



The respected source for health care data.

# WHAIC Wlpop 101 Training ~ Via Teams Mtg ~

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

2022



# About Us

- **Mission Statement:**
- **WHA Information Center (WHAIC)** is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other healthcare providers.
- WHAIC is a **not-for-profit subsidiary** of the Wisconsin Hospital Association (WHA)
- **Contracted** by the State of Wisconsin since 2003
- Began **data collection** in January 2004
- Our office is in **Fitchburg** (Southwest side of Madison)

# The WHAIC Team



*Brian*



*Cindy*



*Jennifer*



*Suzy*



*Steve*



*Alistair*



*Janice*



*Derek*



*Patrick*



*Seth*



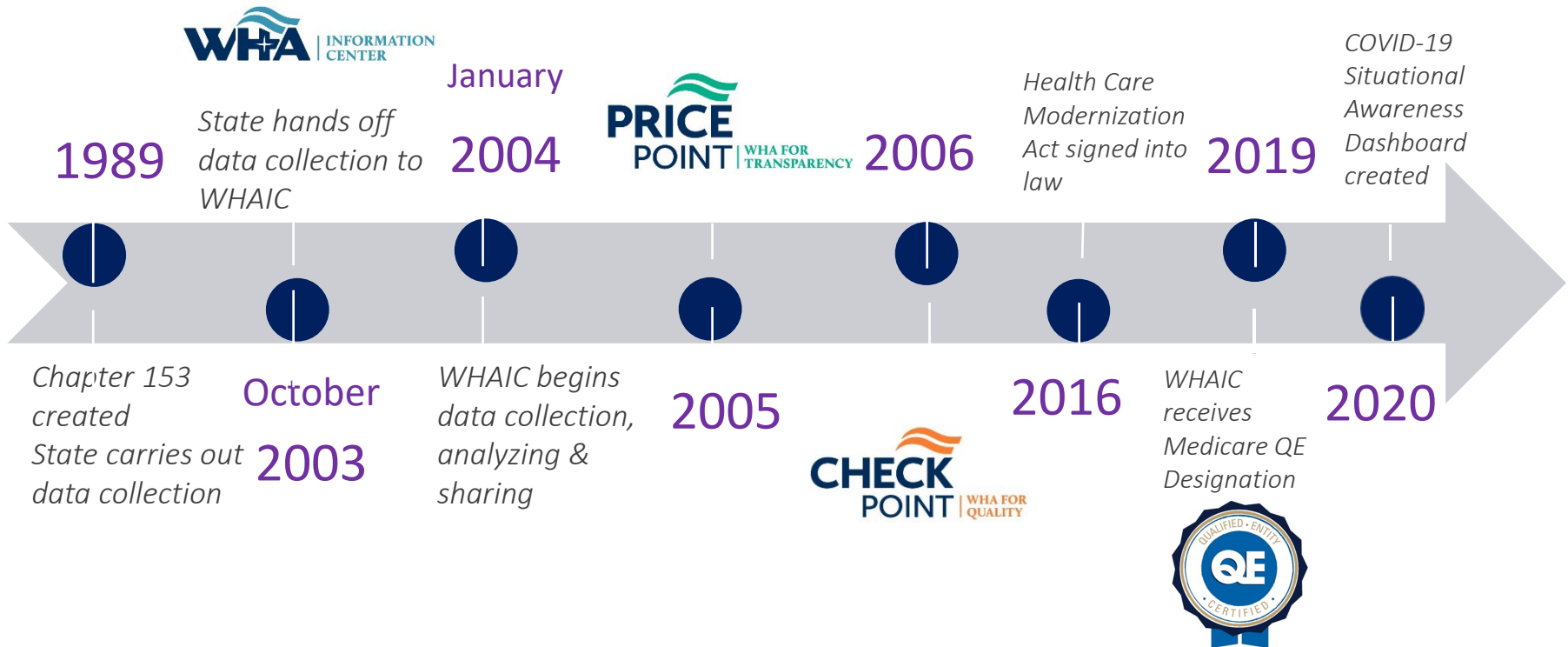
*Justin*



*Emily*

# About Us: WHA Information Center

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





# Information Center Data

## Discharge/Claim Data Collected

- Hospital discharge claims (163)
- Ambulatory Surgery Centers (68)
  - Quarterly data submission/collecti on (3,000,000 records/qtr)

## Annual Survey Data/Collected

- Annual Survey of Hospitals
- Hospital Fiscal Survey
- Medicare Cost Report
- Personnel Survey
- Uncompensated Health Care Survey
- Hospital Rate Increases

## How the Data is Used

- Publications (Mandate)
  - Guide to Wisconsin Hospitals
  - Health Care Data Report
  - Uncompensated Health Care in Wisconsin Hospitals
  - Hospital Rate Increases
- Workforce Analysis & Predictions
- Quality Report/Quality Improvement
  - Readmission rates
  - Potentially Preventable Readmissions
  - Hospital Acquired Conditions penalties
  - Other specific adverse events
- Analytics
  - Kaavio
  - PricePoint
  - CheckPoint
  - Other analytics/custom requests

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

- Professional/clinic
- Pharmacy
- DME
- Nursing facilities

# About Us – why we do what we do!

## Data Sets

- 86% of Wisconsin hospitals purchase data sets and/or custom data sets/reports from WHAIC
- Data is used for Price and Quality Transparency (PricePoint & CheckPoint)
- Data is used to help state and federal lawmakers develop public policies
- Hospitals and ASCs use discharge data collected by WHAIC to:
  - Review market share and market trends
  - Provide actual insights on health care outcomes
  - Cost and quality of care to support timely decision-making
  - Public safety and injury surveillance and prevention
  - Evaluate social and economic conditions of specific populations, cities or towns

# Privacy and Security

## WHAIC is not a covered entity under HIPAA

- We operate under the statutory authority of [Chapter 153](#)
- We take reasonable steps to avoid any data breaches including implementing safeguards & appropriately protecting e-PHI.
- When contacting us, follow your own HIPAA rules and practices. Only send the minimum necessary to perform our research. Never send patient names, SSN or entire medical records.



