



The respected source for health care data.

WHAIC Wipop Annual Training

Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA, Vice President and Privacy Officer

Cindy Case, BA, COC, Director, Data management and Integrity

Justin Flory, BS, Health Care Data Programmer

Heather Scambler, RHIA, CPC-A, Program Specialist

About us



Contracted by the State of Wisconsin since 2003

Started collecting discharge data in 2004

The WHAIC team is dedicated, innovative and has the passion and expertise that a committed health care data program demands. We have years of experience helping health care stakeholders throughout Wisconsin meet their data and analytics challenges and we continue to develop our products and services to meet the changing needs of our customers.

20-Year Anniversary!

- WHA Information Center Celebrates 20 Years of Service to WI
- In 2003, hospital and ASC data collection transitioned from the Wisconsin Department of Health Services (DHS) to WHAIC,
- In the past two decades of operation WHAIC has leveraged emerging technology and a lean and expert staff to continuously improve data collection and public reporting, all while being entirely self-sufficient.
- “The Wisconsin Department of Health Services (DHS) is proud to recognize and congratulate the WHA Information Center on its 20-year anniversary,” said DHS Deputy Secretary Deb Standridge. “The WHA Information Center has been a tremendous, valued partner to collaborate with in ensuring that timely and reliable data from Wisconsin hospitals are available to DHS. We rely on this critical data for guiding and supporting important public health recommendations that protect the health and safety of Wisconsinites.”



2023 Agenda

- Get to know us and our staff 😊
- WHAIC Celebrating 20 YEARS
- How your data is used
- Review WHAIC Website
- Wlpop Secured ACCESS AND New Sign In
- New Wlpop Review and How to submit data
- Review Manual Updates
- Common file issues, edits and updates
- What's new in 23 and 24
- Wrap up



The WHAIC Team



Brian



Cindy



Jennifer



Heather



Steve



Amber



Janice



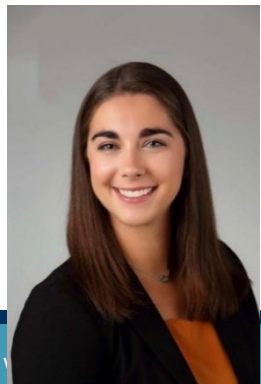
Derek



Justin



Seth



Emily

How many years has WHAIC been in business?

WINNER GET'S A PRIZE



20 Years!!!



1989

Chapter 153 created;
State carries out data
collection



Oct. 2003

State hands off data
collection to the WHA
Information Center



Jan. 2004

WHAIC begins data
collection, analyzing
& sharing



2005

PricePoint, a price
transparency tool,
is created



2006

CheckPoint, a quality
improvement tool,
is created



The Wisconsin Hospital Association Information Center (WHAIC) is

CELEBRATING TWO DECADES

of Using Data to Improve the Health of Wisconsin Communities.



2016

Health Care Data
Modernization Act
signed into law



2019

WHAIC receives
Medicare QE
Designation



2020

COVID-19 Situational
Awareness
Dashboard is created



2023

PricePoint is redesigned



Oct. 2023

WHAIC celebrates
20 years

100%

OF WI HOSPITALS PROVIDE DATA

COVID DASHBOARD:

1.6M

VIEWS TO-DATE

PRICEPOINT:

15K

VIEWS PER MONTH

100%

FAVORABLE REVIEW
FROM THE STATE

A STRONG PARTNER OF THE STATE

- WHAIC collects hospital and ambulatory surgery center claims data on behalf of the state through Chapter 153.
- The state of Wisconsin provided one-time, start-up expenses of \$750,000 to WHAIC. Since 2004, WHAIC has been entirely self-sustained, requiring no funding from the state of Wisconsin for data collection or its operations.
- WHAIC's fees are approved by the state of Wisconsin and are very affordable.

THE TRUSTED SOURCE OF HEALTH CARE DATA

- WHAIC is trusted by DHS, Wisconsin hospitals, and researchers at Wisconsin's world class universities.
- WHAIC adheres to strict data privacy and security controls, which has enabled WHAIC to receive Medicare claims data through the Medicare QE Designation- the only hospital association in the country to have this recognition.
- Since its inception, WHAIC has received a 100% favorable review from the Dept. of Administration.

A CLOSER LOOK:



"WHAIC continues to make improvements in the accessibility, quality, and utility of hospital data...DHS is appreciative of this partnership and of WHAIC's continued efforts."

- Karen Timberlake, DHS Secretary, 2021-2022

CONTINUED ACHIEVEMENTS SOLIDIFY ITS IMPACT

- The Healthcare Data Modernization Act, hailed by lawmakers as one of the most important health care policy accomplishments that session, allowed hospital data to be analyzed at a more granular level greatly improving the ability to target community health and wellness resources.
- Increasing the utility of its data collected, WHAIC developed and has managed the Psychiatric Bed Locator and the Wisconsin COVID-19 Dashboard, which has received 1.6 million hits.

A ROBUST SET OF DATA PRODUCTS

- WHAIC provides data products available to data purchasers and the public, including data sets, ready-to-use dashboards, custom reports and several publications.
- For a complete list of data products, visit www.whainfocenter.com/Data-Products



In one year, WHAIC collects:

13.4M

TOTAL RECORDS COLLECTED

3.25M

UNIQUE PATIENTS

\$20B

IN COMMERCIAL CHARGES

\$8.5B

IN MEDICAID CHARGES

\$28.4B

IN MEDICARE CHARGES

Yearly averages from 2019 - 2021.

These millions of records represent over:

Information Center Data

Discharge/Claim Data Collected

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

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 facilities HIPAA guidelines. Never send patient names, SSN or entire medical records via email.



Violating HIPAA Privacy Protections:

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

Where does your data go?

Transparency: PricePoint

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



CONTACT US | ABOUT US
powered by
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



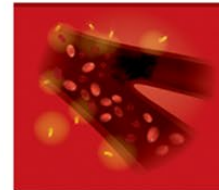
MRI



Pneumonia



Rehabilitation



Septicemia

Search

Analytics Data Products Data Submitters Provider Services Transparency

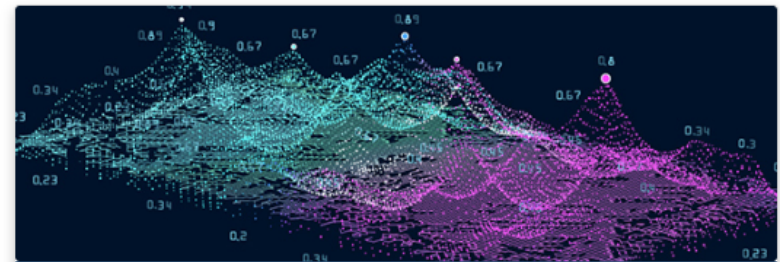
Kaavio

WHA Information Center (WHAIC) developed Kaavio on the Tableau platform as a way to analyze and visualize the Wisconsin discharge data. Users can gain crucial insights into areas such as population health, utilization, patient access, geographic distribution and market share for hospitals and freestanding ambulatory surgery centers, and compare them to other facilities based on size or region.

Kaavio users can access the data securely from any web browser. The intuitive navigation allows more diverse users to access, analyze and understand the data than traditional analytic systems.



Data Analytics



Data Visualization

Dashboard anyone?

Search

Data Products

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

Please take a look to see what WHAIC has available.

WHAIC CONTACT

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



Data Sets



Publications



Custom Reports

Our reports contain valuable tools for hospital leaders.

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

What can the WHAIC data tell you?

Resources

[Request Custom Reports and Data Sets](#)

[Request Standard Data Sets](#)

[WHAIC Physician Review Policy and](#)



Does anyone use the data?

Let's explore who uses the data...

Data Uses

- 84% of Wisconsin hospitals purchase data sets and/or custom data sets/reports from WHAIC.
- 23% of ASCs 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: 190
 - Hospitals: 113
 - ASCs: 20
- WHAIC and the Wisconsin Office of Rural Health (WIORH) offer the Rural Health Dashboard (RHD) as a way rural hospitals can use their SHIP program funding (Small Rural Hospital Improvement Grant).
 - There are 15 hospitals participating in 2023-2024.
 - The RHD consists of eleven (11) executive-level dashboards
- Dashboards



What are some other data uses & initiatives?

WHAIC Initiatives and Collaborations

Cross state data MN, MI, IL

Kaavio Dashboards

Medicare Data

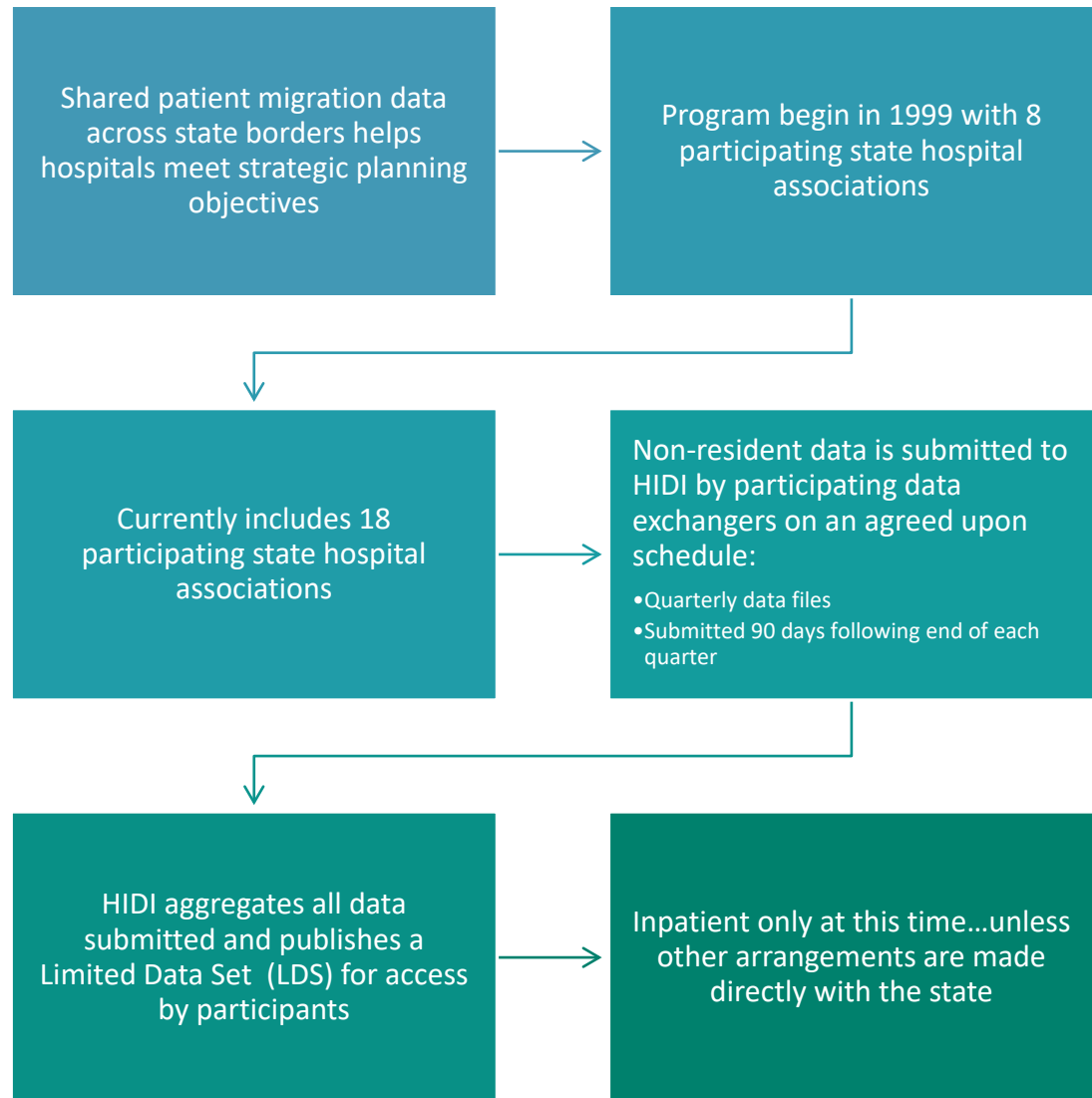
Payer Detail

CheckPoint

Psychbed and Behavioral Health

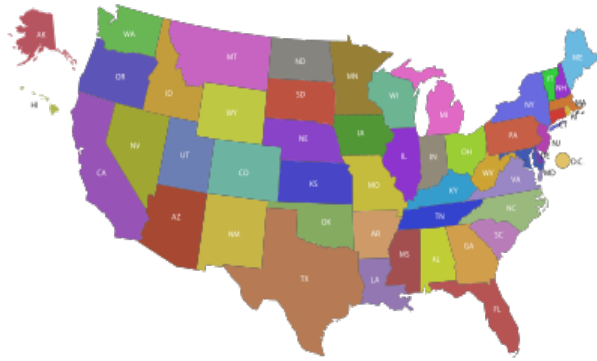
SDOH

Hospital Industry Data Institute (HIDI) Non-Resident Data Exchange Program



Border State Visits | 2020 - 2023

Choose Your Years
 (All)



Total Visits

84,464

Avg Charge (MN and IA)

