NEW YORK STATE | Department of Health

Data Submission Compliance Protocol

Statewide Planning and Research Cooperative System

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Background

The Statewide Planning and Research Cooperative System (SPARCS) is a comprehensive all-payer data collection system established under Section 2816 of the Public Health Law (PHL) in 1979 as a result of cooperation between the healthcare industry and state government. The system was initially created to collect information on inpatient discharges but has expanded over the years and currently collects patient-level details on patient characteristics, diagnoses and treatments, services, and charges for inpatient and outpatient services (ambulatory surgery, emergency department, and outpatient services).

SPARCS data are used by a range of stakeholders for a variety of purposes including: hospital financial rate setting; developing and evaluating policy; research; health planning/resource allocation; quality of care assessment; surveillance; and utilization review. Facility compliance is required to ensure that the SPARCS data are received timely and accurately.

Compliance Protocol

Complete, accurate, and timely submission of SPARCS data is a requirement for facilities submitting to SPARCS. In order to ensure compliance, regulation authorizes the SPARCS Program to monitor and audit data submitted. Failure to comply with SPARCS requirements may constitute a violation of applicable law, including but not limited to PHL Section 12.

The **Data Submission Compliance Protocol** provides guidance to facilities on how to achieve compliance for completeness (volume), timeliness, and accuracy (quality). Included in this document is information on the SPARCS Coordinator, the facilities that are required to submit data, the type of data required, and the required timelines for submission. Information is also provided on the reconciliation process, and how the SPARCS Program and facilities work together to resolve technical or policy issues impacting compliance. This document should be consulted in conjunction with the SPARCS Data Submission System Overview.

SPARCS Coordinator Role

SPARCS submission and compliance starts with the designation of a SPARCS Coordinator. SPARCS Coordinators support facilities with submissions and one of their main responsibilities is ensuring their facility is compliant.

- Every facility (identified by unique PFI) must designate one primary and one backup SPARCS Coordinator that will serve as the facility's main contacts with the SPARCS Program for submission and compliance communications.

- SPARCS Coordinators may authorize additional representatives, called SPARCS Contacts, to communicate with the SPARCS program on their behalf. SPARCS Contacts can be vendors contracted with the facility for data submission; however, vendors may not serve as Coordinators and are not responsible for compliance. All communications from a SPARCS Contact must include the facility's SPARCS Coordinator to ensure that the action is being taken with the Coordinator's authorization.

Facilities Required to Submit Data

The following Article 28 licensed facilities are currently required to submit data to SPARCS:

- Hospitals

- Hospital Extension Clinics licensed for ambulatory surgery services

- Diagnostic and Treatment Centers (D&TC) licensed for ambulatory surgery services

- D&TC Extension Clinics licensed for ambulatory surgery.

Facilities are required to submit their data under their assigned Facility Identifier (formerly known as Permanent Facility Identifier [PFI]). The terms Facility Identifier and Permanent Facility Identifier are used interchangeably. Through the Certificate of Need (CON) process, PFIs are issued for unique physical locations.

- Facilities must submit their data to SPARCS using the Facility Identifier or PFI on their operating certificate

- Some facilities may have the same operator/owner, but different physical locations. In these instances, each facility should submit data to SPARCS under the PFI assigned to the unique physical location of each individual facility.

- Substantive changes to the facility operating certificate, such as new construction or transfer of beds, may also result in the assignment of a new PFI. Facilities should review their operating certificate when any such changes are made to determine if the facility needs to change the PFI it is submitting under. If it is determined that the facility needs to submit under a new PFI, the facility should contact the SPARCS Program to set up the new PFI access. If it is unclear whether a new PFI has been assigned, contact the SPARCS Program for verification.

Facilities may contract with vendors to submit SPARCS data on their behalf, but the facilities are ultimately responsible for timely, complete, and accurate SPARCS data submission.

New facilities are expected to start submitting data to SPARCS within a reasonable timeframe, after allowing for training and technical set up with the SPARCS Submission Portal.

