**WHA | INFORMATION CENTER**

The respected source for health care data.

# WHAIC WIpop Annual Training

Cindy Case, BA, COC, Manager – Compliance, Education and Training
Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA, Vice President and Privacy Officer
*Justin Flory, BS, Health Care Data Programmer*

*2022*

# About Us

- **Mission Statement:**

- **WHA Information Center (WHAIC)** is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other healthcare providers.

- WHAIC is a not-for-profit subsidiary of the Wisconsin Hospital Association (WHA)

- Contracted by the State of Wisconsin since 2003

- Began data collection in January 2004

- Our office is in Fitchburg (Southwest side of Madison)

www.whainfocenter.com

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# Agenda

- How do you get to know us and our company staff?

- Where does your data go and how is it used?

- How do you find what you need on the WHAIC Website or Manual(s)?

- Can WHAIC add a new person for me?

- What kind of data should we send? How do we create our submission files?

- How do I review the submitted data?

- What are some common file issues, edits and updates you should look for?

- What's new in 22 and 23?

- What key pieces of information do you have to share or wish you had sooner?

# Let's get to know Heather Scambler ☺





- Tell us a little bit about yourself ☺

- How many years experience in Healthcare?

- How many kids do you have?

- What do you like to do for fun?

- What's your favorite time of year?

# The WHAIC Team

Brian

Cindy
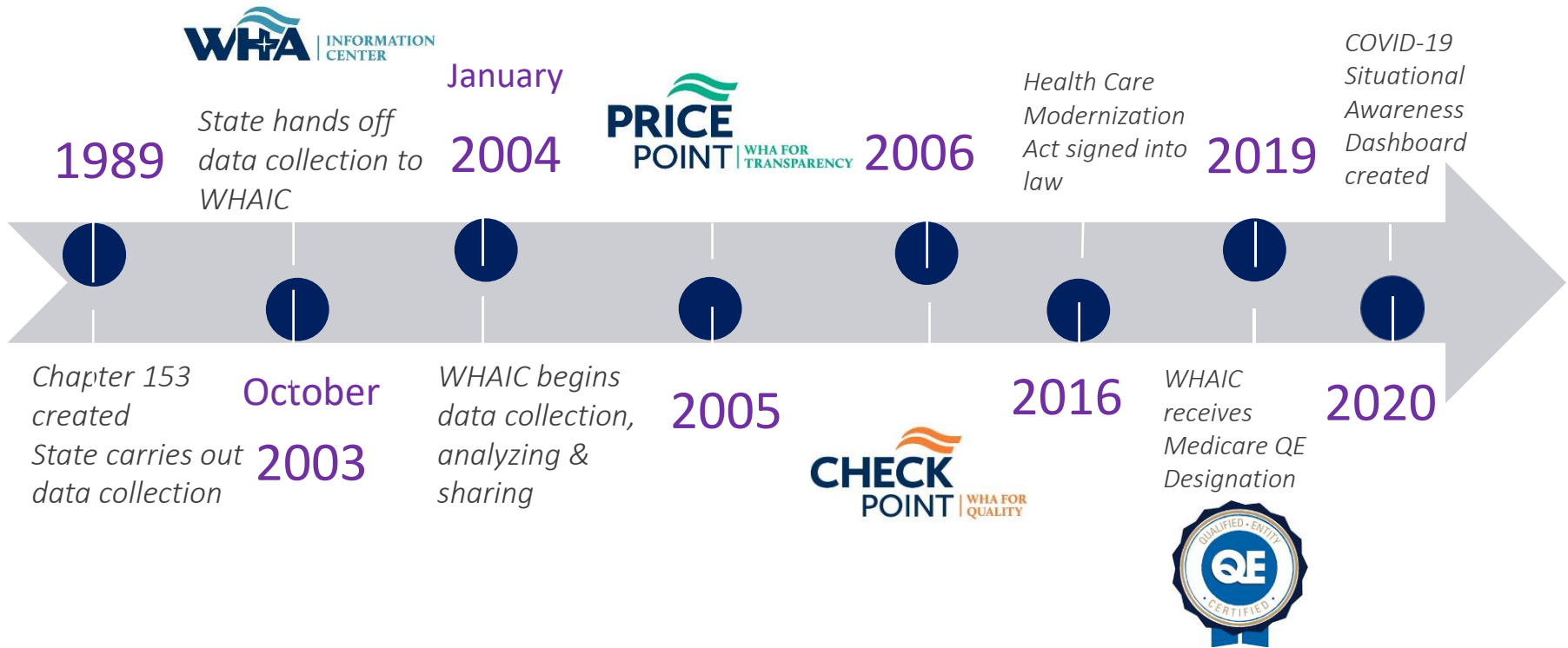
Jennifer

Heather

Steve

Amber

Janice

Derek

Justin

Seth

Emily

# About Us: WHA Information Center

WHA Information Center (WHAIC) is wholly owned subsidiary of the Wisconsin Hospital Association.



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*State hands off data collection to WHAIC*

**1989**

**January 2004**

**PRICE POINT | WHA FOR TRANSPARENCY**

**2006**

*Health Care Modernization Act signed into law*

**2019**

*COVID-19 Situational Awareness Dashboard created*

*Chapter 153 created State carries out data collection*

**October 2003**

*WHAIC begins data collection, analyzing & sharing*

**2005**

**CHECK POINT | WHA FOR QUALITY**

**2016**

*WHAIC receives Medicare QE Designation*

**2020**

QE CERTIFIED · QUALIFIED · ENTITY

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# Information Center Data

## Discharge/Claim Data Collected

- Hospital discharge claims (153)
- Ambulatory Surgery Centers (80)
- Quarterly / monthly data submission
- Collect > 3 million records per quarter

### Data *not* collected
- Professional/clinic:
- Pharmacy
- DME
- Nursing facilities

## Annual Survey Data/Collected

- Annual Survey of Hospitals
- Hospital Fiscal Survey
- Medicare Cost Report
- Personnel Survey
- Uncompensated Health Care Survey
- Hospital Rate Increases

## How the Data is Used

- Publications (Mandate)
  - Guide to Wisconsin Hospitals
  - Health Care Data Report
  - Uncompensated Health Care in Wisconsin Hospitals
  - Hospital Rate Increases
- Workforce Analysis & Predictions
- Quality Report/Quality Improvement
  - Readmission rates
  - Potentially Preventable Readmissions
  - Hospital Acquired Conditions penalties
  - Other specific adverse events
- Analytics
  - Kaavio
  - PricePoint
  - CheckPoint
  - Other analytics/custom requests

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# Privacy and Security

**WHAIC is not a covered entity under HIPAA**

- We operate under the statutory authority of Chapter 153

- We take reasonable steps to avoid any data breaches including implementing safeguards & appropriately protecting e-PHI.

- When contacting us, follow your own HIPAA rules and practices. Only send the minimum necessary to perform our research. Never send patient names, SSN or entire medical records.

**Violating HIPAA:**

We will take steps to notify your privacy or compliance officer of potential breaches to allow your organization the opportunity to address the situation.

# What are some other data uses & initiatives?

## WHAIC Initiatives and Collaborations

- Cross state data MN, MI, IL

- Kaavio Dashboards

- Medicare Data

- PricePoint

- CheckPoint

- Psychbed

- SDOH

# Let's explore who uses the data…

- **Data Uses**

- 86% of Wisconsin hospitals purchase data sets and/or custom data sets/reports from WHAIC.

- Other purchasers of custom data sets and/or reports include Insurers, Researchers and Universities.

- Data is used for Price and Quality Transparency (PricePoint & CheckPoint)

- Analytics

- WHAIC's data analytics tool (Kaavio) is provided at no charge to hospitals that purchase the data at the required level.
  - Users:  319
  - Hospitals:  93

- WHAIC and the Wisconsin Office of Rural Health (WIORH) offer the Rural Health Dashboard (RHD) as one-way rural hospitals can use their SHIP program funding (Small Rural Hospital Improvement Grant).
  - There are 18 hospitals participating in 2022-2023.
  - The RHD consists of eleven (11) executive-level dashboards

- Dashboards:

- COVID-19 Situational Awareness Dashboard
  - Others…NEW effort to collect SDOH

# Do any of you use the data?

Search

# Data Products

WHA Information Center (WHAIC) is the respected source for Wisconsin hospital and ambulatory surgery center data.  Its timely, complete and accurate data helps hospitals and health systems, consumers, payers and policymakers better understand their communities, the health care market, and the cost and quality of hospital care in Wisconsin.

Please take a look to see what WHAIC has available.

**WHAIC CONTACT**

Brian Competente
Director, Operations
608-274-1820
**EMAIL:** Brian Competente


**Data Sets**


**Publications**


**Custom Reports**

**Our reports contain valuable tools for hospital leaders.**

Comprehensive, robust data reports on inpatient and outpatient statistics and utilization rates from WHAIC, guide hospital leaders in making informed decisions about strategic planning and marketing, finance, performance and quality improvement. With these reports, hospital leaders can design strategies to best allocate resources for future growth opportunities.

**What can the WHAIC data tell you?**

## Resources

Request Custom Reports and Data Sets

Request Standard Data Sets

WHAIC Physician Review Policy and
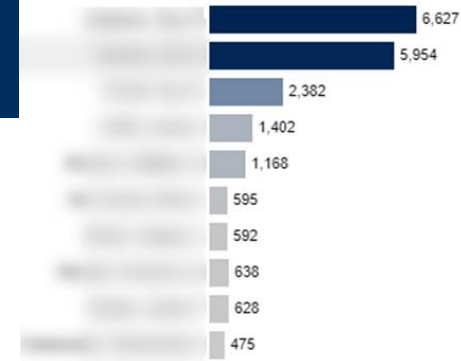
# Dashboard anyone?

