

News and Highlights

Principal Procedure

With the New Year comes new opportunities to improve our data! Over the course of the last few years the Information Center has continued to remind and educate our data submitters of the importance of submitting the correct principal procedure in the primary record. We will continue that education campaign into 2012 because the principal procedure is an element of data collection that is unmistakably one of the most important data elements we collect and report on.

Beginning with Q1 2012 data submissions WHAIC will continue to enhance our editing for records submitted in the principal procedure field for CPT codes such as 36415 in the primary record. Typically, this type of code does not accurately reflect the procedure most related to the principal diagnosis nor does it provide meaningful information to our data sets. The Coding Guidelines (Appendix XI) has been updated to better address WHAIC's policy on collection of principal procedure and also to reflect CPT/HCPCS codes that may be selected as the principal procedure.

Below are some examples of common principal procedure mishaps that you can look for to better represent your data.

1. Avoid using CPT code 36415 (venipuncture) as it does not meet WHAIC's definition of a principal procedure.
2. Choose a CPT code that best represents the procedure most related to the principal diagnosis. For example, if an ED visit has a concussion listed as the principal diagnosis and the only related procedure to the diagnosis is an MRI of the brain, choose the MRI as the principal procedure.
3. Review your extract or consult with the subject matter expert/vendor to make sure that it is not choosing a CPT code that is based on numerical value or highest or lowest charge rather than relevance to diagnosis.
4. Avoid duplicating the principal procedure in the additional procedures field, unless there truly are duplicate procedures and proper modifier usage when using CPT codes.

Important Dates and Deadlines

February 14: Standard deadline to submit 3Q 2011 OHO and 4Q 2011 INP, OPS, ER and OBS data.

February 28: Standard deadline to mark data complete for Q4 2011 Inpatient, OPS, ER, and Observation and extended deadline to submit Q3 2011 OHO.

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Collection of Race and Ethnicity

In continuing with our effort to maintain a high level of confidence and accuracy in the data collected by the WHA Information Center, we would like to take this opportunity to remind all of our facilities of the importance of collecting race and ethnicity.

Hospitals and freestanding ambulatory surgery centers are required under Ch. 153, Wis. Stats., and Wis. Admin. Code DHS 120 to report patient race and patient ethnicity to WHA Information Center.

Incomplete, underreported or simply unreported data is not only out of compliance with the State Statute, it is also misleading in a number of ways we produce and deliver our data to the public, state and federal agencies too. Valid and reliable data are important in a number of health care initiatives to determine if there are disparities in care due to race and ethnicity and helps to improve the quality of care delivered to specific populations.

What is more, as many of you know, collecting accurate race and ethnicity data is a requirement of EHR meaningful use (45 CFR §170.207(f)). In addition, the Federal Healthcare Cost and Utilization Project (HCUP) is a family of health care databases and related tools for research and decision making. HCUP databases bring together the data collection efforts of State data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of patient-level health care data (HCUP Partners).

There are also other accrediting organizations such as the Joint Commission, National Committee for Quality Assurance (NCQA), and the Utilization Review Accreditation Commission (URAC) that have either developed or are developing standards for their accreditation reviews or for voluntary self-analysis by organizations.

The HRET Disparities Toolkit is a great resource to help you or your facilities staffs understand how to collect accurate data on race and ethnicity: <http://www.hretdisparities.org/Prin-4347.php>

If you are unfamiliar with WHAIC data collection standards and appropriate codes to report on, please review appendix II http://www.whainfocenter.com/wipop_07/Appendix_II.pdf

WHAIC, in collaboration with the WHA Aligning Forces for Quality Initiative, will be hosting a free webinar on March 14th at 10:00 am. Please share with the appropriate staff and mark your calendars. Admissions staffs are welcome and encouraged to attend also. Additional information will be forthcoming.

Enhanced Ambulatory Payment Groups (EAPG)

The WHA Information Center has collected other hospital outpatient data (in addition to inpatient, emergency room, outpatient surgery and observation data) from Wisconsin hospitals since 2005. The types of services reported in this data include therapies, laboratory, radiology, imaging, EKGs and EEGs, and other outpatient services excluding pharmacy only services.

The Respected Source for Health Care Data

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WHAIC has been working with to develop our OHO data sets using 3M's Enhanced Ambulatory Payment Groups (EAPGs). EAPGs are a classification system for all types of outpatient services that use the procedure code, rather than the diagnosis code, as the initial classification variable. For example, imaging is defined as a "significant procedure" in the EAPG system, as it is normally scheduled, constitutes the reason for the visit, and dominates the time and resources expended during the visit.

Over the past few years we have received numerous requests to post some of the charges related to other hospital outpatient services on PricePoint. PricePoint currently includes charges for inpatient, ER, outpatient surgery and urgent care services. However, an additional area that seems to be of greatest interest to consumers is imaging services.

In the next few weeks, we will be sending all hospitals a summary of their imaging data using the EAPG grouping methodology. Our goal is to help hospitals identify opportunities for improvement in reporting accurate groupings as the EAPG methodology is dependent on accurate reporting of CPT Codes. We hope to have imaging data available on PricePoint by the end of the first quarter.

MegaConference Winner

Congratulations to Sandy Bowe, St. Joseph's Hospital, Chippewa Falls, as the winner of our door prize at the MegaConference held in Wisconsin Dells on January 18-20. Thanks to all who stopped by our booth.

Welcome New Employee to the Information Center

We are very happy to announce that Suzanne Staudenmayer has joined the staff in the Information Center as an Administrative Assistant. Suzanne (Suzy) will have both email and phone contact with hospital and ambulatory surgery data submitters and data users. She will be assuming some of the responsibilities Brian Competente had in the past. Brian will continue in his role as Operations Manager.