



The respected source for health care data.

# WHAIC Wipop ANNUAL Training ~ Via Teams Mtg ~

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*September 2021*

# Agenda

- About us and Introductions
- Data Uses and 2021 Initiatives
- Navigating the Website and Manual(s)
- Roles and Registration
- Data Types, Submissions, Wlpop Overview
- Portal Overview, Reports, Mapping and Affirmation
- Common File Issues, Edits and Initiatives
- Other Hot Topics



# 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)

# The WHAIC Team



*Brian*



*Cindy*



*Jennifer*



*Suzy*



*Steve*



*Alistair*



*Janice*



*Derek*



*Patrick*



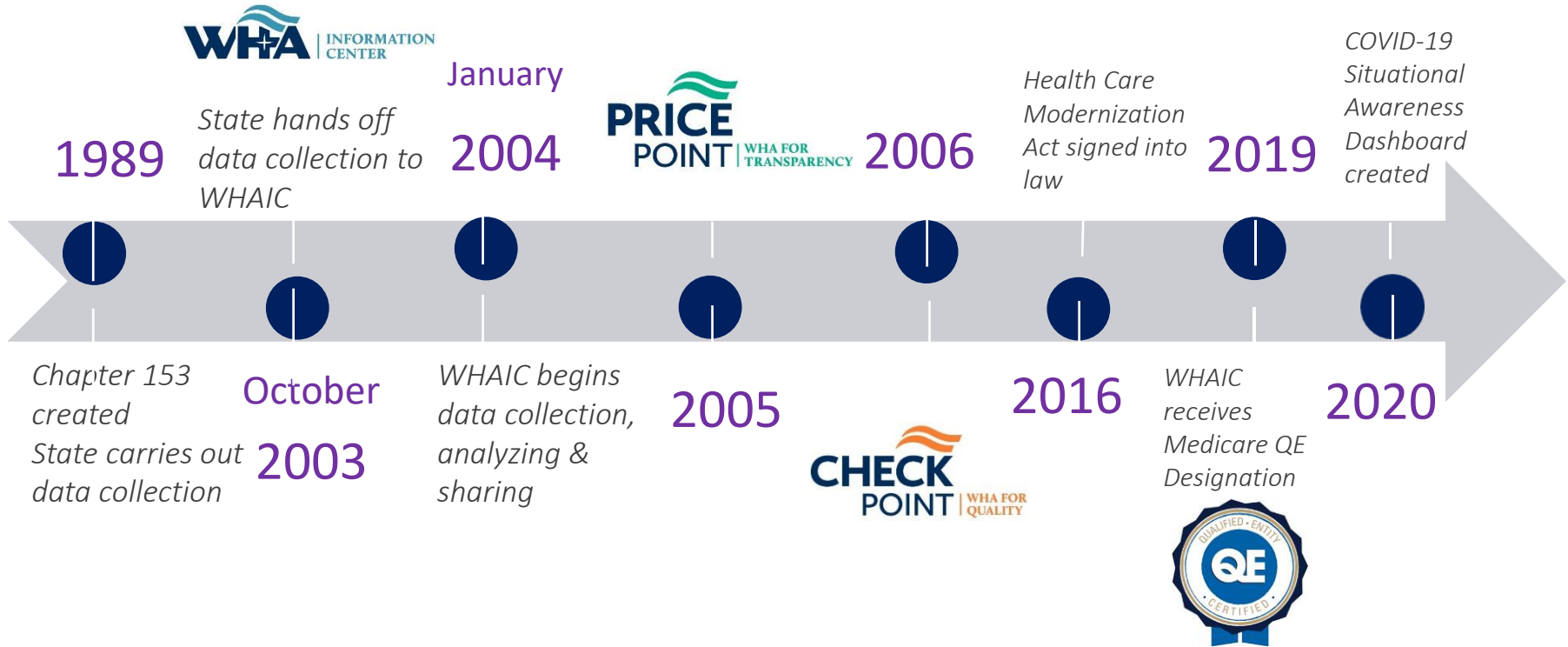
*Seth*



*Emily*

# 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/collecti on (3,000,000 records/qtr)

## 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

### **Data *not* collected**

- Professional/clinic:
- Pharmacy
- DME
- Nursing facilities

# 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.

# Who Uses the Data?

## Data Uses

- 86% of Wisconsin hospitals purchase data sets and/or custom data sets/reports from WHAIC.
- Other purchasers of custom data sets and/or reports include Insurers, Researchers and Universities.
- Data is used for Price and Quality Transparency (PricePoint & CheckPoint)

## Analytics

- WHAIC's data analytics tool (Kaavio) is provided at no charge to hospitals that purchase the data at the required level.
  - Users: 319
  - Hospitals: 93
- WHAIC and the Wisconsin Office of Rural Health (WIORH) offer the Rural Health Dashboard (RHD) as one way rural hospitals can use their SHIP program funding (Small Rural Hospital Improvement Grant).
  - There are 13 hospitals participating in 2021-2022.
  - The RHD consists of eleven (11) executive-level dashboards
- Dashboards:
  - COVID-19 Situational Awareness Dashboard
  - Others...



# About Us – why we do what we do!

- 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

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

- To support whole person healthcare
- To help identify & prioritize patients' nonmedical needs (housing, transportation, and food) and focus on “upstream” interventions which can lead to overall improvements in health and reduce health disparities and inequities.
- To establish community collaborations to develop necessary partnerships/programs needed to coordinate care and improve health outcomes.
- To improve operational and financial factors associated with missed appointments, preventable health events and reduced care plan compliance.
- To increase patient referrals to supportive services and help identify population-level trends that have both health and cost implications.

# What WHA and WHAIC have done to date:

- Discussed SDoH Collaborative designed by South Carolina Health and Hospital System
- Discussed Impact Connect (MKE County)
- Met with Epic (Healthy Planet) staff
- Released Community Health Needs Assessment Mapping Tool
- Applied for a \$315,000 RWJ (Robert Wood Johnson) Pioneer Grant: *Building a Culture of Health*
- Health Equity Organizational Assessment Survey (*in development*)
- Health Equity HQIC 3-Part Webinar Series (*to begin in fall*)
- Community Impact Grant--\$1 million over 5 year

# USING Z CODES:

## The Social Determinants of Health (SDOH) Data Journey to Better Outcomes

What are  
**Z**  
codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.



### Step 1 Collect SDOH Data

**Any member of a person's care team can collect SDOH data during any encounter.**

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

### Step 2 Document SDOH Data

**Data are recorded in a person's paper or electronic health record (EHR).**

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

### Step 3 Map SDOH Data to Z Codes

**Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.<sup>1</sup>**

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.<sup>2</sup>

### Step 4 Use SDOH Z Code Data

**Data analysis can help improve quality, care coordination, and experience of care.**

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

### Step 5 Report SDOH Z Code Data Findings

**SDOH data can be added to key reports** for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.



**For Questions:** Contact the **CMS Health Equity Technical Assistance Program**

<sup>1</sup> [cms.gov/medicare/icd-10/2021-icd-10-cm](https://www.cms.gov/medicare/icd-10/2021-icd-10-cm)  
<sup>2</sup> [aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf](https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf)

# Z Code Claim Analysis:

\*For all WI hospitals...

Place of Service	Total Claims	Total Claims With Z Codes	% claims with Z code
Inpatient	1,123,448	33,352	3.0%
Emergency Department	3,361,052	16,149	0.5%

# Top 10 Z-Code's by Count

Z-Code	Description	Count
Z590	Homelessness	21,296
Z62810	Personal history of physical and sexual abuse in childhood	6,612
Z638	Other specified problems related to primary support group	4,647
Z560	Unemployment, unspecified	4,495
Z62820	Parent-biological child conflict	3,980
Z653	Problems related to other legal circumstances	3,806
Z634	Disappearance and death of family member	3,023
Z635	Disruption of family by separation and divorce	2,772
Z608	Other problems related to social environment	2,069
Z558	Other problems related to education and literacy	1,981

# Goal of CHNA Dashboard

The goal of the CHNA Mapping Tool is to allow hospitals, and their community partners, the opportunity to identify areas of need in their community through the comparison of clinical conditions and community characteristics.



