



The respected source for health care data.

Wlpop 101 – Via Teams Mtg

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WHAIC Initial Wlpop Training / Refresher

2020

Agenda

- About us and Introductions
- Navigating Website and Manual
- Data Submission Calendar
- Portal Overview and 7-Zip
- Reports (Wlpop and End of Quarter)
- Validation
- Affirmation
- Common File Issues and Edits
- Our Contact Information



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

About Us – why we do what we do!

Data Sets

- 84% of Wisconsin hospitals purchase data sets and/or custom data sets/reports from WHAIC.
- Data is used for Price and Quality Transparency (PricePoint & CheckPoint)
- Data is used to help state and federal lawmakers develop public policies
- Hospitals and ASCs use discharge data collected by WHAIC to:
 - 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/

For the best viewing experience please use Google Chrome or Microsoft Edge.



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*The Respected Source for
Health Care Data*

 Search

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

COVID-19 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.

See the Latest WHA PSA!

Another WHA-Sponsored COVID public message highlighting mask wearing, hand washing and social distancing.
Read More



Upcoming Events



Wlpop Data Submission
Extended Deadline - Q2 2020
September 18, 2020



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

Wipop

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

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

WHAIC CONTACT

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



Hospital Manual



Ambulatory Surgery Centers Manual



News & Highlights



Education & Training



Data Submission Calendar



New Facility/Services

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	3/6	Extended Deadline - Due Date for Data Submission	6/5
<i>Extended Deadline for Edits & Quarter Complete</i>	3/20	<i>Extended Deadline for Edits & Quarter Complete</i>	6/19
❖ Validation Reports in Portal – review data!	3/26	❖ Validation Reports in Portal – review data!	6/26
Deadline to Validate Discharge Data	4/9	Deadline to Validate Discharge Data	7/10
DUE DATE: Electronic Data Affirmation	4/15	DUE DATE: Electronic Data Affirmation	7/17
Data Released	4/27	Data Released	7/28
2020 Q2 Data Submission		2020 Q3 Data Submission	
Standard Data Submission Deadline – Data Due	8/14	Standard Data Submission Deadline – Data Due	11/13
Standard Deadline <u>fix Edits</u> & Mark QTR Complete	8/28	Standard Deadline <u>fix Edits</u> & Mark QTR Complete	11/27
Extended Deadline - Due Date for Data Submission	9/4	Extended Deadline - Due Date for Data Submission	12/4
<i>Ext. Deadline <u>fix Edits</u> & Mark QTR Complete</i>	9/18	<i>Ext. Deadline <u>fix Edits</u> & Mark QTR Complete</i>	12/18
❖ Validation Reports in Portal – review data!	9/25	❖ Validation Reports in Portal – review data!	12/23
Deadline to Validate Discharge Data	10/9	Deadline to Validate Discharge Data	1/11
DUE DATE: Electronic Data Affirmation	10/16	DUE DATE: Electronic Data Affirmation	1/15
Data Released	10/27	Data Released	1/26

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

2020 Calendar

■ Data is Due

January							February							March							April						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4							1	1	2	3	4	5	6	7				1	2	3	4
5	6	7	8	9	10	11	2	3	4	5	6	7	8	8	9	10	11	12	13	14	5	6	7	8	9	10	11
12	13	14	15	16	17	18	9	10	11	12	13	14	15	15	16	17	18	19	20	21	12	13	14	15	16	17	18



Discharge Data Files

Patient data submitted is using an Electronic Data Interface (EDI) Claims file format.

What does that mean? An **837** file is an electronic claims format used to **electronically exchange health care claim information** between health care providers and payers.

Biggest challenge for hospitals using a claims file~

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

❖ Why do we use this format?

- Very little customization in the file and use of a standard format reduces cost.
- Allows WHAIC to evolve, act and expand use of datasets more efficiently.

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Overview of data submission process

3.2 Summary of Data Submission Process

Submitting quarterly data Inpatient and outpatient discharge data for all encounters must be submitted within 45 days of the quarter ending. The data is sorted by record type, number of records in each data type, and valid/invalid records based on edits.