- **Note:** Newly licensed facilities should contact the SPARCS Program at sparcs.submissions@health.ny.gov to set up their facility access to submit data to SPARCS and designate their facility's SPARCS Coordinators and technical contacts.

Data Required to be Submitted

Facilities are required to submit data to SPARCS using the ASC X12 005010X225A2 837R standard transaction. Consult the SPARCS Data Submission System Overview and ASC X12 Implementation Guide for more information. The SPARCS data is all-payer, pre-adjudicated claim data at the patient level including demographic characteristics, diagnoses, services provided, and related charges for the following types of services. SPARCS regulations defines each type as:

Inpatient hospitalization data shall mean SPARCS data submitted by hospitals for patients receiving inpatient services at a general hospital that is licensed under Article 28 of the Public Health Law and that provides inpatient medical services

- **Inpatient discharges** – determined by the following **type of bill codes**:
  - o   011x   Hospital, Inpatient (Including Medicare Part A)
  - o   018x   Hospital, Swing Beds
  - o   021x   Skilled Nursing, Inpatient (Including Medicare Part A)
  - o   028x   Skilled Nursing, Swing Beds
  - o   041x   Religious Non-Medical Health Care Institutions, Hospital Inpatient
  - o   065x   Intermediate Care, Level I
  - o   066x   Intermediate Care, Level II
  - o   086x   Special Facility, Residential

Emergency department data shall mean SPARCS data submitted by a facility licensed to provide emergency department services under Article 28 of the Public Health Law

- **Emergency department visits** – determined by the following **revenue codes**:
  - o   0450   Emergency Room, General Classification
  - o   0451   Emergency Room, EMTALA Emergency Medical Screening Services
  - o   0452   Emergency Room, ER Beyond EMTALA Screening
  - o   0456   Emergency Room, Urgent Care
  - o   0459   Emergency Room, Other Emergency Room

Ambulatory surgery data shall mean SPARCS data submitted by a facility licensed to provide ambulatory surgery services under Article 28 of the Public Health Law

- **Ambulatory surgeries** – determined by the following **revenue codes:**
  - o 0360 Operating Room Services, General Classification
  - o 0362 Operating Room Services, Organ Transplant - Other Than Kidney
  - o 0369 Operating Room Services, Other Operating Room Services
  - o 0481 Cardiology, Cardiac Cath Lab
  - o 0490 Ambulatory Surgical Care, General Classification
  - o 0499 Ambulatory Surgical Care, Other Ambulatory Surgical Care
  - o 0750 Gastro-Intestinal Services, General Classification
  - o 0790 Extra-Corporeal Shock Wave Therapy (Formerly Lithotripsy), General Classification

Outpatient services data shall mean all data submitted by licensed Article 28 facilities excluding inpatient hospitalization data, emergency department data, and ambulatory surgery data

- **Expanded outpatient data** – determined by outpatient **bill types with revenue codes** other than those classified as emergency department or ambulatory surgery.

Table 1 outlines the facilities and type of data required to be submitted at this time. For more information on the history of data submission expansion consult the **SPARCS Data Submissions Operations Guide**.

Table 1: SPARCS Required Facilities by Licensed Service/Claim Type

Article 28 Facilities	Licensed Service/Claim Type				Notes
	Inpatient	Emergency Department	Ambulatory Surgery	Outpatient	
Hospitals	Yes	Yes	Yes	Yes	
Hospital Extension Clinics	N/A	N/A	Yes	Yes*	*Only facilities also certified for Ambulatory Surgery.
D&TC	N/A	N/A	Yes	Yes*	
D&TC Extension Clinics	N/A	N/A	Yes	Yes*	

Compliance Metrics
SPARCS regulations require health care facilities to:

- Submit inpatient discharges and outpatient visits on a monthly basis;

- Have **at least 95 percent** of their total data submitted **within 60 days** from the end of the month of a patient's discharge or visit; and

- Have **100 percent** of their total data submitted **within 180 days** from the end of the month of the patient's discharge or visit.

