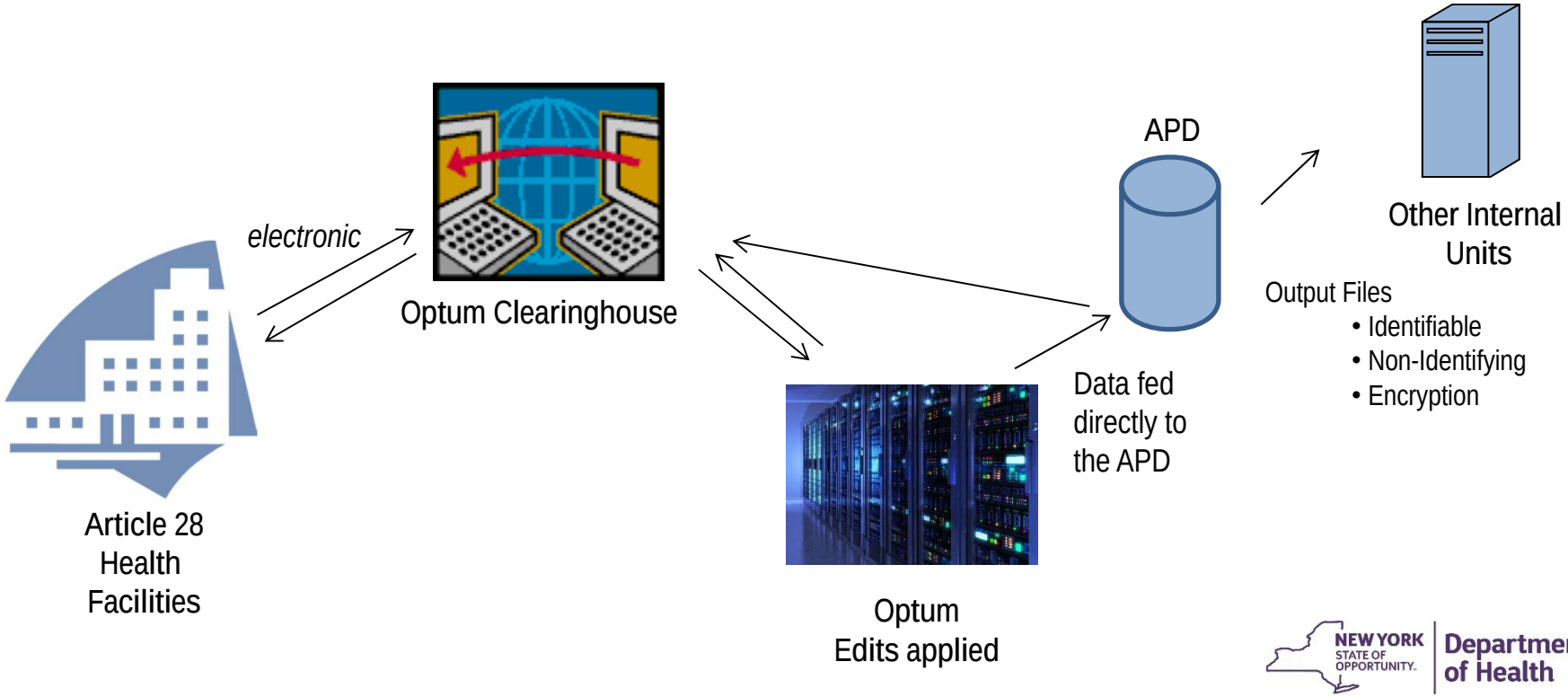
*Milestone dates are representative of current plan and are subject to change.

