WHA | INFORMATION CENTER

The respected source for health care data.

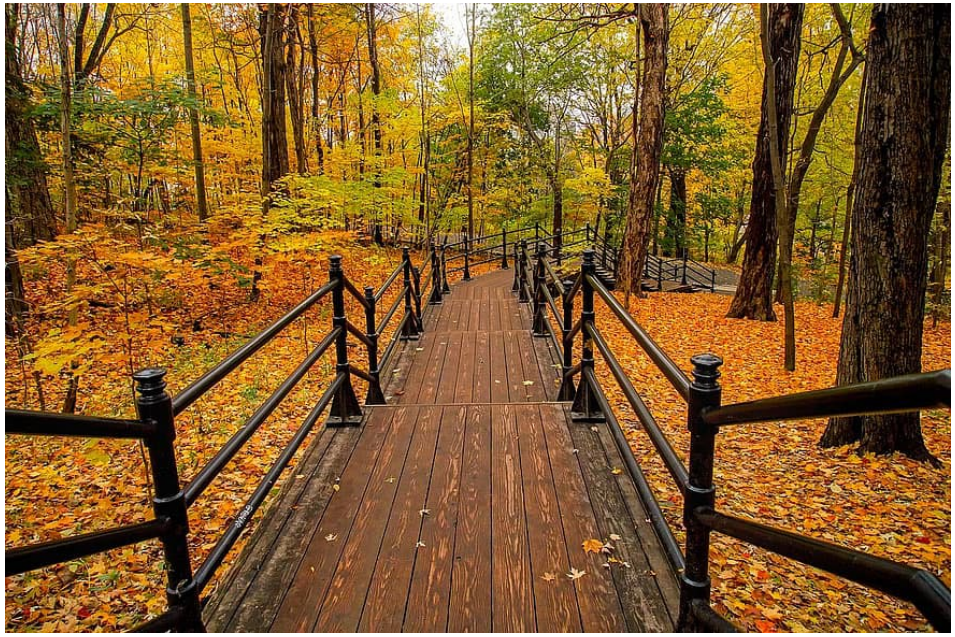
WHAIC WIpop Training Virtual

Brian Competente, Vice President
Cindy Case, BA, COC, Director, Data management and Integrity
Heather Scambler, RHIA, CPC-A, Program Specialist

2025

2025 Agenda

- About us
- How your data is used
- Review WHAIC Website
- WIpop Accounts and Sign In Process
- WIpop Overview and Submitting Data
- Analytics and Reports
- Payer Audit
- Race and Ethnicity Collection
- Reports, edits and updates
- Wrap up



About Us

- WHAIC signed contract with DHS in October 2003
- WHAIC is a subsidiary of WHA – although controlled by the WHA, the WHAIC operates as its own distinct separate legal company.
- First Data Collection – 2004 Q1
- Highlights of 22 years
  - Improving Data Collection Process
  - Transparency Websites
  - Adding Value to Data Collected

WHAIC Team

WHA Information Center Team

Brian Competente
Vice President & Privacy Officer

Phyo Aung
Data Visualization Analyst

Cindy Case
Director of Data Management and Integrity

Seth Hayden
Chief Information Security Officer

Emily Holden
Data Operations Specialist

Amber Hollerich
Health Care Data Analyst

Heather Scambler
Program Specialist

Jeffrey Schulz
Software Engineer II

Steve Trinkner
Data Analyst

Janice Williams
Application Development Manager/Lead Developer

A STRONG PARTNER OF THE STATE

- WHAIC collects hospital and ambulatory surgery center claims data on behalf of the state through Chapter 153.
- The state of Wisconsin provided one-time, start-up expenses of $750,000 to WHAIC. Since 2004, WHAIC has been entirely self-sustained, requiring no funding from the state of Wisconsin for data collection or its operations.
- WHAIC's fees are approved by the state of Wisconsin and are very affordable.

THE TRUSTED SOURCE OF HEALTH CARE DATA

- WHAIC is trusted by DHS, Wisconsin hospitals, and researchers at Wisconsin's world class universities.
- WHAIC adheres to strict data privacy and security controls, which has enabled WHAIC to receive Medicare claims data through the Medicare QE Designation- the only hospital association in the country to have this recognition.
- Since its inception, WHAIC has received a 100% favorable review from the Dept. of Administration.

A CLOSER LOOK:

WHA | INFORMATION CENTER
The Respected Source for Health Care Data

"WHAIC continues to make improvements in the accessibility, quality, and utility of hospital data...DHS is appreciative of this partnership and of WHAIC's continued efforts."

- Karen Timberlake, DHS Secretary, 2021-2022

CONTINUED ACHIEVEMENTS SOLIDIFY ITS IMPACT

- The Healthcare Data Modernization Act, hailed by lawmakers as one of the most important health care policy accomplishments that session, allowed hospital data to be analyzed at a more granular level greatly improving the ability to target community health and wellness resources.
- Increasing the utility of its data collected, WHAIC developed and has managed the Psychiatric Bed Locator and the Wisconsin COVID-19 Dashboard, which has received 1.6 million hits.

A ROBUST SET OF DATA PRODUCTS

- WHAIC provides data products available to data purchasers and the public, including data sets, ready-to-use dashboards, custom reports and several publications.
- For a complete list of data products, visit www.whainfocenter.com/Data-Products

In one year, WHAIC collects:

13.4M TOTAL RECORDS COLLECTED

3.25M UNIQUE PATIENTS

Yearly averages from 2019 - 2021.

These millions of records represent over:

$20B IN COMMERCIAL CHARGES

$8.5B IN MEDICAID CHARGES

$28.4B IN MEDICARE CHARGES

Information Center Data

Discharge Claim Data Collected

- Hospitals submitting discharge claims (**172**)
- Ambulatory Surgery Centers (**84**)
- Quarterly / monthly data submission
- Collect > 4 million records per quarter
- Data released within 3-months after quarter-end

Data *not* collected:

- Professional/clinic
- Pharmacy
- DME
- Nursing facilities

Annual Survey Data/Collected

- Annual & Personnel Survey of Hospitals
- Hospital Fiscal Survey
- Medicare Cost Report
- Uncompensated Health Care Survey
- Hospital Rate Increases

How the Data is Used

- **Publications (Mandate)**
  - Guide to Wisconsin Hospitals
  - Health Care Data Report
  - Uncompensated Health Care in Wisconsin Hospitals
  - Hospital Rate Increases
- Workforce Analysis & Predictions
- Quality Report/Quality Improvement
  - Readmission rates
  - Potentially Preventable Readmissions
  - Hospital Acquired Conditions penalties
  - Other specific adverse events
- **Analytics**
  - Kaavio
  - PricePoint
  - CheckPoint
  - Custom requests/Analytics

Data Use and Analytics

Data Uses

- 84% of Wisconsin hospitals purchase data sets and/or custom data sets/reports from WHAIC.
- 23% of ASCs purchase data sets and/or custom data sets/reports from WHAIC
- Other purchasers of custom data sets and/or reports include Insurers, Researchers and Universities.
- Data is used for Price and Quality Transparency (PricePoint & CheckPoint)

Analytics

- WHAIC's data analytics tool (Kaavio) is provided at no charge to hospitals that purchase the data at the required level.
  - Users: 196
  - Hospitals: 113
  - ASCs: 20
- WHAIC and the Wisconsin Office of Rural Health (WIORH) offer the Rural Health Dashboard (RHD) as a way for rural hospitals to use their SHIP program funding (Small Rural Hospital Improvement Grant).
  - There are 11 hospitals participating in 2025-2026.
  - The RHD consists of eleven (11) executive-level dashboards
- Dashboards moving from Tableau (Kaavio) to Power BI in 2026

Dashboard

Rural Market Share | 2022 Q2 - 2025 Q1

Wisconsin Office of Rural Health | WHA Information Center

Choose Your Facility
Vernon Memorial Healthcare (Viro...

Choose Your Competitors
(Multiple values)

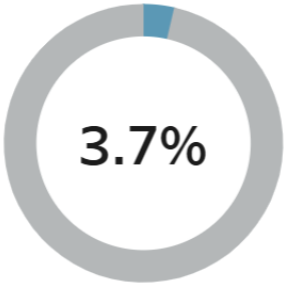
Search and Choose Your Patient ZIP Codes
54665
54601
54603
54610
54611
54612
Clear List

Choose Your Place of Service
Other Hospital Outpatient

Use Visits or Charges for Market Share?
Charges

Choose Your Quarters
(All)

Choose Your Primary Payor
(All)



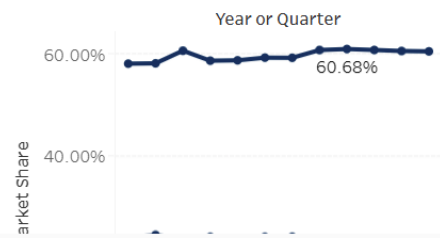
Your Market Share

Your Market Share by Primary Dx Category

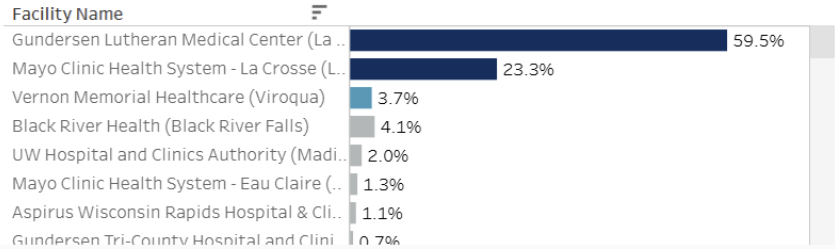
	Number of Visits | You..	Total Charges | Your Facility	Market Share | Your Facility (..
Musculoskeletal Pain, Not Low Back Pain	2,988	$3,295,139	10.0%
Neoplasm_Related Encounters	2,751	$1,056,815	5.9%
Other Aftercare Encounter	1,962	$2,781,132	23.3%
Osteoarthritis	1,019	$1,160,367	7.4%
Spondylopathies/Spondyloarthropathy (Includi..	766	$1,278,409	3.5%
Nervous System Pain And Pain Syndromes	688	$937,157	43.1%
Abdominal Pain And Other Digestive/Abdomen ..	596	$1,053,256	7.7%
Fracture Of The Upper Limb, Subsequent Encoun..	456	$343,792	18.1%
Other Specified Upper Respiratory Infections	437	$175,628	4.0%
Respiratory Signs And Symptoms	436	$888,103	7.3%

Market Share Over Time

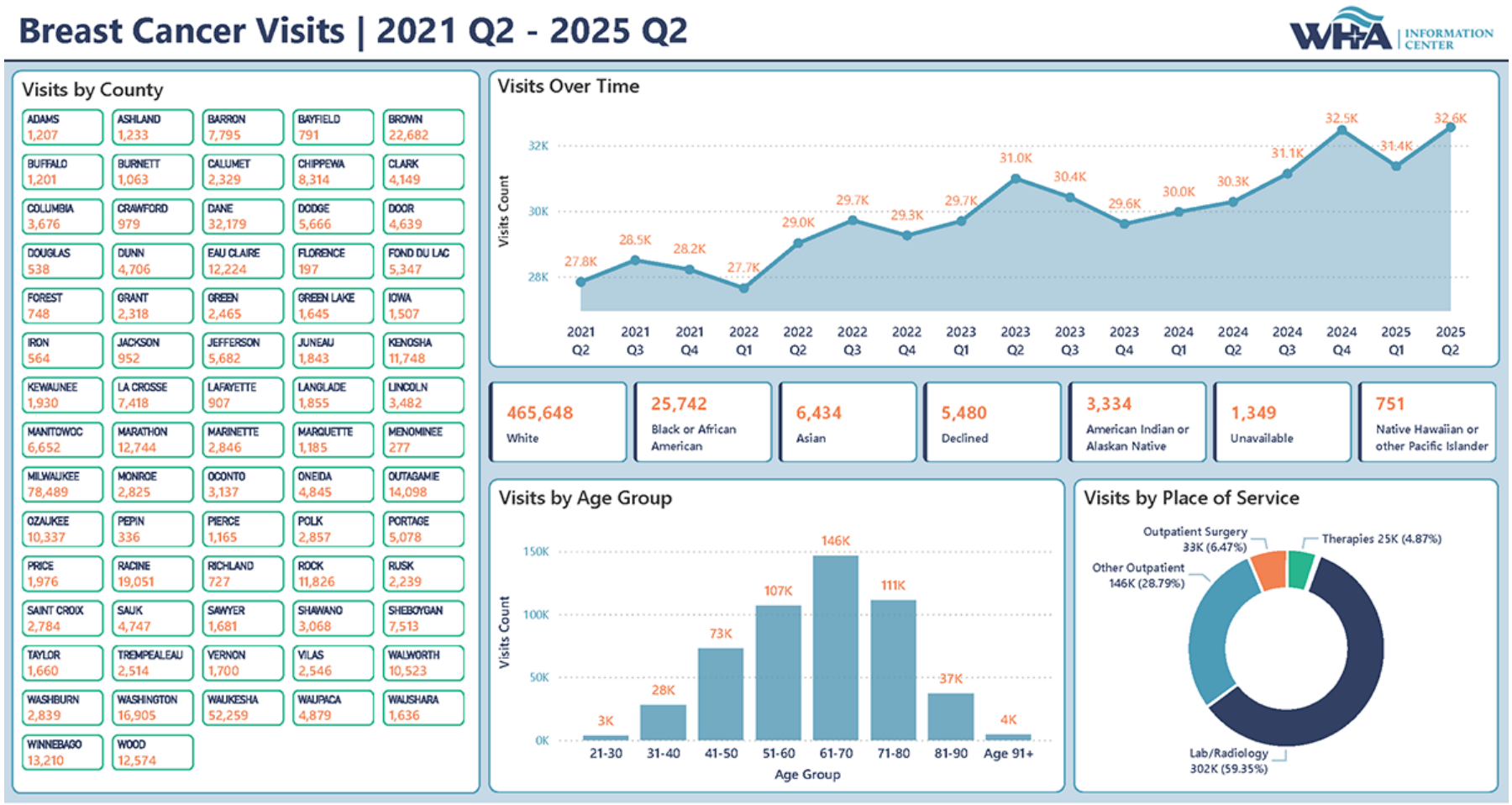
Quarter / Year



Market Share for All Facilities



Data Use in Fast Facts



WHAIC website for more information

Service Disruption

- Thank you for your patience during Q225 as we experienced some unforeseen issues with our website and the data collection sites.
- Many of you may have had to update your browser and user links.
- Many may have experienced uploading issues.
- Please continue to let us know if you notice a disruption in service.

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The Respected Source for Health Care Data

Analytics | Data Products | Data Submitters | Provider Services | Transparency

Data Submitters

WIpop

Survey

Application Login

Release date for the 2025 Q2 Discharge Data Sets

Oct. 10, 2025

View Full Calendar

Additional Resources

Wisconsin Statutes, Chapter 153

Website Resources

https://www.whainfocenter.com/data-submitters/wipop

Wisconsin 'WIpop' data collection is based on a modified HIPAA Compliant 837 claim file format . The Hospital and Ambulatory Surgery Center Manual's provided below will serve as the cornerstone to help facilities develop accurate high-quality claims files that include data elements not found or reported on the actual claim, but required for requirements.