The SPARCS Program has developed metrics that work together to track compliance with SPARCS regulations.

Submission Metric
The submission metric is used to track a facility's progress on the number of records successfully entered into SPARCS for each month. The SPARCS Program publishes weekly Audit Reports and uses these reports to track the amount of data submitted by facility and claim type. Often delays in monthly submissions are also connected to other issues and can serve as an early warning indicator for identifying potential compliance issues.

Volume Metric
The volume metric is used to track a facility's progress on timely and complete submissions against predetermined targets. As noted above, facilities must submit certain percentages of their total data within 60 and 180 days. Table 2 provides the expected service date submission deadlines. For example, 95 percent of all service dates that occurred in January would be due in March with 100 percent required in July.

Table 2: SPARCS Submission Requirement Schedule

Month of Discharge/Visit (service date)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
95% Deadline	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
100% Deadline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

The volume metric target for each facility is based on the average number of records accepted for that facility for each claim type during the previous year. The SPARCS Program averages the number of records accepted in the previous year and then sets a target of 80 percent for all months except February and December. February and December have historically low discharge/visit volumes, so a 75 percent target is used. Figure 1 below explains how the metric is calculated.

Figure 1
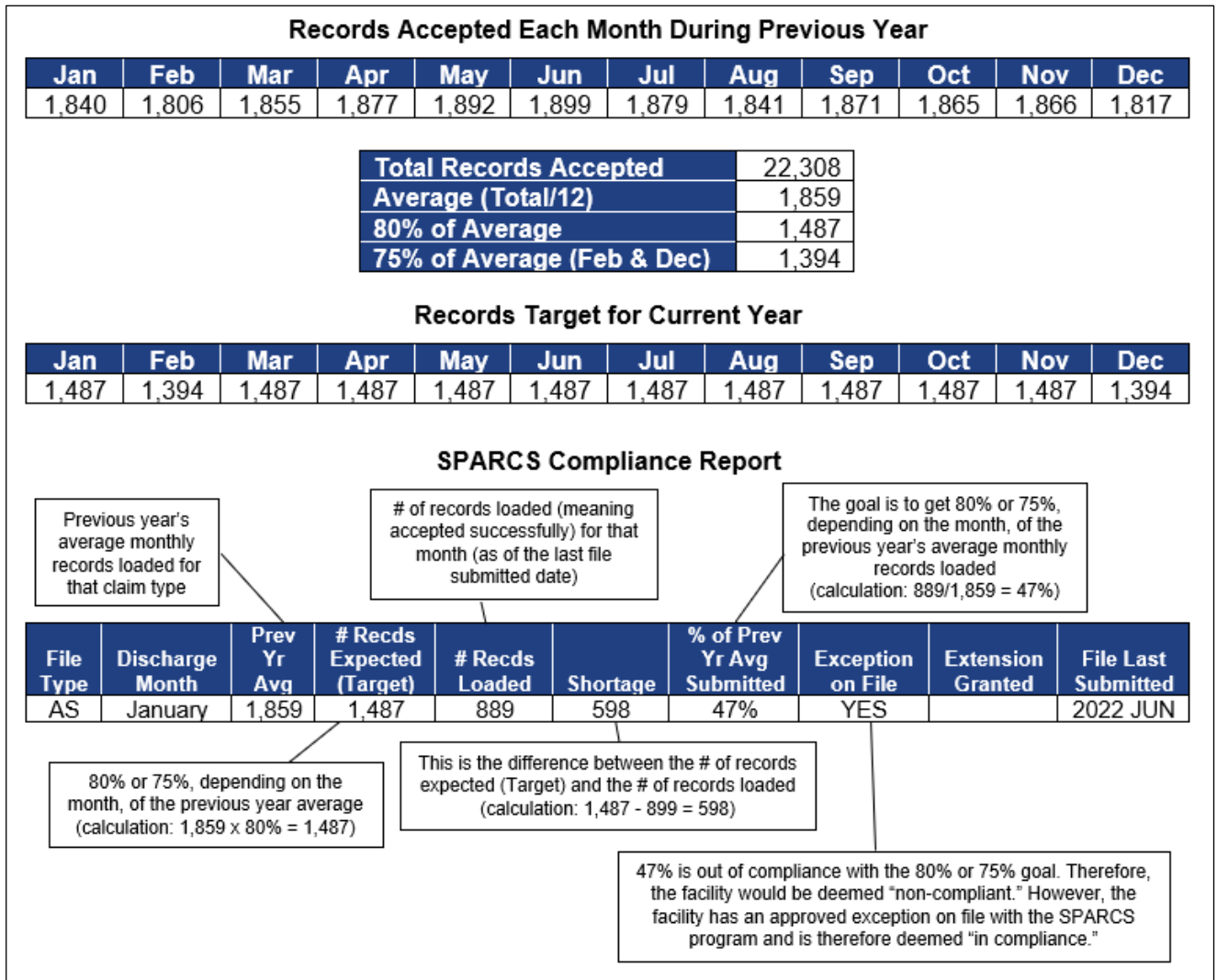
The SPARCS program publishes monthly Compliance Reports and uses these reports to track volume by month and claim type. Often changes in volume are connected to other issues with submission and can serve as an early warning indicator for identifying compliance issues.