NEW YORK STATE OF OPPORTUNITY. Department of Health

SPARCS File Submission Process

NEW YORK STATE OF OPPORTUNITY. Department of Health

SPARCS New Submission Process



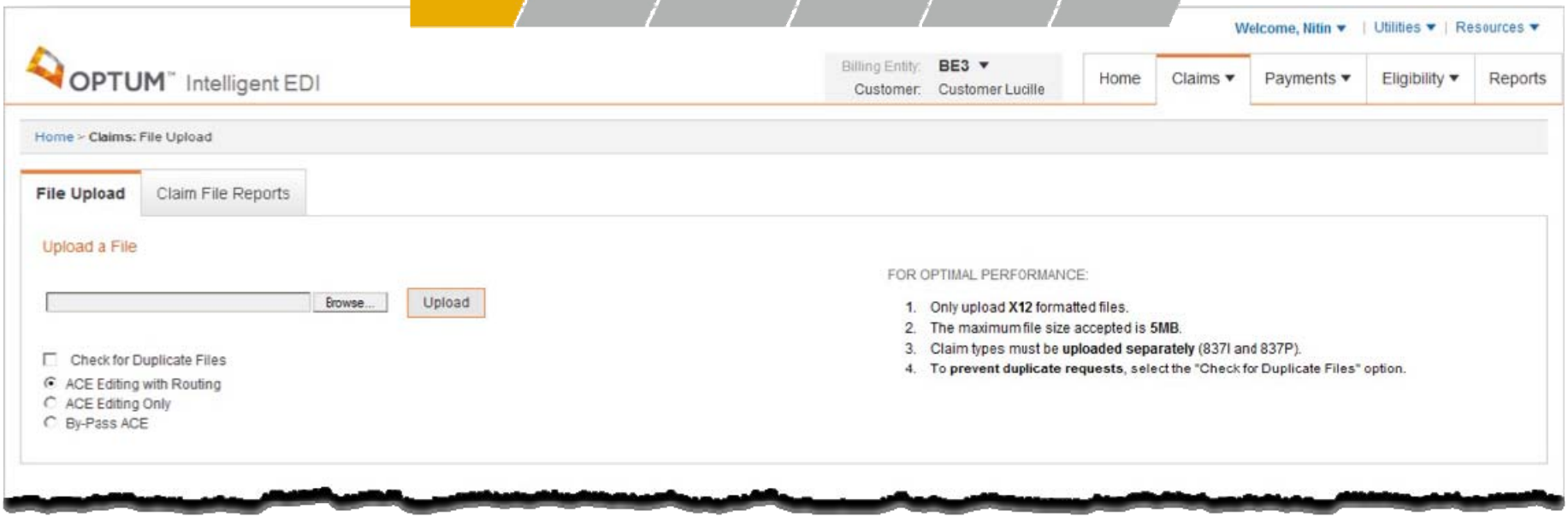
NEW YORK STATE OF OPPORTUNITY. Department of Health

SPARCS New Submission Process

Optum Clearinghouse user provisioning process:

- SPARCS Operations contacted all facilities to verify their contact information
- Optum was given this contact information and produced the necessary means for user ids into the clearinghouse for submitters
- On the week of November 6th, Optum sent out emails to the submitters regarding activation of user ids
    - If you do not have one, contact SPARCS Operations

