WHA | INFORMATION CENTER

The respected source for health care data.

WHAIC Wipop 101 Training ~ Via Teams Mtg ~

Cindy Case, BA, COC, Manager – Compliance, Education and Training

2021

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)

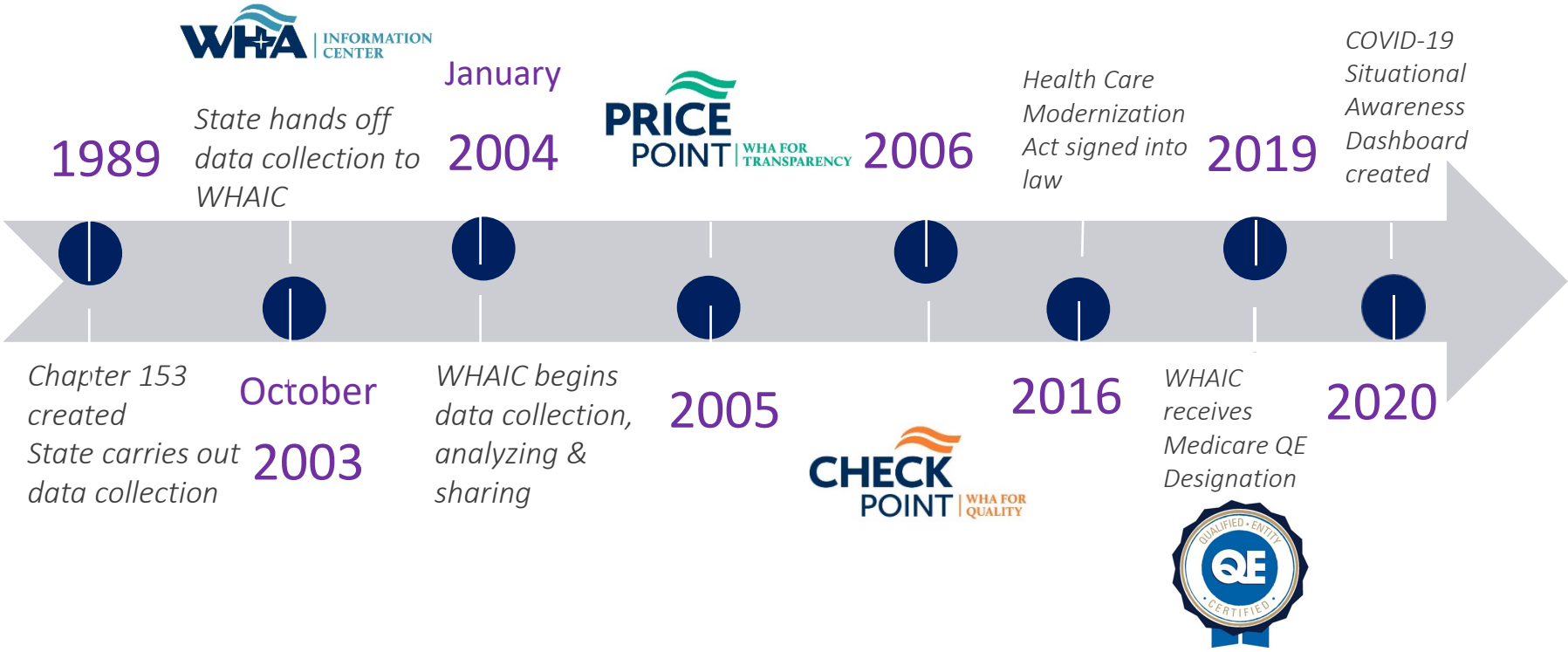
WHIMA
<AHIMA Affiliate>
Wisconsin Health Information Management Association

Agenda

- About us and Introductions
- Navigating the Website and Manual(s)
- Roles and Registration
- Data Types, Submissions, WIpop Overview
- Portal Overview, Reports, Mapping and Affirmation
- Common File Issues, Edits and Initiatives
- Other Hot Topics

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

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

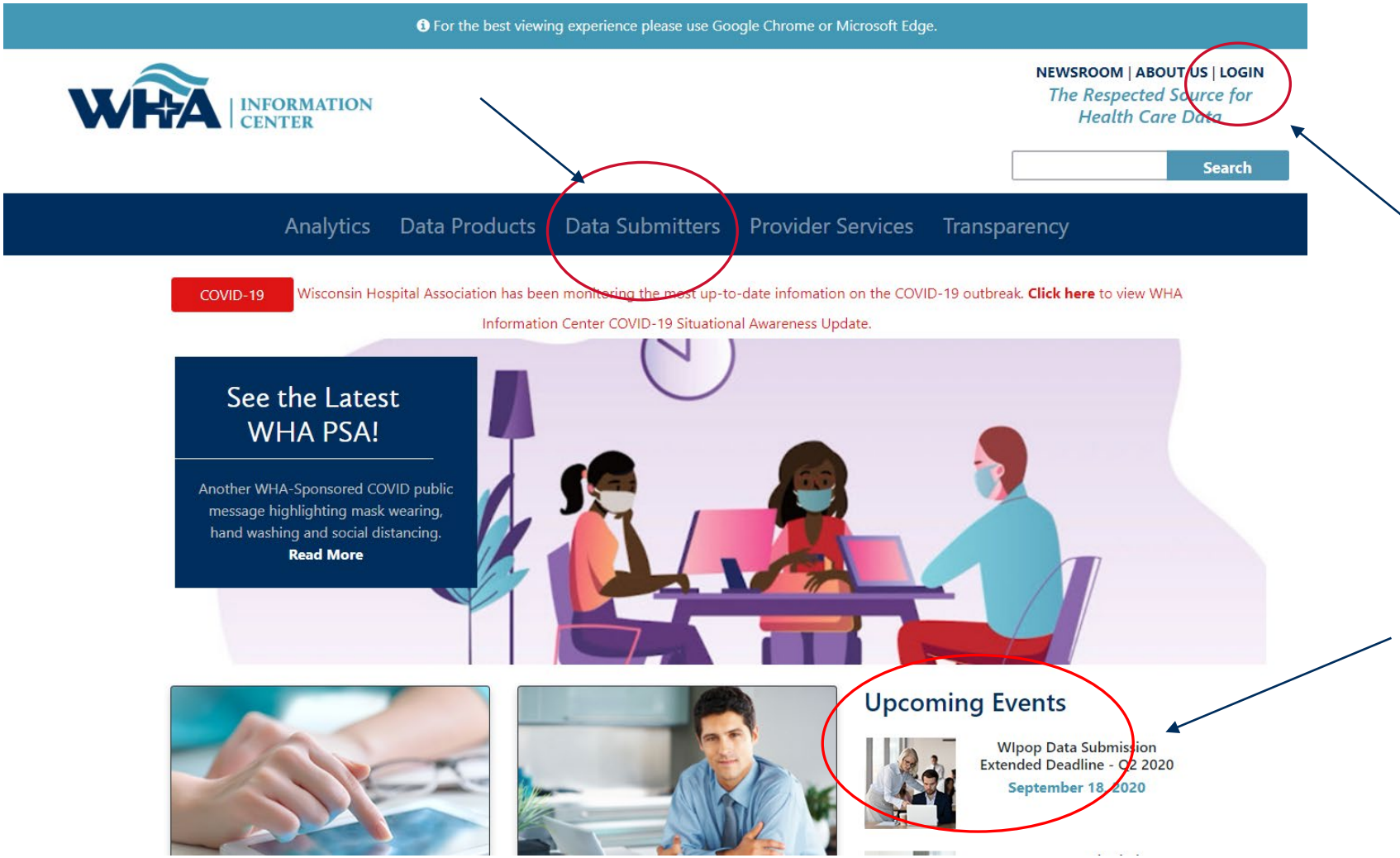
WHAIC is not a covered entity under HIPAA

- 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/



Data Submitters

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

2021 WHAIC Data Submission Calendar

Website: https://www.whainfocenter.com/Data-Submitters Email: whainfocenter@wha.org

2020 Q4 Data Submission		2021 Q1 Data Submission	
Standard Data Submission Deadline – Data Due	**2/12**	**Standard Data Submission Deadline – Data Due**	**5/14**
Standard Deadline fix Edits & Mark QTR Complete	2/26	Standard Deadline fix Edits & Mark QTR Complete	5/28
Extended Deadline - Due Date for Data Submission	**3/5**	**Extended Deadline - Due Date for Data Submission**	**6/4**
Extended Deadline for Edits & Quarter Complete	*3/17*	*Extended Deadline for Edits & Quarter Complete*	*6/16*
❖ **Validation Reports in Portal – review data!**	**3/24**	❖ **Validation Reports in Portal – review data!**	**6/23**
Deadline to Validate Discharge Data	4/2	Deadline to Validate Discharge Data	7/02
DUE DATE: Electronic Data Affirmation	**4/9**	**DUE DATE: Electronic Data Affirmation**	**7/09**
Data Released	4/20	Data Released	7/20
2021 Q2 Data Submission		**2021 Q3 Data Submission**	
Standard Data Submission Deadline – Data Due	**8/13**	**Standard Data Submission Deadline – Data Due**	**11/12**
Standard Deadline fix Edits & Mark QTR Complete	8/27	Standard Deadline fix Edits & Mark QTR Complete	11/26
Extended Deadline - Due Date for Data Submission	**9/3**	**Extended Deadline - Due Date for Data Submission**	**12/3**
Ext. Deadline fix Edits & Mark QTR Complete	*9/15*	*Ext. Deadline fix Edits & Mark QTR Complete*	*12/15*
❖ **Validation Reports in Portal – review data!**	**9/22**	❖ **Validation Reports in Portal – review data!**	**12/22**
Deadline to Validate Discharge Data	10/1	Deadline to Validate Discharge Data	1/3
DUE DATE: Electronic Data Affirmation	**10/8**	**DUE DATE: Electronic Data Affirmation**	**1/7**
Data Released	10/19	Data Released	1/18

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

Roles and RESPONSIBILITIES

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 do 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 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;
- 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 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.