Correcting edits/errors Edits are based on current coding guidelines and use of the Medicare Coding Edits. Authorized WIpops users are responsible for correcting edits contained in the records within the timeline provided in the Data Submission Calendar. Once edits are worked, the batch must be marked complete. WHAIC encourages facilities to run real-time validation reports in WIpops. **Quarter-end** WHAIC performs internal validation and focuses on historical trends within all datatypes in the data submission. Internal validation performed by WHAIC staff is intended to evaluate if the data is consistent with historical norms, if trending is plausible given expected quarterly and annual distributions of records within each data element. Inconsistencies are identified and shared with the facility. The facility must respond or take appropriate action within a reasonable period, preferably within 48 hours, and review the data in question, make corrections and/or verify the records are accurate.

Validating quarterly data Approximately 6 to 8 weeks after the data submission deadline, each facility will receive multiple validation reports via the secure portal. The facility staff should run internal census or abstract reports to compare data based on patient volume, charges, percentage of change within the dataset, and unusually high or low monetary figures.

Potential problems or inconsistencies identified by the facility must be corrected as explained on the report download.

Reviewing the profile and electronically submitting the affirmation statement Finally, at the completion of the validation process the facility is required to submit an electronic Affirmation Statement affirming the accuracy of the data.

Patient Control #sfd sdf - Outpatient Surgery

Update

Click update to accept changes!

1. Patient Details

Patient Type:	<input type="text" value="2"/>	MRN:	<input type="text" value="SAFDSDFSDF"/>	Gender:	<input type="text" value="M"/>	Race:	<input type="text" value="5"/>	Encrypted Case ID:	<input type="text" value="S530S"/>
Place of Service:	<input type="text" value="1"/>	Birth Date:	<input type="text" value="10012000"/>	Marital Status:	<input type="text" value="S"/>	Ethnicity:	<input type="text" value="1"/>	Unique Case ID:	<input type="text" value="8C8192DBE4CD1F9"/>
		Census Block Group:	<input type="text" value="550250115053"/>	ZIP Code:	<input type="text" value="53590"/>	Race 2:	<input type="text" value="1"/>		

Create Encrypted ID

Primary Language
coming soon

2. All 837 Claim Details

Insurance Cert #:	<input type="text" value="Never use patient Name"/>	Attending NPI:	<input type="text" value="INP and ED"/>	Rendering NPI:	<input type="text" value="ASCs use this"/>	Accident State:	<input type="text"/>
NPI Billing Provider:	<input type="text" value="Hospital or ASC #"/>	Operating NPI:	<input type="text" value="OPS"/>	Expected Source of Payment ID/Type:	<input type="text" value="Appndx"/> <input type="text" value="7.3"/>	Prov Based Loc:	<input type="text"/>
Referring NPI:	<input type="text"/>	Other Operating NPI:	<input type="text"/>	Secondary Source of Payment ID/Type:	<input type="text"/> <input type="text"/>	Leave Days:	<input type="text"/>

Point of Origin:	<input type="text"/>	Admission Date/Time:	<input type="text"/> <input type="text"/>	Principal Diagnosis:	<input type="text"/>	Principal Diagnosis POA:	<input type="text"/>	Condition Code 1:	<input type="text"/>
Admit Type:	<input type="text"/>	Discharge Date/Time:	<input type="text"/> <input type="text"/>	Admitting Diagnosis:	<input type="text"/>	Principal Procedure:	<input type="text"/>	Condition Code 2:	<input type="text"/>
Discharge Status:	<input type="text"/>	Statement From:	<input type="text"/>	Reason for Visit Diagnosis 1:	<input type="text"/>	Principal Procedure Date:	<input type="text"/>	Condition Code 3:	<input type="text"/>
Type of Bill:	<input type="text"/>	Statement To/Thru:	<input type="text"/>	Reason for Visit Diagnosis 2:	<input type="text"/>	Principal Procedure Modifiers:	<input type="text"/> <input type="text"/>	Condition Code 4:	<input type="text"/>
Total Charges:	<input type="text" value="0.00"/>	Reason for Visit Diagnosis 3:	<input type="text"/>		<input type="text"/>		<input type="text"/>		<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\(s\)](#)

To add an add'l dx code add # and click on underlined add'l dx records

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

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

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/ommissions, please use the Test Site.

