Discharge Data Submission Manual

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

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Preface:

This Companion Guide (CG) contains two types of data: Instructions for electronic communications with WHAIC and **supplemental information for creating transactions for statutorily required data submissions** while ensuring compliance with the associated ASCX12 IG (Transaction Instructions).

Disclaimer:

WHAIC strives to make the information in this document as current and accurate as possible at the time of writing and distribution. WHAIC makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of this document. The manual and contents contained herein are for educational purposes only and do not purport to provide legal advice or advice on constructing an 837claim file.

This document provides only the segments, loops and elements which are relevant to WHAIC data collection specifications as defined by the WI State Statute and mapped / defined by a field in WIpop. **This document is not intended to serve as a complete 837 reference, and not all requirements for a valid 837 file are specified**. Elements not mentioned in this document will be discarded by WHAIC prior to the file processing in WIpop, if supplied. For more information: http://store.x12.org/store/healthcare-5010-original-guides or http://www.wpc-edi.com

ABOUT US

WHA Information Center (WHAIC) is dedicated to collecting, analyzing and disseminating complete, accurate and timely discharge data and reports about charges, utilization, and quality of care provided by Wisconsin hospitals, ambulatory surgery centers and other healthcare providers.

WHAIC is a wholly owned subsidiary of the **Wisconsin Hospital Association** and was incorporated on October 1, 2003. WHAIC began collecting data in January 2004 under contract with the Wisconsin Department of Administration.

The WHAIC Web site contains the latest information about WHAIC, hospital and ASC data reporting process, and other data collection events and publications. The WHAIC website also contains a Resource Tab related to Wisconsin legislation and your responsibilities to submit data. Chapter 153, Admin Code 120

As a subsidiary to the Wisconsin Hospital Association (WHA) we encourage all WHAIC data submitters to utilize the resources available to them as member hospitals and participate in educational opportunities and events such as Advocacy Day, Educational Webinars as well as other events located on the WHA website.

In addition to collecting discharge data, WHAIC staff also collects and posts hospital rate increases, Milwaukee County Hospital Utilization Data, hospital's annual and fiscal data, uncompensated care data, and other system survey information.

We Can Help You...

- Quickly turn data into actionable insights for timely and reliable decision-making with our visualization tools, dashboards, reports, and custom analytics.
- Leverage your existing data platform and analytics investment by providing our raw data sets in easy-to-use formats.
- Realize the benefits of a dedicated data program with tools and services that supplement your existing resources and infrastructure – even if you have none.
- Analyze data to evaluate health care services, patient populations, utilization, staffing, financial and market performance and much more.

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1. DATA SUBMISSION WITH A HIPAA COMPLAINT 837 CLAIMS FILE FORMAT

Wisconsin Hospital Association Information Center (WHAIC) collects data from **Medicare Certified Wisconsin Hospitals and Freestanding Ambulatory Surgery Centers.**

Pursuant to Chapter 153, Wisconsin Statutes , the WHAIC has been authorized by the Wisconsin Department of Administration to collect and report hospital and freestanding ambulatory surgery center data. WHAIC collects data quarterly and produces public use data sets, custom data sets and four annual publications.

Chapter 153 of the Wisconsin Statutes directs what information must be submitted to WHAIC. In 2016 sections of the statute were updated when the Wisconsin Health Care Data Modernization Act was passed. The Health Care Data Modernization Act removed outdated provisions in Chapter 153 and included an opportunity to bring Chapter 153 into greater alignment with the national ANSI 837 standard.

Hospitals and FASC, herein referred to as ("facilities") must submit data in a modified HIPAA Complaint 837 claims file format. Data collection is based on valid HIPAA ASC X12 837I and 837P transactions (including 837R – Reporting) electronic data interface reporting (EDI) format.

The WHAIC WIpop (Wisconsin Inpatient and Outpatient) Data Submission Manual and Technical Specification Guide follows the national ANSI 837 standards and provides specifications for the submission of inpatient and outpatient hospital data, and FASC data to the WHAIC. Failure to comply with the requirements outlined in the Statutes, or submission deadlines as referenced in this Companion Guide, may result in a non-compliance letter to the Wisconsin Department of Administration and may include significant penalties and forfeitures.

The Statute also states facilities that use a third-party vendor shall provide a copy of the trading partner agreement if the service of a third-party vendor is used to prepare and submit patient claims/records to WHAIC. As per *Wisconsin Administrative Code DHS 120.12 (5) (b) 6 (a) and 120.13(2) (d) 1. "To ensure confidentiality, hospitals and freestanding ambulatory surgery centers using qualified vendors to submit data shall provide to [WHAIC] **an original trading partner agreement that has been signed and notarized by the qualified vendor and the hospital or ambulatory surgery center**. 2. Hospitals and [ASC] shall be accountable for their qualified vendor's failure to submit and edit data in the formats required by [WHAIC]".*

1.1 Background and Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

Create better access to health insurance.
Limit fraud and abuse.
Reduce administrative costs.

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.

- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked "not used" in the standard's implementation specifications or are not in the standard's implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

1.2 Intended Audience and Use

The intended audience for this document is hospitals and ASCs that are required to submit discharge data to WHAIC in the correct EDI format.

Compliance according to ASC X12 requirements include specific restrictions that prohibit trading partners from:

- ✓ Modifying any defining, explanatory, or clarifying content in the implementation guide.
- ✓ Modifying any requirement contained in the implementation guide.

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are **not intended to be stand-alone requirements documents**. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

1.3 References information

The WHAIC 837 claims file format used to submit discharge data into WIpop draws from the American National Standards Institutes (ANSI) standards and the Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: For more information: http://store.x12.org/store/healthcare-5010-original-guides or http://www.wpc-edi.com

- 837 Institutional Health Care Claim – ASC X12N 837 (005010X223A2)
- 837 Professional Health Care Claim – ASC X12N 837 (005010X222A1)
- 837 Reporting Health Care Claim – ASC X12 837 (005010X225A2)

Only the sections required by the State of Wisconsin Statutory Requirements as defined in Chapter 153 and collected by WHAIC or situational ANSI 837 Institutional and Professional Guide sections are reproduced in this manual.

1.4 Summary of Discharge Data Process

Quarterly discharge data is required by State Statute 153. All users must register to use the Secure Portal to submit and/or fix edits. Inpatient and outpatient discharge data for all encounters must be submitted on a standard 837 claim file as defined by WHAIC within 45 days of the quarter end; however, monthly data is encouraged. WHAIC sorts the data 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 WIpop 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 WIpop.

Throughout the quarter and at the end of the quarter, 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 and 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 4 to 6 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 or audit 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. DHS statutorily requires this.