Not only is the discharge data provided statutorily required, it allows WHAIC to create reports that help hospitals and ASCs grow their organizations market share, benchmark quality, aide in healthcare cost and utilization projects and help state and federal government services develop policies and more.

WIpop Login

Update your links or bookmark of this page for quick access.

Hospital Manual

ASC Document & Tips

News & Highlights

Education & Training

Data Submission Calendar

New Facility / Services

How to Access WIpop

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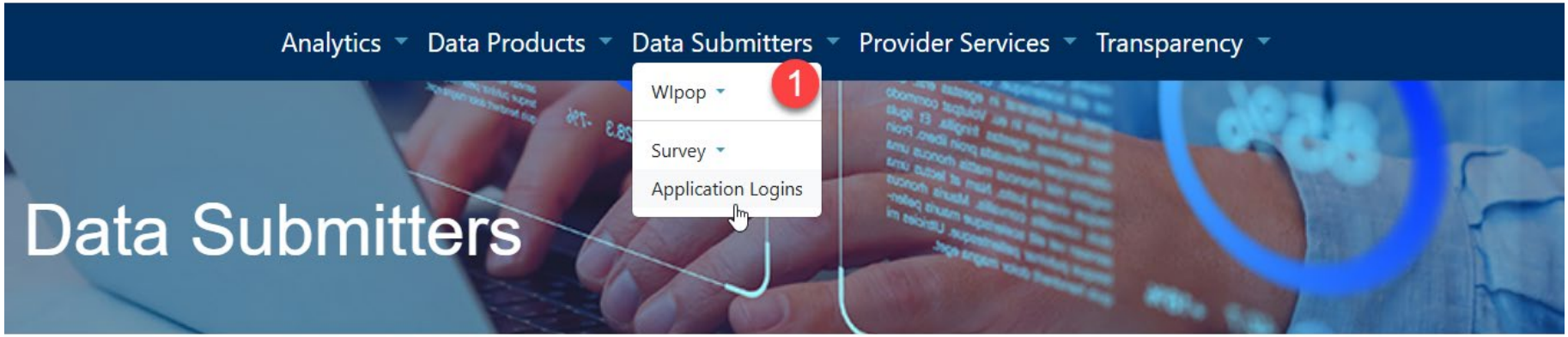
Newsroom | About Us | Applications Login 4

The Respected Source for Health Care Data



WIpop Login 2

WIpop

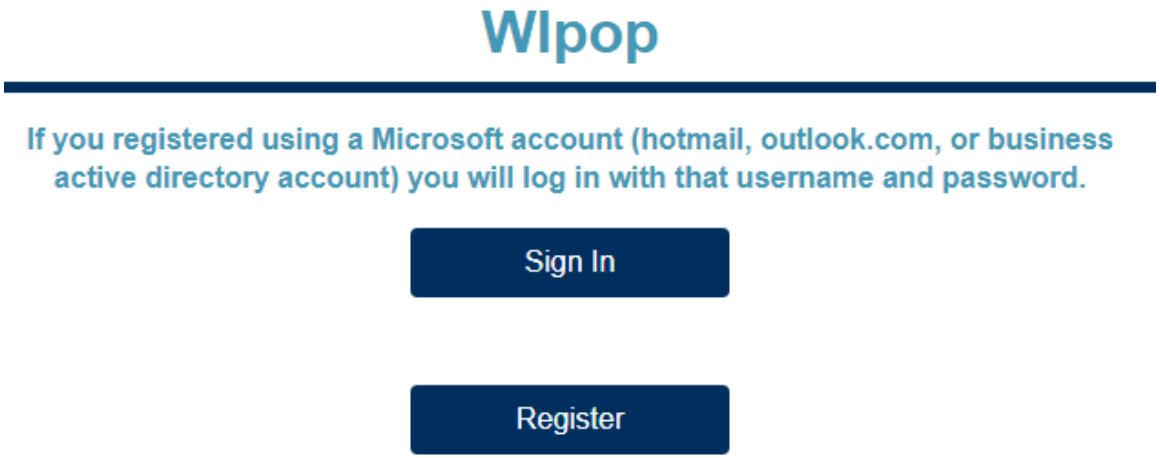
Survey

3

Application Logins

Microsoft Accounts – Single Sign-on

- No longer need a WHAIC Username or Password
- User will use their facility email address, Username and PW
- Single sign-on is an authentication method that allows users to sign in using one set of credentials to multiple software systems.
- Users sign into Office using their Microsoft 365 work account.



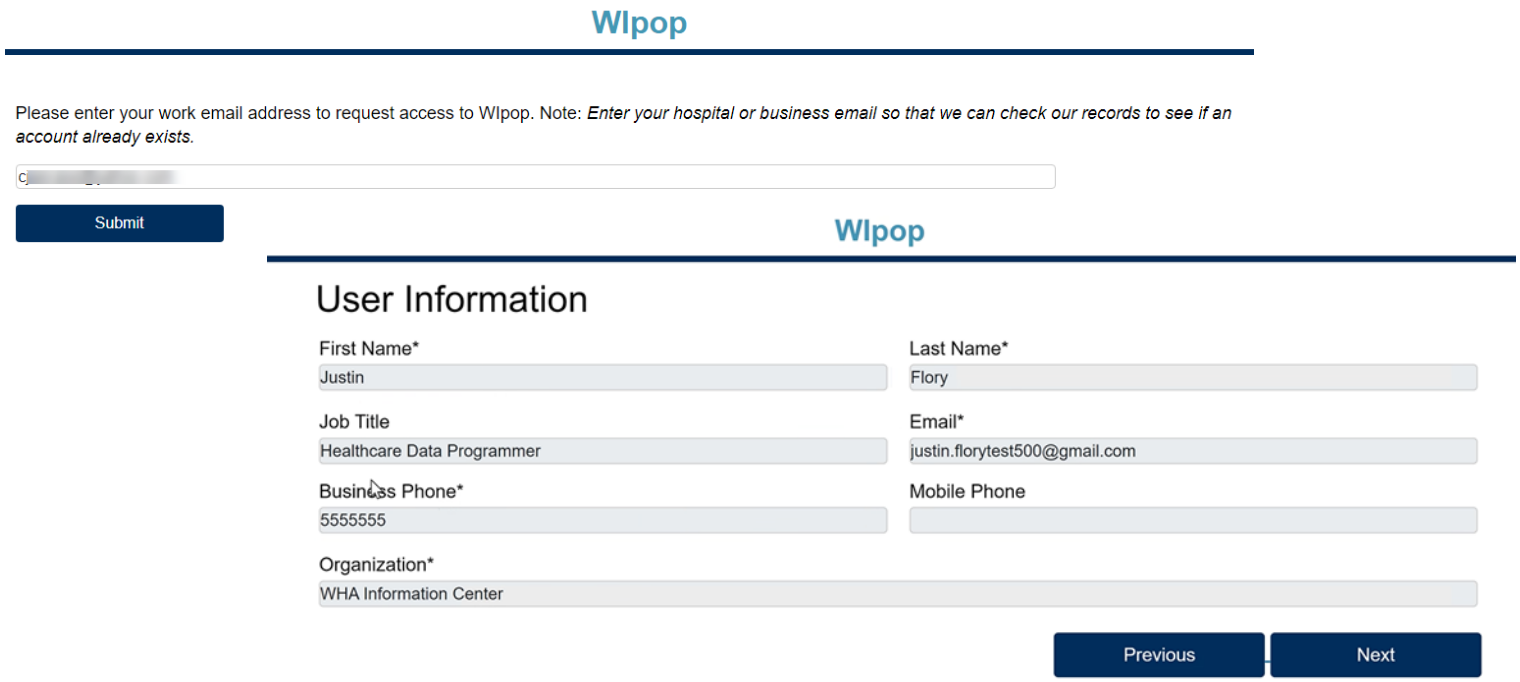
New User Login / Registration

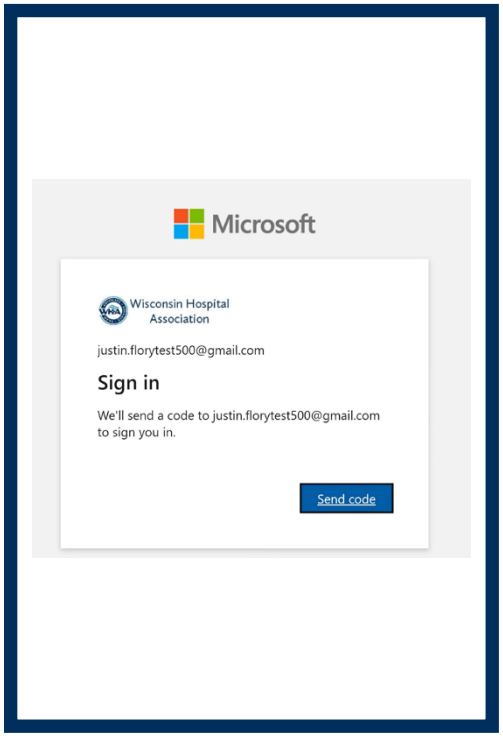
1. Click Register
2. Choose Your Role
3. Activated within 24-48 hours

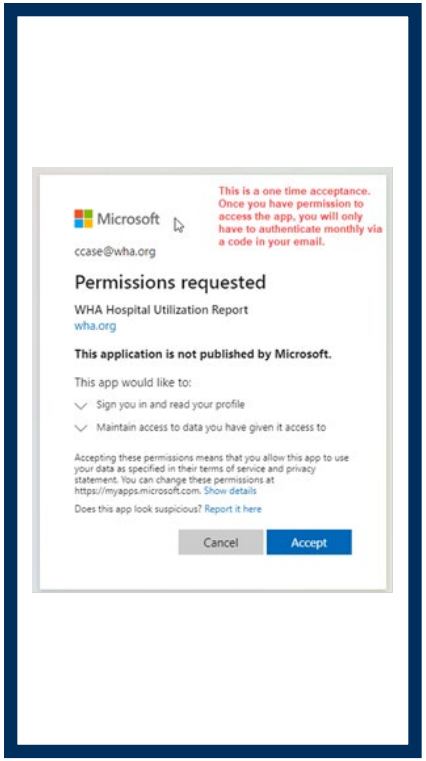
- WHAIC does not create accounts for users!

Creating an Account

- WHAIC will verify if user has an active account.
- If no email is registered, user will be required to register for WIpop access and select primary, secondary or user role.







Authentication

- The left side is what you can expect from an authentication point
- The Right slide is a one time acceptance to access our secured site

Roles and Responsibilities

Primary Contact:

- Every facility must have at least one, but we prefer two Primary Contact
- Oversee and **monitor access** requests and users in WIpop.
- Primary source to monitor user's access.
- Address issues/edits with the data submissions.
- Receive confirmation emails of:
  - data submissions,
  - notice of affirmation, and
  - newly registered WIpop Users
- Access to the data deliverables site to download/share the facility data such as profile and validation reports.
- Authority to electronically sign and submit affirmation statement.

Roles and Responsibilities

Secondary Contact:
Oversee and monitor access in WIpop and contact WHAIC with changes.
Access to all profile and validation reports for review, distribution, and accuracy.
Have access to the data deliverables site to validate/download the facility data.
Serve as back up contact when there are issues with the data.
WIpop Only Role:
Have authority to upload data (may include vendor).
Run reports out of WIpop.
Clear/fix edits.

WIpop Manual Review

- https://www.whainfocenter.com/Data-Submitters

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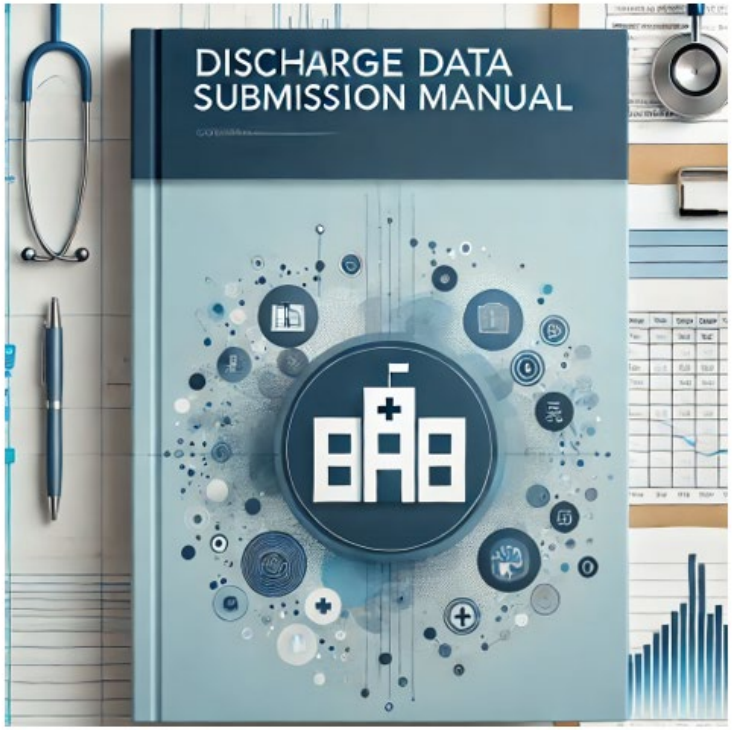
Discharge Data Submission Manual

Instructions Related to 837 Health Care Claim/Encounter Requirements and Companion Guide/Technical Specifications



JANUARY 1, 2025

WHA INFORMATION CENTER

5510 Research Park Drive, Fitchburg, WI 53711

Discharge Data Files

*Submit patient data (encounters) in a **modified 837** (EDI) claims file.*

2016 Health Care Data Modernization Act signed into law

2018 WHAIC began using a modified 837 EDI file. The standard format to transmit health care claims **electronically** between providers and payers.

The basic structure of the 837 claims file is the same but WHAIC also…

- Requires a "dummy or Informational" claim for self-pay patients.
- Requires Mapping of data from EMR that are NOT on the claim i.e. race/ethnicity, UCID, SDOH, Z codes & payer mapping codes.