*WHAIC accepts discharge data in a HIPAA Compliant 837 Claims File Format only *

WHAC 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

→ 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, 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:

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

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



Portal Overview

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



Welcome sstaudenmayer8! [Log Out]

Please choose a site:

[Wipop Production](#)

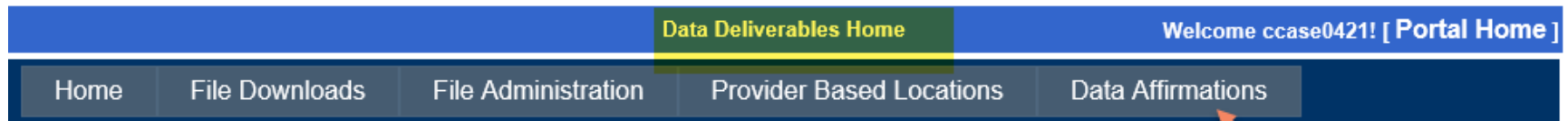
[Wipop Test](#)

[Data Deliverables](#)



Portal Overview

- To get to your Validation Reports and Affirmation Statement



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

All downloadable files are compressed and encrypted using 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 First-Time Users](#)



Video walks through the process to save data on desktop or file.

For those of you reviewing the Wlpop 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.

Downloading Data and Affirmation

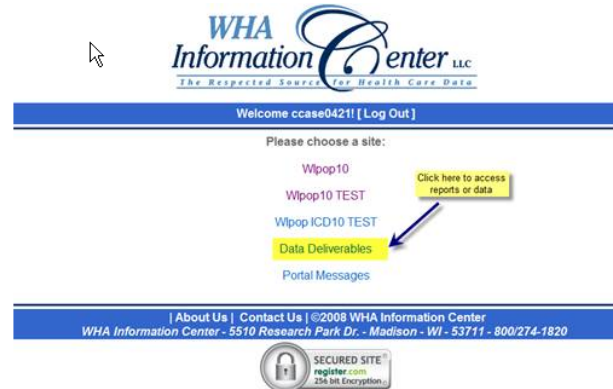
Welcome ccase0421! [Portal Home

Home File Downloads File Administration Provider Based Locations Data Affirmations

For information on how to download your file and use 7-Zip to extract it, [please click here](#) to watch an instructional video, or follow the instructions below.

- Log in to the WHAIC Portal
- Download and install 7-Zip
- Select the File to Download
- Downloading the File
- Using 7-Zip to Decrypt the file

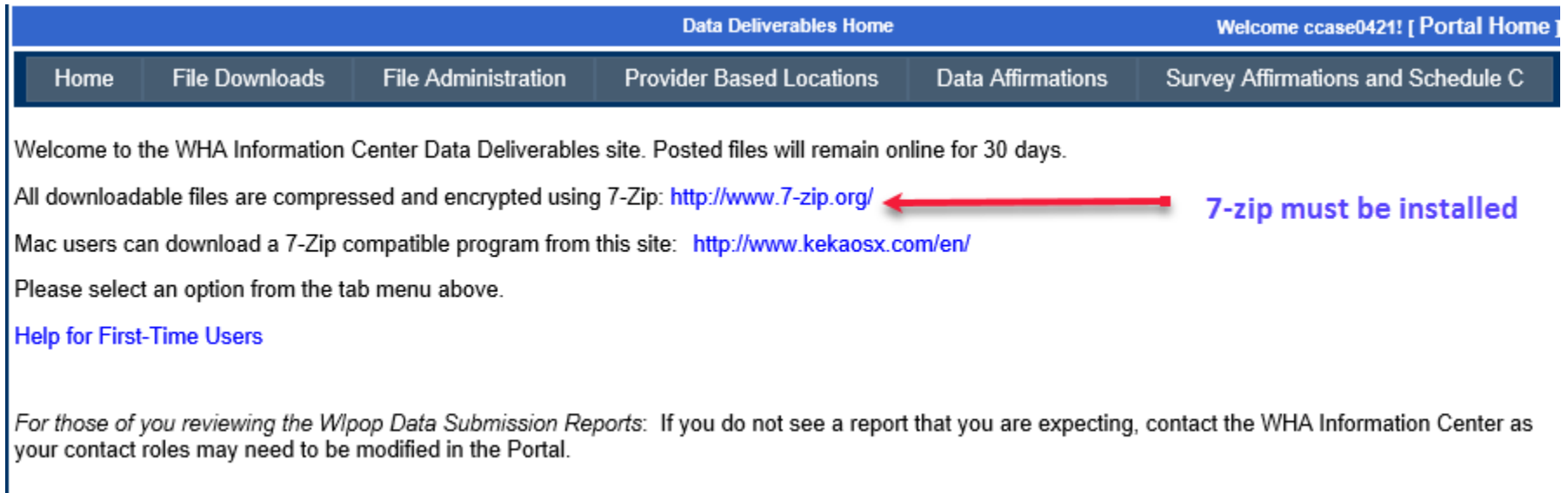
1. Log in to the WHAIC Portal and click on the **Data Deliverables** option. Please note that you may not have all the options shown, depending on your particular portal authorizations.



