



Wipop News and Highlights

April 2, 2026

Welcome Spring!

I'd like to take this opportunity to say thank you for all the added effort this past year to get your data in on time and corrected. This newsletter is brought to you with a few reminders as you submit data throughout the new 2026 reporting cycle.



Payer Reports and Auditing

Accurate payer reporting remains a key focus area. WHAIC continues to validate payer data across submissions. I have already met with several hospitals to discuss payer reporting and will continue my outreach throughout each quarter for the remainder of the year.

Key Payer Categories to Focus on for Reporting and Mapping

Medicare

- Medicare (MED-09)

- Medicare Advantage (MPC-09)

Commercial

- Commercial Insurance (Axx-09)
- Private Insurance (OTH-21)

Medicaid and Other Government

- Medicaid (T19-09)
- BadgerCare/ForwardHealth (BGR-09)
- Out-of-State Medicaid (OTH-51)
- Other Government (OTH-52)
- WI Family Care (OTH-54)

What You Should Do

1. Review and validate your payer mapping
2. Use quarterly payer reports (including the 68+ No Medicare and Unknown Payer Report) to identify and correct issues
3. Share this information with key stakeholders (registration, finance, leadership, etc.)

Race Update

WHAIC, in partnership with DHS, supports the OMB decision to update and expand race data collection standards. We are continuing efforts to improve the accuracy of race reporting, including the ability to capture multiple races and the addition of new categories such as Middle Eastern/North African (MENA) and Hispanic/Latino.

WHAIC will continue to audit submitted data files. Please ensure your organization is collecting and reporting this information accurately. If you have not already updated your systems and processes, we strongly encourage you to do so in the coming months.

Hospital Provider-Based Location Reporting

WHAIC would like to remind hospitals of the importance of accurately reporting provider-based clinic (PBL) data within hospital discharge submissions. As reporting requirements evolve, PBL services remain a common area of confusion.

What Are Provider-Based Clinics?

Provider-based clinics are outpatient departments owned and operated by a hospital but may be located off-campus or operate similarly to independent practices. Despite this, they are considered part of the hospital for billing and regulatory purposes.

Services are typically billed in two parts:

- **Professional fee** – billed by the clinician
- **Facility fee** – billed by the hospital *This comes to WHAIC*

This structure distinguishes them from independent clinics, which typically bill only a professional fee.

WHAIC assigns a PBL location ID once notified by the hospital of a provider-based clinic.

Reporting Requirements for Provider-based clinic encounters:

- Be reported as hospital outpatient visits with a PBL ID
- Include appropriate revenue codes and facility charges
- Reflect clinic services that may have different NPIs and applicable modifiers

Action Required

If your facility has a provider-based clinic without an assigned PBL ID, please contact WHAIC via email at whainfocenter@wha.org and provide:

- Facility ID and hospital name
- PBL name (as used in reports or PECOS)
- PBL address (preferably matching PECOS)
- Date the clinic became provider-based

Wlpop Registration and User Reminder

All new users must [register](#) to use the Wlpop site!

Please verify that your facility's contact information in the Wlpop system is current. If updates are needed, contact WHAIC.

