WHA | INFORMATION CENTER

The respected source for health care data.

WHAIC Annual Training
~ Via Teams Mtg ~

Cindy Case, BA, COC, Manager – Compliance, Education and Training
Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA
Vice President & Privacy Officer

2020

Agenda

- About us and Introductions
- Navigating the NEW Website and Manua
- Roles and Registration
- Data Types, Submissions, WIpop Overview
- Jennifer Mueller – Data Analytics and Uses
- Portal Overview, Reports, Mapping and Affirmation
- Common File Issues and Edits
- Holiday Hours and Contact Information

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)

About Us – why we do what we do!

Data Sets

- 84% of Wisconsin hospitals purchase data sets and/or custom data sets/reports from WHAIC
- Data is used for Price and Quality Transparency (PricePoint & CheckPoint)
- Data is used to help state and federal lawmakers develop public policies
- Hospitals and ASCs use discharge data collected by WHAIC to:
  - Review market share and market trends
  - Provide actual insights on health care outcomes
  - Cost and quality of care to support timely decision-making
  - Public safety and injury surveillance and prevention
  - Evaluate social and economic conditions of specific populations, cities or towns

Privacy and Security

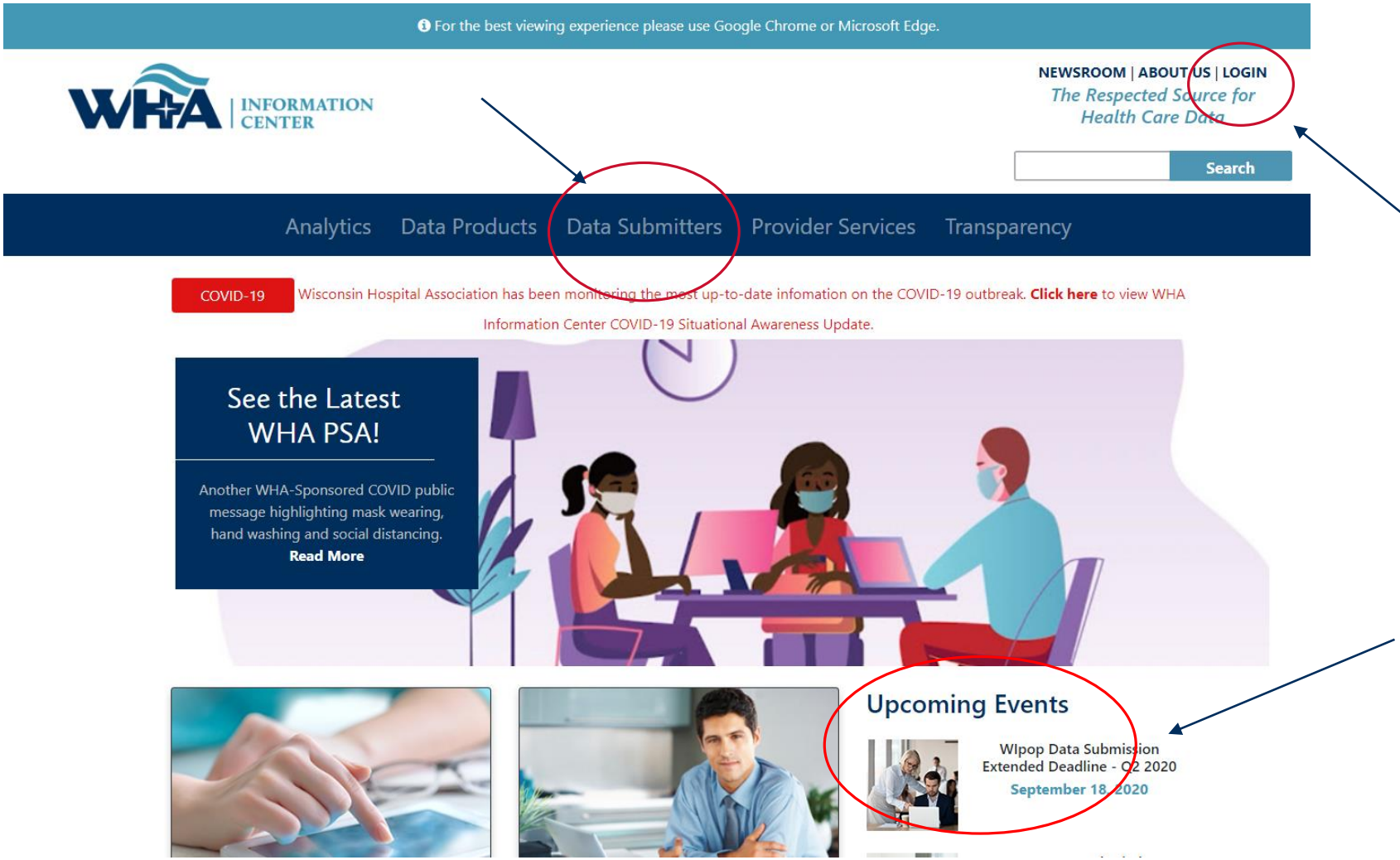
WHAIC is not a covered entity under HIPAA

- 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.

https://www.whainfocenter.com/



OH YEA – It's NEW!!!

Data Submitters

WHA Information Center (WHAIC) has been collecting hospital, ASC and survey discharge data as authorized by the Wisconsin Dep
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

Important Dates & Events

September WIpop Data Submission Extended Deadline -

Additional Resources

Wisconsin Statutes, Chapter 153

Website Resources

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

Data Submission Calendar

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	**3/6**	**Extended Deadline - Due Date for Data Submission**	**6/5**
Extended Deadline for Edits & Quarter Complete	*3/20*	*Extended Deadline for Edits & Quarter Complete*	*6/19*
❖ **Validation Reports in Portal – review data!**	**3/26**	❖ **Validation Reports in Portal – review data!**	**6/26**
Deadline to Validate Discharge Data	4/9	Deadline to Validate Discharge Data	7/10
DUE DATE: Electronic Data Affirmation	**4/15**	**DUE DATE: Electronic Data Affirmation**	**7/17**
Data Released	4/27	Data Released	7/28
2020 Q2 Data Submission		**2020 Q3 Data Submission**	
Standard Data Submission Deadline – Data Due	**8/14**	**Standard Data Submission Deadline – Data Due**	**11/13**
Standard Deadline fix Edits & Mark QTR Complete	8/28	Standard Deadline fix Edits & Mark QTR Complete	11/27
Extended Deadline - Due Date for Data Submission	**9/4**	**Extended Deadline - Due Date for Data Submission**	**12/4**
Ext. Deadline fix Edits & Mark QTR Complete	*9/18*	*Ext. Deadline fix Edits & Mark QTR Complete*	*12/18*
❖ **Validation Reports in Portal – review data!**	**9/25**	❖ **Validation Reports in Portal – review data!**	**12/23**
Deadline to Validate Discharge Data	10/9	Deadline to Validate Discharge Data	1/11
DUE DATE: Electronic Data Affirmation	**10/16**	**DUE DATE: Electronic Data Affirmation**	**1/15**
Data Released	10/27	Data Released	1/26

❖ ***Physician Review Reports** posted in Portal for review, as applicable.*

Roles and RESPONIBILITIES

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

- **WIpop Requirements**
  - WE 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 system without authority, or in excess of your authority, is strictly prohibited.
- http://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix_710.pdf

Roles and Responsibilities

The Primary Contact will:

- Oversee and monitor access requirements in Wipop.
- Contact WHAIC with any user changes.
- Serve as primary contact to address issues 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;
- Have access to the Provider Based Location (PBL) table *if applicable;
- Receive (share) the Present on Admission (POA) report *if applicable;
- Authority to electronically sign and submit affirmation statement.

Roles and Responsibilities

Secondary Contact will:

- Oversee and monitor access requirements 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.
- Run reports out of Wipop.
- Clear/fix edits.

Registration as easy as 1,2,3

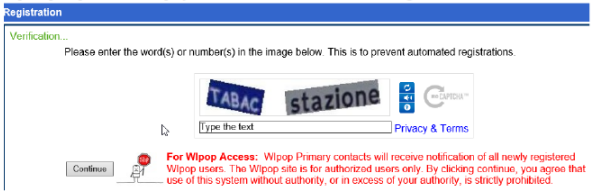
1. Register
2. Pick Role
3. WHAIC activates access within 24-48 hours

To Register to WIpop

*WHAIC cannot add users to WIpop. All users must register through the secured WIpop portal site.

1) To register, open site https://portal.whainfocenter.com in your web browser and click "Register":

2) A prompted phrase will display on the screen to defeat automated registrations.



3) Register for WIpop: Choose either "WIpop" or select "Facility-Specific Reports" for a Primary or Secondary User Role.
Primary or secondary contacts must select both the WIpop and Facility-Specific boxes

Please check the box(es) below which apply to you (click underlined links for more information):

Register For	Definition
☐ WIpop	I will be submitting and/or editing Wisconsin hospital or ambulatory surgery center discharge data
	Check this box if you are registering as a:
☐ Facility-Specific Reports	• WIpop Primary or Secondary Contact (also check WIpop above) • Recipient of Quality Reports
☐ Annual Hospital Survey	I submit, verify, review and/or sign off on the annual surveys including Hospital Fiscal Survey, Uncor and Medicare Cost Report Surveys
☐ Kaavio	I will be using the Kaavio data analysis tool

ser access can be upgraded / downgraded anytime, primary contact emails WHAIC whainfocenter@wha.org with instructions.

If you checked "Facility – Specific Reports" this applies to you. Scroll through the list of job roles and pick the most appropriate role for your access. A list of facilities will be presented. Check the facility(s) for which you submit or correct data and click Next:

Specify your Job Role(s)...

☐ Quality: SOW 11 Potentially Preventable Readmissions
☐ Quality: SOW 12A Continuation of PfP Reports
☐ Quality: SOW 8 Hospital-Acquired Conditions
☐ Quality: SOW 9 Readmissions Across Hospitals
☐ WIpop Primary Contact
☐ WIpop Secondary Contact

Choose either Primary or Secondary Contact

Success!

WHA INFORMATION CENTER

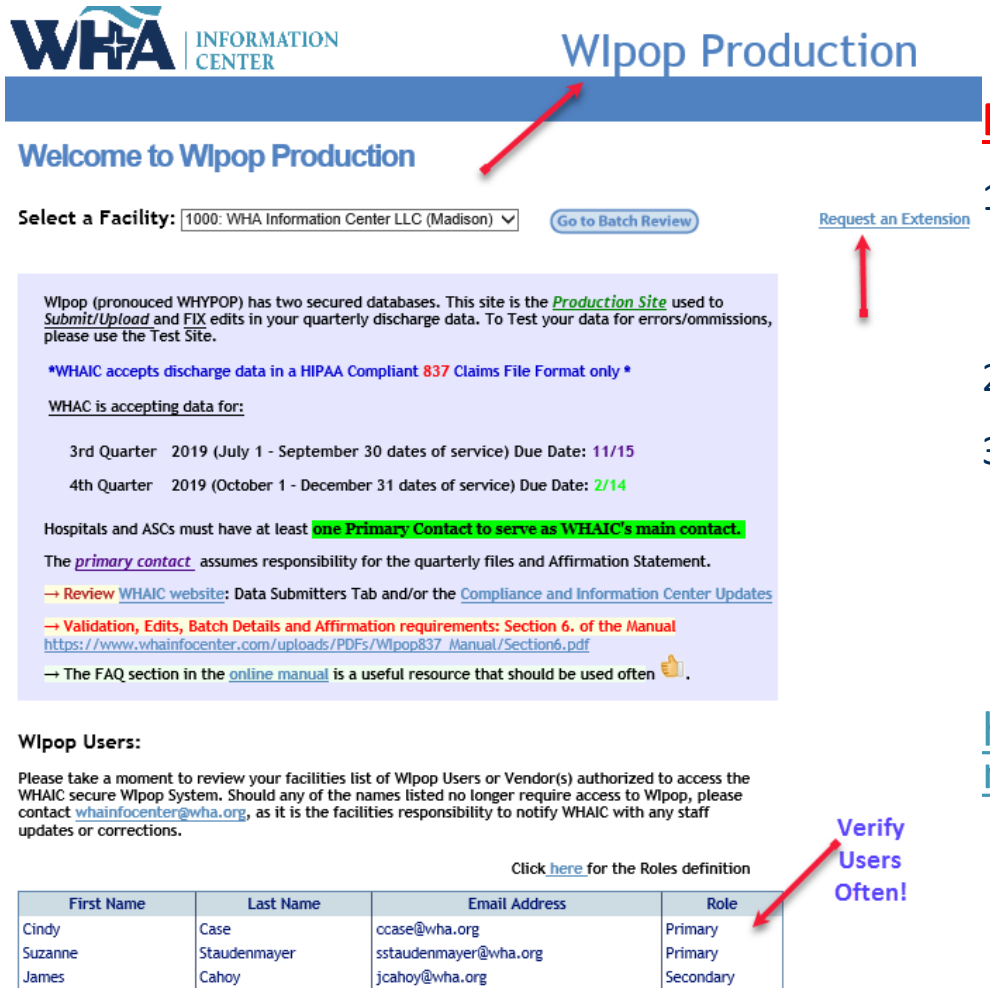
Welcome ccase0421! [Log Out]

Please choose a site:

WIpop Production

WIpop Test

Roles and Authorized Users



Notes:

1. The facility is responsible for managing users. Notify Suzy or Cindy to remove users, update current access, or update names/emails.
2. Review Roles definition before registering.
3. To add users, the person must register via the portal and we will authorize.
   - *In general we automatically approve if user has facility email address!*

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

What Type of Data do we Collect?