# Background on CHNA data

## American Community Survey

- Annual national yearly survey which collects data on topics like educational attainment, veterans, whether people own or rent their homes, occupation, and more.
- **Community Characteristics** come from this data

## WHAIC Claims Data

- Each quarter, hospitals are state mandated to send claims to WHAIC to be processed and deidentified
- **Clinical Conditions** come from this data



# Variables Included in CHNA Mapping Tool

## • Clinical Conditions

Asthma	Alcohol Use	Cancer
Diabetes	Drug/Substance Abuse	Heart Disease
Hypertension	Kidney Disease	Low Birthweight
Maternal Complications	Mental Health	Nicotine Dependence
	Obesity	

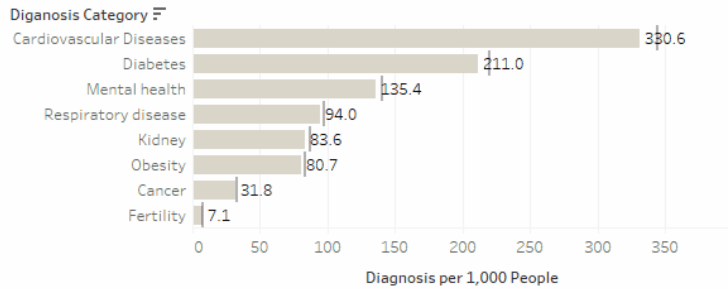
## • Community Characteristics

- Households Receiving Food Stamps
- Medians Owner House Cost % of Income
- No High School Diploma
- Poverty Level
- Travel Time to Work (minutes)
- Unemployment Rate
- Uninsured Population (%)

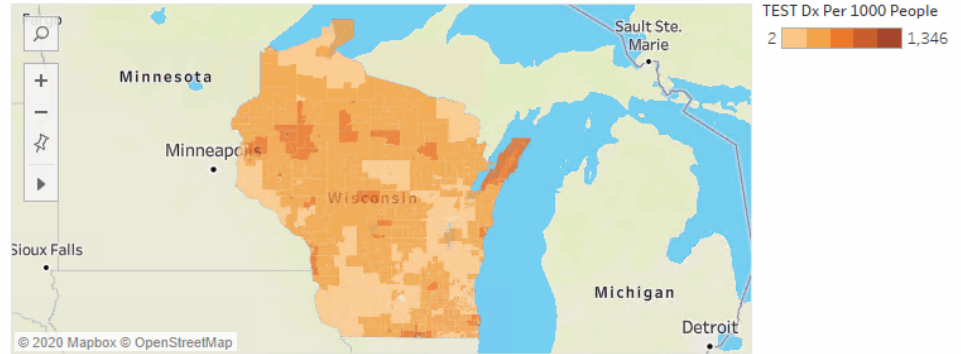
# Community Health Needs Assessment

Choose Your Facility: (All)   
 Choose the Zip Codes in your Service Area: (All)

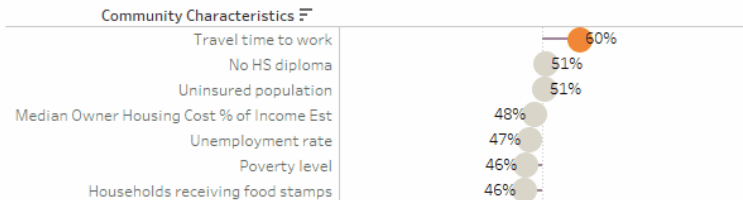
How much more than the statewide average have people in your service area been given diagnoses in these categories?



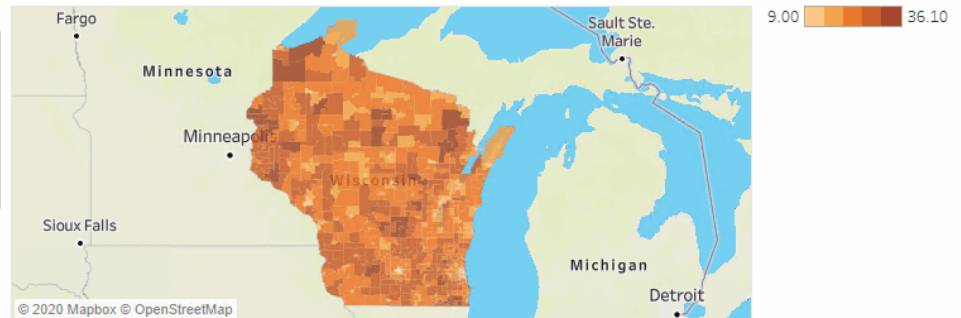
Where are the most occurrences of Cardiovascular Diseases?



How far above the average percentile is your service area in these negative community characteristics?



Where are there more people with the following: Travel time to work?



## COMMUNITY HEALTH NEEDS ASSESSMENT MAP



# Medicare Data

### Hospital Readmissions - All Payers

		Quarter				
Hospital		2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1
Hospital A	Number of Admissions	225	183	198	197	196
	Readmission Rate	9.8%	10.9%	11.6%	12.2%	15.3%
Hospital B	Number of Admissions	2,767	2,713	2,568	2,541	2,530
	Readmission Rate	12.4%	12.3%	11.5%	11.3%	9.7%
Hospital C	Number of Admissions	3,082	3,297	3,359	3,328	3,725
	Readmission Rate	12.6%	12.4%	11.8%	11.7%	11.3%
Hospital D	Number of Admissions	1,401	1,346	1,267	1,356	1,302
	Readmission Rate	13.6%	13.4%	12.1%	11.2%	12.9%
Hospital E	Number of Admissions	129	131	127	155	161
	Readmission Rate	15.5%	5.3%	11.8%	7.7%	9.9%

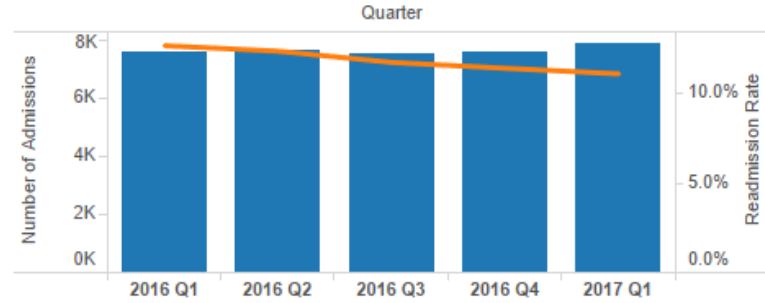
Age: 56 — 100

Sex:  (All)  F  M

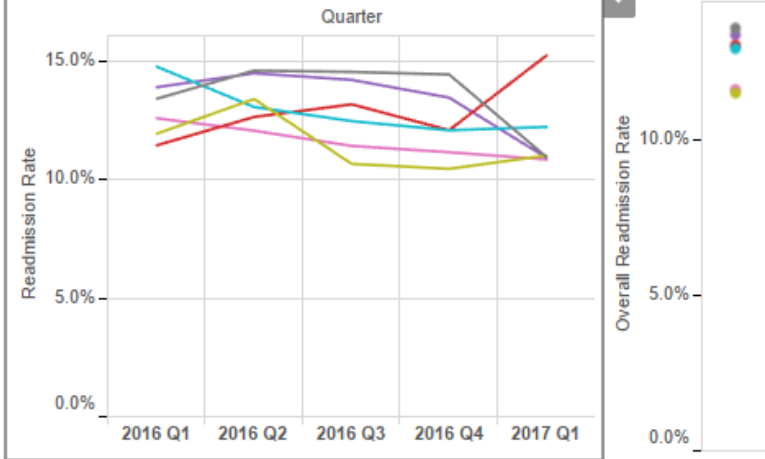
MDC: (All)

Diagnosis: (All)