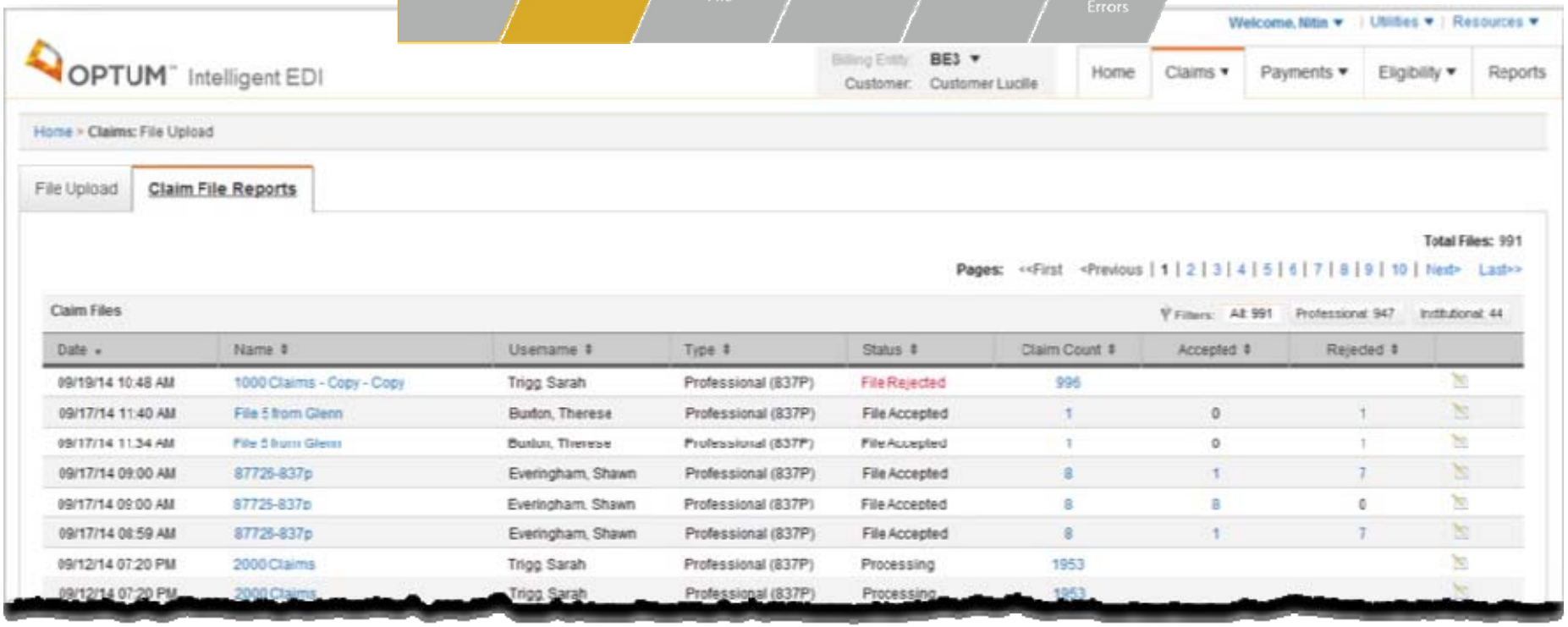
Claim File Upload | Claim File Report Tab | Download / Print Claim File | Download / Print 277 CA | View Claim Level Errors | View Service Line Level Errors



- Facility users will login to the Upload and Download Portal (IEDI) to submit files.
- Files are sent real-time from Upload and Download Portal to the EDI clearinghouse.
- The system has the ability to check for duplicate files.
- The ***maximum file size is 5MB***.

NEW YORK STATE OF OPPORTUNITY. Department of Health

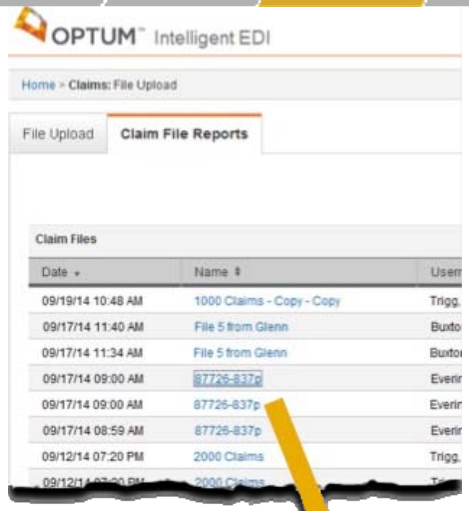
Claim File Upload | Claim File Report Tab | Download / Print Claim File | Download / Print 277 CA | View Claim Level Errors | View Service Line Level Errors