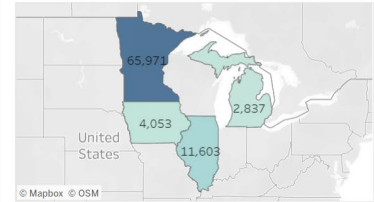
\$44,510

Visits by Patient ZIP

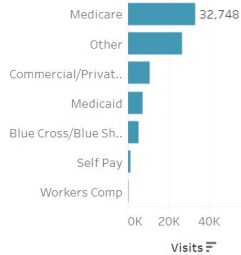
Visits
 1 9,763



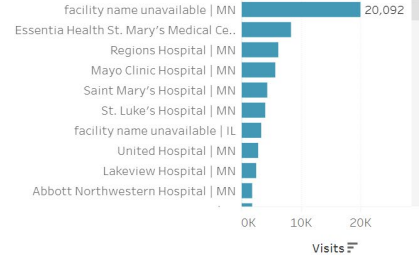
Visits by Visit State



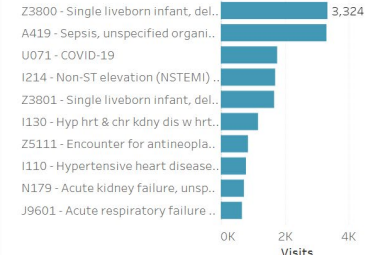
Visits by Payor



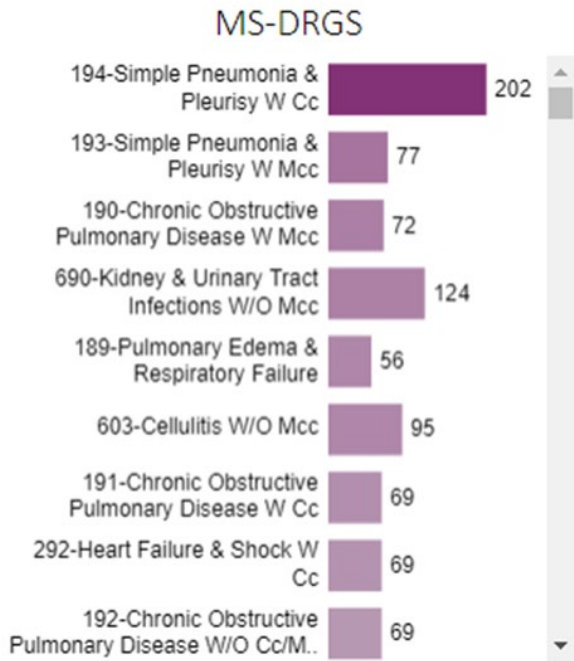
Visits by Facility



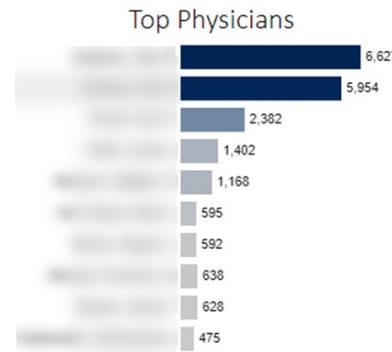
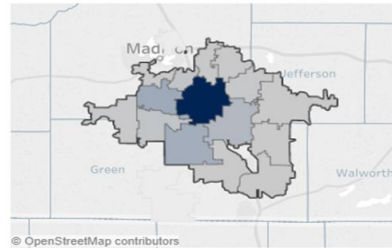
Top 10 Primary Diagnoses by Visit



Border State Data Exchange



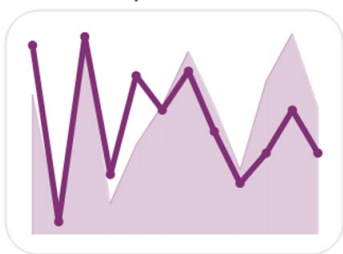
Select Patient Zip Code(s):



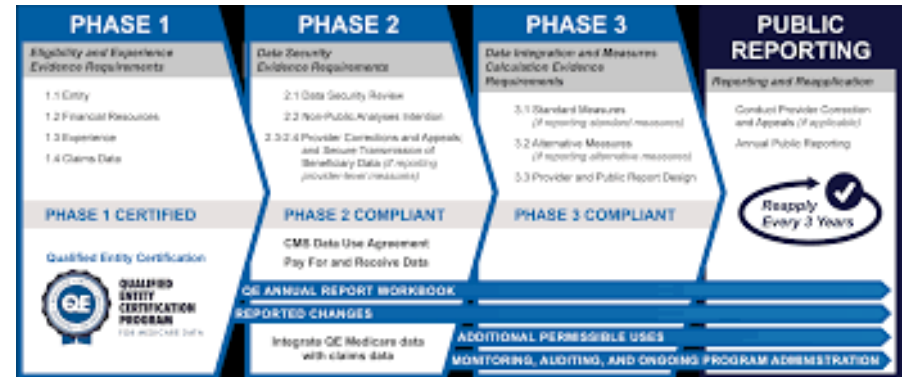
Tools, Analytics and Dashboards

- KAAVIO allows users the ability to drill down further into the data by applying filters and refining parameters to find the answers to key questions within the organization
- Hospitals can better prepare for the future and project their progress moving forward by having a clear visualization of the data through KAAVIO
- Hospitals can benefit from market share data in strategic planning and development through trending data and reports
- Review of outliers (charges)
- Trending data in different parts of the hospital. (inpatient, outpatient, ED)
- Physician analysis (by utilization, by diagnosis, by procedure)

Inpatient



| Row Group 2 | Row Group 3 | Facility 2 | | Facility 1 | |
|------------------|--------------------|-----------------|-------------------|-----------------|-------------------|
| | | Primary Measure | Secondary Measure | Primary Measure | Secondary Measure |
| Abdominal Hernia | Medical Assistance | 35 | 7,039 | 56 | 8,790 |
| | Medicare | 206 | 7,098 | 264 | 8,406 |
| | Other Government | 9 | 14,052 | 13 | 5,093 |
| | Other or Unknown | 2 | 19,767 | 2 | 9,856 |
| | Private Insurance | 466 | 8,447 | 509 | 9,610 |
| | Self-Pay | 7 | 10,100 | 10 | 9,195 |
| Abdominal Pain | Medical Assistance | 206 | 2,212 | 592 | 2,151 |
| | Medicare | 390 | 3,500 | 803 | 2,606 |
| | Other Government | 23 | 2,295 | 58 | 2,209 |
| | Other or Unknown | 14 | 2,016 | 1 | 434 |
| | Private Insurance | 1,653 | 2,748 | 2,341 | 1,796 |
| | Self-Pay | 60 | 2,814 | 181 | 2,416 |



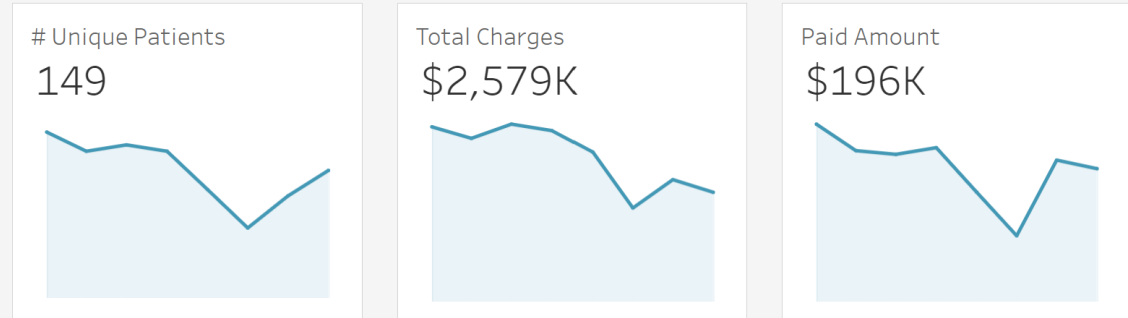
Medicare Data

Medicare Dashboard

Medicare Dashboard | 2019 Q1 - 2020 Q4



Choose Your Patient ZIPs (Multiple values) |
 Choose Your Service Lines Orthopedics |
 Sub Service Line Joint Replacement |
 HCPCS Code and Description (All) |
 Choose Your Quarters (All) |
 Reset Filters



Procedure Table

Performing Provider: (All) | Sort By: # Unique Patients

| Performing Provider | Facility | HCPCS Code | HCPCS Description | # Unique Patients | Charge Amt | Paid Amount |
|------------------------|---------------------------|------------|--|-------------------|------------|-------------|
| EMILY E MURAS, NP | WATERTOWN PHYSICIAN PRA.. | 27447 | Replacement of knee joint, both sides of knee | 27 | \$135,660 | \$3,472 |
| JASON MA HABECK, MD | WATERTOWN PHYSICIAN PRA.. | 27447 | Replacement of knee joint, both sides of knee | 21 | \$112,200 | \$21,974 |
| JASON MA HABECK, MD | WATERTOWN PHYSICIAN PRA.. | 27130 | Replacement of thigh bone and hip joint with .. | 20 | \$166,309 | \$22,675 |
| MORGAN LA HENNES, PA-C | WATERTOWN PHYSICIAN PRA.. | 27447 | Replacement of knee joint, both sides of knee | 19 | \$96,900 | \$2,574 |
| STEVEN P RHODES, MD | WATERTOWN PHYSICIAN PRA.. | 27447 | Replacement of knee joint, both sides of knee | 19 | \$96,900 | \$19,010 |
| KEVIN L O'HALLORAN, MD | WATERTOWN PHYSICIAN PRA.. | 27447 | Replacement of knee joint, both sides of knee | 18 | \$94,350 | \$14,291 |
| STEVEN P RHODES, MD | WATERTOWN PHYSICIAN PRA.. | 27130 | Replacement of thigh bone and hip joint with .. | 18 | \$141,143 | \$17,575 |
| EMILY E MURAS, NP | WATERTOWN PHYSICIAN PRA.. | 27130 | Replacement of thigh bone and hip joint with .. | 16 | \$115,979 | \$2,349 |
| MORGAN LA HENNES, PA-C | WATERTOWN PHYSICIAN PRA.. | 27130 | Replacement of thigh bone and hip joint with .. | 13 | \$107,226 | \$1,948 |
| KEVIN L O'HALLORAN, MD | WATERTOWN PHYSICIAN PRA.. | 27130 | Replacement of thigh bone and hip joint with .. | 11 | \$99,567 | \$4,335 |
| TERRY MA ROMAN, DO | WATERTOWN PHYSICIAN PRA.. | 23472 | Prosthetic repair of shoulder joint, total shoul.. | 5 | \$39,718 | \$6,580 |
| MORGAN LA HENNES, PA-C | WATERTOWN PHYSICIAN PRA.. | 23472 | Prosthetic repair of shoulder joint, total shoul.. | 4 | \$27,420 | \$744 |

Payor Detail Dashboard

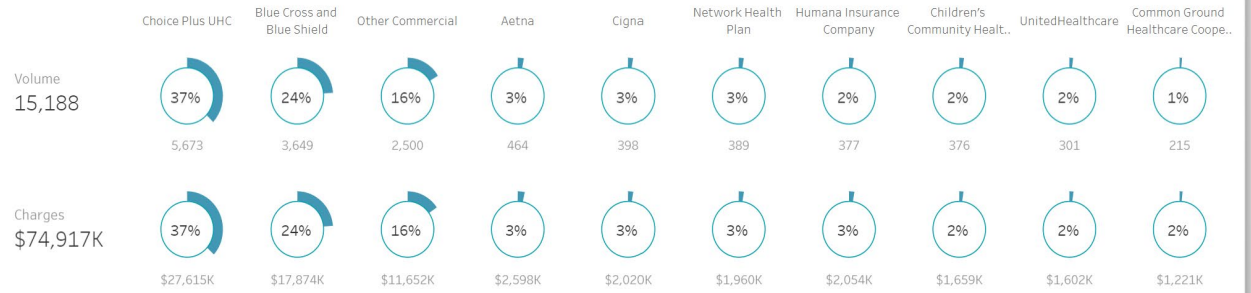
Payor Detail | 2022 Q1 - 2023 Q1



Froedtert Hospital (Milwaukee) |
 (All) |
 Emergency Room |
 (All)

Primary Payor Utilization for Froedtert Hospital (Milwaukee)

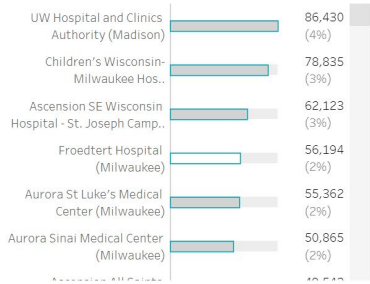
Scroll Through Payors



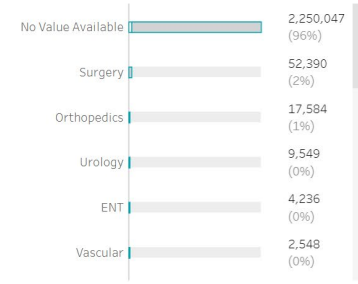
Detail For All Payors

All Payors |
 Visits

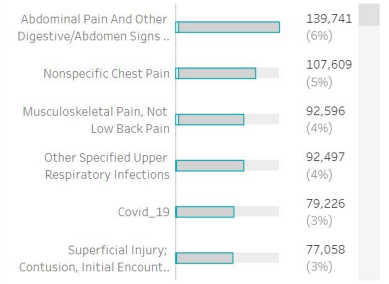
Visits by Your Facility and Others



Visits by Service Line



Visits by Primary Dx Category



CheckPoint: Quality Transparency

| Birth + | | | | | | |
|--|--------------------------------------|---------|------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| Measure | Hospital Result $\downarrow\uparrow$ | Top 10% | State Average $\downarrow\uparrow$ | State Benchmark $\downarrow\uparrow$ | National Average $\downarrow\uparrow$ | Report Period $\downarrow\uparrow$ |
| i Cesarean Birth | 34.38 | Top 10% | 22.37 | 14.55 | --- | 4/1/2022-3/31/2023 |
| i Early Elective Delivery | 0 | Top 10% | 4.26 | 0 | --- | 4/1/2022-3/31/2023 |
| i Exclusive Breast Milk Feeding | 78.65 | | 63.91 | 79.41 | --- | 4/1/2022-3/31/2023 |
| i Newborn Screening Card Transit Time | 98.1 | | 98.83 | 100 | --- | 4/1/2022-3/31/2023 |
| i Term Newborn Complications | 6.12 | | 3.3 | 1.36 | --- | 4/1/2022-3/31/2023 |



What is the Wisconsin Psychiatric Bed Locator System?

