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WHA Information Center Data Submission Manual

Introduction

This data submission manual provides specifications for the submission of inpatient and outpatient hospital data, and freestanding ambulatory surgery center data to the Wisconsin Hospital Association (WHA) Information Center, pursuant to Chapter 153, Wisconsin Statutes. Failure to comply with Wisconsin Statutes, or submission deadlines as referenced in this manual, can result in significant penalties and forfeitures.

If a facility uses the services of a third-party vendor to prepare and submit patient specific data records to the WHA Information Center, then a signed agreement must be submitted to the WHA Information Center prior to the submission of inpatient or outpatient hospital data, and freestanding ambulatory surgery center data. A copy of Chapter 153 is attached to this manual.

In This Manual

- ◆ **Section 1** of this manual provides an overview of the quarterly data submission process and the deadlines for the electronic submission of these data.
- ◆ **Section 2** provides definitions of the data required for inpatient and outpatient hospital data, and freestanding ambulatory surgery center data.
- ◆ **Section 3** specifies the record layout for inpatient and outpatient hospital data, and freestanding ambulatory surgery center records.
- ◆ **Section 4** describes the process of sending patient data files to the WHA Information Center, retrieving files that contain batch detail and edit records, and correcting records that are labeled as erroneous.
- ◆ **Section 5** contains multiple appendices including but not limited to the campus definition, sample profile and affirmation statements, sample billing forms, coding guidelines, copies of Chapter 153, Wisconsin Statutes, and Frequently Asked Questions.

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Overview

Quarterly Data Submission Process

Data for each quarter are submitted to WHA Information Center using the Web-based submission tool. Each facility will receive a user ID and password. A facility may have more than one individual with a user ID and password. This will allow the individuals responsible for correcting edits to access the Web-based submission tool.

Data submitters can use the Web-based data submission tool to select the calendar quarter for which the data is being sent. The WHA Information Center system identifies and batches records that contain missing, invalid or erroneous codes. The individual(s) responsible for correcting edited records can review the batch and make corrections through the Web-based submission tool.

When all the corrections are made, WHA Information Center begins the data validation process. In contrast to the editing process, which examines the data at the record level, the validation process focuses on the data submission as a whole to help ensure that a facility's submission is consistent with historical norms and is plausible given expected distributions within each data element. Total charges are reviewed during the validation process to identify unusually high or low charges. If any potential problems are identified during the validation process, WHA Information Center will ask facilities to review the records in question and either make corrections or verify that the records are accurate.

A profile report summarizing each facility's quarterly data submission will be sent to your facility, along with an Affirmation Statement. Within 10 working days after receipt of the data profile report, each facility's CEO or his/her designee must affirm in writing that the data, as summarized in the profile report, accurately reflects all of the facility's inpatient discharges, emergency department visits, outpatient surgeries, observation care, and/or other hospital outpatient data for the quarter. If analysis of the profile requires that a facility must correct or add to its quarterly data, it must do so and submit its Affirmation Statement within the same 10-day period.

Data Parameters

Data Collected

1. Inpatient Discharges

Hospitals are required to submit selected items or aggregations of items for each patient discharged including records of self-pay patients. Most of these items are from the UB-04 discharge dates.

- A single record is required for each patient discharged from the hospital.
- The discharge date is used to determine which quarter to use when reporting to WHA Information Center. For example, if service started on 06/30 and ended on 07/01, then the record would be included in the 3rd quarter data submission.
- Data are required for inpatient discharges whose three-digit "Type of Bill" begins with "11x" or "12x." *UB-04 FL 4.*
- Medicare-certified swing bed patients *are not* to be included (TOB 18x).
- Sub-acute care (revenue code 019x) and/or Medicare-certified hospice cases (TOB 82x) *are not* to be included
- Professional services (revenue codes 096x-098x) should be excluded. Please refer to page 5-19-10 for further information on professional charges.
- Generally, when admission originates in the emergency department, inpatient discharges should be coded with "Type of Admission" as "1." *UB-04 FL 14.*
- The following revenue codes should be used on inpatient records only: 0100-0189, and 0200-0219.

