



Data Submitter User Group Teleconference Minutes
February 15, 2005

Present: Carla Ambrosius, Ellen Bassette, Cindy Birkholz, Sandy Bruckert, Elizabeth Cramer, Alice Haack, Renee Henkel, Cheryl Krainz, Iris Krisch, Richard Kruske, Joyce Potter, Adrian Powell, Lorie Quickel, Kim Rosario, Lavonne Smith, Michael Stempski, Joyce Stuckman, Lois Tetzke, Debbie Trochinski, Ginny Van Dyke, Betsy Wiegel, Faye Wieser, and Mary Winter

Staff Present: Joe Kachelski, Julie Callies, Brian Competente, Debbie Rickelman, Shannon Schumann, and Tony Tosi

Wlpop Follow-up

Approximately 25 facilities have submitted test data to date. There are no significant issues to report from WHA Information Center's perspective. Three vendors that have submitted data for facilities include Meditech, CPSI, and McKesson. Ideally, test data should be submitted with small file sizes prior to April 1. Test data may be submitted After April 1, however a request must be made for deletion of the test file prior to submitting the file that is intended for official submission.

It was clarified the attending physician fields do not have to be populated for hospital outpatient records other than ED. The procedure physician field must be populated only if there is a procedure code in the principal procedure field.

Some facilities have difficulty distinguishing between payer types of BadgerCare and Medicaid. Mr. Kachelski suggested facilities use Medicaid's online eligibility query to determine which payer type is appropriate for an individual patient. He also suggested the Medicaid medical status codes may help with this issue. (Research after the meeting indicates the following medical status codes are designated for BadgerCare – B1, B2, B3, B4, B5, B6, and GP. A hospital checking on-line eligibility will see one of these two-character medical status codes on the screen if the payer is BadgerCare.)

Record types (inpatient, ambulatory surgery, emergency department, hospital outpatient) may be submitted in one file or in separate files. The facilities can choose a naming convention for the files with the only requirement being a .txt extension.

A question was raised regarding the effective date of admission type '5.' (Research after the meeting indicates this code is current. The NUBC UB-92 Manual and the Ingenix Code Editor both list this code as a valid code. The admission type codes have not been updated in the UB-92 Manual since January 1, 2002.)

It was noted that if a place of service code is missing on one record none of the records in the file could be submitted. WHA Information Center staff will evaluate this issue and report back to the group the week of February 21.

Professional Fees

The group was reminded that professional services (revenue codes 096x-098x) should be excluded from the data submission. An edit will occur if these revenue codes are submitted. To
5510 Research Park Drive P.O. Box 259038 Madison, WI 53725-9038
P (608) 274-1820 Toll Free (800) 231-8340
F (608) 274-8554



correct the edit facilities should delete the revenue code lines for professional services and adjust the total charge. Critical access hospitals should exclude professional services from their data submission even though they are reported on the claims to Medicare. The direct link to a list of critical access hospitals in Wisconsin is http://www.worh.org/pdf_etc/WisCAHStatus.pdf, or from the WHA Information Center Web page <http://www.whainfocenter.com/links.htm> click on Office of Rural Health.

Payer Codes

Tricare is another name for CHAMPUS. The Wlpop manual will be updated with this information. When a patient has Blue Cross or Blue Shield coverage the three-digit code on their insurance card is the code that should be submitted in the payer ID field, rather than the three-digit code of the plan where the claim is being sent. Ultimately the patient's Blue Cross or Blue Shield plan is the plan paying for the services.

Medicare Population Counts in Health Care Data Report

There were some discrepancies in the Health Care Data Report in the number of patients in the 65+ age category, and the number of patients with Medicare as their primary payer. Mr. Kachelski asked the DSUG members what is a reasonable discrepancy in these numbers. Some of the reasons the discrepancy exists is some Medicare-eligible patients are on their spouse's private insurance if the spouse is still working, Medicare is not primary if liability is involved, and patients less than 65 years of age may have Medicare primary if they are disabled or have ESRD. The consensus of the DSUG members was that defining a reasonable discrepancy is difficult to do because of the multitude of reasons why it occurs.

High/Low Charge Validation

WHA Information Center will validate inpatient charges based on two standard deviations above or below the average DRG amount for the facility. Facility charges will be compared to average charges for the facility from previous quarters. The hospital's rate increase is factored in.

Since there is not a standard criterion such as DRG for comparing outpatient charges WHA Information Center is seeking input from facilities on a good methodology to validate outpatient charges. One suggestion was to identify the outpatient surgery records with a 'V code' for a cancelled procedure. The charges for these records are expected to be low. Please forward additional suggestions to any of the WHA Information Center staff.

Next Meeting

The next meeting of the Data Submitters Users Group will be scheduled as needed. The WHA Information Center staff is available to assist facilities with the transition to Wlpop.