837I Sample File Reference

Loop	Element / Reference	Field Description	R, S, O	Values/Mapping Comments	WIpop Field Name/ Field Notes
0000	ISA06	Interchange Sender ID (3 digit)	R	Use 3-digit Facility ID assigned by WHAIC. Example: Osceola Medical Center is '102' WHAIC Facility ID - Appendix 7.1 Facility List	Must match GS02 & 1000A/NM109
	ISA08	Receiver ID	O	Submitter choice: leave blank or use WHAIC837	Optional field
	GS02	Application Sender's Code	O	Use 3-digit Facility ID assigned by WHAIC. See Appendix 7.1 Facility List Example: Osceola Medical Center is '102' WHAIC Facility ID	ISA06, GS02 and 1000A/NM109 must match.
	GS03	Application Receiver's Code	O	Submitter choice: leave blank or use WHAIC837	Optional field
0000	ST03	Implementation Guide Version	R	005010X223A2	Required but not stored
LOOP ID 1000A/B and 2010AA Submitter and Billing (HOSPITAL / ASC) Detail **LOOP 1000A: SUBMITTER NAME** **NM1*41*2*SAMPLE HOSPITAL*****46*333~** **PER*IC*SUBMITTER NAME*TE*6142222222~** **LOOP 1000B: RECEIVER NAME** **NM1*40*2*WHAIC*****46*WHAIC 837~**					
1000A	NM101	Entity ID code	O	41 = Submitter	
1000A	NM102	Entity Type Qualifier	R	"2" – non-person entity	
1000A	NM103	Organization Name	O	Vendor name, Hospital or ASC name	
1000A	NM108	Identification Code Qualifier	R	46	

837I Sample file with WHAIC-defined fields notated – Institutional Format
Q3 2019 changes in red

ISA*00* *00* *ZZ*333 *ZZ*WHAIC *040117*1253*^*00501*000000905*0*P*:~

FUNCTION GROUP
GS*HC*333*WHAIC*20170401*0802*1*X*005010X223A2~

TRANSACTION
ST*837*0021*005010X223A2~
BHT*0019*00*244579*20170205*1023*CH~

LOOP 1000A: SUBMITTER NAME
NM1*41*2*SAMPLE HOSPITAL***46*333~**
PER*IC*SUBMITTER NAME*TE*6142222222~

LOOP 1000B: RECEIVER NAME
NM1*40*2*WHAIC***46*WHAIC 837~**

LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL
HL*120*1~**

LOOP 2010AA: BILLING PROVIDER NAME
NM1*85*2*SAMPLE HOSPITAL PROVID***XX*9876543210~**
N3*236 N MAIN ST~
N4*MADISON*WI*53717~
REF*EI*11-12345678~

LOOP 2000B: SUBSCRIBER HIERARCHICAL LEVEL
HL*2*1*22*1~
SBR*P**CERTNUM2222SJ******12~

LOOP 2010BA: SUBSCRIBER NAME
NM1*IL*1*NULL***MI*3CFD1B33ACBD5475CE36D8C439FEC42475B9ADBEC7B91A6926DACF0F45BE269F-S530J~**
N3*236 N MAIN ST~
N4*MADISON*WI*53717~
DMG*D8*19830501*F*M*5:2*****ZZ*ENG~

LOOP 2010BB: PAYER NAME
NM1*PR*2*PRIMARY PAYER***PI*A21-09~**
REF*NF*621111~

Facility 3 digit Code
Facility NPI
Claim Filing Indicator Code
Subscriber UCID and ECID
Subscriber Race. Ethnicity
Subscriber Language
Primary Payer Code
Primary Payer Name
Payer ID / NAIC #

Data Collected Non-OHO

- Inpatient discharge data (INP) (admit through discharge)*
- Emergency department data (ER/ED) (admit through discharge)
- Ambulatory / freestanding OP surgery data (OPS) (procedure date)
- Observation data (OBS) (Statement from through)

Include records for which the hospital or ASC may or may not generate an electronic claim, such as self-pay, research cases and charity care.

Place of Service	Description of Service / Encounter Type	Details of revenue codes within the type of service *Most revenue codes require a CPT or HCPCS code*
3	**Observation Care:** Any record with a revenue code 0762.	0762 – Specialty Services – Observation Hours
1	**Outpatient Surgery:** Revenue codes 036X (not 0361), 0481, 049X or 0750, or any record from a freestanding ambulatory surgery center.	036X – Operating Room Services (*Not 0361 - see POS 6*) 0481 – Cardiac Cath 049X – Ambulatory Surgical Care 0750 – Gastro-Intestinal (GI) Services (proc not perf in OR)
2	**Emergency Room:** Revenue codes 0450, 0451, 0452, or 0459.	045X – Emergency Room (*Not 0456 - see POS 6*)
4	**Therapies:** Revenue codes in categories 041X-044X, or 093X-095X. This includes Respiratory, Physical, Occupational and Speech Therapies, Medical Rehabilitation (ex. cardiac rehab), Therapeutic Rehabilitation or Athletic Training, respectively.	041X – Respiratory Services 042X – Physical Therapy 043X – Occupational Therapy 044X – Speech Therapy – Language Pathology 093X – 095X – Medical Rehab & Other Therapeutic Services
5	**Outpatient Lab/Radiology**: Revenue codes in categories 030X, 031X, 032X-035X, 040X, 0480, 061X, 073X-074X, 086X or 092X. This includes Diagnostic and Routine Laboratory Testing, Diagnostic and Therapeutic Radiology, Nuclear Medicine, CAT Scans, Imaging, MRIs, EKGs and ECGs, EEGs. WHAIC does not accept TOB 014X - This category of codes excludes reference diagnostic laboratory services (non-patient laboratory specimens), type of bill 014X.	030X – Laboratory 031X – Pathology 032X – Radiology – Diagnostic 033X – Radiology – Therapeutic and/or Chemotherapy Administration 034X – 035X - Nuclear Medicine & CT Scan 040X – Other Imaging Services (mammography, US, PET) 061X – Magnetic Resonance Technology (MRT) (MRI) 073X – 074X - EKG/ECG & EEG (Electroencephalogram) 086X – Magnetoencephalography (MEG) 092X – Other Diagnostic Tests

Data Collected – Other Hospital Outpatient (OHO)

- Therapies – Physical, Respiratory, Occupational, Speech, etc.
- Lab/Radiology – diagnostic & routine lab, nuclear med, CT, MRI
- Other outpatient data – urgent care, pulmonology, oncology, etc: and
- Provider-based billing /location (PBL) data

Refer to Place of Service Appendix for Hierarchy of codes

What Type of Data is Excluded?

- **Rural Health Clinic (RHC) data**
- Skilled Nursing Facilities (SNF)
- Intermediate Care Facilities (*custodial care for person's unable to care for themselves – mental disability*)
- Religious Institutions (Lutheran Social Services, Catholic Charities)
- Hospice Facility (*do not to send expired hospice patients.*
- Residential Facility (full/half day treatment center for AODA, facility for disabled persons/adult day care, etc.)
- Federally regulated facilities like Veteran hospitals and other Specialty Facilities not listed in statute
- **Physician Professional fees – clinic data (unless PBL)**

Data Collection Overview

- **Limitation** on some Bill Types (TOBs):
  - no replacement, voided, or corrected claims.

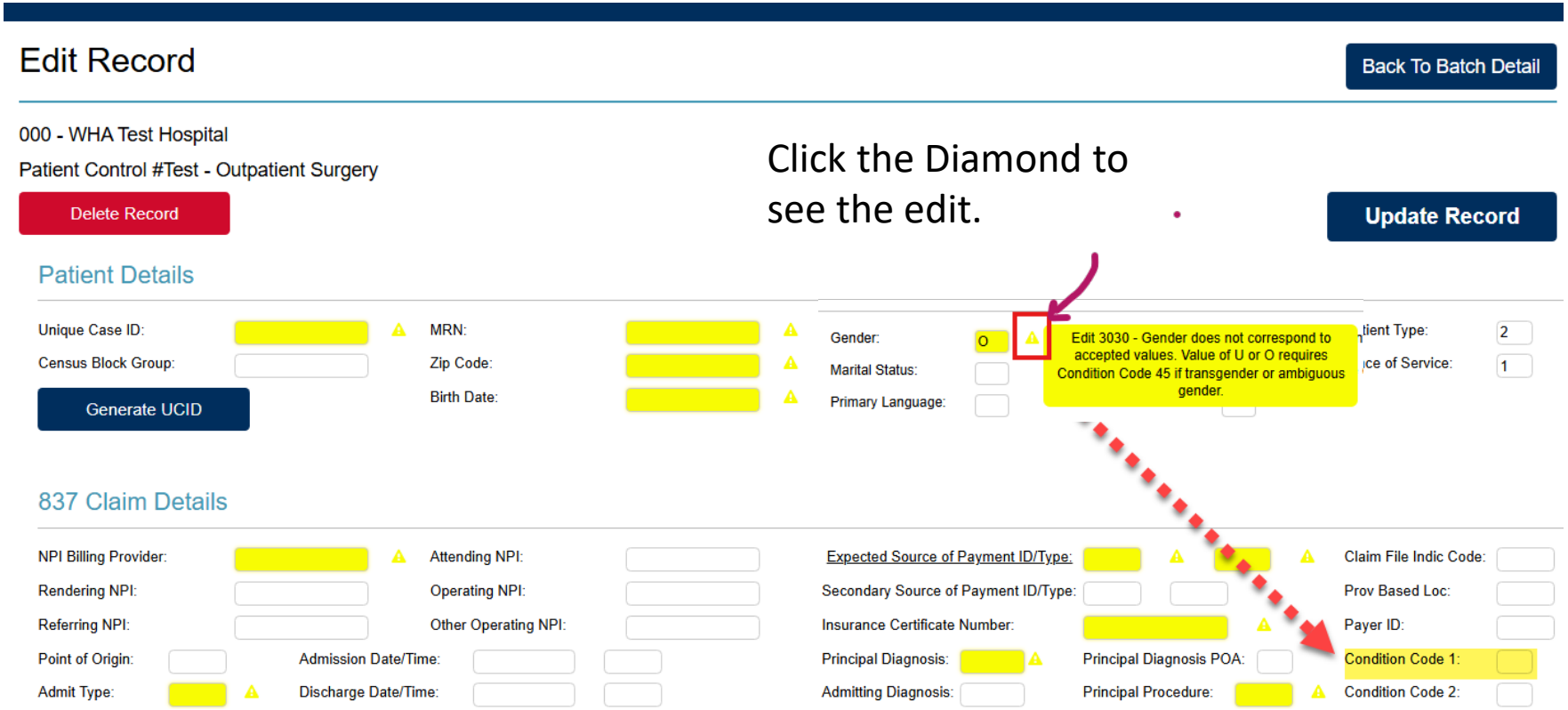
- **Exclude revenue codes 096X to 098X**. We do not collect data for Professional Services.

- State Statute requires the collection of Race, Ethnicity, and patient sex. *More on this later!

- **Place of service (POS)** is assigned by WHAIC based on revenue codes and hierarchy.

Data Collection Overview

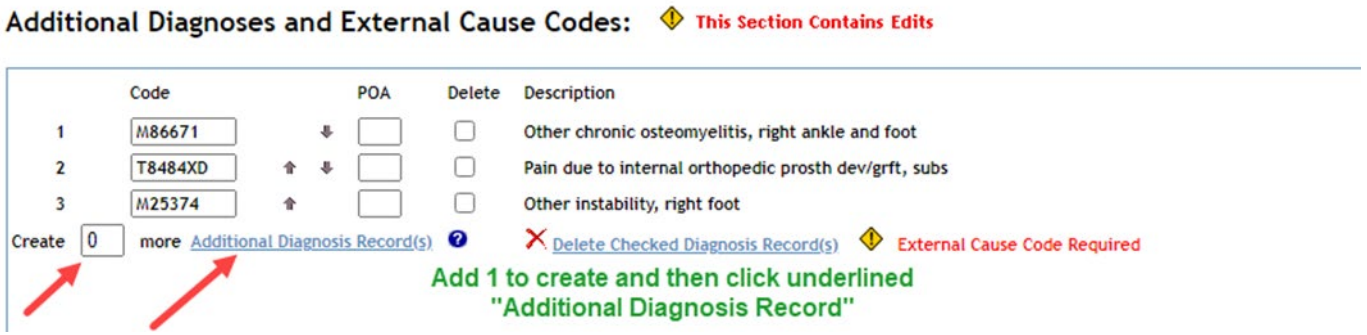
- Patient Sex may be listed as M, F, O, U or X. **If O or U, Condition Code 45 must be used.*



Data Collection Overview

External Cause Code are required when there is an injury diagnosis code – S code(s) on the record.

- External Cause of Injury (ECI) Dx Codes V-Y
- Section 4.6 in Wipop Manual

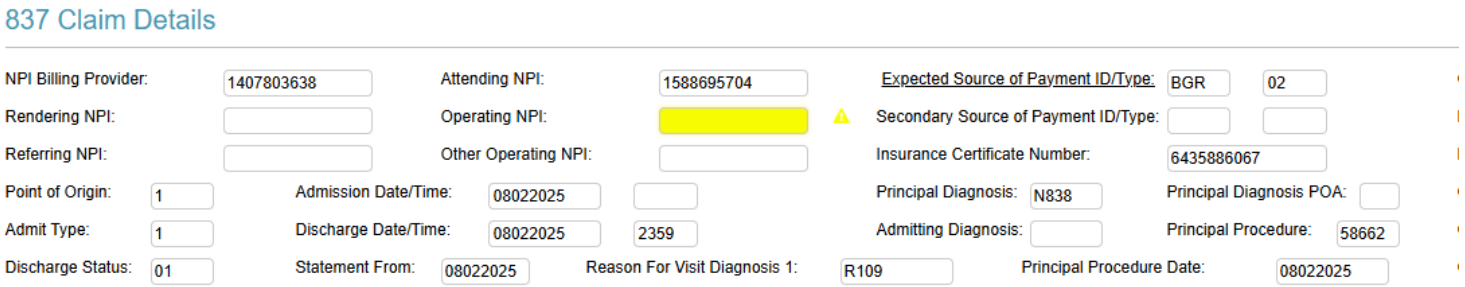


Social Determinants of Health (SDOH) DX codes INP 18>

This information impacts hospital reimbursement, as the Centers for Medicare & Medicaid Services (CMS) have implemented policies that increase payment for claims with certain SDoH codes, particularly those related to housing insecurity.

Data Collection Overview

- If an NPI number is provided in the operating NPI field, *a valid CPT or HCPCS* we be required in the principal procedure field.
  - **Delete** the Operating NPI number if no procedure exist
  - If NPI is missing and there's a Principal Procedure – if there's an **Attending NPI** – **move** it down to Operating NPI.
  - Attending NPI is required for inpatient and emergency department records.



