What's new in WIpop!

Q4 2018 - Data Submission Calendar

As a reminder, Q4 2018 data submission calendar is located on our website in the WIpop Compliance and IC Updates section: 2019 calendar. Extension requests must be filed online through WIpop. You do not need to inform us if you file for an extension, but we do ask that you pay attention to the deadlines and timelines to getting all the data in.

Payer Reporting and Facility Mapping

Based on review of the last three quarters of data there appears to be some confusion and irregularity regarding payer mapping. Since the transition to the 837 claims file format, all facilities were required to review their payers in their internal systems and try to map their state and national *commercial health plans* to an "A" code instead of using the generic OTH codes for commercial payer/patient data.

Unfortunately, some facilities mapped their payers at the Health Plan Name level – regardless if a health plan like UHC or Unity had multiple types of Payer Plans available. In other words, if the health plan name appeared on the WHAIC list, it was assigned a commercial source of payment code of "A##". This resulted in some patients getting assigned to an individual or group commercial plan instead of the payer level that provides or pays the cost of medical care.

To help put this into context, below is a snap shot from a table out of one of the submitting hospitals databases. As you can see, the table has multiple plan names, the left side has the WHAIC "A" codes for commercial payers and the far right represents the type of payer plans offered. There are a few highlighted examples, you can clearly see that Common Ground Trilogy is correctly assigned; however, many of the others are not. For WHAIC mapping, those Medicaid plans would be mapped to Payer ID T19 with a Pay type of 01, 02 or 09 – **_NOT_** a commercial plan of A23 or A26.

External System ID	External System ID Extension RECORD NAME	Plan Name	Payor RECORD NAME	Product Type
A12-09	WHA PAYOR PLAN MAPPING	WI ANTHEM BC MEDICARE SUPPLEMENT	WI ANTHEM	Medicare
A12-09	WHA PAYOR PLAN MAPPING	WI ANTHEM BC VALUE PLUS MEDICARE SUPP	WI ANTHEM	Medicare
A16-09	WHA PAYOR PLAN MAPPING	COMMON GROUND TRILOGY	COMMON GROUND	Marketplace
A17-09	WHA PAYOR PLAN MAPPING	DEAN HEALTH MEDICAID	DEAN HEALTH MEDICAID	Medicaid
A18-09	WHA PAYOR PLAN MAPPING	GROUP HEALTH COOP EAU CLAIRE MEDICAID	GROUP HEALTH COOPERATIVE	Medicaid
A18-09	WHA PAYOR PLAN MAPPING	GROUP HEALTH COOP SOUTH CENTRAL WI T19	GROUP HEALTH COOPERATIVE	Medicaid
A19-09	WHA PAYOR PLAN MAPPING	GUNDERSON LUTHERAN HLTH PLN MEDICAID	GUNDERSON LUTHERAN HLTH PLN MI	Medicaid
A22-09	WHA PAYOR PLAN MAPPING	HUMANA MEDICARE SUPPLEMENT	HUMANA	Medicare
A23-09	WHA PAYOR PLAN MAPPING	ICARE MEDICAID	ICARE MEDICAID	Medicaid
A26-09	WHA PAYOR PLAN MAPPING	MOLINA MARKETPLACE	MOLINA MARKETPLACE	Marketplace
A26-09	WHA PAYOR PLAN MAPPING	MOLINA MEDICAID	MOLINA MEDICAID	Medicaid
A26-09	WHA PAYOR PLAN MAPPING	MOLINA MEDICARE SNP	MOLINA MEDICARE	Medicare
A27-09	WHA PAYOR PLAN MAPPING	NETWORK HEALTH PLAN MEDICAID	MHS MEDICAID	Medicaid
A30-09	WHA PAYOR PLAN MAPPING	UHC COMPASS	UHC	Marketplace
A30-09	WHA PAYOR PLAN MAPPING	UHC MEDICARE SUPPLEMENT	UHC	Medicare
A33-09	WHA PAYOR PLAN MAPPING	MHS MEDICAID	MHS MEDICAID	Medicaid

What should you do with this information? Please review your payer mapping tables and understand the importance of proper payer assignment. The source of payment is determined solely by the funder – that is, **the organization that provides payment**, such as Medicare or Medicaid programs or other government or private agency, *not* **merely the name of the health plan**.