WHAIC collects the following discharge data each quarter:

1) Inpatient discharge data from hospitals (admit through discharge)

2) Emergency department data from hospitals (ER/ED)

3) Ambulatory / outpatient surgery data (OPS)

4) Observation data (OBS)

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 patient 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.)
- Other Specialty Facilities not listed in statute
- Physician Professional fees – clinic data (unless PBL)

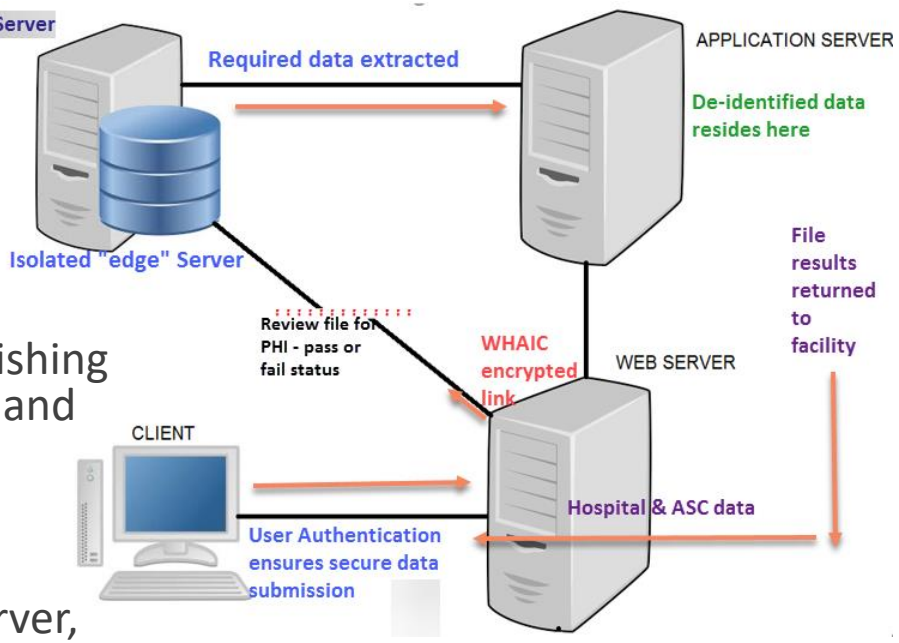
Secure Transmission of data

Web Data Submission Process ensures a secure application by:

- User authentication to verify identity of user

and determine access rights

- Secure Sockets Layer (SSL) certificate for establishing encrypted link between the WIpop application and browser clients
- Database server encryption
- 837 files are uploaded to an isolated “edge” server, where only the necessary data is extracted and transferred to WIpop Application Server
- Compliance checks are in place to process deidentified data in files.



Discharge Data Files

Patient encounter data is submitted using an 837 Electronic Data Interface (EDI) claims file.

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

Biggest challenge for hospitals using an 837 claims file~

- Creating a "dummy" claim for self-pay patients
- Vendor time and costs during the initial set-up or adding fields
- Capturing details (WHAIC Specifications) from EHR NOT on the claim (R/E, UCID, ECID, & payer mapping details)

❖ **Why do we use this format?**

- Use of a standard format means very little customization and reduces cost.
- Fewer edits!
- Allows WHAIC to evolve, act and expand use of datasets more efficiently.

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 **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~**					
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	

837I Sample file with WHAIC-defined fields notated – Institutional Format
Q3 2019 changes in red

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~**

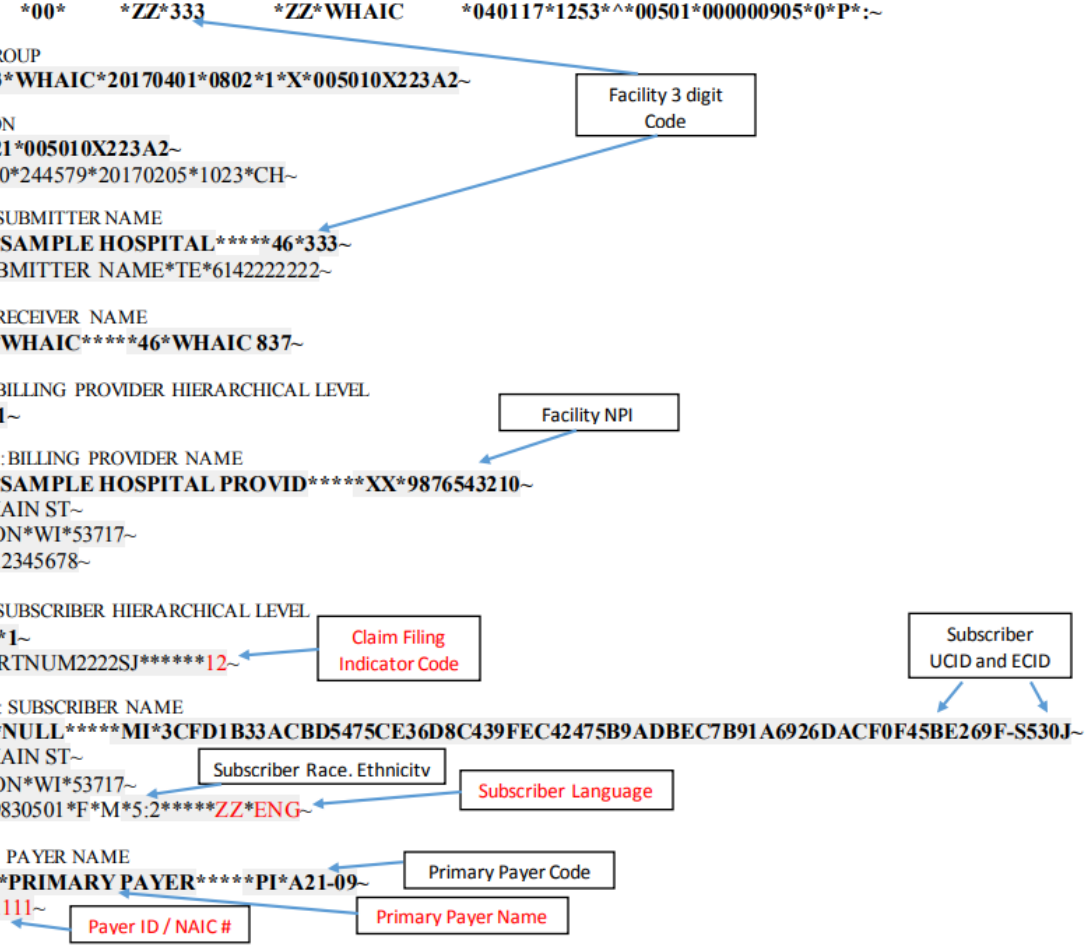
LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL
HL*120*1~**

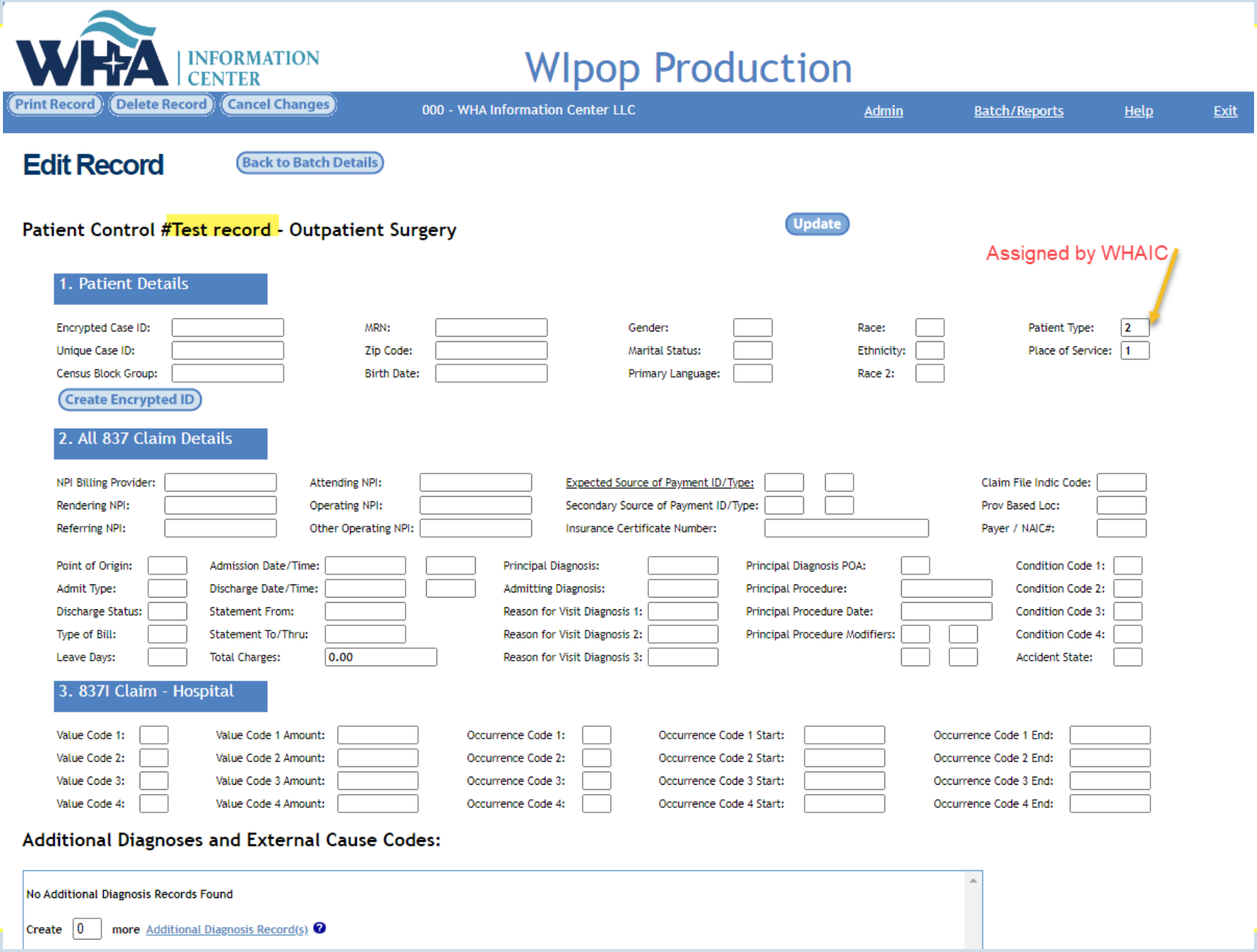
LOOP 2010AA: BILLING PROVIDER NAME
NM1*85*2*SAMPLE HOSPITAL PROVID***XX*9876543210~**
N3*236 N MAIN ST~
N4*MADISON*WI*53717~
REF*EI*11-12345678~