## Violating HIPAA:

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



# https://www.whainfocenter.com/



NEWSROOM | ABOUT US | **LOGIN**  
*The Respected Source for Health Care Data*

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.

## February is American Heart Month

February is recognized as American Heart Month to call attention to and educate people on the impacts of heart conditions. **Read More**



## Upcoming Events



Wlpop Data Submission Standard Deadline - Q4 2021  
**February 28, 2022**



## Data Submitters

WHA Information Center (WHAIC) has been collecting hospital, ASC and survey discharge data as authorized by the Wisconsin Department of Administration, since 2003 as defined by Chapter 153, Wisconsin Statutes.

Inpatient and outpatient data is collected quarterly through a secure, web-based tool known as **Wipop** to produce public use data sets, custom data sets and three annual publications.

In addition, all Wisconsin hospitals submit Annual, Fiscal, Personnel and Uncompensated Care survey data annually. Data collected from these surveys are used for trending, benchmarking, and other key statistics.

For more information and access to the Wipop or Survey Data Submission Manuals, calendars, training materials, and other updates click on one of the pictures below.

### Reporting Requirements



Important Dates & Events

Additional Resources

**September** Wipop Data Submission Extended Deadline -

Wisconsin Statutes, Chapter 153



# Website & Resources

## Wlpop

Wisconsin 'Wlpop' data collection is based on a modified HIPAA Compliant 837 claim file format. The Hospital and Ambulatory Surgery Center Manual's provided below will serve as the cornerstone to help facilities develop accurate high-quality claims files that include data elements not found or reported on the actual claim, but required for requirements.

Not only is the discharge data provided statutorily required, it allows WHAIC to create reports that help hospitals and ASCs grow their organizations market share, benchmark quality, aide in healthcare cost and utilization projects and help state and federal government services develop policies and more.

*Last Wlpop Manual Update: January 2022*

### WHAIC CONTACT

Cindy Case  
Mgr., Compliance, Education and Training  
608-274-1820  
**EMAIL:** Cindy Case



Hospital Manual



Ambulatory Surgery Centers Manual



News & Highlights



Education & Training



Data Submission Calendar



New Facility/Services



## Data Submission Calendar

# 2022 WHAIC Data Submission Calendar

Website: <http://www.whainfocenter.com/> Email: [whainfocenter@wha.org](mailto:whainfocenter@wha.org)

2021 Q4 Data Submission		2022 Q1 Data Submission	
Standard Data Submission Deadline – Data Due	2/14	Standard Data Submission Deadline – Data Due	5/16
Standard Deadline <i>fix Edits</i> & Mark QTR Complete	2/28	Standard Deadline <i>fix Edits</i> & Mark QTR Complete	5/26
<b>Extended Deadline - Due Date for Data Submission</b>	<b>3/3</b>	<b>Extended Deadline - Due Date for Data Submission</b>	<b>6/2</b>
<i>Extended Deadline for Edits &amp; Quarter Complete</i>	3/10	<i>Extended Deadline for Edits &amp; Quarter Complete</i>	6/13
❖ Validation Reports in Portal – review data!	3/16	❖ Validation Reports in Portal – review data!	6/20
Deadline to Validate	3/28	Deadline to Validate	6/30
Electronic Data Affirmation Submitted	4/5	Electronic Data Affirmation Submitted	7/7
Data Released	4/13	Data Released	7/14
2022 Q2 Data Submission		2022 Q3 Data Submission	
Standard Data Submission Deadline – Data Due	8/15	Standard Data Submission Deadline – Data Due	11/14
Standard Deadline <i>fix Edits</i> & Mark QTR Complete	8/29	Standard Deadline <i>fix Edits</i> & Mark QTR Complete	11/28
<b>Extended Deadline - Due Date for Data Submission</b>	<b>9/1</b>	<b>Extended Deadline - Due Date for Data Submission</b>	<b>12/1</b>
<i>Ext. Deadline fix Edits &amp; Mark QTR Complete</i>	9/12	<i>Ext. Deadline fix Edits &amp; Mark QTR Complete</i>	12/14
❖ Validation Reports in Portal – review data!	9/19	❖ Validation Reports in Portal – review data!	12/20
Deadline to Validate	9/28	Deadline to Validate	12/30
Submit Electronic Data Affirmation Statement	10/5	Submit Electronic Data Affirmation Statement	1/5
Data Released	10/12	Data Released	1/11

# Roles and RESPONSIBILITIES

**Wlpop Roles** – assigned by the facility to manage and oversee the timely data submissions, corrections, comments and affirmations.

## Three main roles

- Primary
- Secondary
- Wlpop Users

To Register

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

## • Wlpop Requirements

- WE do not add new users
- Users must register online through the portal
- Maintain prompt and responsive contact with WHAIC staff
- The Wlpop site is for authorized users only. Registered users agree use of Wlpop and Secure Portal system without authority, or in excess of your authority, is strictly prohibited.