Registration as easy as 1,2,3

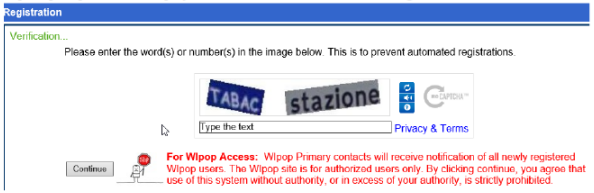
1. Register
2. Pick Role
3. WHAIC activates access within 24-48 hours

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
☐ Facility-Specific Reports	Check this box if you are registering as a: • 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

User 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

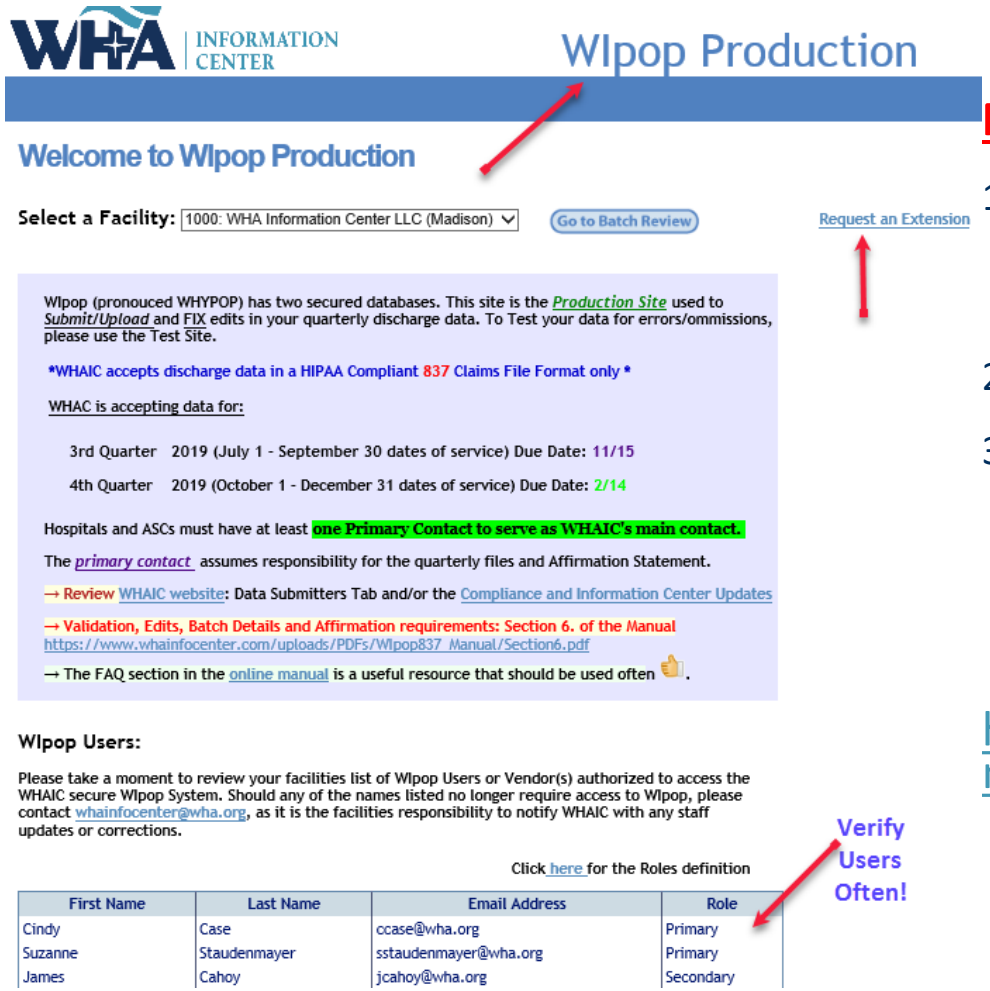
Welcome ccase0421! [Log Out]

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

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

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)

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.

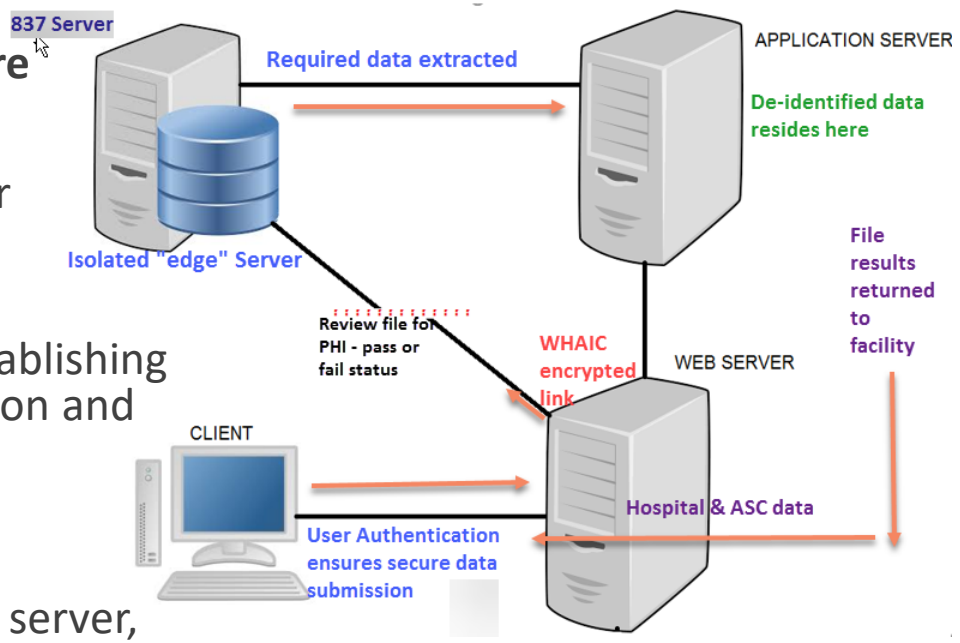
Secure Transmission of data

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.



