



The respected source for health care data.

WHAIC Wipop Annual Training

Brian Competente, WHAIC Vice President

Cindy Case, BA, COC, Director, Data management and Integrity

Justin Flory, BS, Health Care Data Programmer

Heather Scambler, RHIA, CPC-A, Program Specialist



2024 Fall Agenda

- About us
- How your data is used
- WHAIC Website
- Wlpop Secured ACCESS & Single Sign-on
- Wlpop Review and How to submit data
- Review Manual and Updates
- Common file issues, edits and updates
- What you can expect in 2025
- Wrap up and Round Table

WHA Information Center Staff



Brian Competente

Vice President



Cindy Case

Director of Data Management and Integrity



Seth Hayden

Chief Information Security Officer



Amber Hollerich

Health Care Data Analyst



Steve Trinkner

Data Analyst



Phyto Aung

Data Visualization Analyst



Justin Flory

Health Care Data Programmer



Emily Holden

Junior Health Care Data Analyst



Heather Scambler

Program Specialist



Janice Williams

Application Development Manager/Lead Developer

About us



The WHAIC team is dedicated, innovative and has the passion and expertise that a committed health care data program demands. We have years of experience helping health care stakeholders throughout Wisconsin meet their data and analytics challenges and we continue to develop our products and services to meet the changing needs of our customers.

1989

Chapter 153 created;
State carries out data
collection



Oct. 2003

State hands off data
collection to the WHA
Information Center



Jan. 2004

WHAIC begins data
collection, analyzing
& sharing



2005

PricePoint, a price
transparency tool,
is created



2006

CheckPoint, a quality
improvement tool,
is created



The Wisconsin Hospital Association Information Center (WHAIC) is

CELEBRATING TWO DECADES

of Using Data to Improve the Health of Wisconsin Communities.



2016

Health Care Data
Modernization Act
signed into law



2019

WHAIC receives
Medicare QE
Designation



2020

COVID-19 Situational
Awareness
Dashboard is created



2023

PricePoint is redesigned



Oct. 2023

WHAIC celebrates
20 years

100%

OF WI HOSPITALS PROVIDE DATA

COVID DASHBOARD:
1.6M
VIEWS TO-DATE

PRICEPOINT:
15K
VIEWS PER MONTH

100%
FAVORABLE REVIEW
FROM THE STATE

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:



"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

Data Collected & Reported

Discharge/Claims Data (**Mandated by WI Statutes, Chapter 153*)

- Hospital Discharge Claims (169)
- Ambulatory Surgery Centers (78)
- Quarterly / Monthly Data Submissions
- Collect over 3 million records per quarter

Data NOT Collected:

- Professional Fees
- Pharmacy
- Nursing Home
- DME

Data Collected & Reported

Hospital Surveys (**Mandated by WI Statutes, Chapter 153*)

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

Data Collected & Reported

How Data is Used

- Analytics
 - Standard Data Sets
 - Custom Data Sets
 - PricePoint
 - CheckPoint
- Annual Publications
 - Health Care Data Report
 - Guide to Wisconsin Hospitals
 - Uncompensated Care
- Workforce Analysis & Predictions
- Quality Reporting and Improvement
 - Readmissions

Privacy and Security

WHAIC is not a covered entity under HIPAA

- We operate under the statutory authority of [Chapter 153](#)
- We take reasonable steps to avoid any data breaches including implementing safeguards & appropriately protecting e-PHI.
- When contacting us, follow your facilities HIPAA guidelines. Never send patient names, SSN or entire medical records via email.

Let's explore who uses the data...

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: 190
 - Hospitals: 113
 - ASCs: 20
- WHAIC and the Wisconsin Office of Rural Health (WIORH) offer the Rural Health Dashboard (RHD) as a way rural hospitals can use their SHIP program funding (Small Rural Hospital Improvement Grant).
 - There are 15 hospitals participating in 2023-2024.
 - The RHD consists of eleven (11) executive-level dashboards
- Dashboards

Wisconsin hospitals have led the country in their willingness to share information on the cost, quality and safety of the care they provide in their communities – making Wisconsin a national model for health care transparency. Learn more about hospital charges for specific types of services and compare services and charges to other hospitals. You may use either our top nine services or search.