- [http://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix\\_710.pdf](http://www.whainfocenter.com/Data-Submitters/WiPop/Hospitals/Appendix_710.pdf)

# Roles & Responsibilities – Primary Contact

Oversee and monitor access requests and users in Wipop.

Contact WHAIC when users leave the organization or need access to another site.

Serve as primary contact to address issues/edits with the data submissions.

Receive confirmation emails of:

- data submissions,
- notice of affirmation, and
- newly registered Wipop Users

Have access to the data deliverables site to download/share the facility data.

Receive all profile and validation reports for review, distribution, and accuracy

Have access to the Provider Based Location (PBL) table \*if applicable.

Receive (share) the Present on Admission (POA) report \*if applicable.

Authority to electronically sign and submit affirmation statement.





# Registration as easy as 1,2,3

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

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

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

Register For	Definition
<input type="checkbox"/> WIpop	<u>I will be submitting and/or editing Wisconsin hospital or ambulatory surgery center discharge data</u> Check this box if you are registering as a:
<input type="checkbox"/> Facility-Specific Reports	<ul style="list-style-type: none"> <li>• <u>WIpop Primary or Secondary Contact</u> (also check WIpop above)</li> <li>• <u>Recipient of Quality Reports</u></li> </ul>
<input type="checkbox"/> Annual Hospital Survey	<u>I submit, verify, review and/or sign off on the annual surveys including Hospital Fiscal Survey, Uncor and Medicare Cost Report Surveys</u>
<input type="checkbox"/> Kaavio	<u>I will be using the Kaavio data analysis tool</u>

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

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

Specify your Job Role(s)...

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

Choose either Primary or Secondary Contact

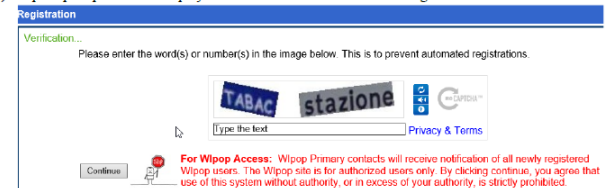
To Register to WIpop

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

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



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



Success!



Please choose a site:

- WIpop Production
- WIpop Test

# Roles and Authorized Users



## Wipop Production

### Welcome to Wipop Production

Select a Facility:  [Go to Batch Review](#)

[Request an Extension](#)

Wipop (pronounced WHYPOP) has two secured databases. This site is the [Production Site](#) used to [Submit/Upload](#) and [FIX](#) edits in your quarterly discharge data. To Test your data for errors/omissions, please use the [Test Site](#).

\*WHAIC accepts discharge data in a HIPAA Compliant [837 Claims File Format](#) only \*

WHAIC is accepting data for:

3rd Quarter 2019 (July 1 - September 30 dates of service) Due Date: [11/15](#)

4th Quarter 2019 (October 1 - December 31 dates of service) Due Date: [2/14](#)

Hospitals and ASCs must have at least [one Primary Contact to serve as WHAIC's main contact](#).

The [primary contact](#) assumes responsibility for the quarterly files and Affirmation Statement.

→ Review [WHAIC website](#): Data Submitters Tab and/or the [Compliance and Information Center Updates](#)

→ [Validation, Edits, Batch Details and Affirmation requirements: Section 6. of the Manual](#)  
[https://www.whainfocenter.com/uploads/PDFs/Wipop837\\_Manual/Section6.pdf](https://www.whainfocenter.com/uploads/PDFs/Wipop837_Manual/Section6.pdf)

→ The FAQ section in the [online manual](#) is a useful resource that should be used often 🙌.

### Wipop Users:

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

Click [here](#) for the Roles definition

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

Verify Users Often!

## Notes:

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

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



# Roles and Security Policy

- **Important:**
- Passwords must be changed annually.
- Primary and Secondary accounts deactivate if inactive for 15mo.
- Wlpop User accounts deactivate if inactive for 8 months.
- WHAIC staff reactivate existing accounts.
- If contacting WHAIC to **reactivate** an account – user must be prepared to **log in by COB of Friday of the same week.**
  - Contact staff email: [whainfocenter@wha.org](mailto:whainfocenter@wha.org)

# Why are we here?

- WHAIC is the [entity under contract](#) by the State of WI to collect hospital and freestanding ASC discharge data.
- We were made aware of your facility via your organization or the [Department of Quality Assurance](#) Health Care Facility list.
- Inpatient and outpatient data is collected quarterly (within specific timeframes) through a secure, web-based tool known as **Wipop**.
- Facilities generally need 6 months or less to create & test a file.
- Failure to comply with [...] the Statute and Admin Code shall result in the facility being non-compliant [...] and the facility may be subject to forfeitures under this chapter.

