Hospital Inpatient Discharges (SPARCS De-Identified): 2024

OVERVIEW

Office of Health Services Quality and Analytics
Center for Health Data Innovation

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Health Data NY

NEW YORK STATE | Deparment of Health

General Description

New York State Planning and Research Cooperative System (SPARCS) is a comprehensive data reporting system established in 1979 as a result of cooperation between the health care industry and government. Initially created to collect information on discharges from hospitals, SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for every hospital discharge, ambulatory surgery, outpatient services and emergency department visit in New York State.

The enabling legislation and regulations for SPARCS are located under Section 28.16 of the Public Health Law (PHL), Section 400.18 of Title 10 (Health) of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR).

More information on SPARCS may be found on the New York State Department of Health's website at: http://www.health.ny.gov/statistics/sparcs/.

A goal of the Department is to provide the public with easy-to-use tools to answer health care questions while protecting the privacy of the individual patient. Protecting the privacy of the patient in the collected data is a primary function of the Department of Health SPARCS program staff. SPARCS has assigned personnel whose responsibility is the monitoring of the release and handling of the data.

SPARCS utilizes information technology protections for the collection, storage, and release of data.

SPARCS data files are available with and without identifying data elements. A multi-tiered approach in the release of data is utilized to provide patient privacy while still providing useful health care data for the public and researchers. While there are three levels of data release — de-identified, limited, and identifiable — this document describes the de-identified release.

Software Versions

Discharge Year	CCSR Version		APR-DRG Version
	Diagnosis (ICD-10-CM)	Procedure (ICD-10-PCS)	For ICD-10-CM/PCS
2018	2021.2	2021.1	35
2019	2021.2	2021.1	36
2020	2021.2	2021.1	37
2021	2023.1	2023.1	38
2022	2023.1	2023.1	39
2023	2025.1	2025.1	40
2024	2025.1	2025.1	41

Software Details

- CCSR - Clinical Classifications Software Refined (https://hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp)
- ICD-10-CM - International Classification of Diseases, 10th Revision, Clinical Modification
- ICD-10-PCS - International Classification of Diseases, 10th Revision, Procedure Coding System
- APR DRG - All Patient Refined Diagnosis Related Groups (https://www.solventum.com/en-us/home/health-information-technology/solutions/apr-drg/)

Data Methodology

Any facility certified to provide Article 28 inpatient services, ambulatory surgery services, emergency department services or outpatient services is required to submit data to SPARCS.

Submitting facilities include New York State Hospitals and Diagnostic and Treatment Centers (D&TCs, commonly known as clinics). This includes both hospital-owned and operated, as well as free-standing D&TC facilities. Regardless of their ownership, each facility must report data for each specific facility.

More information on how SPARCS data is collected may be found at: http://www.health.ny.gov/statistics/sparcs/

Costing Methodology

Estimates of inpatient costs were calculated using hospital discharge data from SPARCS and Institutional Cost Report (ICR) data. ICRs include data on cost for each facility as well as ratios of Cost to Charges (RCCs). RCCs are certified, calculated and reported by facilities and are subject to external audit. For example, if hospital charge is $20,000 and the RCC is 50%, the estimated cost is $10,000. As with charges, cost data are hospital-specific.

Estimated total cost for discharges per calendar year was calculated using the following facility-specific audited RCCs file.

Discharge Year	RCC Version (Audited)
2024	2021

De-identification

The de-identified data file contains basic record level detail; it does not contain data that is protected health information (PHI) under Health Insurance Portability and Accountability Act (HIPAA). The health information contained in the file is not individually identifiable; all data

elements that are considered identifiable have been redacted. The de-identified data file is public under the Freedom of Information Law (FOIL). The de-identified dataset allows the public to answer such questions as the number of hospitalizations that occur in the State annually or the annual number of children born in the State's hospitals.

Limitations of Use

The de-identified data file contains basic record-level detail. It does not contain data that is protected health information (PHI) under HIPAA. The health information is not individually identifiable; all data elements that are considered identifiable have been redacted.

In cases where the RCC is over the Medicare ceiling and no reasonable or logical explanation is provided, values are overwritten by the hospital average RCC value.

The de-identified data file contains facilities that while Article 28 certified have the majority of their discharges related to rehabilitation or life-support. These facilities are listed below.

Facility ID	Facility Name
000340	United Memorial Medical Center Bank Street Campus
000775	Helen Hayes Hospital
000831	Sunnyview Hospital and Rehabilitation Center
000968	Garnet Health Medical Center – Catskills – G. Hermann Site
001046	Winifred Masterson Burke Rehabilitation Hospital
001138	Blythedale Children's Hospital
001460	New York Eye and Ear Infirmary of Mount Sinai
001486	Henry J. Carter Specialty Hospital
009431	St. Peter's Addition Recovery Center
010223	Calvary Hospital

Data Set is Subject to Change

The current data set is a provisional data set and could be updated in the future. For more information about compliance and applicable reporting requirements visit:

https://www.health.ny.gov/statistics/sparcs/

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