### Overall Hospital Admission Rates

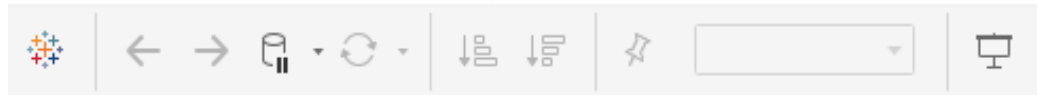


### Medicaid Readmission Rates By Quarter

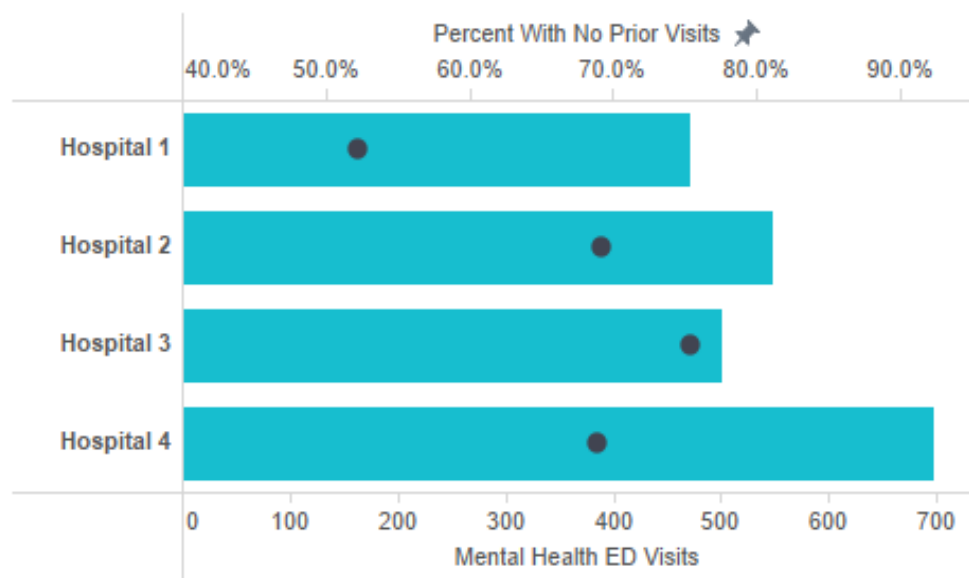


#### Readmitted From

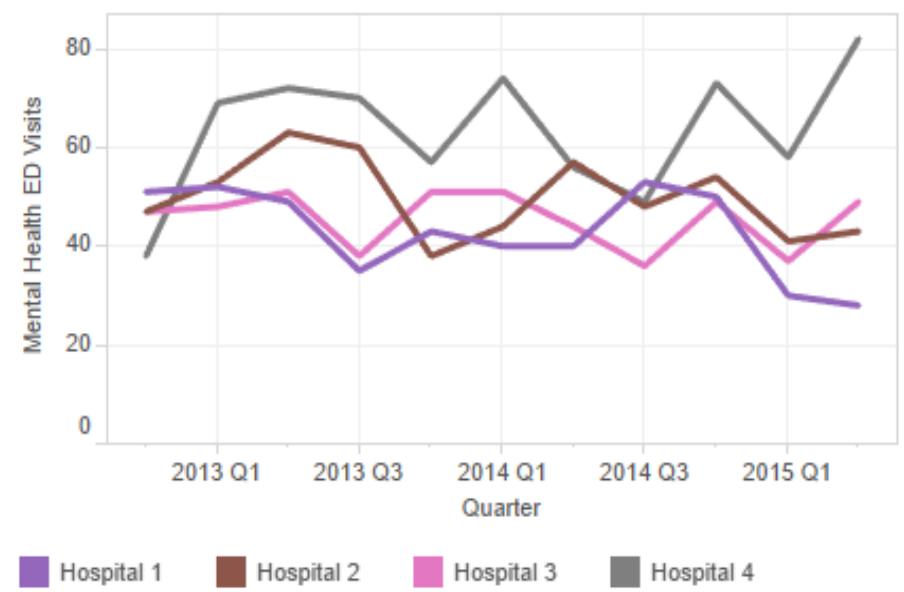
- Facility 1
- Facility 3
- Facility 5
- Facility 2
- Facility 4
- Home



### Mental Health ED Visits



### Visits Over Time



### Top 5 Diagnoses

Primary Diagnosis	Mental Health ED Visits	Had No Prior Visits	Percent With No Prior Visits	Had Prior Primary Care Visit	Percent With Prior Primary Care Visit	Had Prior Mental Health Visit	Percent With Prior Mental Health Visit
29570-Schizoaffective Disorder Unspec	555	377	67.9%	125	22.5%	73	13.2%
2989-Unspecified Psychosis	551	356	64.6%	136	24.7%	77	14.0%
V6284-Encounter For, Suicidal Ideation	260	178	68.5%	62	23.8%	33	12.7%
29590-Unspec Schizophrenia Unspec Cond	248	160	64.5%	59	23.8%	34	13.7%
29530-Paranoid Schizophrenia Unspec Cond	123	84	68.3%	27	22.0%	15	12.2%

# Transparency: PricePoint

Search by IMO (Intelligent Medical Objects) (*SNOMED/ICD mapping*)



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WHA Information Center

Search for Service (i.e. Hip Replacement) or choose from the Top 10 Services

Submit

## Top 10 Services



Birth



CT Scan



Heart Failure



Hip Replacement



Knee Replacement



Mammography



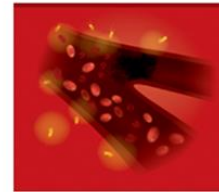
MRI



Pneumonia

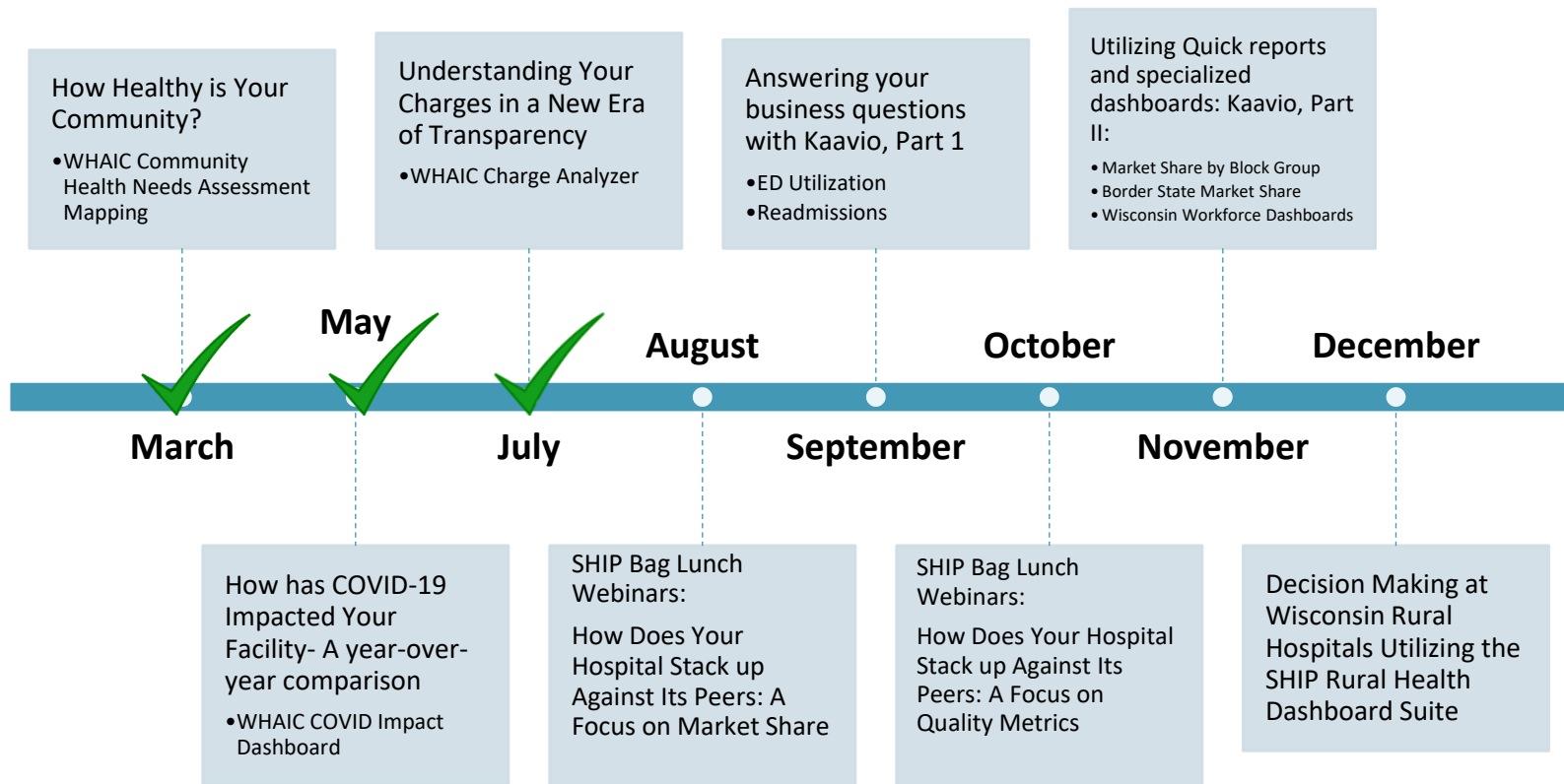


Rehabilitation



Septicemia

# WHAIC 2021: Virtual Bag Lunch Webinar Series



# WHAIC website for more information

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

The screenshot shows the WHAIC website interface. At the top is a dark blue navigation bar with white text links: Analytics, Data Products, Data Submitters, Provider Services, and Transparency. Below this is a red and white 'COVID-19 DASHBOARD' button. To its right, a text link reads: 'Wisconsin Hospital Association has been monitoring the most up-to-date information on the COVID-19 outbreak. [Click here](#) to view WHA Information Center COVID-19 Situational Awareness Update.'

