



## *What's new in WIpop!*

### **File Format Changes Coming in 2020!**

The 837 claims file format and transition has led to better data and reporting. Which, by all accounts, serves the intent of using the standard claims file format as this allows us to keep pace with changing user needs while minimizing collection and reporting burdens.

Having said that, a key factor to the continued and expanded use of the datasets is to be able to evolve, discover and act on opportunities for improvement more quickly. Over the past four quarters data users identified inconsistencies in the data reporting process and requested WHAIC to refine the format to include more detail as defined below.

There will be four (4) new fields added to WIpop. These fields have been added to the manual, keyed up and ready to be launched into the TEST environment for those early adopters. More detailed information will be provided during the annual fall training on October 30, 2019. \*A fifth field may be added to hospitals that have Provider-Based Locations (PBLs) – more information under separate cover to follow.

Below is an outline of the new fields and our expectations for collection and reporting. **Effective date for the new fields and data submission requirement is Q1 2020. Testing should occur in Q3 or Q4 2019.**

- **Language**

**Definition:** The primary method of communication, either spoken or written.

**Purpose:** Collection of language will be useful to data users, policy makers and market researchers to allow specific analysis of neighborhoods and impact of other social determinants in receiving health care.

- Data Element 837 Field: Loop 2010BA / 2010CA, DMG10 = ZZ (Mutually Defined), DMG11 = Language Code
- Situational field – if collected, report the code. Map according to Language table in WHAIC Manual
- WIpop Manual: Appendix 7.2.1

- **Claim Filing Indicator Code**

**Definition:** This is a code to identify the type of claim or expected adjudication process associated with the primary payer.

**Purpose:** Collection of the Claims Filing Indicator Code will provide WHAIC and facility an additional internal cross check to verify payers are reported as accurately as possible.

- Data Element: Loop 2000B, SBR09
- Field Details: Situational – if collected, report code

- Source: ANSI ASC X12 Claim Filing Indicator Code List
- Wlpop Manual: Appendix 7.3.1

Additional Notes:

This is not intended to be a mapping guide. It should be noted that the Claim Filing Indicator is intended to be an audit tool to validate under certain circumstances where the payer mapping could have or should have been assigned.

Many payers have multiple plans that fit into numerous categories for classification. For example, Blue Cross may have a Medicare and Medicaid plan as well as a Commercial Plan. It's up to the hospital or ASC to verify the accuracy of this information.

- **Payer / NAIC#**

**Definition:** Support the Exchange of EDI Claims Using a Payer List and Payer ID. This field will not have edits. When using the services of a clearinghouse, it is critical that the proper Payer ID is used so the EDI claims are sent to the right payer.

**Purpose:** This field made available as an internal and external cross check if a Payer Identification or NAIC Code is reported on the EDI claims file. Based on WHAIC research most facilities use an EDI Claims Payer List to identify or map a Payer ID to support their electronic transactions **are routed to the right health plan.**

- Data Element: Loop 2010BB, REF segment where REF01 = **NF (NAIC Code)**, REF02 = the value
- Field Details: This field can apply to either EDI or direct data entry
- Additional References:

<https://www.eclaims.com/resources/payer-id-code-list/>

<http://exchangeedi.com/wp-content/uploads/2010/02/Exchange-EDI-Claims-Payers-List-02122010.pdf>

- Wlpop Manual: Appendix 7.3.2

- **Payer Name**

**Definition:** Include the name of the plan that's on the claim.

**Purpose:** Reduce the number of unknown payers and verify payers are mapped accordingly.

- Data Element: Loop 2010BB, NM103
- Field Details: The Payer Name will link to a table on the backend only. This will allow both submitter and WHAIC staff to spot check and audit various records.

*Survey coming your way~*

## Strategic Planning with Monthly Discharge Data

Increasingly, WHAIC is fielding questions or requests from various Federal, State and Community Health organizations including a multitude of current hospital data users to provide the discharge data more frequently. Although we appreciate that many organizations benefit from the quality of the data reported, there are limitations to improving its use, including timeliness of data submissions.

Given that consumers also want readily available inpatient and outpatient data to make better informed decisions about where to receive quality-cost effective treatment, and the fact that many hospitals already submit data monthly, the



WHAIC Leadership has decided the time is right to survey hospitals and ASCs to get a baseline on the feasibility of reporting and editing data monthly.

At the request of the WHAIC Data Advisory Committee, the survey will also be shared with organizational data users (data analytics, marketing or business intelligence teams) to promote completion of the survey as a team or in a team environment. In other words, we are encouraging you to complete this with all persons involved in using the data, the data submission process, including correcting and/or editing records. Your input, together with the data users, will help to foster successful approaches in improving our strategic planning of statewide and national data use and the quality and accuracy of the discharge data we provide.

Please click survey link <https://www.surveymonkey.com/r/B89CB5K>

## *Wisconsin Health Information Management Association (WHIMA) Conference*

WHIMA is a component state association affiliated with the [American Health Information Management Association \(AHIMA\)](#). Have you had an opportunity to attend the Annual WHIMA conference? If you've never been, it's an opportunity to not only pick up CEU's for both AAPC and AHIMA credentials, but to gain a better perspective on interpersonal exploration and professional development.

Another takeaway is the opportunity to network with peers and learn about the many resources (including in-house or remote coding) available. We often hear from facilities that need to file an extension due to shortage of coding resources – which in turn holds up the ability to create a claim and submit discharge data. Having back-up coders is not a bad idea! Below are a few coding resources I picked up on my journey around the expo center. It's not an endorsement of any company simply a means to share information.

### *Coding resources*

Novicode – Friendship, WI	<a href="http://www.Novicode.com">www.Novicode.com</a>
Elevate – Madison, WI	<a href="http://www.elevatecoding.com">www.elevatecoding.com</a>
Ciox Health – Alpharetta, Georgia	<a href="http://www.cioxhealth.com">www.cioxhealth.com</a>

For more information, or to attend the WHIMA Fall Conference on October 10<sup>th</sup>, see their website: <https://www.whima.org/event/2019-fall-conference/>