



The Bells are Ringing!

Bulletin - April 19, 2021



During the 2020 fall training we explained our new initiative and concept called ‘Alerts’ in Q1 2021. The idea is to generate discussion and find improvement in the data and of course to find efficiencies for submitters. Since then, the last newsletters explained in further detail what Alerts to look for, and now we are providing further clarification below.

About Alerts

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

* The **alert bell** may draw your attention to specific areas of race, ethnicity, payer and inpatient and observation stays. *Examples might include patients over 65 reported as non-Medicare, other/unknown payer, race declined/unavailable, OBS over 5 days, IP under 2 days, unknown payer, etc.*

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

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

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

Alert Codes

Keep in mind, this is a new concept for us too, and as such we are open to making improvements or tweaking the alerts to make better sense. We welcome your feedback or suggestions.

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

Throughout the year we will encourage you to review and/or update records with the correct mapping if necessary as well as share internal reports and audits.