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~**

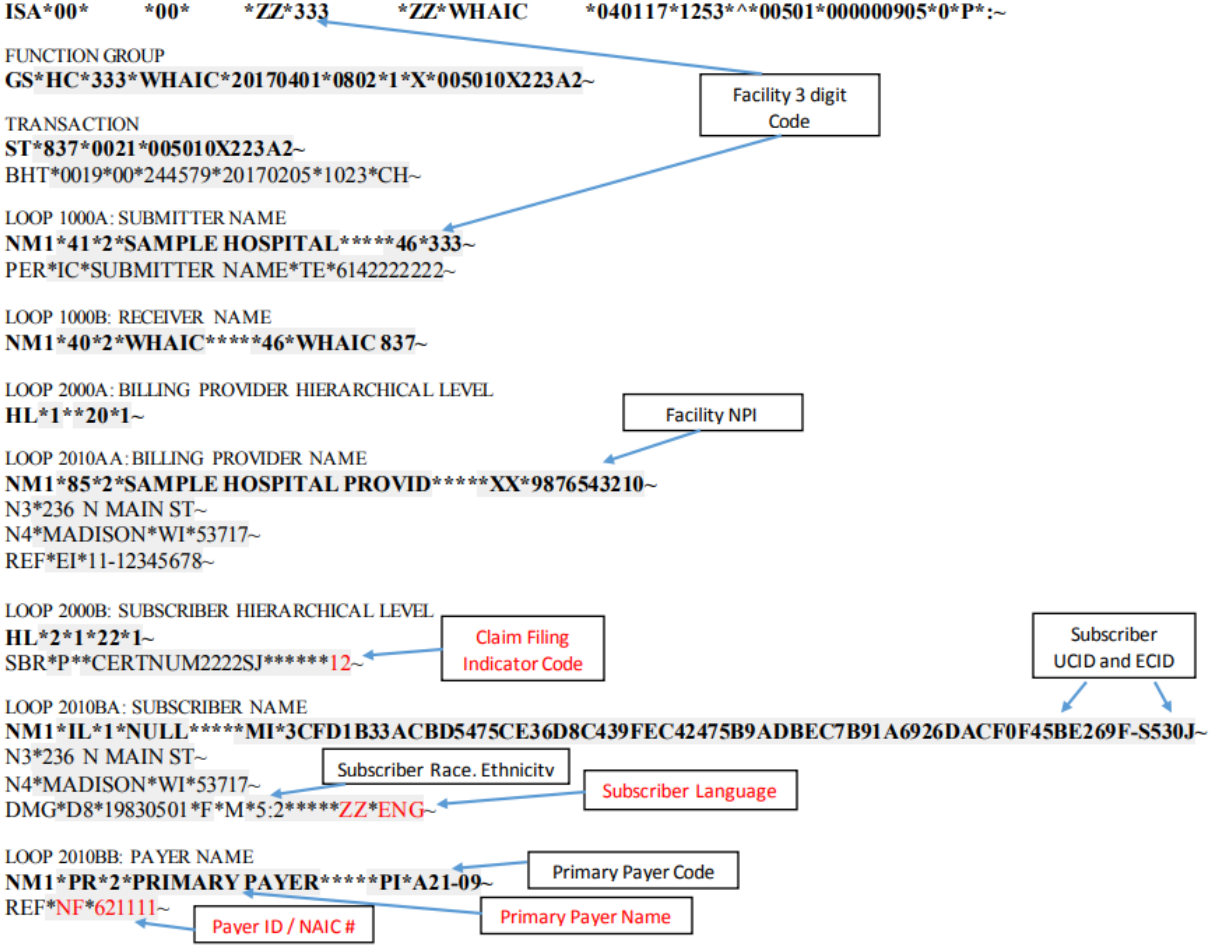
LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL
HL*120*1~**

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~

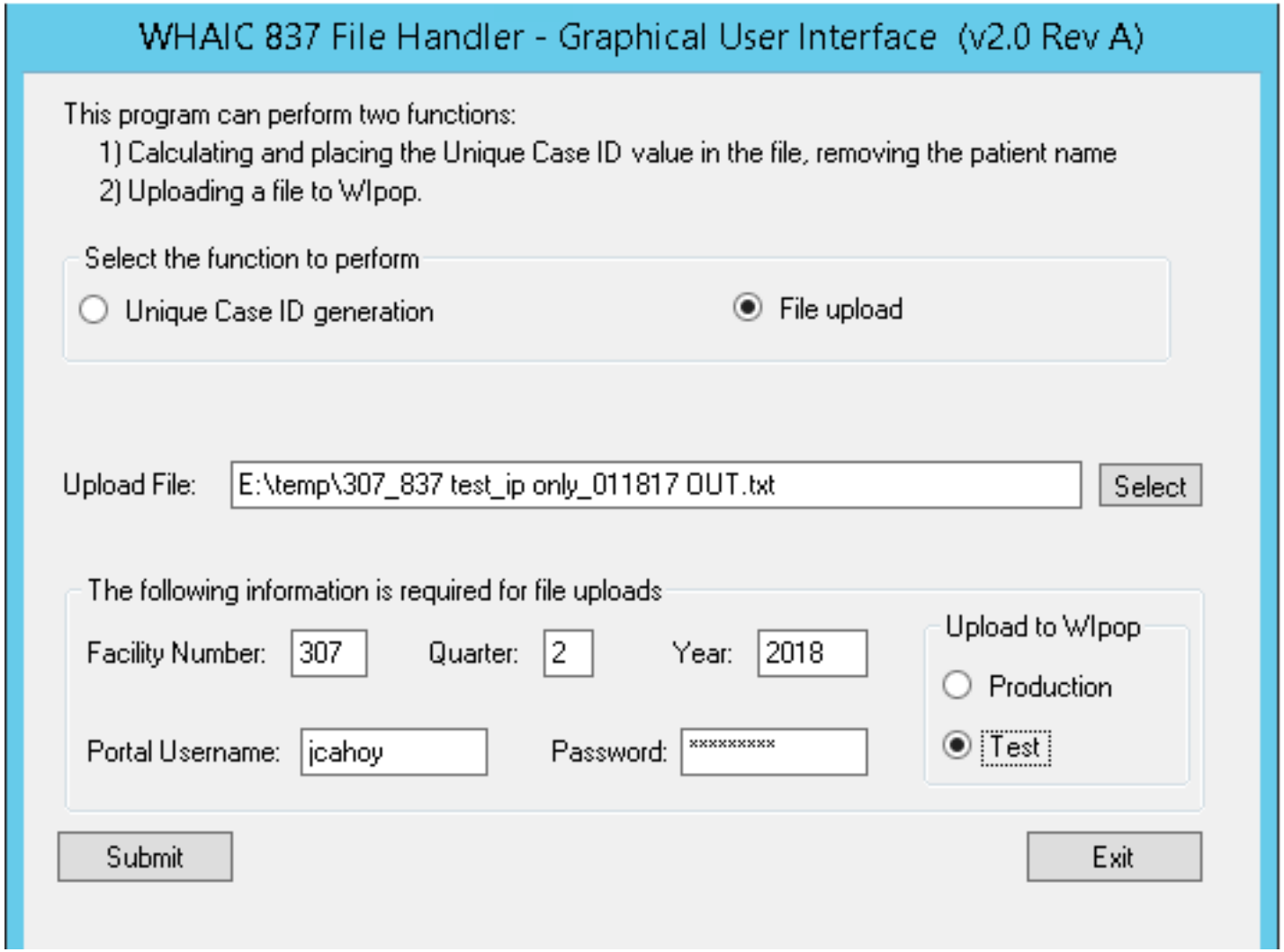
LOOP 2010BB: PAYER NAME
NM1*PR*2*PRIMARY PAYER***PI*A21-09~**
REF*NF*621111~



Two ways to upload your data

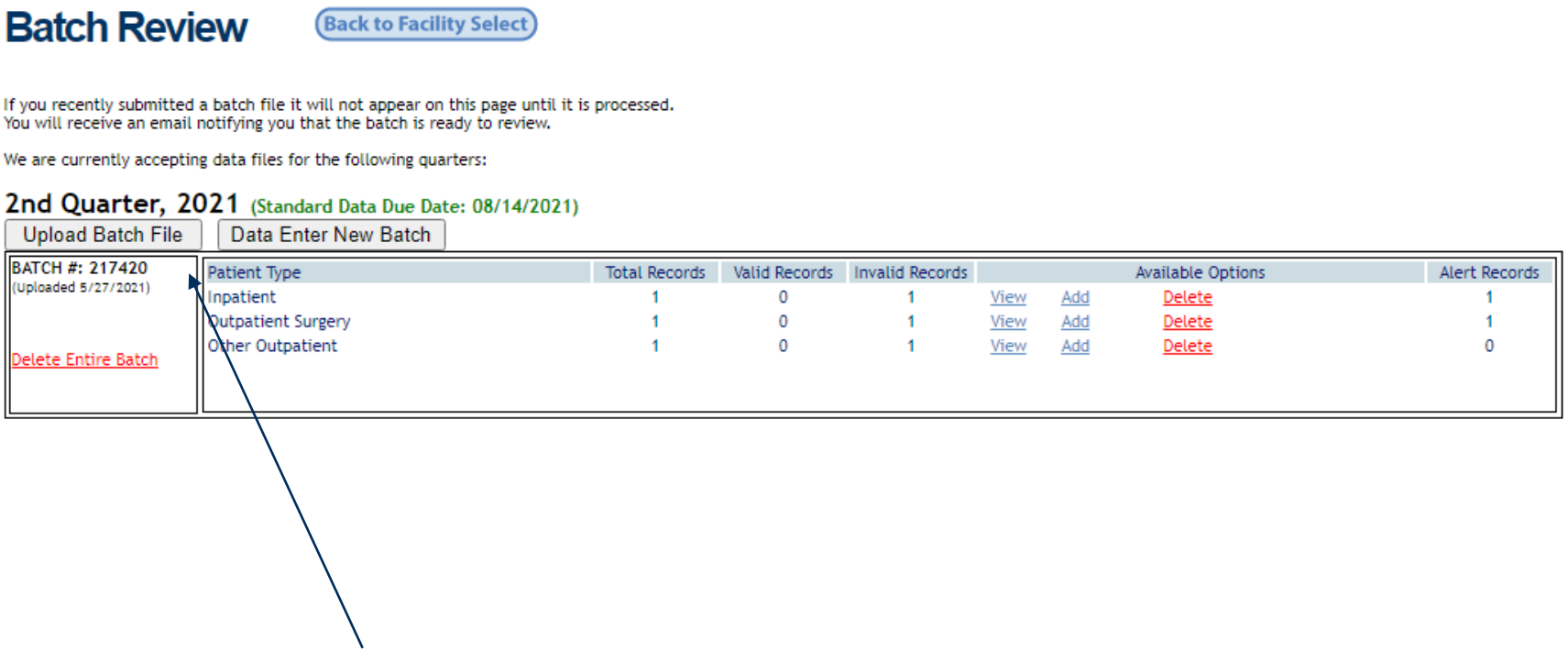
- The first way is to use the 837 File handler Interface
- The 837 File Handler program, sometimes called the “black box”
  - Creates the Unique Case ID and Encrypted Case ID (removes patient name)
  - Creates the Census Block Group (discards address)
  - Allows user to submit to WIpop via the program