Section 7: Appendices

- This is a useful section with multiple examples of areas that typically cause issues in the file.
- **WHA - Hospital Manual**

Appendices

This section contains the listing of facilities, data dictionary, FAQ's and supporting file guidance and

1. Facility List (3-Digit IDs)
2. Race & Ethnicity Codes
    1. FAQ on Collecting Patient Race, Ethnicity & Language
3. Language Codes
4. Expected Source of Payment and 837 Payer Mapping
    1. Claim Filing Indicator Codes
    2. Payer ID / NAIC # Sources
5. Type of Bill / Bill Type
6. Place of Service
7. WIpop Coding Guidelines
    1. ICD-10-CM Guidelines for Coding and Reporting
    2. Present on Admission (POA) Indicator Codes
    3. Revenue Codes
8. Point of Origin for Admission or Visit
    1. Priority (Type) of Admission or Visit
    2. Code Structure for Newborns
9. Patient Discharge Status Codes
10. WIpop Edit Codes and Descriptions
11. WIpop Roles and Registration
12. 837 File Handler ("Black Box") Interface
    - Black Box Program and Instructions | Instructions to create UCID/ECID
13. Data Dictionary
14. Manual Data Entry Instructions
15. Marital Status Codes
16. FAQ
17. Terms, Acronyms and Definitions
18. Changes to Document

WIpop Discharge Data Due Dates

2025 WHAIC Data Submission Calendar

Website: http://www.whainfocenter.com Email: whainfocenter@wha.org

2024 Q4 Data Submission		2025 Q1 Data Submission	
Standard Data Submission Deadline – Data Due	**2/14**	**Standard Data Submission Deadline – Data Due**	**5/15**
Standard Deadline fix Edits & Mark QTR Complete	2/28	Standard Deadline fix Edits & Mark QTR Complete	5/29
Extended Deadline - Date for Data Submission	**3/3**	**Extended Deadline** Date for Data Submission	**5/30**
Extension Deadline to fix Edits & Mark QTR Complete	*3/14*	*Extension Deadline to fix Edits & Mark QTR Complete*	*6/13*
❖ **Review data** ~ Validation Reports in Portal	**3/17**	❖ **Review data** ~ Validation Reports in Portal	**6/16**
Deadline to Validate and Return Affirmation	3/28	Deadline to Validate and **Return** Affirmation	6/30
Data Released	4/11	Data Released	7/11
2025 Q2 Data Submission		**2025 Q3 Data Submission**	
Standard Data Submission Deadline – Data Due	**8/14**	**Standard Data Submission Deadline – Data Due**	**11/14**
Standard Deadline fix Edits & Mark QTR Complete	8/28	Standard Deadline fix Edits & Mark QTR Complete	11/28
Extended Deadline - Date for Data Submission	**8/29**	**Extended Deadline** - Date for Data Submission	**12/1**
Extension Deadline to fix Edits & Mark QTR Complete	*9/11*	*Extension Deadline to fix Edits & Mark QTR Complete*	*12/12*
❖ **Review data ~ Validation Reports in Portal**	**9/12**	❖ **Review data ~ Validation Reports in Portal**	**12/15**
Deadline to Validate and Return Affirmation	9/26	Deadline to Validate and Return Affirmation	12/29
Data Released	10/10	Data Released	**1/12/26**

We are currently collecting data for Q325

WIpop System Overview

- WIpop Updates
- Reviewing Users
- Uploading Data
- Automated Emails
- Valid and Invalid Batch Files
- Duplicate Patient Control Numbers

WIpop

Announcements & Important Dates

10/22/2025	Wednesday, October 22, 2025 WIpop Training — 9:30–11:00 a.m.	Add To Calendar
10/28/2025	Tuesday, October 28, 2025 WIpop Training — 9:30–11:00 a.m.	Add To Calendar

WIpop Production

WIpop Test

Training:

WIpop Training material is available on our website under the News and Highlights tile.

Large File Uploads:

Large batch files over 100 MB will not process. These files must be split into smaller size files in order to process through the system. Please allow your files to process before uploading a second time.

For staff that need access to the site, copy and share this link Instructions to Register.

- Users will use their own work email and password to get into the site.
- All **new staff** will be **required to register** to the system following basic registration steps.

Quarterly Data Update! Refer to the online calendar for more information. Please be sure to review your online reports in WIpop, correct edits and sign your affirmation in a timely manner so we can maintain the timelines below.

2025 Q2 Data Submission	
Standard Data Submission Deadline – Data Due	**8/14**
Standard Deadline fix Edits & Mark QTR Complete	8/28
Extended Deadline - Date for Data Submission	**8/29**
Extension Deadline to fix Edits & Mark QTR Complete	*9/11*
❖ **Review data ~ Validation Reports in Portal**	**9/12**
Deadline to Validate and Return Affirmation	9/26
Data Released	10/10

Select Facility: 001 - Amery Regional Medical Center (Amery) 5

Batch Review

WIpop (pronounced WHY POP) has two secured databases. This is the ***Production*** site to submit/upload and FIX edits in your quarterly discharge data. *Test your batch files for errors/omissions in the* ***Test Site***.

Discharge Data is due monthly or quarterly as follows:

1st Quarter	January 1 - March 30 dates of service	Due Date:	5/15
2nd Quarter	April 1 - June 30 dates of service	Due Date:	8/15
3rd Quarter	July 1 - September 30 dates of service	Due Date:	11/15
4th Quarter	October 1 - December 30 dates of service	Due Date:	2/15

Hospitals and ASC's Primary contact(s) assumes responsibility for the quarterly files and Affirmation Statement.

File Upload

4 Request Extension

A few key areas to monitor.

1) Check the upper right for corner for messages.

2) Review Vendor Name

3) Review list of users and contact WHAIC with updates.

4) Request Extension before the due date.

5) Contact WHAIC to add or remove a facility

WIpop Users

Please take a moment to review your facility's Vendor Name, and list of WIpop Users or Vendor(s) authorized to access the WHAIC secure WIpop System. If the Vendor Name is incorrect, or if any of the names listed no longer require access to WIpop, please contact whainfocenter@wha.org, as it is the facility's responsibility to notify WHAIC with any staff updates or corrections. [redacted]

Vendor Name: Epic 2

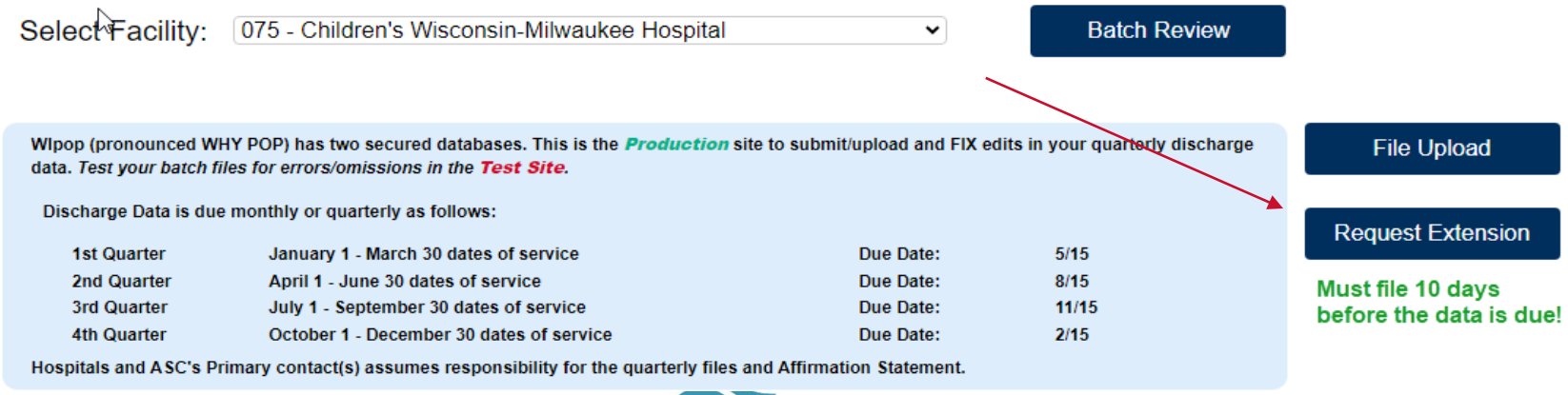
Click here for Roles definition

First Name	Last Name	Email Address 3	Role
Stacy	Lindberg	stacy.s.lindberg@amerymedical.com	IC Primary User
Afton	Gates	afton.r.gates@hudsonhospital.org	IC Primary User
Katheryn	Casselberry	katheryn.m.casselberry@westfieldshospital.com	IC Primary User

Extension Requests

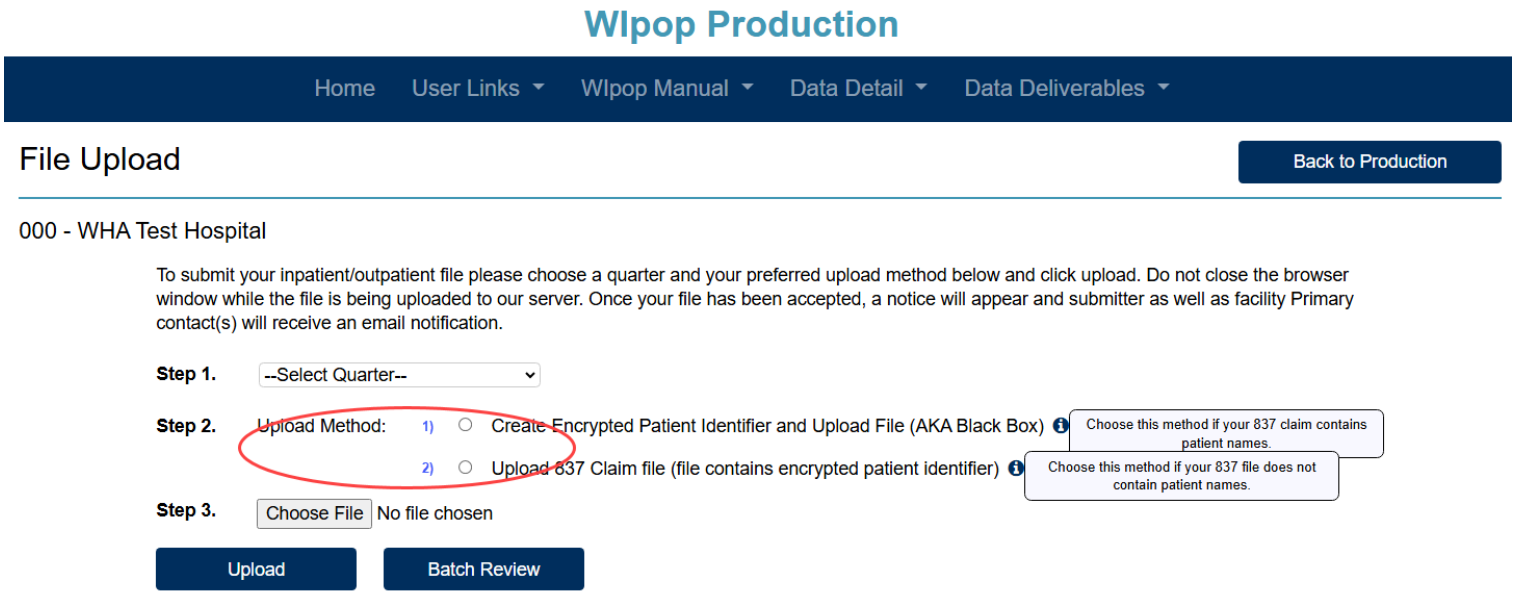
- Extension requests must be done in the WIpop **Production** Application.
- Not to be used to delay the quarterly submission requirements due to vacations or holidays.

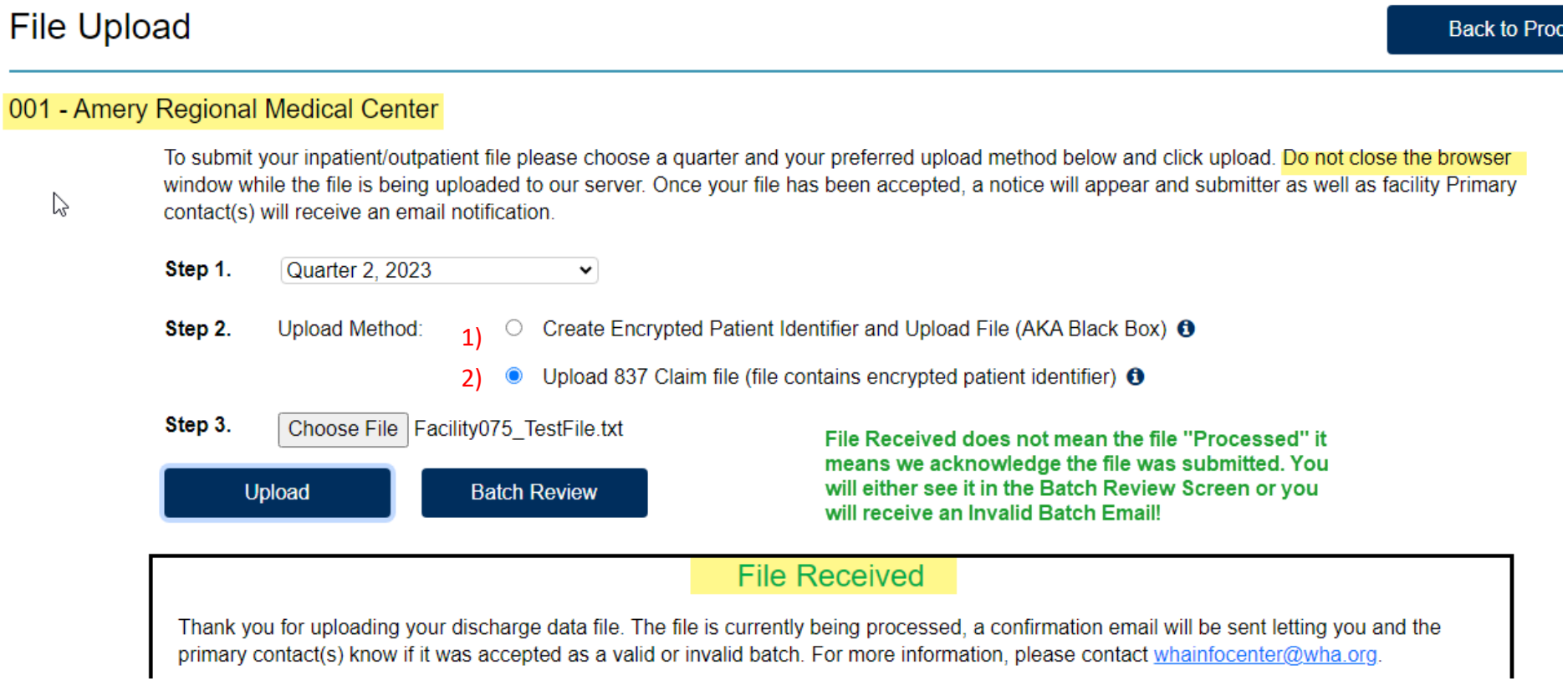
  Should be used only when:
  - Fire, Flood, Weather Event, Vendor Changed, etc.
- We may contact you even with an extension request on file ☺
  - Experience has taught us to never make assumptions.
  - We have statutory timelines we must adhere to.



How to upload your data

- Users can upload data directly in WIpop
  - Locate your file and follow the prompts
  - *Will be adding the 1) and 2) to avoid confusion.
  - **No need for a separate 837 File Handler/Black Box – if you still using this please discontinue and load through WIpop.**





File Received

NEW FILE PROCESSING MESSAGES

Sample Invalid Batch

- Automated Invalid Batch Email

  Email is sent to primary and person uploading

[External]006 2025Q3 WIpop Production: Invalid Batch

W WHA Information Center <whainfocenter@wha.org>
To Cooley, Kay (Tamarack Health Ashland Medical[...])
Cc WHAInfoCenter

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Thank you for submitting your quarterly data to WHAIC. The batch submitted to **WIpop Production** on Oct 13 2025 7:02AM could not be processed due to the issues specified below.

