

## **Data Submitters Users Group Teleconference September 9, 2004**

**Present:** Jonelle Villas, Dave Pitterle, Theresa Wegener, Linda Bessette, Joyce Potter, Dawn Lueck, Traci Polhamus, Dee Comforth, Betsy Wiegel, Tanya Vandeventer, Kathy Markham, Linda Erickson, Mary Winter, LuAnn Matayas, Sally Luehring and Tony Johnson

**Staff Present:** Joe Kachelski, Shannon Schumann and Debbie Rickelman

### General Update

Joe Kachelski stated since the July 8 DSUG meeting the Wlpop 2005 final file layout and data definitions have been published and posted to the WHA Information Center Web site: [www.whainfocenter.com](http://www.whainfocenter.com).

### Key Changes and Clarifications since July 8, 2004

#### **File Size Limitations**

Shannon Schumann stated the file size limitations would be based solely on file size, not number of records. The file size limitation will be 10 MB maximum. This is due to the amount of transmission time required for large files. Files beyond 10 MB can be dealt with in one of two ways. One is to open the file in Wordpad or Notepad and cut and paste a portion of the file to a new document (as long as primary records and related records stay together in files). The other option is to transfer files using SSL over FTP. For the latter option, the facility would be required to use a client that supports SSL transfer. FTP clients with SSL can be purchased for \$30-\$50. Examples of products are: CuteFTP Professional, WS\_FTP Professional, and SmartFTP. *Please see 'Recommended FTP Clients' document.*

#### **Record Qualifications**

Record qualifications for Wlpop are outlined in #13 of the Frequently Asked Questions (posted on the WHA Information Center Web site). Of note is that hospital outpatient records with the Place of Service 3, 4, 5, and 6 will qualify based on the 'through date' of the Statement Covers field (UB-92 Form Locator 6).

#### **Reference Diagnostic Laboratory Services**

Based on feedback from the July 8 meeting staff researched the diagnostic referenced lab services issue. Since the majority of this information is reported via the Physician Office Visit Data (POVD) collection process, WHA Information Center will not collect this information in Wlpop.

#### **Ambulatory Surgery Range**

Thank you to all the facilities that provided feedback on possible expansion of the ambulatory surgery range. Since there is considerable variation among facilities on how to define ambulatory surgery records, WHA Information Center will eliminate the reportable procedure range based on ICD/CPT/HCPCS procedure codes in the 2005 Wlpop file layout. Records will qualify as 'outpatient surgery' (Place of Service 1) based on revenue codes 036X, 0480, 0481, 049X or 0750. If a patient is admitted through the ED and has outpatient surgery the record would qualify as outpatient surgery rather than

ED if one of the above-stated revenue codes were on the record, similar to the current data submission requirements.

### **ED Procedure Coding**

One of the purchasers of the ED data contacted WHA Information Center and stated his perception is that the procedures that appear in the ED data set may not include all procedures that are performed in emergency departments (FAQ #3). This information is being shared with facilities as 'information only' since WHA Information Center is not able to determine if there are omissions in ED procedure codes submitted in the quarterly data submissions.

### **Diagnosis Codes**

Definitions of 'principal and other diagnoses' are noted in FAQ #7. The definition covers both inpatient and outpatient records. All recorded 'other diagnoses' should be submitted. Since the file layout allows for all 'other diagnoses,' facilities can submit 'other diagnoses' in any order.

### **Procedure Codes**

Definitions of 'principal and other procedures' are noted in FAQ #8. The definition covers both inpatient and outpatient records. All recorded 'other diagnoses' should be submitted. Since the file layout allows for all 'other procedures,' facilities can submit 'other procedures' in any order.

### **Service Line Charges**

Service line charges should be recorded in field 9 of the revenue record. Staff received feedback from some facilities that while they report individual revenue codes, they do not report line-item charges when there are multiple line items that reflect a procedure episode. In these cases they report the package price on the first line and report \$0-\$1.00 on subsequent lines. Other facilities provide line-item charges for each operative episode.

