# News and Highlights

## *2017 WHAIC Breaking News and Updates*

**Important Data Submission Changes**

The WHA Information Center (WHAIC) is moving forward with plans to transition data submitters from the current text file data submission format to the industry standard, HIPAA claims format known as the 837.

WHAIC will be giving data submitters <u>over a year</u> to make the changes needed to move to the 837 format - Hospitals and ASCs will not be required to begin submitting production data using the 837 format until May 2018, for dates of service starting January 1, 2018.

The Health Care Data Modernization Act (Act 287), enacted April 1, 2016, allows WHAIC to standardize the data collection process, improve the timeliness of the data and publications, and increase the value of the data by adding important data elements that can help hospitals and ambulatory surgery centers with population health and quality initiatives.

Since the Data Modernization Act was enacted, WHAIC has completed in-depth analysis and outreach on the data submission process. We've surveyed data submitters, met with several major EHR vendors, and held focus group sessions with hospitals and ASCs to get a good understanding of the effort required to either maintain the current format or to switch to the 837 format. The result of our outreach and analysis was unanimous: while there will be upfront work to switch to an 837 format, using a standard format will greatly reduce the ongoing maintenance burden on data submitters and will greatly expand the uses of the data by hospitals, ASCs, and others.

Below is a summary of resources available to you and your facility related to the 837 transition. We encourage you to participate as much as possible in the opportunities offered below as they will help ensure a smooth, successful transition for your facility.

**Introductory Webinars**: WHAIC will host two 30-minute webinars introducing plans for the project and discussing the timelines associated with the transition. This is your opportunity to hear about the project, learn about important resources that will be available, and ask questions of the staff. Go here to register.

**Project Plans and Related Materials**: WHAIC will dedicate a portion of our website to the 837 transition for data submitters, data users, and vendors. The site will serve as a resource for updates and will contain items such as a WIpop to 837 data map, a Companion Guide, a data Reporting Guide, and other related communications.

**Discussion Board/Forum:** WHAIC will host a discussion board specifically for the 837 project where you can post questions and comments about the project and learn from others.

**Spring Training**: In March, WHAIC will be traveling throughout the State providing data submitters with in-depth training on the requirements for the 837 transition. The specific dates for those sessions have been posted and are also available below. Registration for the training sessions will open in mid-February.

**Test Site Opens:** WHAIC anticipates opening an 837 test site in July 2017 so that your facility can begin testing your 837 file submission. We will work with you to test and validate your files throughout the third and fourth quarter of 2017.

**Fall Training**: During our Fall Training, WHAIC will review the 837 requirements, WIpop Manual changes, Companion Guides, and other related information. We will go over and provide direction on topics and issues we have learned as part of testing.

**Go live**: All facilities must begin using the 837 data submission format for dates of service starting January 1, 2018 – these dates of service must be submitted to WHAIC in May 2018.

# Signature not required…

Effective **with the Q42016** data validation and affirmation process, WHAIC will only accept affirmations in the form of an Electronic Data Affirmation Statement (EDAS).

In order to complete their affirmations, primary contacts will access a new tab in the Data Deliverables site titled "Data Affirmations." This page will display the Electronic Data Affirmation Statement(s) and allow the primary contact to affirm the data by typing in the name of the designated representative of the facility (see below).

The login credentials of the person signing off on the EDAS will be recorded in the database along with a date stamp recording the time of the affirmation. Electronic Data Affirmation Statements will be available five (5) days after the validation reports are posted in the portal. WHAIC staff works hard to ensure the data is validated, but ultimately each facility is responsible for the accuracy of the data they submit.

**WHA Information Center LLC**
*The Respected Source for Health Care Data*

| | Data Affirmations | | Welcome ▮▮▮▮ [ Portal Home ] |
|---|---|---|---|

| Home | File Downloads | Provider Based Locations | Data Affirmations |
|---|---|---|---|

| Select Facility | Quarter | Affirmation Received | Approved By | Date Submitted |
|---|---|---|---|---|
| ▮▮▮▮▮▮▮▮▮▮ | Q2 2016 | Yes | Joe Ceo | 12/14/2016 12:43:00 PM |
| ▮▮▮▮▮▮▮▮▮▮ | Q2 2016 | Yes | my ceo | 12/15/2016 8:18:47 AM |

**Data Affirmation Statement**   Q2 2016

The affirmation statement is a summary of the data submitted by each data type. This should be signed by the chief executive officer or administrator of the hospital or freestanding ambulatory surgery center, or his/her designee. *The designee should be an officer or employee of the facility.