# What Type of Data do we Collect?

**WHAIC collects the following discharge data each quarter:**

- 1) Inpatient (INP) discharge data from hospitals (admit through discharge)
- 2) Emergency department data from hospitals (ER/ED)
- 3) Ambulatory / outpatient surgery data (OPS) \*including FASCs
- 4) Observation data (OBS)
- 5) Other hospital outpatient data (OHO)
  - Therapies – Physical, Respiratory, Occupational, Speech, etc.
  - Lab/Radiology – diagnostic & routine lab, nuclear med, CT, MRI
  - Other outpatient data – urgent care, pulmonology, oncology, etc; and
  - Provider-based billing /location (PBB/L) data (AKA OHO)

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



# What Type of Data is Excluded?

## We do not accept data from:



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



# Discharge Data Files

*Patient data is submitted using a modified 837 Electronic Data Interface (EDI) claims file.*

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

## **Biggest challenge for hospitals using a modified 837 claims file~**

- Creating a “dummy” claim for self-pay patients (e.g., cosmetic procedures)
- Vendor time and costs during the initial set-up or adding fields
- Capturing details (WHAIC Specifications) from EHR NOT on the claim (R/E, marital status, language, UCID, ECID, & payer mapping)

## ❖ **Why do we use this format?**

- Use of a standard format means very little customization and reduces cost.
- Fewer edits – because the data should be coming from the claim.
- Allows WHAIC to evolve, act and expand use of datasets more efficiently.

22

[837I Sample File Reference](#)

Loop	Element / Reference	Field Description	R, S, O	Values/Mapping Comments	Wipop Field Name/ Field Notes
0000	ISA06	Interchange Sender ID (3 digit)	R	Use 3-digit Facility ID assigned by WHAIC. Example: Osceola Medical Center is '102' <b>WHAIC Facility ID</b> - <a href="#">Appendix 7.1 Facility List</a>	Must match GS02 & 1000A/NM109
	ISA08	Receiver ID	O	Submitter choice: leave blank or use WHAIC837	Optional field
	GS02	Application Sender's Code	O	Use 3-digit Facility ID assigned by WHAIC. See <a href="#">Appendix 7.1 Facility List</a> Example: Osceola Medical Center is '102' <b>WHAIC Facility ID</b>	ISA06, GS02 and 1000A/NM109 must match.
	GS03	Application Receiver's Code	O	Submitter choice: leave blank or use WHAIC837	Optional field
0000	ST03	Implementation Guide Version	R	005010X223A2	Required but not stored
<p><b>LOOP ID 1000A/B and 2010AA Submitter and Billing (HOSPITAL / ASC) Detail</b></p> <p><b>LOOP 1000A: SUBMITTER NAME</b></p> <p>NM1*41*2*SAMPLE HOSPITAL*****46*333~</p> <p>PER*IC*SUBMITTER NAME*TE*614222222~</p> <p><b>LOOP 1000B: RECEIVER NAME</b></p> <p>NM1*40*2*WHAIC*****46*WHAIC 837~</p>					
1000A	NM101	Entity ID code	O	41 = Submitter	
1000A	NM102	Entity Type Qualifier	R	"2" – non-person entity	
1000A	NM103	Organization Name	O	Vendor name, Hospital or ASC name	
1000A	NM108	Identification Code Qualifier	R	46	

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

ISA\*00\* 00\* ZZ\*333 ZZ\*WHAIC \*040117\*1253\*\*00501\*00000905\*0\*P\*::~

FUNCTION GROUP

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

Facility 3 digit Code

TRANSACTION

ST\*837\*0021\*005010X223A2~

BHT\*0019\*00\*244579\*20170205\*1023\*CH~

LOOP 1000A: SUBMITTER NAME

NM1\*41\*2\*SAMPLE HOSPITAL\*\*\*\*\*46\*333~

PER\*IC\*SUBMITTER NAME\*TE\*614222222~

LOOP 1000B: RECEIVER NAME

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

LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL

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

Facility NPI

LOOP 2010AA: BILLING PROVIDER NAME

NM1\*85\*2\*SAMPLE HOSPITAL PROVID\*\*\*\*\*XX\*9876543210~

N3\*236 N MAIN ST~

N4\*MADISON\*WI\*53717~

REF\*EI\*11-12345678~

LOOP 2000B: SUBSCRIBER HIERARCHICAL LEVEL

HL\*2\*1\*22\*1~

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~

Primary Payer Code

REF\*NF\*621111~

Payer ID / NAIC #

Primary Payer Name

# Two ways to upload your data

- The first way is to use the 837 File Handler Interface
- The 837 File Handler program, sometimes called the “black box”
  - Creates the Unique Case ID and Encrypted Case ID (removes patient name)
  - Creates the Census Block Group (discards address)
  - Allows user to submit to Wlpop via the file handler program
- Download 837 File Handler/Black Box Instructions & program  
[http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC\\_837\\_Handler.zip](http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC_837_Handler.zip)

WHAIC 837 File Handler - Graphical User Interface (v2.0 Rev B)

This program can perform two functions:

- 1) Calculating and placing the Unique Case ID value in the file, removing the patient name
- 2) Uploading a file to Wlpop.

Select the function to perform

Unique Case ID generation

File upload

Input File:

Output File:

WHAIC 837 File Handler - Graphical User Interface (v2.0 Rev B)

This program can perform two functions:

- 1) Calculating and placing the Unique Case ID value in the file, removing the patient name
- 2) Uploading a file to Wlpop.