# Tools, Analytics and Dashboards

- KAAVIO allows users the ability to drill down further into the data by applying filters and refining parameters to find the answers to key questions within the organization

- Hospitals can better prepare for the future and project their progress moving forward by having a clear visualization of the data through KAAVIO

- Hospitals can benefit from market share data in strategic planning and development through trending data and reports

- Review of outliers (charges)

- Trending data in different parts of the hospital. (inpatient, outpatient, ED)

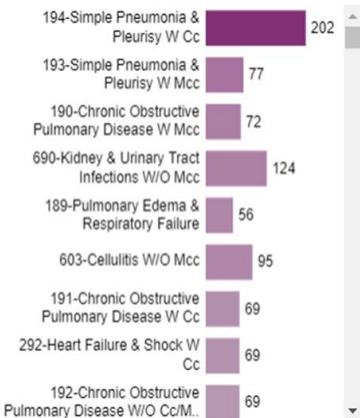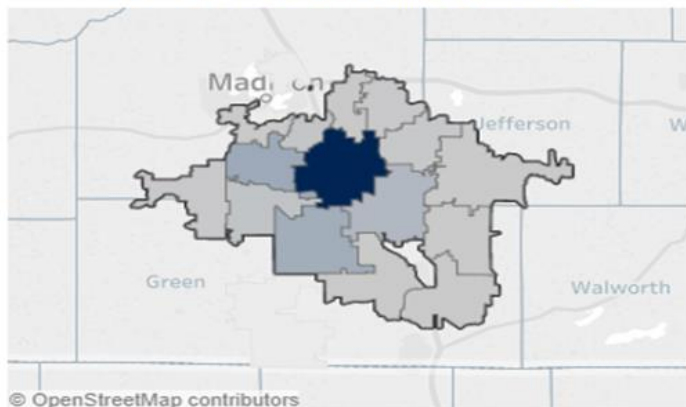- Physician analysis (by utilization, by diagnosis, by procedure)

Top Physicians

6,627
5,954
2,382
1,402
1,168
595
592
638
628
475

Inpatient

## MS-DRGS

| | |
|---|---|
| 194-Simple Pneumonia & Pleurisy W Cc | 202 |
| 193-Simple Pneumonia & Pleurisy W Mcc | 77 |
| 190-Chronic Obstructive Pulmonary Disease W Mcc | 72 |
| 690-Kidney & Urinary Tract Infections W/O Mcc | 124 |
| 189-Pulmonary Edema & Respiratory Failure | 56 |
| 603-Cellulitis W/O Mcc | 95 |
| 191-Chronic Obstructive Pulmonary Disease W Cc | 69 |
| 292-Heart Failure & Shock W Cc | 69 |
| 192-Chronic Obstructive Pulmonary Disease W/O Cc/M.. | 69 |

## Select Patient Zip Code(s):

© OpenStreetMap contributors

| Row Group 2 | Row Group 3 | Facility 2 | | Facility 1 | |
|---|---|---|---|---|---|
| | | Primary Measure | Secondary Measure | Primary Measure | Secondary Measure |
| Abdominal Hernia | Medical Assistance | 35 | 7,039 | 56 | 8,790 |
| | Medicare | 206 | 7,098 | 264 | 8,406 |
| | Other Government | 9 | 14,052 | 13 | 5,093 |
| | Other or Unknown | 2 | 19,767 | 2 | 9,856 |
| | Private Insurance | 466 | 8,447 | 509 | 9,610 |
| | Self-Pay | 7 | 10,100 | 10 | 9,195 |
| Abdominal Pain | Medical Assistance | 206 | 2,212 | 592 | 2,151 |
| | Medicare | 390 | 3,500 | 803 | 2,606 |
| | Other Government | 23 | 2,295 | 58 | 2,209 |
| | Other or Unknown | 14 | 2,016 | 1 | 434 |
| | Private Insurance | 1,053 | 2,748 | 2,341 | 1,796 |
| | Self-Pay | 60 | 2,814 | 181 | 2,416 |

- *Improved "google-like" user experience*
- *Integration with IMO (Intelligent Medical Objects)*
- *Release is dependent on CRM upgrade go-live (June)*
- *Future: ETGs replaced by PFEs (3M's Patient Focused Episodes)*

# PricePoint Redesign...

**CHECK POINT** | WHA FOR QUALITY

CONTACT US | LOGIN
*powered by*
*Wisconsin Hospital Association*

CheckPoint delivers reliable reports designed to support
health care decisions and assist Wisconsin hospitals with quality improvement activities.

Hospital Report    Compare Hospitals    Resources    Hospital Login

## Compare Hospitals - Mortality - Conditions

All hospitals are selected by default, or you can choose one or more for a custom report.

[ ]   Clear All   Submit

Generated: Thursday, August 27, 2020

Print    Export to Excel    Show Rates

| | ⓘ Acute Stroke | ⓘ Chronic Obstructive Pulmonary Disease | ⓘ Gastrointestinal Hemorrhage | ⓘ Heart Attack | ⓘ Heart Failure | ⓘ Hip Fracture | ⓘ Pneumonia |
|---|---|---|---|---|---|---|---|
| National Average | --- | 8.5 | --- | 12.9 | 11.5 | --- | 15.6 |
| State Average | 5.78 | 8.7 | 2.42 | 12.9 | 12.2 | 1.22 | 16.1 |
| State Benchmark | --- | --- | --- | --- | --- | --- | --- |
| Desired Direction | Lower is Better | Lower is Better | Lower is Better | Lower is Better | Lower is Better | Lower is Better | Lower is Better |
| Report Period | 1/1/2019 - 12/31/2019 | 7/1/2015 - 6/30/2018 | 1/1/2019 - 12/31/2019 | 7/1/2015 - 6/30/2018 | 7/1/2015 - 6/30/2018 | 1/1/2019 - 12/31/2019 | 7/1/2015 - 6/30/2018 |
| Hospital ↑ | ⓘ Acute Stroke ↓↑ | ⓘ Chronic Obstructive Pulmonary Disease ↓↑ | ⓘ Gastrointestinal Hemorrhage ↓↑ | ⓘ Heart Attack ↓↑ | ⓘ Heart Failure ↓↑ | ⓘ Hip Fracture ↓↑ | ⓘ Pneumonia ↓↑ |
| Hospital 1 | + | DNR | + | DNR | DNR | DNR | DNR |
| Hospital 2 | + | ★★☆ | + | + | ★★☆ | + | ★★☆ |
| Hospital 3 | ★★★ | ★★☆ | ★★☆ | ★★☆ | ★★☆ | ★★☆ | ★★☆ |

| Infections | | | | | | |
|---|---|---|---|---|---|---|
| Infection Composite | + | | | | | |
| Catheter Associated Urinary Tract Infections | + | + | 0.82 | 1.00 | ↓ | 1/1/2019 - 12/31/2019 |

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## What is the Wisconsin Psychiatric Bed Locator System?

- A web-based tool that general authorized users can use to quickly see information about *potential* psychiatric bed availability **voluntarily** posted by inpatient psychiatric bed, peer run respite bed, and crisis stabilization bed units.

- Modeled off of Minnesota's successful psychiatric "bed tracker".

# How does the Wisconsin Psychiatric Bed Locator System work?

- **General authorized users** can see what information inpatient, peer run respite beds, and crisis stabilization beds units have posted about beds potentially available for an admission here: www.wha.org/bed-tracker/bed-tracker-search
- Searchable by type of unit (child, adolescent, adult, geriatric, peer respite, crisis stabilization) and by city, county, zip.
  - **Is not a reservation system;** must call to discuss a potential admission.
  - **Although a bed may be listed as potentially available, the bed may not be appropriate for all admissions as determined by the unit.**

# Why do we want SDoH documentation and assigned z-codes?

- To support whole person healthcare

- To help identify & prioritize patients' nonmedical needs (housing, transportation, and food) and focus on "upstream" interventions which can lead to overall improvements in health and reduce health disparities and inequities.

- To establish *community collaborations* to develop necessary partnerships/programs needed to coordinate care and improve health outcomes.

- To improve operational and financial factors associated with missed appointments, preventable health events and reduced care plan compliance.

- To increase patient referrals to supportive services and help identify population-level trends that have both health and cost implications.

# Social Determinants of Health Webinar Series: The Journey to a Healthier WI

- Jan. 26 – Discus the background and purpose of the collaboration and importance for capturing "Z codes" to track SDOH data. Looked at current Z-code data collection from a national and state perspective.

- April 27 - Presentation from an early adopter (medium size/ Bellin) hospital in Wisconsin to understand the process and implementation of Z-code data collection. Real life example to show other hospitals a way of starting discussions in their own facilities.

- July 27 – Presentation from a different early adopter (large/ Children's Hospital of Wisconsin) hospital in Wisconsin to show another way of Z-code collection and use of 3<sup>rd</sup> party community coordination software. By having another case study, all types of hospitals can get an idea of next steps and tools they can use to start the Z-code collection process.

- Oct. 26 – WHA to present next steps for hospitals to take based on the level they feel their hospital is at regarding SDOH data: beginner, intermediate, and advanced. Have SDOH platforms prepare presentations on what it is their tools do and how that may help hospitals collect Z-code.

*To date: 232 participants from 115 different facilities!*

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# Statewide Wisconsin Social Determinants of Health Data
## *For all WI hospitals… 2018 Q3- 2021 Q3*

| Place of Service | Total Claims | Total Claims With ZCodes | % claims with Zcode |
|---|---|---|---|
| INP | 1,829,814 | 56,000 | 3.1% |
| EDV | 5,571,112 | 27,278 | 0.5% |

# WHAIC website for more information

Spend some time on our website to learn more about your data!

Administration, since 2003 as defined by Chapter 153, Wisconsin Statutes.

Inpatient and outpatient data is collected quarterly through a secure, web-based tool known as **WIpop** to produce public use data sets, custom data sets and three annual publications.

In addition, all Wisconsin hospitals submit Annual, Fiscal, Personnel and Uncompensated Care survey data annually. Data collected from these surveys are used for trending, benchmarking, and other key statistics.

For more information and access to the WIpop or Survey Data Submission Manuals, calendars, training materials, and other updates click on one of the pictures below.