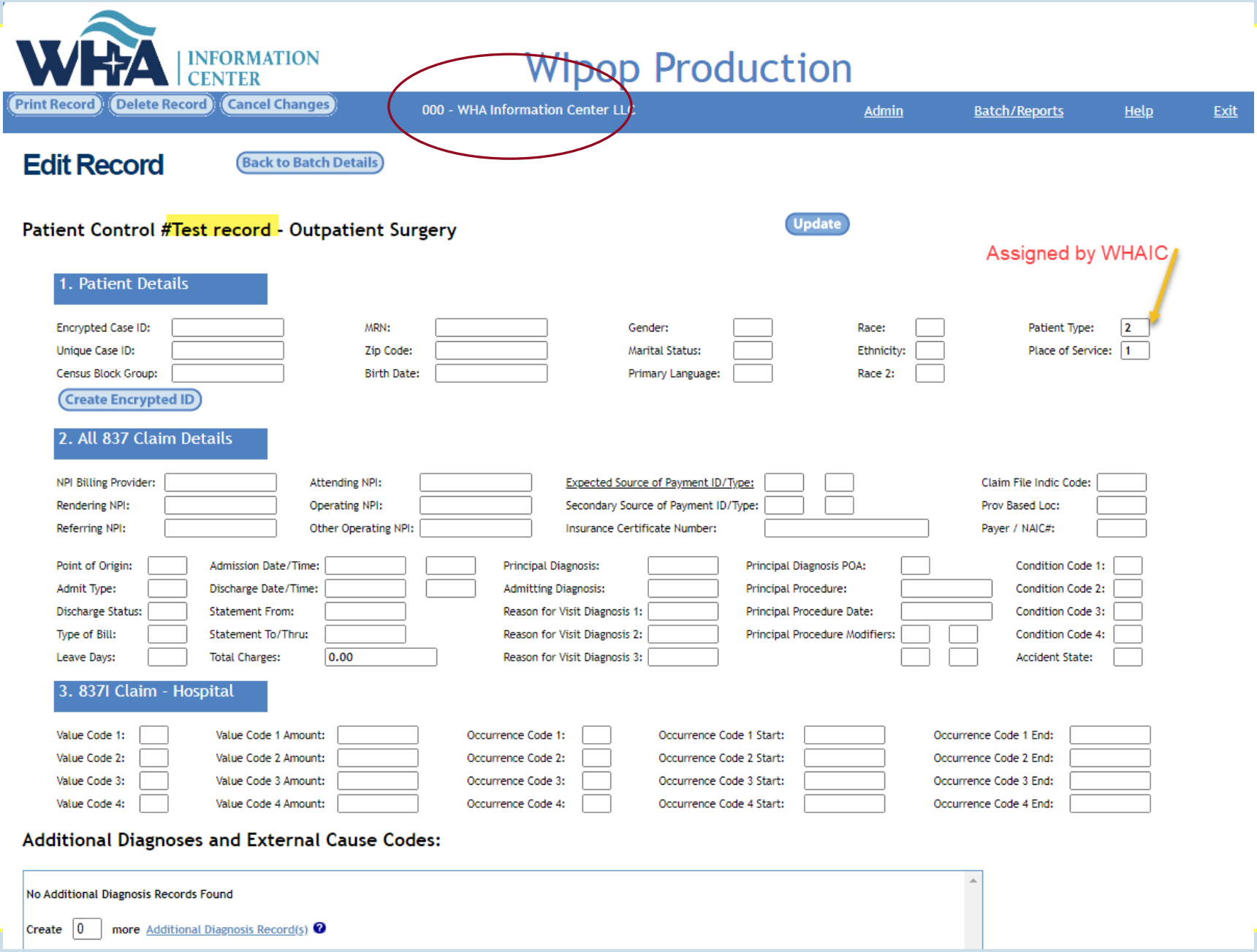
- 837 File Handler/Black Box Instructions
  http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC_837_Handler.zip


WHAIC 837 File Handler - Graphical User Interface (v2.0 Rev A)
This program can perform two functions:
1) Calculating and placing the Unique Case ID value in the file, removing the patient name
2) Uploading a file to WIpop.
Select the function to perform
Unique Case ID generation
File upload
Upload File:
E:\temp\307_837 test_ip only_011817 OUT.txt
Select
The following information is required for file uploads
Facility Number:
307
Quarter:
2
Year:
2018
Upload to WIpop
Production
Test
Portal Username:
jcahoy
Password:
****
Submit
Exit

Two ways to upload your data

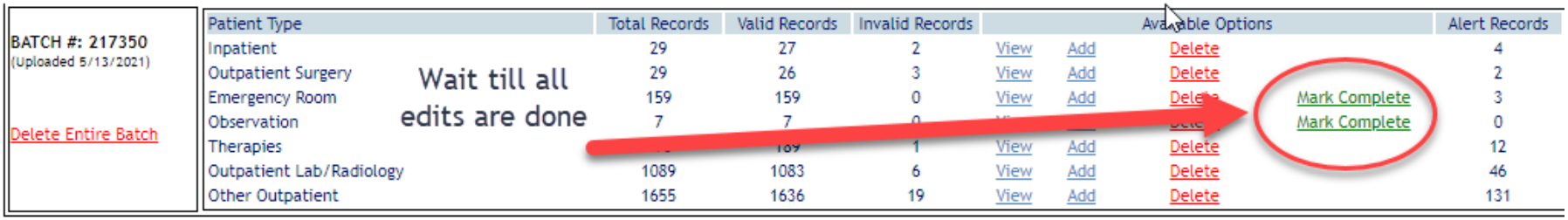
- Directly through the WHAIC website or logging into the Portal




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)

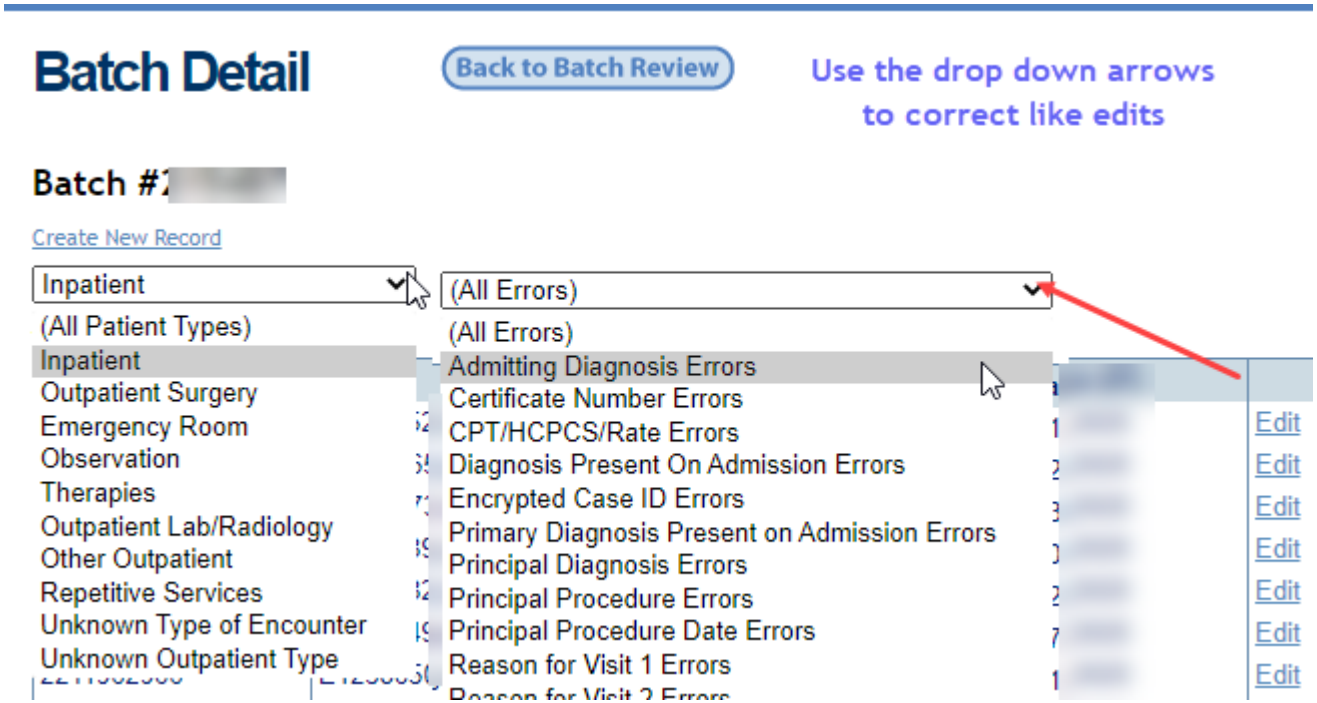
Data Submission

- Confirmation email is sent to submitter and primary contact.
- The email contains 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.
- Submit monthly files if possible.