2. Download and install 7-Zip if you do not already have it. Check with your IT staff to see whether you need the 32-bit or 64-bit version. You can also right-click on the computer icon on your desktop and select *Properties*. Under *System* you can see whether you have a 32 or 64-bit system.

Downloading Data and Affirmation

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



The screenshot shows the top navigation bar of the WHA Information Center Data Deliverables site. The bar is blue with white text. On the left, it says "Data Deliverables Home". On the right, it says "Welcome ccase0421! [Portal Home]". Below the bar is a menu with six tabs: "Home", "File Downloads", "File Administration", "Provider Based Locations", "Data Affirmations", and "Survey Affirmations and Schedule C". The main content area is white. It starts with a welcome message: "Welcome to the WHA Information Center Data Deliverables site. Posted files will remain online for 30 days." Below that is a line of text: "All downloadable files are compressed and encrypted using 7-Zip: <http://www.7-zip.org/>". A red arrow points from the text "7-zip must be installed" to the link. Below that is another line of text: "Mac users can download a 7-Zip compatible program from this site: <http://www.kekaosx.com/en/>". Below that is a line of text: "Please select an option from the tab menu above." Below that is a link: "[Help for First-Time Users](#)". Below that is a line of text: "For those of you reviewing the Wlpop 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."

Data Deliverables Home Welcome ccase0421! [Portal Home]

Home | File Downloads | File Administration | Provider Based Locations | Data Affirmations | Survey Affirmations and Schedule C

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

All downloadable files are compressed and encrypted using 7-Zip: <http://www.7-zip.org/> ← **7-zip must be installed**

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 First-Time Users](#)

For those of you reviewing the Wlpop 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.

Downloading Data and Affirmation

The 7-zip website offers a 32-bit and a 64-bit option. If you do not know which you have, you can first try the 64-bit. The installation will tell you whether it is compatible.



Home

[7z Format](#)

[LZMA SDK](#)

[Download](#)

[FAQ](#)

[Support](#)

[Links](#)

7-Zip

7-Zip is a file archiver with a high compression ratio.

Download 7-Zip 18.05 (2018-04-30) for Windows:

Link	Type	Windows	Size
Download	.exe	32-bit x86	1 MB
Download	.exe	64-bit x64	1 MB

License

7-Zip is free software with open source. The most of the code is under the GNU

Validation Report Overview

File Downloads

Welcome ccase0421! [[Portal Home](#)]

[Home](#)

[File Downloads](#)

[File Administration](#)

[Provider Based Locations](#)

[Data Affirmations](#)

Search For:

[Frequently Asked Questions](#)

	File Name	Description	Size	7-Zip Password	Keyword	Date Posted	MD5 Checksum
Download	2018 Q3 Validation Reports For Facility 281.zip	2018 Q3 Validation Reports for [REDACTED]	279079	0C48C5D7	Required	3/1/2019 6:24:32 PM	B07924E0BC286AB9 3A549DA45802CCBE
Download	2018 Q3 Profile Reports For Facility 281.zip	2018 Q3 Profile Reports for [REDACTED]	664657	0C48C5D7	Required	3/1/2019 6:24:31 PM	C49251E1C3C45C53 E696ECAE7DAFC0C4

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

Validation Reports

- **Available in** the portal at the end of the quarter once all batches are marked complete.
 - *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 need to be corrected (change payor, POS or TOB):
 - 1) Login to Wlpop account and go to Batch Review;
 - 2) Click on Reopen Batch (choose reason from drop down list);
 - 3) Go to Batch/Reports and Find Patient Record if you know the patient control number.;
 - 4) Make corrections and mark batch closed.
- **New reports** will automatically run and repost – you will need to resend or sign the affirmation if one was already returned.