Login to WIpop and check the upper right corner for "Messages" related to this file.

File Name: HAMHWHA_10100941_837R_Aug.txt
Submitted By: kcooley@tamarackhealth.org
For Facility: 006 - Tamarack Health Ashland Medical Center
For Quarter: 3 2025

Transaction	Claim	Error
0	0	There were not records in file or there was an error parsing the file. Please contact the WHA Information Center with questions.
0	0	Value in ISA06: 044 does not match the facility number specified for this file: 006

Please correct these issues and resubmit the data.

The file submitter will receive this message, with applicable patient control numbers added, in his/her WHAIC User messages at https://wipopicd10.whainfocenter.com

If you need further assistance, please contact us at whainfocenter@wha.org

Sample Valid Batch File

- Valid batch email goes to Primary and submitter

From: WHA Information Center <whainfocenter@wha.org>
Sent: Wednesday, September 20, 2023 11:31 AM
To: Flory, Justin <jflory@wha.org>
Subject: [External]000 2023Q2 WIpop Production: Batch Uploaded - Review Your Batch File Now

Batch submitted to WIpop Production on Sep 20 2023 11:30AM has been successfully uploaded.

Invalid records need to be corrected as soon as possible to complete the data submission requirements. If your file does not contain invalid records, we encourage you to run a summary profile report available in real-time in WIpop, to review the accuracy of your submission before the close of the quarter.

To validate and complete your batch submission, go to https://portal.whainfocenter.com, logon to WIpop and select your facility, then click [Go To Batch Review]. From the Batch Review page click [View] on this batch to see a list of invalid records.

Batch file **email receipts are sent to the data submitter and the primary contact only.** If others in your organization rely on this information to correct edits, run reports or validate data, please forward accordingly.

Batch #:	224514
File Name:	Facility194_02_TestFile.txt
Submitted By:	Justin Flory
For Facility:	000 -
For Quarter:	2 2023
Total Records:	120
Valid Records:	0
Invalid Records:	120
Inpatient Valid:	0
Inpatient Invalid:	46
Outpatient Surgery Valid:	0
Outpatient Surgery Invalid:	0
Emergency Room Valid:	0
Emergency Room Invalid:	0

The following alerts were detected in this batch. Alerts are mapping conditions that should be reviewed and updated if appropriate. A high percentage of records with alerts may indicate a problem.

Alert	Count	% of batch
A011-Race is Unavailable	17	14%
A020-Ethnicity is Declined	8	6%
A060-Unknown or Other Primary Payor	1	0%
A067-Primary and Secondary Payors are the same	1	0%
A090-Inpatient stay under 2 days	4	3%

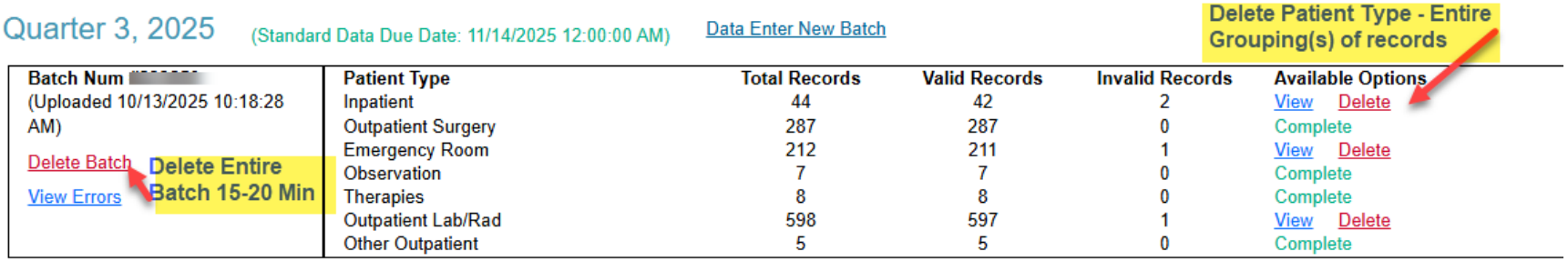
Valid Data Submission

- Confirmation email is sent to submitter and primary contact.
- Email summarizes total records and edits in each datatype.
- Please **correct edits** as soon as possible.
- We encourage monthly files if possible.

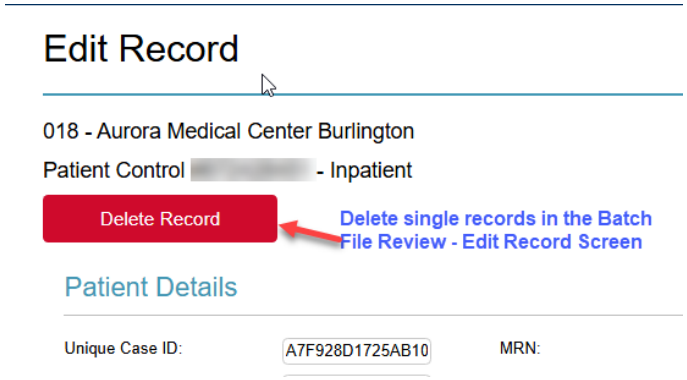
Batch Num #233258 (Uploaded 8/18/2025 10:54:33 AM) Delete Batch Mark Batch Complete	Patient Type	Total Records	Valid Records	Invalid Records	Available Options	Alert Records
	Inpatient	34	34	0	Complete	7
	Outpatient Surgery	173	173	0	Complete	2
	Emergency Room	170	170	0	Complete	4
	Observation	3	3	0	Complete	0
	Therapies	6	6	0	Complete	0
	Outpatient Lab/Rad	408	408	0	Complete	8
	Other Outpatient	3	3	0	Complete	0

Delete a Batch or Delete a Single Record

- Delete a batch or full line item(s) of records takes approx. 20 min.



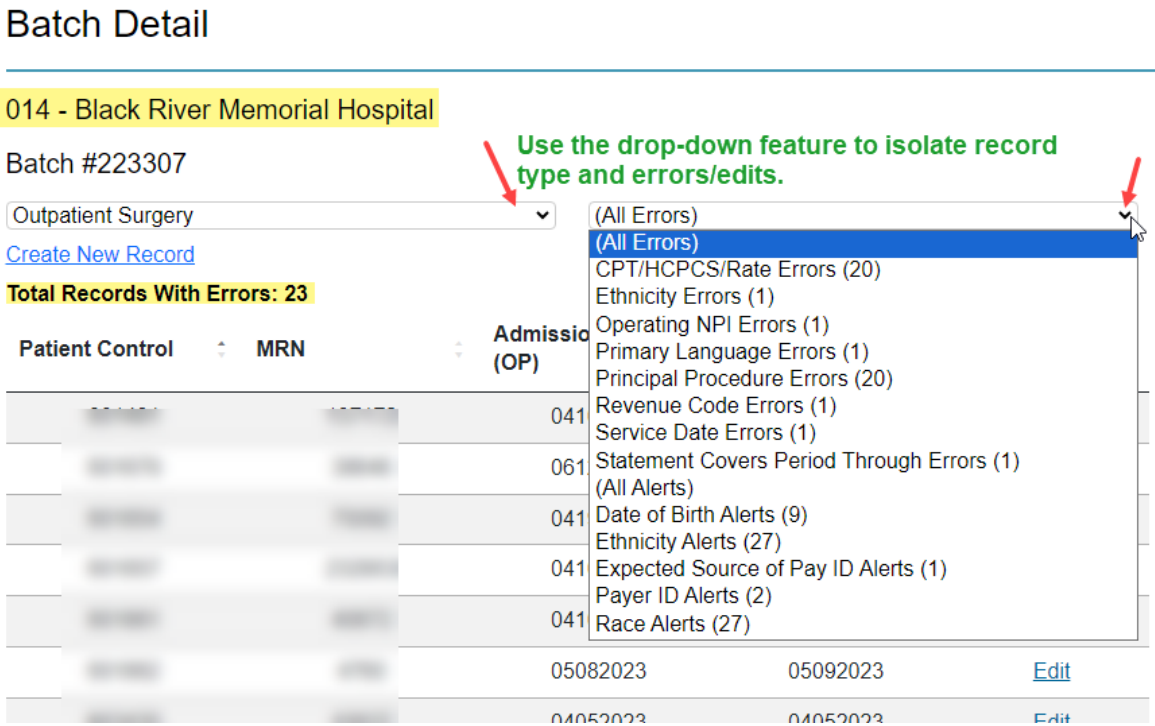
- Delete a single record in the edit record screen.



Fixing edits

- Fix edits one by one; or
- by data type; or
- by type of error.

If you have edits, please look at them before contacting me.



Mark your batch files complete

- Once all edits are done, mark the batch complete.
- To fix edits in a closed batch, you need to click the “reopen” option
- Once the Batch is marked complete, you’ll be in Read ONLY mode
- Be sure hit the Mark Batch Complete once all edits are fixed.

Quarter 1, 2023 (Standard Data Due Date: 5/15/2023 12:00:00 AM) Data Enter New Batch

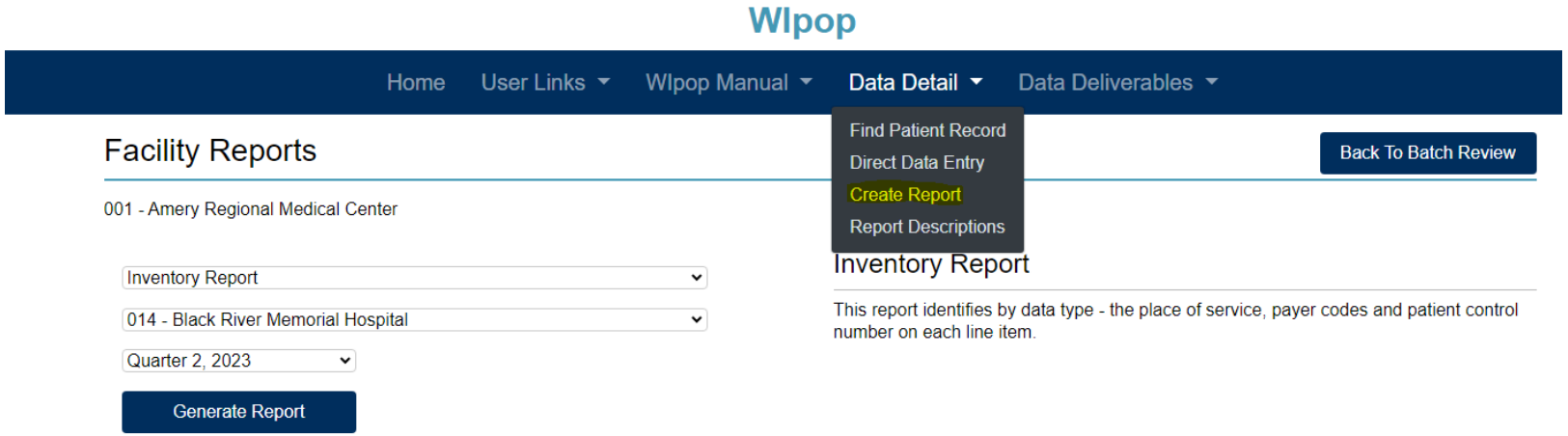
Batch Num #223011 (Uploaded 4/7/2023 10:44:01 AM) Delete Batch Mark Batch Complete	Patient Type	Total Records	Valid Records	Invalid Records	Available Options	Alert Records
	Inpatient	701	701	0	Complete	219
	Outpatient Surgery	827	827	0	Complete	55
	Emergency Room	4658	4658	0	Complete	223
	Observation	278	278	0	Complete	22
	Therapies	4539	4539	0	Complete	245
	Outpatient Lab/Rad	9752	9752	0	Complete	780
	Other Outpatient	10403	10403	0	Complete	757

Batch Num #222847 (Uploaded 3/6/2023 6:57:20 AM) Reopen Batch Delete Batch	Patient Type	Total Records	Valid Records	Invalid Records	Available Options	Alert Records
	Inpatient (Completed)	764	764	0		256
	Outpatient Surgery (Completed)	907	907	0		48
	Emergency Room (Completed)	4867	4867	0		317
	Observation (Completed)	295	295	0		18
	Therapies (Completed)	4826	4826	0		257
	Outpatient Lab/Rad (Completed)	10829	10829	0		851
	Other Outpatient (Completed)	11601	11601	0		845

Importance of Reports

Running Reports

- Multiple reports are available in WIpop.
- We're open to suggestions… what do you need?
- You **don't have to wait** till the end of the quarter to validate data.
- Reports can/should be run throughout the quarter.



Running Reports in WIpop

- How do you know if you're missing data?

Data Integrity Report allows user to see what's in and what's not.

Close Report

WHA Information Center, LLC - WIpop Data Submission

Q1 2023

Data Integrity Report

0[redacted]n-Milwaukee Hospital

The Data Integrity Report is one of many real-time analytic reporting tools available to facilities. This report contains data from records without edits from all successful batch files. It is intended for any registered WIpop user to run as a resource to evaluate and ensure the data is accurate and consistent with historical norms.

Review each patient type and verify the monthly data represents the correct number of patient encounters. Verifying the data may require numerous internal analytical tools, internal Census, Abstract or Audit Reports and/or communication with your vendor. Any change in patient volume over or under 20% should be investigated.

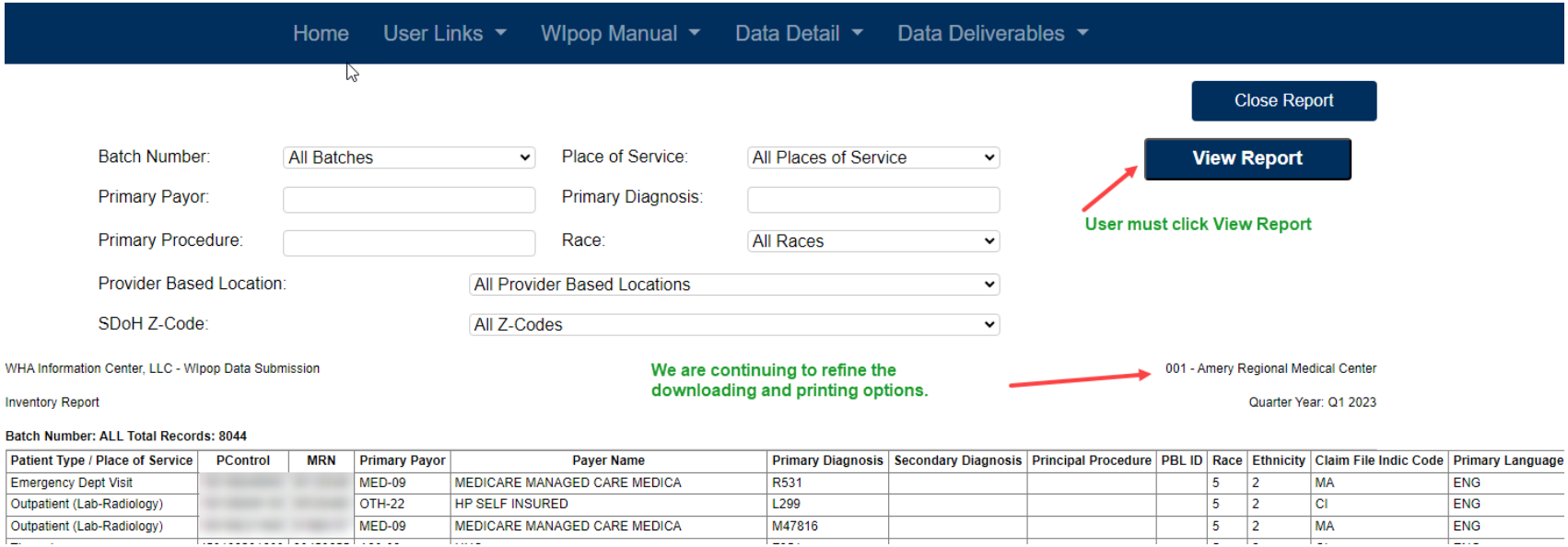
You may click on the cell values in blue to display a list of the underlying patient control numbers.