### **Interim Bills**

Outpatient services that are reported on interim bills (serial accounts) must be reported to WHA Information Center in 2005. Appendix VIII of the data definitions outlines the type of bill codes that should be used for interim claims. The third digit of the type of bill code indicates whether it is a first claim, continuing claim, or final claim. **Multiple continuing claims will not be identified as duplicates if the dates of service are different.** The dates of services on the record should not be before the admit date or after the discharge date in the statement covers period field.

### **Services at 'No Charge'**

Records of community services, such as free blood pressure clinics, should be reported to WHA Information Center. Records of services for which the hospital normally charges a fee should be reported. The charge should be reported, not what the patient is expected to pay.

### **Professional Charges**

The current practice of not reporting professional charges to WHA Information Center should continue in 2005. If WHA Information Center receives a revenue code that

reflects professional charges the facility will receive an edit stating the code is not a reportable service.

### **Vendor Contacts**

WHA Information Center is willing to communicate directly with IT vendors if the facility requests the direct communication. Please submit an email to the WHA Information Center email address ([whainfocenter@wha.org](mailto:whainfocenter@wha.org)) if your facility would like WHA staff to routinely send updates directly to your vendor. WHA Information Center staff will address questions and concerns from vendors.

### Other Questions and Concerns

**1. Sometimes we do not have accurate and complete records available to meet the data submission deadlines. This problem will increase with the collection of all hospital outpatient records in 2005.**

*WHA Information Center is considering extending the submission deadline for Wlpop for types of hospital outpatient records that are not currently collected. One of the vendors participating in the call stated other states where he has customers allow 90 days after the end of the quarter for data submission.*

**2. Some data elements like Type of Bill are not retained in facilities' information systems after the claim is submitted. This makes it difficult to efficiently provide the information in the data submission. McKesson and Siemens are examples of systems that do not retain Type of Bill.**

*The statute requires collection of this data element from facilities.*

**3. Will WHA Information Center be collecting the National Provider Identification Number?**

*Yes, facility NPI numbers will be collected in field #27 of the primary record when the numbers are available. Facilities will need to continue to submit the facility number assigned to them in field #2 in the primary, revenue, diagnosis and procedure records. Fields 15, 16 and 17 in the primary record will accommodate physician NPIs when they are available.*

**4. Can facilities report non-physician license numbers in the ED record?**

License numbers of non-physician providers can be reported in fields 15, 16 and 17 of the primary record for emergency department or other hospital outpatient records (excluding outpatient surgery). WHA Information Center will be purchasing other licensing databases from the Dept. of Regulation and Licensing. Statutory limitations prevent collection of non-physician provider IDs in inpatient and outpatient surgery records.

**5. Is there a specific naming convention facilities will need to use for the files?**

*The files must be variable-length, comma delimited with a txt extension. File names can be assigned by the facility.*

**6. Will the submission tool be different?**

*The submission tool will operate and look the same as the current system.*

**7. Since WHA Information Center may extend deadlines for submission of hospital outpatient data, will more time be allowed for editing records?**

*No, WHA Information Center would like to maintain fairly standardized milestones for editing records.*

**8. What will WHA Information Center cover in the training sessions?**

*The training sessions will include an overview for the reasons for the upcoming changes, a review of each data element and data definition with emphasis on what is staying the same and what is changing, a review of the edits, discussion of the October 1, 2004, Medicare requirement for use of CPT/HCPCS for hospital outpatient records, and an outline of the timeline for submitting and editing records.*

**9. The WHA Information Center data elements are claim-form-driven. These data elements are not always available at the time of data submission and may need to be obtained elsewhere.**

*The data elements may be obtained from anywhere in the facility that has a reliable source for the data elements, as long as the content of the information is consistent with the WHA Information Center data definitions.*

**10. Do hospitals need to submit records of hospital-based home health services?**

*If the services are billed using the same financial system and Medicare provider number as other outpatient hospital services then the records should be submitted. If the services are billed on a different system or the home health program uses a different Medicare provider number then other hospital outpatient services then the records should not be submitted.*

Next Meeting

The next teleconference of the DSUG will be the week of October 4, tentatively October 5 at 10:00 am and October 7 at 2:00 pm.