**Variances in data must be reviewed prior to form submission.**

| Patient Type | Current Quarter | Prior Quarter | % Change |
|---|---|---|---|
| Inpatient | | | -4.9% |
| Outpatient Surgery | | | 10.3% |
| Emergency Dept Visit | | | 2.0% |
| Observation | | | 14.3% |
| Therapies | | | 3.5% |
| Outpatient (Lab-Radiology) | 1 | | 6.1% |
| Other Outpatient | | | -6.5% |
| Repetitive Services | | | 3.6% |
| **Total** | | | 4.1% |

According to the Department of Health Services (DHS) 120.11, facilities must adhere to standard data verification, review and comment procedures. This must occur before the data is signed off on via the Affirmation Statement.

**I HEREBY ATTEST**, to the best of my knowledge, the data for the **second** quarter **2016** that was submitted to WHA Information Center by ▓▓▓▓▓ was reviewed internally, and is accurate.

Submission of this form is considered a signed affirmation from the CEO/designee whose name appears below.

CEO/designee: _____

Comments: _____

Submit Affirmation    Download Affirmation    Cancel

Comments are only necessary if there are issues with the data that need to be addressed in a caveat.

As with any change or enhancement to the processes in place, we encourage you to let us know what you think or if you have suggestions to help us improve.

## Anticipated NPI Changes are coming in Q117!

As previously reported, WHAIC will allow most of the qualified health care providers (QHPs), (e.g. dentist (DDS), doctor of podiatry medicine (DPM), advanced practice nurse practitioners (APNP), etc.) to be reported in the Attending, Operating and Other NPI Fields in WIpop. **This means that, effective with January 1, 2017 dates of service, you will no longer be required to send us NPI numbers to add to our database during the data submission process.**

Allowing more provider types in the outpatient surgery and inpatient data will give data users more insight into the types of providers servicing patients in Wisconsin hospitals and ambulatory surgery centers. It will also reduce the burden of clearing edits and unnecessary reporting for data submitters.

If you are currently mapping your QHPs to report ten zeroes, please try to make the switch to report all NPI provider types during the first two quarters of the 2017 calendar reporting year.

Although most NPI numbers will be accepted and validated through an internal process in the WHAIC database, if during your Q117 data submission your NPI number hits an edit, it's most likely because:
1) The NPI is brand new and has not been updated in our NPI table
2) The NPI number has been entered incorrectly
3) The NPI number belongs to a student

**Reminder: Please note Q4 2016 will continue to follow the** current process **and the edit is still in effect for non-MD/DO in the inpatient and outpatient surgery data. Send your NPIs to the** whainfocenter@wha.org **in the Excel format.**

## Mark your calendars for the 2017 Spring Training Dates

As many of you know, we rescheduled our annual training to the spring of 2017.  It is our intent that the spring training will include details on any changes needed to support Act 287.

With the changes we are anticipating, participation will be imperative. Please add one of the training sessions to your calendar. As usual, we will send out the online registration and other details about six weeks prior to the training.

      **Thursday, March 9**    **Rice Lake - WITC**
      **Tuesday, March 14**    **Madison - Holiday Inn at the American Center**
      **Tuesday, March 21**    **Pewaukee - Country Springs**
      **Friday, March 24**    **Green Bay - Tundra Lodge**

## Validate your data now!

You asked and we delivered! The Summary Profile Report is now available to download in WIpop once your batch files are uploaded. Due to the enormous amount of data processed through WIpop, the report takes a few minutes to run. The summary profile report, in addition to the graphs, charts and tables, has been revised to provide an immediate overview of what your online Data Affirmation Statement will include. As previously mentioned, the validity of the data ultimately rests with the facility. If there is missing or inaccurate data, it is ideal at this point to make the necessary corrections and resubmit or explain the deficiencies.

For more information on creating validation reports out of WIpop, please refer to our manual.

## 2017 Data Submission Calendar Changes

The WHA Information Center data submission calendar is available here. Please note we made a few minor changes in that we combined the time frame allotted to request an extension, clear edits and mark the quarter complete to be performed within the same 30 day period.  This change is consistent with the Statute.