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

Psych Bed Locator

Using Data from
Psychiatric Bed Locator
and Behavior Health
Data



Hospital Summary: Inpatient & Emergency Department



Inpatient: Summary



Inpatient: Admissions from Same ER



Inpatient: County and Age



Emergency Department: Summary



Emergency Department: Admission Detail



Emergency Department: Discharge Detail

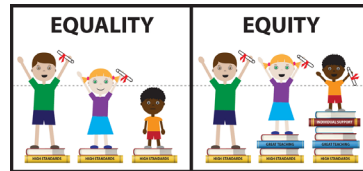


Emergency Department: County and Age



EQUITY

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

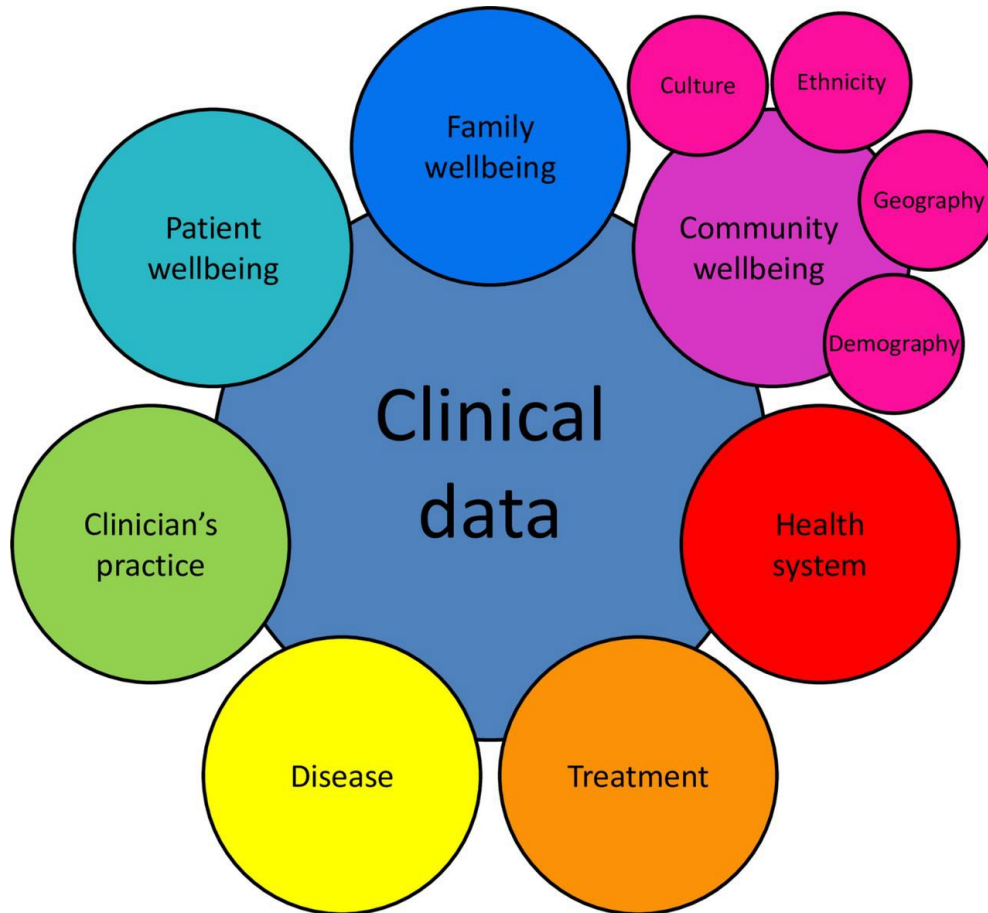


- To support whole person healthcare
- To help identify & prioritize patients' nonmedical needs (housing, transportation, and food) and focus on “upstream” interventions which can lead to overall improvements in health and reduce health disparities and inequities.
- To establish *community collaborations* 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.

Statewide Wisconsin Social Determinants of Health Data

For all WI hospitals... 2018 Q3- 2023 Q3

| Place of Service | Total Claims | Total Claims With ZCodes | % claims with Zcode |
|------------------|--------------|--------------------------|---------------------|
| INP | 2,630,767 | 92,463 | 3.5% |
| ED/ER | 8,383,949 | 49,593 | 0.6% |



How can we help you use data in your job?

What kind of data do you use?

WHAIC website for more information

Analytics Data Products **Data Submitters** Provider Services Transparency

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.

Potentially Avoidable ED Visits

A new dashboard to analyze potentially avoidable ED visits and physician office visits [Read More](#)



Upcoming Events



2023 Annual Wlpop Training - Milwaukee

September 28, 2023

Data Submitters

www.whainfocenter.com

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



Wipop



Surveys



WHAIC Portal Login

Important Dates & Events



Additional Resources

September

Extended 2023 Q2 Wipop Deadline - Mark

Wisconsin Statutes, Chapter 153

Website Resources

<https://www.whainfocenter.com/WIPop>

Bookmark this page for quick access.

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.

Last Wlpop Manual Update: January 2022

WHAIC CONTACT

Cindy Case
Director of Data Management and Integrity
608-274-1820
EMAIL: Cindy Case



Hospital Manual



Ambulatory Surgery Centers Manual



News & Highlights



Education & Training



Data Submission Calendar



New Facility/Services



Secured Access

confirm

[click here for more information](#)

Roles and Responsibilities

Primary Contact:

- Every facility must have at least one, but we prefer two Primary Contact
- Oversee and **monitor access** requests and users in Wlpop.
- Primary source to monitor user's access.
- Address issues/edits with the data submissions.
- Receive confirmation emails of:
 - data submissions,
 - notice of affirmation, and
 - newly registered Wlpop Users
- Access to the data deliverables site to download/share the facility data such as profile and validation reports.
- Authority to electronically sign and submit affirmation statement.

Roles and Responsibilities

Secondary Contact:

Oversee and monitor access in Wlpop and contact WHAIC with changes.

Access to 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:

Have authority to upload data (may include vendor).

Run reports out of Wlpop.

Clear/fix edits.

NEW: **November 1** -How to Access Wlpop

WE DO NOT ADD PEOPLE, THIS IS A SECURED PORTAL,

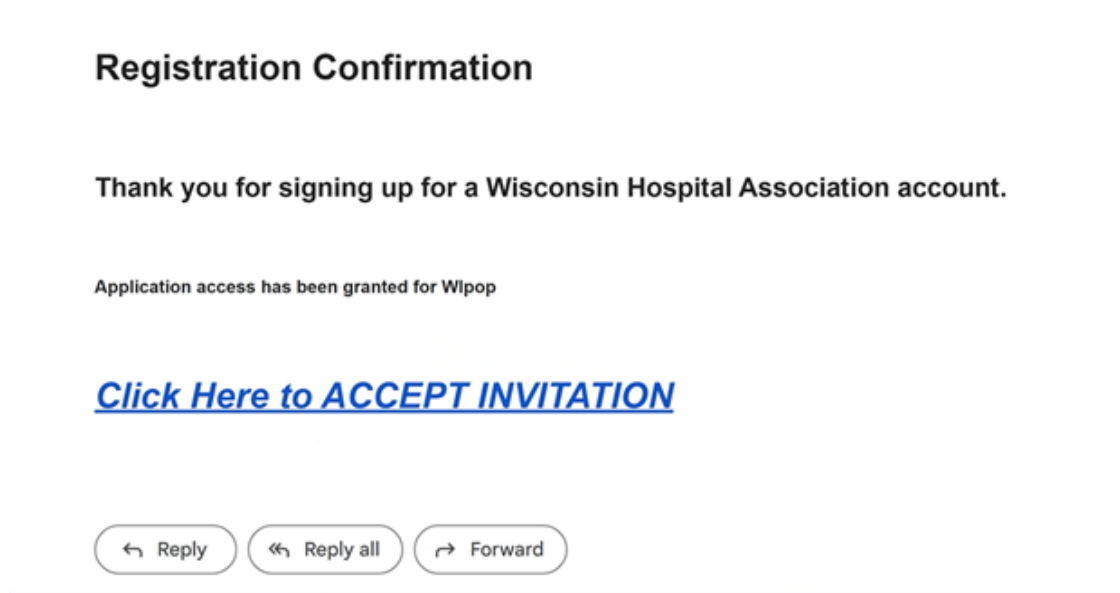
REGISTRATION IS REQUIRED!

What can you expect?

- On Wednesday, **November 1**, you will receive a link to the Wlpop application via email.
- This is an *activation ink* which is an **invitation to our system** that specifically says
- **“Click Here to Accept Invitation.”**
- As a current user, you will not need to reregister to the site, however you will be required to accept the invitation and then authenticate your access to the site using an activation code in order to enter data into the report.

One time acceptance invitation

- This is an *activation link* which is essentially **an invitation to our system** that specifically says “Click Here to Accept Invitation.”
- As a current user, you will not need to reregister to the site, however you will be required to accept the invitation and then authenticate your access to the site using an activation code.



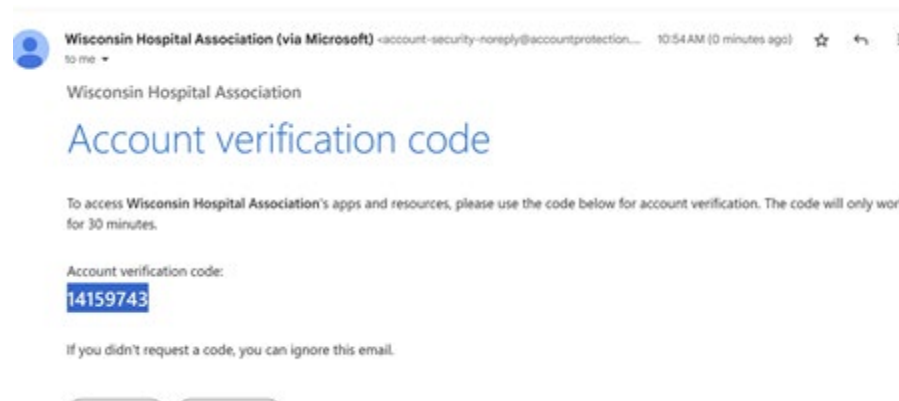
Existing Wipop Registration

Existing Users will automatically be added to the Wipop Directory.

But first, two things will happen!

1) Users will get a “Click here to accept invitation” unless user already has a WHA account for one of the other applications we offer.

2) Microsoft Accounts. Once a user is approved, if their hospital/health system uses Microsoft Accounts, they will be prompted to enter their email address and password that they use to access Outlook, Word, Excel, etc. at their facility.



New User Login / Registration

1. Click Register
2. Choose Your Role
3. Activated within 24-48 hours

New Look and Feel
Wlpop

Sign In

Existing user

Register

NEW USER

WHAIC does
not create
accounts for
users!

Creating an Account

- WHAIC will first verify if user has an active account
- If no email is registered, user will be required to register as a Wlpop User and select a role based on primary or secondary contact (see [Wlpop Roles](#)), as it relates to WHAIC Data Submissions.