## Reporting Requirements



**WIpop**

**Surveys**

**WHAIC Portal Login**

## Important Dates & Events

## Additional Resources

Wisconsin Statutes, Chapter 153

# Website Resources

https://www.whainfocenter.com/WIPop
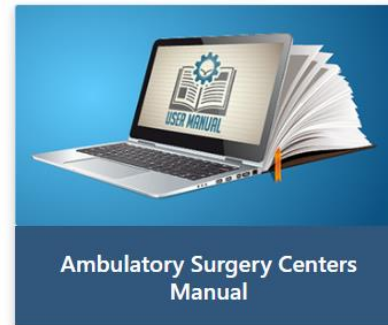
*Bookmark this page for quick access.*

## WIpop

Wisconsin 'WIpop' data collection is based on a modified HIPAA Compliant 837 claim file format . The Hospital and Ambulatory Surgery Center Manual's provided below will serve as the cornerstone to help facilities develop accurate high-quality claims files that include data elements not found or reported on the actual claim, but required for requirements.

Not only is the discharge data provided statutorily required, it allows WHAIC to create reports that help hospitals and ASCs grow their organizations market share, benchmark quality, aide in healthcare cost and utilization projects and help state and federal government services develop policies and more.

**WHAIC CONTACT**

Cindy Case
Mgr., Compliance, Education and Training
608-274-1820
**EMAIL:** Cindy Case


Hospital Manual


Ambulatory Surgery Centers Manual


News & Highlights


Education & Training


Data Submission Calendar


New Facility/Services

# Can you add my new person for me????

**WE DO NOT ADD PEOPLE, THIS IS A SECURED PORTAL, REGISTRATION IS REQUIRED!**

**WIpop Roles** – assigned by the facility to manage and oversee the timely data submissions, corrections, comments and affirmations.

**Three main roles**
- Primary
- Secondary
- WIpop Users

To Register

https://portal.whainfocenter.com/Account/Login.aspx

- **WIpop Requirements**
  - For all your new employees: WHAIC does not add new users
  - Users must register online through the Portal
  - Maintain prompt and responsive contact with WHAIC staff
  - The WIpop site is for authorized users only. Registered users agree use of WIpop and Secure Portal without authority, or in excess of your authority, is strictly prohibited.

- http://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix_710.pdf

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# Roles and Responsibilities

**The Primary Contact will:**

- Oversee and **monitor access** requests and users in WIpop.

- Contact WHAIC when users leave the organization or need access to another site.

- Serve as primary contact to address issues/edits with the data submissions.

- Receive confirmation emails of:
  - data submissions,
  - notice of affirmation, and
  - newly registered WIpop Users

- Have access to the data deliverables site to download/share the facility data.

- Receive all profile and validation reports for review, distribution, and accuracy.

- Authority to electronically sign and submit affirmation statement.

- Have access to the Provider Based Location (PBL) table *if applicable;

- Receive (share) the Present on Admission (POA) report *if applicable;

# Roles and Responsibilities

**Secondary Contact will:**

- Oversee and monitor access in WIpop and contact WHAIC with changes.

- Receive all profile and validation reports for review, distribution, and accuracy.

- Have access to the data deliverables site to validate/download the facility data.

- Serve as back up contact when there are issues with the data.

**WIpop Only Role will:**

- Have authority to upload data (may include vendor).

- Run reports out of WIpop.

- Clear/fix edits.

https://portal.whainfocenter.com/Account/Login.aspx

# Registration as easy as 1,2,3

1. Click Register

2. Choose Your Role

3. Activated within 24-48 hours



**Success!**

# Roles and Authorized Users



**Welcome to WIpop Production**

Select a Facility: [1000: WHA Information Center LLC (Madison) ▼] [Go to Batch Review]

WIpop (pronouced WHY POP) has two secured databases. **This is the *Production Site*** to *Submit/Upload* and FIX edits in your quarterly discharge data. *Test your batch files for errors/ommissions in the Test Site.*

Discharge Data is due monthly or quarterly as follows:  #Calendar:

| | | | |
|---|---|---|---|
| 1st Quarter | January 1 - March 30 dates of service:  Due Date | 5/15 | Give or take a few days! |
| 2nd Quarter | April 1 - June 30 dates of service: Due Date | 8/15 | |
| 3rd Quarter | July 1 - September 30 dates of service: Due Date | 11/15 | |
| 4th Quarter | October 1 - December 31 dates of service: Due Date | 2/15 | |

Hospitals and ASCs *primary contact(s)* assumes responsibility for the quarterly files and **Affirmation Statement.**

For more information see the  WIpop Homepage on the WHAIC website.

**WIpop Users:**

Please take a moment to review your facility's Vendor Name, and list of WIpop Users or Vendor(s) authorized to access the WHAIC secure WIpop System. If the Vendor Name is incorrect, or if any of the names listed no longer require access to WIpop, please contact whainfocenter@wha.org, as it is the facility's responsibility to notify WHAIC with any staff updates or corrections.

Vendor Name:                                                Click here for the Roles definition

| First Name | Last Name | Email Address | Role |
|---|---|---|---|
| Cindy | Case | ccase@wha.org | Primary |
| Suzanne | Staudenmayer | sstaudenmayer@wha.org | Primary |

Request an Extension

File for extension 10 days before the data is due.

Verify users often.

## Notes:

1. The facility is responsible for managing users. To remove users, update current access, or update names/emails notify WHAIC: whainfocenter@wha.org

2. Review Roles definition before registering so you know what to choose.

3. New users must register in the Portal. WHAIC will authorize within 24-48 hrs.
   - *In general, we automatically approve if user has facility email address. Primary contacts receive notification.*

   whainfocenter@wha.org

# Roles and Security Policy

- **Important:**

- Passwords must be changed annually.

- Primary and Secondary accounts deactivate if inactive for 15mo.

- WIpop User accounts deactivate if inactive for 8 months.

- WHAIC staff reactivate existing accounts.

- If contacting WHAIC to reactivate an account – user must be prepared to log in by COB of Friday of the same week.

  - Contact staff email: whainfocenter@wha.org

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# Data Submission Calendar

## 2023 WHAIC Data Submission Calendar

Website: http://www.whainfocenter.com/   Email: whainfocenter@wha.org

| 2022 Q4 Data Submission | | | 2023 Q1 Data Submission | |
|---|---|---|---|---|
| Standard Data Submission Deadline – Data Due | 2/14 | | Standard Data Submission Deadline – Data Due | 5/15 |
| Standard Deadline fix Edits & Mark QTR Complete | 2/28 | | Standard Deadline fix Edits & Mark QTR Complete | 5/29 |
| **Extended Deadline - Due Date for Data Submission** | **3/1** | | **Extended Deadline - Due Date for Data Submission** | **6/1** |
| *Extended Deadline for Edits & Quarter Complete* | 3/14 | | *Extended Deadline for Edits & Quarter Complete* | 6/14 |
| ❖  **Validation Reports in Portal – review data!** | **3/17** | | ❖  **Validation Reports in Portal – review data!** | **6/16** |
| Deadline to Validate and Return Affirmation | 3/30 | | Deadline to Validate and Return Affirmation | 6/30 |
| Data Released | 4/11 | | Data Released | 7/11 |
| 2023 Q2 Data Submission | | | 2023 Q3 Data Submission | |
| Standard Data Submission Deadline – Data Due | 8/14 | | Standard Data Submission Deadline – Data Due | 11/14 |
| Standard Deadline fix Edits & Mark QTR Complete | 8/28 | | Standard Deadline fix Edits & Mark QTR Complete | 11/28 |
| **Extended Deadline - Due Date for Data Submission** | **9/1** | | **Extended Deadline - Due Date for Data Submission** | **12/1** |
| *Ext. Deadline fix Edits & Mark QTR Complete* | 9/11 | | *Ext. Deadline fix Edits & Mark QTR Complete* | 12/13 |
| ❖  **Validation Reports in Portal – review data!** | **9/13** | | ❖  **Validation Reports in Portal – review data!** | **12/15** |
| Deadline to Validate and Return Affirmation | 9/28 | | Deadline to Validate and Return Affirmation | 12/29 |
| Data Released | 10/10 | | Data Released | 1/9/24 |

❖  *Physician Request for Review of Reports* *see our website for process.*

Data is due 45 days after the close of the quarter.

# 2023

Deadline to Validate and Return Affirmation

# What Type of Data do we Collect?

**WHAIC collects the following discharge data each quarter:**

1) Inpatient discharge data (admit through discharge)* *sometimes interim*

2) Emergency department data (admit through discharge)

3) Ambulatory / outpatient surgery data (OPS) (procedure date)

4) Observation data (OBS) (Statement from through)

5) Other 'hospital' outpatient data (OHO)
- Therapies – Physical, Respiratory, Occupational, Speech, etc.
- Lab/Radiology – diagnostic & routine lab, nuclear med, CT, MRI
- Other outpatient data – urgent care, pulmonology, oncology, etc:  and
- Provider-based billing /location (PBB/L) data (AKA OHO)

**Include records for which the hospital or ASC may or may not generate an electronic claim, such as self-pay, research cases and charity care.**

# What Type of Data is Excluded?

**We do not accept data from:**

- Skilled Nursing Facilities (SNF)
- Intermediate Care Facilities (*custodial care for person's unable to care for themselves – mental disability*)
- Religious Institutions (Lutheran Social Services, Catholic Charities)
- Hospice Facility (*hospitals are not to send expired hospice encounters – skews quality data*)
- Residential Facility (full/half day treatment center for AODA, facility for disabled persons/adult day care, etc.)
- Federally regulated facilities like Veteran hospitals and other Specialty Facilities not listed in statute
- Rural Health Clinic (RHC) data
- Physician Professional fees – clinic data (unless PBL)

# Discharge Data Files

*Since 2018 patient data (encounters) are submitted using a **modified 837** (EDI) claims file.*

**What does this mean?** An **837 EDI** file is the standard format to transmit health care claims **electronically** between health care providers and payers.

**Biggest challenges creating an 837 claims file~**
- o Creating a "dummy or Informational" claim for self-pay patients.
- o Vendor time and costs during the initial set-up or adding new elements.
- o Mapping: Capturing details (WHAIC Specifications) from EMR that are NOT on the claim i.e. race/ethnicity, UCID, ECID, Z codes & payer mapping details.

❖**Why do we use this format?**
- ▪ Use of a standard format means very little customization and reduces cost.
- ▪ More timely data and fewer edits!
- ▪ Allows WHAIC to evolve, act and expand use of datasets more efficiently.