Running Wipop Reports

000 - WHA Information Center LLC

[Admin](#)

[Batch/Reports](#)

[Help](#)

[Exit](#)

Create Report

Report:

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

Highlights:

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

Some reports take longer to run than others i.e. the Summary Profile Report.

2018/2019 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.

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.

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

Possible Missing Months:

This report produces results **ONLY** if the facility is missing a significant portion of data for any month of the quarter.

Discharge Data Quarter-End Validation Reports

Summary Profile Report: 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.**

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 Wipop 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.

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	Links to get to data detail	October	November	December	Current Quarter	Prior Quarter	% Change
Outpatient Surgery		336	277	370	983	924	6.4%
Total		336	277	370	983	924	6.4%

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

Wlpop Report Example

Primary Contact Role in Validating Data



The primary contact(s) is:

WHAIC main go-to person directly responsible for:

- a) Quarterly discharge data.
- b) Contact for issues found when closing the quarter.
- c) Authority for users.
- d) Signing off on the data.



The primary should:

Download quarterly reports and files.

Download and Save copies of reports to internal directory for future reference.

Work with others (as needed) to verify data is validated and an accurate representation of patient encounters.



The primary contact must:

Provide comments about significant shifts in the data.

Confirm fixes are in place when necessary.

Notify WHAIC staff of user changes / name changes, etc.

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.
 - WHAIC requires reviewer to check a box verifying data was reviewed; and
 - WHAIC 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 and replaced each quarter.*

Common File Issues – Race / Ethnicity

Race and Ethnicity:

- The collection of race and ethnicity is a statutory requirement under Chapter 153.
- Batch files will be rejected if greater than 25% of race and ethnicity are reported as unknown or declined.
- Hospitals and ASCs can report two races. Option of 'Other' is not an option! It doesn't provide any useful information.
- Check in and/or remind your patient registration/staff and vendors of the importance to collect and report race and ethnicity according to the specifications in our Manual in Appendix 7.2.

Common File Issues – Sex/Gender

Unknown Sex / Gender Code:

- **WHAIC** allows O (Other) or U (Unknown) in the data files.
 - This accommodates meaningful use standards as part of the CMS' effort to include sexual orientation and gender identity data.
- **Condition Code 45 Required with “O” or “U”**
 - All encounters/records that have an “O” as identified by “Other” in the file will be mapped to “U” to preserve historical trending. Use of “O” will require the condition code 45 as it mirrors the requirements of “U.”
- For more information: <https://www.healthit.gov/isa/representing-patient-gender-identity>.
- Examples: Gender neutrality, transgender, intersex.
- https://docs.asee.org/public/LGBTQ/Transgender_Vocab_Handout.pdf

Common File issues - Filing for an Extension

- Filing for an extension is allowed but monitored for frequency.
- Extension requests are done in Wlpop Application.
- Not to be used to delay the quarterly submission requirements:
Should be used only when:
 - File changes occur
 - Vendor changed
 - Staff Changed
- Even with an extension request on file we may contact you
 - Experience has taught us to never make assumptions.
 - We have statutory timelines we must adhere to.

Welcome to Wlpop Production

Select a Facility:

[Go to Batch Review](#)

To request an extension



[Request an Extension](#)

Common File Issues – Duplicate Records

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

1. **Duplicates within same file** - two records with the same patient control number in file
2. **Duplicate patient control number of a record/encounter that already exists in Wlpop**

To fix and/or remove duplicates:

Resubmit the batch with the phrase “exclude_duplicates” somewhere in the file name.

Example file name: Q218 IN OP exclude_duplicates.txt

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

EDITS: Correcting Dates of Service

- Date of Service (DOS) can sometimes cause edits in the outpatient data
- DOS is not included in the datasets –
- Why does this occur?
 - Discharge or statement date is off due to date it was coded, billed or patient ended treatment.
- For most edits that result in DOS errors user may change the data to fit the quarter.
- Be careful to verify actual dates in the EMR before changing dates.

