News and Highlights

What's New with WIpop Data Submission?

Email Notification

Over the last several years, WIpop users have expressed frustration with the number of batch email notices sent out with the file uploads. Effective immediately all email receipts for files submitted to WIpop production and the test file sites will go to the data submitter and primary contacts. To mitigate any hardship or disruption to WIpop user's workflows and for facilities that rely on those emails to initiate their edit review process, WHAIC will:

1. Add a notice to the WIpop login page;
2. Make every effort to include reminders in communications related to the data submissions; and,
3. Update the batch file email to include language for the recipient to share accordingly.

Edit Update

Additional Diagnosis and External Cause Code edit changes were made to WIpop. To minimize confusion and better display the external cause code requirement (if one or more injury codes in the S or T range are on the record), users will be alerted to the missing external cause code by a distinct edit diamond in the lower half of the section. Users should click on the edit diamond for further information. A double diamond at the top of the Additional Diagnosis section will no longer be present. For more information see Section 5.1.6.

If the section contains numerous diagnosis codes, users may have to scroll to the bottom to see the external cause code edit.

Registering WIpop Users

All data submitters, editors and other WIpop users must register through the secured WIpop portal site. See Appendix 7.10 for details. New users must register for access according to the role document in the data submission process as either a primary contact, secondary contact or a WIpop user (editor). WHAIC **cannot add users** to WIpop.

All facilities are required to have at least one WIpop Primary contact who will receive notification of all newly registered WIpop users. The WIpop site is for authorized users only. All registered users agree that use of the WIpop and Secure Portal system without authority, or in excess of their authority, is strictly prohibited.

The facility is responsible for managing users when they login to WIpop. Users should be evaluated on a regular basis by scrolling down to the list of users on the "Welcome to WIpop Production" page. If users need to be removed, an email notice to the whainfocenter@wha.org is required.

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

2) Register as a WIpop User, or select a role based on primary or secondary contact (see WIpop Roles), as it relates to WHAIC Discharge Data Submissions. ***Primary or secondary contacts must select both the WIpop role and Facility-Specific Reports.**

3) Check all facility(s) for which you submit or correct data for and then proceed to Registration Details to Create Account. An email is sent upon approval.

WIpop Security enhancements

WHAIC has incorporated a number of security enhancements over the last few years. Our most recent update occurred in 2017 to automate deactivation of WIpop users who have not accessed the system in a given period of time depending on the role of the user. If you or a member of your WIpop user team has difficulty logging in, or believe you were deactivated untimely, email the whainfocenter@wha.org to reactivate the account. Users must login to WIpop immediately following reactivation, or prior to the deactivation procedure that runs every Friday.

Automated Deactivation Timeline by User Type:
- WIpop User access only - deactivated after eight (8) months of inactivity.
- Users with Data Deliverables (Primary and Secondary contacts) – deactivated after 15 months.
- Deactivation process runs every Friday

WIpop Training
WHAIC has scheduled a number of WIpop 101 sessions starting in January for all new data submitters and WIpop users. Please login to WIpop for the dates and call-in details.

Specific 837 Testing and Production Updates:

WIpop 837 Implementation Training:

Thank you to all who participated in the Fall 837 implementation training sessions. We were pleased with how well they were represented and that most users found them helpful. The PowerPoint from the training sessions is currently online under the WIpop Compliance and IC Updates Tab.

In general, testing is going well for most facilities. We understand that this is a big change and can be a time-consuming project, especially for those with vendor changes, hospital mergers and acquisitions, or general resource constraints facing smaller hospitals and ASC sites.

While we make every effort to understand and sympathize with these constraints, testing of the new data files is required to verify all facilities are capable of transitioning to the new 837 claims data file format in a timely fashion according to the statutory requirements.

Please do not hesitate to ask questions, or share our contact information with your vendor or developer:

Cindy Case at ccase@wha.org or Jim Cahoy at jcahoy@wha.org.

837 Testing highlights and observations

Commercial Payers must be mapped to the new "A" codes in Appendix 7.3. The use of OTH for commercial payers is no longer valid and will create edits in the payer field. In addition, we will accept the file to be submitted with or without the dash programmed in the field. For example, A10-09 or A1009 is acceptable. **Also verify self-pay records are included in the testing of the 837 file.