Wlpop

Please enter your work email address to request access to Wlpop. Note: *Enter your hospital or business email so that we can check our records to see if an account already exists.*

Submit

Wlpop

User Information

First Name*

Justin

Last Name*

Flory

Job Title

Healthcare Data Programmer

Email*

justin.florytest500@gmail.com

Business Phone*

5555555

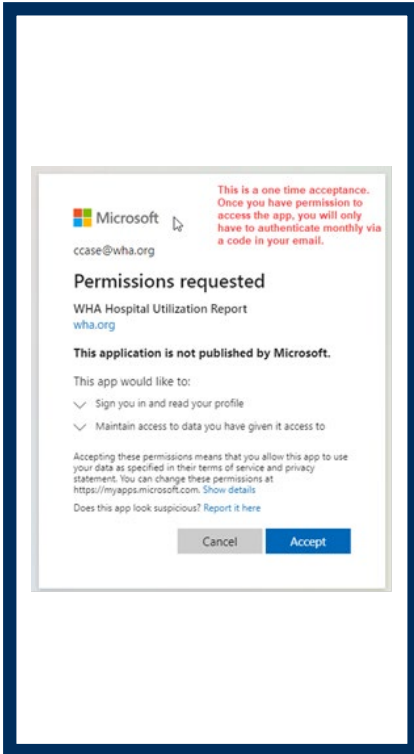
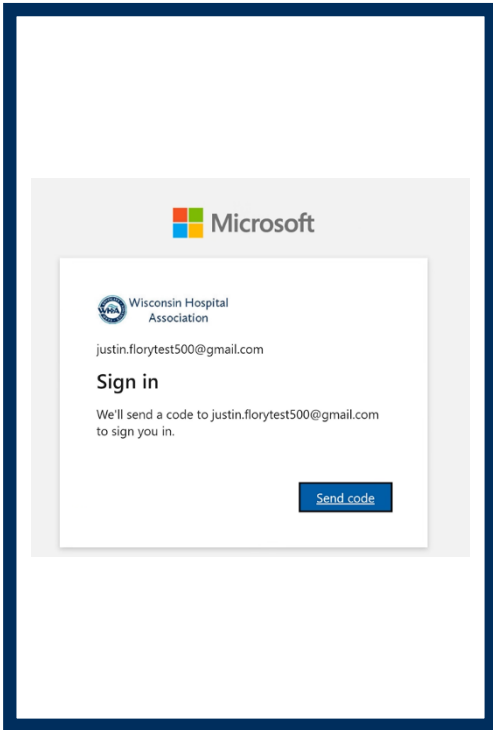
Mobile Phone

Organization*

WHA Information Center

Previous

Next



Authentication

- The left side is what you can expect from an authentication point
- The Right slide is a one time acceptance to access our secured site

Microsoft Accounts – Single Sign-on

- No longer need a WHAIC Username or Password
- User will use their own facility email address, Username or PW
- Single sign-on is an authentication method that allows users to sign in using one set of credentials to multiple software systems.
- Users sign into Office using their personal Microsoft 365 work account.

Wlpop

If you registered using a Microsoft account (hotmail, outlook.com, or business active directory account) you will log in with that username and password.

Sign In

Register

Roles and Security Policy

- **Important:**
- We will continue to protect the data by:
 - Deactivating accounts after 15 months inactivity.
 - Reaching out to facilities when we receive bounce back emails.
 - Monitoring and working toward at least two primary contacts.
- Please continue to monitor, update and/or notify WHAIC staff of any termed employees or to reactivate existing accounts.
 - Contact staff email: whainfocenter@wha.org

Roles and Authorized Users

- Wlpop Access

Wlpop Production

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Select Facility:

Wlpop (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:

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

Hospitals and ASC's Primary contact(s) assumes responsibility for the quarterly files and Affirmation Statement.

Notes:

1. The facility is responsible for managing users. To remove users, update current access, or update names/emails notify WHAIC: whainfocenter@wha.org
 2. Review Roles definition before registering so you know what to choose.
 3. New users must register in the Portal. WHAIC will authorize within 24-48 hrs.
- *In general, we automatically approve if user has facility email address. Primary contacts receive notification.*

Wlpop Users

Please take a moment to review your facility's Vendor Name, and list of Wlpop Users or Vendor(s) authorized to access the WHAIC secure Wlpop System. If the Vendor Name is incorrect, or if any of the names listed no longer require access to Wlpop, please contact whainfocenter@wha.org, as it is the facility's responsibility to notify WHAIC with any staff updates or corrections. **Primary contacts may make changes to your list of current users, please see "User Management" under the User Links dropdown in the navigation menu for more information.**

Vendor Name: **Epic** Review vendor Click [here](#) for Roles definition

| First Name | Last Name | Email Address | Role |
|------------|-------------|---|-----------------|
| Afton | Gates | afton.r.gates@hudsonhospital.org | IC Primary User |
| Steve | Rozenboom | steven.l.rozenboom@amerymedical.com | User |
| Katheryn | Casselberry | katheryn.m.casselberry@westfieldshospital.com | User |

Review user access often. WHAIC is not responsible for unauthorized users.

whainfocenter@wha.org



| 2023 Q4 Data Submission | | 2024 Q1 Data Submission | |
|---|-------------|---|--------------|
| Standard Data Submission Deadline – Data Due | 2/14 | Standard Data Submission Deadline – Data Due | 5/15 |
| Standard Deadline <u>fix Edits</u> & Mark QTR Complete | 2/28 | Standard Deadline <u>fix Edits</u> & Mark QTR Complete | 5/29 |
| Extended Deadline - Due Date for Data Submission | 2/29 | Extended Deadline - Due Date for Data Submission | 5/30 |
| Extended Deadline for Edits & Quarter Complete | 3/13 | Extended Deadline for Edits & Quarter Complete | 6/13 |
| ❖ Validation Reports in Portal – review data! | 3/15 | ❖ Validation Reports in Portal – review data! | 6/14 |
| Deadline to Validate and Return Affirmation | 3/29 | Deadline to Validate and Return Affirmation | 6/28 |
| Data Released | 4/10 | Data Released | 7/11 |
| 2024 Q2 Data Submission | | 2024 Q3 Data Submission | |
| Standard Data Submission Deadline – Data Due | 8/14 | Standard Data Submission Deadline – Data Due | 11/14 |
| Standard Deadline <u>fix Edits</u> & Mark QTR Complete | 8/28 | Standard Deadline <u>fix Edits</u> & Mark QTR Complete | 11/28 |
| Extended Deadline - Due Date for Data Submission | 8/30 | Extended Deadline - Due Date for Data Submission | 11/29 |
| Ext. Deadline <u>fix Edits</u> & Mark QTR Complete | 9/11 | Ext. Deadline <u>fix Edits</u> & Mark QTR Complete | 12/13 |
| ❖ Validation Reports in Portal – review data! | 9/13 | ❖ Validation Reports in Portal – review data! | 12/16 |
| Deadline to Validate and Return Affirmation | 9/27 | Deadline to Validate and Return Affirmation | 12/27 |
| Data Released | 10/10 | Data Released | 1/9/24 |

❖ [Physician Request for Review of Reports](#) see our website for process.



Data is DUE

2024

| January | February | March | April |
|---|---|--|---|
| Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| May | June | July | August |
| Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| September | October | November | December |
| Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 | Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |



Let's review
the Manual

<https://www.whainfocenter.com/Data-Submitters>



Wipop Discharge Data Submission Manual

**Instructions Related to 837 Health Care
Claim/Encounter Requirements and Companion
Guide/Technical Specifications**



JULY 17, 2023

WHA INFORMATION CENTER



Discharge Data Files

*Submit patient data (encounters) in a **modified 837 (EDI) claims file.***

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

The basic structure of the 837 claims file remains the same with loops & segments AND also...

- Requires a “dummy or Informational” claim for self-pay patients.
- Requires vendor time and costs during the initial set-up
- Requires Mapping of data from EMR that are NOT on the claim i.e. race/ethnicity, UCID, SDOH, Z codes & payer mapping details.

❖ **Why do we use this format?**

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

48

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 |
| <p>LOOP ID 1000A/B and 2010AA Submitter and Billing (HOSPITAL / ASC) Detail</p> <p>LOOP 1000A: SUBMITTER NAME</p> <p>NM1*41*2*SAMPLE HOSPITAL*****46*333~</p> <p>PER*IC*SUBMITTER NAME*TE*614222222~</p> <p>LOOP 1000B: RECEIVER NAME</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~

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

Claim Filing Indicator Code

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~

REF*NF*62111~

Primary Payer Code

Payer ID / NAIC #

Primary Payer Name

What Type of Data do we Collect?



Inpatient discharge data (INP) (admit through discharge)*



Emergency department data (ER/ED) (admit through discharge)



Ambulatory / freestanding OP surgery data (OPS) (procedure date)



Observation data (OBS) (Statement from through)

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

Types of data we collect

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 (PBL) data

Refer to [Place of Service](#) Appendix for Hierarchy of codes

What Type of Data is Excluded?

We do not accept data from:

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



Data Collection Overview & Parameters

- **Limitation** on some [Bill Types](#) (TOBs): **no replacement, voided, or corrected claims.**
- **Exclude revenue codes 096X to 098X.** We cannot collect data for Professional Services.
- State Statute requires the collection of Race, Ethnicity, and patient sex.
- Patient Sex may be listed as M, F, O or U. **If O or U, Condition Code 45 must be used.*
- [Place of service \(POS\)](#) is assigned by WHAIC based on revenue codes and hierarchy.
- External Cause of Injury (ECI) Codes V-Y are required, as per state statute
 - External Cause Code required when there is an injury diagnosis code – S codes.
- Verify Social Determinants of Health (SDOH) codes in the file.
- ***Alerts are not Edits or Errors - opportunity to review the data more closely and update records.***
- If an NPI number is provided in the operating NPI field, *a valid CPT or HCPCS* we be required in the principal procedure field. *If one is not found, an edit will occur on the operating NPI field.*
 - Attending NPI is required for inpatient and emergency department records.

Section 2: Discharge Data Collection

- ▲ 2. Discharge Data Collection Overview
 - 2.1 Discharge Data Parameters and Limitations
 - 2.2 Inpatient Discharge Records (INP)
 - 2.3 Outpatient (Ambulatory) Surgery Records (O...)
 - 2.4 Emergency Room/Department Records (ER/E...)
 - 2.5 Observation Records (OBS) POS = 3
 - 2.6 Other Hospital Outpatient Records (OHO)
 - 2.7 Provider-based location (PBL) ID

Section 3: Wlpop Access and Data Sub

3. Wlpop Access and Data Submission

3.1 Access to Wlpop - Login Portal to submit data

3.2 Inactive Account Policy

3.3 Security of Data Submission

3.4 Testing HIPAA Compliant 837 File

3.5 How to Submit Data in Wlpop

3.6 Request an Extension

Section 4: Specific Business Rules/Mapping

4. Specific Business Rules, Mapping and Limitations

4.1 Unique (Encrypted) Case Identifier (UCID)

4.2 Race and Ethnicity

4.3 Expected Source of Payment/Payer Mapping

4.4 Type of Bill (TOB)

4.5 Revenue Codes

4.6 External Cause of Injury (ECI) Codes

4.7 Language

Section 5: Data Submission and Technical Req.

5. 837 Data Submission and Technical Requirements

5.1 Interchange Control Header (ISA06)

5.2 WHAIC 837 File Handler and De-Identificatio...

5.3 Delimiters in the Segment of the file

5.4 Special Characters in the Claims Data

5.5 Mapping Rules and 837 File Specifications

5.6 837I (Hospital) Institutional Claims Data Spec...

5.7 837P (ASC) Professional Claim Submissions -...

5.8 837R (Hospital) Reporting Claim Submissions

Section 6: Batch Details, Validation/Affirmation

6. Batch Details, Validation and Affirmation Process

▲ 6.1 File (Batch) Failures

Removing Duplicates from File Submission

6.2 Batch File Edits

6.3 Correcting Edits

6.4 Data Validation (Obtaining and viewing repor...

6.5 Affirmation Statement

6.6 Communication with External Sources and D...

6.7 Batch File Alerts

7. APPENDICES

- 7.1 Facility List (Hospital and ASCs)
- 7.2 Race and Ethnicity Codes
- 7.3 Language Codes
- ▲ 7.4 Expected Source of Payment and 837 Payer...
 - 7.4.1. Claim Filing Indicator Code
 - 7.4.2. Payer ID #
 - 7.3.3 Alerts
- 7.5 Type of Bill (TOB)
- 7.6 Place of Service (POS) or Type of Encounter...
- ▲ 7.7 WIPOP Coding Guidelines and Definitions for...
 - 7.7.2 Revenue Codes
- ▲ 7.8 Point of Origin for Admission or Visit
 - 7.8.1 Priority (Type) of Admission or Visit
 - 7.8.2 Code Structure for Newborns
- 7.9 Patient Discharge Status Codes
- ▲ 7.10 Edit Codes and Descriptions
 - 7.10.1 Alert Codes
- 7.11 Wlpop Roles and Registration
- 7.12 Data Dictionary
- 7.13 Manual Data Entry Instructions
- 7.14 Marital Status Codes
- 7.15 Terms, Acronyms, and Definitions
- 7.16 Frequently Asked Questions (FAQ)
- 7.17 Changes to this document

Section 7: Appendices

NEW: 2023 Wipop Update



Welcome, Cindy C. | [Sign out](#)
[Messages \(0\)](#) | [Administration](#)

Wipop

[Home](#) [User Links](#) [Wipop Manual](#) [Data Detail](#) [Data Deliverables](#)

Announcements & Important Dates

| | | |
|-----------|--|---------------------------------|
| 9/29/2023 | Rice Lake Wipop Training | Add To Calendar |
| 9/28/2023 | Milwaukee Wipop Training | Add To Calendar |

Wipop Production

Wipop Test

Attention Wipop Users

Reminders:

- This is a secured website. WHAIC **DOES NOT** register new users. All users must register and create their own secured account in Wipop (pronounced WHYPOP). The WHAIC website has instructions for how to register in the online manual.
- If an existing user needs access removed or updated, email whainfocenter@wha.org.
- Effective Q42023 WHAIC will begin using multifactor authentication. Multi-factor authentication (MFA) is a multi-step account login process that requires users to enter a code sent to their email.