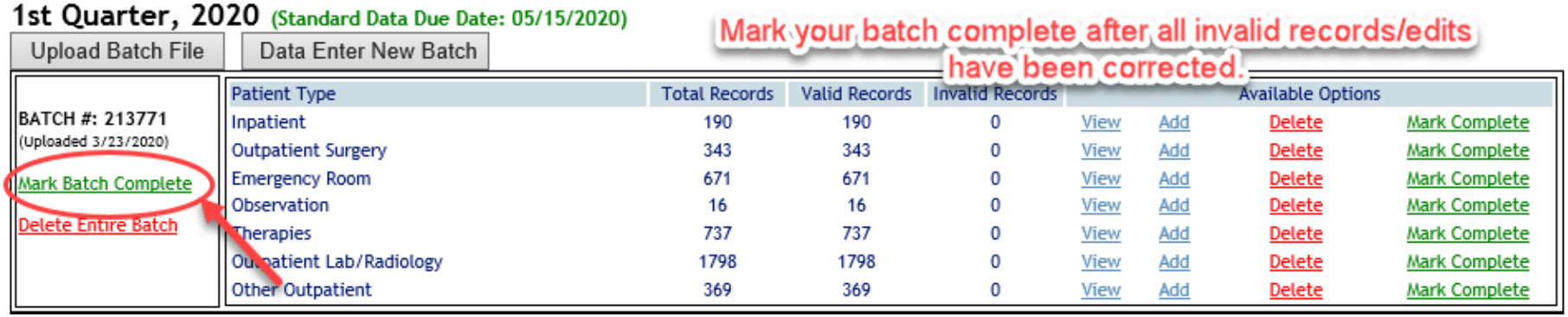


Fixing edits

- Fix edits one by one; or
- by data type; or
- by type of error.



Marking your batch files complete



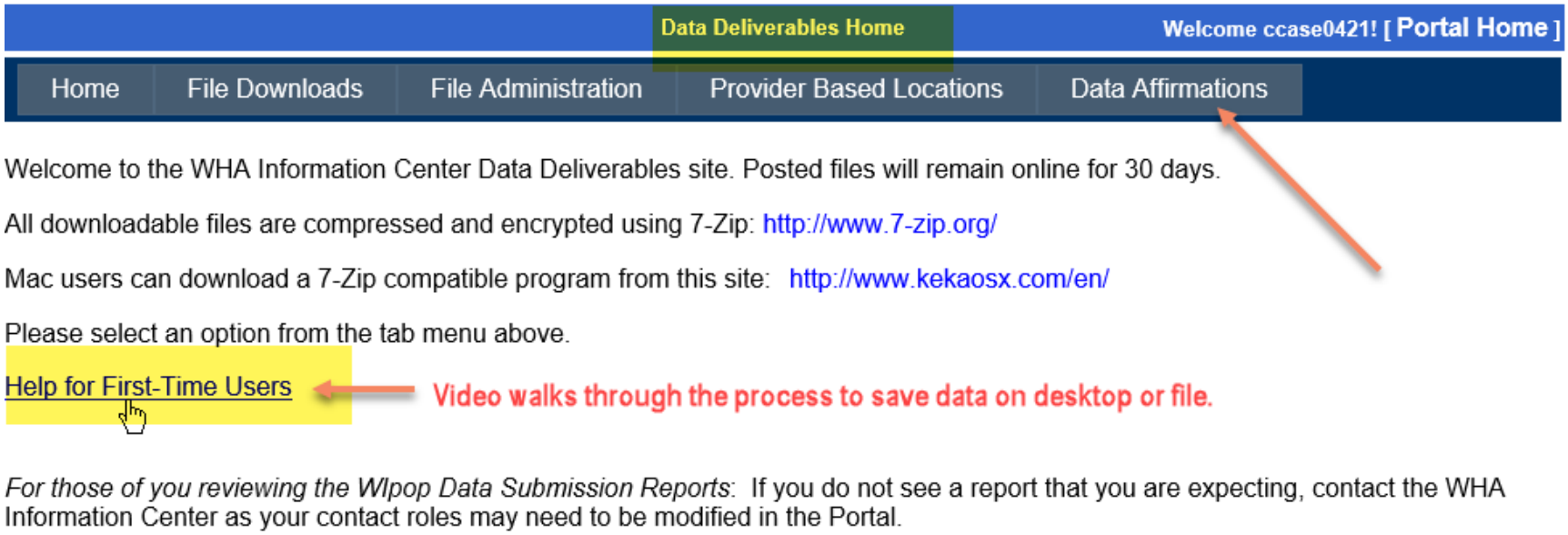
Be sure to mark your batch complete once all the edits are done.