Note: New facilities without any prior data submission history will begin with compliance targets for all

months set to one record. Monthly compliance targets for new facilities will adjust as historical data volume estimates accumulate.

Monitoring Compliance

Every month, in preparation for the quarterly compliance reporting period, the SPARCS Program evaluates the two metrics described above to determine facility compliance with SPARCS submission requirements. SPARCS Coordinators should regularly monitor the SPARCS Audit Reports and Compliance Reports (See Table 3) to validate that their submissions have been accepted and assess whether their facility is meeting compliance targets.

Table 3: SPARCS Data Submission Reports

Report Name	Description	Data Type	Frequency of Reporting	Volume Target
Audit Report	• Number of discharge/visit claims submitted by month and type of data	• Inpatient • Ambulatory Surgery • Emergency Department • Outpatient Services	• Weekly	• N/A
Compliance Report	• Compares the number of discharge/visit records submitted to an expected target	• Inpatient • Ambulatory Surgery • Emergency Department • Outpatient Services	• Monthly	• 80% (75% for Feb, Dec) of the prior year's monthly average submissions

Table 4 details the quarterly compliance periods and subsequent notification time periods the SPARCS Program adheres to for compliance monitoring. The **Reporting Period** is the timeframe in which the SPARCS Program would expect to see the submission of dates of service for that reporting period. The **Reconciliation Period** is the timeframe in which the SPARCS Program works with the facilities to correct any issues or anomalies in data submission.

The **Reporting Period** and **Reconciliation Period** make up the 180-day window allowed by SPARCS regulations for facilities to have submitted 100 percent of their data. If after 180 days, the facility has not achieved compliance, a facility is deemed **Out of Compliance**. A process of warning notices, statements of deficiency (SOD) and plans of correction (POC) is undertaken to bring the facility into compliance.

Table 4: Quarterly Compliance Reporting Periods and Schedule for Notification

Reporting Period Quarter of Discharge/Visit	Reconciliation Period	Out of Compliance Period				
Submit Data At Least Monthly	Reconcile Differences Between Facility Data and SPARCS Accepted Data	Monthly Warning Notice 1	Monthly Warning Notice 2	Monthly Warning Notice 3	SOD	POC
90-Day Period	90-Day Period	90-Day Period			30 Days	Will Be Required After Receipt of SOD
Quarter 1 (Jan-Mar)	Apr-Jun	Jul	Aug	Sep	Oct	
Quarter 2 (Apr-Jun)	Jul-Sep	Oct	Nov	Dec	Jan	
Quarter 3 (Jul-Sep)	Oct-Dec	Jan	Feb	Mar	Apr	
Quarter 4 (Oct-Dec)	Jan-Mar	Apr	May	Jun	Jul	

Reporting Period

During the reporting period, facilities should actively submit their current data on at least a monthly basis. Submission errors flagged by edits in the submission portal should be corrected to resolve data rejections and ensure complete and accurate submission. Monthly reminders are sent to facility SPARCS Coordinators that

fail to submit inpatient and/or outpatient SPARCS data or that are not meeting anticipated volume levels.