Quarterly Data Update:

Refer to the online [calendar](#) for more information. Please be sure to review your online reports in Wipop, correct edits and maintain the timelines below.

| 2023 Q3 Data Submission | |
|---|-------------|
| Standard Data Submission Deadline – Data Due | 11/14 |
| Standard Deadline fix Edits & Mark QTR Complete | 11/28 |
| Extended Deadline - Due Date for Data Submission | 12/1 |
| Ext. Deadline fix Edits & Mark QTR Complete | 12/13 |
| ❖ Validation Reports in Portal – review data! | 12/15 |
| Deadline to Validate and Return Affirmation | 12/29 |
| Data Released | 1/9/24 |

Thank you for all you do to make sure the data is timely, accurate and complete.

2023 Wipop Update

Wipop Production

Home User Links ▾ Wipop Manual ▾ Data Detail ▾ Data Deliverables ▾

Select Facility: 014 - Black River Memorial Hospital ▾

Batch Review

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:

| | | | |
|-------------|--|-----------|-------|
| 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 30 dates of service | Due Date: | 2/15 |

Hospitals and ASC's Primary contact(s) assumes responsibility for the quarterly files and Affirmation Statement.

Wipop Users

Please take a moment to review your facility's Vendor Name, and list of Wipop Users or Vendor(s) authorized to access the WHAIC secure Wipop System. If the Vendor Name is incorrect, or if any of the names listed no longer require access to Wipop, please contact whainfocenter@wha.org, as it is the facility's responsibility to notify WHAIC with any staff updates or corrections. **Primary contacts may make changes to your list of current users, please see "User Management" under the User Links dropdown in the navigation menu for more information.**

Vendor Name: Cerner - Community Works

Click [here](#) for Roles definition

| First Name | Last Name | Email Address | Role |
|------------|-----------|---------------------|-------------------|
| Karen | Pettet | pettetk@brmh.net | IC Primary User |
| Tammy | Hernandez | hernandezt@brmh.net | IC Primary User |
| Mark | Hughes | hughesm@brmh.net | IC Secondary User |
| Tiffany | Gray | grayt@brmh.net | User |

File Upload

Request Extension

A few new things to talk about this year!

1. Upper Right has your name and any messages you might have such as invalid batch files.
2. A new Tool Bar with all the references and links necessary to gather information.
3. Primary contacts can now update user access.
4. File Upload process a little different now.
5. NO MORE BLACK BOX!

NEW: How to upload your data

- Users can upload data directly in Wlpop
 - Locate your file and follow the prompts
 - **No need for a separate 837 File Handler/Black Box**

File Upload

Back to Production

014 - Black River Memorial Hospital

To submit your inpatient/outpatient file please choose a quarter and your preferred upload method below and click upload. Do not close the browser window while the file is being uploaded to our server. Once your file has been accepted, a notice will appear and submitter as well as facility Primary contact(s) will receive an email notification.

Step 1.

Step 2. Upload Method:

Create Encrypted Patient Identifier and Upload File (AKA Black Box) ⓘ Choose this method if your 837 claim contains patient names.

Upload 837 Claim file (file contains encrypted patient identifier) ⓘ Choose this method if your 837 file does not contain patient names.

Step 3. No file chosen

Upload

Batch Review

001 - Amery Regional Medical Center

To submit your inpatient/outpatient file please choose a quarter and your preferred upload method below and click upload. **Do not close the browser window** while the file is being uploaded to our server. Once your file has been accepted, a notice will appear and submitter as well as facility Primary contact(s) will receive an email notification.

Step 1.

Step 2. Upload Method: Create Encrypted Patient Identifier and Upload File (AKA Black Box) ⓘ Upload 837 Claim file (file contains encrypted patient identifier) ⓘ

Step 3. Facility075_TestFile.txt

File Received does not mean the file "Processed" it means we acknowledge the file was submitted. You will either see it in the Batch Review Screen or you will receive an Invalid Batch Email!

File Received

Thank you for uploading your discharge data file. The file is currently being processed, a confirmation email will be sent letting you and the primary contact(s) know if it was accepted as a valid or invalid batch. For more information, please contact whainfocenter@wha.org.

File Received

NEW FILE PROCESSING MESSAGES

Sample Invalid Batch

Email is sent to primary and person uploading

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



WHA Information Center <whainfocenter@wha.org>

To [REDACTED]
Cc [REDACTED] WHAInfoCenter



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 **Wipop Test** on Jul 30 2021 7:58AM could not be processed due to the issues specified below.

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



File Name: 837p_pctrl8[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>

Sample Valid Batch File

- Valid batch email goes to Primary and submitter

From: WHA Information Center <whainfocenter@wha.org>
Sent: Wednesday, September 20, 2023 11:31 AM
To: Flory, Justin <jflory@wha.org>
Subject: [External]000 2023Q2 Wlpop Production: Batch Uploaded - Review Your Batch File Now

Batch submitted to Wlpop Production on Sep 20 2023 11:30AM has been successfully uploaded.

Invalid records need to be corrected as soon as possible to complete the data submission requirements. If your file does not contain invalid records, we encourage you to run a summary profile report available in real-time in Wlpop, to review the accuracy of your submission before the close of the quarter.

To validate and complete your batch submission, go to <https://portal.whainfocenter.com>, logon to Wlpop and select your facility, then click [Go To Batch Review]. From the Batch Review page click [View] on this batch to see a list of invalid records.

Batch file **email receipts are sent to the data submitter and the primary contact only**. If others in your organization rely on this information to correct edits, run reports or validate data, please forward accordingly.

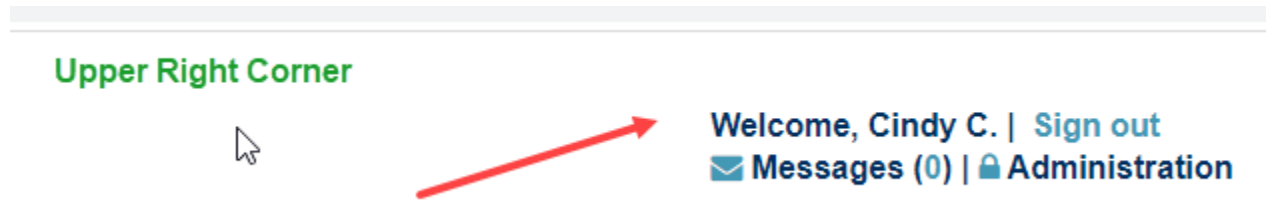
| | |
|-----------------------------|-----------------------------|
| Batch #: | 224514 |
| File Name: | Facility194_02_TestFile.txt |
| Submitted By: | Justin Flory |
| For Facility: | 000 - |
| For Quarter: | 2 2023 |
| | |
| Total Records: | 120 |
| Valid Records: | 0 |
| Invalid Records: | 120 |
| | |
| Inpatient Valid: | 0 |
| Inpatient Invalid: | 46 |
| | |
| Outpatient Surgery Valid: | 0 |
| Outpatient Surgery Invalid: | 0 |
| | |
| Emergency Room Valid: | 0 |
| Emergency Room Invalid: | 0 |

The following alerts were detected in this batch. Alerts are mapping conditions that should be reviewed and updated if appropriate. A high percentage of records with alerts may indicate a problem.

| Alert | Count | % of batch |
|--|-------|------------|
| A011-Race is Unavailable | 17 | 14% |
| A020-Ethnicity is Declined | 8 | 6% |
| A060-Unknown or Other Primary Payor | 1 | 0% |
| A067-Primary and Secondary Payors are the same | 1 | 0% |
| A090-Inpatient stay under 2 days | 4 | 3% |

User Messages

- If an invalid batch contains PHI, this is where the errors will display



Message

[Back To List](#)

Subject: **001 2023Q2 Wipop INTERNAL TEST: Invalid Batch**

Received: **9/19/2023 3:28:32 PM**

Thank you for submitting your quarterly data to WHAIC. The batch submitted to **Wipop INTERNAL TEST** on 9/19/2023 3:28:23 PM 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: Facility212_TestFile.txt
Submitted By: jflory@wha.org
For Facility: 001 - Amery Hospital & Clinic
For Quarter: 2 2023

| Transaction | Claim | Error |
|-------------|-------|---|
| 0 | 0 | Value in ISA06: 212 does not match the facility number specified for this file: 001 |

Please correct these issues and resubmit the data.

If you need further assistance, please contact us at whainfocenter@wha.org

User Messages

User Messages

[Back Home](#)

| Subject | Received |
|---|----------------------|
| 001 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 9/19/2023 3:28:32 PM |
| 001 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 9/19/2023 3:21:36 PM |
| 001 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 9/19/2023 9:08:25 AM |
| 001 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 8/3/2023 3:30:55 PM |
| 001 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 8/3/2023 3:28:55 PM |
| 002 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 9/19/2023 3:51:55 PM |
| 003 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 9/19/2023 4:00:40 PM |
| 008 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 9/19/2023 3:23:26 PM |
| 194 2023Q2 Wipop INTERNAL TEST: Invalid Batch | 9/19/2023 9:27:01 AM |

Showing 1 to 9 of 9 entries

Previous Next

- After “Messages” is clicked, user is taken to their list of messages
- Click on the Subject link to open up the specific message

Valid Data Submission

- Confirmation email is sent to submitter and primary contact.
- Email summarizes total records and edits in each datatype.
- Please correct edits as soon as possible.
- We removed the “Mark Complete” until all invalid records are fixed.
- We encourage monthly files if possible.

Batch Review

TEST DATA ONLY

[Back To Production](#)

014 - Black River Memorial Hospital

We removed the option to "Mark Complete" until all edits are done.

Quarter 2, 2023 (Standard Data Due Date: 8/14/2023 12:00:00 AM) [Data Enter New Batch](#)

| Batch Num #223307 (Uploaded 8/3/2023 4:13:49 PM) | Patient Type | Total Records | Valid Records | Invalid Records | Available Options | Alert Records |
|---|--------------------|---------------|---------------|-----------------|---|---------------|
| Delete Batch View Errors | Inpatient | | | 5 | View Delete | 49 |
| | Outpatient Surgery | | | 23 | View Delete | 40 |
| | Emergency Room | | | 30 | View Delete | 227 |
| | Observation | | | 9 | View Delete | 10 |
| | Therapies | | | 0 | Complete ← | 36 |
| | Outpatient Lab/Rad | | | 20 | View Delete | 76 |
| | Other Outpatient | | | 12 | View Delete | 29 |

Fixing edits

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



Batch Detail

014 - Black River Memorial Hospital

Batch #223307

Outpatient Surgery

[Create New Record](#)

Total Records With Errors: 23

| Patient Control | MRN | Admission (OP) | | |
|-----------------|-----|----------------|----------|----------------------|
| | | 041 | | |
| | | 061 | | |
| | | 041 | | |
| | | 041 | | |
| | | 041 | | |
| | | 05082023 | 05092023 | Edit |
| | | 04052023 | 04052023 | Edit |

Use the drop-down feature to isolate record type and errors/edits.

- (All Errors)
- (All Errors)
- CPT/HCPCS/Rate Errors (20)
- Ethnicity Errors (1)
- Operating NPI Errors (1)
- Primary Language Errors (1)
- Principal Procedure Errors (20)
- Revenue Code Errors (1)
- Service Date Errors (1)
- Statement Covers Period Through Errors (1)
- (All Alerts)
- Date of Birth Alerts (9)
- Ethnicity Alerts (27)
- Expected Source of Pay ID Alerts (1)
- Payer ID Alerts (2)
- Race Alerts (27)

Wipop Production

- Home
- User Links ▾
- Wipop Manual ▾
- Data Detail ▾
- Data Deliverables ▾

Edit Record

[Back To Batch Detail](#)

001 - Amery Regional Medical Center

← Facility Name moved

Patient Control #Test CC123 - Outpatient Surgery

Delete Record



Click on this for info

Update Record

Patient Details

| | | | | |
|--|----------------------------------|--|---------------------------------|--|
| Unique Case ID: <input type="text"/> | MRN: <input type="text"/> | Gender: <input type="text"/> | Race: <input type="text"/> | Patient Type: <input type="text" value="2"/> |
| Census Block Group: <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"/> |
| <input type="button" value="Generate UCID"/> | Birth Date: <input type="text"/> | Primary Language: <input type="text"/> | Race 2: <input type="text"/> | |

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 ID: <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"/> |
| Admit Type: <input type="text"/> | Discharge Date/Time: <input type="text"/> | Admitting Diagnosis: <input type="text"/> | Principal Procedure: <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"/> |
| Type of Bill: <input type="text"/> | Statement To/Thru: <input type="text"/> | Reason For Visit Diagnosis 2: <input type="text"/> | Principal Proc Modifiers: <input type="text"/> |
| Leave Days: <input type="text"/> | Total Charges: <input type="text" value="0.00"/> | Reason For Visit Diagnosis 3: <input type="text"/> | Condition Code 1: <input type="text"/> |
| | | | Condition Code 2: <input type="text"/> |
| | | | Condition Code 3: <input type="text"/> |
| | | | Condition Code 4: <input type="text"/> |
| | | | Accident State: <input type="text"/> |

837I Claim - Hospital

Mark your batch files complete

- Once all edits are done, mark the batch complete.
- To fix edits in a closed batch, you need to click the “reopen” option
- Once the Batch is marked complete, you’ll be in Read ONLY mode

Quarter 1, 2023 (Standard Data Due Date: 5/15/2023 12:00:00 AM) [Data Enter New Batch](#)

| Batch Num #223011 (Uploaded 4/7/2023 10:44:01 AM) | Patient Type | Total Records | Valid Records | Invalid Records | Available Options | Alert Records |
|---|--------------------------------|---------------|---------------|-----------------|-------------------|---------------|
| Delete Batch Mark Batch Complete  | Inpatient | 701 | 701 | 0 | Complete | 219 |
| | Outpatient Surgery | 827 | 827 | 0 | Complete | 55 |
| | Emergency Room | 4658 | 4658 | 0 | Complete | 223 |
| | Observation | 278 | 278 | 0 | Complete | 22 |
| | Therapies | 4539 | 4539 | 0 | Complete | 245 |
| | Outpatient Lab/Rad | 9752 | 9752 | 0 | Complete | 780 |
| | Other Outpatient | 10403 | 10403 | 0 | Complete | 757 |
| | | | | | | |
| Batch Num #222847 (Uploaded 3/6/2023 6:57:20 AM) | Patient Type | Total Records | Valid Records | Invalid Records | Available Options | Alert Records |
| Reopen Batch Delete Batch | Inpatient (Completed) | 764 | 764 | 0 | | 256 |
| | Outpatient Surgery (Completed) | 907 | 907 | 0 | | 48 |
| | Emergency Room (Completed) | 4867 | 4867 | 0 | | 317 |
| | Observation (Completed) | 295 | 295 | 0 | | 18 |
| | Therapies (Completed) | 4826 | 4826 | 0 | | 257 |
| | Outpatient Lab/Rad (Completed) | 10829 | 10829 | 0 | | 851 |
| | Other Outpatient (Completed) | 11601 | 11601 | 0 | | 845 |
| | | | | | | |

Running Reports

- Reports are available in real-time once data is submitted.
- We're open to suggestions... what do you need?
- Users **don't have to wait** till the end of the quarter to validate data.
- Reports can/should be run throughout the quarter.