The main content area features a large image of a boat docked at a wooden pier. Overlaid on the left is a dark blue box with the title 'Summer Activity Injuries' and the text: 'Warmer days bring more activities. With more activities comes an increased risk of injury. [Read More](#)'.

Below the main image are three smaller sections:

- Kaavio:** Accompanied by an image of hands using a tablet. Text: 'WHAIC developed Kaavio on the Tableau'.
- PricePoint:** Accompanied by an image of people reviewing documents. Text: 'The PricePoint web site allows health care'.
- Upcoming Events:** A list of two events:
  - SHIP Bag Lunch Webinar Series** on **August 18, 2021**. Accompanied by a small icon of a bar chart.
  - Standard 2021 Q2 Wipop Deadline - Mark Quarter Complete** on **August 27, 2021**. Accompanied by a small image of a doctor.A 'View Full Calendar' button is located below the events list.



Search

**COVID-19**  
DASHBOARD

Wisconsin Hospital Association has been monitoring the most up-to-date information on the COVID-19 outbreak. [Click here](#) to view WHA Information Center COVID-19 Situational Awareness Update.



### Summer Activity Injuries

Warmer days bring more activities. With more activities comes an increased risk of injury. [Read More](#)



### Upcoming Events



Standard 2021 Q2 Wipop Data Submission - Data Due  
**August 13, 2021**

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



Additional Resources



Wisconsin Statutes, Chapter 153

# Website Resources

## Wlpop

Wisconsin 'Wlpop' 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

# 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](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 Wlpop.
- 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 Wlpop Users
- Have access to the data deliverables site to download/share the facility data.
- Receive all profile and validation reports for review, distribution, and accuracy.
- Authority to electronically sign and submit affirmation statement.
- Have access to the Provider Based Location (PBL) table \*if applicable;
- Receive (share) the Present on Admission (POA) report \*if applicable;

# Roles and Responsibilities

## Secondary Contact will:

- Oversee and monitor access in Wlpop 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.

## Wlpop Only Role will:

- Have authority to upload data (may include vendor).
- Run reports out of Wlpop.
- Clear/fix edits.

# Registration as easy as 1,2,3

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

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
<input type="checkbox"/> 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:
<input type="checkbox"/> Facility-Specific Reports	<ul style="list-style-type: none"> <li>• <u>WIpop Primary or Secondary Contact</u> (also check WIpop above)</li> <li>• <u>Recipient of Quality Reports</u></li> </ul>
<input type="checkbox"/> 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
<input type="checkbox"/> Kaavio	I will be using the Kaavio data analysis tool

user access can be upgraded / downgraded anytime, primary contact emails WHAIC [whainfocenter@wha.org](mailto: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

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.

Success!

Welcome ccase0421! [ Log Out ]

Please choose a site:

- WIpop Production
- WIpop Test

# Roles and Authorized Users

## Welcome to Wipop Production

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

[Request an Extension](#)

File for extension 10 days before the data is due.

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

Discharge Data is due monthly or quarterly as follows: [#Calendar:](#)

1st Quarter	January 1 - March 30 dates of service: Due Date	5/15
2nd Quarter	April 1 - June 30 dates of service: Due Date	8/15
3rd Quarter	July 1 - September 30 dates of service: Due Date	11/15
4th Quarter	October 1 - December 31 dates of service: Due Date	2/15

Give or take a few days!

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

For more information see the [Wipop Homepage](#) on the [WHAIC website](#).

## Wipop Users:

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

Vendor Name:

Click [here](#) for the Roles definition

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

Verify users often.

## 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.
- Wlpop 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](mailto:whainfocenter@wha.org)

## Data Submission Calendar

### 2021 WHAIC Data Submission Calendar



Website: <https://www.whainfocenter.com/Data-Submitters> Email: [whainfocenter@wha.org](mailto:whainfocenter@wha.org)

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

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



# 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 challenges creating an 837 claims file~**

- Creating a “dummy” claim for self-pay patients
- Vendor time and costs during the initial set-up or adding fields
- Mapping: Capturing details (WHAIC Specifications) from EMR and 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.
- More timely data and fewer edits!
- Allows WHAIC to evolve, act and expand use of datasets more efficiently for example, payer data or the census block group detail.

35

# 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 (admit through discharge)
- 3) Ambulatory / outpatient surgery data (OPS) (procedure date)
- 4) Observation data (OBS) (Statement from through) ↓
- 5) Other hospital outpatient data (OHO)
  - Therapies – Physical, Respiratory, Occupational, Speech, etc.
  - Lab/Radiology – diagnostic & routine lab, nuclear med, CT, MRI
  - Other outpatient data – urgent care, pulmonology, oncology, etc: and
  - Provider-based billing /location (PBB/L) data (AKA OHO)

**Include 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.)
- Federally regulated facilities like Veteran hospitals and other Specialty Facilities not listed in statute
- Rural Health Clinic data
- Physician Professional fees – clinic data (unless PBL)



[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' <b>WHAIC Facility ID</b> - <a href="#">Appendix 7.1 Facility List</a>	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 <a href="#">Appendix 7.1 Facility List</a> Example: Osceola Medical Center is '102' <b>WHAIC Facility ID</b>	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
<p><b>LOOP ID 1000A/B and 2010AA Submitter and Billing (HOSPITAL / ASC) Detail</b></p> <p><b>LOOP 1000A: SUBMITTER NAME</b></p> <p>NM1*41*2*SAMPLE HOSPITAL*****46*333~</p> <p>PER*IC*SUBMITTER NAME*TE*614222222~</p> <p><b>LOOP 1000B: RECEIVER NAME</b></p> <p>NM1*40*2*WHAIC*****46*WHAIC 837~</p>					
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\*00000905\*0\*P\*::~

FUNCTION GROUP

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

Facility 3 digit Code

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\*614222222~

LOOP 1000B: RECEIVER NAME

NM1\*40\*2\*WHAIC\*\*\*\*\*46\*WHAIC 837~

LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL

HL\*1\*\*20\*1~

Facility NPI

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~

Claim Filing Indicator Code

SBR\*P\*\*CERTNUM2222SJ\*\*\*\*\*12~

Subscriber UCID and ECID

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~

Subscriber Race, Ethnicity

Subscriber Language

LOOP 2010BB: PAYER NAME

NM1\*PR\*2\*PRIMARY PAYER\*\*\*\*\*PI\*A21-09~

Primary Payer Code

REF\*NF\*621111~

Payer ID / NAIC #

Primary Payer Name

# 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 Wlpop via the program
- 837 File Handler/Black Box Instructions

[http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC\\_837\\_Handler.zip](http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC_837_Handler.zip)

WHAIC 837 File Handler - Graphical User Interface (version 2.0)

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 Wlpop.

Select the function to perform

Unique Case ID generation  File upload

Input File:

Output File:



## 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 Wlpop.

Select the function to perform

Unique Case ID generation

File upload

Upload File:

The following information is required for file uploads

Facility Number:

Quarter:

Year:

Portal Username:

Password:

Upload to Wlpop

Production

Test

# Two ways to upload your data

- The **second way** is to upload your claim file from your system
- Go directly through the WHAIC website or logging into the Portal

## Batch Review

[Back to Facility Select](#)

If you recently submitted a batch file it will not appear on this page until it is processed. You will receive an email notifying you that the batch is ready to review.

We are currently accepting data files for the following quarters:


**2nd Quarter, 2021** (Standard Data Due Date: 08/14/2021)

Upload Batch File	Data Enter New Batch							
BATCH #: 217420 (Uploaded 5/27/2021)  <a href="#">Delete Entire Batch</a>	Patient Type	Total Records	Valid Records	Invalid Records	Available Options			Alert Records
	Inpatient	1	0	1	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	1
	Outpatient Surgery	1	0	1	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	1
	Other Outpatient	1	0	1	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	0

It's our understanding a lot of Epic users created their own UCID / ECID algorithm and many use this option.