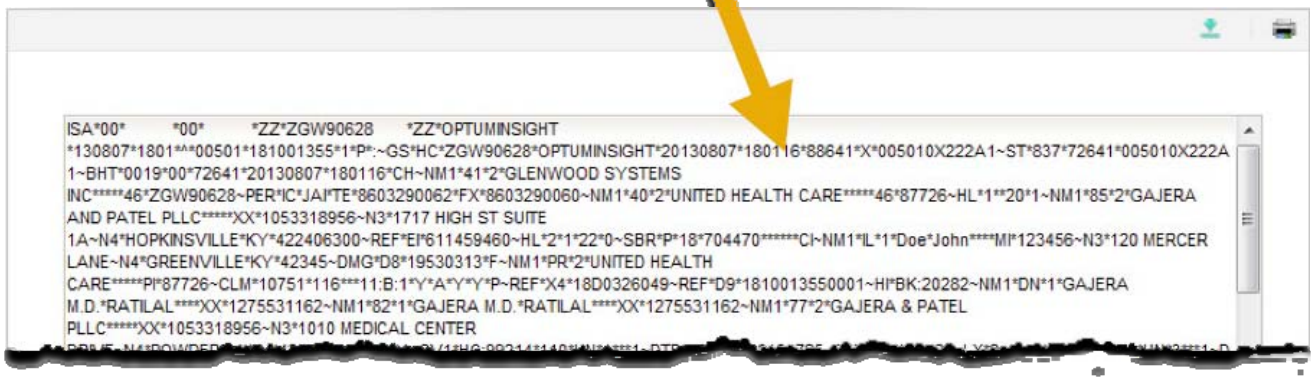


- All files uploaded are available with status information
- Allows sorting to more easily find a specific file

NEW YORK STATE OF OPPORTUNITY. Department of Health

Claim File Upload | Claim File Report Tab | Download / Print Claim File | Download / Print 277 CA | View Claim Level Errors | View Service Line Level Errors





User can:

- Click on the name of the file to view the file in a separate window
- Download or print 837 Claim File

NEW YORK STATE OF OPPORTUNITY. Department of Health

Help Desk Support

- With the processing of data submissions now being handled by Optum, they will also be handling the Help Desk for technical submission support.

- This means that facilities will no longer contact NYSDOH initially about file processing issues, but rather the Optum Help Desk will be the first point of contact.

- NYSDOH will remain involved in communications and providing assistance:
  - Working with Optum to identify problem areas in the submission process.
  - Handling Data Compliance and Statements of Deficiency (SOD).
  - Issues regarding Quality of Data.

Help Desk Support

- Help Desk Ticket Process
  - Each support issue will be assigned a help desk ticket that will be tracked updated and reported until the issue is resolved and resolution is communicated to the submitter.
  - Each ticket is assigned to a technician who is accountable to resolve the issue.
  - If the issue involves extensive research and/or IT development, the Technician will contact the submitter and provide continual updates until the issue is resolved.
  - At the start of each business day, an internal operational meeting is conducted by the clearinghouse team to review the status of all outstanding issues.

Help Desk Support (cont.)

Hours of Operation

- The OptumInsight Support Desk is staffed 9:00 am – 7:00 pm ET, Monday through Friday.

Contact Information

- Telephone: IEDI Number (800-225-8951)
- Support Fax: IEDI Number (800-225-8951)

Questions

NEW YORK STATE OF OPPORTUNITY. Department of Health

SPARCS Response Files

Response Files

- Multiple response file formats will be available:
  - Machine readable standard X12 response transactions.
    - TA1 – File Acknowledgement
    - 999 – Transaction Set Acknowledgement
    - 277CA – Claim Acknowledgement
  - Duplicate Edit and Adjustment/Void Rejection Error File
  - Rejected Claim Records in X12 837R Format

Response Files – TA1 and 999

TA1 – Interchange Acknowledgement

- Validates that the first 106 characters are compliant with the ISA segment layout
- Failure results in file rejection