Reconciliation Period
During the reconciliation period, facilities are to reconcile any differences between the data reported by their system in comparison to the data that was accepted by SPARCS. Facilities should proactively ensure data submission compliance and correct any data that was rejected and submit the data again until accepted. If applicable, facilities should work with their contracted vendors to implement a reconciliation process to avoid periods of non-compliance.

Out of Compliance Period
After the reconciliation period, if a facility has not met submission or volume metrics for any month in a quarter, they are considered non-compliant. The SPARCS Program will send warning notices to SPARCS Coordinators to notify facilities of their non-compliant status and advise that the facility take action to bring their facility into compliance.

Facilities that have received **warning notices** should contact the SPARCS program as soon as possible for assistance with any barriers that have prevented them from meeting data submission requirements or to discuss extension or exception requests.

The **facility CEO or administrator will be included on warning notice three** as a courtesy notification that there is a potential for a Statement of Deficiency (SOD) to be issued by the SPARCS Program because of non-compliance. The SOD also allows for further enforcement action to be taken by the New York State Department of Health (DOH) if necessary.

A **Statement of Deficiency (SOD)** is a formal notice of non-compliance issued by DOH when a facility has failed to engage with the SPARCS Program in good faith to resolve data submission issues and achieve compliance with submission requirements under the SPARCS regulation. A facility is required to respond to the SPARCS Program with a Plan of Correction (POC) within 15 days of receiving an SOD. The POC must outline what the facility will do to come into compliance and provide a detailed timeline and plan for correcting the deficiency.

If the facility fails to respond to the SOD and/or does not bring its data submissions into compliance within the timeline set forth in the POC, such facility may be in violation of the SPARCS regulation. Once a potential violation of the SPARCS regulation has occurred, the SPARCS Program will refer the matter to DOH's Division of Legal Affairs, which will review the circumstances and any prior communications with the facility in question. If a violation is established, the facility will be contacted by the Division of Legal Affairs with notice that an administrative proceeding will be initiated in order correct the violation. If the facility does not work with the SPARCS Program to remedy the submission issue, an Administrative Hearing will be held before an Administrative Law Judge, who will review the case and assess any penalties.

Compliance Extension and Exception Requests
The main goal of compliance activities is to ensure complete, accurate, and timely submission of SPARCS data. There are times when facilities have circumstances that may necessitate a longer time period for submission or an exception to the submission target amount. The SPARCS Program allows facilities to request an extension or exception with good reason.

- Requests for extension or exception may be submitted by the designated SPARCS Coordinator or by a SPARCS Contact. The SPARCS Coordinator has primary responsibility for data submission and can also elect a SPARCS Contact to submit requests for a facility.

Extension Requests
Facilities occasionally need additional time to submit data. Facilities that still have data to submit to SPARCS for a specified period of non-compliance may be granted an extension by the SPARCS Program to allow additional time to submit that data. SPARCS Coordinators may request an extension by completing the extension request template and sending it to SPARCS.Submissions@health.ny.gov. The extension request will need to include details of the specified service/claim type(s), month(s), year(s) requiring extension, and what circumstances have caused submission delay and estimated time needed to complete submission.

Exception Requests

Facilities may be exempt from meeting their volume metric target if a facility has either a valid reason for submitting less than the expected number of patient records or has verified the number of records submitted are correct. SPARCS Coordinators may request an extension by completing the exception request template and sending it to SPARCS.Submissions@health.ny.gov. The Exception Request will need to provide details of the specified service/claim type(s), month(s), year(s) and what circumstances have caused submission shortages.

