

# News and Highlights

## 837 Updates and Progress

**Spring Training:** WHAIC staff would like to thank those of you that participated in our spring training sessions. It was a pleasure to meet with you and travel throughout the State to review our current data submission process and cover the transition to the 837 format. We understand that for many of you, there is a considerable amount of time spent away from your respective facilities, home and/or travel time required for your participation. With that, we sincerely appreciate you taking time out of your schedule to spend with us.

**Webinar scheduled:** *Thursday, April 27, 2017 from 1-3p.m. For those that missed the in-person training session we have scheduled and would encourage you to participate in the webinar. The webinar will cover current extract and data collection changes, as well as the project plan for the transition to submitting your data using a claim based 837 transaction file. We will also cover several in-depth mapping changes required, including the 837 testing requirements in Q3 and Q4 2017.*

Secured (Current [Wlpop portal users](#)):

Unsecured (**non-portal** users i.e. vendors):

<https://portal.whainfocenter.com/TrainingRegistrations/Spring2017.aspx>

**837 Test Site:** We would like to invite you to participate in our preliminary second quarter 837 testing. The 837 test site is scheduled to be open on May 1, 2017. This is an invitation to any early adopters or vendors that would like to assist WHAIC and begin testing their 837 files. It's an excellent opportunity to perform comparison testing using the current extract file side by side with the new 837 file.

Early testing allows WHAIC to use live data to test our site, edits, and mapping, and to create validation reports in advance of the full testing in Q3.

**837 Test Documentation:** The WHAIC website / 837 Implementation tab has been updated with a testing document to cover the process and requirements for testing an 837 file. In order to fully understand the complex data structures, we are asking all facilities to send us a current text file and an 837 file for system and data quality analysis.

**Fall Training:** Fall training will be provided and will focus exclusively on the 837 transition. We will cover the 837 technical requirements, 837 Companion guides, edits, how to fix edits, how to submit a file, and how to read your file. Dates will be announced in the first week of June. To help ensure a successful 837 transition for all of our data submitters, we are considering adding a 5<sup>th</sup> location – either the Wisconsin Dells or La Crosse – to our training schedule. Feel free to email any thoughts or opinions about your preference. *\* PLEASE NOTE: Do not wait until Q4 to begin the project planning for the 837 transition. WHAIC cannot program your file or develop a transition plan for your facility.*

**837 Forum:** Please use the new forum to submit 837 related questions. This is the hotspot for you to ask questions and find answers to your questions. While we are always happy to answer your questions no matter how you send them, the forum can be a great way to get answers without waiting on emails or returned phone calls.

**Working with Vendors:** if you have meetings with your vendor, please try to make arrangements to invite the WHAIC staff to participate in any discussions related to creating and mapping the 837 file.

## In case you missed it...

Current extract updates are unnecessary unless you are working with WHAIC to address specific changes identified in your particular situation that may cause concern on the 837 file. For example, hospitals that use the generic type of bill 0999 will need to update their mapping and internal processes as this does not exist in the 837 file. We are addressing this now so that we can perform accurate comparisons of file formats. For self-pay, use the type of bill that would have gone on the claim had one been created. A new edit was posted for Q1 2017 to avoid use of the 0999 generic bill type.

During our spring training sessions, the question came up about whether or not it would be okay for data submitters to begin mapping of the new commercial payer 'A' codes in advance of the 837 required format. We understand that advanced mapping may be necessary due to limited resources or limitations to the internal database structure. For that reason, we will allow the current extract to contain the new codes starting in Q2. However, if the code structure must change in both production and test prior to Q1 2018, WHAIC will automatically remap A codes to a generic commercial payer type of unknown origin eg. OTH/19.

WHAIC will monitor advance mapping of the payer data in Q3 and Q4 and may re-evaluate our position as it relates to the datasets according to what is submitted by the facility. For more information on payer mapping, see the 837 Implementation Companion Guide and Technical Requirements in Appendix 7.3.

## Expectations of Validation

Did you know that the validation period is a time to submit missing data, address data issues, open up batches or delete records that were not supposed to be in the data?

Indeed, that is precisely what that large window of validation opportunity is for! The validation period is to accommodate a site missing data, to submit missing records, and correct any new edits. It's also the perfect time to request and/or run internal reports such as a hospital services census report. Hospital census reports can provide the necessary documentation needed to validate the data based on the number of patients seen in the hospital over a given period of time. Normally, admitted patients and outpatients are counted separately in the report or could be requested separately to verify independently of each other. I would encourage you to find out who in your facility can produce the right validation report to verify the data you submitted is correct.

*The Respected Source for Health Care Data*

To recap, the steps to validate your data is as follows:

- 1) Review your summary profile report and validation reports;
- 2) Run/request a census report or something similar from your respective departments to verify the total number of patients seen matches the number of records submitted;
- 3) If numbers do not match, submit missing data, correct edits and request a new report;
- 4) To correct issues such as a duplicate procedure or inappropriate POA, open the batch, locate the record and update accordingly.
- 5) Verify batch has been marked complete and submit on-line affirmation statement.

As a reminder, WHAIC has no access to any data or documents located in your facility, we can only review the trends within the historical data as it was submitted over a period of time. We rely on you - the hospital or FASC staff – to take the time to understand how to verify and validate if the records submitted is accurate or not.

### **Reminder: NPI Changes effective Q117**

Effective with January 1, 2017 dates of service, NPI numbers are no longer required to be submitted in advance. If you are currently mapping your NPI numbers 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.