999 – File Acknowledgement

- Validate the X12 syntax
- Validate Implementation Guide (TR3) rules
- Failure results in rejection of the transaction set as defined by the ST/SE

Implementation Guide Rules

- Enforce X12 syntax
  - Loops and segments are structured properly and in the right order
  - All required data elements are present
  - Applicable situational rules are enforced
  - Implementation Guide codes are valid

SITUATIONAL	SBR09	1032	**Claim Filing Indicator Code** Code identifying type of claim	O 1	ID	1/2

SITUATIONAL RULE: ***Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send.***

CODE	DEFINITION
09	Self-pay
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)

NEW YORK STATE OF OPPORTUNITY. Department of Health

Response Files – 277CA Claim Acknowledgement

- GOOD NEWS!!!!

In previous presentations, it was stated that only one error will be reported. All errors encountered and identified will be reported.

- The 277CA provides an indication of whether individual claims were accepted for further processing or rejected for facility correction.
- Error reporting will be at the claim level.
- STC12 is used to provide a human readable description of the reason for the rejection.
- When the source of the rejection is based on line level data, the STC12 description will include the affected procedure code.

Response Files
Duplicate Edit and Adjustment/ Void Rejection Error File

- Duplicate editing and Adjustment/Void processing will be performed as part of the downstream processing after the 277CA has been created.
- A comma delimited (CSV) file containing data elements necessary to identify the rejected transaction will be produced.
- Files will only be created when errors are encountered.
- Data elements include:
  - Patient Control Number (CLM01)
  - Statement From and Thru Dates (DTP03 when DTP01 = 434)
  - File Processed Date
  - Error Description

NEW YORK STATE OF OPPORTUNITY. Department of Health

Response Files
Rejected Claim Records in X12 837R Format

- This is the current “Error File” that is available for download.
- It will contain all rejected transactions in 837R format.

Response Files

- Response files will be sent back in two formats:
  - .csv format
  - A zipped format

- The content will be the same. The difference is format, to address the varying systems in use.

Questions

NEW YORK STATE OF OPPORTUNITY. Department of Health

Companion Guide

NEW YORK STATE OF OPPORTUNITY. Department of Health

Companion Guide

- 837 Claim: Health Data Reporting (X225A2 837R)
  - Developed to align, to the extent possible, with the HIPAA 837I (X223A2)
  - Collects demographic information (e.g., race/ethnicity)
  - NTE Segment used to collect Source of Payment Typology and Cardiac data elements
  - A review of over 900 files demonstrates 44% of current submissions will reject because they are not in the X225A2 837R format.
    - To find out if your files fall into this category, ask your EDI/IT team to check the value reported in ST03. That value must be '005010X225A2'.

Companion Guide

- The SPARCS Website Data Submission page can be found on the “New Process” page at https://www.health.ny.gov/statistics/sparcs/submission/. On this page you can find documentation to support implementation. Documentation includes:

  - Previous webinars
  - Companion Guide
  - Announcements
  - Additional Information as Published

Detail Review of Companion Guide

Companion Guide - Updates

- Since the September Stakeholders' meeting, there have been two version updates to the CG:
  - Version 1.1 -> Modified Section 4.2 clarifying that "Each submission file may contain data for only one Facility ID (PFI)".
  - Version 1.2 -> Added Appendix D, which contains the Adjustment/Void logic.