Changes in volume, particularly lower volumes, may often be attributed to a variety of extenuating circumstances, e.g., suspension of services due to a public health emergency or natural disaster, staff turnover, or provider shifts which impact volume of procedures done. The specific circumstances that significantly impacted a facility's volume necessitating an exception should be detailed in the exception request. Projected targets for future years are based on each facility's prior submissions data, so it is important to verify that all data is submitted and that exceptions are warranted. Vendor issues are not an acceptable reason for an exception request.

Quality Compliance Protocol

SPARCS regulations permits the SPARCS Program to conduct an audit evaluating the quality of submitted SPARCS data and issue a SPARCS Data Quality Audit Report to a facility listing any inadequacies or inconsistencies in the data. The SPARCS Program may also contact facilities when inadequacies, inconsistencies or anomalies are identified through normal business operations that may impact data quality. Any facility receiving an audit report or notified of a confirmed data quality issue must correct and successfully resubmit audited data to the SPARCS program within 90 days. If a facility has not been in communication with SPARCS in good faith to address compliance notices and remains non-compliant after 90 days, a Statement of Deficiency (SOD) will be sent to the facility CEO or administrator and a Plan of Correction will be required to bring the facility into compliance with SPARCS. The SOD also allows for further enforcement action to be taken by DOH if necessary.

Facilities can proactively ensure data quality through complete and accurate submission to SPARCS. Facilities should pay attention to submission errors flagged by SPARCS edits upon initial intake in the submission portal. SPARCS Coordinators should also regularly monitor the Audit Reports to see if their facility submissions have been rejected and investigate any data rejections for possible data quality errors that should be corrected for acceptance by SPARCS. Facilities may engage the SPARCS Program to help them determine the root cause of data quality issues and the corrective actions needed to successfully resubmit data.

Contact Information

We always welcome questions, comments, and feedback. Please contact us at:

SPARCS Program
Office of Health Services Quality and Analytics
New York State Department of Health Empire State Plaza
Corning Tower, Room 1998
Albany, New York 12237
Phone: (518) 402-5835

E-mail: sparcs.submissions@health.ny.gov
Website: http://www.health.ny.gov/statistics/sparcs/

Appendix A – Terms and Acronym

Term or Acronym	Description
Article 28	Article 28 of NYS Public Health Law is the facility designation of reporting entities to SPARCS.
CHDI	Center for Health Data Innovation
CEO	The facility Chief Executive Officer or equivalent
CY	Calendar Year
DOH	New York State Department of Health
Exception	Waives non-compliance when an irregularity exists in the data that is factual and not the result of submission errors.
Extension	Allows facilities that have cause for outstanding data during a specified period of non-compliance additional time to submit that data to SPARCS.
Facility	A health care facility licensed under Article 28 of NYS Public Health Law required to submit inpatient and outpatient data to SPARCS.
HCS	Health Commerce System
OHSQA	Office of Health Services Quality and Analytics
PFI	Permanent Facility Identifier (also known as Facility Identifier) assigned on operating certificates to unique facility locations.
POC	Plan of Correction
Reconciliation	The process of comparing facility data against SPARCS audit and compliance reports to determine if data submissions have been accepted by SPARCS or if corrections are needed to resubmit data for complete and accurate submissions.
SOD	Statement of Deficiency
SPARCS	Statewide Planning and Research Cooperative System
SPARCS Coordinator	SPARCS Coordinators have overall responsibility for their facility's data submission and security and serve as the facility's main contact with the SPARCS Program for technical, policy, and compliance communications related to their SPARCS submissions.
SPARCS Contact	Contacts are authorized by SPARCS Coordinator to communicate with the SPARCS Program on their behalf. Overall, the facility's data submission and security remains the SPARCS Coordinator's responsibility.
Vendor	Contractor engaged by facilities to submit SPARCS data on their behalf. Facilities remain ultimately responsible for timely, complete, and accurate SPARCS data submission.