Cert Number field should be populated with a member's insurance ID number, group or policy number or some other form of insurance / payer identification. WHAIC does not technically use this field for anything other than a means to cross check for validation that a payer code is expected in the source of payment field. This field may be left blank for self-pay records only.

NPI numbers have caused some confusion. If an NPI number is provided in the operating NPI field, then the revenue line item detail must contain a supporting outpatient surgery revenue code. Attending NPI is required for inpatient and emergency department records. If subpart NPI numbers are used, and an edit occurs, contact WHAIC to add the subpart NPI to our tables.

Hospitals only

Provider Based Locations (PBLs) are outpatient departments of the hospital and as such we are required by statute to collect the facility component of all services and claims billed. Splitting a hospital outpatient charge into professional and facility components is called "provider-based billing." *Records from a hospital outpatient department (AKA Provider Based Location(PBL)) with the same Medicare provider number should be submitted according to the 837I or R Technical specifications outlined in Loop 2310E, Element NM101, NM108 and NM109.*   Each PBL will be assigned a unique site number (PBL ID) in a simple 1,2,3…format. This number, combined with the parent hospital ID, forms a unique identifier for each PBL. The PBL ID number makes it possible to identify visits at either the hospital or PBL. Hospitals that acquire or intend to submit claims using provider based billing or in the event that a PBL closes or the facility no longer bills as PB, contact WHAIC to update the PBL table.

Value codes: A code structure to relate amounts or values to identify data elements necessary to process the claim as qualified by the payer organization. The Value Code fields allow for the reporting of numeric expressions. These expressions can be categorized as monetary amounts as well as percentages, units, integers and other identifiers. These codes are required on the WIpop data file uploads if supplied on the claim.

Occurrence Code: The code that identifies a significant event relating to an institutional claim that may affect payer processing. These codes are claim-related occurrences that are related to a specific date and are required in the WIpop file if supplied on the claim.

WIPop 837 Edit Changes

1. **For outpatient surgery (OPS) records:**
   WHAIC cannot accommodate every scenario that might occur on any given claim or circumstance, however; in an effort to reduce the number of edits for services or encounters on records for claims that occur within the 90-day global surgical period (such as cataract surgeries that are often performed on both eyes within the 90-day global surgery period), we have made an exception.
   - If there is an LT or RT modifier on any revenue line, then all revenue lines are allowed to have a service date up to 90 days after the principal procedure date. We will look for the highest charge first to account for the initial service data. If two or more revenue line items have the same (highest) charge, the earliest service date will be marked as the principal procedure.

2. **For Emergency Department (ED) records:**
   Place of service (POS) assignment is based on the established hierarchy and use of revenue codes as defined in Appendix 7.5. In order to accommodate services that occur in the emergency department (ED) and the uniform billing rules, two new bypass edits for services rendered in the ED have been created. See explanation below.
   a. For hospitals that provide recurring specialty type services such as infusions or dialysis in the ED <u>and</u> the patient is also treated for a minor procedure or service during the course of the recurring visits in the ED:
      - WHAIC will bypass edits for recurring outpatient hospital records with multiple revenue line items for outpatient lab/radiology or other outpatient services <u>and</u> also has an ED visit that occurred during the course of treatment. In order for the bypass edit to work the record must contain multiple service dates, a 0450 rev code, a statement 'From and Through' date of at minimum 7, 14 or 30 days that match the service dates in the revenue line item detail. To clarify:
        1. If the encounter/record has less than seven (7) days of service line items, the record is ED.
        2. If the encounter/record has more than seven (7) days, the place of service will be determined by the OHO revenue codes.
   b. For hospitals that perform a minor outpatient surgery procedures such as a suture in the ED, the record will be counted and included in the ED record volume:
      - WHAIC will overlook revenue code 0361 (minor surgery) on an ED record as long as there is at least one revenue code of 0450, 0451, 0452, or 0459. This bypass edit allows the ED record take precedence over the outpatient surgery revenue code.
   c. For all other hospital outpatient (OHO) data, the 0361 revenue line will not be used to set the place of service, unless it's the only revenue line on the record.