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~

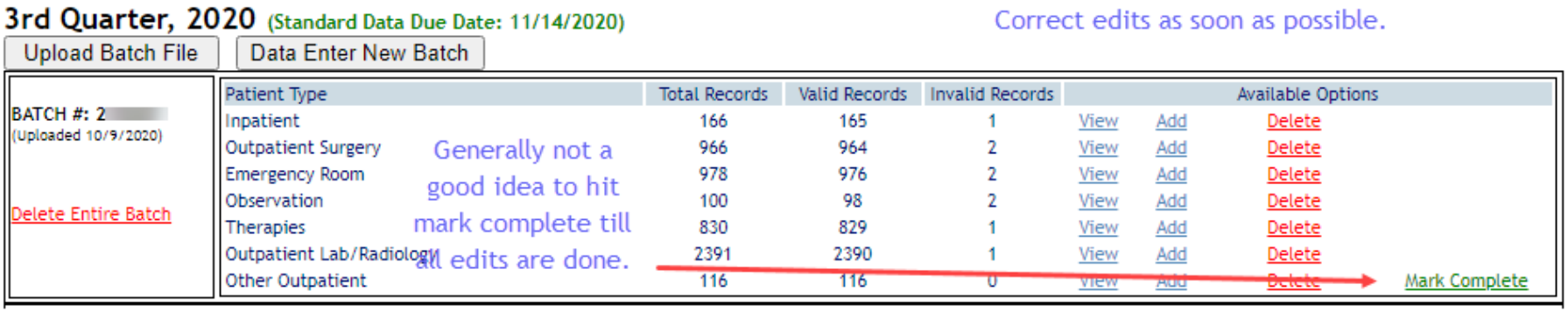
LOOP 2010BB: PAYER NAME
NM1*PR*2*PRIMARY PAYER***PI*A21-09~**
REF*NF*621111~




WHA INFORMATION CENTER
WIpop Production
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:
Unique Case ID:
Census Block Group:
MRN:
Zip Code:
Birth Date:
Gender:
Marital Status:
Primary Language:
Race:
Ethnicity:
Race 2:
Patient Type: 2
Place of Service: 1
Create Encrypted ID
2. All 837 Claim Details
NPI Billing Provider:
Rendering NPI:
Referring NPI:
Attending NPI:
Operating NPI:
Other Operating NPI:
Expected Source of Payment ID/Type:
Secondary Source of Payment ID/Type:
Insurance Certificate Number:
Claim File Indic Code:
Prov Based Loc:
Payer / NAIC#:
Point of Origin:
Admit Type:
Discharge Status:
Type of Bill:
Leave Days:
Admission Date/Time:
Discharge Date/Time:
Statement From:
Statement To/Thru:
Total Charges: 0.00
Principal Diagnosis:
Admitting Diagnosis:
Reason for Visit Diagnosis 1:
Reason for Visit Diagnosis 2:
Reason for Visit Diagnosis 3:
Principal Diagnosis POA:
Principal Procedure:
Principal Procedure Date:
Principal Procedure Modifiers:
Condition Code 1:
Condition Code 2:
Condition Code 3:
Condition Code 4:
Accident State:
3. 837I Claim - Hospital
Value Code 1:
Value Code 2:
Value Code 3:
Value Code 4:
Value Code 1 Amount:
Value Code 2 Amount:
Value Code 3 Amount:
Value Code 4 Amount:
Occurrence Code 1:
Occurrence Code 2:
Occurrence Code 3:
Occurrence Code 4:
Occurrence Code 1 Start:
Occurrence Code 2 Start:
Occurrence Code 3 Start:
Occurrence Code 4 Start:
Occurrence Code 1 End:
Occurrence Code 2 End:
Occurrence Code 3 End:
Occurrence Code 4 End:
Additional Diagnoses and External Cause Codes:
No Additional Diagnosis Records Found
Create 0 more Additional Diagnosis Record(s)

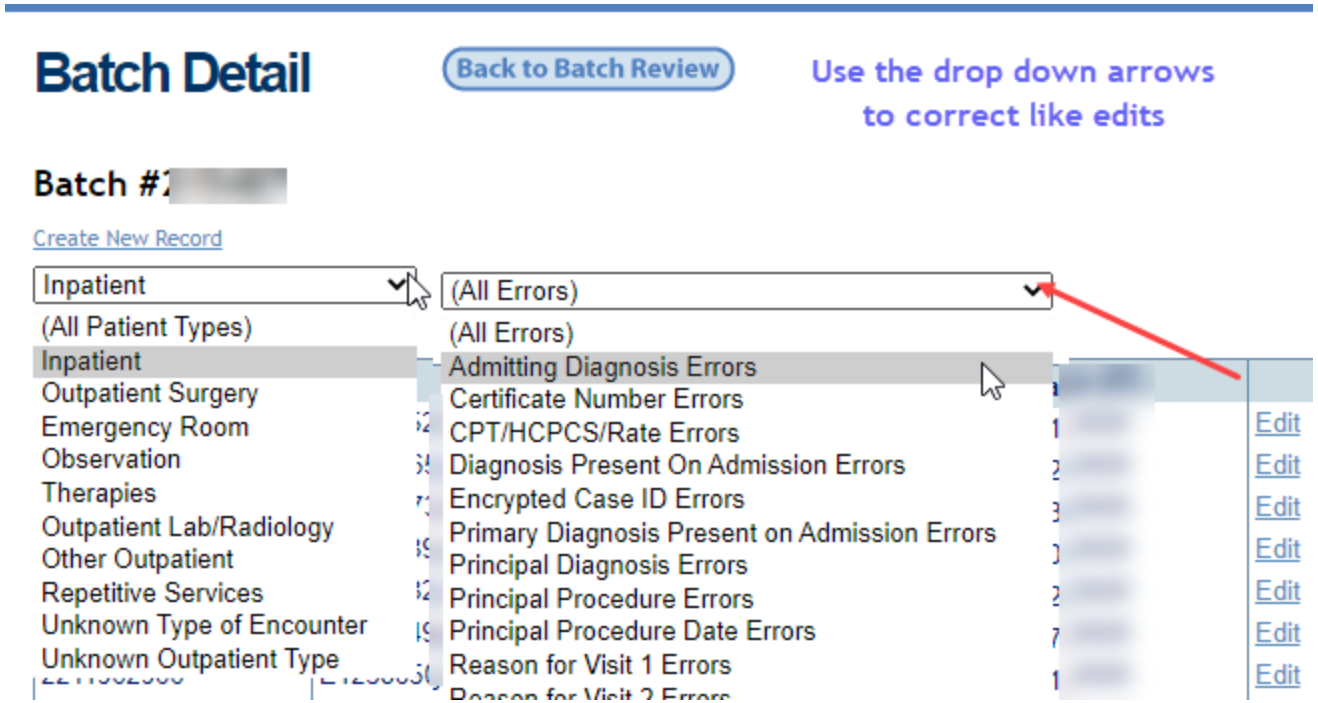
Data Submission

- Once the data has been submitted an email will be sent with a summary of total records and edits in each datatype.
- Please correct edits as soon as possible.
- Wait to mark complete until all invalid records are fixed.

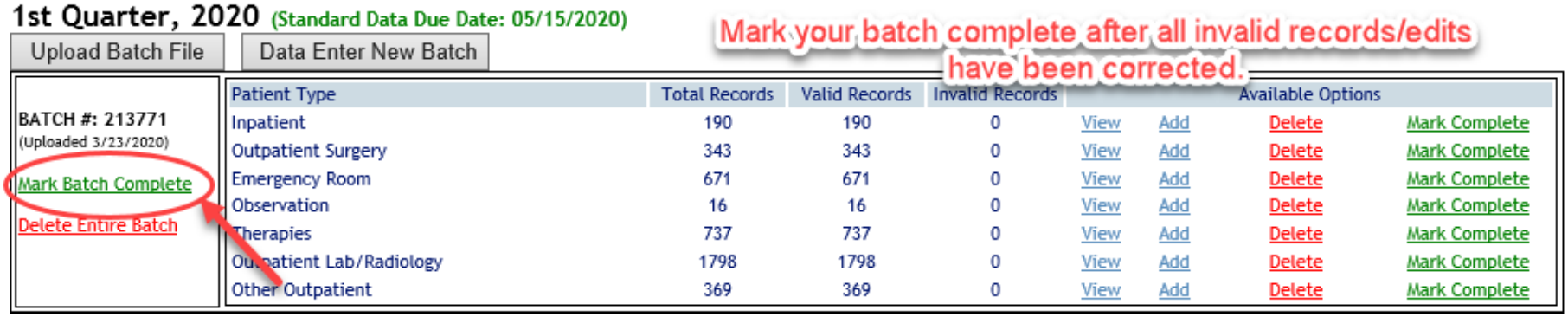


Fixing edits

- Fixing edits



Marking your batch files complete



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

Let’s talk about why you do what you do

WHA | INFORMATION CENTER

The respected source for health care data.

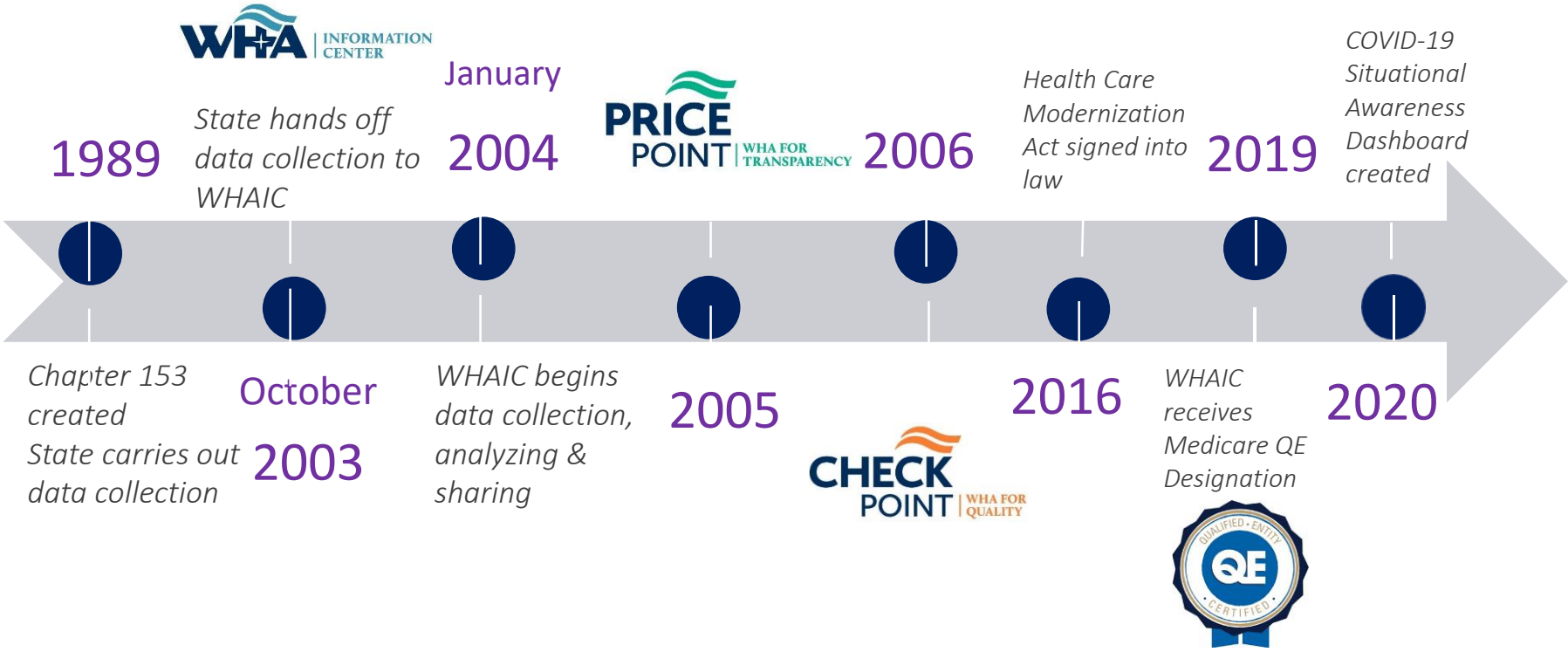
WHA Information Center: DATA & Analytics