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## 837I Sample File Reference

| Loop | Element / Reference | Field Description | R, S, O | Values/Mapping Comments | WIpop Field Name/ Field Notes |
|------|---------------------|------------------|---------|-------------------------|------------------------------|
| 0000 | ISA06 | Interchange Sender ID (3 digit) | R | Use 3-digit Facility ID assigned by WHAIC. Example: Osceola Medical Center is '102' WHAIC Facility ID - Appendix 7.1 Facility List | Must match GS02 & 1000A/NM109 |
|  | ISA08 | Receiver ID | O | Submitter choice: leave blank or use WHAIC837 | Optional field |
|  | GS02 | Application Sender's Code | O | Use 3-digit Facility ID assigned by WHAIC. See Appendix 7.1 Facility List Example: Osceola Medical Center is '102' WHAIC Facility ID | ISA06, GS02 and 1000A/NM109 must match. |
|  | GS03 | Application Receiver's Code | O | Submitter choice: leave blank or use WHAIC837 | Optional field |
| 0000 | ST03 | Implementation Guide Version | R | 005010X223A2 | Required but not stored |
| LOOP ID 1000A/B and 2010AA Submitter and Billing (HOSPITAL / ASC) Detail<br><br>LOOP 1000A: SUBMITTER NAME<br><br>NM1*41*2*SAMPLE HOSPITAL*****46*333~<br><br>PER*IC*SUBMITTER NAME*TE*6142222222~<br><br>LOOP 1000B: RECEIVER NAME<br><br>NM1*40*2*WHAIC*****46*WHAIC 837~ |||||
| 1000A | NM101 | Entity ID code | O | 41 = Submitter | |
| 1000A | NM102 | Entity Type Qualifier | R | "2" – non-person entity | |
| 1000A | NM103 | Organization Name | O | Vendor name, Hospital or ASC name | |
| 1000A | NM108 | Identification Code Qualifier | R | 46 | |

```
ISA*00*      *00*      *ZZ*333        *ZZ*WHAIC       *040117*1253*^*00501*000000905*0*P*:~

FUNCTION GROUP
GS*HC*333*WHAIC*20170401*0802*1*X*005010X223A2~

TRANSACTION
ST*837*0021*005010X223A2~
BHT*0019*00*244579*20170205*1023*CH~

LOOP 1000A: SUBMITTER NAME
NM1*41*2*SAMPLE HOSPITAL*****46*333~
PER*IC*SUBMITTER NAME*TE*6142222222~

LOOP 1000B: RECEIVER NAME
NM1*40*2*WHAIC*****46*WHAIC 837~

LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL
HL*1**20*1~

LOOP 2010AA: BILLING PROVIDER NAME
NM1*85*2*SAMPLE HOSPITAL PROVID*****XX*9876543210~
N3*236 N MAIN ST~
N4*MADISON*WI*53717~
REF*EI*11-12345678~

LOOP 2000B: SUBSCRIBER HIERARCHICAL LEVEL
HL*2*1*22*1~
SBR*P**CERTNUM2222SJ******12~

LOOP 2010BA: SUBSCRIBER NAME
NM1*IL*1*NULL*****MI*3CFD1B33ACBD5475CE36D8C439FEC42475B9ADBEC7B91A6926DACF0F45BE269F-S530J~
N3*236 N MAIN ST~
N4*MADISON*WI*53717~
DMG*D8*19830501*F*M*5:2*****ZZ*ENG~

LOOP 2010BB: PAYER NAME
NM1*PR*2*PRIMARY PAYER****PI*A21-09~
REF*NF*621111~
```

Facility 3 digit Code

Facility NPI

Claim Filing Indicator Code

Subscriber UCID and ECID

Subscriber Race. Ethnicity

Subscriber Language

Primary Payer Code

Primary Payer Name

Payer ID / NAIC #

# How to upload your data

- Users can upload data directly in WIpop
  - Simply login to portal
  - Locate your file and follow the prompts

- Most often used by facilities who have already created the UCID/ECID



**3rd Quarter, 2022** (Standard Data Due Date: 11/14/2022)

| Upload Batch File | Data Enter New Batch |

| BATCH #: 221471 (Uploaded 10/10/2022) Delete Entire Batch | Patient Type | Total Records | Valid Records | Invalid Records | | Available Options | | Alert Records |
|---|---|---|---|---|---|---|---|---|
| | Emergency Room | 1 | 0 | 1 | View | Add | Delete | 0 |

# How to upload your data

- **The second way** is to use the 837 File handler Interface

- The 837 File Handler program, sometimes called the "black box"
  - Creates the Unique Case ID and Encrypted Case ID (removes patient name)
  - Creates the Census Block Group (discards address)
  - Allows user to submit to WIpop via the program

- 837 File Handler/Black Box Instructions
  http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC_837_Handler.zip

# Sample Invalid Batch

Email is sent to primary and person uploading



[External] 2021Q3 WIpop Test: Invalid Batch

WI — WHA Information Center <whainfocenter@wha.org>
To ○ ◼◼◼◼◼◼◼◼◼◼◼◼◼◼◼
Cc ○ WHAInfoCenter

Invalid batch

(i) Some of the content in this message couldn't be downloaded because you're working offline or aren't connected to a network.

Thank you for submitting your quarterly data to WHAIC. The batch submitted to **WIpop Test** on Jul 30 2021 7:58AM could not be processed due to the issues specified below.

Login to the WHAIC Portal and check the upper right corner for "Messages" related to this file.

File Name:      837p_pctrl8◼◼◼◼◼◼_07302021075111681_upload.dsg
Submitted By:   ◼◼◼◼◼◼◼◼◼
For Facility:   ◼◼◼◼◼◼◼◼◼◼◼◼◼◼ Surgery Center
For Quarter:    3 2021

| Transaction | Claim | Error |
|---|---|---|
| 1 | 1 | Error on field RACE (loop 2010BA/2010CA DMG05-1), maximum length 1, value = 05 |

Please correct these issues and resubmit the data.

The file submitter will receive this message, with applicable patient control numbers added, in his/her WHAIC portal messages at https://portal.whainfocenter.com

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# Valid Data Submission

- Confirmation email is sent to submitter and primary contact.

- Email summarizes total records and edits in each datatype.

- Please correct edits as soon as possible.

- Wait to mark complete until all invalid records are fixed.

- Submit monthly files if possible.

**WI*pop* Production**

WH+A INFORMATION CENTER

Print Record  Delete Record  Cancel Changes

000 - WHA Information Center LLC.

Admin      Batch/Reports      Help      Exit

## Edit Record    Back to Batch Details

Patient Control #Test record - Outpatient Surgery      Update

Assigned by WHAIC

### 1. Patient Details

| Encrypted Case ID: | | MRN: | | Gender: | | Race: | | Patient Type: | 2 |
| Unique Case ID: | | Zip Code: | | Marital Status: | | Ethnicity: | | Place of Service: | 1 |
| Census Block Group: | | Birth Date: | | Primary Language: | | Race 2: | | | |

Create Encrypted ID

### 2. All 837 Claim Details

| NPI Billing Provider: | | Attending NPI: | | Expected Source of Payment ID/Type: | | | Claim File Indic Code: | |
| Rendering NPI: | | Operating NPI: | | Secondary Source of Payment ID/Type: | | | Prov Based Loc: | |
| Referring NPI: | | Other Operating NPI: | | Insurance Certificate Number: | | Payer / NAIC#: | |

| Point of Origin: | | Admission Date/Time: | | | Principal Diagnosis: | | Principal Diagnosis POA: | | Condition Code 1: | |
| Admit Type: | | Discharge Date/Time: | | | Admitting Diagnosis: | | Principal Procedure: | | Condition Code 2: | |
| Discharge Status: | | Statement From: | | Reason for Visit Diagnosis 1: | | Principal Procedure Date: | | Condition Code 3: | |
| Type of Bill: | | Statement To/Thru: | | Reason for Visit Diagnosis 2: | | Principal Procedure Modifiers: | | | Condition Code 4: | |
| Leave Days: | | Total Charges: | 0.00 | Reason for Visit Diagnosis 3: | | | | Accident State: | |

### 3. 837I Claim - Hospital

| Value Code 1: | | Value Code 1 Amount: | | Occurrence Code 1: | | Occurrence Code 1 Start: | | Occurrence Code 1 End: | |
| Value Code 2: | | Value Code 2 Amount: | | Occurrence Code 2: | | Occurrence Code 2 Start: | | Occurrence Code 2 End: | |
| Value Code 3: | | Value Code 3 Amount: | | Occurrence Code 3: | | Occurrence Code 3 Start: | | Occurrence Code 3 End: | |
| Value Code 4: | | Value Code 4 Amount: | | Occurrence Code 4: | | Occurrence Code 4 Start: | | Occurrence Code 4 End: | |

## Additional Diagnoses and External Cause Codes:

No Additional Diagnosis Records Found

Create  0  more Additional Diagnosis Record(s) ❓

# Fixing edits

- Fix edits one by one; or

- by data type; or

- by type of error.

# Mark your batch files complete

**2nd Quarter, 2022** (Standard Data Due Date: 08/14/2022)

| Upload Batch File | Data Enter New Batch |
|---|---|

Ideally, you should mark each patient type complete AFTER all edits are taken care of.

| | Patient Type | Total Records | Valid Records | Invalid Records | Available Options | | | | Alert Records |
|---|---|---|---|---|---|---|---|---|---|
| BATCH #: 220718 (Uploaded 7/20/2022) | Inpatient | 162 | 162 | 0 | View | Add | Delete | Mark Complete | 24 |
| | Outpatient Surgery | 1284 | 1284 | 0 | View | Add | Delete | Mark Complete | 39 |
| Mark Batch Complete | Emergency Room | 903 | 903 | 0 | View | Add | Delete | Mark Complete | 21 |
| | Observation | 88 | 88 | 0 | View | Add | Delete | Mark Complete | 7 |
| Delete Entire Batch | Therapies | 882 | 882 | 0 | View | Add | Delete | Mark Complete | 28 |
| | Outpatient Lab/Radiology | 2493 | 2493 | 0 | View | Add | Delete | Mark Complete | 82 |
| | Other Outpatient | 151 | 151 | 0 | View | Add | Delete | Mark Complete | 3 |

**Be sure to mark your batch complete once all the edits are done.**

# Can we run our own reports?

- Reports are available in real-time once data is submitted:

# Portal Overview – once data is processed

To get data off the portal, make sure you have Data Deliverable option



**DHS 120.11    Common data verification, review and comment procedures.**

**(1)**   APPLICABILITY. The data verification, review and comment procedures in this section apply to data submitted by hospitals and ambulatory surgery centers as described in ss. DHS 120.12 (5) (c) and (d), (5m) (c) and (d), (6) (d) and (e) and 120.13 (3) and (4).