Select the function to perform

Unique Case ID generation

File upload

Upload File:

The following information is required for file uploads

Facility Number:  Quarter:  Year:

Portal Username:  Password:

Upload to Wlpop

Production

Test

Console Output

```
Program in progress . . .  
File upload 100% complete  
Program completed successfully
```



# Two ways to upload your data

- Directly through the WHAIC website or logging into the Portal

## Batch Review

[Back to Facility Select](#)

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

We are currently accepting data files for the following quarters:

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

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

**Edit Record**

[Back to Batch Details](#)

**Update**

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

Assigned by WHAIC

**1. Patient Details**

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

[Create Encrypted ID](#)

**2. All 837 Claim Details**

NPI Billing Provider: <input type="text"/>	Attending NPI: <input type="text"/>	Expected Source of Payment ID/Type: <input type="text"/>	Claim File Indic Code: <input type="text"/>
Rendering NPI: <input type="text"/>	Operating NPI: <input type="text"/>	Secondary Source of Payment ID/Type: <input type="text"/>	Prov Based Loc: <input type="text"/>
Referring NPI: <input type="text"/>	Other Operating NPI: <input type="text"/>	Insurance Certificate Number: <input type="text"/>	Payer / NAIC#: <input type="text"/>
Point of Origin: <input type="text"/>	Admission Date/Time: <input type="text"/>	Principal Diagnosis: <input type="text"/>	Principal Diagnosis POA: <input type="text"/>
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 Procedure 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"/>

**3. 837I Claim - Hospital**

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

**Additional Diagnoses and External Cause Codes:**

No Additional Diagnosis Records Found

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

# Data Submission

- Confirmation email is sent to submitter and primary contact.
- The email contains a summary of total records and edits in each datatype.
- Please correct edits as soon as possible.
- **Wait to mark complete until all invalid records are fixed.**
- Submit monthly files if possible.

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

# Fixing edits

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

## Batch Detail

[Back to Batch Review](#)

Use the drop down arrows  
to correct like edits

Batch #1

[Create New Record](#)

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

# Marking your batch files complete

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

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

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

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

# Portal Overview

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



Welcome sstaudenmayer8! [ Log Out ]

Please choose a site:

[Wipop Production](#)

[Wipop Test](#)

[Data Deliverables](#)



# Portal Overview

Login to the secured portal to get to your Validation Reports and Affirmation Statement



Data Deliverables Home

Welcome ccase0421!

[Portal Home](#)

[Home](#)

[File Downloads](#)

[File Admin](#)

[Provider Based Locations](#)

[Rate Increases](#)

[Data Affirmations](#)

[Survey Affirmations & Schedule C](#)

Welcome to the WHA Information Center Data Deliverables site. **Posted files will remain online for 30 days.**


**\*\*Effective with Q2 2021, profile and validation reports are no longer encrypted,** and therefore do not require 7-Zip. We rely on hospitals to implement their own best practices and follow HIPAA and other Security Standards. Please be sure to download your reports and save them to your own secured system for a rolling 5 quarters of data to accurately validate and trend the history of reporting.

All other files are encrypted and password-protected, and must be opened with 7-Zip: <http://www.7-zip.org/>

Mac users can download a 7-Zip compatible program from this site: <http://www.kekaosx.com/en/>

Please select an option from the tab menu above.

[Help for 7-Zip Users](#)

 *For those of you reviewing the Wjpop Data Submission Reports:* If you do not see a report that you are expecting, contact the WHA Information Center as your contact roles may need to be modified in the Portal.

**Wjpop Primary and Secondary users have access to the File Downloads and Data Affirmations.**





# Downloading Data and Affirmation

File Downloads Welcome ccase0421! [ Portal Home ]

Home **File Downloads** File Admin Provider Based Locations Rate Increases Data Affirmations Survey Affirmations & Schedule C

Search For:

These two fields are no longer required for your use.

[Frequently Asked Questions](#)

	File Name	Description	Size	<del>7-zip Password</del>	<del>Keyword</del>	Date Posted	MD5 Checksum
<a href="#">Download</a>	2021 Q4 Validation Reports For Facility 046.zip	2021 Q4 Validation Reports for 046-Hudson Hospital & Clinics (Hudson)	2492510		Required	3/17/2022 6:08:16 AM	
<a href="#">Download</a>	2021 Q4 Validation Reports For Facility 426.zip	2021 Q4 Validation Reports for 426-Ascension Wisconsin Surgery Center - Mount Pleasant LLC (Mount Pleasant)	1059871		Required	3/17/2022 6:05:25 AM	
<a href="#">Download</a>	2021 Q4 Validation Reports For Facility 001.zip	2021 Q4 Validation Reports for 001-Amery Regional Medical Center (Amery)	2549133		Required	3/17/2022 6:03:00 AM	

Affirmation statement is required to be reviewed and submitted electronically.

# Validation Report Overview

- Download your validation reports and please review them.
- If you have a report suggestion, please let us know!

File Downloads Welcome ccase0421! [ Portal Home

Home | File Downloads | File Admin | Provider Based Locations | Rate Increases | Data Affirmations | Survey Affirmations & Schedule C

Search For:

There is **no 7-zip** or keyword required.

[Frequently Asked Question:](#)

	File Name	Description	Size	7-Zip Password	Keyword	Date Posted	MD5 Checksum
<a href="#">Download</a>	2021 Q4 Validation Reports For Facility 064.zip	2021 Q4 Validation Reports for 064-UW Hospital and Clinics Authority (Madison)	5347220		Required	3/17/2022 5:58:07 AM	
<a href="#">Download</a>	2021 Q4 Validation Reports For Facility 017.zip	2021 Q4 Validation Reports for 017-Ascension SE Wisconsin - Elmbrook Campus (Brookfield)	2821948		Required	3/16/2022 5:59:22 AM	4D8D85A0DAEBAE70 46EF78E0B67BF3B0
<a href="#">Download</a>	2021 Q4 Validation Reports For Facility 432.zip	2021 Q4 Validation Reports for 432-Racine Digestive Health Center (Sturtevant)	1076863		Required	3/15/2022 12:32:14 PM	
<a href="#">Download</a>	2021 Q4 Validation Reports For Facility 431.zip	2021 Q4 Validation Reports for 431-North Shore Surgical Suites, LLC (Pleasant Prairie)	1108385		Required	3/15/2022 12:32:13 PM	

Reports automatically repost if the data was opened and adjusted.