Jennifer Mueller, MBA RHIA FACHE FAHIMA
WHA Information Center Vice President & Privacy Officer

WHA Information Center Fall Training 2020

About Us: WHA Information Center

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



Information Center Data

Discharge/Claim Data Collected

- Hospital discharge claims (153)
- Ambulatory Surgery Centers (80)
  - Quarterly data submission/collection (3,000,000 records/qtr)

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

- Transparent, relevant quality data
- Measures across a variety of topics
- First of its kind in the nation, shared by 3 other states
- Focus for payers, legislators, public and provider communities

CHECK POINT | WHA FOR QUALITY

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	★★★	★★☆	★★☆	★★☆	★★☆	★★☆	★★☆

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<< Back to Hospital | Pricing | Next: Payment >>

Estimated Hospital Charges: Knee Replacement (APRDRG 302)

(Source: WHA Information Center)

PRICE POINT | WHA FOR TRANSPARENCY

WATERTOWN REGIONAL MEDICAL CENTER

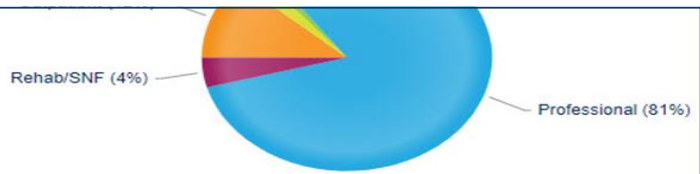
Watertown Regional Medical Center
125 Hospital Drive
Watertown, WI 53098
920-261-4210

PPS Rule Machine Readable Transparency File — Download Hospital Charges

WI Act 146 Top 75 Reports — Print Top 75 Report

Charges for 75 Most Common Hospitalizations in Wisconsin: April 2018 - March 2019
(Uncomplicated Cases Only)

Service:	Statewide Average Charges:
Outpatient Services:	$3,325
Professional Services:	$23,140
Pharmacy Services:	$346
Rehab/SNF Services:	$1,213
Ancillary Services:	$656
Total Estimated Other Charges:	$28,680



Surgeon General, CMS Tell Hospitals/Health Care… *Delay Non-Emergency Procedures*

March 16 - "Hospital & healthcare systems, PLEASE CONSIDER STOPPING ELECTIVE PROCEDURES until we can #FlattenTheCurve!"
- US Surgeon General Jerome Adams

March 18 – CMS releases guidance/directives to hospitals telling to delaying all non-essential surgeries and procedures
- CMS Administrator Seema Verma

THE HILL

Hospitals must stop elective surgeries to flatten the curve

BY BONNIE STABILE, OPINION CONTRIBUTOR — 03/20/20 10:30 AM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

COVID19 affecting service reduction…

Cancer Treatment Centers of America

Screening delays create concerns of an impending wave of new cancer diagnoses

MAY 19, 2020 | BY CTCA

HEALTH

Routine cancer screenings have plummeted during the pandemic, medical records data show

By REBECCA ROBBINS @rebeccadrobbins / MAY 4, 2020

World Health Organization

COVID-19 significantly impacts health services for noncommunicable diseases

1 June 2020 | News release

DOCTORS

The New York Times

Finding, and Curing, Cancers May Be Another Casualty of Coronavirus

As the death tolls rise to the coronavirus pandemic, those of us who specialize in oncology are bracing for another wave of victims: People not yet diagnosed with cancer.

Impacts of Deferred Care: Preventative care

- Mammography (ICD-10 Code: Z1231)
  - Volume change: -70.7% (54,600)
  - Charge change: -69.8% ($24.2 million)
- Colon screening (ICD-10 Code: Z1211)
  - Volume change: -78.2% (19,373)
  - Charge change: -79.4 ($93.7 million)

Primary Diagnosis: **Neoplasm-related encounters**

2019 Volume:	129,996	2019 Charges:	$181,161,247
2020 Volume:	37,468	2020 Charges:	$48,018,134
Volume Change:	-92,528	Charges Change:	($133,143,113)
Volume Change Percent:	-71.2%	Charges Change Percent:	-73.5%

5.1% of 2019 Volume
1.7% of 2019 Charges

2019 Self Pay Percent: **0.6%**
2020 Self Pay Percent: **0.7%**

Top 10 Codes	2019 Count	2020 Count	Change	2019 Charges	2020 Charges	Charges Change %
Z1231-Encntr screen mammogram for malignant neoplasm of breast	77,229	22,629	-70.7%	$34,782K	$10,506K	-69.8%
Z1211-Encounter for screening for malignant neoplasm of colon	24,761	5,388	-78.2%	$118,057K	$24,327K	-79.4%
Z09-Encntr for f/u exam aft trtmt for cond oth than malig neoplm	8,573	2,670	-68.9%	$10,151K	$3,474K	-65.8%
Z08-Encntr for follow-up exam after trtmt for malignant neoplasm	8,467	2,520	-70.2%	$9,901K	$5,614K	-43.3%
Z122-Encntr screen for malignant neoplasm of respiratory organs	3,484	998	-71.4%	$3,150K	$897K	-71.5%
Z124-Encounter for screening for malignant neoplasm of cervix	2,935	840	-71.4%	$1,071K	$356K	-66.7%
Z125-Encounter for screening for malignant neoplasm of prostate	2,166	1,419	-34.5%	$1,026K	$747K	-27.2%
Z483-Aftercare following surgery for neoplasm	976	340	-65.2%	$1,098K	$957K	-12.9%
Z1283-Encounter for screening for malignant neoplasm of skin	827	164	-80.2%	$325K	$69K	-78.8%
Z1239-Encounter for oth screening for malignant neoplasm of breast	310	411	32.6%	$1,036K	$863K	-16.7%

Impacts of Deferred Care: Quality of Life

Cataracts: (CPT Code: 66984)

- *Volume: -76.7% (6,822)*
- *Charge: -75.1% ($58.1* million)

Left Hip (ICD-10 Code: 0SRB04A)

- *Volume: -84.6% (509)*
- *Charge: -84.5% ($24.9 million)*

Right Hip (ICD-10 Code: 0SR904A)

- *Volume: -82.3% (592)*
- *Charge: -81.6% ($24.6 million)*

Left Knee (ICD-10 Code: 0SRD0J9)

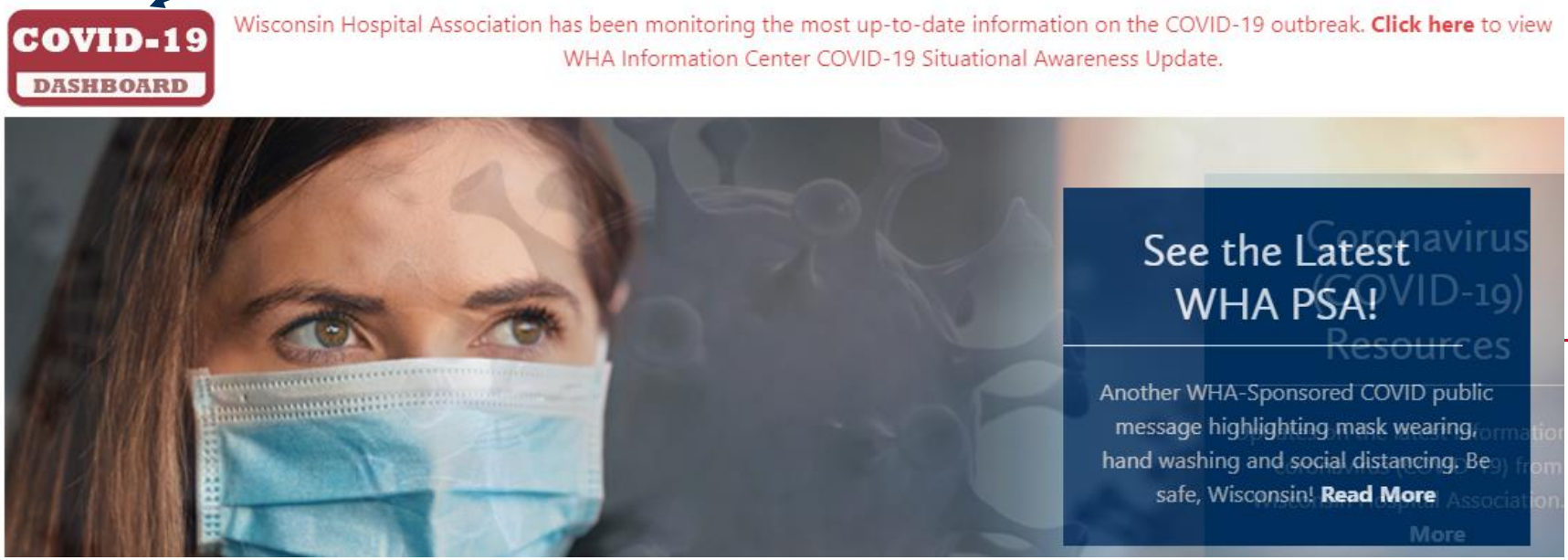
- *Volume: -82.7% (1,005)*
- *Charge: -82.5% ($47.9 million)*

Right Knee (ICD-10 Code: 0SRC0J9)

- *Volume: -80.9% (936)*
- *Charge:-79.8% ($43.0 million)*

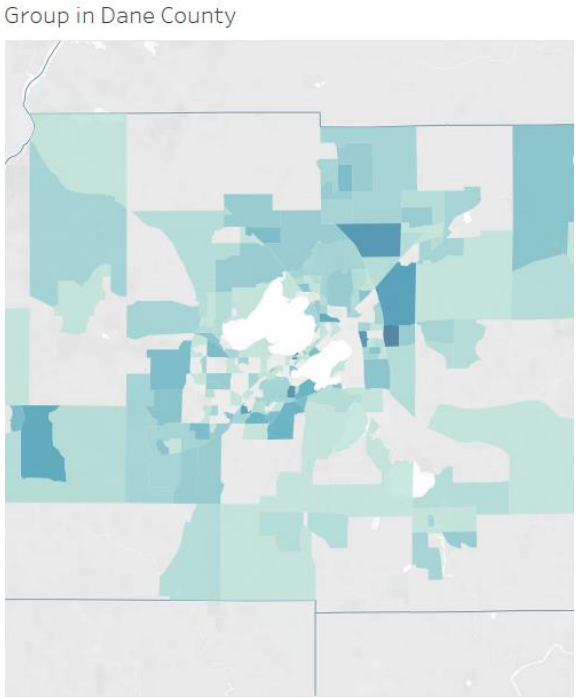
COVID Impacts

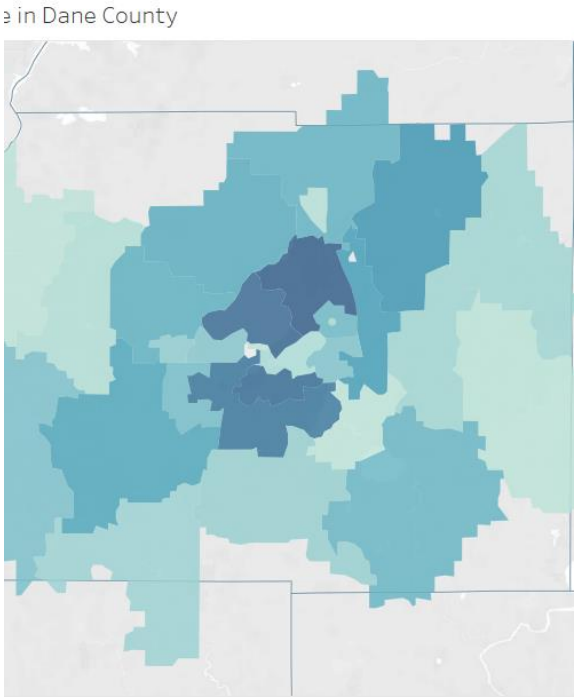
- Covid Dashboard – nearly 1 million hits!
- Yes, YOUR DATA MATTERS!

