

WHAIC 2011 Annual Training

Welcome and Introductions

Presenters

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- Cindy Case, Manager
- Brian Competente, Manager

Overview of Today

- Why this format
- Plan for next year
- How today's webinar will work
- Questions during the presentation



Agenda

I. WHAIC Accomplishments in 2011

II. Hot Topics

- Facility 3 digit ID
- Wlpop - Improved Functionality and Enhancements
- NPI Subpart Submissions
- Principal Procedure Review
- Type of Bill - use TOB that ends in zero for non-payment records

III. 2012 - Anticipated Project Highlights

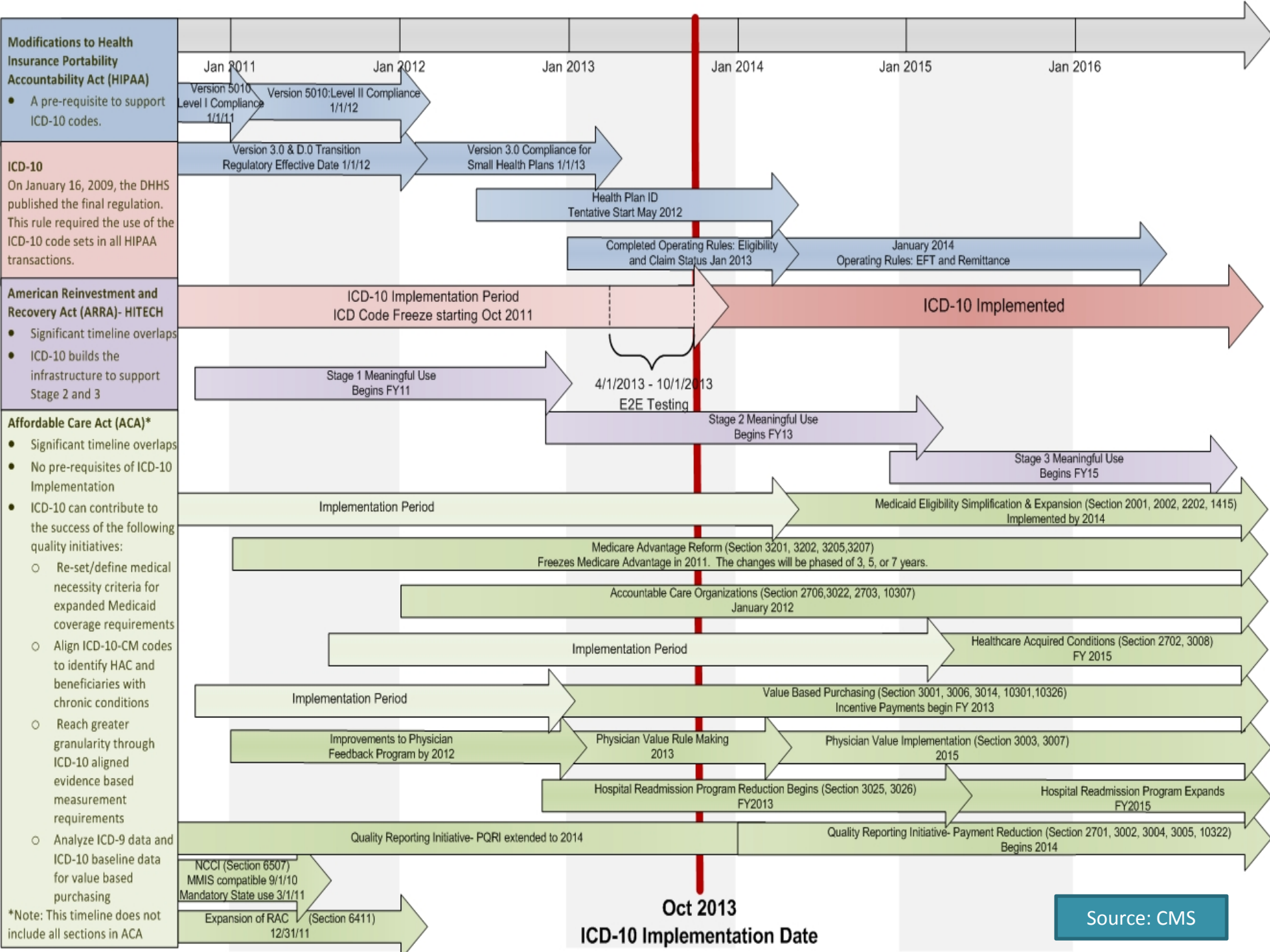
IV. ICD-10 - WHAIC Project Plan Highlights and Upcoming Events

V. Data Sets

VI. Closing Remarks and Questions

WHAIC Accomplishments

- Milestones
- New Staff
- ICD-10
- Publications
- Data Submitters/Editors Appreciation



Hot Topic – Facility ID

- When questions or issues are emailed, it's sometimes difficult to tell which facility is writing in, or which facility the question is on.
- Please submit your 3 digit Facility ID when emailing one of us with questions. (Ex. **0124600401**)