Questions

NEW YORK STATE OF OPPORTUNITY. Department of Health

Beta Testing

Beta Testing

- Now in progress.
- Steps to Beta Test:
  1. Need an HCS account
  2. Need to register on the Secure File Transfer 2.0 application in the HCS
  3. Sending the file(s) to:

     John Piddock
  4. These are then sent to Optum via another secure file process
  5. Optum loads the files and processes them
  6. Result files are sent back; in reverse order (Optum->John->sender)
  7. Any questions, contact SPARCS (see contact info on last slide)

Questions

Timeline and Implementation

Transition Compliance

Claim Submission

Oct 1st thru Dec 31st	• Only adjustments, voids, and additions to discharge dates prior to Oct 1st may be submitted • Statement Thru Date error message if attempted. • Error files and reports generated by the current error process must be resolved during this period.
Dec 31st	• Last day of processing via the existing HCS process. • Last day PC app file are valid. • Last day for corrections using the current error files and reports.
March 26th	• Upon implementation, claims for all dates of service may be submitted. Prefer facilities focus on Q4 discharge dates.
Apr 30th	• All facilities are required to have at least one accepted claim for each claim type.

Transition Compliance (Cont.)

Claim Submission

- 2017 Q3 Data
  - Dec 31st – Facility submissions are 95% complete
  - Jun 30th – Facility submissions are 100% complete

- 2017 Q4 Data
  - Jun 30th – Facility submissions are 95% complete
  - Sep 30th – Facility submissions are 100% complete

Transition Compliance (Cont.)

Claim Submission

- 2018 Q1 Data
  - Jul 31st – Facility submissions are 95% complete
  - Oct 31st – Facility submissions are 100% complete

- 2018 Q2 Data
  - Aug 31st – Facility submissions are 95% complete
  - Nov 30th – Facility submissions are 100% complete

- 2018 Q3 Data
  - Back on traditional schedule

NEW YORK STATE OF OPPORTUNITY. Department of Health

Questions

NEW YORK STATE OF OPPORTUNITY. Department of Health

SPARCS Transaction Changes

Provider Information

The following rules apply to all Provider Loops:

- NM1 Provider Name
  - Last Name/Organization Name is required
  - First Name, Middle Initial, and Suffix are required when available.
  - National Provider Identifier (NPI) is required for all providers

- REF Secondary Provider Identification
  - NYS License Number is no longer required

Service Provider

- NM1 Service Provider Name
  - The qualifier for service provider (NM101) must be “SJ”.
  - “85” is not a valid qualifier for 5010 transactions.

- REF Service Provider Secondary Identification
  - The Permanent Facility Identifier (PFI) will continue to be required

Subscriber/Patient

The following rules apply to both the Subscriber and Patient Loops:

- N3 Subscriber/Patient Address
  - The address segments are required. If the patient is homeless with no address, use the facility address. The indication of homelessness is to be conveyed using Condition Code “17”

- N4 Subscriber/Patient City, State, ZIP Code
  - Location Identifier – County must be reported using Federal Information Processing Standards (FIPS) County Codes
    - NYS addresses only
    - Use 5 digit code; ‘36’ is the first two digits

Subscriber/Patient (Cont.)

- DMG Subscriber/Patient Demographic Information
  - Marital Status is required

- REF Subscriber/Patient Secondary Identification
  - Social Security Number is required when available
  - Unique Person Identifier (UPID) is no longer required

Claim Information

- Submission Limits
  - ***Discharge dates prior to Oct 1, 2009 will no longer be accepted***.
- DTP Discharge Hour
  - Discharge Hour is required for Inpatient only.
- DTP Statement Dates
  - Statement From Date can precede the Admission Date.
- DTP Admission Date/Hour
  - Admission Date and Hour are required for Inpatient only.

Claim Information (Cont.)

- REF Mother's Medical Record Number for Newborns
  - Mother's Medical Record Number is required when the age of the patient is 28 days or less and the Admission Type Code is "4 – Newborn".
  - Newborn's Birthweight (value code '54' and value amount) are required under this condition as well.

- CLM Claim Information
  - Total Claim Charge Amount of zero is allowed.
  - Facility Type Code is no longer limited. All valid values are allowed.