Patient Type	January	February	March	Current Quarter	Prior Quarter	% Change
Inpatient	764	701	0	1465	2728	-46.3%
Outpatient Surgery	908	826	0	1734	2602	-33.4%
Emergency Department Visit	4867	4658	0	9525	20297	-53.1%
Observation	296	277	0	573	994	-42.4%
Therapies	4826	4539	0	9365	14190	-34.0%
Outpatient (Lab-Radiology)	10829	9752	0	20581	31365	-34.4%
Other Outpatient	11601	10403	0	22004	32436	-32.2%
Total	34091	31156	0	65247	104612	**-37.6%**

WHAIC strongly encourages you to save a copy of your quarterly /validation reports. They are an excellent reference to help validate subsequent data submissions. It is your responsibility to validate and verify the accuracy and completeness of your facility data, WHAIC cannot do that for you. If you notice any data discrepancies, we will assist in troubleshooting potential problems.

Inventory Report

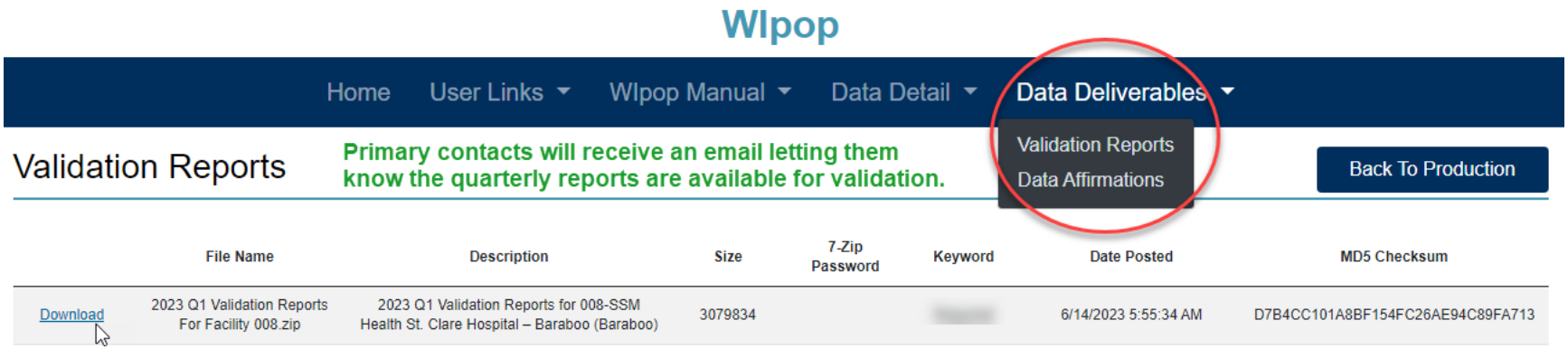
- Reports are continuing to be refined.
- Are there areas you would like to see added?
- Do you use the reports we offer?



Patient Type / Place of Service	PControl	MRN	Primary Payor	Payer Name	Primary Diagnosis	Secondary Diagnosis	Principal Procedure	PBL ID	Race	Ethnicity	Claim File Indic Code	Primary Language
Emergency Dept Visit			MED-09	MEDICARE MANAGED CARE MEDICA	R531				5	2	MA	ENG
Outpatient (Lab-Radiology)			OTH-22	HP SELF INSURED	L299				5	2	CI	ENG
Outpatient (Lab-Radiology)			MED-09	MEDICARE MANAGED CARE MEDICA	M47816				5	2	MA	ENG

Portal Overview – Processed Data

To get data off the portal go to the tool bar, Data Deliverables



DHS 120.11 Common data verification, review and comment procedures.

(1) APPLICABILITY. The data verification, review and comment procedures in this section apply to data submitted by hospitals and ambulatory surgery centers as described in ss. DHS 120.12 (5) (c) and (d), (5m) (c) and (d), (6) (d) and (e) and 120.13 (3) and (4).

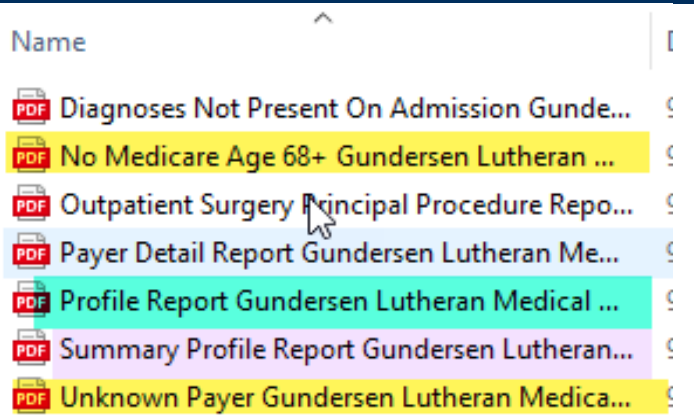
(2) DEFINITION. In this section, "facility" means hospitals and freestanding ambulatory surgery centers.

(3) FACILITY DATA VERIFICATION, REVIEW AND COMMENT PROCEDURES. **(a)** Each facility shall review its collected data for accuracy and completeness before submitting the data to the department. **(b)** The department shall check the accuracy and completeness of all submitted data and record all questionable data based on standard edits or the electronic editing features of the department's data submission system.

(c) If the department determines data submitted by the facility to be questionable, and the department has determined that the data cannot be verified or corrected by telephone or electronic means, the department may return the questionable data to the facility or the facility's qualified vendor with information for revision and resubmission.

What are Validation Reports?

- 6 different types of reports posted.
- Pay attention to the Payer Reports
- The SPR only has 12 pages max!
- This report includes:
  - Breakdown of each patient type, by month, by current qtr vs prev qtr. % change
  - Includes expired patients, payer summary, gender, age, race, ethnicity
  - Includes total charges and record totals for SDOH and provider-based location
  - Includes graphs for each data type with number of visits over 12-month period.



The **summary profile report** is available in real-time once a batch is uploaded into WIpop and included with your quarter-end validation files. The purpose of this report is to provide you the tools you need to **review, analyze and validate your quarterly discharge data submission against the number of patients seen and prior quarter submissions**.

Evaluate in greater detail:

- Variance in percent (%) change of 20% (highlighted in RED) ***20% variances will require a thorough explanation on the Affirmation Statement***
- Significant shifts or spikes in the month by month detail
- Increase in declined or unavailable race/ethnicity reporting (New batch failure for files with >25% unknown or declined)
- Missing months on page 3
- Missing Provider Based Locations (PBLs), if applicable.

Total record volume submitted in each data type/month should run consistent. Any irregularities (spikes/declines) should be addressed immediately. Review each patient type and verify the monthly data represents the correct number of patient encounters. *Verifying the data may require numerous internal analytical tools, internal Census, Abstract or Audit Reports and/or communication with your vendor. Any change in patient volume over or under 20% should be investigated.*

WHA Information Center, LLC - WIpop Data Submission **2025 Q2**

Vendor: Epic **Summary Profile Report**

The **summary profile report** is available in real-time once a batch is uploaded into WIpop and included with your quarter-end validation files. The purpose of this report is to provide you the tools you need to **review, analyze and validate your quarterly discharge data submission against the number of patients seen and prior quarter submissions**.

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Contact WHAIC staff if you have questions about your data, this report or the need for a caveat at whainfocenter@wha.org. Please retain a copy of this validation report for your records.

Patient Type (Total Records)	April	May	June	Current Quarter	Prior Quarter	% Change
Inpatient	1,781	1,861	1,868	5,510	5,406	1.9%
Outpatient Surgery	1,514	1,503	1,473	4,490	4,354	3.1%
Emergency Department Visit	3,088	3,019	2,916	9,023	9,260	-2.6%
Observation	276	279	276	831	796	4.4%
Therapies	3,738	3,662	3,709	11,109	9,984	11.3%
Outpatient (Lab-Radiology)	4,298	4,095	3,987	12,380	12,267	0.9%
Other Outpatient	2,237	2,226	2,196	6,659	6,303	5.6%
Total	16,932	16,645	16,425	**50,002**	**48,370**	**3.4%**

Patient Type (with Language)	Current Quarter Recort Count	Current Quarter Records with Language	% Records with Language
Inpatient	5,510	5,497	99.8%
Outpatient Surgery	4,490	4,485	99.9%
Emergency Department Visit	9,023	8,952	99.2%
Observation	831	825	99.3%
Therapies	11,109	11,102	99.9%
Outpatient (Lab-Radiology)	12,380	7,715	62.3%
Other Outpatient	6,659	3,651	54.8%
Totals	**50,002**	**42,227**	**84.5%**

Payer Report – Non Medicare Patients

WHA Information Center, LLC - WIpop Data Submission

Q2 2025

Report on NON-MEDICARE Primary Payer for Patients Aged 68 and Older

Place Of Service	Patient Control	Batch Number	Payer	Description	Age
INPATIENT	2	232	OTH-61	Self-Pay, Fee for Service	88
INPATIENT	4	232	OTH-41	Workers Comp	68
INPATIENT	9	232	OTH-41	Workers Comp	74
INPATIENT	8	232	OTH-41	Workers Comp	68
INPATIENT	4	232	OTH-61	Self-Pay, Fee for Service	68
INPATIENT	5	232	OTH-41	Workers Comp	68
INPATIENT	9	232	OTH-61	Self-Pay, Fee for Service	97
INPATIENT	0	233	OTH-61	Self-Pay, Fee for Service	71
INPATIENT	2	233	OTH-61	Self-Pay, Fee for Service	73
INPATIENT	6	233	OTH-61	Self-Pay, Fee for Service	75
INPATIENT	9	233	OTH-61	Self-Pay, Fee for Service	73
INPATIENT	2	233	A12-09	Commercial	71
INPATIENT	3	233	OTH-61	Self-Pay, Fee for Service	75
INPATIENT	9	233	A43-09	Commercial	71
INPATIENT	3	233	A43-09	Commercial	70
INPATIENT	2	233	BGR-02	BadgerCare, HMO/PPO	71
OUTPATIENT SURGERY	8	232	A12-09	Commercial	75
OUTPATIENT SURGERY	5	232	OTH-41	Workers Comp	68
OUTPATIENT SURGERY	2	232	A12-09	Commercial	69
OUTPATIENT SURGERY	0	232	A30-09	Commercial	70
OUTPATIENT SURGERY	7	232	A30-09	Commercial	68
OUTPATIENT SURGERY	8	232	A30-09	Commercial	69
OUTPATIENT SURGERY	1	232	OTH-61	Self-Pay, Fee for Service	85
OUTPATIENT SURGERY	4	232	A12-09	Commercial	79
OUTPATIENT SURGERY	1	232	OTH-61	Self-Pay, Fee for Service	71
OUTPATIENT SURGERY	4	232	BGR-02	BadgerCare, HMO/PPO	71

This facility has 41 pages of non-Medicare patients.

So many work comp and self pay...

What about those Commercial insurance patients over 68...

Please review this report and look for anomalies in payer.

We provide the patient control number to make it easier to go in and change the payer on our side and yours. It makes a difference to those who use your data.

9/11/2025

The trusted source of Healthcare Data

Page 2 of 41

Proactive SDOH Data

WHA Information Center, LLC - Wipop Data Submission **2025 Q2**

Vendor: Epic **Summary Profile Report** [redacted]

Social determinants of health, oftentimes abbreviated as (SDOH) are the economic and social conditions in which people are born, live, grow, work and age in. They may impact a wide range of health and quality of life risks and outcomes for patients.