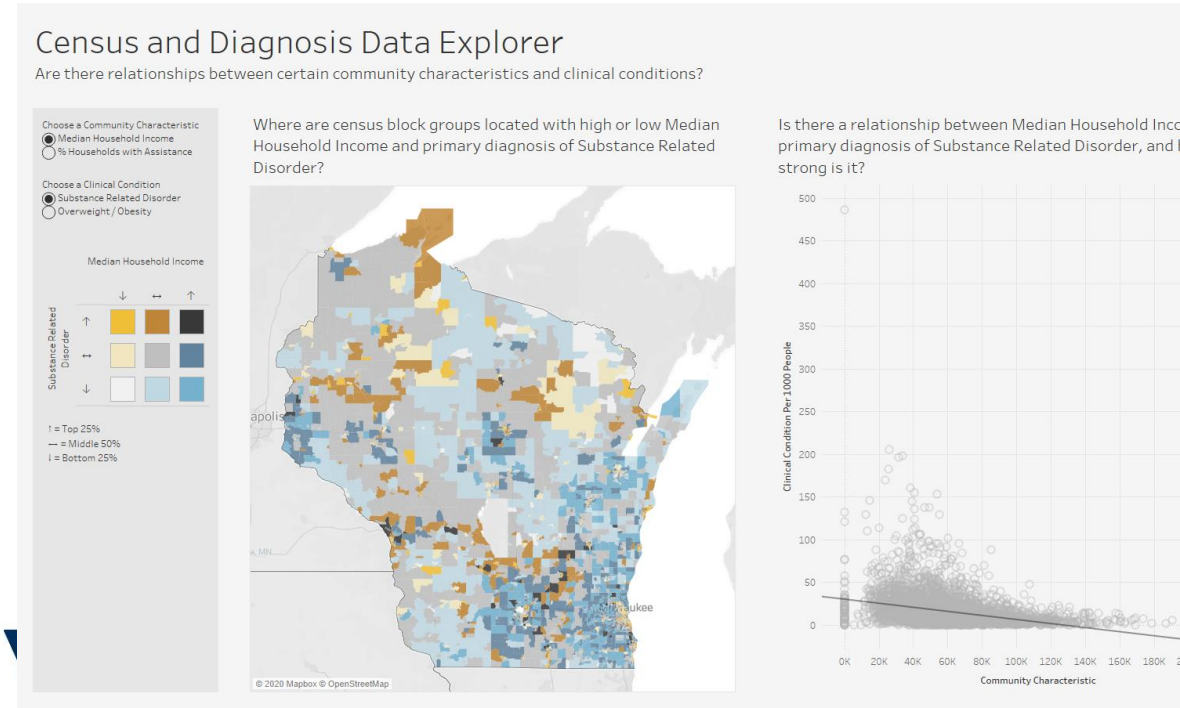


Other projects going on…

- Community Health Needs Assessment Map
- COVID19 “hot spot” Map







KAAVIO

WHA Information Center LLC

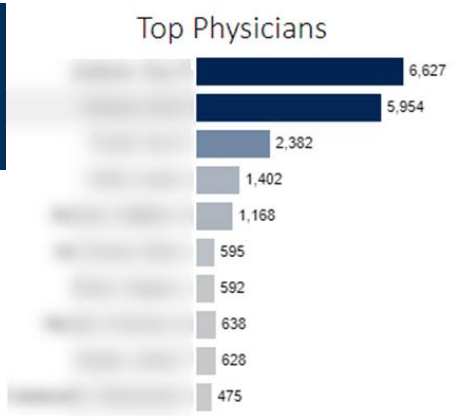
KAAVIO Analytics Engine powered by Tableau

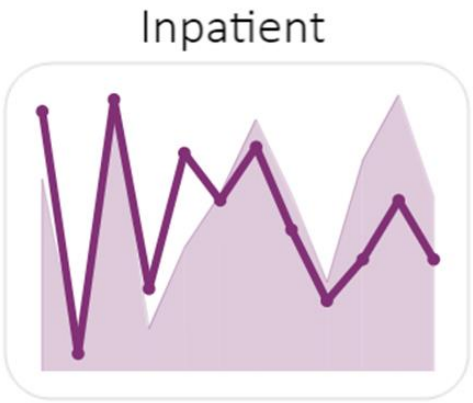
- A data visualization tool to help WHA hospitals and health systems gain crucial insights into areas including:
  - population health, utilization, patient access, geographic distribution and market share.

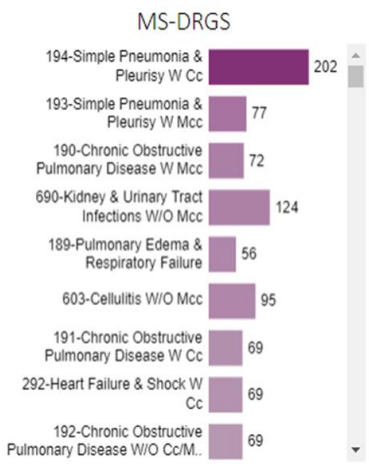
- Users can easily interact with the Wisconsin discharge data- applying filters, refining parameters, and adding criteria.
  - The changes are instantly reflected in the data and presented in meaningful graphics that allow users to detect patterns, trends, outliers, and relationships that can help users make important decisions.

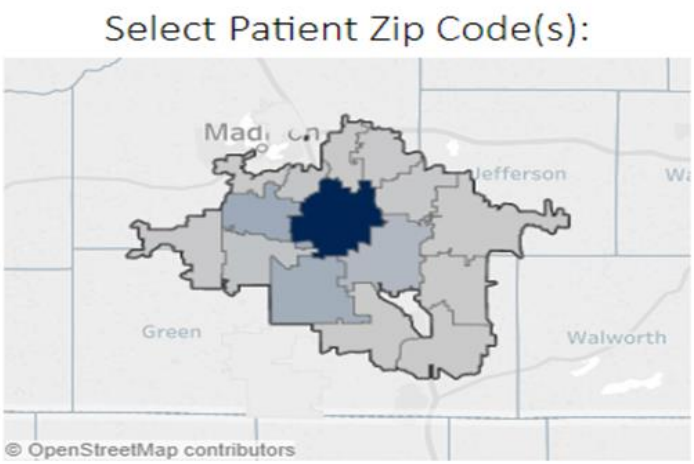
Diving Deeper…

- 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)









		Facility 2		Facility 1	
Row Group 2	Row Group 3	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

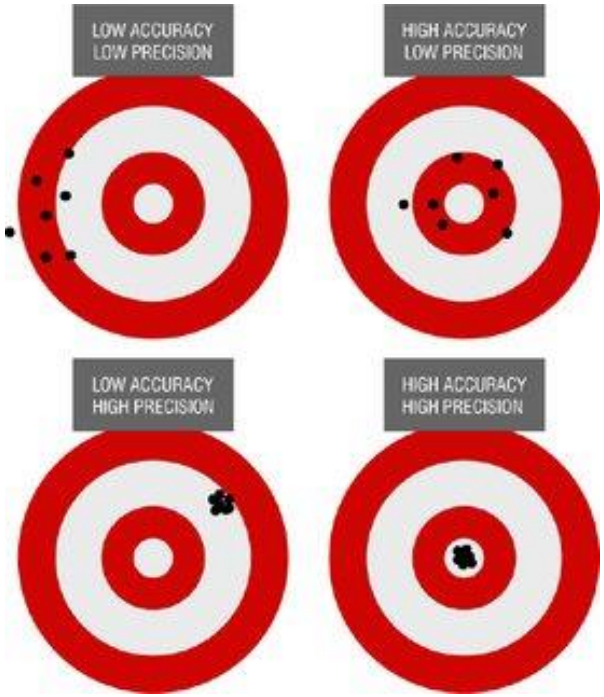
The future of: Data…Data…Data…

- Minnesota border county and WI residents seen in MN…COMPLETE
- Illinois…WI resident seen in IL…in process
- Michigan border counties…in process
- Salary Survey Data
- Medicare FFS claims
  - Qualified Entity (QE) Status granted fall 2019

- Wisconsin Medicaid Data

Thank you, Jennifer!

- Well now that we know how the data is used let's continue!



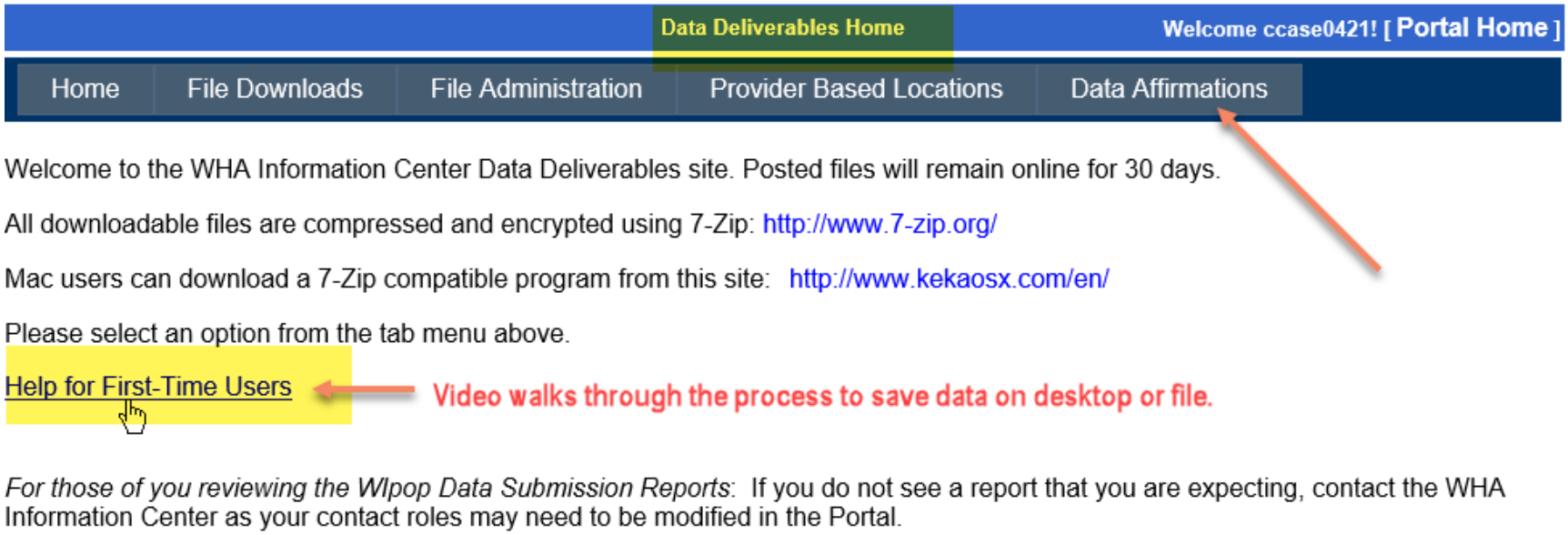
How do you or data users know it's accurate?

Portal Overview

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

Portal Overview

- To get to your Validation Reports and Affirmation Statement



Downloading Data and Affirmation

For information on how to download your file and use 7-Zip to extract it, ***please click here*** to watch an instructional video, or follow the instructions below.