All 837 Claim Details


Billing Provider:	<input type="text" value="1639187412"/>	Attending NPI:	<input type="text" value="1467470864"/>
Rendering NPI:	<input type="text"/>	Operating NPI:	<input type="text"/>
Referring NPI:	<input type="text"/>	Other Operating NPI:	<input type="text"/>

Point of Origin:	<input type="text" value="1"/>	Admission Date/Time:	<input type="text" value="03312020"/>	<input type="text"/>	Principal
Admission Type:	<input type="text" value="3"/>	Discharge Date/Time:	<input type="text" value="04052020"/>	<input type="text" value="2359"/>	Admitted
Discharge Status:	<input type="text" value="01"/>	Statement From:	<input type="text" value="03312020"/>		Reason :
Type of Bill:	<input type="text" value="0131"/>	Statement To/Thru:	<input type="text" value="03312020"/>		Reason :
Usage Type:	<input type="text"/>	Total Charges:	<input type="text" value="0.000.00"/>		Reason :

EDITS: Fixing records

- Edits can seem scary and overwhelming.
- Fixing edits usually goes pretty fast when you do it a few times.
- Sometimes when it looks like there's hundreds, one record might have 6.
- For this one you would just delete the "Y" and hit update.

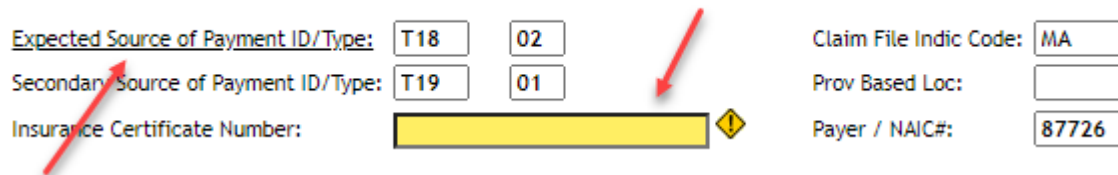
Additional Diagnoses and External Cause Codes: This Section Contains Edits

	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: 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"/>



EDITS: Finding and Deleting Records

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

- ❖ Click delete on this screen and either your whole batch or records in the file will be deleted.

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

[Delete Entire Batch](#)

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

EDITS: Type of Bill and Admit Type

- Type of Bill Codes are Required in Wlpop.
- Type of bill (TOB) codes are published in the UB-04 National Uniform Billing Committee guidelines (NUBC).
- As with most fields on the 837 claims file format, these codes should come directly from the claim that is sent to the payer.
- 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:

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

Wipop Manual FAQ

7.16 Frequently Asked Questions (FAQ)

How to search a PDF? <http://www.wikihow.com/Search-for-a-Word-or-Phrase-in-a-PDF-Document> Use your Mouse and do a RIGHT Click to bring up the search box.

By default, if you open Adobe Reader and press CTRL + F, you'll get the normal **search** box. It is located at the top right. To use the advanced **PDF search** option, you can choose Advanced **Search** from the Edit drop down menu or press SHIFT + CTRL + F. Enter the phrase you are searching for in the **search** box.

Topic	Question	Answer	Content added / last updated
A - F			
Additional Procedure	How will WHAIC add additional procedures to my data?	Outpatient surgery Procedures are based on the revenue codes 036X, 0481, 049X and/or 750. The principal procedure will be assigned first and then any additional procedures located within the revenue line item detail coded in addition to one of the revenue codes described above will be assigned to the additional procedure section along with any modifier(s) and date of service in the revenue line item detail. Errors may occur if we inadvertently pull out an "add-on" code and populate it in the principal. If this occurs, the data submitter/editor may have to manually swap out the codes	12/1/17
Assign Principal Procedure	How will WHAIC assign the principal procedure to my outpatient records?	Outpatient surgery Procedures are based on the revenue codes 036X, 0481, 049X and/or 750. Assignment of principal procedure code to OUTPATIENT Surgery records is based on the revenue line item detail and the corresponding CPT code.	12/1/17
Birth Date	How do I handle an unknown birth date?	If the patient's age is unknown, use January 1 (0101) as the birth date and the four-digit year based on the age or the best information available.	11/30/17
Census Block Group	We had a problem populating the Census Block Group – what would cause that?	The Census Block group is based on the US Census, so generally it only works on residential addresses. It will not work with PO Boxes or industrial districts.	12/1/17
Charity care	Should we report charity care?	Yes, you are required to report and include all services rendered to patients regardless of payment method.	12/1/17

Contact Information

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- Best way to reach us at WHAIC or ask questions.
- whainfocenter@wha.org

Have a great day!

Thank you!

