Holiday Observance Hours

The WHA Information Center would like to wish you a safe and happy holiday season! ❄❄

11/28 – Closed for Thanksgiving

11/29 – Closed

12/24 – Closed at noon

12/25 – Closed

12/31 – Closed at noon

1/1/20 – Closed

What's going on in WIpop!

Reminder of File Format Changes in 2020!

As you may recall, WHAIC added four (4) new fields (Payer Name, Claim Filing Indicator, Payer ID/NAIC # and Language) to the 837 claims file format. All four of the new fields are considered "situational", meaning, if they are on your claim, or stored in the EMR/EHR, we expect to see the data in the file. These fields are not considered "required" because not everyone has insurance, and similarly not every patient is willing to identify primary language leaving no value to populate on the claim / field. Having said that, it is important to remember that **"situational" does not mean optional**. We are hopeful that all hospitals and ASCs will find the importance in adding these new fields to their data submission files and move towards testing in 2020.

Facilities currently testing the claim filing indicator and language fields should be aware that thus far edits have only been applied to the test environment. However, effective with January 1, 2020, if either of these two fields are populated, **edits will be applied in both test and production** – regardless if it's Q4 or Q1 data. This is necessary to accommodate multiple submission dates as many facilities submit data monthly, while others submit quarterly.

A word of caution to those just beginning to test, be sure to check your claim filing indicator codes against our table for accuracy to avoid unnecessary edits in Appendix 7.3.1.

And to date, there have only been a handful of facilities submitting language data. WHAIC would like to encourage all hospitals and ASCs to work with its vendor and/or internal staff to make sure this very important field is captured in the data submissions. The language field will be added to future datasets and to Kaavio as data is collected.

What's your Type of Bill and Point of Origin?
New Edits coming in 2020!

WHAIC staff, along with several external data users, have had an opportunity to evaluate multiple quarters of data in the 837 claims file format in comparison to previous files. Various inconsistencies in the new file format as compared to historical norms have been found that must be addressed. Below are two areas that we have been focusing on as edits have not been historically attached to these fields because they should be coming directly from the claims file.

1) **Type of bill (TOB) codes** are published in the National Uniform Billing Committee guidelines (NUBC). These are three-digit codes that describe the type of bill a provider is submitting to a payer, such as Medicaid or a commercial insurance company. Each digit has a specific purpose and is required on all UB-04 (Institutional) claims.

    For example, Type of Bill 111 represents a Hospital Inpatient Claim indicating that the claim period covers a patient's admission through the patient's discharge. Another example, *Type of Bill 831 represents a Hospital Outpatient Surgery performed in an Ambulatory Surgical Center.* However, for an outpatient surgery performed in a Hospital, the type of bill would be 131, not 831.

    *ASCs are not required to report type of bill; however, this field is required in WIpop per state statute. Please use 0999 or 0831 to report this field in WIpop – see the 837P specification for more information. *

2) **Point of Origin codes** for admission or outpatient visits, indicate where the patient came from before presenting to the health care facility. As stated in the NUBC guidelines, the codes are meant to be taken literally.

    For example, if a clinic patient is advised to go to the emergency room, the point of origin is 2 – Clinic or Physician's Office. If the patient was at work experiencing chest pains and taken to the emergency room, the point of origin is 1 – Non-Health Care Facility (home, workplace, bus station) all of which apply.

To avoid future inconsistencies and irrelevant and/or unnecessary mapping, we will continue to review both the point of origin and type of bill fields, work with hospital reporting as needed. In the meantime, please share this information with the appropriate department or staff that collect and/or report these fields on your patient encounters/claims. Our goal is to add as much value to the data as possible, with an emphasis on data integrity for each of the fields we collect.

In 2020 we will be implementing new edits to the type of bill field to authenticate, whenever possible or applicable, the type of bill is valid according to the NUBC guidelines **and** the datatype or place of service on the record, as assigned by WHAIC. For example, if an outpatient record comes in with an inpatient type of bill, an edit will occur. For more information, see Appendix 7.4 Type of Bill (TOB) and Appendix 7.7 Point of Origin for Admission or Visit in the on-line WIpop Manual. New edits will be posted to the main WIpop login screen on the portal and in the manual.

Education and Events?
Hundreds Gather for WHA Data Collection/Quality Reporting Conference

More than 200 hospital and ambulatory surgery center staff from around the state gathered in Wisconsin Dells on Wednesday, October 30th for the Data Collection & Quality Reporting Conference and Training event. This was a joint effort by the Wisconsin Hospital Association Information Center (WHAIC) and the WHA Quality Improvement and Performance Team highlight how accurate and thorough submissions of discharge data can result in powerful health care quality and public policy efforts.

While data collection and submission can appear, on the surface, to be yet another administrative task, numerous speakers and breakout sessions highlighted both the use of these data and how analysis can lead to impressive health care improvements.

The keynote speaker of the day was WHA Chief Quality Officer Beth Dibbert. Dibbert presented on health equity and engaged the audience in helping drive home the point that our patients identify themselves in many ways, as it relates to race, ethnicity, language, sexual orientation and gender identity. As a state, we have a huge opportunity to improve not only the quantity of this data collection, but the quality of that data as well. Dibbert encouraged the audience to set an organizational commitment to health equity, provide opportunities for self-reported identifiers, validate the data, connect the dots from data to patient outcomes and communicate these findings.

Eric Borgerding, WHA President and CEO described areas where WHAIC data has helped improve and advance public policy in just the past year, such as:

- Volume of ED visits related to opioid abuse,
- Dental-related ED visits and non-traumatic dental care provided in EDs,
- Medicaid patients with more than seven trips to the ED in a year, and
- Providing data on hot-topic issues such as births in rural hospitals and hospital stroke care capabilities

"Facts and data lead to health care improvements, plain and simple," Borgerding said. "Compiling those facts and data is where WHAIC is so valuable, and therefore how all of you who supply that data are, too."

Wisconsin Hospital Association can help you stay up-to-date on health care issues at both the state and federal level by signing up for their weekly newsletter, the Valued Voice.

2020 WIpop Education and Training Opportunities

We have received a lot of positive feedback from the recent conference and training event; however, one area that stood out as needing more attention was the need to spend more time on the manual and less time on the high-level overview that is more focused on the more experienced data submitters.

In 2020, we will work towards finding a better balance in training for WIpop users, data submitters and editors, and offer a more in-depth exploration into the WIpop Manual, WIpop system, edits and tools. The goal and objective will be to cover each section of the manual, including the appendices, reports and validation process.

A survey will be sent in January seeking feedback on interest. That is, if face-to-face or a web-ex is preferred, along with desired dates, time and location.

Thank you for your time and attention, please send any comments or suggestions to Cindy Case at ccase@wha.org.