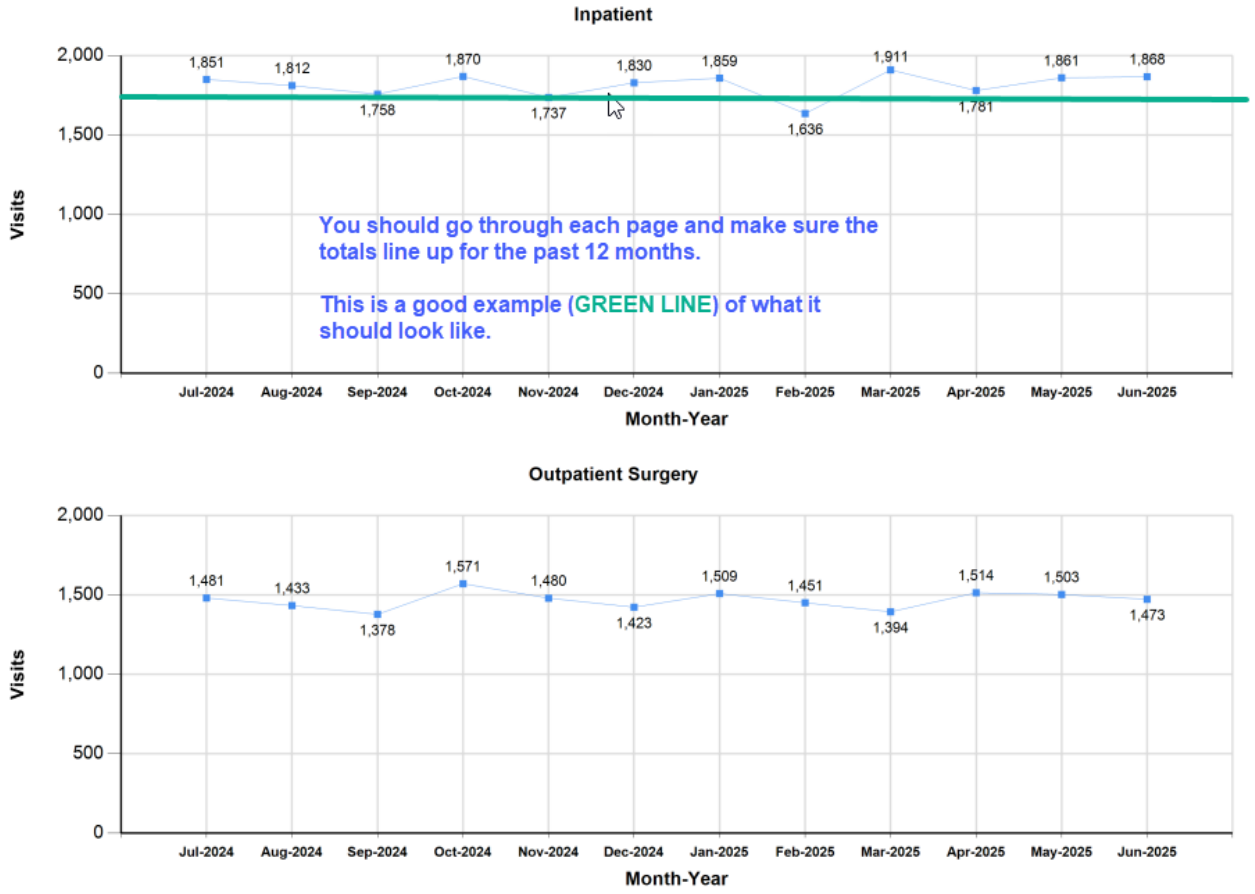
Both CMS and TJC require you to have a written plan for addressing health equity. The data collected from claims with reported SDOH codes is being used by CMS to analyze data and health trends. This document by CMS highlights how CMS is using the data: https://www.cms.gov/files/document/z-codes-data-highlight.pdf If you are not currently reporting SDOH codes, *please review your file and mapping to report these codes out of the EMR or off the claim accordingly.*

Record Totals for Social Determinants of Health (SDOH)

SDOH Category	Description	Record Count Age 18+
Z55	Problems related to education and literacy	2
Z56	Problems related to employment and unemployment	8
Z57	Occupational exposure to risk factors	1
Z58	Problems related to physical environment	1
Z59	Problems related to housing and economic circumstances	872
Z60	Problems related to social environment	7
Z62	Problems related to upbringing	7
Z63	Other problems related to primary support group, including family circumstances	29
Z64	Problems related to certain psychosocial circumstances	0
Z65	Problems related to other psychosocial circumstances	25

- I mentioned collecting and reporting SDOH data earlier. Review the Summary Profile Report to verify it's in the files.
- As previously noted, there are financial penalties for not collecting this data.

Validating Data



What to know about Validation Reports

2025 Q3 Data Submission	
Standard Data Submission Deadline – Data Due	**11/14**
Standard Deadline fix Edits & Mark QTR Complete	11/28
Extended Deadline - Date for Data Submission	**12/1**
Extension Deadline to fix Edits & Mark QTR Complete	*12/12*
❖ **Review data ~ Validation Reports in Portal**	**12/15**
Deadline to Validate and Return Affirmation	12/29
Data Released	1/12/26

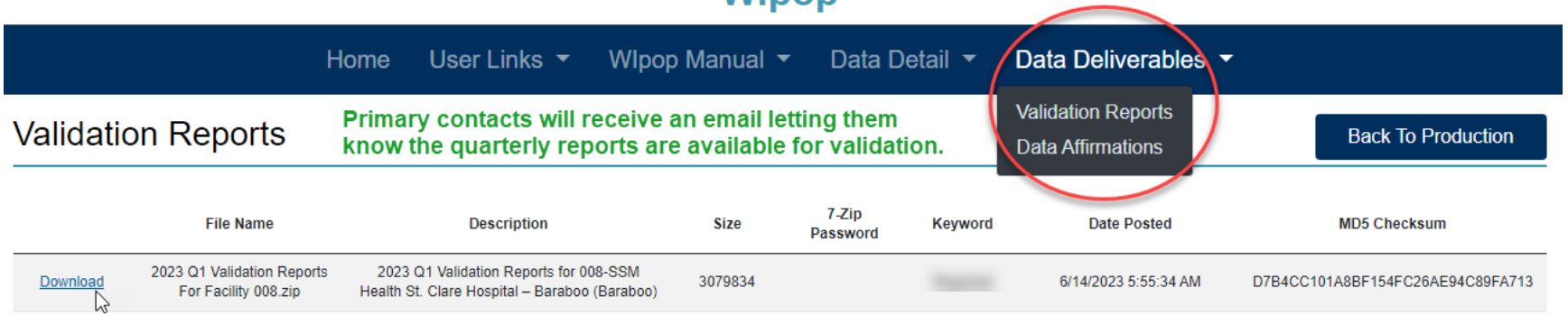
◊ Reports are posted either early or on time – this one will post on or before 12/15.

An Automated Email is sent to Primaries!

◊ Each time a batch file is opened, **new reports/affirmation are automatically** run

◊ The validation and affirmation return date is the same now!

WIpop

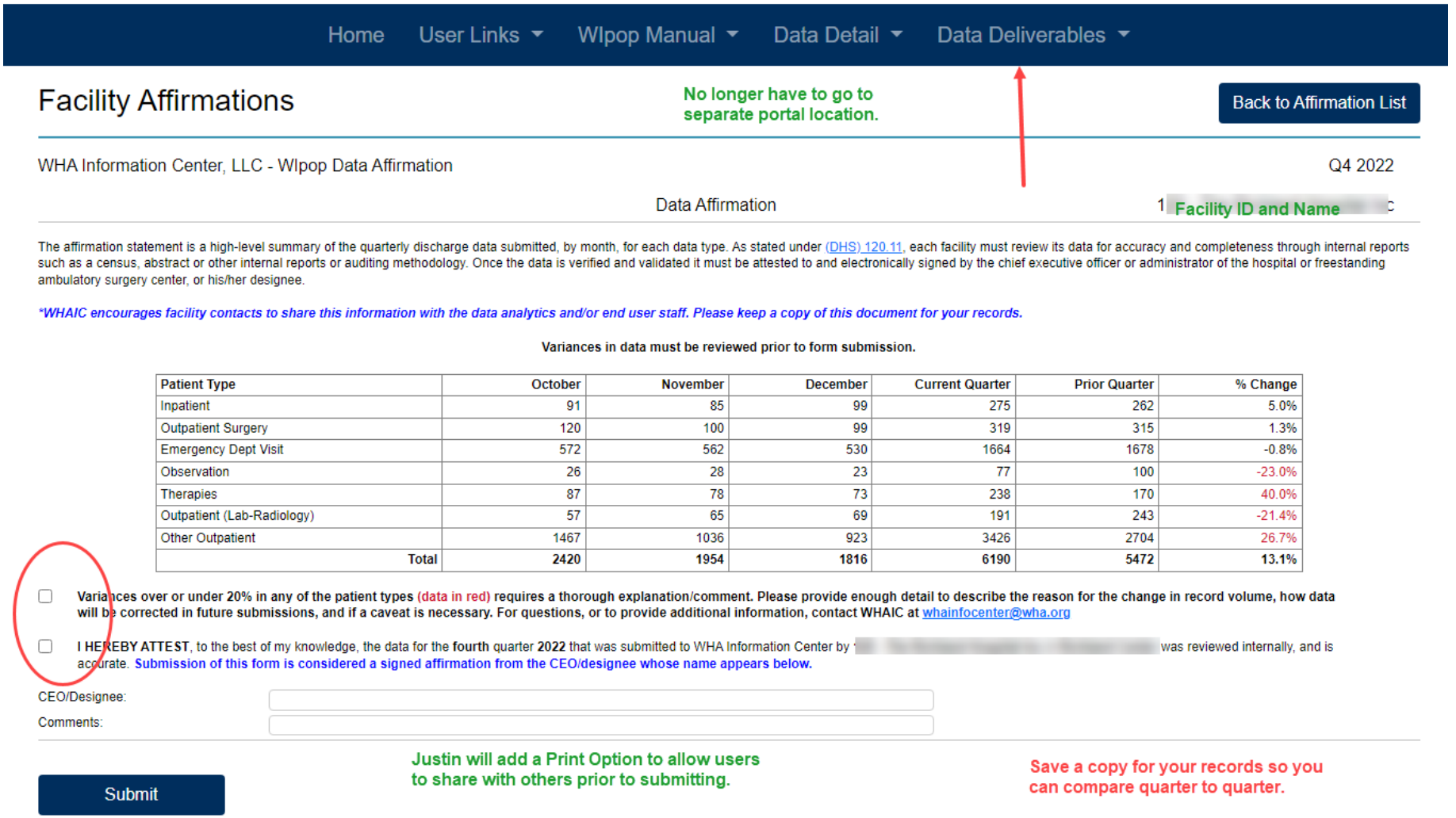


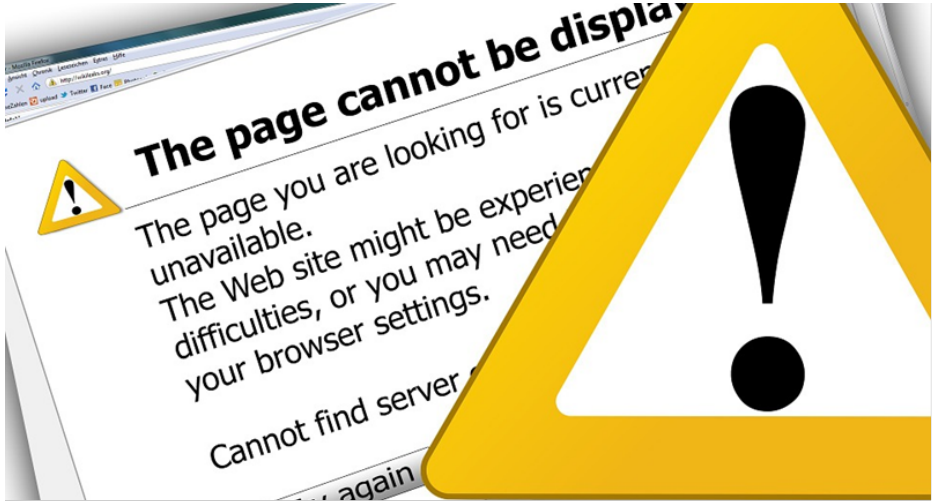
Affirmation Statement

- The data submission and sign off process is 100% electronic.
- The Affirmation Statement is a two-prong process to confirm the data was validated.
  - Requires reviewer to check a box verifying data was reviewed; and
  - Requires comments if there is a 20% variance in the data.
- In general, the number of patients seen each month is relatively consistent.
- ***Download and save either*** *an electronic or paper copy* of your summary profile report **and** affirmation statement for future reference.

Reports and Affirmation are deleted after 30 days.

Affirmation





Updates, Questions, Issues and Edits

Invalid Batch File – Duplicate Records

There are **two types of batch file rejects** as it relates to duplicate records that apply.

1. **Duplicates within same file** - two records with the same patient control number in file
2. **Duplicate patient control number of a record/encounter that already exists in WIpop**

To fix and/or remove duplicates:

Resubmit the batch with the phrase "exclude_duplicates" somewhere in the file name.

Example file name: Q225 WIPOP IN OP exclude_duplicates.txt

- This process applies to both types of duplicate rejects.
- If the record already exist, we will keep the original encounter/record.
- The batch file email response will include the number of records submitted and number of duplicates removed.

2026 Payer Audit Coming

- **Payer Audit Coming**
- Many facilities are not mapping payers correctly.
- Payer mapping is required for all insurance types.
- The audit will look specifically at:
  - Medicare
  - Medicare Advantage
  - Medicaid
  - BadgerCare
  - Commercial
- Review your Payer Reports and make sure the 67+ patients are assigned to either Medicare (MED-09) or Medicare ADVANTAGE (MPC-09)

Payers - Medicare

- Medicare is health insurance offered primarily to senior citizens and people with disabilities. The federal program lets you choose between two overarching types:

  Original Medicare or Medicare Advantage.

- Original Medicare is Medicare Part A and Medicare Part B. Part A covers hospitalizations, while Part B covers outpatient care.
- For most people, Medicare eligibility begins when you turn 65.
- For WHAIC and WIpop Medicare should be mapped to MED-09

Identify Medicare Part C

What is Medicare Advantage Part C?

- A Medicare Advantage Plan (like an HMO or PPO). Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private insurance companies.
- Medicare Advantage Plans provide all Part A (Hospital Insurance) and Part B (Medical Insurance) coverage and may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include prescription drug coverage (Part D).
- Medicare pays a fixed amount for care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare.

- For WHAIC Medicare Advantage should be mapped to MPC-09

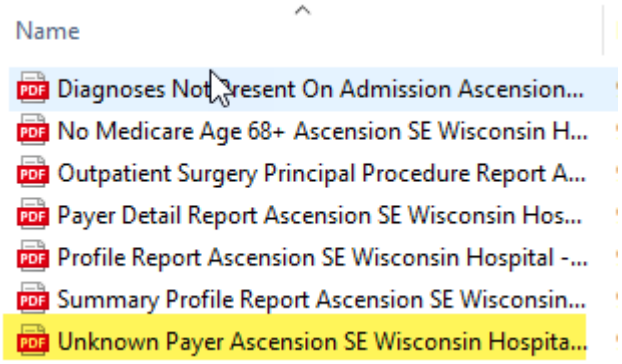
Payers – Medicaid and BadgerCare

- **Wisconsin Medicaid** is a joint federal and state program that helps more than 1 million residents.
  - Programs are offered for Children, Older Adults, Adults, Pregnant people and People with Disabilities.
- ----------
- **BadgerCare Plus-** is a health care program. It helps low-income children, pregnant people, and adults in Wisconsin.
  - The program is BadgerCare Plus—there is no BadgerCare. However, people will often call it BadgerCare as a shorthand.
- ForwardHealth is a term that applies to a variety of programs that support your health and well-being. You can use your benefits for multiple programs from this single card.
- Wisconsin Medicaid is a broader program providing health coverage for various low-income groups, while BadgerCare Plus specifically targets low-income residents, including children and pregnant women, who may not qualify for Medic aid.

Commercial Insurance

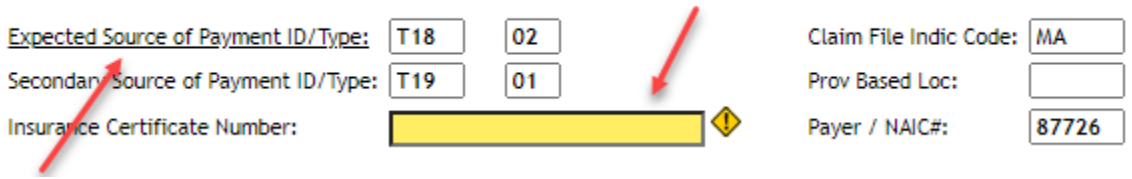
- All commercial insurance should be mapped to an Axx – 09 Code.