Report Highlights, Reminders and Updates:

Validation Reports are pushed to the portal at the end of the quarter once all batches are marked complete. If you do not run interim validation reports out of WIpop, this is your first opportunity to review the data, what historically trended, validate what has been submitted, review for missing data, and submit additional records, if needed.

Should you find a record that needs to be corrected, you must reopen the batch. Follow these three steps:

1) Login to WIpop account and go to Batch Review
2) Click on Reopen Batch (choose reason from drop down list)
3) Go to Batch/Reports and Find Patient Record if you know the patient control number

Affirmation Statement - if data is modified, added to or corrected after the initial posting of the validation reports and affirmation statement, we have created a new automated a process to automatically rerun and post your data and reports. Please do not submit a signed affirmation statement without first reviewing and verifying the data. If you do not receive a new email indicating new reports and/or a new affirmation is available for signature, please email the department email (whainfocenter@wha.org) so we can look into it and make sure you get the new reports.

The **outpatient surgery report** has been updated to reflect principal procedure, number of times the procedure was performed during the quarter and costs associated with it. Please be sure to share your thoughts with us on the revisions to this report.

Data Integrity Report - is a one-page report that provides the number of records / encounters submitted in each data type for the quarter, by month, with the totals compared to the previous quarter. This is a useful tool to run before you get to the point of validation. This report allows for verification of the data BEFORE the time runs out to verify all the data is in.

File requirements – the 837 claims files must be structurally correct, otherwise the batch will be rejected. In general, we typically see that the file isn't necessarily missing segments, but rather segments that are out of place or have invalid key values. Please read the messages in the emails that accompany the invalid batch response. In general, the message should be readable and relevant to what exactly needs to be fixed in the file to pass processing. We encourage all submitters to reach out to us for questions or address concerns.

New submitters - For those new to discharge data submissions and file creation, there are specific fields such as the payer field, unique and encrypted case ID, and a few others that must be mapped and maintained according to the specifications in our manual.

WIpop 101 overviews are scheduled on an as needed basis. If you would like to attend an introductory session to WIpop and learn more about reporting, validation and downloading the reports from the portal, email whainfocenter@wha.org to express your interest. We have several new ASCs submitting data, therefore we anticipate scheduling an introductory session on or around March 28th.

2019 837 Potential Claims File Requirements

It's been a year since the 837 claims file structure has been in place. It's time to consider how we can continue to improve the value of the data. Below are several file changes we are **considering for 2020**:

1) Language – collection of language would be useful to allow data users to better understand socioeconomic status of their patients. We would use a standard mapping table once the decision is made and shared this is allocated to loop 2010BA/DMG

2) Payer Changes – we are considering collecting a Payer Organization Name and Payer Identifier or some other Payer class code in loop 2010BB / NM109 to better reflect where the claim is going, or payment is coming from. *We are open to your suggestions and encourage feedback.*

3) Other Items we are considering specific to claim information
   a. Health Care Service Location
   b. Claim Filing Indicator Code = Code identifying type of claim or expected adjudication process. https://ushik.ahrq.gov/ViewItemDetails?itemKey=133096000
   c. Medicare Assignment Code
   d. CMS National Plan Identification Number
   e. National Drug Code (NDC)

Important Reminders!

1) New staff must register through the secured portal. We do not, cannot and will not register your new WIpop users for you. We ask that you first consult the WHA Information Center Website and WIpop Manual before consulting with us. Register for WIpop:

2) Make sure to review your list of authorized users on a regular basis. The facility staff are responsible for keeping the data protected and removing unauthorized users from the list of approved WIpop users.

3) Two-prong validation process in effect. This change was necessary to encourage validation and discourage users from signing off on the data within minutes of receipt. We now require comments on data that have variances over the 20% threshold. If multiple data types are over the threshold, please provide a comment for each variance, but be sure to identify which data type you are commenting on.

4) Changing vendors? If so, don't forget to address state discharge data reporting, and let us know who the new vendor is.

Thank you for your efforts in producing high quality data for your facility, external users, and those that perform utilization review, research, and market share analysis.