# Sample Invalid Batch

[External] [REDACTED]-2021Q3 Wlpop Test: Invalid Batch

 WHA Information Center <whainfocenter@wha.org>  
To: [REDACTED]  
Cc: WHAInfoCenter

 Re

Invalid batch

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

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

Login to the [WHAIC Portal](#) and check the upper right corner for "Messages" related to this file.

File Name: 837p\_pctrl8[REDACTED]\_07302021075111681\_upload.dsg  
Submitted By: [REDACTED]  
For Facility: [REDACTED] Surgery Center  
For Quarter: 3 2021

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



Please correct these issues and resubmit the data.

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

# Valid 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.

BATCH #: 217350 (Uploaded 5/13/2021)		Patient Type	Total Records	Valid Records	Invalid Records	Available Options			Alert Records
<a href="#">Delete Entire Batch</a>	Inpatient	<b>Wait till all edits are done</b>	29	27	2	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	4
	Outpatient Surgery		29	26	3	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	2
	Emergency Room		159	159	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	3
	Observation		7	7	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	0
	Therapies		-	189	1	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	12
	Outpatient Lab/Radiology		1089	1083	6	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	46
	Other Outpatient		1655	1636	19	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	131
									<a href="#">Mark Complete</a> <a href="#">Mark Complete</a>

**Edit Record**

[Back to Batch Details](#)

**Update**

Patient Control # **Test record** - Outpatient Surgery

Assigned by WHAIC

**1. Patient Details**

Encrypted Case ID: <input type="text"/>	MRN: <input type="text"/>	Gender: <input type="text"/>	Race: <input type="text"/>	Patient Type: <input type="text" value="2"/>
Unique Case ID: <input type="text"/>	Zip Code: <input type="text"/>	Marital Status: <input type="text"/>	Ethnicity: <input type="text"/>	Place of Service: <input type="text" value="1"/>
Census Block Group: <input type="text"/>	Birth Date: <input type="text"/>	Primary Language: <input type="text"/>	Race 2: <input type="text"/>	

[Create Encrypted ID](#)

**2. All 837 Claim Details**

NPI Billing Provider: <input type="text"/>	Attending NPI: <input type="text"/>	Expected Source of Payment ID/Type: <input type="text"/>	Claim File Indic Code: <input type="text"/>	
Rendering NPI: <input type="text"/>	Operating NPI: <input type="text"/>	Secondary Source of Payment ID/Type: <input type="text"/>	Prov Based Loc: <input type="text"/>	
Referring NPI: <input type="text"/>	Other Operating NPI: <input type="text"/>	Insurance Certificate Number: <input type="text"/>	Payer / NAIC#: <input type="text"/>	
Point of Origin: <input type="text"/>	Admission Date/Time: <input type="text"/>	Principal Diagnosis: <input type="text"/>	Principal Diagnosis POA: <input type="text"/>	Condition Code 1: <input type="text"/>
Admit Type: <input type="text"/>	Discharge Date/Time: <input type="text"/>	Admitting Diagnosis: <input type="text"/>	Principal Procedure: <input type="text"/>	Condition Code 2: <input type="text"/>
Discharge Status: <input type="text"/>	Statement From: <input type="text"/>	Reason for Visit Diagnosis 1: <input type="text"/>	Principal Procedure Date: <input type="text"/>	Condition Code 3: <input type="text"/>
Type of Bill: <input type="text"/>	Statement To/Thru: <input type="text"/>	Reason for Visit Diagnosis 2: <input type="text"/>	Principal Procedure Modifiers: <input type="text"/>	Condition Code 4: <input type="text"/>
Leave Days: <input type="text"/>	Total Charges: <input type="text" value="0.00"/>	Reason for Visit Diagnosis 3: <input type="text"/>		Accident State: <input type="text"/>

**3. 837I Claim - Hospital**

Value Code 1: <input type="text"/>	Value Code 1 Amount: <input type="text"/>	Occurrence Code 1: <input type="text"/>	Occurrence Code 1 Start: <input type="text"/>	Occurrence Code 1 End: <input type="text"/>
Value Code 2: <input type="text"/>	Value Code 2 Amount: <input type="text"/>	Occurrence Code 2: <input type="text"/>	Occurrence Code 2 Start: <input type="text"/>	Occurrence Code 2 End: <input type="text"/>
Value Code 3: <input type="text"/>	Value Code 3 Amount: <input type="text"/>	Occurrence Code 3: <input type="text"/>	Occurrence Code 3 Start: <input type="text"/>	Occurrence Code 3 End: <input type="text"/>
Value Code 4: <input type="text"/>	Value Code 4 Amount: <input type="text"/>	Occurrence Code 4: <input type="text"/>	Occurrence Code 4 Start: <input type="text"/>	Occurrence Code 4 End: <input type="text"/>

**Additional Diagnoses and External Cause Codes:**

No Additional Diagnosis Records Found

Create  more [Additional Diagnosis Record\(s\)](#) ?

# Fixing edits

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

## Batch Detail

[Back to Batch Review](#)

Use the drop down arrows to correct like edits

Batch #1

[Create New Record](#)

Inpatient	(All Errors)		
(All Patient Types)	(All Errors)		
Inpatient	Admitting Diagnosis Errors	1	<a href="#">Edit</a>
Outpatient Surgery	Certificate Number Errors	1	<a href="#">Edit</a>
Emergency Room	CPT/HCPCS/Rate Errors	2	<a href="#">Edit</a>
Observation	Diagnosis Present On Admission Errors	3	<a href="#">Edit</a>
Therapies	Encrypted Case ID Errors	0	<a href="#">Edit</a>
Outpatient Lab/Radiology	Primary Diagnosis Present on Admission Errors	2	<a href="#">Edit</a>
Other Outpatient	Principal Diagnosis Errors	7	<a href="#">Edit</a>
Repetitive Services	Principal Procedure Errors	1	<a href="#">Edit</a>
Unknown Type of Encounter	Principal Procedure Date Errors	1	<a href="#">Edit</a>
Unknown Outpatient Type	Reason for Visit 1 Errors	1	<a href="#">Edit</a>
	Reason for Visit 2 Errors		

# Mark your batch files complete

1st Quarter, 2020 (Standard Data Due Date: 05/15/2020)

Mark your batch complete after all invalid records/edits have been corrected.

Upload Batch File	Data Enter New Batch								
		Patient Type	Total Records	Valid Records	Invalid Records	Available Options			
BATCH #: 213771 (Uploaded 3/23/2020)		Inpatient	190	190	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
<a href="#">Mark Batch Complete</a>		Outpatient Surgery	343	343	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
<a href="#">Delete Entire Batch</a>		Emergency Room	671	671	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Observation	16	16	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Therapies	737	737	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Outpatient Lab/Radiology	1798	1798	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Other Outpatient	369	369	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>

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





# Portal Overview

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



Welcome ccase0421! [ Log Out ]

Please choose a site:

[Wipop Production](#)

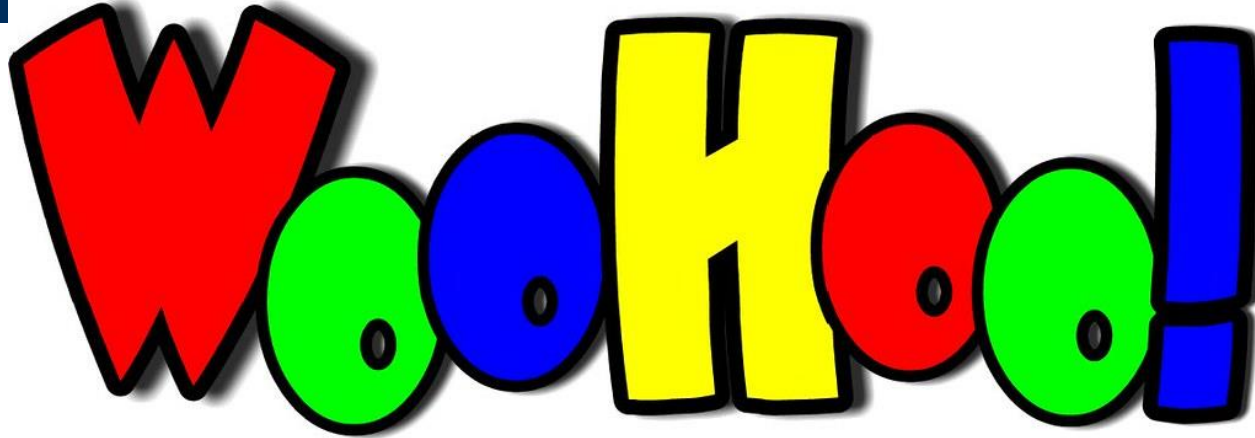
[Wipop Test](#)