Name	Ty
Diagnoses Not Present On Admissi...	M
OBS Over 5 Days Hudson Hospital ...	M
Outpatient Surgery Principal Proce...	M
Payer Detail Report Hudson Hospit...	M
Profile Report Hudson Hospital & ...	M
Quarter End Validation and Affirma...	M
Summary Profile Report Hudson H...	M
Unknown Payer Hudson Hospital ...	M

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

# Validation Reports

- **Available in** the portal approx. 6 weeks after the end of the quarter.
  - *These are also available in real-time in Wlpop once data is submitted.*
  - Review the data, what historically trended, validate what has been submitted, review for missing data, and submit additional records, if needed.
  - Run internal census or audit reports for comparison detail.
- Records that may need to be reviewed / corrected (Payor, POS or TOB):
  - 1) *\*Be sure to open Batch File first.*
  - 2) Login to Wlpop account and go to Batch Review
  - 3) Click on Reopen Batch
  - 4) Go to Batch/Reports and Find Patient Record using the patient control number
  - 5) Make corrections and mark batch closed.
- **New reports** will automatically run and repost – you will need to resend or sign the affirmation if one was already returned.

# Running Wlpop Reports

## Create Report

### Report:

--- Select a Report ---

--- Select a Report ---

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

Some reports take longer than others to run. All of them can be downloaded to excel or PDF.

The initial best reports to run are:  
> Data Integrity Report  
> Unknown Payer Report

## WIPOP DATA SUBMISSION REPORTS AND DESCRIPTIONS

### Batch Upload and File Reports:

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

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

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

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

### Discharge Data Quarter-End Validation Reports

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

#### Data Integrity Report:

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

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

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

### Reports Applicable to Hospitals

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

In IE, or if you have Administrator rights on your computer, print this report by clicking the Print icon on the toolbar. Otherwise, Export to a file and then print.



WHA Information Center, LLC - Wlpop Data Submission **Download to excel or PDF**

Data Integrity Report

The Data Integrity Report is one of many real-time analytic reporting tools available to facilities. This report contains data from records without edits from all successful batch files. It is intended for any registered Wlpop user to run as a resource to evaluate and ensure the data is accurate and consistent with historical norms.

Review each patient type and verify the monthly data represents the correct number of patient encounters. Verifying the data may require numerous internal analytical tools, internal Census, Abstract or Audit Reports and/or communication with your vendor. **Any change in patient volume over or under 20% should be investigated.**

You may click on the cell values in blue to display a list of the underlying patient control numbers.

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

**WHAIC strongly encourages you to save a copy of your quarterly/validation reports.** They are an excellent reference to help validate subsequent data submissions. It is your responsibility to validate and verify the accuracy and completeness of your facility data, WHAIC cannot do that for you. If you notice any data discrepancies, we will assist in troubleshooting potential problems.

# Wlpop Report Example

# Updated Unknown Payer Report

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

## Report Update

WHA Information Center, LLC - Wipop Data Submission

Validation Report - Other/Unknown Payers

Milwaukee

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

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

**Don't Forget to Open Batch First**

To review the record(s):

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

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





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# Reminder: Payer mapping

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



# Reminder: 65+ Non-Medicare

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



# Affirmation Statement

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

*Reports and Affirmation are deleted after 30 days.*

# Common File Issues and Edits



# Alerts in the file

- 2021 – we created “Alerts” in the data submissions to be proactive.
- Most Alerts DO NOT require you to clear them like an edit – rather this is an opportunity to review the data more-timely with potential areas of improvement.
- Review the reports/table while correcting edits and update internal mapping before the close of the quarter.

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

The example batch email shows 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 – Wlpop 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.

# Alert Report Options

Wipop Production x Error Summary Report x +

wipopcd10.whainfocenter.com/Reports/ErrorSummary.aspx

Apps Gmail YouTube Maps WHAIC

2 of 2 Find | Next

Count	Error Code	Error Description
165	A011	Race is Unavailable
158	A021	Ethnicity is Unavailable
86	A080	Over 65 non-Medicare. Medicare Advantage Plans should be mapped to MED-00
45	A090	Inpatient stay under 2 days
44	A060	Unknown or Other Primary Payor
10	A067	Primary and Secondary Payors are the
3	A020	Ethnicity is Declined
3	A065	Primary payor code will expire 12/31/2

**Total Records: 5475**

**Records with Edits: 217**

**Records with Alerts: 349**

Wipop Production x Error Summary By Patient Type a x Error Summary Report x

wipopcd10.whainfocenter.com/Reports/ErrorByPatientTypePCControl.aspx

Apps Gmail YouTube Maps WHAIC

Include Alerts: Yes

Switch to yes and then hit the review report again.