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

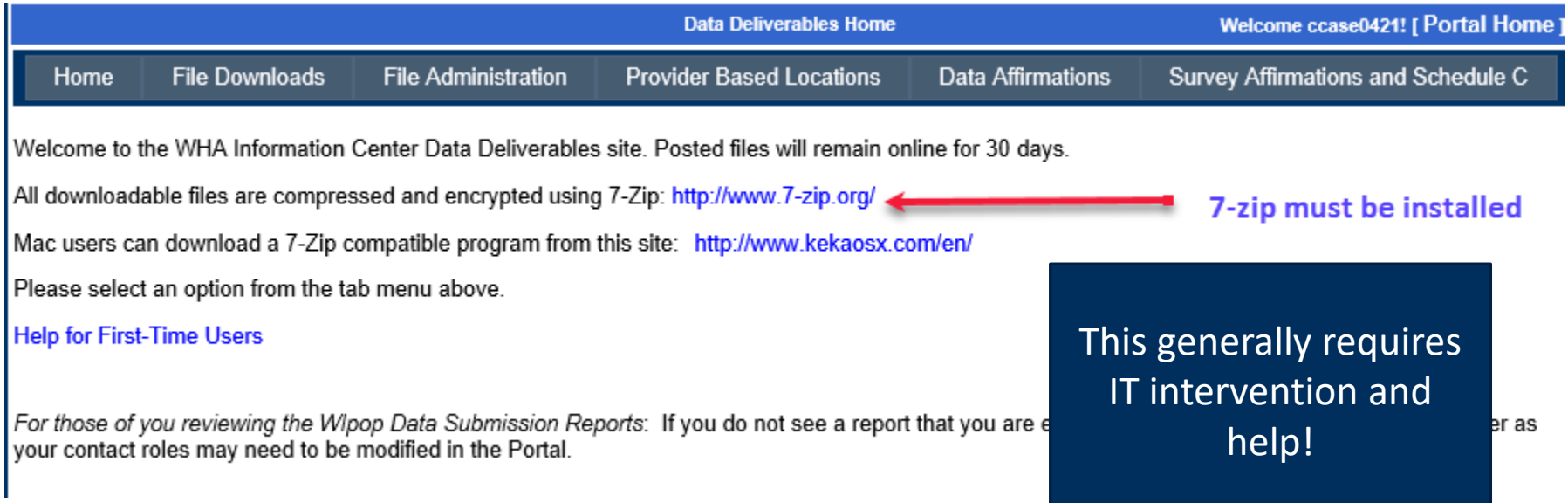
---

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

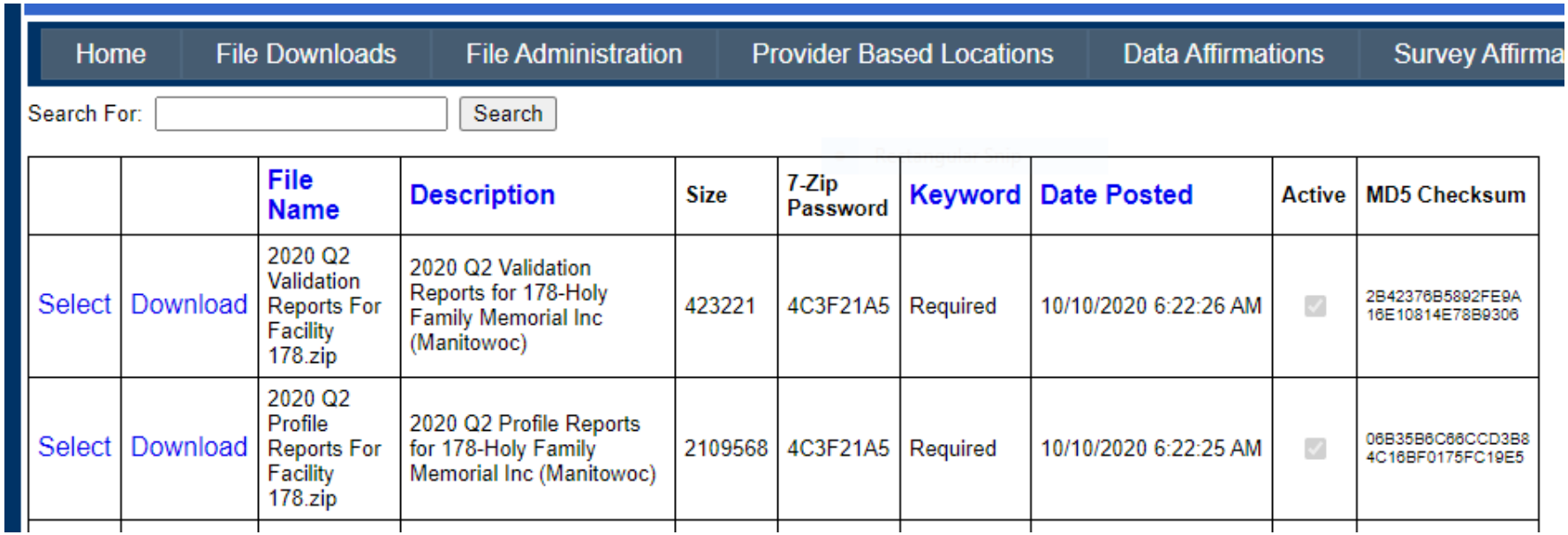
You must have 7-zip installed or AES 256 compatible software to download the reports. Click the link next to the red arrow below to begin the process of installing 7-zip.



This generally requires IT intervention and help!

Validation Report Overview

- Download all of your validation reports



		File Name	Description	Size	7-Zip Password	Keyword	Date Posted	Active	MD5 Checksum
Select	Download	2020 Q2 Validation Reports For Facility 178.zip	2020 Q2 Validation Reports for 178-Holy Family Memorial Inc (Manitowoc)	423221	4C3F21A5	Required	10/10/2020 6:22:26 AM	☑	2B42376B5892FE9A16E10814E78B9306
Select	Download	2020 Q2 Profile Reports For Facility 178.zip	2020 Q2 Profile Reports for 178-Holy Family Memorial Inc (Manitowoc)	2109568	4C3F21A5	Required	10/10/2020 6:22:25 AM	☑	06B35B6C66CCD3B84C16BF0175FC19E5

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

Validation Reports

- **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, 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 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.

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.

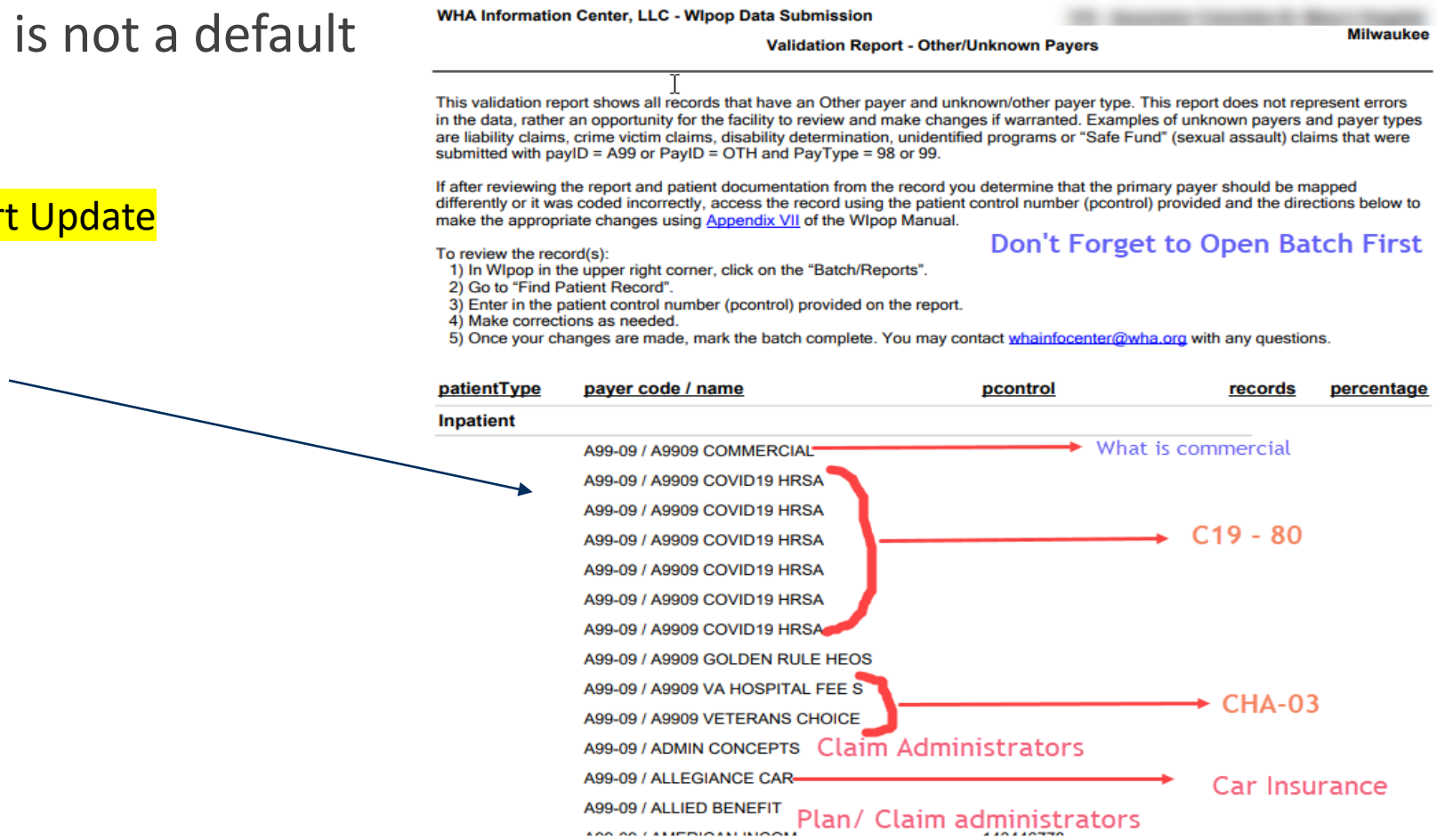
4/28/2020 Page 1 of 1

WIpop Report Example

Updated Unknown Payer Report

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

Report Update



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.
- 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 after 30 days.

Reminder: Payer mapping

- **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

Reminder: 65+ Non-Medicare

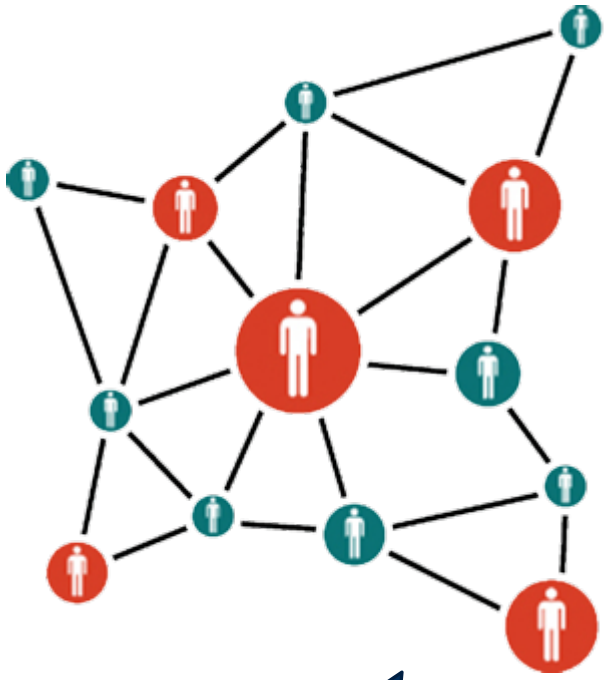
- **Reminder**: Medicare advantage plans – most often in the HMO or PPO commercial payer class are ***still Medicare plans***
- **MAP**: Medicare Supplement Plans to MED
- MAP: Medicare Advantage Plans to MED
  - Example: 68 y/o retired person comes in with an Anthem Blue Cross HMO Medicare Advantage Plan should be mapped to T18 or MED
- *How do I choose the right code?*
  - 2021 has some mapping updates to minimize confusion.
  - MED – 09 may be used for all types of Medicare plans.
  - Fading out T18 to reduce redundancy.

