



## What's new in Wlpop?

October 24, 2018

**Race and Ethnicity:** Please be sure to 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](#). Since the transition to the 837 claims file format, several facilities have defaulted or reported more declined/unavailable than have in the past. The collection of race and ethnicity is a statutory requirement under Chapter 153. Although we have put in place measures to track and correct reporting issues, it continues to be overlooked in either the file development or the reports available. To help remedy this issue we are implementing a stop gap measure to reduce this trend by failing batches that have greater than 25% of the total record volume listed as declined or unavailable. This will take effect immediately, starting with Q318. As always, we encourage you to test your batch first before you send it to production to make sure the data accurate.

**Unknown Sex / Gender Code:** *Effective with Q318 we will allow the use of O (Other) or U (Unknown) in the data submission files.* This change will accommodate meaningful use standards as part of the Centers for Medicare & Medicaid Services' effort to include sexual orientation and gender identity data. 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 go to <https://www.healthit.gov/isa/representing-patient-gender-identity>.

**Affirmation Statement:** Effective with Q318, we are including the number of records submitted each month on the affirmation statement and summary profile report. This detail is available in real-time to allow ample opportunity to review the data before we post the validation reports to the portal. Typically, the number of patients seen each month is relatively consistent. Any significant shifts in the data or inconsistencies should be investigated and data validated through census reports or other revenue cycle/analytical reporting available at the facility.

An *explanation of findings indicating and confirming a formal review took place will be required in the comment field* for any deviations of records that have a  $\pm$  20% variance from quarter to quarter.

### **Removing Duplicates from File Submission**

One of the most exciting hot topics shared at the 2018 Data Submission Training was the new process to remove duplicates out of the batch file! YES, that's right, effective with Q318 [you can exclude and remove duplicates](#) out of the file submission.

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

**1. Duplicates within same file - two records with the same patient control number:**

**a. Resubmit the batch with the phrase “exclude\_duplicates” somewhere within the file name.**

- i. Example file name: Q218 IN OP exclude\_duplicates.txt
- b. We will keep the original encounter/record if it has a valid bill type.
- c. The batch file email response will include the number of records submitted and number of duplicates removed.

**2. Duplicate patient control number of a record/encounter that already exists in Wlpop:**

- If the Wlpop file contains a duplicate patient control number for an encounter that was previously uploaded, please rerun the batch file with the phrase “**exclude\_duplicates**” (**see example above**) to **remove the duplicate record(s) in the new file**. We will not replace original file records/encounters because there are too many variables such as trying to locate a duplicate record that’s in a batch marked complete, and/or edits have already been worked, or the record is from a previous quarter.

The process to remove duplicates does not require use of the black box/837 File

Handler. Please do not hesitate to contact [Cindy Case](#) for questions or clarification.