2 of 3 ? Find | Next

9	5370	Most diagnosis codes in the S-T range
7	A011	Race is Unavailable
1	A020	Ethnicity is Declined

Alerts start with "A"

# Reviewing Alerts

## VIEWING IN BATCH REVIEW

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

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

000 - WHA Information Center LLC Admin Batch/Reports

### Batch Review

[Back to Facility Select](#)

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

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

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

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

# Reopening a Closed Batch

- **Reopen the Batch** - in order to fix records or add detail to a record the batch must be open.
- If you do not open the batch, the records will be in 'Read Only'
- Be sure to close the batch again so the reports can rerun.

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



# Closing a Batch

- Once the edits are fixed, be sure to close the batch up.
- We manage nearly 250 sites – the facility is responsible for completing the quarterly submission, including marking complete.

	Patient Type	Total Records	Valid Records	Invalid Records	Available Options			
BATCH #: 21 (Uploaded 9/11/2020) <a href="#">Mark Batch Complete</a> <a href="#">Delete Entire Batch</a>	Inpatient	163	163	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Outpatient Surgery	1090	1090	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Emergency Room	982	982	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Observation	99	99	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Therapies	748	748	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Outpatient Lab/Radiology	2423	2423	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
	Other Outpatient	124	124	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>

# Common File Issues – Race / Ethnicity


- The collection of race and ethnicity is a statutory requirement [Ch. 153](#).
- Batch files will be rejected if greater than 25% of race and ethnicity are reported as unknown or declined.
- Hospitals and ASCs can and SHOULD report two races.
- ‘Other’ or ‘Multiracial’ are not an option because they **do not provide useful information** for data analysis or research.
- Think about how you can reduce edits and improve data:
  - ❖ *Can you work with the vendor to update the file to include/pull multiple races?*
  - ❖ *Can you work with patient registration to update form to encourage more than one option?*
  - ❖ *Can you share the R/E data with the C-suites to get buy in for better data in the EMR?*

WHAIC specifications in [Appendix 7.2](#).



# Common File Issues – Sex/Gender

## Unknown Sex / Gender Code:

Gender:  

Marital Status:

Primary Language:

✕

Error 3030: Gender does not correspond to accepted values. Value of U or O requires Condition Code 45 if transgender or ambiguous 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.
- **Condition Code 45 Required with “O” or “U”**
  - All encounters/records that have an “O” as identified by “Other” in the file will be mapped to “U” to preserve historical trending. Use of “O” will require the condition code 45 as it mirrors the requirements of “U.”
- For more information: <https://www.healthit.gov/isa/representing-patient-gender-identity>.
- Examples: Gender neutrality, transgender, intersex and nonbinary.
- [https://docs.asee.org/public/LGBTQ/Transgender\\_Vocab\\_Handout.pdf](https://docs.asee.org/public/LGBTQ/Transgender_Vocab_Handout.pdf)

# Common File issues - Filing for an Extension

- Extension requests must be done in the Wlpop Application **20 days** before the data is due.
- Not to be used to delay the quarterly submission requirements ~  
Should only be used when:
  - File changes occur
  - Vendor changed
  - Staff Changed
- WHAIC staff may contact facility with an extension request on file.
  - Experience has taught us to never make assumptions
  - We have statutory timelines we must adhere to

Welcome to Wlpop Production

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

Go to Batch Review

To request an extension



[Request an Extension](#)



# Common File Issues – Duplicate Records

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

1. **Duplicates within same file** - two records with the same patient control number in file getting uploaded.
2. **Duplicate patient control number** - 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 file rejects.
- If the record already exist, we will keep the original encounter/record.
- The batch file email response will include the number of records submitted and number of duplicates removed.

# EDITS: Fixing records

- Edits may seem scary and overwhelming.
- **Click on the diamond to see what the edit says!** 
- Fixing edits usually goes faster with each quarter.
- Don't stress even if it looks like there's hundreds, one record might have 6.
- For this one you would just delete the "Y" and hit update.

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

	Code		POA	Delete	Description
1	<input type="text" value="G8191"/>	↓	<input type="text" value="Y"/>	<input type="checkbox"/>	Hemiplegia, unspecified affecting right dominant side
2	<input type="text" value="Q211"/>	↑ ↓	<input type="text" 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> <p>Click on the diamond for the edit description.</p>
3	<input type="text" value="I10"/>	↑ ↓	<input type="text" value="Y"/>		
4	<input type="text" value="R29810"/>	↑ ↓	<input type="text" value="Y"/>		
5	<input type="text" value="R471"/>	↑ ↓	<input type="text" value="Y"/>		

# EDITS: Correcting Dates of Service

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

- *For example, if service started on 06/30 and ended on 07/01, the record should be included in the 3<sup>rd</sup> quarter data submission.*
- Date of Service (DOS) can sometimes cause edits in the outpatient surgery data.
- Why does this occur?
  - Discharge or statement date is off due to date it was coded, billed or patient ended treatment.
- For most DOS edits - user may change the date to fit the quarter.
  - Be careful to verify actual dates in the EMR before changing dates.

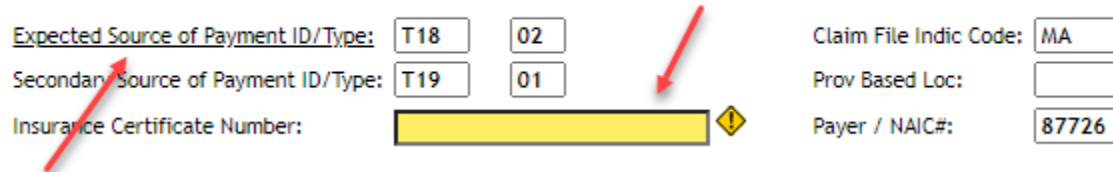
## All 837 Claim Details

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

# Edits: Fixing records

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

<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.*

# EDITS: Finding and Deleting Records

- To delete a single record, go to the upper left corner of the Edit Record Screen and click 'Delete Record.'