- Log in to the WHAIC Portal
- Download and install 7-Zip
- Select the File to Download
- Downloading the File
- Using 7-Zip to Decrypt the file

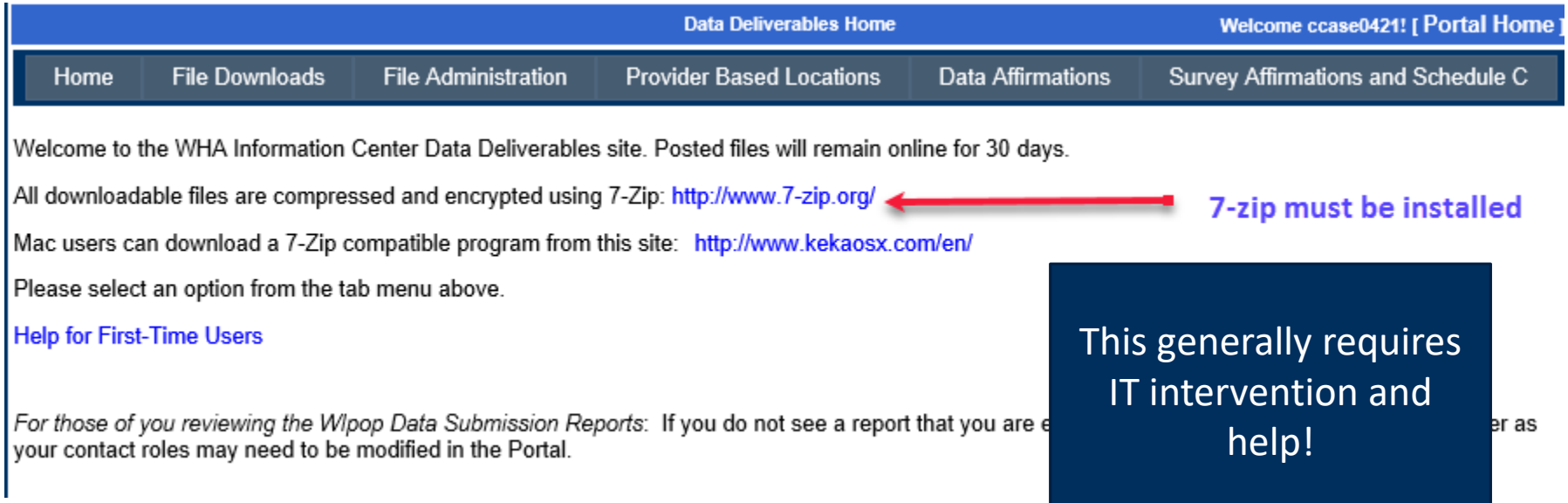
---

1. Log in to the WHAIC Portal and click on the **Data Deliverables** option. Please note that you may not have all the options shown, depending on your particular portal authorizations.

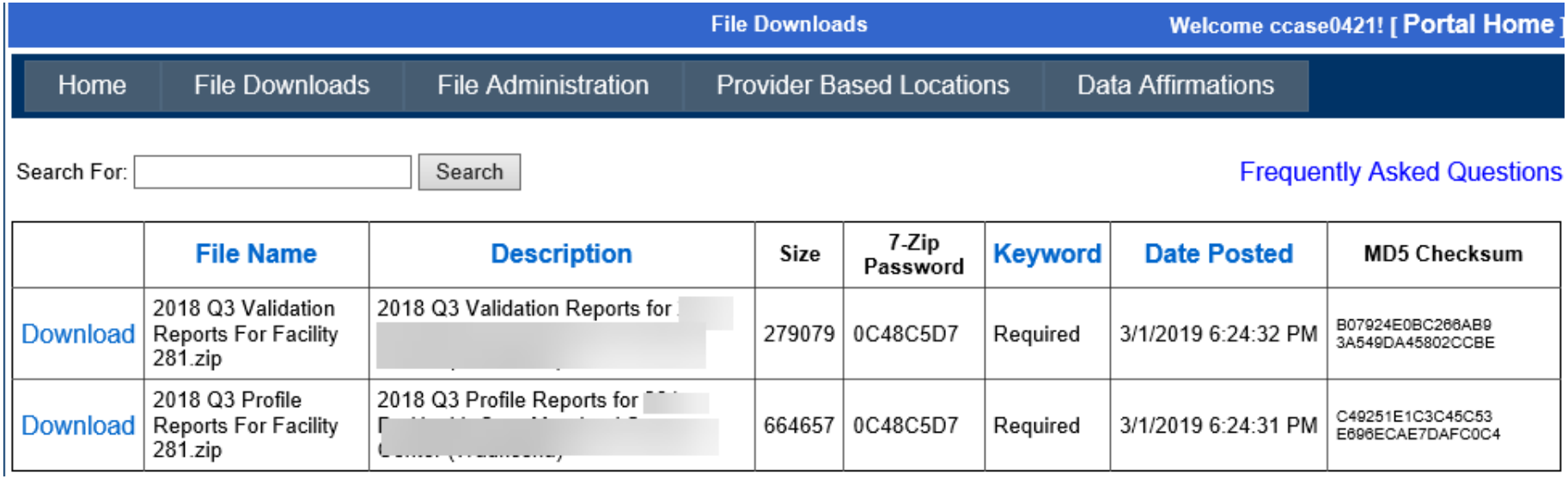
2. Download and install 7-Zip if you do not already have it. Check with your IT staff to see whether you need the 32-bit or 64-bit version. You can also right-click on the computer icon on your desktop and select *Properties*. Under *System* you can see whether you have a 32 or 64-bit system.

Downloading Data and Affirmation

You must have 7-zip installed or AES 256 compatible software to download the reports. Click the link next to the red arrow below to begin the process of installing 7-zip.



Validation Report Overview



File Downloads Welcome ccase0421! [Portal Home]

Home | File Downloads | File Administration | Provider Based Locations | Data Affirmations

Search For: Search Frequently Asked Questions

	File Name	Description	Size	7-Zip Password	Keyword	Date Posted	MD5 Checksum
Download	2018 Q3 Validation Reports For Facility 281.zip	2018 Q3 Validation Reports for [redacted]	279079	0C48C5D7	Required	3/1/2019 6:24:32 PM	B07924E0BC266AB9 3A549DA45802CCBE
Download	2018 Q3 Profile Reports For Facility 281.zip	2018 Q3 Profile Reports for [redacted]	664657	0C48C5D7	Required	3/1/2019 6:24:31 PM	C49251E1C3C45C53 E696ECAE7DAFC0C4

TIP: Keep reports for at 2 years or min of 5 quarters

Validation Reports

- **Available in** the portal at the end of the quarter once all batches are marked complete.
  - *These are also available in real-time in WIpop once data is submitted.*
  - Review the data, what historically trended, validate what has been submitted, review for missing data, and submit additional records, if needed.
  - Run internal census or audit reports for comparison detail.
- Records that may need to be reviewed / corrected (Payor, POS or TOB):

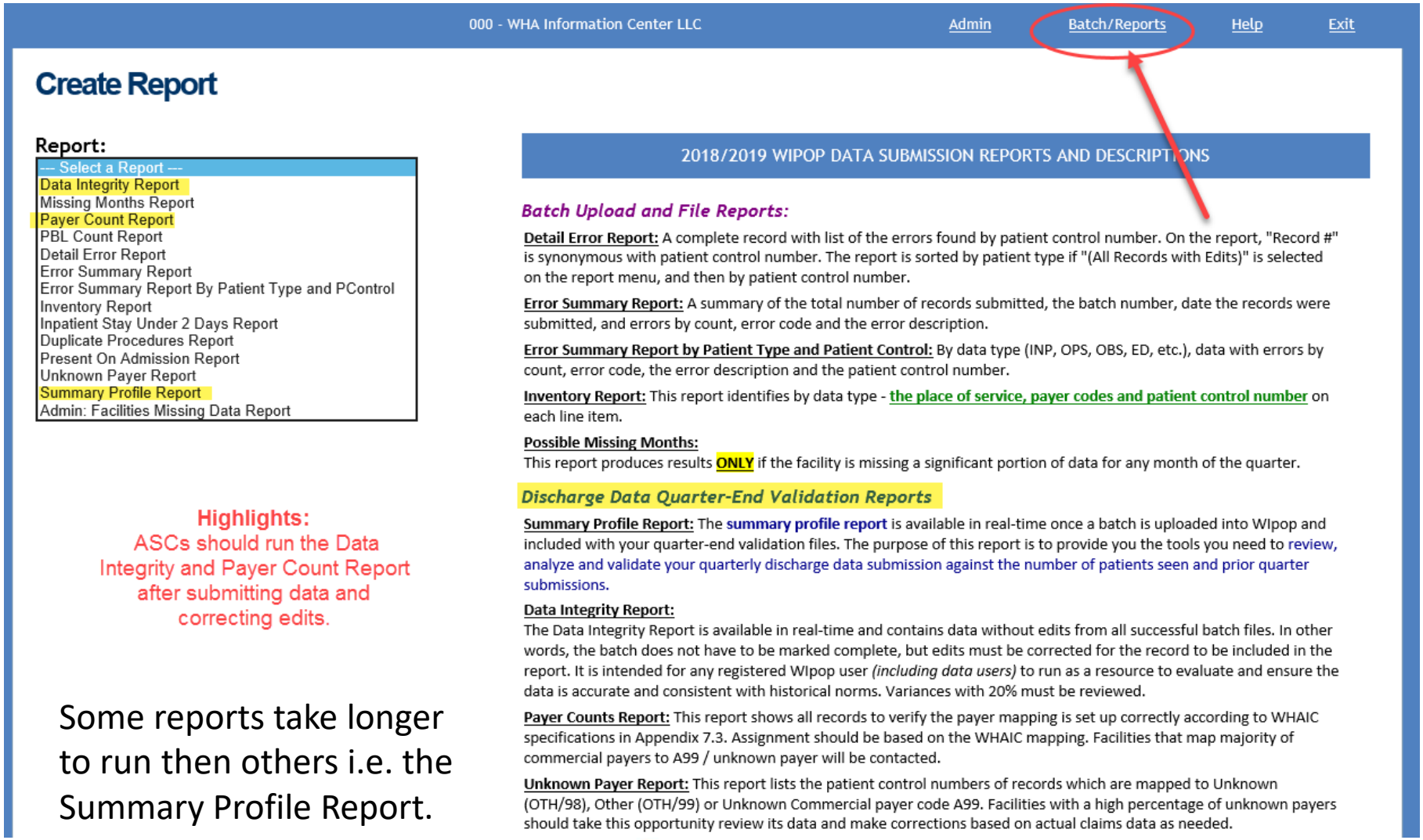
  1) **Be sure to open Batch File first.*

  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.
- **New reports** will automatically run and repost – you will need to resend or sign the affirmation if one was already returned.

Running WIpop Reports



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

Some reports take longer to run then others i.e. the Summary Profile Report.

Updated Unknown Payer Report

- COVID-19 has a CODE = C19 / 80
- A99 is not a default

Report Update

WHA Information Center, LLC - WIpop Data Submission

Validation Report - Other/Unknown Payers

Milwaukee

This validation report shows all records that have an Other payer and unknown/other payer type. This report does not represent errors in the data, rather an opportunity for the facility to review and make changes if warranted. Examples of unknown payers and payer types are liability claims, crime victim claims, disability determination, unidentified programs or "Safe Fund" (sexual assault) claims that were submitted with payID = A99 or PayID = OTH and PayType = 98 or 99.

If after reviewing the report and patient documentation from the record you determine that the primary payer should be mapped differently or it was coded incorrectly, access the record using the patient control number (pcontrol) provided and the directions below to make the appropriate changes using Appendix VII of the WIpop Manual.