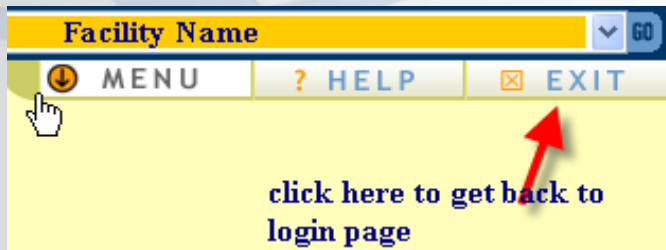
Facility ID

Please:

- Contact us if you're not sure what your 3-digit ID is.
- Or include the name of the facility/city you're emailing about.
- Notify WHAIC with:
 - staff changes;
 - changes in responsibilities; and
 - requests for new users signing into Wlpop.

Wlpop Improvements

July – Exit to Login page



- August – Improvement to auto-generated email details

- Valid Records: 0
Invalid Records: 2822

Inpatient valid: 0

Inpatient invalid: 0

Outpatient Surgery valid: 0

Outpatient Surgery invalid: 193

Wlpop Improvements

NPI Language

- Wlpop updated to better reflect data collection of:
 - NPI billing provider
 - Attending Physician NPI
 - Operating Physician NPI
 - Other Physician NPI 2

NEW Enhanced Security

- 5 Login Attempts
 - Error message w/instructions

Welcome to Wlpop (Version UB04)

Please enter your Username and Password. If you don't know your username or password, please contact us at whainfocenter@wha.org.

Username:

Password:

Max failed logons exceeded. Please check your email for important instructions.

Security Reminder

Best Practice:

- Log out of Wlpop after each use
- Never share passwords or login information
- Contact us with any questions or concerns

NPI Submissions

- As of Q1 2012 dates of service, Hospitals and ASC's should submit the most **detailed-level of NPI** enumeration reported on the claim when available.
- Facilities should NOT be defaulting the main Facility NPI into the Provider ID field in the Wlpop System (Field #57; primary record)

Principal Procedure

- Occasionally there are questions on how to complete the principal procedure field.
- WHAIC defines the principal procedure as one performed for definitive treatment (rather than diagnostic or exploratory purposes) or one that is necessary to care for a complication. If the clinically significant procedure performed is diagnostic or exploratory in nature (i.e. cardiac cath.) it should be reported in the principal procedure field. From WHAIC's perspective, an evaluation and management or venipuncture code does not meet this definition.

Principal Procedure

- WHAIC creates data sets for INP, ED, OBS, OPS and other OP record types.
- Those data sets include:
 - ICD-9-CM code for the patient's Principal Procedure (inpatient)
 - CPT code for the patient's Principal Procedure, if CPT code was submitted.

Principal Procedure

WHAICs Goal:

- collect, report, produce and disperse the most accurate data available pursuant to Ch. 153, Wis. Stats.
- Continue to work with facilities during internal validation process to meet WHAICs definition of principal procedure.

Type of Bill (TOB)

- In the last 5 years records have come into Wlpop with a \$0 total charge and a bill type that does not end in zero.
- Any hospital record with a zero total charge should have a bill type that ends in zero.
- Hospital records submitted for “self pay” or FASC’s may continue to use TOB 0999.

Type of Bill (TOB)

- New Edit: Q311 records with a zero charge and a bill type other than one that ends in “0” will receive an edit #3185 - “Zero charge records require Nonpayment/Zero charge Bill Type.”
- WHAIC released the TOB in Q111 data sets
 - Resource – Appendix VIII
 - UB-04 Data Specification Manual

2012 Anticipated Projects

- ICD-10
- Wipop 10
- Encrypted Case ID/Readmissions
- HAC/POA
- Reporting Other Hospital Outpatient Data
- Development of New Wipop Login Page

ICD-10



- WHA has partnered with a number of stakeholders
 - WiCD10
 - RWHC
 - WHIMA
 - Wisconsin Medical Society
 - WI Medicaid and commercial payers
- Expanding the resource information provided on the www.WiCD10.Org website

ICD-10

- WHAIC working to upgrade existing technology
 - Wlpop, server and framework upgrade
 - Accommodate more codes
 - Increasing field size
 - Developing new edits
- Developing a Data Submitters Survey

ICD-10



- Internal training ICD-10 PCS and ICD-10 CM
- New database of ICD-10 edits
- Projecting our internal testing to begin Q4 2012
- Tentative release of Wlpop 10 in Q1 2013

External Cause Codes – ICD-10

External Causes of Morbidity (V01-Y99)

- Five types of external cause codes
- Cause/Intent
 - Intentional – X71-X83
 - Assault – X92-Y08
 - Undetermined – Y21-Y33
 - Accident – V00-X58
- Place Y92
- Activity Y93
- Status Y99