WFA INFORMATION CENTER Wipop Production

Print Record Delete Record Cancel Changes

Inc

Batch/Reports

Submit Batch

Find Patient Record

Create Report

Edit Record

Back to Batch Details

To locate a record use the patient control number and

Update Next Record

to delete A record use the Edit Record Screen

Patient Control #6... - Outpatient Lab/Radiology

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

Patient Type	Total Records	Valid Records	Invalid Records	Available Options			
Therapies	38	38	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
Outpatient Lab/Radiology	565	565	0	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	<a href="#">Mark Complete</a>
Other Outpatient	674	605	69	<a href="#">View</a>	<a href="#">Add</a>	<a href="#">Delete</a>	

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



# Edits: Finding a Patient

- Most of the reports contain the patient control number that must be used to locate a specific record / encounter.
- To find a specific patient, go to Batch/Reports “Find Patient Record”

The screenshot shows a web application interface. At the top, there is a blue navigation bar with three links: [Batch/Reports](#), [Help](#), and [Exit](#). Below this bar is a vertical menu with four options: [Submit Batch](#), [Find Patient Record](#) (highlighted with a mouse cursor), and [Create Report](#). To the right of the menu, the heading **Find Record** is displayed. Below the heading, there is a text instruction: "To locate a previously submitted record, enter the Patient Control Number below and press Find." Underneath this instruction is a text input field labeled "Patient Control #". Below the input field are two buttons: "Find" and "Back". A mouse cursor is positioned over the "Find" button.

# EDITS: Type of Bill and Admit Type

- Type of Bill Codes are on the 837i claim and required in Wlpop.
- Type of bill (TOB) codes are published in the UB-04 National Uniform Billing Committee guidelines (NUBC).
- The TOB gives three specific pieces of information.
  - The first digit identifies the type of facility.
  - The second digit classifies the type of care.
  - The third digit indicates the sequence of the bill in any episode of care. It is referred to as a “frequency” code.

## *Edits applicable to TOB:*

ASCs may map field to 0851 or 0999

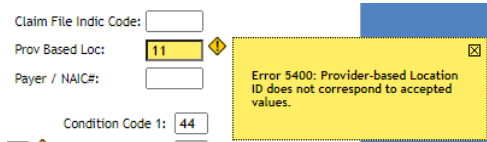
1160	Type of Bill is a required field.
3180	Type of Bill does not correspond to accepted values.
3181	Type of Bill 0999 is not allowed for hospitals
3185	Zero charge records require Nonpayment/Zero charge Bill Type
3186	<b>NEW EDIT:</b> Type of bill must match the record type Edit 3186 will apply when either of these is true: <ul style="list-style-type: none"><li>• The record is inpatient and the type of bill is NOT in the 110-121 range</li><li>• The record is outpatient and the type of bill is in the 110-121 range</li></ul>

# Provider-based locations

- **Reminder:** report PBL / PBC locations separately on the claim file
- Hospitals that have off-campus, outpatient, provider-based department must notify WHAIC to obtain a PBL ID **and** program the service facility PBL ID on the file.
- Splitting a hospital outpatient charge into professional and facility components is called “provider-based billing.” *Patients receive two charges on the bill for services provided; one charge represents the facility or hospital, and the other charge represents the professional fee.*
- Records from a hospital outpatient department/PBL with the same Medicare provider number should be submitted according to the 837I or R Technical specifications

# PBLs and Acquiring/Merging Hospitals

- PBL Reports are available in Wlpop and in the validation files
- If you acquire a new hospital – did you also take the clinics?
- If a PBL closes or stops billing the facility fee – contact WHAIC to term the site in our database
- If a PBL transfers to a RHC – notify WHAIC to term the location ID.



The screenshot shows a form with the following fields: Claim File Indic Code (empty), Prov Based Loc (11), Payer / NAIC# (empty), and Condition Code 1 (44). A yellow error message box is overlaid on the form, stating: "Error 5400: Provider-based Location ID does not correspond to accepted values." The error message box has a close button (X) in the top right corner.

# 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. <b>It will not work with PO Boxes or industrial districts.</b>	12/1/17
Charity care	Should we report charity care?	Yes, you are required to report and include all services rendered to patients regardless of payment method.	12/1/17

# Final Thoughts

- The process may seem overwhelming at first, take a step back and know that it's going to take time to learn the system
- The number of edits may seem overwhelming, work with us to help reduce those edits.
- Don't wait till the last day to submit the data, we'd like it monthly.
- Try to understand who in your organization uses, analyzes or manipulates the datasets we provide back to the organization.
- Learn about the ways your data is used.

*We are here to help you!*

Thank you 😊

- Cindy Case, Manager of Compliance, Education and Training
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- Suzanne (Suzy) Staudenmayer, Data Coordinator
- [sstaudenmayer@wha.org](mailto:sstaudenmayer@wha.org)
- Justin Flory (For Technical difficulties with the files only)
- [jflory@wha.org](mailto:jflory@wha.org)
- Best way to reach us at WHAIC or ask questions.
- [whainfocenter@wha.org](mailto:whainfocenter@wha.org)



# How is our data secured?

**Web Data Submission Process ensures a secure application by:**

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