2. Outpatient Surgeries

Hospital outpatient departments, hospital-affiliated ambulatory surgery centers and freestanding ambulatory surgery centers are required to submit selected items or aggregation of items on all ambulatory surgeries including records of self-pay patients. Most of these items are from uniform billing forms (UB-04 or CMS-1500). A record should be submitted for each surgical case, *not* for each procedure or each bill generated.

- Selection for hospital ambulatory surgery records should be done by procedure date and revenue code (036x, 0481, 049x and 0750).
- Freestanding ambulatory surgery centers should submit a record for each surgical case that occurs within a specific quarter.
- Professional services (revenue codes 096x-098x) should be excluded. Please refer to page 5-19-10 for further information on professional charges.
- Place of service code '1' should be entered for outpatient surgeries.
- When an outpatient surgery visit results in transfer to observation care the record should be submitted as an observation record (POS 3) with all applicable revenue codes included on the record.

- When one or more of the outpatient surgery revenue codes appears on a repetitive services record the record can be submitted in one of two ways:
 - Submit the services related to revenue codes 036x, 0480, 0481, 049x and 0750 as a separate record from the repetitive services. The outpatient surgery portion should be submitted as a place of service 1. The place of service for the repetitive services component should be based on the revenue codes for the remainder of the record.
 - Submit the outpatient surgery services and the repetitive services on one record with a place of service 7 code. The outpatient surgery edits will not apply, however if the principal procedure is filled the principal procedure date and other physician 1 fields must be filled.
- When an outpatient surgery revenue code is included on an emergency department record (i.e. 0361 for minor procedure) an “a” can be added to the revenue code to override the software logic. This allows the record to stay in the emergency department file with a place of service 2 code, rather than moving the record to the outpatient surgery file with a place of service 1 code.

3. Emergency Department Visits

Emergency departments are required to submit selected items or aggregations of items for all visits to the emergency department including records of self-pay patients. Most of these items are from uniform billing forms (UB-04 or CMS-1500).

- A single record is required for each emergency department visit.
- Selection for emergency department visits should be done by discharge date (and Revenue Codes 0450, 0451, 0452 and 0459).
- The discharge date is used to determine which quarter to use when reporting to WHA Information Center. For example, if service started on 06/30 and ended on 07/01, then the record would be included in the 3rd quarter data submission.
- Each record should include all diagnoses and procedures that reflect the condition of the patient and the care that was provided in the emergency department.
- When an ED visit results in an inpatient discharge or an outpatient surgery, the facility can choose to submit the ED services as a separate record or to combine them with the inpatient or outpatient surgery record. Medicare requires that critical access hospitals bill emergency department services separate from the inpatient record. WHA Information Center will honor this requirement.
- Professional services (revenue codes 096x-098x) should be excluded. Please refer to pages 5-19-10 for further information on professional charges.
- When an ED visit results in transfer to observation care the record should be submitted as an observation record (place of service ‘3’) with all applicable revenue codes included on the record.
- When an ED visit is submitted on a repetitive services record a place of service 7 code may be used. The ED edits will not apply, however if the principal procedure field is filled, the principal procedure date and other physician 1 fields must be filled.

4. Hospital Outpatient Data

- Hospital outpatient departments are required to submit selected items or aggregations of items on all outpatient visits except hospital reference diagnostic services. Records of self-pay patients must be included. Most of these items are from uniform billing forms (UB-04 or CMS-1500). *Records from a hospital outpatient program with different Medicaid provider numbers, or a financial system different than the main hospital campus should be excluded regardless of common ownership and control.* Professional services (revenue codes 096x-098x) should be excluded. Please refer to pages 5-19-10 for further information on professional charges.
- Each outpatient hospital record should be assigned one place of service code:
 - 3 **Observation:**

Any record with a revenue code in category 0760 and 0762, including those with a surgical or emergency department revenue code.
 - 4 **Therapies:**

Any record not classified as Emergency Room, Outpatient Surgery or Observation **AND** with revenue codes in categories 041X-044X, or 093X-095X. This includes Respiratory, Physical, Occupational and Speech Therapies, Medical Rehabilitation, Therapeutic Rehabilitation or Athletic Training respectively.
 - 5 **Outpatient (Lab/Radiology) Only:**