[Data Deliverables](#)

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

- (1) **APPLICABILITY.** The data verification, review and comment procedures in this section apply to data submitted by hospitals and ambulatory surgery centers as described in ss. [DHS 120.12 \(5\) \(c\)](#) and [\(d\)](#), [\(5m\) \(c\)](#) and [\(d\)](#), [\(6\) \(d\)](#) and [\(e\)](#) and [120.13 \(3\)](#) and [\(4\)](#).
- (2) **DEFINITION.** In this section, "facility" means hospitals and freestanding ambulatory surgery centers.
- (3) **FACILITY DATA VERIFICATION, REVIEW AND COMMENT PROCEDURES.** (a) Each facility shall review its collected data for accuracy and completeness before submitting the data to the department. (b) The department shall check the accuracy and completeness of all submitted data and record all questionable data based on standard edits or the electronic editing features of the department's data submission system.  
(c) If the department determines data submitted by the facility to be questionable, and the department has determined that the data cannot be verified or corrected by telephone or electronic means, the department may return the questionable data to the facility or the facility's qualified vendor with information for revision and resubmission.

# 2021 Update



## File Downloads

Welcome

- Home
- File Downloads
- File Admin
- Provider Based Locations
- Rate Increases
- Data Affirmations
- Survey

Search For:

Effective Q22021: No longer require 7-Zip

	File Name	Description	Size	<del>7-Zip Password</del>	Keyword	Date Posted	MD5 Checksum
<a href="#">Download</a>	2021 Q1 POA Report For Facility [redacted].zip	2021 Q1 Diagnosis Present On Admission Report for [redacted] am [redacted]	358421	<del>5B8D9A42</del>		7/12/2021 6:16:57 AM	93B421461FE4E8B3 D414E440A032AE60
<a href="#">Download</a>	2021 Q1 Validation Reports For Facility [redacted].zip	2021 Q1 Validation Reports for [redacted]	477867	<del>5B8D9A42</del>	Required	7/12/2021 6:16:54 AM	79C01F34B387C571 52CE68D15A086D05
<a href="#">Download</a>	2021 Q1 Profile Reports For Facility [redacted].zip	2021 Q1 Profile Reports for [redacted]	2168550	<del>5B8D9A42</del>	Required	7/12/2021 6:16:50 AM	D0E3409D7EF5777E 4F314C22EE12ADBD

# Validation Report Overview

- Now that you don't need a password or 7-Zip, you should download all validation reports.
- Review your reports and check for data consistency.
- *Have an idea for a report? Let me know and I'll try to make it happen!*

<a href="#">Home</a>   <a href="#">File Downloads</a>   <a href="#">File Administration</a>   <a href="#">Provider Based Locations</a>   <a href="#">Data Affirmations</a>   <a href="#">Survey Affirma</a>										
Search For:		<input type="text"/>								<input type="button" value="Search"/>
		File Name	Description	Size	<del>7-Zip Password</del>	Keyword	Date Posted	Active	MD5 Checksum	
<a href="#">Select</a>	<a href="#">Download</a>	2020 Q2 Validation Reports For Facility 178.zip	2020 Q2 Validation Reports for 178-Holy Family Memorial Inc (Manitowoc)	423221	<del>4C3F21A5</del>	Required	10/10/2020 6:22:26 AM	<input checked="" type="checkbox"/>	2B42376B5892FE9A 16E10814E78B9306	
<a href="#">Select</a>	<a href="#">Download</a>	2020 Q2 Profile Reports For Facility 178.zip	2020 Q2 Profile Reports for 178-Holy Family Memorial Inc (Manitowoc)	2109568	<del>4C3F21A5</del>	Required	10/10/2020 6:22:25 AM	<input checked="" type="checkbox"/>	06B35B8C68CCD3B8 4C16BF0175FC19E5	

# Validation Reports

- **Available in** the portal approx. 6 weeks after the end of the quarter.
  - *These are also available in real-time in Wlpop once data is submitted.*
  - Review the data, what historically trended – use the summary profile report, validate what has been submitted, review for missing data, and submit additional records, if needed.
  - Run internal census or request audit reports for comparison detail.
- Records that may need to be reviewed / corrected (Payor, POS or TOB):
  - 1) *\*Be sure to open Batch File first.*
  - 2) Login to Wlpop 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 Wlpop Reports

000 - WHA Information Center LLC

Admin

Batch/Reports

Help

Exit

## Create Report

### Report:

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

### Highlights:

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

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

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

## WIPOP DATA SUBMISSION REPORTS AND DESCRIPTIONS

### Batch Upload and File Reports:

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

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

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

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

### Discharge Data Quarter-End Validation Reports

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

#### Data Integrity Report:

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

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

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

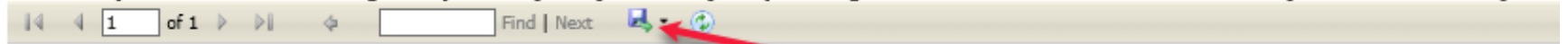
### Reports Applicable to Hospitals

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

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

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

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.



WHA Information Center, LLC - Wlpop Data Submission

**Download to excel or PDF**



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 Wlpop 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.

Patient Type	<a href="#">Links to get to data detail</a>	October	November	December	Current Quarter	Prior Quarter	% Change
Outpatient Surgery	<a href="#">336</a>	277	277	370	983	924	6.4%
Total	<a href="#">336</a>	277	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

# Wlpop Report Example

# Affirmation Statement

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



**HOT TOPICS!**

## **Common File Issues and Edits**



Please choose a site:

[Wipop Production](#)

[Wipop Test](#)

[Data Deliverables](#)

**\*\*Please Note:** We recommend the [Chrome or Edge browser when using our sites](#). Internet Explorer may cause issues in the functionality of some of our websites.

**\*\*REMINDER:** [All users must register and create their own secured account in the portal](#). We do not add new users. The website for each application has instructions for how to register. If an existing user needs access updated, email [whainfocenter@wha.org](mailto:whainfocenter@wha.org).

**Rate Increase**

If you are responsible for publishing Hospital Rate Increases, check out the [Rate Increase page](#) for submission requirements!

***Why should you attend the annual Wipop Training?*** Training provides all users an opportunity to get to know the staff, become familiar enough and comfortable to ask questions, we will provide an introduction of WHAIC, highlights of the Wipop manual, cover how to submit data and common submission questions, any notable changes to the submission process and any issues or hot topics we address throughout the year.

For more information on the Annual Wipop Training, choose a date to participate and begin registration.

September 16 <https://www.wha.org/AboutWHA/CalendarofEvents/Webinar-Online-Education/Wipop>

September 21 [https://www.wha.org/AboutWHA/CalendarofEvents/Webinar-Online-Education/Wipop-\(1\)](https://www.wha.org/AboutWHA/CalendarofEvents/Webinar-Online-Education/Wipop-(1))

September 29 [https://www.wha.org/AboutWHA/CalendarofEvents/Webinar-Online-Education/Wipop-\(3\)](https://www.wha.org/AboutWHA/CalendarofEvents/Webinar-Online-Education/Wipop-(3))

***Quarterly Data Update!*** Thank you for all you do to make sure the data is timely, accurate and complete. Please be sure to review your online reports in Wipop, correct edits and maintain the timelines below. Refer to the online [calendar](#) for more information.

2021 Q2 Data Submission	
Standard Data Submission Deadline – Data Due	8/13
Standard Deadline <a href="#">fix Edits</a> & Mark QTR Complete	8/27
<b>Extended Deadline - Due Date for Data Submission</b>	<b>9/3</b>
Ext. Deadline <a href="#">fix Edits</a> & Mark QTR Complete	9/15
❖ Validation Reports in Portal – review data!	9/22
Deadline to Validate Discharge Data	10/1

# Wipop Portal Message Center

# Payer mapping

## What causes payer mapping issues?

- New vendors
- New patient registration staff
- Not reviewing unknown payer report
- Not updating payer mapping to correct codes in manual

# Payer Table Mapping

---

The [OCI website](#) is reviewed in January to update, add or edit any current payers.

