

SPARCS Data Submission – What you Don't Know May Be Hurting Your Facility



**HANY
Solutions**

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NYS DOH SPARCS

- Detailed information about each patient seen in a New York State Hospital or Ambulatory Surgery Center must be submitted to SPARCS
- SPARCS - Statewide Planning Research and Cooperative
 - 1979 – Inpatient
 - 1984 – Ambulatory Surgery
 - 2005 – Emergency Room
 - 2011 – Other Outpatient visits to Hospital sites (EODC)
 - 2016 – Laboratory & X-Rays performed on site

NYS DOH SPARCS - Data

- Data submitted to SPARCS
 - Patient demographics
 - Admission, discharge information
 - Diagnosis and procedure information
 - Charge and accommodation information
 - Detailed payer information
 - Miscellaneous: Heart rate data for AMI, birth weight, mothers medical record number

SPARCS Data Uses

- Department of Health (DOH) oversight of hospitals and providers in NYS
- DOH rate setting methodologies APR-DRGs and EAPGs (treatment of sicker patients, higher payments) for Medicaid, WC and No-Fault
- Data set available to industry to evaluate and understand healthcare provided in NYS

SPARCS Data

- Available from SPARCS including DRG and APG data
- Used for:
 - Data released to NYSDOH and over 100 entities
 - Market Expert – Comparing hospital market share and services
 - Evaluating new sites and demands for healthcare services
 - Healthdata.ny.gov, Healthgrades.com, WEBMD, AHRQ, etc. for comparison purposes

Your Data Reflects Your Facility



Volume of Services
Quality of Care

SPARCS Changes – Q4 2017

- New format required – 837R vs 837I
- Data requirements – some additions some subtractions
- Data edits – A lot of changes from SPARCS specific to 837R requirements
- Data edits continue to ‘mature’ based on results for SPARCS submissions
- Generally inpatient and outpatients have the same edits

SPARCS Changes (Fewer Edits)

- Edits are no longer done on Present on Admission (POA) edits for inpatient diagnoses
- Inpatient Edits – No longer validate accommodation charge with Length of Stay (LOS)
- Surgeon no longer required for ambulatory surgery

Creates opportunity to submit misleading data

SPARCS Changes (More Edits)

- Diagnoses edits not allowing manifestation or unacceptable code as Principal DX are being applied to all submission (also requiring Secondary DX for some PDX)
- Outpatient revenue codes that require a CPT code based on NUBC definitions
- Newborn edits for admit type and low birthweight

Creates more rejections and possibility of under submissions of data

SPARCS Submission Requirements

- Facilities must submit 95% of their SPARCS data within 60 days following the month of patient discharge; and
- Facilities must submit 100% of SPARCS data within 180 days following the end of the facility's fiscal year

Statement of Deficiency (SOD)

- SOD can be issued for non-compliance with SPARCS submission requirements
- Will result in fines – based on \$10,000 per month, per patient type
- SOD – creates extra work and is permanently on file for the facility

SPARCS Website

- History and audit reports no longer available
- Compliance reports are only updated one a month (typically mid month)
- With changes in edits everyone should be checking total to make sure they are accurate.