Any record not classified as Emergency Room, Outpatient Surgery, Observation, or Therapies **AND** with revenue codes in categories 030X, 032X-035X, 040X, 0480, 061X, 073X-074X or 092X. This includes Diagnostic and Routine Laboratory Testing, Diagnostic and Therapeutic Radiology, Nuclear Medicine, CAT Scans, Imaging, MRIs, EKGs and ECGs, EEGs. This excludes referenced diagnostic laboratory services (nonpatient services).
 - 6 **Other Outpatient:**

Includes all records not previously designated and **may** include, but are not limited to records with revenue codes in categories 028X, 038X-039X, 0456, 046X-047X, 051X-052X, 058X-060X, 064X-066X, 077X, 082X-085X, or 088X. This includes Oncology, Blood Products and Storage, Audiology and Pulmonary, Clinics (facility charges), Urgent Care (facility charges), Home Health visits & units, Home Health oxygen & IV, Preventative Care, Hemodialysis, peritoneum and miscellaneous dialysis. Exclude pharmacy only records.
 - 7 **Repetitive Services**

Includes records of services that recur for an individual outpatient. These services may be reported monthly, quarterly, or at the end of the individual's treatment. Outpatient surgery and emergency department services may be reported on the repetitive services record or they may be reported separately. If they are reported on the repetitive services record the OPS and ED edits will not apply, however if the principal procedure field is filled, the principal procedure

date and the other physician 1 fields must be filled. The only edits that apply are those that apply to the other hospital outpatient categories (observation, therapies, lab/x-ray and other).

Repetitive services records may be submitted with a place of service 3, 4, 5 or 6 if there is not a surgical or ED revenue code on the record. For example, repetitive physical therapy services could be submitted with place of service 4, even if there is a lab or x-ray revenue code on the record.

- Hospital outpatient records are selected based on the 'through date' in the 'statement covers period' (UB-04 FL 6b).
- Repetitive services accounts (recurring or series accounts) are selected based on the 'through date' in the 'statement covers period' (UB-04 FL 6b). For example, if a patient has ten physical therapy visits from March 25 through April 25 and all ten visits are billed on the same claim, submit the record with the ten visits in the second quarter data submission.

Data Submission Deadlines

Facilities must comply with a timetable when submitting quarterly data. The four steps in each submission cycle are:

1. *Submitting quarterly data.*
2. *Correcting edit errors identified by WHA Information Center.*
3. *Validating quarterly data.*
4. *Reviewing the profile and returning the signed affirmation statement.*

Forfeitures

Failure to comply with Wisconsin Statutes or the deadlines can result in significant penalties and forfeitures.

Non-compliance issues can surface during multiple phases of the data submission and editing process:

1. *Signing, notarizing and notifying WHA Information Center that an agreement has been executed with a third party data processing vendor.*
2. *Submitting patient data electronically with physical specifications, format, and record layout in accordance with the data submission manual.*
3. *Meeting data submission deadlines as outlined in Section 2¹.*
4. *Correcting and returning edits as required.*
5. *Responding to inquiries on data validation issues.*
6. *Signing and returning data submission Affirmation Statement to WHA Information Center within allotted timelines (<http://www.whainfocenter.com/wipop.htm>).*

¹ Note: if deadlines cannot be met, facilities may request an extension within the permitted timeframe.

Submitting Quarterly Data

Facilities must submit inpatient, emergency department visit, outpatient surgery, and observation care quarterly data to WHA Information Center *within 45 calendar days* of the last day of each quarter. Other hospital outpatient data must be submitted within 135 calendar days of the last day of the quarter. An extension of up to 30 days to the submission deadline may be granted under limited circumstances. Whenever a facility requests and receives an extension, the facility staff must work with WHA Information Center staff in order to complete the data editing and affirmation process as quickly as possible. A written request must be mailed to the Vice President of the WHA Information Center by the extension request deadline as outlined on the timeline for submitting quarterly data (<http://www.whainfocenter.com/wipop.htm>). An Extension Request form is available on the WHA Information Center website at <http://www.whainfocenter.com/forms.htm>.

Correcting Editing Errors

WHA Information Center reviews each patient record for erroneous or questionable data items requiring correction or verification. Facilities must respond to requests for corrections within 10 working days after the submission deadline. Corrections, verifications, and additions can be submitted to WHA Information Center using the Web-based submission tool.