---

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

---

Payer mapping details are in Appendix 7.3  
[http://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix\\_73.pdf](http://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix_73.pdf)

---

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

---

Appendix 7.3 has a new Section called Alerts 7.3.3 Alerts to explain how to run reports, how the Alerts are defined and how to evaluate them.

---

# 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 – this should be mapped to MED
- *How do I choose the right code?*
  - 2021 had some mapping updates to minimize confusion.
  - MED – 09 may be used for all types of Medicare plans.
  - Fading out T18 to reduce redundancy.



# 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](#)



# 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):

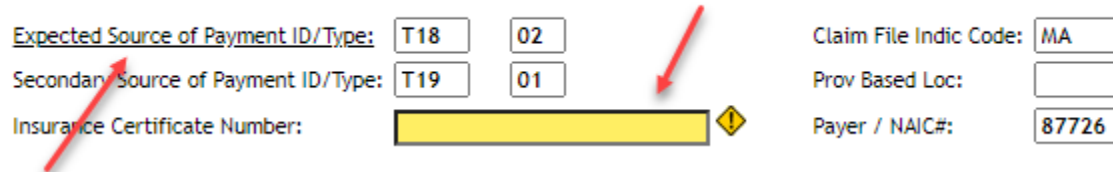
- 1) In Wipop in the upper right corner, click on the "Batch/Reports".
- 2) Go to "Find Patient Record".
- 3) Enter in the patient control number (pcontrol) provided on the report.
- 4) Make corrections as needed.
- 5) Once your changes are made, mark the batch complete. You may contact [whainfocenter@wha.org](mailto:whainfocenter@wha.org)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

patientType	payer code / name	pcontrol	records	percentage
Inpatient	A99-09 / A9909 COMMERCIAL			What is commercial
	A99-09 / A9909 COVID19 HRSA			C19 - 80
	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			CHA-03
	A99-09 / A9909 VETERANS CHOICE			
	A99-09 / ADMIN CONCEPTS			Claim Administrators
	A99-09 / ALLEGIANCE CAR			Car Insurance
	A99-09 / ALLIED BENEFIT			Plan/ Claim administrators

# Edits: Payer Edits

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

<u>Expected Source of Payment ID/Type:</u>	<input type="text" value="T18"/>	<input type="text" value="02"/>		Claim File Indic Code:	<input type="text" value="MA"/>
Secondary Source of Payment ID/Type:	<input type="text" value="T19"/>	<input type="text" value="01"/>		Prov Based Loc:	<input type="text"/>
Insurance Certificate Number:	<input type="text" value=""/>			Payer / NAIC#:	<input type="text" value="87726"/>



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

# 2021 - Initiative Batch Updates

- 2021 – we created improvements in data submissions with Wlpop “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.

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

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

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

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



# 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	Alert Defined	Alert reconciliation how to handle
A060	<p>Unknown or Other Primary Payor.</p> <p>Expected Source of Payment ID/Type: A99 09</p> <p>Secondary Source of Payment ID/Type: <input type="checkbox"/></p> <p>Insurance Certificate Number: _____</p> <p><b>Payer Name From 837: ALLIED BEN SYS INDEMNITY</b></p>	<p>Verify the correct payer is assigned. In this record the Alert is produced for the A99 code. Clicking on the Expected Source of Payment will provide the name of the payer. A google search will lead the reviewer to noticing this is a Benefit Plan Admin. Or TPA.</p> <p><b>The correct mapping should be OTH 21, NOT A99.</b></p>
A065	<p>Primary Payor Code will expire 12/31/2021. <a href="#">See Appendix 7.3 for more information.</a></p> <p>OTH 31 was combined with OTH 21. Remap Payers with OTH 31</p> <p>Expected Source of Payment ID/Type: OTH 31</p> <p><b>Alert A065: Primary payor code will expire 12/31/2021. Edits will occur in Q1 2022. Please see Appendix 7.3 to correct mapping.</b></p>	<p>Multiple payer codes have been combined or removed to reduce the amount of facility payer mapping required. Payer Alerts are set up to instruct submitters and editors to review the Appendix 7.3 and adjust codes accordingly.</p> <ul style="list-style-type: none"> <li>• MED and T18 – combined to MED-09 = Medicare, Medicare Advantage, Medicare Sup / MediGap, Medicare Part A, B, C - all Medicare patients.</li> <li>• OTH 21 and OTH 31 – combined to OTH-21 = self-insured/TPA and benefit plan administration (BPA) or private employer funded insurance.</li> <li>• CHA 03 and OTH 55 – combined to CHA 03 = current and former military (insurance) benefits regardless of who is managing contract.</li> <li>• OTH 54, 59 &amp; 71 – combined to OTH 54 = free/subsidized government programs, nonprofit organizations, health departments, and grant/research funds.</li> <li>• OTH 99 and 98 – combined to OTH 99 = TPL, MVA, state funded crime victim or safe funds, and some other unknown payers that are not related to</li> </ul>

# Reviewing Alerts

## VIEWING IN BATCH REVIEW

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

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

000 - WHA Information Center LLC Admin Batch/Reports

### Batch Review

[Back to Facility Select](#)

1st Quarter, 2021 (Standard Data Due Date: 05/15/2021)

[Upload Batch File](#) [Data Enter New Batch](#)

BATCH #	Patient Type	Total Records	Valid Records	Invalid Records	Available Options	Alert Records
BATCH #: 216785 (Uploaded 3/22/2021) <a href="#">Delete Entire Batch</a>	Inpatient	1	0	1	<a href="#">View</a> <a href="#">Add</a> <a href="#">Delete</a>	1
	Outpatient Surgery	1	0	1	<a href="#">View</a> <a href="#">Add</a> <a href="#">Delete</a>	1

[http://www.whainfocenter.com/Data-Submitters/WiPop/Education-Training/HOWTOACCESSALERTS\\_WIpop](http://www.whainfocenter.com/Data-Submitters/WiPop/Education-Training/HOWTOACCESSALERTS_WIpop)

# Common File Issues – Race / Ethnicity

## Race and Ethnicity:

The collection of race and ethnicity is a **statutory requirement** [Ch.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 when available**. 'Other' and 'Multiracial' is not an option ☹️ They do not provide any useful information.

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

- *Work with your vendor to update the file to store multiple races.*
- *Work with patient registration to verify they know more than one option is available on the form and recorded.*
- Remind patient registration/staff and vendors of the importance to collect and report race and ethnicity according to Appendix 7.2.

Race:	9	⚠️
Ethnicity:	9	🔔
Race 2:	5	

# Common file issues: 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.

BATCH #: 216857 (Uploaded 4/12/2021)	Patient Type	Total Records	Valid Records	Invalid Records
<a href="#">Reopen Batch</a>	Therapies (Completed)	5	5	0
<a href="#">Delete Entire Batch</a>	Outpatient Lab/Radiology (Completed)	2921	2921	0
	Other Outpatient (Completed)	54	54	0



# Common file issues: 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 (Uploaded 9/11/2020)		Patient Type	Total Records	Valid Records	Invalid Records	Available Options			
<a href="#">Mark Batch Complete</a>	<a href="#">Delete Entire Batch</a>	Inpatient	163	163	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Outpatient Surgery	1090	1090	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Emergency Room	982	982	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Observation	99	99	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Therapies	748	748	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Outpatient Lab/Radiology	2423	2423	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
		Other Outpatient	124	124	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>

# Common File Issues – Sex/Gender

## Unknown Sex / Gender Code:

Gender:	<input type="text" value="U"/>	<div style="border: 1px dashed black; background-color: yellow; padding: 5px;"><p>Error 3030: Gender does not correspond to accepted values. Value of U or O requires Condition Code 45 if transgender or ambiguous gender.</p></div>
Marital Status:	<input type="text" value="S"/>	
Primary Language:	<input type="text" value="ENG"/>	

- *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, gender binary.
- [https://docs.asee.org/public/LGBTQ/Transgender\\_Vocab\\_Handout.pdf](https://docs.asee.org/public/LGBTQ/Transgender_Vocab_Handout.pdf)

Condition Code 1:	<input type="text" value="45"/>
Condition Code 2:	<input type="text"/>
Condition Code 3:	<input type="text"/>

# Common File issues - Filing for an Extension

- Extension requests must be done in the Wlpop 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.