Don't Forget to Open Batch First

To review the record(s):
1) In WIpop in the upper right corner, click on the "Batch/Reports".
2) Go to "Find Patient Record".
3) Enter in the patient control number (pcontrol) provided on the report.
4) Make corrections as needed.
5) Once your changes are made, mark the batch complete. You may contact whainfocenter@wha.org with any questions.

patientType	payer code / name	pcontrol	records	percentage
Inpatient				
	A99-09 / A9909 COMMERCIAL			
	A99-09 / A9909 COVID19 HRSA			
	A99-09 / A9909 COVID19 HRSA			
	A99-09 / A9909 COVID19 HRSA			
	A99-09 / A9909 COVID19 HRSA			
	A99-09 / A9909 COVID19 HRSA			
	A99-09 / A9909 COVID19 HRSA			
	A99-09 / A9909 GOLDEN RULE HEOS			
	A99-09 / A9909 VA HOSPITAL FEE S			
	A99-09 / A9909 VETERANS CHOICE			
	A99-09 / ADMIN CONCEPTS			
	A99-09 / ALLEGIANCE CAR			
	A99-09 / ALLIED BENEFIT			

What is commercial

C19 - 80

CHA-03

Claim Administrators

Car Insurance

Plan/ Claim administrators

Payer mapping update

- **CHA – 03** Champus / Tricare / Military benefits
- Optum VA Community Care Network – map to CHA - 03
  - Contract for Military and Veteran health care claims services
  - Optum provides health services for US Military personnel, beneficiaries and Veterans
  - Mapping Veterans and Current Military personnel correctly allows data users to gain accurate claims data to see the full spectrum of care received
  - Accurate mapping provides an opportunity to evaluate the source and costs of care
  - Optum offers provider network to serve the military, veterans and other federal employees in addition to claims processing.
  - For more information: OptumServe

65+ Non-Medicare

- Overall 92.5% of the 65+ patients had a T18 or MED primary payer code – some facilities do better than others ☺
- **Reminder**: Medicare advantage plans – most often in the HMO or PPO commercial payer class are ***still Medicare plans***
- **Reminder**: Medicare Supplement Plans – map to T19 or MED
- Map Medicare Advantage Plans to T18 or MED
  - Example: 68 y/o retired person comes in with an Anthem Blue Cross HMO Medicare Advantage Plan should be mapped to T18 or MED
- *How do I choose the right code?*
  - MED was used 76% of the time, T18 had 24%
  - Potentially fade out T18 to minimize confusion

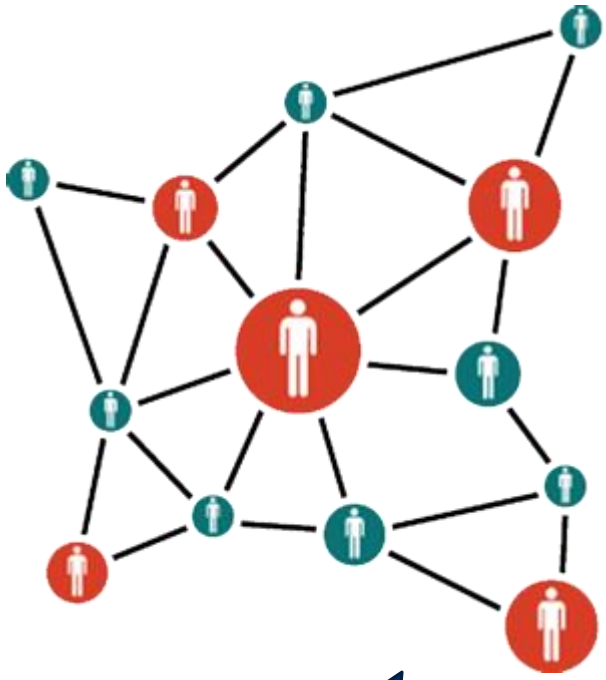
Map my Payer ☺

Commercial

HMO

FFS

Medicaid ?



TPA

CHA

COVID

T18

Other Payer Updates and Considerations

Open discussion & considerations on combining some payer codes

- **OTH 21** and *OTH 31* – both basically address self insured / TPA and benefit plan administration or private insurance.
- **CHA 03** and *OTH 55* – both address current and former military benefits regardless of who is managing contract
- **OTH 54**, *59 and 71* – all address free / subsidized government programs, non-profit organizations, local health departments, and grant/research funds.
- **OTH 98** and *OTH 99* – both address other / unknown payers from auto insurance to crime victim claims
- Last consideration is to remove the 01 - FFS, 02 HMO/PPO and combine to **09**
  - **Example**

BGR	01	BadgerCare, Fee for Service	May include Trilogy Health (A41), Community Care Health (A37) & Independent Health Care (A23)
BGR	02	BadgerCare Plus, HMO/PPO: Families - parents, pregnant women, children and childless adults. **Most BGR patients have HMO plans - BGR/02.**	
BGR	09	BadgerCare, Unknown Type	

Medicaid		
	BGR-02	BadgerCare, HMO/PPO
	BGR-09	BadgerCare, Unknown Type
	T19-02	Medicaid, HMO/PPO
	T19-09	Medicaid, Unknown Type
		M
Medicare		
	T18-01	Medicare, Fee for Service
	T18-02	Medicare, HMO/PPO
	T18-09	Medicare, Unknown Type
		M
Other		
	CHA-03	CHAMPUS/CHAMPVA/TRICARE
	OTH-52	Other Government, Fee for Service
	OTH-55	CHAMPUS/CHAMPVA/TRICARE
	OTH-59	Other Government, Fee for Service
	OTH-98	Other or Unknown, Fee for Service
	OTH-99	Other or Unknown, Unknown Type
Private		
	OTH-21	Employer Self-Funded, Fee for Service
	OTH-31	Other Organization Self-Funded, Fee for Service

Payer Count Report

- How do you know who has what??
- Once decisions are made and payers are remapped users can run the Payer Count Report from WIpop.

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.

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

Page 1 of 1

WIpop Report Example

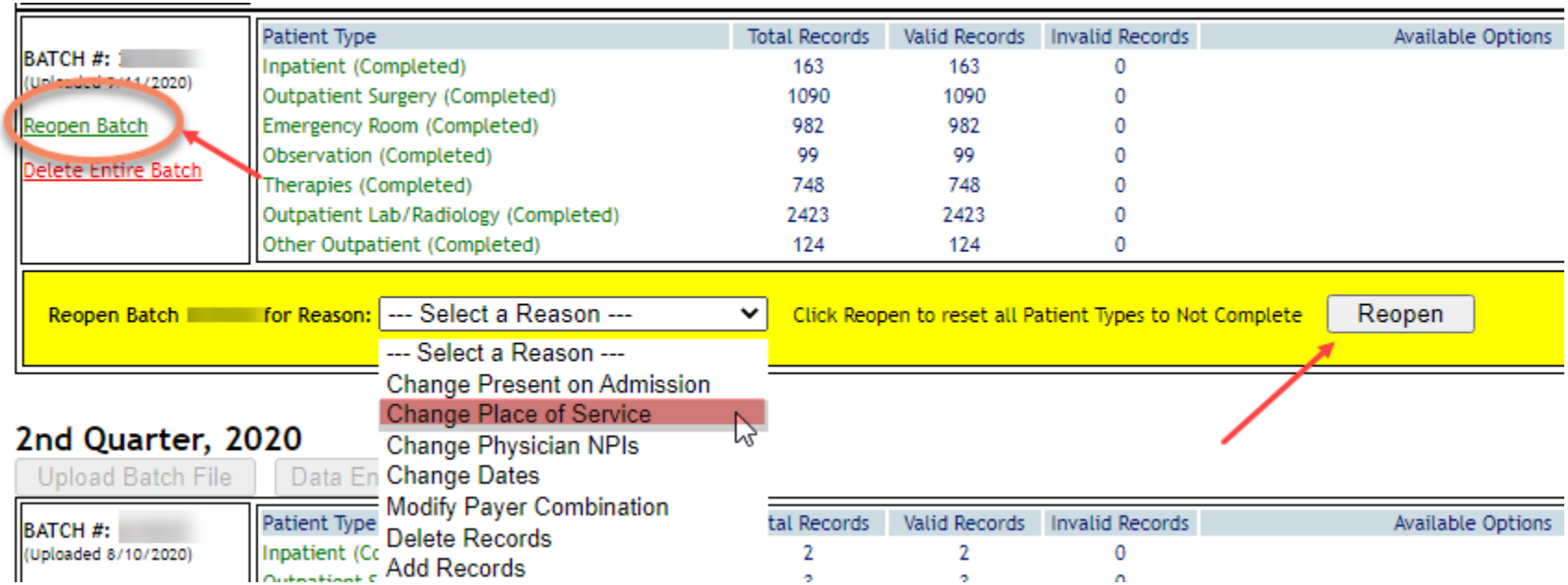
Affirmation Statement

- The data submission and sign off process is 100% electronic.
- The Affirmation Statement is a two-prong process to confirm the data was validated.
  - WHAIC requires reviewer to check a box verifying data was reviewed; and
  - WHAIC requires comments if there is a 20% variance in the data.
- Typically, 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 and replaced each quarter.*

Common File Issues and Edits

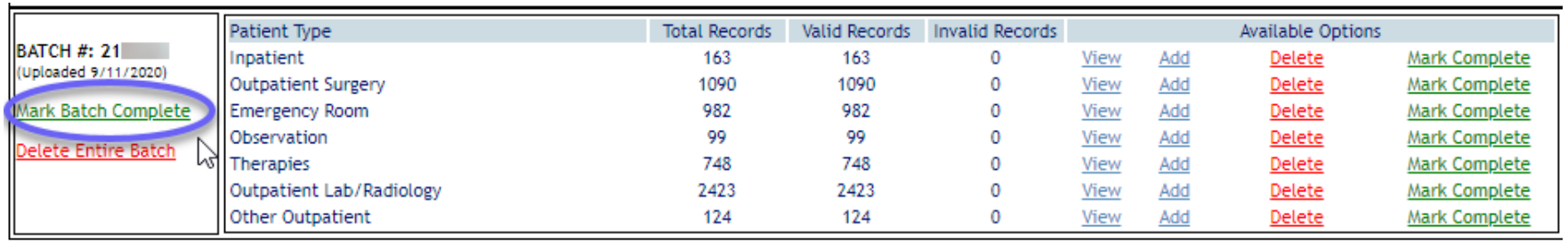
Opening a Batch

- **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'



Opening a Batch

- Once the edits are fixed, be sure to close the batch up.
- We manage over 250 sites and its time consuming for the two of us to constantly monitor and close / guess which ones should be open.
- We do have a new stop-gap process improvement in which the batches will automatically close if not done so by the facility at the close of the quarter.



Patient Type	Total Records	Valid Records	Invalid Records	Available Options			
Inpatient	163	163	0	View	Add	Delete	Mark Complete
Outpatient Surgery	1090	1090	0	View	Add	Delete	Mark Complete
Emergency Room	982	982	0	View	Add	Delete	Mark Complete
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

Common File Issues – Race / Ethnicity

Race and Ethnicity:

- The collection of race and ethnicity is a statutory requirement under Chapter 153.
- Batch files will be rejected if greater than 25% of race and ethnicity are reported as unknown or declined.
- Hospitals and ASCs can report two races. 'Other'or 'Multiracial' is not an option ☹ They do not provide any useful information.
- Check in and/or remind your patient registration/staff and vendors of the importance to collect and report race and ethnicity according to the specifications in our Manual in Appendix 7.2.

