


WHAIC 2010/2011 Annual Training Q&A

Q#	2010/11 WHAIC Training Questions	WHAIC Responses
1.	When a patient is seen in a hospital owned clinic and subsequently has a visit at the hospital should the POO be 1 or 2?	POO is 1. Regardless of what happens after the patient is seen, the point of origin is based on where the patient was before presenting to the facility.
2.	With the required implementation to the HIPAA Transaction Code Set 5010 will there be any changes required to our extract for the WHA file pertaining to 5010?	WHAIC has done some preliminary comparisons of the Version 5010 transaction vs. the current 4010A1 transaction and thus far we do not anticipate any changes as it relates to the extracts populating Wlpop. The Wlpop system is currently capable of accepting the additional digits in the new ICD-10 CM/PC codes, present on admission indicator, multiple procedure codes, multiple diagnosis codes, and other technical improvements as outlined by the standards. Once we complete the line by line comparison of our Submission Manual requirements vs. the 5010 layout we will post an update including the changes, if any, to our website.
3.	Can you explain the BadgerCare Matrix that was provided at training?	<p>The Matrix is intended to serve as a reference tool for patient registration. The identification of what the Wisconsin Forward Insurance Card looks like is meant to allow the reader a quick glance to tell the difference between BadgerCare plans. For purposes of WHAIC and submission of the data extract to Wlpop, if registration knows they are working with a BadgerCare recipient with children the record that is submitted to Wlpop should be populated as BGR/02.</p> <p>If the recipient is an adult without children and the card, patient, individual or Forward Health portal says it's a BadgerCare Core Plan recipient then the record would be submitted as MAX/02. Likewise, if the person is a BadgerCare recipient, without children, and the card or Forward Health portal or individual says they have the BadgerCare Basic Plan then it would be MAX/01 (FFS).</p>
4.	On the Expected Source of Payment, Appendix VII, what does the payer combined code column indicate on the last page?	The payer combined codes are created by WHAIC for internal use and external data users. Simply put, it's the way payers are displayed in the data outputs/products.
5.	How can facilities identify hospice records prior to submission?	<p>WHAIC has recently implemented two new edits. The first edit is to identify hospice discharge status codes 40-42, as identified below. Therefore, if you submit a record with a discharge status code of 40-41 you will receive an edit and will need to remove or correct the record.</p> <ul style="list-style-type: none"> ● 40 = Expired at Home – Hospice ● 41 = Expired in a medical facility (Hospital, SNF, Hospice, etc) ● 42 = Expired, Place Unknown – Hospice

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		The second edit is for Hospice related Revenue codes. See question 7.
6.	Can you verify 065X rev codes are for hospice services?	<p>WHAIC has recently created an edit that will allow facilities to review records submitted with hospice related revenue codes.</p> <ul style="list-style-type: none"> • 0651 = Routine home care • 0652 = Continuous home care • 0655 = Inpatient respite care • 0656 = General Inpatient care nonrespite • 0657 = Physician services
7.	How is hospice care submitted within OHO data?	True hospice records are not submitted to WIpop. Unless a Hospice patient comes to the facility and has services that are non-hospice related, those records should not be submitted.
8.	How should facilities code patients in acute care being discharged to Hospice?	WHAIC will accept records for patients seen in an acute care setting that are deemed by their physician to be released to the care of Hospice. For these records, the discharge status codes of 50 or 51 would be appropriate. The appropriate PayerID is determined by the type of insurance the patient has.
9.	CAHs report ED services separate from inpatient services when the patient is admitted or transferred from ED to IP status. Does that increase the severity of the case mix and charges for ED services for CAHs on PricePoint as compared to PPS hospitals?	Yes, the case mix and median charges for a specific diagnosis could be affected by the fact that PPS hospitals include their ED services and charges with the IP record when a patient is admitted and CAHS do not. WHAIC plans to do an analysis of the data on the affect of this and add a disclaimer to the notes on PricePoint to account for this circumstance.
10.	Does the Information Center have additional training material available online to help facility staff with Race & Ethnicity questions.	<p>The following links have been provided by WHA for training on Race and Ethnicity.</p> <p>http://www.wha.org/qualityAndPatientSafety/raceEthnicity.aspx</p> <p>http://www.hretdisparities.org</p>
11.	<p>When did the collection of race and ethnicity naming conventions and data collection change?</p> <p>How were facilities notified?</p>	<p>The collection of race and ethnicity data has not changed. The naming convention was updated to better align with the Federal OMB standards. For example, the term "Other" was replaced with "Multiracial" but the definition did not change. Below is the link to the updated Appendix. WHAIC has done extensive notification on the collection of race/ethnicity during our annual training as we do every year. In addition, on November 3, 2010 a WHAIC Update was emailed to all data submitters.</p> <p>http://www.whainfocenter.com/wipop_07/Appendix_II.pdf</p> <p>http://www.whainfocenter.com/updates/update110310.pdf</p>