Inpatient – 2018 - Quantity

Facility	2018												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
Glen Cove Hospital	451	350	403	407	395	393	407	354	328	379	392	0	4,259
Winthrop-University Hospital	3,094	2,950	3,151	3,201	3,266	3,229	3,161	3,272	3,024	3,155	3,166	0	34,669
Mercy Medical Center Rockville Centre	1,002	858	941	833	0	937	985	999	834	0	0	0	7,389
Franklin Hospital	853	768	867	840	908	836	836	817	731	834	0	0	8,290
South Nassau Communities Hospital	1,513	1,384	1,510	1,349	1,465	1,414	1,384	1,434	1,626	1,739	0	0	14,818
Nassau University Medical Center	1,807	1,505	1,449	1,433	1,447	1,293	1,332	1,302	1,254	1,379	1,352	1,338	16,891
North Shore University Hospital	4,404	3,830	4,195	4,049	4,277	4,285	4,137	4,499	4,130	4,419	4,123	4	46,352
Syosset Hospital	386	314	364	297	341	328	346	327	276	344	307	0	3,630
New Island Hospital	568	508	536	457	504	505	483	515	457	507	0	0	5,040
Plainview Hospital	805	664	667	637	736	711	707	696	659	707	653	0	7,642
St. Francis Hospital-The Heart Center	1,518	1,359	1,503	1,433	1,603	1,567	1,485	1,625	1,444	1,604	0	0	15,141
Southampton Hospital	401	304	373	338	390	465	504	496	416	0	376	0	4,063
Eastern Long Island Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
John T. Mather Memorial Hospital	1,028	910	963	957	1,031	973	916	896	808	1	0	0	8,483
St. Charles Hospital & Rehab Center	957	903	962	957	969	969	1,009	1,082	987	0	0	0	8,795
Huntington Hospital	797	664	812	0	0	0	0	0	0	0	0	0	2,273
Southside Hospital	2,076	1,755	2,023	1,886	2,037	1,932	1,970	2,019	1,931	2,072	1,934	0	21,635
Good Samaritan Hospital Medical Center	2,178	2,079	2,333	2,223	2,232	2,193	2,134	2,291	2,040	2,213	0	0	21,916
Peconic Bay Medical Center	793	676	755	687	726	777	762	753	682	740	688	0	8,039
St. Catherine of Siena Medical Center	993	871	966	931	1,068	1,015	1,069	1,100	961	0	0	0	8,974

Compliance Reports - Quantity

2018 SPARCS Data Submission Compliance Report – Data Received Through February 2019
Submissions Not Meeting the Standard of 80% of 2017 Monthly Average (Feb and Dec Set at 75%)

Facility=NASSAU UNIVERSITY MEDICAL CTR (HOSP) PFI: 000528

File Type	Discharge Month	Prev Yr Avg	# Recds Expected (Target)	# Recds Loaded	Shortage	Pct of PrevYrAvg Submtd *	Exception On File w/SPARCS	Extension Granted	File Last Submtd
IP	January	1537	1229	1,811		117%			2019 FEB
	February		1152	1,501		97%			2019 JAN
	March		1229	1,448		94%			2019 FEB
	April		1229	1,428		92%			2019 FEB
	May		1229	1,438		93%			2019 JAN
	June		1229	1,285		83%			2019 FEB
	July		1229	1,323		86%			2019 FEB
	August		1229	1,284		83%			2019 JAN
	September		1229	1,222	7	79%	NO		2019 JAN
	October		1229	1,336		86%			2019 FEB
	November		1229	1,287		83%			2019 FEB
	December		1152	1,425		92%			2019 FEB
Total Records Submitted: 16,788									

2017 Inpatient Volume = 18,449
 2016 Inpatient Volume = 18,907
 2015 Inpatient Volume = 19,288

SPARCS Data Quality Initiative

The following is the list of the quality reports. Details of these reports are found in the new *SPARCS Data Compliance Protocol: Quantity and Quality*, located on the SPARCS public website at <http://www.health.ny.gov/statistics/sparcs/training/>.

- Present on Admission
- SPARCS to Institutional Cost Ratio
- Claim Filing Indicator and Payer
- Diagnosis and Procedure
- Discharge Hour
- Expanded Race and Ethnicity Reporting
- Patient Count by Age Group/Homeless Indicator
- Patient Discharge Status
- Point of Care Reporting
- Readmission Report

The quality initiative is presenting the healthcare facilities with their quality reports with historical data for Calendar Years (CY) 2014 and 2015. This data will be posted on the Health Commission's (HC) website under Reports, found on the SPARCS data submission page. These reports are provided to facilities to assist in identifying areas of potential poor data quality. Facilities are encouraged to correct deficiencies in their CY2016 data. Facilities will be required to correct their inaccuracies starting with CY2017 SPARCS data.

SUSPENDED FOR NOW

Future SPARCS Changes ?