**(2)**   DEFINITION. In this section, "facility" means hospitals and freestanding ambulatory surgery centers.

**(3)**   FACILITY DATA VERIFICATION, REVIEW AND COMMENT PROCEDURES. **(a)** Each facility shall review its collected data for accuracy and completeness before submitting the data to the department. **(b)** The department shall check the accuracy and completeness of all submitted data and record all questionable data based on standard edits or the electronic editing features of the department's data submission system.

**(c)** If the department determines data submitted by the facility to be questionable, and the department has determined that the data cannot be verified or corrected by telephone or electronic means, the department may return the questionable data to the facility or the facility's qualified vendor with information for revision and resubmission.

# What are Validation Reports?

- 7 different types of reports posted.

- Pay particular attention to the SPR.

- The SPR only has 12 pages max!

- This report includes:
  - Breakdown of each patient type, by month, by current qtr vs prev qtr. % change
  - Includes expired patients, payer summary, gender, age, race, ethnicity
  - Includes record totals by provider-based location
  - Includes graphs for each data type with number of visits over 12-month period.

Name

- PDF Diagnoses Not Present On Admission Froedtert Hos...
- PDF OBS Over 5 Days Froedtert Hospital
- PDF Outpatient Surgery Principal Procedure Report Froe...
- PDF Payer Detail Report Froedtert Hospital
- PDF PBL Validation Froedtert Hospital
- PDF Profile Report Froedtert Hospital
- PDF Summary Profile Report Froedtert Hospital
- PDF Unknown Payer Froedtert Hospital

The **summary profile report** is available in real-time once a batch is uploaded into WIpop and included with your quarter-end validation files. The purpose of this report is to provide you the tools you need to **review, analyze and validate your quarterly discharge data submission against the number of patients seen and prior quarter submissions**.

**Evaluate in greater detail:**
- Variance in percent (%) change of 20% (highlighted in RED) **\*20% variances will require a thorough explanation on the Affirmation Statement\***
- Significant shifts or spikes in the month by month detail
- Increase in declined or unavailable race/ethnicity reporting (New batch failure for files with >25% unknown or declined)
- Missing months on page 3
- Missing Provider Based Locations (PBLs), if applicable.

Total record volume submitted in each data type/month should run consistent. Any irregularities (spikes/declines) should be addressed immediately. Review each patient type and verify the monthly data represents the correct number of patient encounters. *Verifying the data may require numerous internal analytical tools, internal Census, Abstract or Audit Reports and/or communication with your vendor. Any change in patient volume over or under 20% should be investigated.*

# What's to know about Validation Reports?

| 2022 Q1 Data Submission | |
|---|---|
| **Standard Data Submission Deadline – Data Due** | **5/16** |
| Standard Deadline fix Edits & Mark QTR Complete | 5/26 |
| **Extended Deadline - Due Date for Data Submission** | **6/2** |
| *Extended Deadline for Edits & Quarter Complete* | *6/13* |
| ❖ Validation Reports in Portal – review data! | 6/20 |
| Deadline to Validate | 6/30 |
| **Electronic Data Affirmation Submitted** | **7/7** |
| Data Released | 7/14 |

◊ Reports were **posted** on 6/16 (4 days) early

◊ Each time a batch file is opened, and data reviewed, **new reports are automatically** run

◊ New **affirmation is** created each time

| | | File Name | Description | Size | 7-Zip Password | Keyword | Date Posted | Active | MD5 Checksum |
|---|---|---|---|---|---|---|---|---|---|
| Home | File Downloads | File Admin | Provider Based Locations | | Rate Increases | | Data Affirmations | | Su |

Search For: [_____] [Search]

| | | File Name | Description | Size | 7-Zip Password | Keyword | Date Posted | Active | MD5 Checksum |
|---|---|---|---|---|---|---|---|---|---|
| Select | Download | 2022 Q1 Validation Reports For Facility 298.zip | 2022 Q1 Validation Reports for 298-Vascare Mayfair, LLC (Wauwatosa) | 1044364 | | Required | 6/30/2022 5:50:49 AM | ☑ | BC2E075ADBCD51E1 502360CE52CDFDC1 |
| Select | Download | 2022 Q1 Validation Reports For Facility 305.zip | 2022 Q1 Validation Reports for 305-Froedtert South (Kenosha) | 3024266 | | Required | 6/20/2022 6:05:59 AM | ☑ | D48F7CE5AD9D0FD8 45464D1F52CD6860 |
| Select | Download | 2022 Q1 Validation Reports For Facility 432.zip | 2022 Q1 Validation Reports for 432-Racine Digestive Health Center (Sturtevant) | 1090799 | | Required | 6/16/2022 1:37:36 PM | ☐ | 4B857FC2BA573364 9C2B80B3AA76D2D5 |

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# Validation Reports wrap up

- **Available in** the portal approx. 6 weeks after the end of the quarter.
  - *These are also available in real-time in WIpop once data is submitted.*
  - Review the data, what historically trended – use the summary profile report, validate what has been submitted, review for missing data, and submit additional records, if needed.
  - Run internal census or request audit reports for comparison detail.

- Records that may need to be reviewed / corrected (Payor, POS or TOB):
  1) *Be sure to open Batch File first.*
  2) Login to WIpop account and go to Batch Review;
  3) Click on Reopen Batch (choose reason from drop down list);
  4) Go to Batch/Reports and Find Patient Record using the patient control number.;
  5) Make corrections and mark batch closed.

- **Download and save your reports!** This is the most helpful when validating the historical trends and knowing what's normal in any month or quarter.

# Running WIpop Reports

## Create Report

**Report:**

--- Select a Report --- ▼

- --- Select a Report ---
- Data Integrity Report
- Payer Count Report
- PBL Count Report
- Detail Error Report
- Error Summary Report
- Error Summary Report By Patient Type and PControl
- Inventory Report
- Inpatient Stay Under 2 Days Report
- Present On Admission Report
- Unknown Payer Report
- Summary Profile Report
- Admin: Facilities Missing Data Report

**Highlights:**
*ASCs should run the Data Integrity and Payer Count Report after submitting and correcting edits.

*Run the Error Summary or Error Summary Report by Patient Type and PControl for a list of Alerts.

Note: Some reports take longer to run than others. For example the Summary Profile Report.

### WIPOP DATA SUBMISSION REPORTS AND DESCRIPTIONS

**Batch Upload and File Reports:**

**Detail Error Report:** A complete record with list of the errors found by patient control number. On the report, "Record #" is synonymous with patient control number. The report is sorted by patient type if "(All Records with Edits)" is selected on the report menu, and then by patient control number.

**Error Summary Report:** A summary of the total number of records submitted, the batch number, date the records were submitted, and errors by count, error code and the error description. **This report includes alerts.**

**Error Summary Report by Patient Type and Patient Control:** By data type (INP, OPS, OBS, ED, etc.), data with errors by count, error code, the error description and the patient control number. **This report includes alerts.**

**Inventory Report:** This report identifies by data type - the place of service, payer codes and patient control number on each line item.

### Discharge Data Quarter-End Validation Reports

**Summary Profile Report:** The summary profile report is available in real-time once a batch is uploaded into WIpop and included with your quarter-end validation files. The purpose of this report is to provide you the tools you need to review, analyze and validate your quarterly discharge data submission against the number of patients seen and prior quarter submissions.

**Data Integrity Report:**
The Data Integrity Report is available in real-time and contains data without edits from all successful batch files. In other words, the batch does not have to be marked complete, but edits must be corrected for the record to be included in the report. It is intended for any registered WIpop user *(including data users)* to run as a resource to evaluate and ensure the data is accurate and consistent with historical norms. Variances with 20% must be reviewed.

**Payer Counts Report:** This report shows all records to verify the payer mapping is set up correctly according to WHAIC specifications in Appendix 7.3. Assignment should be based on the WHAIC mapping. Facilities that map majority of commercial payers to A99 / unknown payer will be contacted.

**Unknown Payer Report:** This report lists the patient control numbers of records which are mapped to Unknown (OTH/98), Other (OTH/99) or Unknown Commercial payer code A99. Facilities with a high percentage of unknown payers should take this opportunity review its data and make corrections based on actual claims data as needed.

### Reports Applicable to Hospitals

**Inpatient Stay Under 2 Days Report:** This report is based on the CMSs Hospital Inpatient Admission Order and Certification requirements. The report searches for Inpatient stays that are less than 2 days and excludes discharge statuses: 02, 05, 07, 20 and 66.

**Present On Admission Report:** This report identifies inpatients records that have a POA Indicator of N, W or U identified. POA is defined as present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery are considered POA (Y).

**Provider Based Location Report:** This validation report provides a record count from each of your hospital's provider-based locations (PBL). This is a previous quarter to current quarter, and percentage of change report. Consideration should be given to any change over/under 25%. If a PBL is not reported, consider reasons for not reporting and submit the data or contact WHAIC to inform us of the change in reporting status.