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12.	Can WHAIC provide additional information on collection of race and ethnicity?	<p>The Center for Health Care Quality at the George Washington University School of Public Health and Health Services serves as the National program office for the Aligning Forces for Quality. Stephanie Sobczak, WHA Manager of Quality, has provided us with a document that summarizes the collection standards. This document contains useful information for data collection of race, ethnicity and language from The American Recovery and Reinvestment Act of 2009 (ARRA), The Patient Protection and Affordable Care Act of 2010 (ACA) and the Joint Commission.</p>  <p style="text-align: center;">4</p> <p>Legislative_Regulator</p>
13.	Is all Medicaid the same as BadgerCare?	<p>No, there is a distinct difference. Although they share the same ID Card and some benefits are the same such as with the BadgerCare Standard plan, Medicaid has stricter poverty levels and an asset test to determine one's qualifications.</p> <p>Source: WISCONSIN COALITION FOR ADVOCACY Source: Secs. 49.45-.47, Wis. Stats. Sec. 49.665, Wis. Stats. http://www.disabilityrightswi.org/wp-content/uploads/2008/08/medicaid-badgercare.PDF</p>
14.	Can you send out a link to the online training for ICD-10 as suggested during the training sessions?	<p>WHAIC has located several ICD-10 Training Resources and Tools:</p> <ul style="list-style-type: none"> • * World Health Organization: http://apps.who.int/classifications/apps/icd/icd10training/ • * CMS: http://www.cms.gov/MedicaidInfoTechArch/07_ICD-10TrainingSegments.asp • AHIMA: http://www.ahima.org/icd10/education.aspx • WHIMA: http://www.whima.org/ICD10/ICD10.html <p>*public OK</p>
15.	After ICD-10 is implemented will dual systems be required to submit records to WHAIC?	<p>After the ICD-10 compliance deadline has passed, only one coding system will be used. WHAIC will continue to provide information to data submitters as it relates to system changes as they become available. Having said that, we want to remind you that due to the staggered timelines in the data submission process, there will be a few quarters where dual submissions of ICD-9 and ICD-10 will be ongoing. For example, the implementation date for ICD-10 is 10/1/13 – the start of Q4. Q4 Data for INP, OPS, ED, and OBS will be submitted to an upgraded Wlpop system with new edits and ICD10 updates. While, data for Q3 and well as 2nd and 3rd quarter OHO will be submitted to the current Wlpop system.</p>

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16.	With the New Wlpop Enhancements is it possible to have rollover windows appear with lookup tables (POS, admit types, POO, etc) instead of checking the paper or online manual?	WHA IC appreciates your suggestion and will add this to our list of updates, suggestions and requests.
17.	Can you discuss use of "a" in over-riding revenue codes within the POS hierarchy?	WHAIC has created a bypass code for use when a surgical service is incidental to an ED visit. We ask that facilities continue to use alpha character 'a' when surgical services are reported that are incidental to an ED visit.
18.	With the new edit WHAIC has implemented for leave days and the requirement to include the revenue code 018X, can you give us a list and definition of what this means?	Revenue code 018X is for Leave of Absence. This revenue code is used for charges for holding a room while the patient is temporarily away from the facility at the time of the midnight census. 0180 – General Classification 0181 – Reserved 0182 – Patient Convenience 0183 – Therapeutic Leave 0184 – Reserved 0185 – Nursing Home (for Hospitalization) 018(6-8) – Reserved 0189 – Other LOA
19.	How should facilities go about getting a copy of the most current Wlpop Data Submission Manual?	Facilities should go to www.WHAInfocenter.com and click on the Wlpop Manual link. From here, facilities can update their current manual with specific sections or print out an entire Wlpop manual. For facilities that do not have access to the Internet, contact WHAIC and we will mail you the current manual on a CD.
20.	Why can't facilities submit discharge status 30, Still a Patient, in Wlpop?	WHAIC does not accept interim bills therefore we cannot accept discharge status of '30' as that code is used on inpatient claims when billing for leave of absence days or interim bills. WHAIC only accepts records for patients with an admit through discharge date. The reason for this is two-fold, 1) we want the patient's stay all in one record and do not want to count the same record more than once and 2) our data outputs would be skewed because we cannot combine facility records once they are submitted into Wlpop.
21.	When new Updates are posted to the WHAIC website, could WHAIC send out an email alert?	The WHAIC staff sends out an email alert and a copy of the Update to the data submitters in our data base.
22.	Do all ICD-10-CM codes have to have 7 digits?	No, not all ICD-10 diagnosis codes will be 7 digits long. ICD-10-CM has 3-7 digits. All codes start with a letter and some codes contain an "X" placeholder.