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
A10	09	Aetna (Aetna Healthcare Assurance Programs of Wisconsin, Inc.)	https://www.aetna.com/
A11	09	Ambetter (Managed Health Services Insurance Corp.)	Marketplace: https://www.ambetterhealth.com
A12	09	Blue Cross Blue Shield (aka Anthem, Anthem Blue, etc.)	www.anthem.com
A15	09	Cigna Health and Life Insurance Company	Multiple plan types: https://www.cigna.com/
A16	09	Common Ground Healthcare Cooperative (Brookfield)	https://www.commongroundhealthcare.org/our-plans/individuals-families/
A17	09	Dean Health Plan, Inc. (Madison)	www.deancare.com
A18	09	Group Health Cooperative of South-Central Wisconsin (Madison)	ghcscw.com



Edits: Payer Edits

- All records, except for Self-Pay require an insurance certificate ID number. Sometimes known as plan, group or member ID.
- Facility has access to payer via EMR, claim, or the insurance card.
- Facilities are required to include insurance name on file. Click on the underlined Expected Source of Payment field to see payer name.



**For WC – use abbreviated patient control number or patient year of birth.*

How does your organization collect Race?

- Do you ask the minimum as defined by WHAIC and OMB?
- Can your EMR (Epic, Cerner, Meditech) collect and report out more than one race?
- Do you have a multiracial option on your form?
  - If so, do you ask the patient to identify each race?
- **OMB Standards**

2024 – 2026 Updated Race Collection

Improving Race and Ethnicity Data Collection to Advance Health Equity

- WHAIC and WHA have partnered with DHS to strengthen how ambulatory surgery centers (ASCs), hospitals, and health systems collect and report patient race and ethnicity data at registration and admission.

Our goal is to achieve better data collection by:

- Enabling patients to select more than one race and encourage hospitals and vendors to provide that detail in the files.
- Align WHAIC data collection with revised federal OMB standards (SPD 15), including addition of “Middle Eastern or North African (MENA)” and Hispanic/Latino options and incorporate subcategories for each race.
- Patients should self-report race and/or ethnicity.

WISCONSIN HOSPITAL ASSOCIATION

ADVOCATE. ADVANCE. LEAD.

WHAIC/DPH Data Race & Ethnicity Project

Casey Zimpel, RN, BSN

October 22, 2025

Learning Objectives:

By the end of this session, participants will be able to:

- ✓ Explain the importance of collecting patient information on race and ethnicity.
- ✓ Demonstrate respectful approaches to asking patients for sensitive demographic information.
- ✓ Respond effectively to patient questions or concerns about why this information is being collected.

Why do we ask? What do we need to know?

WHY?

- Ensure patients are able to select more than one race, allowing us to track better inequities and plan for care that meets the needs of all populations served.
- Identify the specific healthcare needs of the individual patient.
- Identify disparities in care, improve access, and support better patient outcomes.
- Reduce disparities by tracking inequities in access and outcomes, leading to better patient planning.
- Meet regulatory requirements and drive organizational action.

Voluntary

- The questions are voluntary, and you can choose “prefer not to answer” or “decline” to any or all questions.
- This will not affect your care.

Who will see the information?

- This Personal Identifiable Information (PHI) will be accessible only to the healthcare team taking care of you.
- Your responses will be protected and stored in your electronic health record.

Race & Ethnicity 1997 OMB Standards

ETHNICITY

Please select the **ethnicity** that describes you best:

- ❑ Hispanic/Latino
- ❑ Not Hispanic/Latino

Your ethnicity is different than your race (for example, you can be black or white, but also Hispanic or not)

RACE

Please select the **race** that describes you best:

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black/African American
- ❑ Other Pacific Islander
- ❑ Caucasian/White

Race generally comes from where the generations of your family have lived.

2024 OMB Statistical Policy Directive No. 15 (SPD 15)

Race and Ethnicity Combined Question with Minimum Categories

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

☐ **American Indian or Alaska Native** – *Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

☐ **Asian** – *Provide details below.*

☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** – *Provide details below.*

☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** – *Provide details below.*

☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** – *Provide details below.*

☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** – *Provide details below.*

☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** – *Provide details below.*

☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Improving Race and Ethnicity Data Collection to Advance Health Equity

*While we initially planned to 'require' the Hispanic/Latino option within the race category question, this will **be temporarily optional.** Feedback and technical constraints from the facilities and their national vendors have delayed implementation of this category.

Ethnicity will continue to be collected as a separate data element in both the 837-transaction file and in WIpop.

What does this mean for you

- Most vendors agreed to add in the MENA category.
- The facility needs to update the Patient Registration to include this option.
- The file does not need to change, but the facility should confirm the option(s) at the facility include the new category(s).

Example of what this would look like in the file:

- DMG*D8*19960913*M*S*RET:R5^RET:E2^RET:R502^RET:R503***ZZ*ENG
  - When translated in the file it looks like this:
  - DMG*D8*19960913*M*S*5:2:502:503***ZZ*ENG
  - Race 1 = 5
  - Ethnicity = 2
  - Race 2 = 6
  - Race 3 = 503

Unfortunately, most of our data (95%) does not include a second race.

Simplified Listing of Main Categories

Appendix 7.2

WHAIC Code	Main Category	Description
1	American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2	Asian	A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3	Black or African American	A person having origins in any of the Black racial groups of Africa.
4	Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5	White	A person having origins in any of the peoples of North America, Europe, North Africa, or the Middle East.
6	NEW: Middle Eastern or North African	MENA Americans can trace their origins to more than a dozen countries, including Egypt, Morocco, Iran, Turkey and Yemen. People from there can be white, brown or Black, as well as identify with an ethnic group, like Arab, Amazigh, Kurdish, Chaldean and more.
8	NEW: Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.
7	Declined	A person who refuses to answer this question.
9	Unavailable	A person unable to answer this question, or no available family member or caregiver to respond for the patient. May also be used by patients if their race is unknown.

New Race Subcategory Codes

Main Code	Main Category	Subcategory Code	Subcategory Code	Subcategory	Subcategory	Subcategory	Subcategory
1	American Indian or Alaskan Native	101 - Aztec	102 - Cherokee	103 - Eskimo	104 - Iroquois	105 -Maya	106 -Navajo
2	Asian, Asian American, Asian Indian	201 - Chinese	202 - Filipino	203 - Hmong	204-Japanese	205 - Korean	206 - Laotian or Vietnamese
3	Black or African American	301 - African	302 - Jamaican	303 - Ethiopian	304 - Haitian	305 -Nigerian	306 - Somali
4	Native Hawaiian or Pacific Islander	401 -Chamorro	402 -Guamanian	403 - Fijian	404-Marshallese	405 - Tongan	406 - Samoan
5	White / Caucasian	501 - English	502 - German	503 - Irish	504 - Italian	505 - Polish	506 - Scottish
6	NEW: Middle Easter or North African	601 - Egyptian	602 - Iraqi	603 - Lebanese	604 - Pakistani	605 - Syrian	606- Moroccan
8	NEW: Hispanic or Latino	801 - Cuban	802 - Dominican	803 - Guatemalan	804 - Mexican	805 - Puerto Rican	806 - Salvadoran
7	Declined						
9	Unavailable						

WHAIC Ethnicity Categories

The collection of race and ethnicity is a **statutory requirement** [Ch.153]

Ethnicity Collection

1	Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.
2	Non-Hispanic or Latino	Person not of Hispanic or Latino ethnicity.
7	Declined	A person who refuses to answer this question or cannot identify him/herself ethnicity.
9	Unavailable/Unknown	A person unable to answer the question, or ethnicity is unknown to the patient.

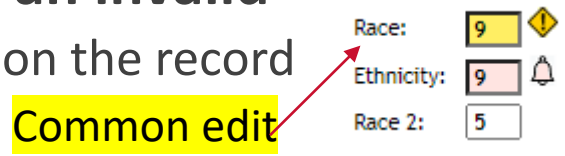
Race / Ethnicity Recap

- Files rejected if > 25% of R/E reported as unknown or declined.
- Facilities **SHOULD report two races when available.**

What can you do to make sure R/E is as accurate?

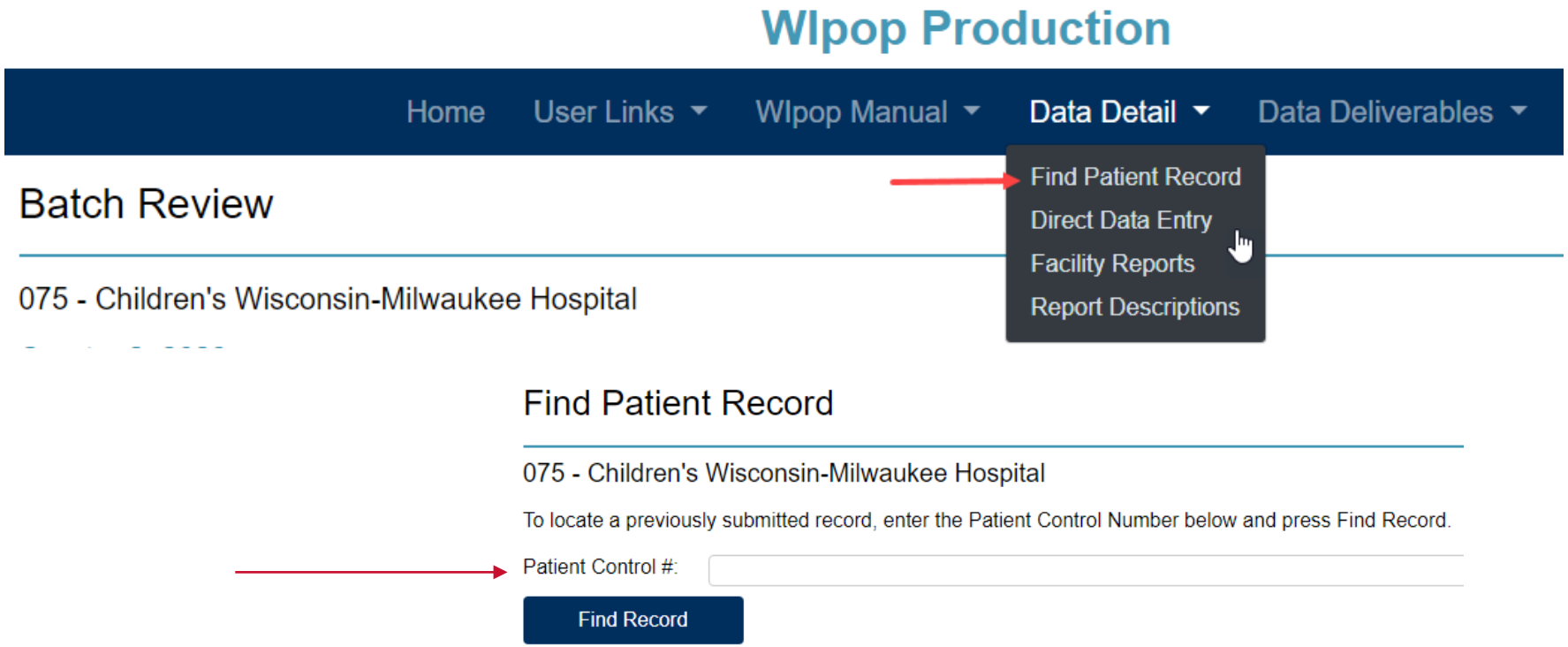
- *Work with your vendor to update the file to report multiple races.*
- *Work with patient registration to verify they know more than one option is available on the form and recorded.*
- Remind patient registration/staff and vendors of the **importance** to collect and report race and ethnicity according to Appendix 7.2.
- **Common edit:** Combining **a valid code with an invalid**

  Such as putting both a 5 (White) and 9 (unavailable) on the record



Common Edits: Finding a Patient

- Most of the reports contain the patient control number.
- The patient control # must be used to locate a record/encounter.



Common Edits: Correcting Dates of Service

Discharge date (procedure date) determines which quarter to use when reporting.

- *For example, if service started on 06/30 and ended on 07/01, the record should be included in the 3rd quarter data submission.*

- Date of Service (DOS) can sometimes cause edits in the outpatient surgery data
  - Why does this occur?
    - Discharge or statement date is off due to date it was coded, billed or patient ended treatment.
      - To fix: Do not delete record, rather try to get the dates to match the quarter you're working by changing the service date or the procedure date.
    - WHAIC does not operate like an insurance company. We're more interested in services rendered.
- DOS must match the dates in the revenue line items
- For most DOS edits - user may change the data to fit the quarter.
  - Be careful to verify actual dates in the EMR before changing dates.

Common EDITS: Type of Bill

- Type of Bill Codes are on the 837i claim and required in WIpop.
- Type of bill (TOB) codes are published in the UB-04 National Uniform Billing Committee guidelines (NUBC).
- The TOB gives three specific pieces of information.
  - The first digit identifies the type of facility.
  - The second digit classifies the type of care.
  - The third digit indicates the sequence of the bill in any episode of care. It is referred to as a "frequency" code.
- Cannot use an outpatient type of bill with an INP record and vice versa.

Most common TOB Edit

ASCs can map field to 0851 or 0999

Edits applicable to TOB:

1160	Type of Bill is a required field.
3180	Type of Bill does not correspond to accepted values.
3181	Type of Bill 0999 is not allowed for hospitals
3185	Zero charge records require Nonpayment/Zero charge Bill Type
3186	**NEW EDIT**: Type of bill must match the record type Edit 3186 will apply when either of these is true: • The record is inpatient and the type of bill is NOT in the 110-121 range • The record is outpatient and the type of bill is in the 110-121 range

Batch Alert Bell

- Alerts draw attention to potential misaligned data.
- Alerts do NOT have to be cleared like an edit.
- It's an opportunity to review the data more-timely with an at-a-glance table of potential areas of improvement.

Examples include patients over 65 reported as non-Medicare, other/unknown payer, race declined/unavailable, OBS over 5 days, IP under 2 days, unknown payer, etc.

The batch email provides counts of the areas that could or should be reviewed.

The following alerts were detected. High percentage alerts should be reviewed.

Alert	Count	% of Relevant Records
Race Unavailable	211	4.73%
Patient 65+, payer is not Medicare	144	4.65%
Observation over 5 days	1	4.55%
Race Declined	150	3.36%

Provider-base locations

Reminder: Report PBL / PBC locations separately on the claim file

Hospitals that have off-campus, outpatient, provider-based department must notify WHAIC to obtain a PBL ID **and** program the service facility PBL ID on the file.

Hospitals must email WHAIC to add or update Provider-Based Locations. Include the following information:

- Facility ID and Name
- PBL Name (what you want it to look like on report)
- PBL Address
- Date PBL opened or became a PBL.

- We cannot collect RHC encounters.

Final Thoughts

The process may seem overwhelming at first, take a step back and know that it's going to take time to learn the system.

The number of edits may seem overwhelming, work with us to help reduce those edits. Again, the point of a standard format is to reduce your time/effort.

Don't wait till the last day to submit the data, **we'd like it monthly**.

Try to understand who in your organization uses, analyzes or manipulates the datasets we provide back to the organization.

Learn about the ways your data is used.

Thank you for your time today!

How to communicate with WHAIC