External Cause Codes

- Most applicable to injuries, infections and diseases due to external sources
- The 7th character indicates if the external cause is the initial, subsequent or sequela
- **Use the full range of external cause codes**
- Assign as many external cause codes as necessary

External Cause Code Edits

- Apply edits to the injury and poisoning codes S00-T88
- No external cause code needed if the external cause and intent are included in a code from another chapter (i.e. T36.01 poisoning by penicillin, accidental)
- Y92 – Place of occurrence
 - used only once at initial encounter
 - only one Y92 code per record
 - should always be a Y93 code with a Y92 code

External Cause Code Edits

- Y93 – Activity
 - used only once at the initial encounter
 - only one Y93 code per record
 - should always be a Y92 code with a Y93 code
- Y99 – Status
 - used only at the initial encounter
 - only one Y99 code per encounter
 - no Y99 code if no other external cause codes on record

Wlpop 10

Replacing Wlpop UB-04 (with current technology)

- New name “Wlpop 10”
- Replaces existing Wlpop framework
- Accommodate ICD-10 codes
- Allow users the ability to submit to dual systems as a result of ICD-10
- Submissions will align with CMS
 - <http://www.cms.gov/MLNMMattersArticles/downloads/MM7492.pdf>

Wlpop 10

- Highlights of Wlpop 10:
 - Color change for Wlpop 10 (blue/white)
 - Changes to login page
 - New passwords/User ID's
 - Removing E-Code fields

Wlpop 10

Requires:

- Procedural Changes
- Manual Updates
- Training

Implementation Date Wlpop 10 (tentative):

January 2013 – Open Wlpop testing

April 1 2013 – Monitor facilities testing

WHA IC ICD-10 and Wlpop 10 Plan

January 2012 through September 2012 - Wlpop 10 Development

October 2012 – November 2012 - Wlpop 10 Development complete and ready for internal testing. Staff to finish the details of the Wlpop Manual, Online reference material and edit documentation. Re-survey Vendors and Data submitters. Begin Annual Training to all data submitters.

December 2012 – January 2013 - Recruit a few vendors, ASCs, large facilities, small facilities and at least one facility to do direct data entry into the test site. WHA IC will monitor the test site and results. We will also request feedback on how screens look, how edits are working and ease of operations.

February 2013 – June 2013 - Formal communication to request ALL facilities to submit test files for the next eight months. WHAIC will continue to track results of all submissions and encourage facilities to work some of the edits.

- Staff will begin posing results of test files
- Staff will fix any bugs and trouble shoot issues

July 2013 – September 2013 – Track facilities progress and work with facilities that have submitted a file for testing. WHAICs goal is to reach 100% compliance on testing file submissions. Continue educating submitters on the difference between Wlpop UB-04 and Wlpop 10.

Q4 - October 1, 2013 – GO LIVE New Wlpop 10 and implementation of ICD-10

Encrypted Case ID

- Purpose – to track readmissions within and across hospitals
- Revised algorithm
- Provides – a higher level of security and accuracy
- Requires – legal and procedural changes

POA/HAC

- Developed – draft HAC reports to replace POA reports
- Goal – provide hospitals HAC information in a timely manner (ahead of CMS)
- Requires – protection under the peer review process with approval from WHA BOD
- Next steps – develop process to publish results on CheckPoint (for those hospitals who elect to do this)

OHO Data Release

- First priority – enhance PricePoint with imaging groups
- Methodology – 3M EAPG software (considers diagnosis codes and includes severity index)
- Requires – accurate submission of revenue, CPT/HCPCs, and diagnosis codes

Data Sets

- With more specificity in diagnosis and procedure codes, the Fixed-Width format will not be able to accommodate the volume of codes that will be submitted on the 5010 claim form.

Data Sets

- **Fixed Width** – Currently, this data set includes a maximum of nine diagnoses and six procedures for Inpatient (including MS-DRG) discharges, Outpatient Surgery episodes, and Emergency Department and Observation visits.
- **Relational** – This database includes patient-level data containing all reported diagnoses, procedures and revenue-line detail for Inpatient discharges (including MS-DRG), Outpatient Surgery episodes, Emergency Department and Observation visits.

Data Sets – Switching to Relational Data

- **PROs**

- Ability to see all diagnoses and procedures; volume increased with move to ICD-10
- Revenue-Enhanced detail
- Border State County-Enhanced data

- **CONs**

- Cost to implement new format
- Software not able to handle all of the relational data
- Users may think FW is easier to use
- Do not need revenue detail or all codes

Reporting on the 5010

5010 Payable Diagnosis
Codes

Was 9 now 25

- Principal Dx – 1
- Other Dx – 24
- Ex. Cause Codes - 3

5010 Payable
Procedure Codes

Was 6 now 25

Closing Statements

- Online evaluation
- Reminder – WHAIC Newsletter is a good source for new information and status updates
- Data Submitter Survey – responses are important and offer valuable information
- Additional Wlpop training is available – please contact us if you would like more information.

Thank you!

Questions?



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