Top 9 Services



[Childbirth](#)



[Colonoscopy](#)



[Mammography](#)



[Knee Replacement - OPS](#)



[Hip Replacement - OPS](#)



[Cataract Surgery](#)



[Tonsillectomy](#)



[Carpal Tunnel](#)



[MRI](#)

Search for Service

Please enter an inpatient procedure or outpatient service to search (you may enter specific procedure codes):

Powered by IMO® Terminology. © 2023

Please select one:

- ☐ Inpatient Procedure
- ☐ Outpatient Service
- ☐ Outpatient Surgery

Submit

All Inpatient Services

Please select a Major Diagnostic Category (MDC) to search for any inpatient service by APR-DRG. You have the ability to search for a diagnostic or surgical APR-DRG:

--Select MDC--

Estimated Facility Charges

10036103 Diagnostic flexible colonoscopy (CPT - 45378)

April 2023-March 2024

[Compare Facilities](#)[Insurance Information](#)[Select New Service](#)[Print Charge Report](#)[Top 75 Services](#)

	Median Charges*	Avg. Length of Stay		
GastroIntestinal Associates Endoscopy Center LLC	\$2,040	N/A	Financial Assistance	Facility Information
Marshfield Medical Center	\$2,950	N/A	Financial Assistance	Facility Information
Marshfield Medical Center - Ladysmith	\$3,107	N/A	Financial Assistance	Facility Information
Marshfield Medical Center - Minocqua	\$2,664	N/A	Financial Assistance	Facility Information
Statewide:	\$4,713	N/A		

*These results show hospital charge information only. The hospital's charge does not include professional services, rehab, medications, or other services that a patient may need as part of their care.

Additional Charge Information

10036103 Diagnostic flexible colonoscopy (CPT - 45378)

	Number of Discharges	Median Charge	Median Age	Male	Female
GastroIntestinal Associates Endoscopy Center LLC	1,038	\$2,040	55	37.86%	62.14%
Marshfield Medical Center	187	\$2,950	60	35.29%	64.71%
Marshfield Medical Center - Ladysmith	10	\$3,107	68	50.00%	50.00%
Marshfield Medical Center - Minocqua	47	\$2,664	64	36.17%	63.83%
Statewide:	43,734	\$4,713	53	41.65%	58.35%

CheckPoint: Quality Transparency

Patient Experience					
Measure ↑	Hospital Result ↓↑	State Average ↓↑	State Benchmark ↓↑	National Average ↓↑	Report Period ↓↑
③ Always Quiet at Night	87 ★	66	76	62	7/1/2022-6/30/2023
③ Definitely Recommend Hospital	95 ★	73	84	69	7/1/2022-6/30/2023
③ Doctors Always Communicated Well	93 ★	82	88	80	7/1/2022-6/30/2023
③ Nurses Always Communicated Well	95 ★	83	89	79	7/1/2022-6/30/2023
③ Patient Rated Hospital High	97 ★	75	85	71	7/1/2022-6/30/2023
③ Patients Always Received Requested Help	92 ★	70	80	66	7/1/2022-6/30/2023
③ Patients Understood Their Care When They Left	77 ★	55	65	52	7/1/2022-6/30/2023
③ Room Always Clean	85	77	86	73	7/1/2022-6/30/2023
③ Staff Always Explained Medications	83 ★	66	75	62	7/1/2022-6/30/2023
③ Staff Provided Discharge Instructions	95 ★	89	93	86	7/1/2022-6/30/2023



Row Group 1: Primary Diagnosis Category (All)

Row Group 2: (None)