Wlpop

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Facility Reports

001 - Amery Regional Medical Center

Inventory Report ▾

014 - Black River Memorial Hospital ▾

Quarter 2, 2023 ▾

Generate Report

Find Patient Record
Direct Data Entry
Create Report
Report Descriptions

Back To Batch Review

Inventory Report

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

Running Reports

- How do you know if you're missing data?

Data Integrity Report allows user to see what's in and what's not.

Close Report

WHA Information Center, LLC - Wlpop Data Submission

Q1 2023

Data Integrity Report

01 - Milwaukee Hospital

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 | January | February | March | Current Quarter | Prior Quarter | % Change |
|----------------------------|-----------------------|-----------------------|-------|-----------------------|------------------------|----------|
| Inpatient | 764 | 701 | 0 | 1465 | 2728 | -46.3% |
| Outpatient Surgery | 908 | 826 | 0 | 1734 | 2602 | -33.4% |
| Emergency Department Visit | 4867 | 4658 | 0 | 9525 | 20297 | -53.1% |
| Observation | 296 | 277 | 0 | 573 | 994 | -42.4% |
| Therapies | 4826 | 4539 | 0 | 9365 | 14190 | -34.0% |
| Outpatient (Lab-Radiology) | 10829 | 9752 | 0 | 20581 | 31365 | -34.4% |
| Other Outpatient | 11601 | 10403 | 0 | 22004 | 32436 | -32.2% |
| Total | 34091 | 31156 | 0 | 65247 | 104612 | -37.6% |

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.

Inventory Report

- Reports are continuing to be refined.
- Are there areas you would like to see added?
- Do you use the reports we offer?

Home User Links ▾ Wipop Manual ▾ Data Detail ▾ Data Deliverables ▾

Close Report

Batch Number:

Primary Payor:

Primary Procedure:

Provider Based Location:

SDoH Z-Code:

Place of Service:

Primary Diagnosis:

Race:

View Report

User must click View Report

WHA Information Center, LLC - Wipop Data Submission

Inventory Report

We are continuing to refine the downloading and printing options.

Batch Number: ALL Total Records: 8044
001 - Amery Regional Medical Center

Quarter Year: Q1 2023

| Patient Type / Place of Service | PControl | MRN | Primary Payor | Payer Name | Primary Diagnosis | Secondary Diagnosis | Principal Procedure | PBL ID | Race | Ethnicity | Claim File Indic Code | Primary Language |
|---------------------------------|----------|-----|---------------|------------------------------|-------------------|---------------------|---------------------|--------|------|-----------|-----------------------|------------------|
| Emergency Dept Visit | | | MED-09 | MEDICARE MANAGED CARE MEDICA | R531 | | | | 5 | 2 | MA | ENG |
| Outpatient (Lab-Radiology) | | | OTH-22 | HP SELF INSURED | L299 | | | | 5 | 2 | CI | ENG |
| Outpatient (Lab-Radiology) | | | MED-09 | MEDICARE MANAGED CARE MEDICA | M47816 | | | | 5 | 2 | MA | ENG |

Edit User

New Option to Update Users:

Primary Contacts can update users ROLES only

Users can only update their personal demographic information

Wlpop

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Edit User Back To User Management

This page is for Primary Contacts only. A primary contact can remove/change any user's role within the specific facility/facilities they are the primary contact of.

| | |
|--|--|
| First Name <input type="text" value="Linda"/> | Email Address <input type="text" value="lsimon@r1rcm.com"/> |
| Last Name <input type="text" value="Simon"/> | Role <input type="text" value="IC Primary User"/> |

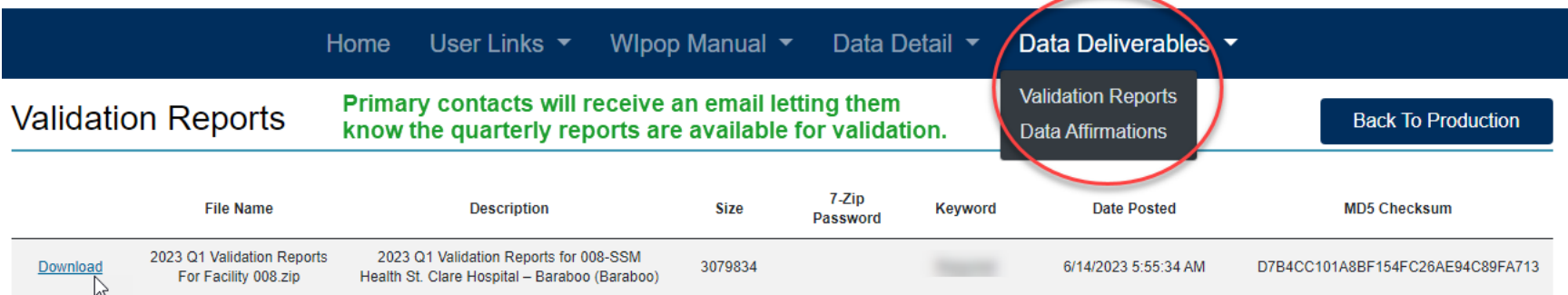
Select Removal Reason:

New User Management Option.

Portal Overview – once data is processed

To get data off the portal go to the tool bar, Data Deliverables

Wlpop



The screenshot shows the Wlpop portal interface. At the top, there is a navigation bar with links for Home, User Links, Wlpop Manual, Data Detail, and Data Deliverables. The Data Deliverables menu is highlighted with a red circle and contains options for Validation Reports and Data Affirmations. Below the navigation bar, there is a section for Validation Reports with a green message: "Primary contacts will receive an email letting them know the quarterly reports are available for validation." A "Back To Production" button is also visible. Below this, there is a table with columns for File Name, Description, Size, 7-Zip Password, Keyword, Date Posted, and MD5 Checksum. A "Download" link is present next to the first row of the table.









| File Name | Description | Size | 7-Zip Password | Keyword | Date Posted | MD5 Checksum |
|--|--|---------|----------------|---------|----------------------|----------------------------------|
| Download 2023 Q1 Validation Reports For Facility 008.zip | 2023 Q1 Validation Reports for 008-SSM Health St. Clare Hospital – Baraboo (Baraboo) | 3079834 | | | 6/14/2023 5:55:34 AM | D7B4CC101A8BF154FC26AE94C89FA713 |

DHS 120.11 Common data verification, review and comment procedures.

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

What are Validation Reports?

- 7 different types of reports posted.
- Pay particular attention to the SPR.
- The SPR only has 12 pages max!
- This report includes:
 - Breakdown of each patient type, by month, by current qtr vs prev qtr. % change
 - Includes expired patients, payer summary, gender, age, race, ethnicity
 - Includes record totals by provider-based location
 - Includes graphs for each data type with number of visits over 12-month period.

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

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

Evaluate in greater detail:

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

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

What's to know about Validation Reports?

| 2023 Q3 Data Submission | |
|---|--------------|
| Standard Data Submission Deadline – Data Due | 11/14 |
| Standard Deadline <i>fix Edits</i> & Mark QTR Complete | 11/28 |
| Extended Deadline - Due Date for Data Submission | 12/1 |
| <i>Ext. Deadline fix Edits</i> & Mark QTR Complete | 12/13 |
| ❖ Validation Reports in Portal – review data! | 12/15 |
| Deadline to Validate and Return Affirmation | 12/29 |
| Data Released | 1/9/24 |

- ◇ Reports are posted early or on time
- ◇ Each time a batch file is opened, and data reviewed, **new reports/affirmation are automatically** run
- ◇ **NEW** the validation and affirmation return date is the same now!

Wlpop

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ **Data Deliverables ▾**

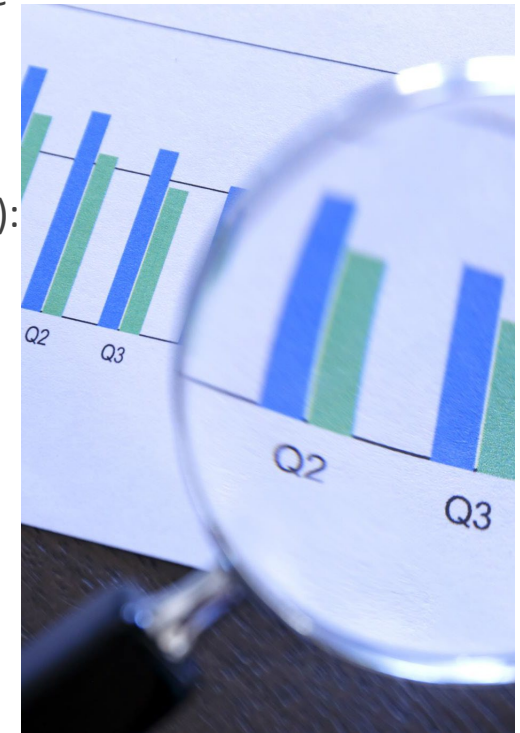
Validation Reports **Primary contacts will receive an email letting them know the quarterly reports are available for validation.** [Back To Production](#)

Validation Reports
Data Affirmations

| File Name | Description | Size | 7-Zip Password | Keyword | Date Posted | MD5 Checksum |
|--|--|---------|----------------|---------|----------------------|----------------------------------|
| Download 2023 Q1 Validation Reports For Facility 008.zip | 2023 Q1 Validation Reports for 008-SSM Health St. Clare Hospital – Baraboo (Baraboo) | 3079834 | | | 6/14/2023 5:55:34 AM | D7B4CC101A8BF154FC26AE94C89FA713 |

Validation Reports wrap up

- **Available in** the portal approx. 6 weeks after the end of the quarter.
 - *These are also available in real-time in 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, POA, PBL, etc.):
 - 1) Login to Wlpop and go to Batch Review.
 - 2) Click on Reopen Batch
 - 3) Go to “Data Detail” Find Patient Record using the patient control number.
 - 4) Make corrections and mark batch closed.
 - 5) Electronically sign/submit affirmation
- **Download and save your reports!** This is most helpful when validating the historical trends and knowing what’s normal in any month or quarter.
 - Keep a copy for your records for at least 5 quarters.



Affirmation Statement

- The data submission and sign off process is 100% electronic.
- The [Affirmation Statement](#) is a two-prong process to confirm the data was validated.
 - Requires reviewer to check a box verifying data was reviewed; and
 - Requires comments if there is a 20% variance in the data.
- In general, the number of patients seen each month is relatively consistent.
- ***Download and save either an electronic or paper copy of your summary profile report and affirmation statement for future reference.***

Reports and Affirmation are deleted after 30 days.

Affirmation

Facility Affirmations

No longer have to go to separate portal location.

Back to Affirmation List

WHA Information Center, LLC - Wlpop Data Affirmation

Q4 2022

Data Affirmation

1 Facility ID and Name

The affirmation statement is a high-level summary of the quarterly discharge data submitted, by month, for each data type. As stated under (DHS) 120.11, each facility must review its data for accuracy and completeness through internal reports such as a census, abstract or other internal reports or auditing methodology. Once the data is verified and validated it must be attested to and electronically signed by the chief executive officer or administrator of the hospital or freestanding ambulatory surgery center, or his/her designee.