Validation Process

WHA Information Center reviews summaries of key data elements submitted by facilities, and will notify facilities if any areas of concern are identified. The validation process focuses on the data's consistency with historical norms, and its plausibility given expected distribution within each data element.

Reviewing the Profile and Returning the Affirmation Statement

After processing corrected or verified records, WHA Information Center produces a profile report summarizing each facility's quarterly patient records. Within 10 working days after receipt of the data profile report, each facility's CEO or designee must affirm in writing that the data, as summarized in the profile report, accurately reflects all of the facility's inpatient discharges, emergency department visits (if appropriate), outpatient surgeries, observation care, and other hospital outpatient data for the quarter. The profile and affirmation statement for other hospital outpatient data will be sent separately if the hospital submits other hospital outpatient data 90 calendar days after the end of the quarter. If analysis of the profile requires a facility to correct or add to its quarterly data, the facility must do so and submit its Affirmation Statement within the same 10 working day period. **Please note, your review of the profile report is the last line of defense in terms of preventing the release of erroneous data.**

Communication with External Sources Regarding the Data Sets

If you receive inquiries regarding your facility's data included in WHAIC's quarterly data sets, please refer the external party to WHAIC, and then contact us directly to inform us of the inquiry. If an external party has a question or concern about the data we would like the opportunity to coordinate any communications. Please do not take instructions directly from an outside party in terms of submitting or re-submitting data to WHAIC.

In general, we do not re-issue quarterly data sets to correct errors once the data sets have been made public. As such, it is extremely important that the data is thoroughly validated by WHAIC and the submitting facilities before release.

Exceptions to this general policy may be made when the error is a result of WHAIC's processing or transformation of raw data into data sets, in recognition of our warranty to data consumers that the data is an accurate reflection of the data submitted to us.

WHAIC maintains a comprehensive list of caveats to the data sets that makes data users aware of any data submission errors that were brought to light after the data sets were released. The caveats include as much detail as possible about the type of error, the facility involved, the time period involved, and, if possible, a summary of the correct data.



WHA Information Center's Profile and Affirmation Statement for Hospitals Submitting Inpatient and Outpatient Data *(Including Emergency Department Visit, Outpatient Surgery, Observation Care and Other Hospital Outpatient Data)*

To: Hospital Administrator/CEO

RE: Data Profile and Affirmation Statement

Attached is an aggregate profile of your hospital's inpatient and outpatient data for a calendar quarter. Please review the summaries for accuracy and completeness and return the signed affirmation statement to WHA Information Center.

The profile will contain data related to the following categories:

- Principal Diagnosis Group
- Principal Procedure Group
- Primary Payers
- Secondary Payers
- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Ethnicity
- Encrypted Case Identifier
- Discharges by Month – Inpatient Only
- Visits by Month – Outpatient Only
- Patient Discharge Status
- Attending Physician
- Procedure (Other) Physician
- ZIP Codes
- Charges
- Length of Stay – Inpatient Only

Within 10 working days after receipt of the data profile report, each hospital's CEO or his/her designee must affirm in writing that the data, as summarized in the profile report, accurately reflects all of the hospital's inpatient and outpatient data for the quarter. If analysis of the profile requires that a facility must correct or add to its quarterly data, it must do so and submit its Affirmation Statement within the same 10-day period.

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WHA Information Center's Profile and Affirmation Statement for Hospitals Submitting Inpatient, Emergency Department Visit, Outpatient Surgery, and Observation Care Data

To: Hospital Administrator/CEO

RE: Data Profile and Affirmation Statement

Attached is an aggregate profile of your hospital's inpatient, emergency department visit, and outpatient surgery data for a calendar quarter. Please review the summaries for accuracy and completeness and return the signed affirmation statement to WHA Information Center.

The profile will contain data related to the following categories:

- Principal Diagnosis Group
- Principal Procedure Group
- Primary Payers
- Secondary Payers
- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Ethnicity
- Encrypted Case Identifier
- Discharges by Month
- Patient Discharge Status
- Attending Physician
- Procedure (Other) Physician
- ZIP Codes
- Charges
- Length of Stay

Within 10 working days after receipt of the data profile report, each hospital's CEO or his/her designee must affirm in writing that the data, as summarized in the profile report, accurately reflects all of the hospital's inpatient and outpatient data for the quarter. If analysis of the profile requires that a facility must correct or add to its quarterly data, it must do so and submit its Affirmation Statement within the same 10-day period.