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In IE, or if you have Administrator rights on your computer, print this report by clicking the Print icon on the toolbar. Otherwise, Export to a file and then print.

| ◄◄ | ◄ | 1 | of 1 | ► | ►► | ◆ | | Find | Next | 💾 ▾ | 🔄 |

**Download to excel or PDF**
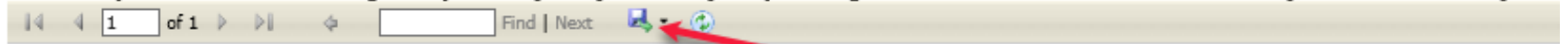
**WHA Information Center, LLC - WIpop Data Submission**

**Data Integrity Report** -

The Data Integrity Report is one of many real-time analytic reporting tools available to facilities. This report contains data from records without edits from all successful batch files. It is intended for any registered WIpop user to run as a resource to evaluate and ensure the data is accurate and consistent with historical norms.

Review each patient type and verify the monthly data represents the correct number of patient encounters. Verifying the data may require numerous internal analytical tools, internal Census, Abstract or Audit Reports and/or communication with your vendor. Any change in patient volume over or under 20% should be investigated.

You may click on the cell values in blue to display a list of the underlying patient control numbers.

**Links to get to data detail**

| Patient Type | October | November | December | Current Quarter | Prior Quarter | % Change |
|---|---|---|---|---|---|---|
| Outpatient Surgery | 336 | 277 | 370 | 983 | 924 | 6.4% |
| Total | 336 | 277 | 370 | 983 | 924 | 6.4% |

WHAIC strongly encourages you to save a copy of your quarterly/validation reports. They are an excellent reference to help validate subsequent data submissions. It is your responsibility to validate and verify the accuracy and completeness of your facility data, WHAIC cannot do that for you. If you notice any data discrepancies, we will assist in troubleshooting potential problems.

4/28/2020

# WIpop Report Example

# Affirmation Statement

- The data submission and sign off process is 100% electronic.

- The Affirmation Statement is a two-prong process to confirm the data was validated.
  - Requires reviewer to check a box verifying data was reviewed; and
  - Requires comments if there is a 20% variance in the data.

- In general, the number of patients seen each month is relatively consistent.

- ***Download and save either*** *an electronic or paper copy* of your summary profile report **and** affirmation statement for future reference.

*Reports and Affirmation are deleted after 30 days.*

# Common File Issues and Edits

# What changes are in place in 2022?

## New Payer Edits ~

### Effective Q2 2022 new edits for:

- OTH- 54  (Veteran coverage) report using CHA-03.
- OTH- 31 (Third Party Payer) report using OTH-21.
- AXX- 09 (Commercial) codes expire for companies no longer serving area.

## Changes to Observation Reporting:

### Effective Q3 2022

- WHAIC moved Revenue Code 0760 – Specialty Services General Classification from  Place of Service (POS) 3 OBS to POS 6 to conform to current hospital usage.
- Claims containing Revenue Code 0762 will continue to be counted as OBS.

## Timely Review of Affirmation Statement:
### Effective Q4 2022

- Facilities were informed we will be cutting a week from the calendar to release the data earlier.

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| 2022 Q1 Data Submission | |
|---|---|
| **Standard Data Submission Deadline – Data Due** | 5/16 |
| Standard Deadline <u>fix Edits</u> & Mark QTR Complete | 5/26 |
| **Extended Deadline - Due Date for Data Submission** | 6/2 |
| *Extended Deadline for Edits & Quarter Complete* | 6/13 |
| ❖   **Validation Reports in Portal – review data!** | 6/20 |
| Deadline to Validate | 6/30 |
| **Electronic Data Affirmation Submitted** | 7/7 |
| Data Released | 7/14 |

- Reducing the timeframe to validate and return affirmation.

- Combined the deadline to validate and return affirmation.

*WHY????*

- Validation reports are accessible immediately once data is loaded.

- Internal efficiencies allows us to post the quarter-end data earlier.

- Most use delegated representatives / primary contact for signoff.

- **Effective Q4 2022**

| 2022 Q4 Data Submission | |
|---|---|
| **Standard Data Submission Deadline – Data Due** | 2/14 |
| Standard Deadline <u>fix Edits</u> & Mark QTR Complete | 2/28 |
| **Extended Deadline - Due Date for Data Submission** | 3/1 |
| *Extended Deadline for Edits & Quarter Complete* | 3/14 |
| ❖   **Validation Reports in Portal – review data!** | 3/17 |
| Deadline to Validate and Return Affirmation | 3/30 |
| Data Released | 4/11 |

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# 2022 Inventory Report Update



you can add text to filter for.

New Category to filter data by.

# Payer Table Mapping

**The OCI website is reviewed in Dec/Jan. to update, add or edit any current payers.**

If googling a Plan doesn't provide enough information on how to map payers, we encourage you to ask questions and get clarification.

Payer mapping details are in Appendix 7.3
http://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix_73.pdf

Appendix 7.3 - Section 7.3.1 Claim Filing Indicator Code List – comes off the claim!

Appendix 7.3 has a new Section called Alerts 7.3.3 Alerts to explain how to run reports, how the Alerts are defined and how to evaluate them.
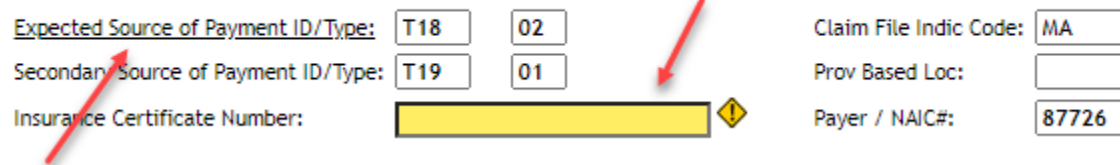
# Payer Mapping – *Released in Datasets

## What causes payer mapping issues?

- New vendor creating file.
- New patient registration staff not reporting.
- Not reviewing unknown payer report.
- Not updating payer mapping to correct codes in manual.

# Edits: Payer Edits

- All records, except for Self-Pay require an insurance certificate ID number. Sometimes known as plan, group or member ID.

- Facility has access to payer via EMR, claim, or the insurance card.

- Facilities are required to include insurance name on file. Click on the underlined Expected Source of Payment field to see payer name.

| | | |
|---|---|---|
| Expected Source of Payment ID/Type: | T18 | 02 |
| Secondary Source of Payment ID/Type: | T19 | 01 |
| Insurance Certificate Number: | | |

| | |
|---|---|
| Claim File Indic Code: | MA |
| Prov Based Loc: | |
| Payer / NAIC#: | 87726 |

*For WC – use patient control number or patient year of birth.*
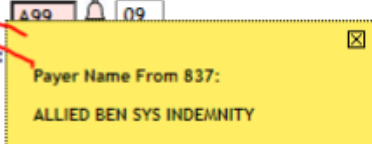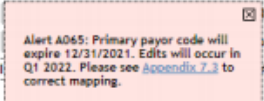
# Batch Alerts... do they work or not?

- 2021 –WIpop "Alerts" draw attention to potential misaligned data.

- This is NOT something that has to be cleared like an edit – rather an opportunity to review the data more-timely with an at-a-glance table of potential areas of improvement.

  *Examples might include patients over 65 reported as non-Medicare, other/unknown payer, race declined/unavailable, OBS over 5 days, IP under 2 days, unknown payer, etc.*

The batch email provides counts of the areas that could or should be reviewed.

**The following alerts were detected.  High percentage alerts should be reviewed.**

| Alert | Count | % of Relevant Records |
|---|---|---|
| Race Unavailable | 211 | 4.73% |
| Patient 65+, payer is not Medicare | 144 | 4.65% |
| Observation over 5 days | 1 | 4.55% |
| Race Declined | 150 | 3.36% |

| Alert Codes | Alert Defined | Alert reconciliation how to handle |
|---|---|---|
| A060 | Unknown or Other Primary Payor.<br><br>Expected Source of Payment ID/Type: [A99] 🔔 [09]<br>Secondary Source of Payment ID/Type:<br>Insurance Certificate Number:<br><br>Payer Name From 837:<br>ALLIED BEN SYS INDEMNITY | Verify the correct payer is assigned. In this record the Alert is produced for the A99 code. Clicking on the Expected Source of Payment will provide the name of the payer. A google search will lead the reviewer to noticing this is a Benefit Plan Admin. Or TPA.<br><br>**The correct mapping should be OTH 21, NOT A99.** |
| A065 | Primary Payor Code will expire 12/31/2021. See Appendix 7.3 for more information.<br><br>OTH 31 was combined with OTH 21.<br>Remap Payers with OTH 31<br><br>Expected Source of Payment ID/Type: [OTH] 🔔 [31]<br>Secondary Source of Payment ID/Type:<br><br>Alert A065: Primary payor code will expire 12/31/2021. Edits will occur in Q1 2022. Please see Appendix 7.3 to correct mapping. | Multiple payer codes have been combined or removed to reduce the amount of facility payer mapping required. Payer Alerts are set up to instruct submitters and editors to review the Appendix 7.3 and adjust codes accordingly.<br><br>• MED and T18 – combined to MED-09 = Medicare, Medicare Advantage, Medicare Sup / MediGap, Medicare Part A, B, C - all Medicare patients.<br>• OTH 21 and OTH 31 – combined to OTH-21 = self-insured/TPA and benefit plan administration (BPA) or private employer funded insurance.<br>• CHA 03 and OTH 55 – combined to CHA 03 = current and former military (insurance) benefits regardless of who is managing contract.<br>• OTH 54, 59 & 71 – combined to OTH 54 = free/subsidized government programs, nonprofit organizations, health departments, and grant/research funds.<br>• OTH 99 and 98 – combined to OTH 99 = TPL, MVA, state funded crime victim or safe funds, and some other unknown payers that are not related to |

# Reviewing Alerts

## VIEWING IN BATCH REVIEW

If the batch is closed or if you just want to see current counts by the specific alert code, facilities can view alerts with a few simple steps by running either the Error Summary report or Error Summary Report By Patient Type and PControl.

1. **Go to Batch Review and click view on the open batch.**



http://www.whainfocenter.com/Data-Submitters/WiPop/Education-Training/HOWTOACCESSALERTS_WIpop

# Race / Ethnicity

The collection of race and ethnicity is a **statutory requirement** [Ch.153]

- Files rejected if > 25% of R/E reported as unknown or declined.