Common File Issues – Sex/Gender

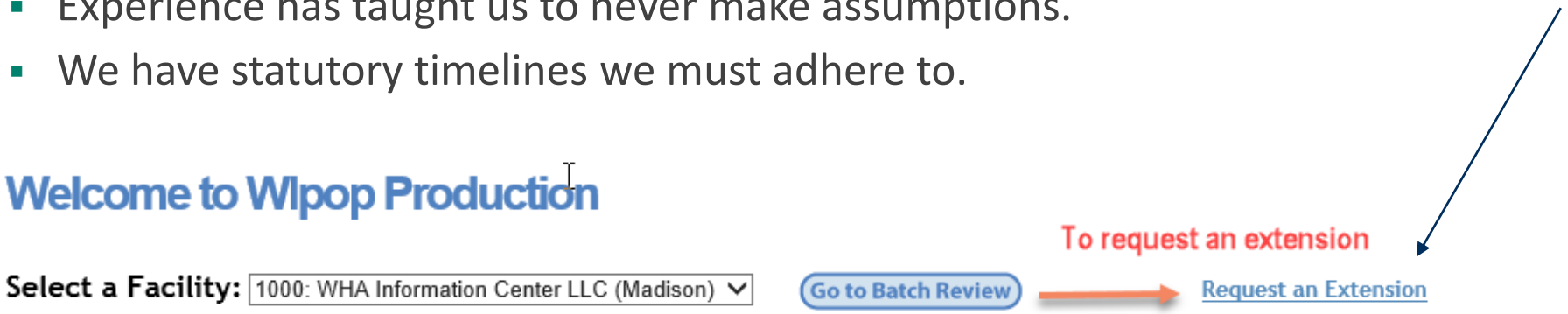
Unknown Sex / Gender Code:

- *O (Other)* or U (Unknown) allowed in the data files.
  - 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"**
  - All encounters/records that have an "O" as identified by "Other" in the file will be mapped to "U" to preserve historical trending. Use of "O" will require the condition code 45 as it mirrors the requirements of "U."
- For more information: https://www.healthit.gov/isa/representing-patient-gender-identity.
- Examples: Gender neutrality, transgender, intersex.
- *https://docs.asee.org/public/LGBTQ/Transgender_Vocab_Handout.pdf*

Common File issues - Filing for an Extension

- Extension requests are filed for in WIpop Application.
- Not to be used to delay the quarterly submission requirements:

  Should be used only when:
  - File changes occur
  - Vendor changed
  - Staff Changed
- Even with an extension request on file we may contact you
  - Experience has taught us to never make assumptions.
  - We have statutory timelines we must adhere to.



Common File Issues – 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:

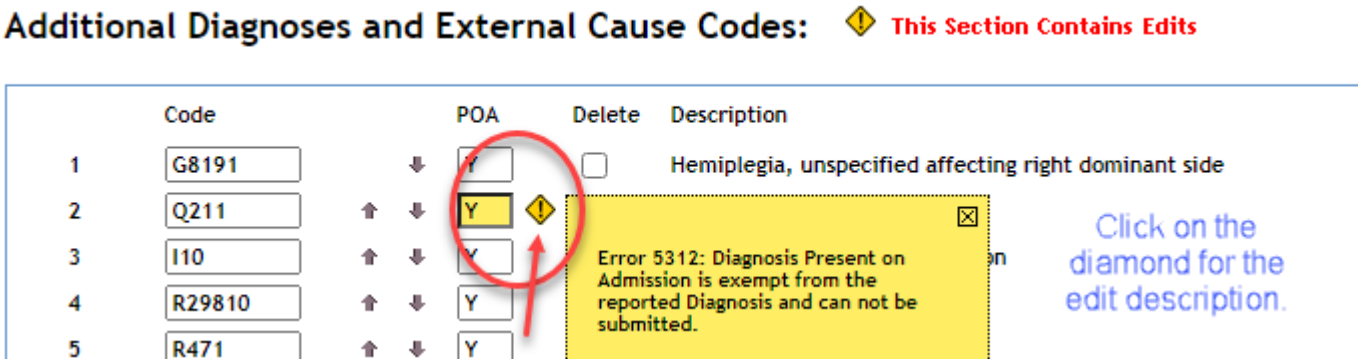
Resubmit the batch with the phrase "exclude_duplicates" somewhere in the file name.

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: 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.
- For this one you would just delete the "Y" and hit update.

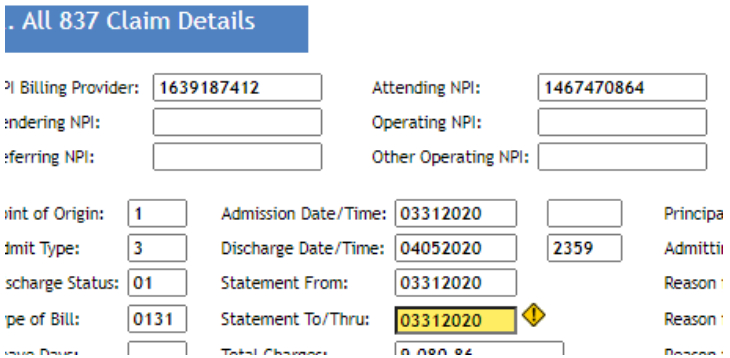


EDITS: Correcting Dates of Service

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

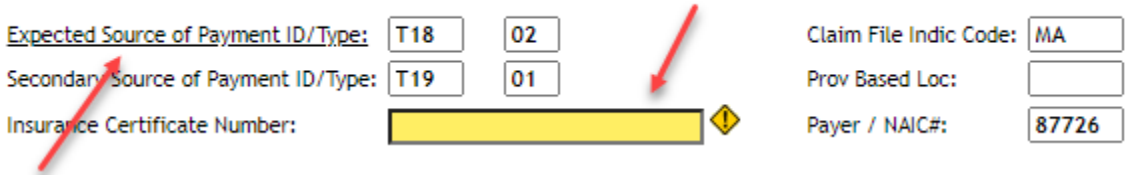
- *For example, if service started on 06/30 and ended on 07/01, the record should be included in the 3rd quarter data submission.*

- 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: Fixing records

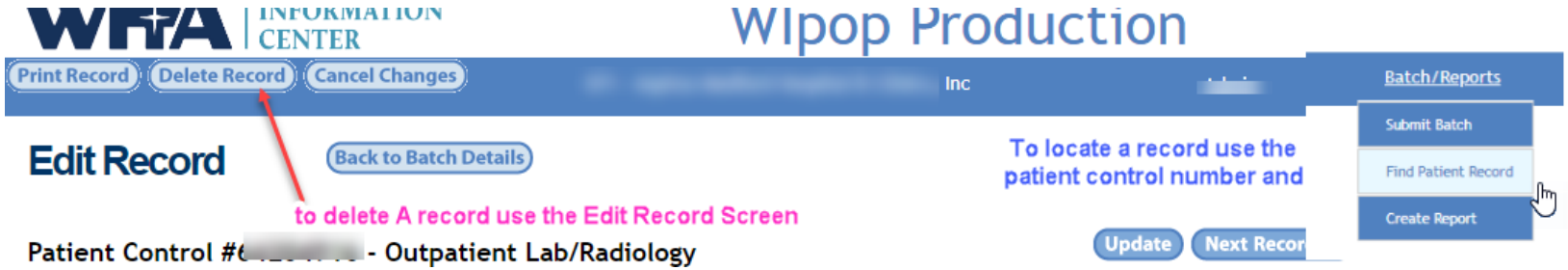
- All records, except for Self-Pay require an insurance certificate ID number. Sometimes known as plan, group or insurance ID.
- User must lookup in the EMR, claim or other source the insurance number and enter it here.
- We can also look to see what kind of insurance this person has by clicking on the underlined Expected Source of Payment field.



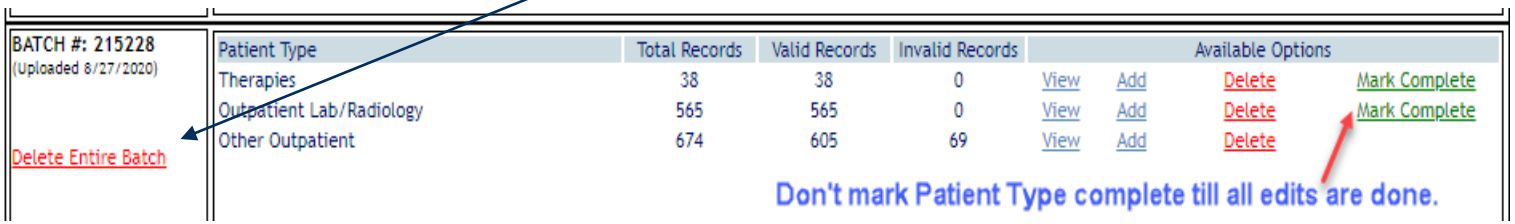
For WC – use patient control number or patient year of birth.

EDITS: Finding and Deleting Records

- To delete a record, go into the Edit Record Screen
- To find a specific patient, go to “Find Patient Record”

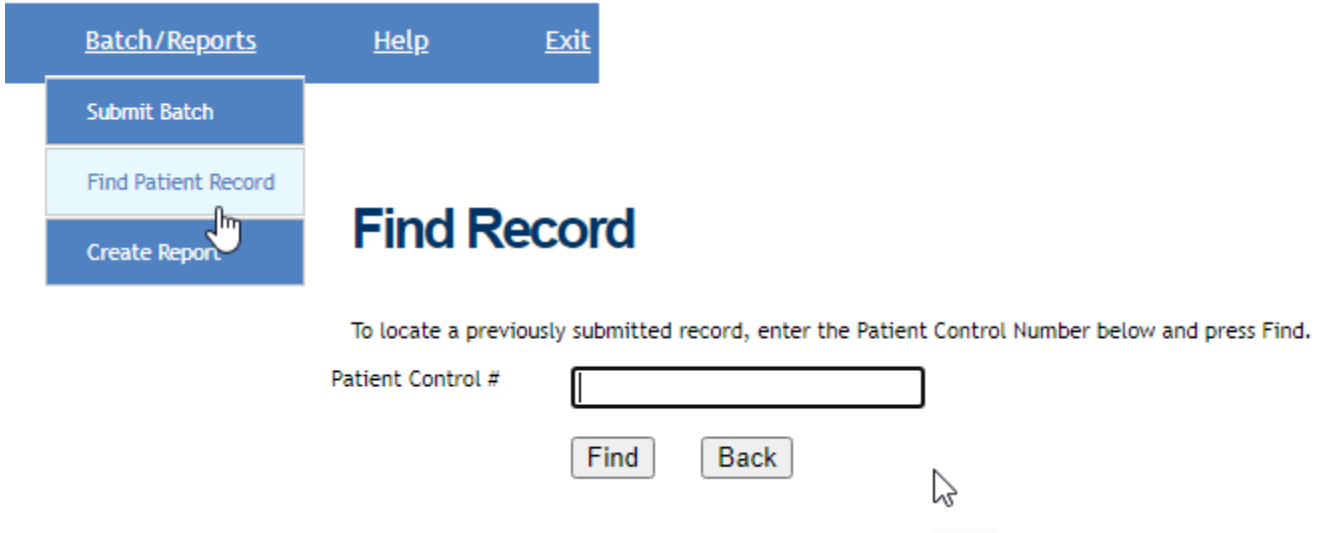


- Click delete on this screen and either your whole batch or records in the file will be deleted.



Edits: Finding a Patient

- Most of the reports contain the patient control number that must be used to locate a specific record / encounter.



EDITS: Type of Bill and Admit Type

- 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.

ASCs can map field to 0851 or 999

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 Edit 3186 will apply when either of these is true: • The record is inpatient and the type of bill is NOT in the 110-121 range • The record is outpatient and the type of bill is in the 110-121 range

Provider-based 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.
- Splitting a hospital outpatient charge into professional and facility components is called "provider-based billing." *Patients receive two charges on the bill for services provided; one charge represents the facility or hospital, and the other charge represents the professional fee.*
- PBLs are outpatient departments of the hospital – we are required by statute to collect the facility component of all services and claims billed regardless of whether the payer accepts provider-based billing or not.
- Records from a hospital outpatient department/PBL with the same Medicare provider number should be submitted according to the 837I or R Technical specifications

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. 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

2020 Holiday Hours

- **Closed**

- Thanksgiving
- Day after Thanksgiving
- ½ day Christmas Eve
- Christmas Day
- ½ day New Years Eve
- Closed New Years Day

Contact Information

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- Best way to reach us at WHAIC or ask questions.
- whainfocenter@wha.org

Thank you!

Have a great day!

For more information on COVID-19

https://www.wha.org/Covid-19Update

Wear your mask ☺