



**Department
of Health**

SPARCS Submitter Forum

- **Introductions and Reminders**
- **Duplicate Claim Logic**
- **Voids and Adjustments**
- **Questions**

May 21, 2024

SPARCS Introductions and Reminders

- 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 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

SPARCS Introductions and Reminders

- New SPARCS portal link (<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

SPARCS Back to Basics

- Data submission file may only contain data for a single PFI.
- Recommended naming convention for data submission file:
 - File type (e.g., Test for a test file or Prod for a production file);
 - Test files do not get inserted into SPARCS data warehouse - don't forget to change files to Production.
 - Claim type (e.g., IP for inpatient); and
 - Time period of discharges (e.g., month/year)
 - Limit original file name to 89 characters.
 - Actual limit is 150 characters, but system adds 25-character prefix and 36-character suffix at different stages of processing so original file name can't exceed 89 characters.
- Check files the day after submission to look for additional errors from overnight processing.
 - Adjust-Void-Dup Reports tab to search for response file for download to review errors

SPARCS Duplicate Logic

SPARCS Duplicate Logic

- Duplicate logic is applied for records submitted with the Claim Frequency Code value of 1.
 - The Claim Frequency Code is in the third composite field of position 5 in the CLM segment (CLM05-03)
 - A value of 1 indicates an original claim

- There are two sets of logic for duplicates.
 - One is applied to Inpatient records
 - The other is applied to Outpatient records

SPARCS Duplicate Logic Inpatient

- The system will determine if the record is Inpatient using the Facility Type Code in the CLM05-01 segment position.
 - These Facility Type Code values are categorized as Inpatient records:
 - 11, 18, 21, 28, 41, 65, 66, 86
- Inpatient records – the system uses the following fields to identify a duplicate:
 - Statement From and To Date (Loop 2300 – DTP03 when DTP01=434)
 - Claim Facility Type/Type of Bill Code (Loop 2300 – CLM05-01)
 - Facility PFI (Loop 2010AA REF02 when REF01=1J)
 - Medical Record Number (MRN) (Loop 2300 REF02 when REF01 = EA)
 - Admission Date (When Loop2300-DTP03 when DTP01=435 segment is not null then Loop2300-DTP03 when DTP01=435 segment is used else Statement From Date (Loop 2300 – DTP03 when DTP01=434) is used as admission date),
 - Admission Hour (Loop2300-DTP03 when DTP01=435 segment)

SPARCS Duplicate Logic Outpatient

- Any values other than 11, 18, 21, 28, 41, 65, 66, 86 for Facility Type Code in the CLM05-01 segment position will be considered Outpatient records.
- Outpatient records – the system uses the following fields to identify a duplicate:
 - Statement From and To Date (Loop 2300 – DTP03 when DTP01=434),
 - Principal Diagnosis Code – (Loop2300 – HI segment HI01-2),
 - Claim Facility Type/Type of Bill Code (Loop 2300 – CLM05-01),
 - Facility PFI (Loop 2010AA REF02 when REF01=1J),
 - Medical Record Number (MRN) (Loop 2300 REF02 when REF01 = EA),
 - Revenue Code (Loop 2400 – SV201)
 - Procedure Code (Loop 2400 – SV202-02)
 - Procedure Modifier 1 (Loop 2400 SV202-03)
 - Procedure Modifier 2 (Loop 2400 SV202-04)
 - Procedure Modifier 3 (Loop 2400 SV202-05)
 - Procedure Modifier 4 (Loop 2400 SV202-06)
 - Service Line Date (Loop 2400 – DTP03 when DTP01=472)

SPARCS Duplicate Logic

- If a match is found using the duplicate logic for either Inpatient or Outpatient records, the incoming claim will be marked as duplicate and rejected with the error “DUPLICATE CLAIM RECORD”.
 - This can be viewed on the response file on the Adjust-Void-Dup Reports tab.
 - Duplicate claim reports are available the day following the submission of the file, when nightly processes are completed.

SPARCS Voids & Adjustments

SPARCS Voids & Adjustments

- Voids & Adjustments are indicated using the Claim Frequency Code field (Loop 2300 | CLM Segment)
 - The Claim Frequency Code is in the third composite field of position 5 in the CLM segment (CLM05-03)
 - A value of 7 indicates an adjustment
 - A value of 8 indicates a void

SPARCS Voids & Adjustments

- When the Claim Frequency Code is 7 or 8 the system will check the following fields to find the record to adjust or void
 - Statement From and To Date (Loop 2300 – DTP03 when DTP01=434)
 - Facility PFI (Loop 2010AA REF02 when REF01=1J)
 - Medical Record Number (MRN) (Loop 2300 REF02 when REF01 = EA)
 - Patient Control number (if the NTE segment in Loop 2300 is provided this value will be used. If the NTE segment is not provided the system will use the value in the CLM01 in loop 2300)
 - Claim Type code (Inpatient or Outpatient)
 - If a match is not found the adjustment or void will be rejected and return the error message “ORIGINAL RECORD NOT FOUND FOR ADJUSTMENT” or “ORIGINAL RECORD NOT FOUND FOR VOID”

Questions?

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

Next Submitter Forum: August 2024