Claim Note (NTE)

The following data elements are being removed:

- Expected Principal Reimbursement
- Expected Reimbursement Other 1
- Expected Reimbursement Other 2
- Method of Anesthesia
- Exempt Unit Indicator
- Procedure Time

Claim Note (NTE)

- The NTE segment will be in a delimited format ***using the "]" as the delimiter***.

- The NTE segment format is being modified to:

Data Element	Required/ Situational	Format	Max Length
Source of Payment Typology I	Required	AN	5
Source of Payment Typology II	Situational	AN	5
Source of Payment Typology III	Situational	AN	5
Heart Rate	Situational	AN	3
Blood Pressure Systolic	Situational	AN	3
Blood Pressure Diastolic	Situational	AN	3
Previous Patient Control Number (CLM01)	Situational	AN	38

Adjustment/Void Processing

Identifying Transaction to be Adjusted/Voided

- If the “Previous Patient Control Number” is submitted in the NTE segment:
  - Facility PFI (Loop 2010AA REF02 when REF01=1J – Facility ID Number)
  - Statement From and Through Date (Loop 2300 when DTP01=434)
  - Previous Patient Control Number (NTE)

- If the “Previous Patient Control Number” is not submitted in the NTE segment:
  - Facility PFI (Loop 2010AA REF02 when REF01=1J – Facility ID Number)
  - Statement From and Through Date (Loop 2300 when DTP01=434)
  - Patient Control Number (Loop 2300 – CLM01)

- If no match is found, the transaction will be rejected.

NEW YORK STATE OF OPPORTUNITY. Department of Health

Diagnosis Information

- Present on Admission Indicator
  - Required for Principal Diagnosis, Other Diagnoses and External Cause of Injury diagnoses
  - “1” is not a valid value

- Patient’s Reason For Visit
  - Patient Reason For Visit is required for select outpatient visits; per the X225 and NUBC rules listed on following slide

Diagnosis Information

- Patient's Reason For Visit - con't:
  - Bill Type is:
    013x – Hospital Outpatient
    078x – Licensed Freestanding Emergency Medical Facility
    085x – Critical Access Hospital
  - Type of admission is:
    1 – Emergency,
    2 - Urgent, or
    5 - Trauma
  - Revenue codes:
    045x (ER)
    0516 (Urgent Care Clinic)
    0526 (Freestanding Urgent Care Clinic)
    0762 (Observation Hours)

NEW YORK STATE OF OPPORTUNITY. Department of Health

Procedure Information

- Principal Procedure Date and Procedure Date edits rejecting procedures more than 3 days prior to the admission date have been removed.

Service Line Information

- Service Line Revenue Code
  - Current edits using Non-Covered Charges have been removed
  - All valid values can be reported
- Procedure Modifiers 3 and 4 can now be reported
- Line Item Charge Amount
  - All restrictions have been removed
  - Zero is a valid amount
- Line Item Denied Charge or Non-Covered Charge Amount current restrictions have been removed
- Service Unit Count is required

NEW YORK STATE OF OPPORTUNITY. Department of Health

Questions

NEW YORK STATE OF OPPORTUNITY. Department of Health

Reference Documentation Sources

X12 Health Care Service: Data Reporting Implementation Guide

- 5010 837-R Health Care Service: Data Reporting
- Guide ID: X225
- http://store.x12.org/store/healthcare-5010-original-guides

Official UB-04 Data Specifications Manual

- National Uniform Billing Committee (NUBC) / American Hospital Association
- http://www.nubc.org/

Contact Information

E-mail: SPARCS.submissions@health.ny.gov

Web Site: https://www.health.ny.gov/statistics/sparcs/submission/

Phone:
(518) 473-8144

Mailing Address:
SPARCS Operations
Bureau of Health Informatics
Office of Quality and Patient Safety
NYS Department of Health
Corning Tower, Room 1970
Albany, New York 12237

Fax:
(518) 486-3518

NEW YORK STATE OF OPPORTUNITY. Department of Health