Map my Payer ☺

Commercial

TPA

HMO



FFS

CHA

Medicaid
?

COVID

T18

Alerts: Payer Updates and Considerations

Combined some payer codes

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

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	

Common File Issues and Edits

2021 - Initiative Batch Updates

- 2021 – we created improvements in data submissions with WIpop “alerts”.
- 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.
- Idea would be to review this table while correcting edits and update records / mapping before the close of the quarter.

  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 example batch email would show 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%

Alerts

About Alerts

Alerts are not Edits or Errors. Alerts are intended to be an opportunity to review the data more closely and timely. Our intent is to allow ample time to make necessary changes before the end of the year.

* The **alert bell** may draw your attention to specific areas of race, ethnicity, payer and inpatient and observation stays. *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.*

WIpop Batch files will contain an **Alert Records** section for each Patient Type on the far right of the screen. *You are not required to work all alerts.*

We chose Alerts based on commentary from data users, the existing real-time and end-of-quarter validation reports, and internal audits of the data. WIpop reports have been updated to compliment the alerts and isolate areas of concern.

Alerts in the payer mapping is a result of submitter confusion in the types of plans, payers, and assignment of codes. **Click here for Payor Alert highlights!**

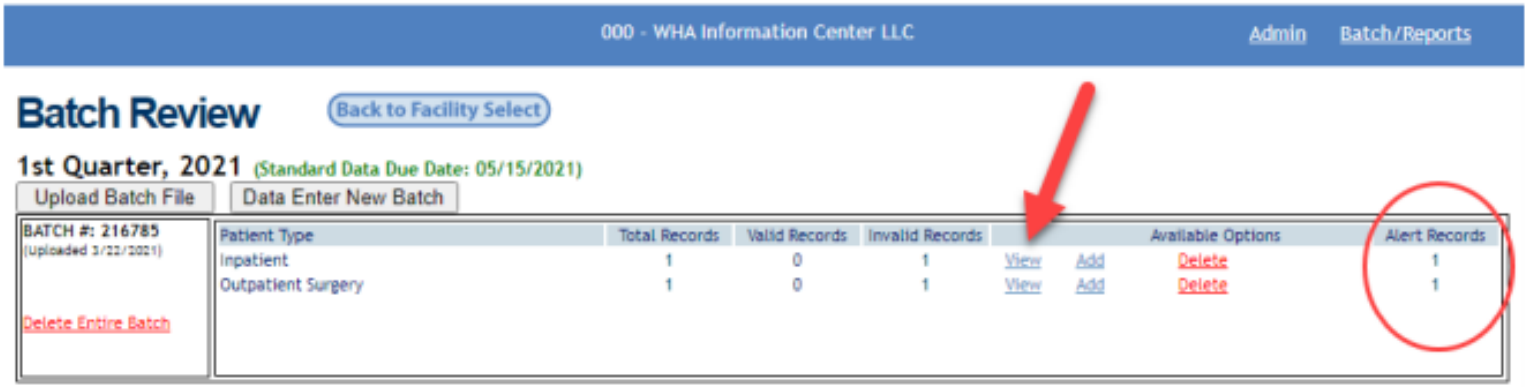
Alert Codes – WIpop Edit Screen	Alert Defined	Alert reconciliation how to handle
A010	Race is Declined	Review EMR and update patient account if race is in the EMR.
A011	Race is Unavailable	Review EMR and update patient account. *Continue to encourage and remind registration of the importance of asking the question even with telehealth, COVID testing, and vaccination encounters.
A020	Ethnicity is Declined	Review EMR and update patient account.
A021	Ethnicity is Unavailable	Review EMR and update patient account. *Continue to encourage and remind registration of the importance of asking the question even with telehealth, COVID testing, and vaccination encounters.
A030	Observation over 5 days	Review EMR and Claim – verify correct use of rev code 0760 and 0762 if multiple days in hospital. Adjust record if needed.
A060	Unknown or Other Primary Payor	Verify payor assignment.
A065	Primary Payor code will be expiring 12/31/2021. Edits may occur in Q1 2021. Please see Appendix 7.3 for correct mapping.	To make it easier on the submitter, we are trying to reduce redundancy in payer mapping and code usage. Comments and suggestions are welcome. We may reconsider the requirement to combine all codes into pay type – 09.
A067	Primary and Secondary Payors are the same.	Please verify payer. It is not uncommon to list two (2) Medicare payers if the patient has a dual Medicare plan.
A070	Unknown or Other Secondary Payor	Review claim and update patient account.
A075	Secondary Payor Code will be Invalid after Q12021.	To make it easier on the submitter, we are trying to reduce redundancy in payer mapping and code usage. Comments and suggestions are welcome. We may reconsider the requirement to combine all codes into pay type – 09.
A080	Over 65 non-Medicare Payer	This is not an edit, if the patient is still working and does not have Medicare, leave as is. However, most 65 and older patients have Medicare as a primary payer. Commercial plans offering Medicare Advantage or Med Sup should be mapped to MED – 09.
A090	Inpatient stay under 2 days	Based on the CMS' Hospital Inpatient Admission Order and Certification requirements. Inpatient stays that are less than 2 days and excludes discharge statuses: 02, 05, 07, 20 and 66.

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 Patier Type and PControl.

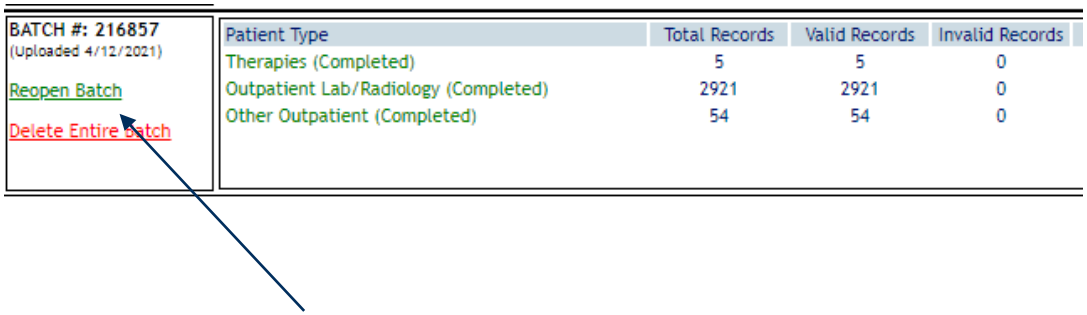
1. **Go to Batch Review and click view on the open batch.**



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

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



Closing 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.

BATCH #: 21[redacted]
(Uploaded 9/11/2020)
Mark Batch Complete
Delete Entire Batch

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 and SHOULD report two races. 'Other'or 'Multiracial' is not an option ☹ They do not provide any useful information.

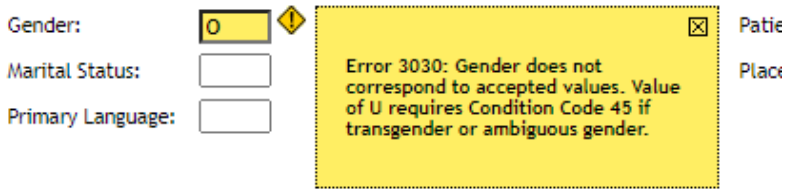
❖ *Can you work with the vendor to update the file?*

❖ *Can you work with the patient registration to verify more than one option is available on the form?*

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

Common File Issues – Sex/Gender

Unknown Sex / Gender Code:

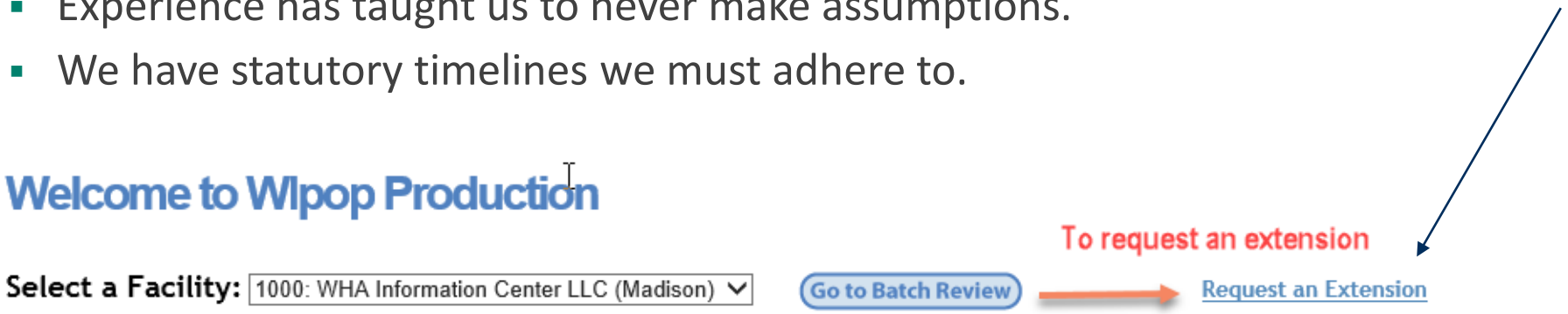


- *O (Other)* or U (Unknown) allowed in the data files.
  - This accommodates meaningful use standards as part of the CMS' effort to include sexual orientation and gender identity data.
- **Condition Code 45 Required with "O" or "U"**
  - All encounters/records that have an "O" as identified by "Other" 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 must be done in the WIpop Application.
- Not to be used to delay the quarterly submission requirements

  <u>Should be used only when:</u>
  - 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:

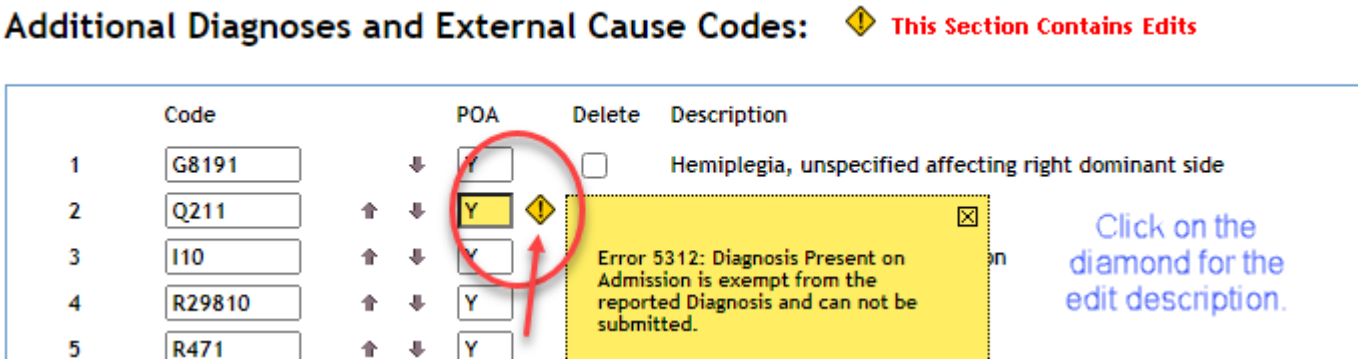
Resubmit the batch with the phrase "exclude_duplicates" somewhere in the file name.

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.

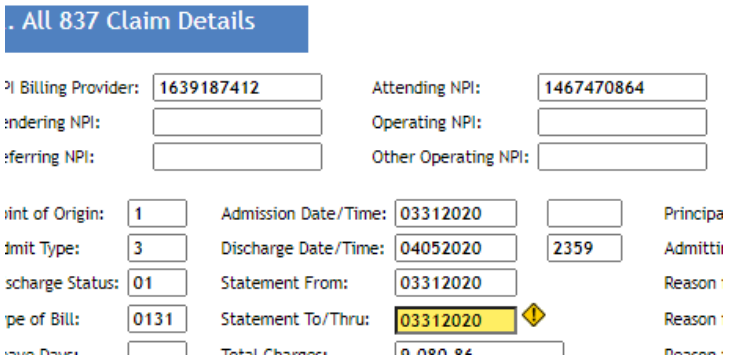


EDITS: Correcting Dates of Service

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

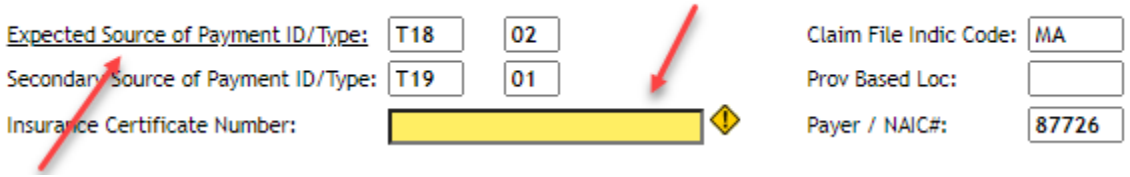
- *For example, if service started on 06/30 and ended on 07/01, the record should be included in the 3rd quarter data submission.*

- 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.

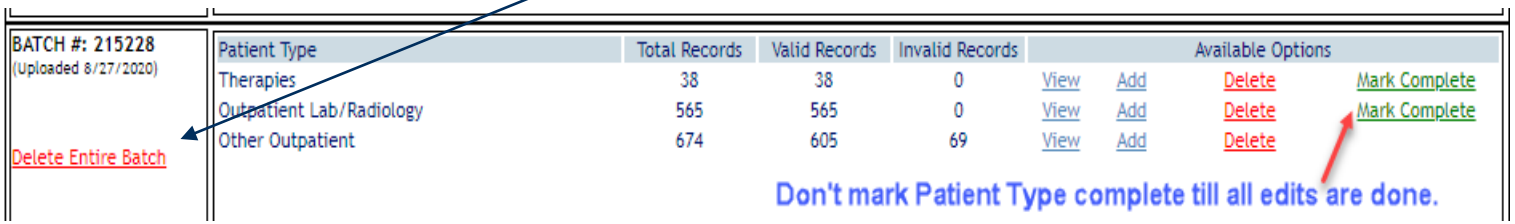


For WC – use patient control number or patient year of birth.

EDITS: Finding and Deleting Records

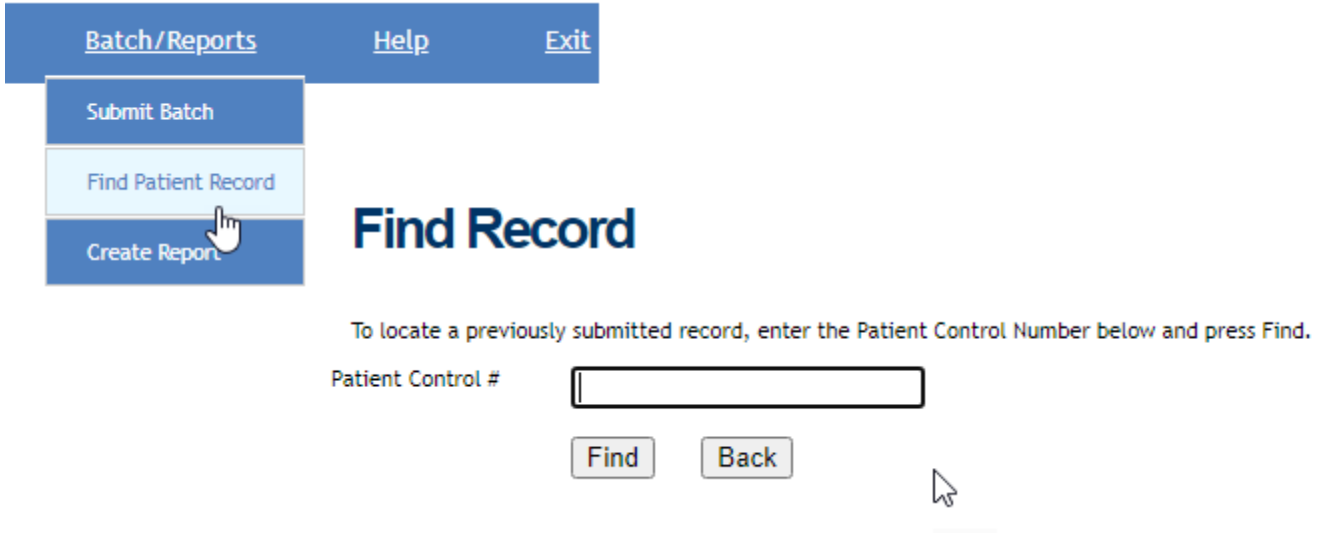
- To delete a record, go into the Edit Record Screen
- To find a specific patient, go to “Find Patient Record”

- DO NOT 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.*
- 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

Contact Information

- Cindy Case, Manager of Compliance, Education and Training
- ccase@wha.org

- Suzanne (Suzy) Staudenmayer, Data Coordinator
- sstaudenmayer@wha.org

- Jim Cahoy (For Technical difficulties with the files only)
- jcahoy@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.
- 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.