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WHA Information Center's Profile and Affirmation Statement for Hospitals Submitting Outpatient Data *(Excluding Emergency Department Visit, Outpatient Surgery, and Observation Care Data)*

To: Hospital Administrator/CEO

RE: Data Profile and Affirmation Statement

Attached is an aggregate profile of your hospital's outpatient data for a calendar quarter. Please review the summaries for accuracy and completeness and return the signed affirmation statement to WHA Information Center.

The profile will contain data related to the following categories:

- Principal Diagnosis Group
- Primary Payers
- Secondary Payers
- Type of Admission
- Age
- Sex
- Race
- Ethnicity
- Encrypted Case Identifier
- Visits by Month
- ZIP Codes
- Charges

Within 10 working days after receipt of the data profile report, each hospital's CEO or his/her designee must affirm in writing that the data, as summarized in the profile report, accurately reflects all of the hospital's inpatient and outpatient data for the quarter. If analysis of the profile requires that a facility must correct or add to its quarterly data, it must do so and submit its Affirmation Statement within the same 10-day period.

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WHA Information Center's Profile and Affirmation Statement for Freestanding Ambulatory Surgery Centers (FASCs)

To: FASC Administrator/CEO

RE: Data Profile and Affirmation Statement

Attached is an aggregate profile of your facility's ambulatory surgery data for a calendar quarter. Please review the summaries for accuracy and completeness and return the signed affirmation statement to WHA Information Center.

The profile will contain data related to the following categories:

- Principal Diagnosis Group
- Principal Procedure Group
- Primary Payers
- Secondary Payers
- Age
- Sex
- Race
- Ethnicity
- Encrypted Case Identifier
- Procedures by Month
- Procedure (Other) Physician
- ZIP Codes
- Charges

Within 10 working days after receipt of the data profile report, each facility's CEO or his/her designee must affirm in writing that the data, as summarized in the profile report, accurately reflects all of the facility's ambulatory surgery data for the quarter. If analysis of the profile requires that a facility must correct or add to its quarterly data, it must do so and submit its Affirmation Statement within the same 10-day period.

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Data Affirmation Statement

This statement should be signed by the chief executive officer or administrator of the hospital or freestanding ambulatory surgery center, or his/her designee. The designee should be an officer or employee of the facility. Please complete the information below and the name of the person signing and the title of his/her position. Only one affirmation statement needs to be sent to WHA Information Center.

	Records with a Procedure	No Procedure Reported	Total
Inpatient Records			
Ambulatory Surgery Records			
Emergency Department Records			
Observation Care Records			

	Expired Patients	Not Expired	Total
Inpatient Records			
Ambulatory Surgery Records			
Emergency Department Records			
Observation Care Records			

I HEREBY CERTIFY, to the best of my knowledge and belief, the data for the [Quarter][Year] that were submitted to WHA Information Center, including any records that appeared on validation queries and were not changed, by

_____ in
Name of Hospital/Freestanding Ambulatory Surgery Center
 _____, are correct and complete.
City

Signature of CEO/Designee

Name and Title

Date

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Data Affirmation Statement

This statement should be signed by the chief executive officer or administrator of the hospital or freestanding ambulatory surgery center, or his/her designee. The designee should be an officer or employee of the facility. Please complete the information below and the name of the person signing and the title of his/her position. Only one affirmation statement needs to be sent to WHA Information Center.

	Total
Outpatient – Lab / Radiology	
Outpatient - Other	
Outpatient - Therapies	
Outpatient – Repetitive Services	

I HEREBY CERTIFY, to the best of my knowledge and belief, the data for the [Quarter][Year] OHO that were submitted to WHA Information Center, including any records that appeared on validation queries and were not changed, by

_____ in
Name of Hospital/Freestanding Ambulatory Surgery Center
 _____, are correct and complete.
City

Signature of CEO/Designee

Name and Title

Date

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