- Facilities **SHOULD report two races when available.**

*What can you do to make sure R/E is as accurate?*

- *Work with your vendor to update the file to store multiple races.*

- *Work with patient registration to verify they know more than one option is available on the form and recorded.*

- Remind patient registration/staff and vendors of the **importance** to collect and report race and ethnicity according to Appendix 7.2

- **To fix** – put the 5 where race 9 is & update

Common edit

Race: 9
Ethnicity: 9
Race 2: 5

# Unknown Sex/Gender

**How do I fix an edit for Gender?**



Gender: U
Marital Status: S
Primary Language: ENG

Error 3030: Gender does not correspond to accepted values. Value of U or O requires Condition Code 45 if transgender or ambiguous gender.

- *O (Other)* or U (Unknown) allowed in the data files.
  - o This accommodates meaningful use standards as part of the CMS' effort to include sexual orientation and gender identity data.

- **Condition Code 45 Required with "O" or "U"**

Condition Code 1: 45
Condition Code 2:

- For more information: https://www.healthit.gov/isa/representing-patient-gender-identity.

- Examples: Gender neutrality, transgender, intersex, gender binary.

- *https://docs.asee.org/public/LGBTQ/Transgender_Vocab_Handout.pdf*

# 2023 Focus on Language

- Language has been required on file since 2019 – some are better than others at collecting and reporting.
  - Currently we are only getting 57% return rate ☹

|  |  |  |  |
|---|---|---|---|
| Gender: | M | Race: | 5 |
| Marital Status: |  | Ethnicity: | 2 |
| Primary Language: |  | Race 2: |  |

*WHAIC will be doing outreach in 2023 to help improve reporting*

- Why is it important?
  - Minimize disparities in health care.
  - Improve and preserve the right to equitable healthcare and health services.
  - Prevent discrimination based on primary language spoken.

- Reference in WIpop Manual Appendix
  - https://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix_72.pdf

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# WIpop Production

**WHA INFORMATION CENTER**

0(___- _____ Hospital          Batch/Reports     Help

Print Record   Delete Record   Cancel Changes

**Only delete records from here, not the main page.**

**Find record Create Report**

## Edit Record

Back to Batch Details

Patient Control #_____ - **Inpatient** (Read-only)          Update

### 1. Patient Details

| | | | | |
|---|---|---|---|---|
| Encrypted Case ID: | MRN: | Gender: F | Race: 5 | Patient Type: 1 |
| Unique Case ID: 47E3E89B81EFA0C | Zip Code: 544___ | Marital Status: | Ethnicity: 2 | Place of Service: |
| Census Block Group: 550730016002 | Birth Date: 021419___ | Primary Language: | Race 2: | |

Create Encrypted ID

**Edits will occur for Claim Filing Ind. if not on table.**

### 2. All 837 Claim Details

| | | | |
|---|---|---|---|
| NPI Billing Provider: 1639187412 | Attending NPI: 1669405676 | Expected Source of Payment ID/Type: A35  09 | Claim File Indic Code: 01 |
| Rendering NPI: | Operating NPI: 1669405676 | Secondary Source of Payment ID/Type: | Prov Based Loc: |
| Referring NPI: | Other Operating NPI: 1427086875 | Insurance Certificate Number: 3020 | Payer / NAIC#: |

**ICD-10 PCS Code**

| | | | | |
|---|---|---|---|---|
| Point of Origin: 1 | Admission Date/Time: 03312019  2101 | Principal Diagnosis: O480 | Principal Diagnosis POA: Y | Condition Code 1: |
| Admit Type: 2 | Discharge Date/Time: 04032019  1724 | Admitting Diagnosis: Z3403 | Principal Procedure: 10E0XZZ | Condition Code 2: |
| Discharge Status: 01 | Statement From: 03312019 | Reason for Visit Diagnosis 1: | Principal Procedure Date: 04012019 | Condition Code 3: |
| Type of Bill: 0111 | Statement To/Thru: 04032019 | Reason for Visit Diagnosis 2: | Principal Procedure Modifiers: | Condition Code 4: |
| Leave Days: 0 | Total Charges: 14,271.70 | Reason for Visit Diagnosis 3: | | Accident State: |

### 3. 837I Claim - Hospital

| | | | |
|---|---|---|---|
| Value Code 1: | Value Code 1 Amount: | Occurrence Code 1: | Occurrence Code 1 Start: | Occurrence Code 1 End: |
| Value Code 2: | Value Code 2 Amount: | Occurrence Code 2: | Occurrence Code 2 Start: | Occurrence Code 2 End: |

# How do I fix records?

- **Reopen the Batch** - in order to fix records or add detail to a record the batch must be open.

- If you do not open the batch, the records will be in 'Read Only'

- Be sure to close the batch again so the reports can rerun.

| BATCH #: 216857 (Uploaded 4/12/2021) Reopen Batch Delete Entire Batch | Patient Type | Total Records | Valid Records | Invalid Records |
|---|---|---|---|---|
| | Therapies (Completed) | 5 | 5 | 0 |
| | Outpatient Lab/Radiology (Completed) | 2921 | 2921 | 0 |
| | Other Outpatient (Completed) | 54 | 54 | 0 |

# When should I close a Batch?

- Once the edits are fixed, be sure to close the batch up.

- We manage over 250 sites – the facility is responsible for completing the quarterly submission, including marking complete.

- Most facilities are really good at fixing edits and closing batch files.

| | Patient Type | Total Records | Valid Records | Invalid Records | | | Available Options | |
|---|---|---|---|---|---|---|---|---|
| BATCH #: 21 (Uploaded 9/11/2020) | Inpatient | 163 | 163 | 0 | View | Add | Delete | Mark Complete |
| | Outpatient Surgery | 1090 | 1090 | 0 | View | Add | Delete | Mark Complete |
| Mark Batch Complete | Emergency Room | 982 | 982 | 0 | View | Add | Delete | Mark Complete |
| Delete Entire Batch | Observation | 99 | 99 | 0 | View | Add | Delete | Mark Complete |
| | Therapies | 748 | 748 | 0 | View | Add | Delete | Mark Complete |
| | Outpatient Lab/Radiology | 2423 | 2423 | 0 | View | Add | Delete | Mark Complete |
| | Other Outpatient | 124 | 124 | 0 | View | Add | Delete | Mark Complete |

# Can I file for an extension?

- Extension requests must be done in the WIpop Application.

- Not to be used to delay the quarterly submission requirements
  Should be used only when:
  - File changes occur
  - Vendor changed
  - Staff Changed

10 Days
BEFORE
data due!

- We may contact you even with an extension request on file ☺
  - Experience has taught us to never make assumptions.
  - We have statutory timelines we must adhere to.
  - Use of the claim file should reduce the facility burden.

**Welcome to WIpop Production**

Select a Facility: 1000: WHA Information Center LLC (Madison)

Go to Batch Review

To request an extension
Request an Extension

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# Invalid Batch File – Duplicate Records

There are **two types of batch file rejects** as it relates to duplicate records that apply.

1. **Duplicates within same file -** two records with the same patient control number in file

2. **Duplicate patient control number of a record/encounter that already exists in WIpop**

## To fix and/or remove duplicates:
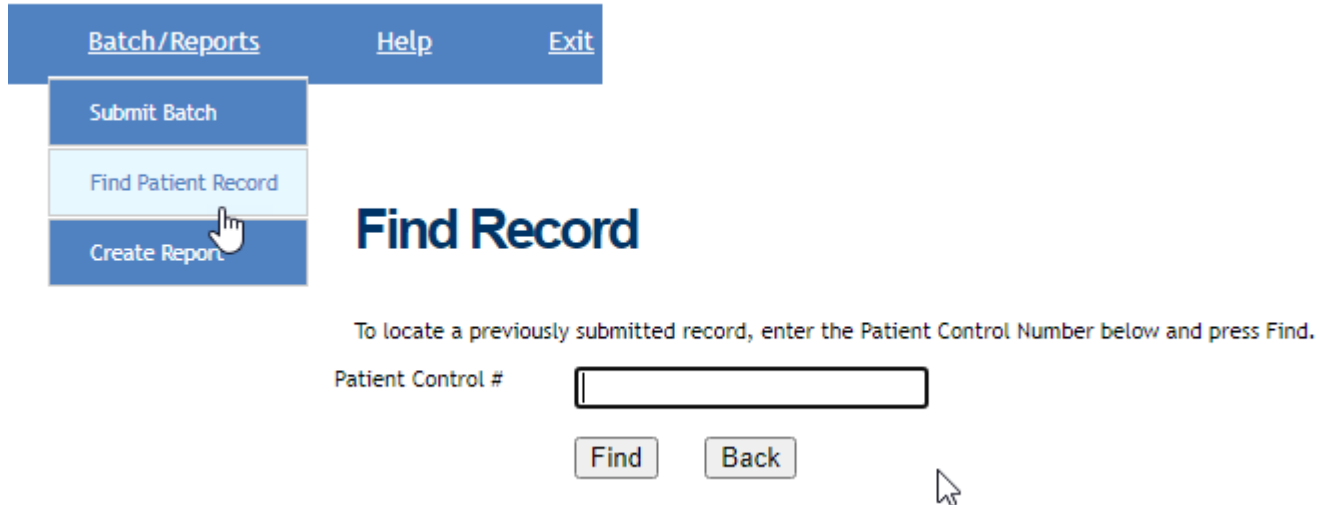
Resubmit the batch with the phrase "exclude_duplicates" somewhere in the file name.

*Example file name: Q218 IN OP exclude_duplicates.txt*

- This process applies to both types of duplicate rejects.

- If the record already exist, we will keep the original encounter/record.

- The batch file email response will include the number of records submitted and number of duplicates removed.

# Edits: Finding a Patient

- Most of the reports contain the patient control number.

- The patient control # must be used to locate a record/encounter.



You can click "Find" or hit "Enter"

# EDITS: Fixing records

- Edits can seem scary and overwhelming.

- **Click on the diamond to see what the edit says!** ◊

- Fixing edits usually goes faster with each quarter.

- Don't stress even if it looks like there's hundreds, one record might have 6.

