



Wipop News



Registration is Now Open for the 2023 Annual Wipop Training!

Please plan to attend one of the in-person Wipop and data submission training sessions available throughout the state. In celebration of our 20th anniversary, the Wipop data submission has had a facelift with several new and exciting changes.

Why should you attend training? Because the new Wipop has a lot of changes and a new look! We will walk through the biggest Wipop changes to include new login protocol with *multi-factor authentication*, how to submit data without the 837 File Handler (aka black box), revised portal and registration site, navigation tool bar in Wipop, revised manual, NEW user management and data deliverables.

To register click [here](#) and scroll to the date of the event you are able to attend or CLICK on the date below.

As usual, all sessions are held in the morning from 9-11:30. Registration begins at 8:00 a.m. with a complimentary continental breakfast.

[Thursday, September 28](#)

2023 Annual Wipop Training - Milwaukee, WI

[Friday, September 29](#)

2023 Annual Wipop Training - Rice Lake, WI

[Tuesday, October 3](#)

2023 Annual Wipop Training - Green Bay, WI

[Wednesday, October 4](#)

2023 Annual Wipop Training - Madison, WI

We hope you will join us as we will also have special giveaways at each session to celebrate our 20th anniversary.

Summary Profile Updated

Did you notice? The Summary Profile Report (SPR) was recently updated to include patient language reported, vendor name, total charges, and SDOH codes reported in the file. If you have a suggestion for future reporting, let us know at whainfocenter@wha.org.



Wipop Updates and Reminders

If it's on the claim, it needs to be sent in the file to WHAIC.

Payer ID codes

We have addressed the collection of Payer ID codes since 2019 as it's an opportunity for WHAIC to validate the accuracy of the payer data we receive. A new alert was pushed out in 2023 to remind hospitals and ASCs to include the Payer ID codes from select payers ~ Medicare, Medicare Advantage, Medicaid/Badger Care, and most commercial plans (AXX). Starting Q1, 2024 we will push out an **edit to require the payer ID** field to be included in the file for these specific payers as defined above.

New Payer Code: MPC – 09

Please remember to map the Medicare Part C (aka Medicare Advantage) members to the new MPC-09 code. Payer data is highly utilized and requested by all data users. Having accurately mapped payer data enhances the datasets we provide back to our hospitals and data purchasers.



Strengthening Language Collection

Much like all other data elements we collect and use, language is another important tool data users have asked us to continue to improve upon in the datasets. Just as hospitals and ASCs report race and ethnicity out of the EMR, we are asking you to make sure to include language in the file as well in the correct field of the file. See [Appendix 7.2.1](#) for proper file mapping.

Quality requirements under Social Determinants of Health (SDOH) health measure mandatory in 2024

If you are not currently collecting, reporting, and providing these codes on your claims, please consider doing so. According to the RACmonitor “Every hospital will be required to provide the Health-Related Social Needs (HRSN) for SDOH questions pertaining to housing, transportation, food, utilities, and personal safety to hospital inpatients 18 years or older.” For more information click [here](#).

Provider-Based Clinics/Locations

If your hospital bills for an off-campus provider-based clinic and you are not reporting it correctly, it could affect payment to your facility, click [here](#) to link to the NGS Medicare documentation for more information. This article specifically references how providers billing for Provider-Based services must include the applicable and appropriate modifiers to the claim and file. And, if you are reporting outpatient clinic facility charges on an 837I those services must be reported to WHAIC as outpatient services.

“Provider-Based” status is a Medicare status for hospitals and clinics that meet specific Medicare regulations and requires that providers bill Medicare in two parts – one bill for the physician service, and another bill for the hospital/facility resources and services.

If you are unsure of your reporting status as it relates to the data sent to WHAIC, please use the available reports in Wlpop under the Batch/Reports feature or reference your quarterly validation reports provided in the portal. If you have a clinic that should be added, updated, or removed from your data reporting, contact us at whainfocenter@wha.org.