

## Welcome to Wisconsin Discharge Data Reporting

Wisconsin Hospital Association Information Center (WHAIC) collects data pursuant to Chapter 153 of the State Statutes and subject to all terms and conditions as described in ss. DHS 120. All Wisconsin licensed, Medicare-certified, hospitals, including psychiatric hospitals, and freestanding ambulatory surgery centers (FASC) are required to report inpatient and outpatient discharge data to the Wisconsin Hospital Association Information Center (WHAIC).

Please complete the information below and email via PDF (if possible) to [whainfocenter@wha.org](mailto:whainfocenter@wha.org). Upon receipt, WHAIC will assign a 3-digit facility ID number that must be used to communicate with us and upload your data into our secure data collection system. Once you get your facility ID, we will email your contacts and ask that you register to our [secured portal](#). Registration instructions can be found on our website at <https://www.whainfocenter.com/> under the [Data Submitters](#) tab. Once there, you will find the WIpops Manuals.

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### Facility Administrator/CEO Name:

Facility **NPI Billing** Number: \_\_\_\_\_ Facility Open: \_\_\_\_\_

Facility Official Name/DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Medicare / CCN # \_\_\_\_\_ Hospital Fiscal Year: \_\_\_\_\_

Administrator or CEO Email Required: \_\_\_\_\_

### Primary Data Contact (uploads data, receives validation & profile reports) [Click here for Roles Document](#)

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email Required: \_\_\_\_\_ Phone: \_\_\_\_\_

### Primary / Secondary Data Contact (Circle one) additional users may register upon facility set-up completion.

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email Required: \_\_\_\_\_ Phone: \_\_\_\_\_

***All other WIpops users must register to our portal and primary contact is copied on all registrations.***

**Provide EMR/Billing Vendor Name:** \_\_\_\_\_

**Vendor Technical Support Contact:** \_\_\_\_\_

*Failure to comply with the reporting requirements regardless of or if the facility uses a vendor or not may result in financial penalties to the organization.*

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### WHAIC Internal Use:

3 Digit Facility ID: \_\_\_\_\_

Quarter/Year of first submission: \_\_\_\_\_