- Reference the Wipop Manual – Appendix 7.9 – Edit Codes and Descriptions

# EDITS: Correcting Dates of Service

**Discharge date** (procedure date) determines which quarter to use when reporting.

- *For example, if service started on 06/30 and ended on 07/01, the record should be included in the 3rd quarter data submission.*

- Date of Service (DOS) can sometimes cause edits in the outpatient surgery data

- Why does this occur?
  - Discharge or statement date is off due to date it was coded, billed or patient ended treatment.

- For most DOS edits - user may change the data to fit the quarter.
  - Be careful to verify actual dates in the EMR before changing dates.

# EDITS: Type of Bill

- Type of Bill Codes are on the 837i claim and required in WIpop.

- Type of bill (TOB) codes are published in the UB-04 National Uniform Billing Committee guidelines (NUBC).

- The TOB gives three specific pieces of information.
  - The first digit identifies the type of facility.
  - The second digit classifies the type of care.
  - The third digit indicates the sequence of the bill in any episode of care. It is referred to as a "frequency" code.

- Cannot use an outpatient type of bill with an INP record and vice versa.

**ASCs can map field to 0851 or 0999**

**Edits applicable to TOB:**

| | |
|---|---|
| 1160 | Type of Bill is a required field. |
| 3180 | Type of Bill does not correspond to accepted values. |
| 3181 | Type of Bill 0999 is not allowed for hospitals |
| 3185 | Zero charge records require Nonpayment/Zero charge Bill Type |
| 3186 | NEW EDIT:  Type of bill must match the record type <br><br> Edit 3186 will apply when either of these is true: <br><br> • The record is inpatient and the type of bill is NOT in the 110-121 range <br> • The record is outpatient and the type of bill is in the 110-121 range |

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# External Cause Codes

## 2. All 837 Claim Details

| NPI Billing Provider: | 1376593442 | Attending NPI: | 1770927857 | Expected Source of Payment ID/Type: | A30 | 09 | Claim Fi |
| Rendering NPI: | | Operating NPI: | 1548262868 | Secondary Source of Payment ID/Type: | | | Prov Bas |
| Referring NPI: | | Other Operating NPI: | | Insurance Certificate Number: | 771900135696 | | Payer / |

| Point of Origin: | 1 | Admission Date/Time: | 05032021 | 0501 | Principal Diagnosis: | S065X9A | Principal Diagnosis POA: | Y | C |
| Admit Type: | 1 | Discharge Date/Time: | 05032021 | 2041 | Admitting Diagnosis: | I619 | Principal Procedure: | 5A1935Z | C |
| Discharge Status: | 20 | Statement From: | 05032021 | | Reason for Visit Diagnosis 1: | | Principal Procedure Date: | 05032021 | C |
| Type of Bill: | 0111 | Statement To/Thru: | 05032021 | | Reason for Visit Diagnosis 2: | | Principal Procedure Modifiers: | | C |
| Leave Days: | 0 | Total Charges: | 16,143.40 | | Reason for Visit Diagnosis 3: | | | | A |

## 3. 837I Claim - Hospital

| Value Code 1: | | Value Code 1 Amount: | | Occurrence Code 1: | 11 | Occurrence Code 1 Start: | 05032021 | Occurrence Code |
| Value Code 2: | | Value Code 2 Amount: | | Occurrence Code 2: | 55 | Occurrence Code 2 Start: | 05032021 | Occurrence Code |
| Value Code 3: | | Value Code 3 Amount: | | Occurrence Code 3: | | Occurrence Code 3 Start: | | Occurrence Code |
| Value Code 4: | | Value Code 4 Amount: | | Occurrence Code 4: | | Occurrence Code 4 Start: | | Occurrence Code |

### Additional Diagnoses and External Cause Codes: ⚠ This Section Contains Edits

| 6 | Z515 | ⬆ ⬇ | Y | ☐ | Encounter for palliative care |
| 7 | Z20822 | ⬆ ⬇ | Y | ☐ | Contact with and (suspected) exposure to COVID-19 |
| 8 | R402313 | ⬆ ⬇ | Y | ☐ | Coma scale, best motor response, none, at hospital admission |
| 9 | R402113 | ⬆ ⬇ | Y | ☐ | Coma scale, eyes open, never, at hospital admission |
| 10 | R402213 | ⬆ ⬇ | Y | ☐ | Coma scale, best verbal response, none, admit |
| 11 | F1190 | ⬆ ⬇ | Y | ☐ | Opioid use, unspecified, uncomplicated |
| 12 | F1020 | ⬆ ⬇ | Y | ☐ | Alcohol dependence, uncomplicated |
| 13 | F17210 | ⬆ | Y | ☐ | Nicotine dependence, cigarettes, uncomplicated |

Records with a Diagnosis in the "S" range require an external cause code V-W

Create 0 more Additional Diagnosis Record(s) ❓ ✗ Delete Checked Diagnosis Record(s) ⚠ External Cause Code Required

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# Provider-base locations

**Reminder:** Report PBL / PBC locations separately on the claim file

Hospitals that have off-campus, outpatient, provider-based department must notify WHAIC to obtain a PBL ID **and** program the service facility PBL ID on the file.

Hospitals must [email](#) WHAIC to add or update Provider-Based Locations. Include the following information:

- Facility ID and Name
- PBL Name (what you want it to look like on report)
- PBL Address
- Date PBL opened or became a PBL.
- We cannot collect RHC encounters.

# Frequent Question: What data should we exclude?

- Nothing should be excluded or exempt from what is billed on claim.
  - The only exempt services are nonpatient services such as straight up billing for reference labs, anesthesia, ambulance or DME products.

- If a HCPCS or CPT code is on the claim (or statement for self-pay), it should be sent to us.

- Examples:

ASC bills for lab and x-ray prior to a procedure and wants to know if they should be exempt from reporting.

Those services should be included on the claim and reported to us.

ASC bills for cosmetic surgery with no claim created… do they send us the record?

Yes – cosmetic surgery is a reportable service.

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# WIpop Manual FAQ

## 7.16 Frequently Asked Questions (FAQ)

How to search a PDF? http://www.wikihow.com/Search-for-a-Word-or-Phrase-in-a-PDF-Document Use your Mouse and do a RIGHT Click to bring up the search box.

By default, if you open Adobe Reader and press CTRL + F, you'll get the normal search box. It is located at the top right. To use the advanced PDF search option, you can choose Advanced Search from the Edit drop down menu or press SHIFT + CTRL + F. Enter the phrase you are searching for in the search box.

| Topic | Question | Answer | Content added / last updated |
|---|---|---|---|
| A - F | | | |
| Additional Procedure | How will WHAIC add additional procedures to my data? | Outpatient surgery Procedures are based on the revenue codes 036X, 0481, 049X and/or 750. The principal procedure will be assigned first and then any additional procedures located within the revenue line item detail coded in addition to one of the revenue codes described above will be assigned to the additional procedure section along with any modifier(s) and date of service in the revenue line item detail.<br><br>Errors may occur if we inadvertently pull out an "add-on" code and populate it in the principal. If this occurs, the data submitter/editor may have to manually swap out the codes | 12/1/17 |
| Assign Principal Procedure | How will WHAIC assign the principal procedure to my outpatient records? | Outpatient surgery Procedures are based on the revenue codes 036X, 0481, 049X and/or 750. Assignment of principal procedure code to OUTPATIENT Surgery records is based on the revenue line item detail and the corresponding CPT code. | 12/1/17 |
| Birth Date | How do I handle an unknown birth date? | If the patient's age is unknown, use January 1 (0101) as the birth date and the four-digit year based on the age or the best information available. | 11/30/17 |
| Census Block Group | We had a problem populating the Census Block Group – what would cause that? | The Census Block group is based on the US Census, so generally it only works on residential addresses. It will not work with PO Boxes or industrial districts. | 12/1/17 |
| Charity care | Should we report charity care? | Yes, you are required to report and include all services rendered to patients regardless of payment method. | 12/1/17 |

# What's in the works in 2023?

Top three 2023 fields we will focus on!

- Language

- Race collection

- Better identification of Medicare Part C – Advantage Plan Details –
  - Data users want more specific mapping
  - New code MPC - 09

# Q123 - New Plan Code to identify Medicare Part C

- Will look like MPC-09

- What is Medicare Part C?
  - *https://www.hhs.gov/answers/medicare-and-medicaid/what-is-medicare-part-c/index.html* *Learn more about Medicare Advantage Plans.*

- A Medicare Advantage Plan (like an HMO or PPO). Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private insurance companies.

- Medicare Advantage Plans provide all Part A (Hospital Insurance) and Part B (Medical Insurance) coverage and may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include prescription drug coverage (Part D).

- Medicare pays a fixed amount for care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare.

# 2023 Alert and future edit

- Creating an Alert in January to fire on the NAIC / Payer ID field

- Alert will let facilities know an edit will be forthcoming to require this field when there is a mapped payer value.

- 2023 Outreach
  - Oct 2022 Newsletter went out reminding facilities of requirement to include.
  - Q123 Create Alert and continue outreach – map alert to the commercial and government fields that this field has been on the Technical Spec. since 2019. This field is noted as required if collected.
  - Q223 Continue to target education to facilities that do not include a Payer ID/NAIC
  - Q323 Education to the facilities that Edit will be forthcoming to encourage cooperation.
  - Q423 Edit in place

# How to communicate with WHAIC

Email is best way to reach us.

Always include your 3-digit facility ID number and name.

Include your issue in subject line or body of email.

Include patient control number if needed to look at record.

# Contact Information

- Cindy Case, Manager of Compliance, Education and Training

- ccase@wha.org


- Heather Scambler, Program Specialist

- hscambler@wha.org


- Justin Flory (For Technical difficulties with the files only)

- jflory@wha.org


- Best way to reach us at WHAIC or ask questions.

- whainfocenter@wha.org

# Final Thoughts

The process may seem overwhelming at first, take a step back and know that it's going to take time to learn the system.

The number of edits may seem overwhelming, work with us to help reduce those edits. Again, the point of a standard format is to reduce your time/effort.

Don't wait till the last day to submit the data, **we'd like it monthly**.

Try to understand who in your organization uses, analyzes or manipulates the datasets we provide back to the organization.

Learn about the ways your data is used.

*Thank you for your time today!*