



# Statewide Planning and Research Cooperative System (SPARCS)

Quarterly Submitter Forum – Dec 12<sup>th</sup>, 2024

Thank you for joining today's webinar!  
Please mute your phones. We will begin shortly.

# Agenda

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- ❑ Guest Speaker: Improving Facility Reporting of SPARCS Race and Ethnicity Data
  - ❑ Benjamin Baskin, MPH  
Office of Minority Health and Health Disparities Prevention
- ❑ Open Discussion
- ❑ Reference Section:
  - ❑ SPARCS Support
  - ❑ Reminders
  - ❑ Q&A



**Department  
of Health**

# **IMPROVING FACILITY REPORTING OF SPARCS RACE AND ETHNICITY DATA**

**Benjamin Baskin, MPH**

**SPARCS QUARTERLY FORUM, DECEMBER 12, 2024**

# SPARCS Background

- The New York State Department of Health's **Statewide Planning and Research Cooperative System** (SPARCS) is a comprehensive data collection system established under [Section 2816 of the Public Health Law \(PHL\)](#).
- SPARCS collects patient-level claims data on:
  - Patient characteristics (including race and ethnicity)
  - Diagnoses, treatments and services
  - Charges for inpatient and outpatient services (ambulatory surgery, emergency department, and outpatient services)

# **SPARCS data are used by a range of stakeholders for many purposes**

- Hospital financial rate setting
- Developing and evaluating policy
- Research
- Health planning and resource allocation
- Quality of care assessment
- Surveillance
- Utilization review
- Health equity assessment

# Why Race/Ethnicity SPARCS data are important

Accurate SPARCS Race and Ethnicity data are critical for addressing health equity in New York State.

These data are used at the state and local level to:

- Identify population-level health disparities
- Identify disparities in service delivery
- Conduct patient outcomes analysis and other research

# Example of SPARCS Data Application

Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics, New York State

Data Year	Rate among Black NH	Rate among White NH	Difference in age-adjusted rates
2016	194.6	95.7	98.9
2017	207.5	100.4	107.1
2018	211.7	100.5	111.2
2019	216.2	98.6	117.6
2020	172.4	73.4	99.0
2021	177.8	74.5	103.3

Data Source: SPARCS, data as of March 2024

# What do we mean by Race and Ethnicity?

Race - Defined by Office of Management and Budget (OMB)	Ethnicity
<u>White</u> (Origins in Europe, Middle East and North Africa)	Hispanic*
<u>Black or African American</u> (Origins in any of the Black racial groups of Africa)	Non-Hispanic
<u>American Indian or Alaska Native</u> (Original peoples of North, South, and Central America)	
<u>Asian</u> (Central, East, South, Southeast Asia)	
<u>Native Hawaiian or Other Pacific Islander</u> (Original peoples of Hawaii, Guam, Samoa, other Pacific Islands)	*Hispanic ethnicity: Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

SPARCS uses the [CDC Race and Ethnicity Code Set](#) for all Race and Ethnicity categories.



# Planned changes at federal level

1. Collect race and ethnicity information using one combined race/ethnicity question.
2. Add “Middle Eastern or North African” (MENA) as a new minimum category.
3. Require the collection of more detail beyond the minimum race and ethnicity categories by default.
4. Whenever possible, the “Another group” detail category checkboxes should be replaced with write-in fields that allows respondents to self-identify.

## What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

**American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

**Asian** – Provide details below.

- Chinese                       Asian Indian                       Filipino  
 Vietnamese                       Korean                       Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

**Black or African American** – Provide details below.

- African American                       Jamaican                       Haitian  
 Nigerian                       Ethiopian                       Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

**Hispanic or Latino** – Provide details below.

- Mexican                       Puerto Rican                       Salvadoran  
 Cuban                       Dominican                       Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

**Middle Eastern or North African** – Provide details below.

- Lebanese                       Iranian                       Egyptian  
 Syrian                       Iraqi                       Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

**Native Hawaiian or Pacific Islander** – Provide details below.

- Native Hawaiian                       Samoan                       Chamorro  
 Tongan                       Fijian                       Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

**White** – Provide details below.

- English                       German                       Irish  
 Italian                       Polish                       Scottish

Enter, for example, French, Swedish, Norwegian, etc.

# SPARCS Race/Ethnicity Data Submission

- SPARCS requires at least one race and one ethnicity on each claim
  - Multiple race codes may be reported
- Select codes that best describe the race and ethnicity of the patient
  - Facilities should collect and report information as granular as possible
  - Race and ethnicity must be captured through self-reporting – can not be assumed through physical appearance or preferred language
  - If patients refuse to answer, the only options for SPARCS reporting are R9 “other race” and E9 “unknown ethnicity”

# Assessing Race and Ethnicity in Your Facility

- With your internal team, examine the proportion of claims from your facility that have R9 or E9.