**WHAIC encourages facility contacts to share this information with the data analytics and/or end user staff. Please keep a copy of this document for your records.*

Variations in data must be reviewed prior to form submission.

| Patient Type | October | November | December | Current Quarter | Prior Quarter | % Change |
|----------------------------|-------------|-------------|-------------|-----------------|---------------|--------------|
| Inpatient | 91 | 85 | 99 | 275 | 262 | 5.0% |
| Outpatient Surgery | 120 | 100 | 99 | 319 | 315 | 1.3% |
| Emergency Dept Visit | 572 | 562 | 530 | 1664 | 1678 | -0.8% |
| Observation | 26 | 28 | 23 | 77 | 100 | -23.0% |
| Therapies | 87 | 78 | 73 | 238 | 170 | 40.0% |
| Outpatient (Lab-Radiology) | 57 | 65 | 69 | 191 | 243 | -21.4% |
| Other Outpatient | 1467 | 1036 | 923 | 3426 | 2704 | 26.7% |
| Total | 2420 | 1954 | 1816 | 6190 | 5472 | 13.1% |

- Variances over or under 20% in any of the patient types (data in red) requires a thorough explanation/comment. Please provide enough detail to describe the reason for the change in record volume, how data will be corrected in future submissions, and if a caveat is necessary. For questions, or to provide additional information, contact WHAIC at whainfocenter@wha.org
- I HEREBY ATTEST, to the best of my knowledge, the data for the fourth quarter 2022 that was submitted to WHA Information Center by [redacted] was reviewed internally, and is accurate. Submission of this form is considered a signed affirmation from the CEO/designee whose name appears below.

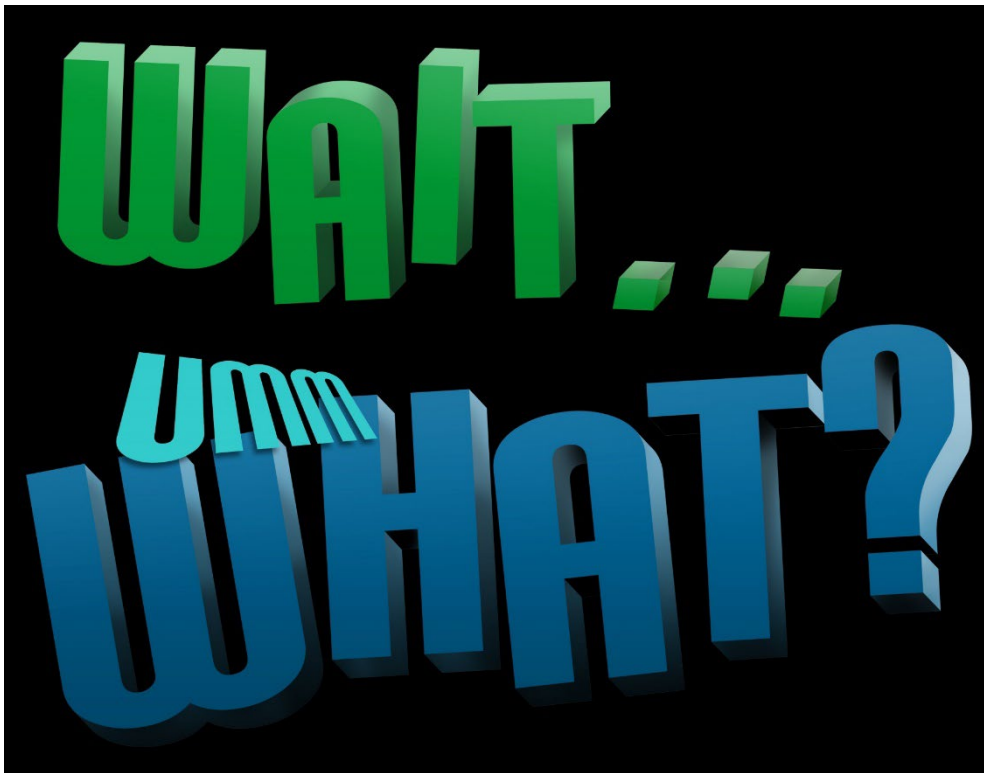
CEO/Designee:

Comments:

Submit

Justin will add a Print Option to allow users to share with others prior to submitting.

Save a copy for your records so you can compare quarter to quarter.



Updates, Issues and Edits

2024 New Edit

- New Payer ID Edit Coming
- Effective Q1 2024
- Payer ID will be required for the following insurance types
 - Medicare
 - Medicare Advantage
 - Medicaid
 - BadgerCare
 - Commercial

| | | | | |
|--------------------------------------|------------------------------------|---------------------------------|------------------------|-----------------------------------|
| Expected Source of Payment ID/Type: | <input type="text" value="BGR"/> | <input type="text" value="09"/> | Claim File Indic Code: | <input type="text" value="MC"/> |
| Secondary Source of Payment ID/Type: | <input type="text"/> | <input type="text"/> | Prov Based Loc: | <input type="text"/> |
| Insurance Certificate Number: | <input type="text" value="34254"/> | | Payer ID: | <input type="text" value="3504"/> |



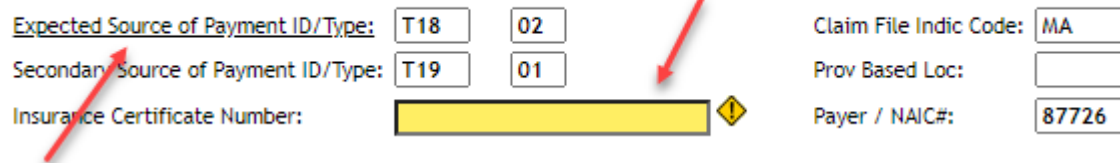
Q123 - New Plan Code to Identify Medicare Part C

- New Plan Code MPC-09
- What is Medicare Part C?
 - <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-medicare-part-c/index.html> *Learn more about Medicare Advantage Plans.*
- A Medicare Advantage Plan (like an HMO or PPO). Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private insurance companies.
- Medicare Advantage Plans provide all Part A (Hospital Insurance) and Part B (Medical Insurance) coverage and may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include prescription drug coverage (Part D).
- Medicare pays a fixed amount for care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare.

Edits: Payer Edits

- All records, except for Self-Pay require an insurance certificate ID number. Sometimes known as plan, group or member ID.
- Facility has access to payer via EMR, claim, or the insurance card.
- Facilities are required to include insurance name on file. Click on the underlined Expected Source of Payment field to see payer name.

| | | | | | |
|--|----------------------------------|---------------------------------|--|------------------------|------------------------------------|
| <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.*

Batch Alert Bell



- Alerts draw attention to potential misaligned data.
- Alerts do NOT have to be cleared like an edit.
- It's an opportunity to review the data more-timely with an at-a-glance table of potential areas of improvement.

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

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

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

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

| Alert Codes | Alert Defined | Alert reconciliation how to handle |
|-------------|--|---|
| A060 | <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>Payer Name From 837: ALLIED BEN SYS INDEMNITY</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>The correct mapping should be OTH 21, NOT A99.</p> |
| A065 | <p>Primary Payor Code will expire 12/31/2021. See Appendix 7.3 for more information.</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>Alert A065: Primary payor code will expire 12/31/2021. Edits will occur in Q1 2022. Please see Appendix 7.3 to correct mapping.</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"> • MED and T18 – combined to MED-09 = Medicare, Medicare Advantage, Medicare Sup / MediGap, Medicare Part A, B, C - all Medicare patients. • OTH 21 and OTH 31 – combined to OTH-21 = self-insured/TPA and benefit plan administration (BPA) or private employer funded insurance. • CHA 03 and OTH 55 – combined to CHA 03 = current and former military (insurance) benefits regardless of who is managing contract. • OTH 54, 59 & 71 – combined to OTH 54 = free/subsidized government programs, nonprofit organizations, health departments, and grant/research funds. • 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 |

WHAIC Race Categories

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

Batch will be **rejected if more than 25% of race and ethnicity codes are missing.** *2 different races may be submitted.

| | | |
|---|--|---|
| 1 | American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| 2 | Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| 3 | Black or African American | A person having origins in any of the black racial groups of Africa. |
| 4 | Native Hawaiian or <u>other</u> Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| 5 | White | A person having origins in any of the peoples of North America, Europe, North <u>Africa</u> or the Middle East. |
| 7 | Declined | A person who refuses to answer this question. |
| 9 | Unavailable | A person unable to answer this question, or no available family member or caregiver to respond for the patient. May also be used by patients if their race is unknown . |

Unfortunately, most of our data (95%) does not include a second race.

How does your organization collect Race?

- Do you ask the minimum as defined by WHAIC and OMB?
- Can your EMR (Epic, Cerner, Meditech) collect and report out more than one race?
- Do you have a multiracial option on your form?
 - If so, do you ask the patient to identify each race?
- Do you have a combination race category such as:
 - Multiracial: White and Black or African American
 - Multiracial: White and American Indian or Alaskan Native
 - Multiracial: White and Asian
 - Multiracial: Black or African American and American Indian or Alaskan Native
 - Multiracial: Black or African American and Asian
- OMB Standards



Race / Ethnicity

- Files rejected if > 25% of R/E reported as unknown or declined.
- Facilities **SHOULD report two races when available.**

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

- *Work with your vendor to update the file to store multiple races.*
- *Work with patient registration to verify they know more than one option is available on the form and recorded.*
- Remind patient registration/staff and vendors of the **importance** to collect and report race and ethnicity according to Appendix 7.2.
- **Common edit:** Combining a valid code with an invalid
Such as putting both a 5 (White) and 9 (unavailable) on the record

Common edit

| | | |
|------------|---|---|
| Race: | 9 | ⚠ |
| Ethnicity: | 9 | 🔔 |
| Race 2: | 5 | |

WHAIC needs better RACE data!

How do we achieve better Race Data?

- Initiate new collection requirements in 2024?
- Expand on the types of race collected?
- Add a or multi-racial categories?
- Wait for further OMG guidance in 2024?
- Ask/Insist vendors upgrade to a multiracial collection and reporting capability?

OMB Guidelines on Race / Ethnicity Data Collection

- Guidance not updated since 1997
- Sets standards, but not a mandate to collect
- Initial Proposals
 - Consolidate race/ethnicity into a single question
 - Add new category for Middle Eastern and North African (MENA)
 - Require collection of detailed category data by default, but provide flexibility to agencies
 - Updated terminology and question wording
 - Central repository of implementation guidance affecting agencies and non-federal
- Final standards no earlier than Summer 2024
- Source: <https://www.federalregister.gov/documents/2023/01/27/2023-01635/initial-proposals-for-updating-ombs-race-and-ethnicity-statistical-standards>



Unknown Sex/Gender

How do I fix an edit for Gender?

- 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.
- **Click on the TRIANGLE for directions. It spells out that Condition Code 45 is Required with "O" or "U"**

The screenshot shows a data entry form with several fields. A yellow callout box with a triangle icon contains the text: "Edit 3030 - Gender does not correspond to accepted values. Value of U or O requires Condition Code 45 if transgender or ambiguous gender." A red arrow points from this callout to the "Condition Code 1:" field, which is currently empty. Other fields include "Gender:" (set to "O"), "Marital Status:", "Primary Language:" (set to "ENG"), "Expected Source of Payment ID/Type:" (BGR, 09), "Secondary Source of Payment ID/Type:", "Insurance Certificate Number:" (3425405934), "Principal Diagnosis:" (O691XXI), "Principal Diagnosis POA:" (Y), "Claim File Indic Code:" (MC), "Prov Based Loc:", "Payer ID:" (3504), and "Condition Code 1:".

- Examples: Gender neutrality, transgender, intersex, gender binary.
- https://docs.asee.org/public/LGBTQ/Transgender_Vocab_Handout.pdf

2023 Focus on Language

- Language has been required on file since 2019 –
- The data is getting better
 - Currently we are getting 77% return rate

| | | | |
|-------------------|--------------------------------|------------|--------------------------------|
| Gender: | <input type="text" value="M"/> | Race: | <input type="text" value="5"/> |
| Marital Status: | <input type="text"/> | Ethnicity: | <input type="text" value="2"/> |
| Primary Language: | <input type="text"/> | Race 2: | <input type="text"/> |

Outreach will continue to help improve reporting

- Why is it important?
 - Minimize disparities in health care.
 - Improve and preserve the right to equitable healthcare and health services.
 - Prevent discrimination based on primary language spoken.
- Reference in Wlpop Manual Appendix
 - https://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix_72.pdf

Edit Record

Links are in the tool bar with drop downs.