Welcome to Wlpop Production

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

Go to Batch Review

To request an extension



[Request an Extension](#)





# 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 Wlpop**

## To fix and/or remove duplicates:

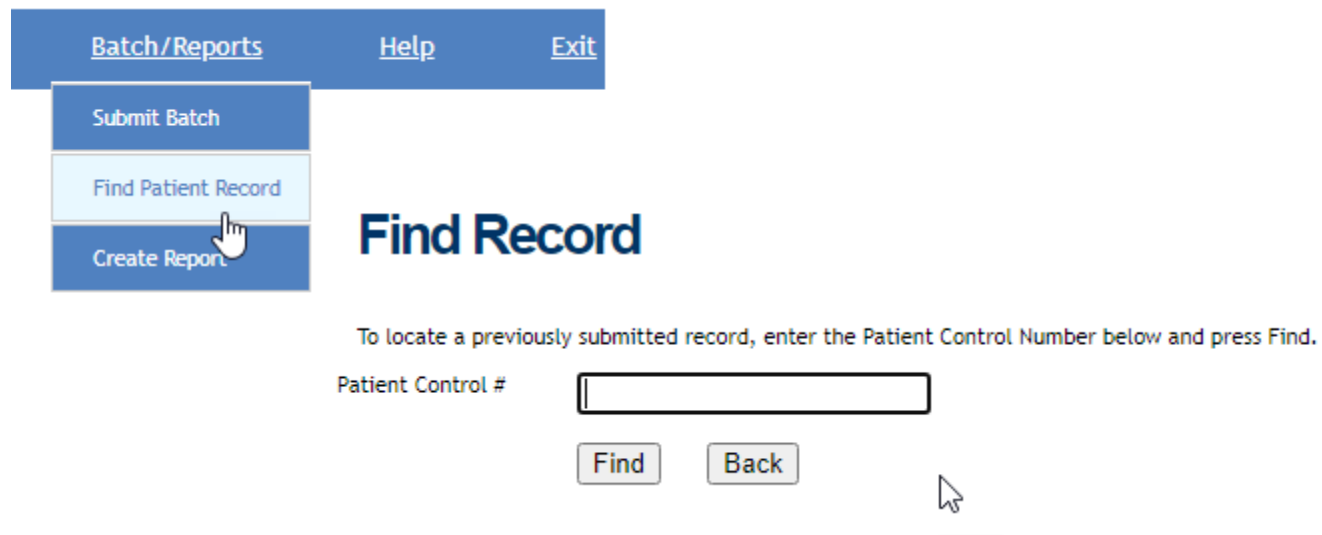
Resubmit the batch with the phrase “exclude\_duplicates” somewhere in the file name.

*Example file name: Q218 IN OP exclude\_duplicates.txt*

- This process applies to both types of duplicate rejects.
- If the record already exist, we will keep the original encounter/record.
- The batch file email response will include the number of records submitted and number of duplicates removed.

# Edits: Finding a Patient



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



The screenshot shows a web application interface. At the top, there is a blue navigation bar with three links: "Batch/Reports", "Help", and "Exit". Below this, a dropdown menu is open under "Batch/Reports", showing three options: "Submit Batch", "Find Patient Record" (which is highlighted in light blue and has a mouse cursor over it), and "Create Report". To the right of the dropdown, the text "Find Record" is displayed in a large, bold, blue font. Below this, there is a instruction: "To locate a previously submitted record, enter the Patient Control Number below and press Find." Underneath the instruction is a text input field labeled "Patient Control #". Below the input field are two buttons: "Find" and "Back". A mouse cursor is positioned over the "Find" button.

You can click “Find” or hit “Enter”

# Inventory Report



(Optional Filters) Batch Number:   Place of Service:  


Primary Payor:



Secondary Payor:

Primary Diagnosis:

Principal Procedure:

PBL ID:   Race:  

Ethnicity:  

1 of 2 ? Find | Next  

## Inventory Report


We have made multiple improvements to this report adding drop down filters, additional categories to search records on, etc.


Quarter Number: 2    Quarter Year: 2021


Batch Number: \*All    Total Records: 48678

Patient Type / Place of Service	PControl	Primary Payor	Secondary Payor	Primary Diagnosis	Principal Procedure	PBL ID	Race	Ethnicity	Claim File Indic Code	Primary Language	Payer / NAIC#
Emergency Dept Visit		OTH-52		J90			5	2	CH		VACCN
Emergency Dept Visit		BGR-02		R1010			5	2	MC		68069
Emergency Dept Visit		A12-09		N83201			5	2	CI		00450

# EDITS: Fixing records

- Edits can seem scary and overwhelming.
- **Click on the diamond to see what the edit says!** 
- Fixing edits usually goes faster with each quarter.
- Don't stress even if it looks like there's hundreds, one record might have 6.
- Reference the Wipop Manual – Appendix 7.9 – [Edit Codes and Descriptions](#)

Additional Diagnoses and External Cause Codes:  **This Section Contains Edits**

	Code		POA	Delete	Description
1	<input type="text" value="G8191"/>	↓	<input type="checkbox" value="Y"/>	<input type="checkbox"/>	Hemiplegia, unspecified affecting right dominant side
2	<input type="text" value="Q211"/>	↑ ↓	<input type="checkbox" value="Y"/> 		<div style="border: 1px dashed black; background-color: yellow; padding: 5px;">Error 5312: Diagnosis Present on Admission is exempt from the reported Diagnosis and can not be submitted.</div>
3	<input type="text" value="I10"/>	↑ ↓	<input type="checkbox" value="Y"/>		
4	<input type="text" value="R29810"/>	↑ ↓	<input type="checkbox" value="Y"/>		
5	<input type="text" value="R471"/>	↑ ↓	<input type="checkbox" value="Y"/>		

Click on the diamond for the edit description.

# 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 3<sup>rd</sup> 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.

## All 837 Claim Details

Billing Provider:	1639187412	Attending NPI:	1467470864		
Rendering NPI:		Operating NPI:			
Referring NPI:		Other Operating NPI:			
Point of Origin:	1	Admission Date/Time:	03312020	Principal	
Admission Type:	3	Discharge Date/Time:	04052020	2359	Admitted
Discharge Status:	01	Statement From:	03312020	Reason:	
Type of Bill:	0131	Statement To/Thru:	03312020	Reason:	
Days Since		Total Charges:	0.000.00	Reason:	

# 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”

**WFA** | INFORMATION CENTER **Wipop Production**

Print Record Delete Record Cancel Changes Inc Batch/Reports

**Edit Record** Back to Batch Details

To locate a record use the patient control number and

Update Next Record

Submit Batch Find Patient Record Create Report

Patient Control # - Outpatient Lab/Radiology

to delete A record use the Edit Record Screen

- ❖ **DO NOT** Click delete on this screen or your whole batch of records in the file will be deleted.

BATCH #:	Patient Type	Total Records	Valid Records	Invalid Records	Available Options			
215228 (Uploaded 8/27/2020)	Therapies	38	38	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Outpatient Lab/Radiology	565	565	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Other Outpatient	674	605	69	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	

[Delete Entire Batch](#)

Don't mark Patient Type complete till all edits are done.

# EDITS: Type of Bill and Admit Type

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

## Edits applicable to TOB:

ASCs can map field to 0851 or 0999

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	<b>NEW EDIT:</b> Type of bill must match the record type Edit 3186 will apply when either of these is true: <ul style="list-style-type: none"><li>• The record is inpatient and the type of bill is NOT in the 110-121 range</li><li>• The record is outpatient and the type of bill is in the 110-121 range</li></ul>

# Provider-base location

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

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

Hospitals must [email](#) WHAIC to add or update Provider-Based Locations.

Include the following information:

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



# Frequent Question: What data should we exclude?

- Nothing should be excluded or exempt from what is billed on claim.
  - The only exempt services are nonpatient services such as straight up billing for reference labs, anesthesia, ambulance or DME products.
- If a HCPCS or CPT code is on the claim (or statement for self-pay), it should be sent to us.
- Example: ASC bills for lab and x-ray prior to a procedure and wants to know if they should be exempt from reporting.

NO – all services rendered need to be reported.

# 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?	<p>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.</p> <p>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</p>	12/1/17
Assign Principal Procedure	How will WHAIC assign the principal procedure to my outpatient records?	<p>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.</p>	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. <b>It will not work with PO Boxes or industrial districts.</b>	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

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# 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.

*Thank you for your time today!*