- Do numbers look high?



Investigate further

- Benchmarks for “high” unknown are subjective.

- They may range as low as 25% to as high as

100%

- Track over time (e.g. every six months)

Facility	% of R9 Claims	% of E9 Claims
Facility A	100.0%	100.0%
Facility B	100.0%	71.5%
Facility C	99.1%	0.0%
Facility D	92.4%	72.6%
Facility E	74.0%	75.9%
Facility F	69.5%	100.0%
Facility G	65.1%	55.5%
Facility H	35.7%	43.1%
Facility I	35.6%	2.7%

# Best Practices for R/E Data Collection

- Require the asking of Race and Ethnicity for all patients.
- Asking Ethnicity question before Race can reduce confusion for Hispanic patients and increase the ethnicity question response rate.
- Do not assume Race/Ethnicity by appearance – patient (or caregiver) should self-identify.
- Patients can decline to answer. For SPARCS, the correct response for this is “Unknown” – R9 and/or E9.
- Only use R9 when Race is not asked, answer is refused, or answer is “Other” or “Unknown.”
- Keep “Multi-Racial” and “Other” categories separate – do not combine. SPARCS can process multiple races.
- If R9 is used for Race, one can still specify Ethnicity, and vice versa.
- With large Hispanic populations, the R9 response may be unavoidably large (Other/Unknown Race)

# How to Improve Race and Ethnicity Data Collection

**You are a first-line messenger for your organization!**

**Inform appropriate data and intake staff managers.**

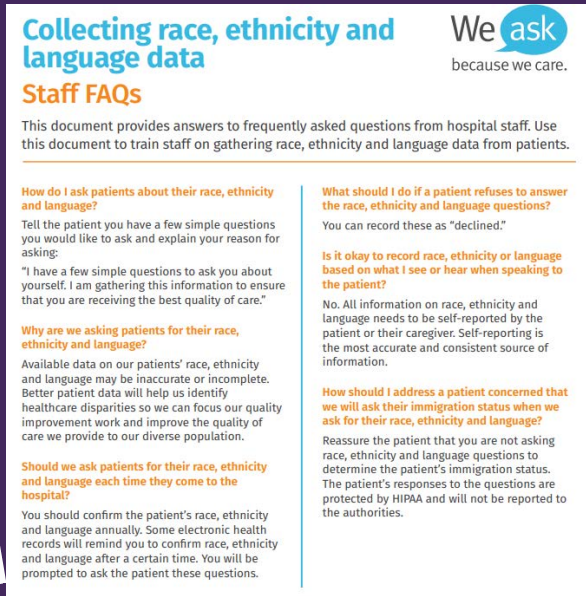
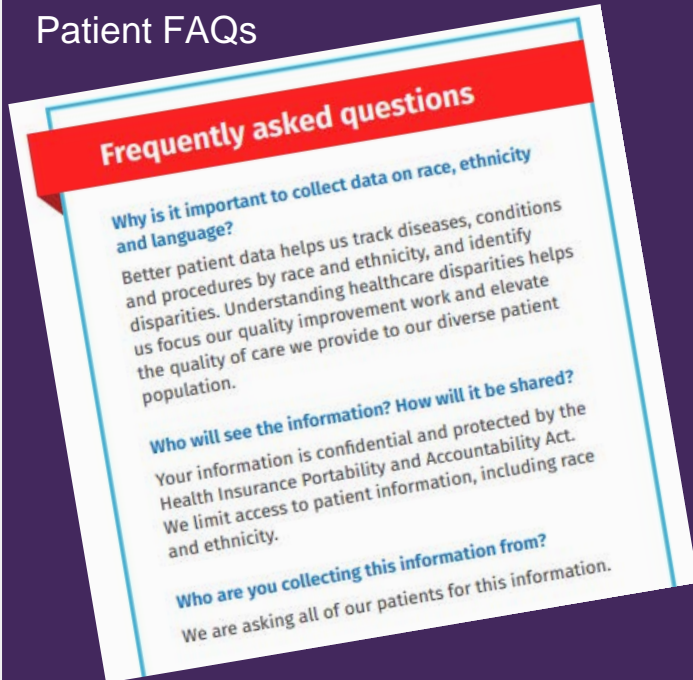
## **Share demographic data collection toolkit resources with managers:**

- Advancing Healthcare Excellence and Inclusion – Healthcare Assoc. of NY State (HANYYS)
- AHA Disparities Toolkit – American Hospital Association, Institute for Diversity and Health Equity
- Race and Ethnicity Data Improvement Toolkit – Agency for Healthcare Research and Quality
- Dalio Center for Health Justice – NY Presbyterian
- Race, Ethnicity and Language (REaL) Data - Community Health Care Association of New York State

Toolkit materials can help staff feel more comfortable collecting race/ethnicity data, and help patients feel comfortable providing that data.