[Back To Batch Detail](#)

014 - Black River Memorial Hospital **Facility Name is carried through on each screen**

Patient Control # [REDACTED] - Outpatient Surgery

Delete Record

← Previous Record

Next Record →

Update Record

New Location for deleting a single record

Patient Details

| | | | | | | | | | |
|-------------------------------|---|-------------|--------------------------------------|-------------------|----------------------------------|------------|--------------------------------|-------------------|--------------------------------|
| Unique Case ID: | <input type="text" value="7EDF9B03F84DAB"/> | MRN: | <input type="text" value=""/> | Gender: | <input type="text" value="F"/> | Race: | <input type="text" value="5"/> | Patient Type: | <input type="text" value="2"/> |
| Census Block Group: | <input type="text" value=""/> | Zip Code: | <input type="text" value="54615"/> | Marital Status: | <input type="text" value="S"/> | Ethnicity: | <input type="text" value="2"/> | Place of Service: | <input type="text" value="1"/> |
| Generate UCID | | Birth Date: | <input type="text" value="1023100"/> | Primary Language: | <input type="text" value="ENG"/> | Race 2: | <input type="text" value=""/> | | |

837 Claim Details

If Operating NPI is on record, you need a Principal Procedure

Payer ID will be required in 2024

| | | | | | | | | | |
|-----------------------|---|----------------------|---|--------------------------------------|---|------------------------------------|-------------------------------|-----------------------------------|-------------------------------|
| NPI Billing Provider: | <input type="text" value="1811940331"/> | Attending NPI: | <input type="text" value="1811297385"/> | Expected Source of Payment ID/Type: | <input type="text" value="T18"/> | <input type="text" value="02"/> | Claim File Indic Code: | <input type="text" value="MB"/> | |
| Rendering NPI: | <input type="text" value=""/> | Operating NPI: | <input type="text" value="1427020627"/> | Secondary Source of Payment ID/Type: | <input type="text" value=""/> | <input type="text" value=""/> | Prov Based Loc: | <input type="text" value=""/> | |
| Referring NPI: | <input type="text" value=""/> | Other Operating NPI: | <input type="text" value=""/> | Insurance Certificate Number: | <input type="text" value="124225575100"/> | | Payer ID: | <input type="text" value="4588"/> | |
| Point of Origin: | <input type="text" value="1"/> | Admission Date/Time: | <input type="text" value="06122023"/> | <input type="text" value="0629"/> | Principal Diagnosis: | <input type="text" value="M1712"/> | Principal Diagnosis POA: | <input type="text" value=""/> | |
| Admit Type: | <input type="text" value="3"/> | Discharge Date/Time: | <input type="text" value="06132023"/> | <input type="text" value="1026"/> | Admitting Diagnosis: | <input type="text" value=""/> | Principal Procedure: | <input type="text" value=""/> | |
| Discharge Status: | <input type="text" value="01"/> | Statement From: | <input type="text" value="06122023"/> | Reason For Visit Diagnosis 1: | <input type="text" value="M1712"/> | Principal Procedure Date: | <input type="text" value=""/> | Condition Code 1: | <input type="text" value=""/> |
| Type of Bill: | <input type="text" value="0851"/> | Statement To/Thru: | <input type="text" value="06132023"/> | Reason For Visit Diagnosis 2: | <input type="text" value=""/> | Principal Proc Modifiers: | <input type="text" value=""/> | Condition Code 2: | <input type="text" value=""/> |
| Leave Days: | <input type="text" value=""/> | Total Charges: | <input type="text" value="38014.52"/> | Reason For Visit Diagnosis 3: | <input type="text" value=""/> | | | Condition Code 3: | <input type="text" value=""/> |
| | | | | | | | | Condition Code 4: | <input type="text" value=""/> |
| | | | | | | | | Accident State: | <input type="text" value=""/> |

837I Claim - Hospital

TOB has to match POS

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

Additional Diagnosis and External Cause Codes

⚠ This section contains edits

| Code | POA | Delete | Description |
|--|-------------------------------|--------------------------|--|
| 1 <input type="text" value="S83511A"/> | <input type="text" value=""/> | <input type="checkbox"/> | Sprain of anterior cruciate ligament of right knee, init |

Create more [Additional Diagnosis Codes](#) ⚠ Delete Selected Diagnosis Codes ⚠ External Cause Code Required

Injury codes start with "S" and require an External Cause Code per statute.

How do I fix records?

- **Reopen the Batch** - to fix records or add details to records in the batch file.
- If you do not open the batch, the records will be in 'Read Only'
- Be sure to Mark Batch Complete again so the reports & affirmation can run.

Quarter 1, 2023 (Standard Data Due Date: 5/15/2023 12:00:00 AM) [Data Enter New Batch](#)

| Batch Num #223011 (Uploaded 4/7/2023 10:44:01 AM) | Patient Type | Total Records | Valid Records | Invalid Records | Available Options |
|---|--------------------------------|---------------|---------------|-----------------|-------------------|
| Delete Batch Mark Batch Complete | Inpatient | 701 | 701 | 0 | Complete |
| | Outpatient Surgery | 827 | 827 | 0 | Complete |
| | Emergency Room | 4658 | 4658 | 0 | Complete |
| | Observation | 278 | 278 | 0 | Complete |
| | Therapies | 4539 | 4539 | 0 | Complete |
| | Outpatient Lab/Rad | 9752 | 9752 | 0 | Complete |
| | Other Outpatient | 10403 | 10403 | 0 | Complete |
| Batch Num #222847 (Uploaded 3/6/2023 6:57:20 AM) | Patient Type | Total Records | Valid Records | Invalid Records | Available Options |
| Reopen Batch Delete Batch | Inpatient (Completed) | 764 | 764 | 0 | |
| | Outpatient Surgery (Completed) | 907 | 907 | 0 | |
| | Emergency Room (Completed) | 4867 | 4867 | 0 | |
| | Observation (Completed) | 295 | 295 | 0 | |
| | Therapies (Completed) | 4826 | 4826 | 0 | |
| | Outpatient Lab/Rad (Completed) | 10829 | 10829 | 0 | |
| | Other Outpatient (Completed) | 11601 | 11601 | 0 | |

When should I close a Batch?

- Once the edits are fixed, be sure to close the batch up.
- We manage over 250 sites – the facility is responsible for completing the quarterly submission, including marking complete.
- We do appreciate that most facilities are good at fixing edits and closing batch files in a timely manner.

Quarter 1, 2023

(Standard Data Due Date: 5/15/2023 12:00:00 AM)

[Data Enter New Batch](#)

This will go away once batch is marked complete.

| Batch Num #223011 (Uploaded 4/7/2023 10:44:01 AM) | Patient Type | Total Records | Valid Records | Invalid Records | Available Options |
|--|--------------------|---------------|---------------|-----------------|-------------------|
| Delete Batch | Inpatient | 701 | 701 | 0 | Complete |
| | Outpatient Surgery | 827 | 827 | 0 | Complete |
| | Emergency Room | 4658 | 4658 | 0 | Complete |
| Mark Batch Complete | Observation | 278 | 278 | 0 | Complete |
| | Therapies | 4539 | 4539 | 0 | Complete |
| | Outpatient Lab/Rad | 9752 | 9752 | 0 | Complete |
| | Other Outpatient | 10403 | 10403 | 0 | Complete |

Extension Requests

- Extension requests must be done in the Wlpop Application.
- Not to be used to delay the quarterly submission requirements due to vacations or holidays.

Should be used only when:

- Fire, Flood, Weather Event, Vendor Changed, etc.
- We may contact you even with an extension request on file 😊
 - Experience has taught us to never make assumptions.
 - We have statutory timelines we must adhere to.

Select Facility:

Batch Review

Wlpop (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:

| | | | |
|-------------|--|-----------|-------|
| 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 30 dates of service | Due Date: | 2/15 |

Hospitals and ASC's Primary contact(s) assumes responsibility for the quarterly files and Affirmation Statement.

File Upload

Request Extension

Must file 10 days before the data is due!

Invalid Batch File – Duplicate Records

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

1. **Duplicates within same file** - two records with the same patient control number in file
2. **Duplicate patient control number of a record/encounter that already exists in 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.
- The patient control # must be used to locate a record/encounter.

Wlpop Production

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Batch Review

075 - Children's Wisconsin-Milwaukee Hospital

Find Patient Record
Direct Data Entry
Facility Reports
Report Descriptions

Find Patient Record


075 - Children's Wisconsin-Milwaukee Hospital


To locate a previously submitted record, enter the Patient Control Number below and press Find Record.


Patient Control #:

Find Record

EDITS: Fixing records

- Edits can seem scary and overwhelming.
- **Click on the Triangle to see what the edit says!** 
- Fixing edits usually goes faster with each quarter.
- Don't stress 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 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.
 - To fix: Do not delete record, rather try to get the dates to match the quarter you're working by changing the service date or the procedure date.
 - WHAIC does not operate like an insurance company. We're more interested in services rendered.
- DOS must match the dates in the revenue line items
- For most DOS edits - user may change the data to fit the quarter.
 - Be careful to verify actual dates in the EMR before changing dates.

EDITS: Type of Bill

- Type of Bill Codes are on the 837i claim and required in 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.
- Cannot use an outpatient type of bill with an INP record and vice versa.

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: <ul style="list-style-type: none">• 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 |

ASCs can map field to 0851 or 0999

External Cause Codes

2. All 837 Claim Details

| | | | | | | | | | | |
|-----------------------|---|----------------------|---|--------------------------------------|---|--------------------------------------|--------------------------------|---------------------------------------|----------------------|---|
| NPI Billing Provider: | <input type="text" value="1376593442"/> | Attending NPI: | <input type="text" value="1770927857"/> | Expected Source of Payment ID/Type: | <input type="text" value="A30"/> | <input type="text" value="09"/> | Claim Fi | | | |
| Rendering NPI: | <input type="text"/> | Operating NPI: | <input type="text" value="1548262868"/> | Secondary Source of Payment ID/Type: | <input type="text"/> | <input type="text"/> | Prov Bas | | | |
| Referring NPI: | <input type="text"/> | Other Operating NPI: | <input type="text"/> | Insurance Certificate Number: | <input type="text" value="771900135696"/> | | Payer / | | | |
| Point of Origin: | <input type="text" value="1"/> | Admission Date/Time: | <input type="text" value="05032021"/> | <input type="text" value="0501"/> | Principal Diagnosis: | <input type="text" value="S065X9A"/> | Principal Diagnosis POA: | <input type="text" value="Y"/> | C | |
| Admit Type: | <input type="text" value="1"/> | Discharge Date/Time: | <input type="text" value="05032021"/> | <input type="text" value="2041"/> | Admitting Diagnosis: | <input type="text" value="I619"/> | Principal Procedure: | <input type="text" value="5A1935Z"/> | C | |
| Discharge Status: | <input type="text" value="20"/> | Statement From: | <input type="text" value="05032021"/> | | Reason for Visit Diagnosis 1: | <input type="text"/> | Principal Procedure Date: | <input type="text" value="05032021"/> | C | |
| Type of Bill: | <input type="text" value="0111"/> | Statement To/Thru: | <input type="text" value="05032021"/> | | Reason for Visit Diagnosis 2: | <input type="text"/> | Principal Procedure Modifiers: | <input type="text"/> | <input type="text"/> | C |
| Leave Days: | <input type="text" value="0"/> | Total Charges: | <input type="text" value="16,143.40"/> | | Reason for Visit Diagnosis 3: | <input type="text"/> | <input type="text"/> | <input type="text"/> | A | |

3. 837I Claim - Hospital

| | | | | | | | | |
|---------------|----------------------|----------------------|----------------------|--------------------|---------------------------------|--------------------------|---------------------------------------|-----------------|
| Value Code 1: | <input type="text"/> | Value Code 1 Amount: | <input type="text"/> | Occurrence Code 1: | <input type="text" value="11"/> | Occurrence Code 1 Start: | <input type="text" value="05032021"/> | Occurrence Code |
| Value Code 2: | <input type="text"/> | Value Code 2 Amount: | <input type="text"/> | Occurrence Code 2: | <input type="text" value="55"/> | Occurrence Code 2 Start: | <input type="text" value="05032021"/> | Occurrence Code |
| 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 |
| 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 |

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

| | | | | | |
|----|--------------------------------------|-----|--------------------------------|--------------------------|--|
| 6 | <input type="text" value="Z515"/> | ↑ ↓ | <input type="text" value="Y"/> | <input type="checkbox"/> | Encounter for palliative care |
| 7 | <input type="text" value="Z20822"/> | ↑ ↓ | <input type="text" value="Y"/> | <input type="checkbox"/> | Contact with and (suspected) exposure to COVID-19 |
| 8 | <input type="text" value="R402313"/> | ↑ ↓ | <input type="text" value="Y"/> | <input type="checkbox"/> | Coma scale, best motor response, none, at hospital admission |
| 9 | <input type="text" value="R402113"/> | ↑ ↓ | <input type="text" value="Y"/> | <input type="checkbox"/> | Coma scale, eyes open, never, at hospital admission |
| 10 | <input type="text" value="R402213"/> | ↑ ↓ | <input type="text" value="Y"/> | <input type="checkbox"/> | Coma scale, best verbal response, none, admit |
| 11 | <input type="text" value="F1190"/> | ↑ ↓ | <input type="text" value="Y"/> | <input type="checkbox"/> | Opioid use, unspecified, uncomplicated |
| 12 | <input type="text" value="F1020"/> | ↑ ↓ | <input type="text" value="Y"/> | <input type="checkbox"/> | Alcohol dependence, uncomplicated |
| 13 | <input type="text" value="F17210"/> | ↑ | <input type="text" value="Y"/> | <input type="checkbox"/> | Nicotine dependence, cigarettes, uncomplicated |

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

Create more Additional Diagnosis Record(s) ✗ Delete Checked Diagnosis Record(s) ◆ External Cause Code Required

Provider-base locations

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

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

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

Include the following information:

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

Frequent Question: What data should we exclude?

- Nothing should be excluded or exempt from what is billed on claim.
 - The only exempt services are nonpatient services such as straight up billing for reference labs, anesthesia, ambulance or DME products.
- If a HCPCS or CPT code is on the claim (or statement for self-pay), it should be sent to us.
- Examples:

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

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

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

Yes – cosmetic surgery is a reportable service.

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 |

What's in the works in 2023?

Top four 2023 fields we will focus on!

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



2023 Alert and future edit

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

Final Thoughts



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



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



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



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



Learn about the ways your data is used.



Thank you for your time today!

How to communicate with WHAIC



Contact Information

- Cindy Case, Manager of Compliance, Education and Training
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- Heather Scambler, Program Specialist
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- Justin Flory (For Technical difficulties with the files only)
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- Best way to reach us at WHAIC or ask questions.
- whainfocenter@wha.org