- SPARCS is planning on implementing Phase II of the EODC data collection process. This would require all current submitters to report all cases from additional locations on your operating certificates.
- Overall volume will exceed 100 million additional cases submitted to SPARCS.
- This is already in the NYS Health Law and may be implemented in 2020

Real SPARCS Data

- Benchmarks for NYS DRGs
- Understanding prevalence of social determinates
- Risk of mortality

33 Million records per year at SPARCS

Real SPARCS Data

- Social Determinates of Health – Inpatient

SEC_DX	DX	2,017	2018
Z560	Unemployment NOS	19,801	17,820
Z590	Homelessness	25,842	24,013
Z62810	Personal Hx physical & sexual abuse in childhood	5,052	4,644

- United Healthcare implementing new programs based on social determinates
- CMS reviewing implementation

Real SPARCS Data

- 2018 Mortality Statistics – Inpatient APR

589	NEONATE BWT <500G	67.1%
196	CARDIAC ARREST	67.1%
008	AUTOLOGOUS BONE MARROW TRANSPLANT	63.7%
843	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	46.7%
009	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	44.8%
583	NEONATE W ECMO	41.9%
059	ANOXIC & OTHER SEVERE BRAIN DAMAGE	35.8%
910	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	33.8%
130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	28.5%
010	HEAD TRAUMA WITH DEEP COMA	25.6%
382	MALIGNANT BREAST DISORDERS	24.6%
005	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	21.8%
044	INTRACRANIAL HEMORRHAGE	21.2%
500	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	21.0%
004	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	20.1%

Real SPARCS Data

- 2018 Cardiac Arrest Mortality By ROM and Death

	1 Total	20.0%
	2 Total	21.2%
	3 Total	47.1%
	4 Total	82.1%
CARDIAC ARREST Total		67.1%

Real SPARCS Data

- 2018 Percutaneous Cardiovascular Procedures W AMI ROM and Death

	Cases	Deaths
1 Total	40.5%	0.6%
2 Total	33.7%	2.9%
3 Total	16.1%	11.1%
4 Total	9.5%	85.4%
APR DRG 174 Total	11,968	171

Real SPARCS Data

- 2018 Septicemia & Disseminated Infections - ROM and Death

	Cases	Deaths
1 Total	11.8%	0.0%
2 Total	15.4%	.7%
3 Total	34.0%	10.5%
4 Total	38.8%	88.9%
APR DRG 720 Total	95,284	10,969

Real SPARCS Data

- AMI Diagnosis – Split with DNR and Deaths

	Percentage
Death with DNR	51%
Death Without DNR	49%
Alive with DNR	7%
Alive without DNR	93%

Real SPARCS Data

- Payer Typology – Emergency Department 2018

1 MEDICARE	17.4%
2 MEDICAID	40.7%
3 OTHER GOVERNMENT (Federal/State/Local)	0.9%
4 CORRECTIONS	0.2%
5 PRIVATE HEALTH INSURANCE	14.4%
6 BLUE CROSS/BLUE SHIELD	10.4%
7 MANAGED CARE, UNSPECIFIED (to be used only if one can't distinguish public from private)	2.6%
8 NO PAYMENT FROM AN ORGANIZATION/AGENCY/PROGRAM/PRIVATE PAYER LISTED	9.3%
9 MISCELLANEOUS/OTHER	3.4%

Real SPARCS Data

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8 NO PAYMENT FROM AN ORGANIZATION/AGENCY/PROGRAM/PRIVATE PAYER LISTED	1.6%
9 MISCELLANEOUS/OTHER	1.1%

Real SPARCS Data

- 2018 Inpatient Sepsis Diagnoses - POA

Yes	71.6%
No	12.6%
U – Insufficient Documentation	.1%
W – Clinically Undetermined	.1%
Blank	15.8%

SPARCS Data

- Readmissions
- AHRQ Methodologies
 - Inpatient Quality Indicators
 - Patient Safety Indicators (including PSI 90)
 - Healthcare Associated Infections
- Severity of Illness and Risk of Mortality

Questions



Thank You!

See you at NYHIMA

In Syracuse, June 2 through June 5 2019

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