# SAMPLE TOOLKIT MATERIALS

## Patient FAQs



## Staff FAQs



## Posters

**Toolkits include:** FAQs for patients and staff, posters, background info., tip sheets, staff training videos and slides.



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# SPARCS Contact Information

- SPARCS support page <https://sparcssupport.zendesk.com/hc/en-us>
- Hospital requests for SPARCS reports on their own data, questions on submitting data, or adding/deleting staff: [SPARCS.submissions@health.ny.gov](mailto:SPARCS.submissions@health.ny.gov)
- Researcher requests for SPARCS data: [SPARCS.requests@health.ny.gov](mailto:SPARCS.requests@health.ny.gov)
- [Data Submission DOH Web Page](#)
- There is a quarterly SPARCS submitter forum hosted by Optum.
- Optum Help Desk: 866-678-8646 (option 2) or submit a ticket through the [SPARCS portal](#)
- [SPARCS Overview/Homepage](#)
- SPARCS hosts open Q&A hours every other week for SPARCS data users. For more info: <https://www.health.ny.gov/statistics/sparcs/access/>
- **Office of Minority Health and Health Disparities Prevention: [OMHHDP@health.ny.gov](mailto:OMHHDP@health.ny.gov)**



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# Open Discussion

# Open Discussion

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## New ECC Ticketing Portal

- Submitter needs to be registered on the Hub for tickets to be visible.
- Link for registering for the Hub:
  - <https://customercare.optum.com/>
- Will need a One Healthcare Id for registration.
- Will be able to open tickets directly through the Hub.
- Can still open tickets by calling 1.866.OPTUMGO (1.866.678.8646).
- The facility will need to be able to accept secure files from [customercare\\_oi@optum.com](mailto:customercare_oi@optum.com).

# Open Discussion

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## Edit Updates Planned for 12/13/24

- Birth Weight Edit – N0010
  - Current Message:
    - For newborn patients with inpatient place of service, a whole number birthweight between 200 and 12500 must be reported.
  - Updated Message:
    - For newborn patients with inpatient place of service, a whole number birthweight between 150 and 12500 must be reported.
- Unacceptable Primary Diagnosis – N0005
  - Edit Message:
    - Unacceptable principal diagnosis code for inpatient claim type.
  - CMS includes 'Z' diagnosis codes (factors influencing health status and contact with health services) in their list of unacceptable principal diagnosis codes. These 'Z' diagnosis codes will be removed from SPARCS edit N0005 for FY2024 and FY2025.

# Questions and Answers

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# Reference Section: SPARCS Support

# SPARCS Support

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## SPARCS.submissions@health.ny.gov

- Facilities or vendors who submit data to SPARCS can email for questions regarding:
  - New facility portal set up
  - SPARCS submitter provisioning requests
  - Update SPARCS coordinators or contacts
  - SPARCS compliance questions and exception/extensions requests
  - SPARCS policy questions
- Not to be confused with [SPARCS.requests@health.ny.gov](mailto:SPARCS.requests@health.ny.gov) for people who are requesting research data from SPARCS
- Please **DO NOT SEND PHI** in any email communications
  - Redact PHI if necessary to share screenshots or reports in emails

# New SPARCS Portal

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- New SPARCS Portal (<https://sparcs.optumoi.com/>):
  - Click on Help Center, then select Client Self Service Portal
  - Facilities or vendors who submit data to SPARCS should submit help desk tickets through the portal for Optum support
    - Portal training and claim testing
    - File or record rejections
    - Interpretation of edit error reports
    - Technical issues or questions
- Optum Phone Number: (866) 678-8646 option #2
- Please **DO NOT SEND PHI** in any email communications
  - Redact PHI if necessary to share screenshots or reports in emails



# Reference Section: Reminders



# SPARCS Reminders

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- Data submission file should contain only data for a single PFI.
- Rules for data submission file:
  - Files submitted through SFTP must begin with FAC followed by your PFI.
  - Limit original file name to 89 characters.
  - File Size :
    - 5MB Limits if submitting directly on the portal.
- Recommendations for data submission file:
  - Less than 10MB recommended if submitting through SFTP.
  - Submission Timing Recommendations :
    - Avoid submitting files between 12:00AM – 1:00AM EST.
    - Do not submit multiple large files simultaneously.

# SPARCS Reminders

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## SPARCS Compliance:

- Updated template for exception/extension requests
  - Office of Health Services Quality and Analytics
  - All fields must be completed
  - Exceptions can be granted only when facilities can certify all data were submitted and accepted
  - Extensions need submission plan and expected timeline for completion



**Thank you!**

For more information, contact [sparcs.submissions@health.ny.gov](mailto:sparcs.submissions@health.ny.gov)