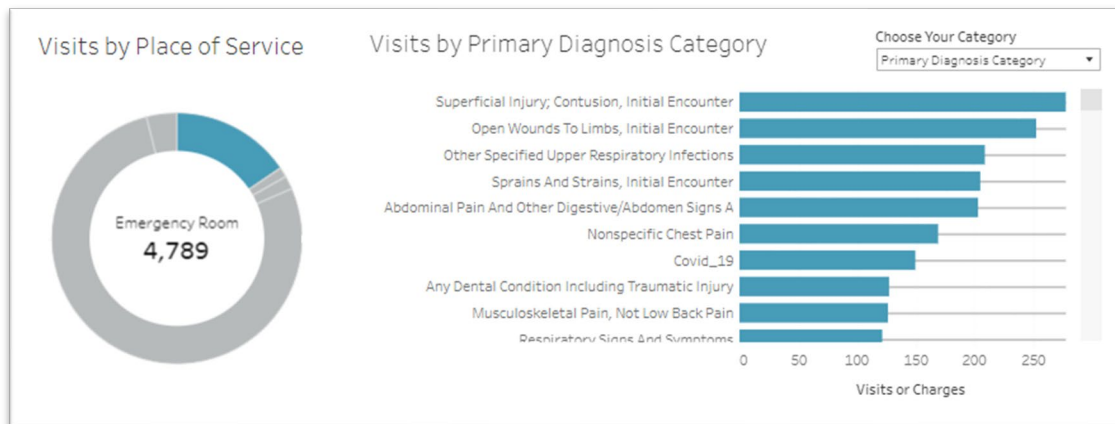
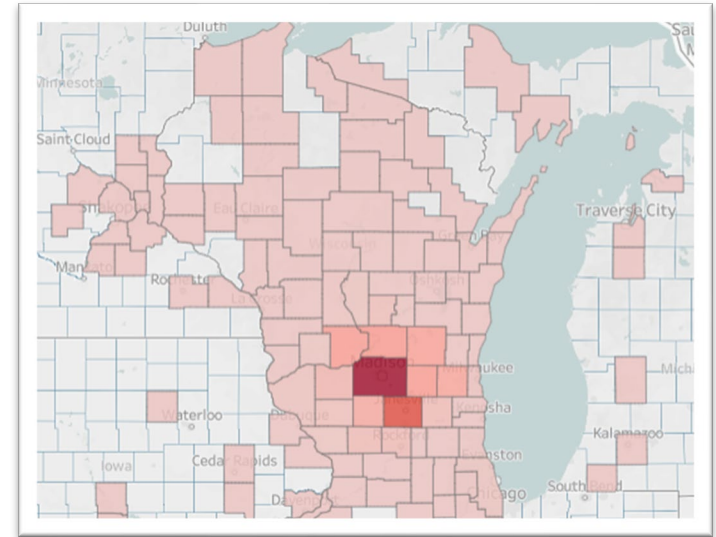
Row Group 3: (None)

Primary Data Current Quarter: Q1 2024

Column: Facility Primary Plus Peers

Primary Measure: Number of Visits

Row Group 1	Row Group 2	Primary Measure	Secondary Measure	Primary Measure	Secondary Measure	Primary Measure	Secondary Measure
Nonspecific Chest Pain		2,100	4,873	522	3,331	803	3,895
Abdominal Pain And Other Digestive/Abdomen Signs A		2,033	8,088	623	5,722	1,190	8,496
Musculoskeletal Pain, Not Low Back Pain		1,052	2,807	382	1,734	584	2,419
Superficial Injury; Contusion, Initial Encounter		943	2,917	452	1,481	546	1,930
Respiratory Signs And Symptoms		912	3,469	277	2,447	386	3,474
Open Wounds To Limbs, Initial Encounter		740	2,460	300	1,402	431	1,448
Other Unspecified Injury		728	3,849	217	2,116	342	2,528
Headache; Including Migraine		669	3,927	264	2,737	413	4,749



Rural Market Share | 2021 Q1 - 2023 Q4

Choose Your Facility



Choose Your Competitors

Search and Choose Your Patient ZIP Codes



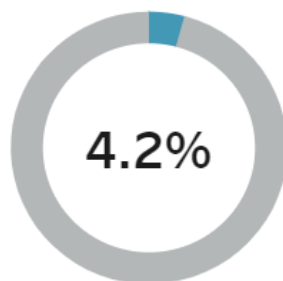
Clear List

Choose Your Place of Service

Use Visits or Charges for Market Share?

Choose Your Quarters

Choose Your Primary Payor

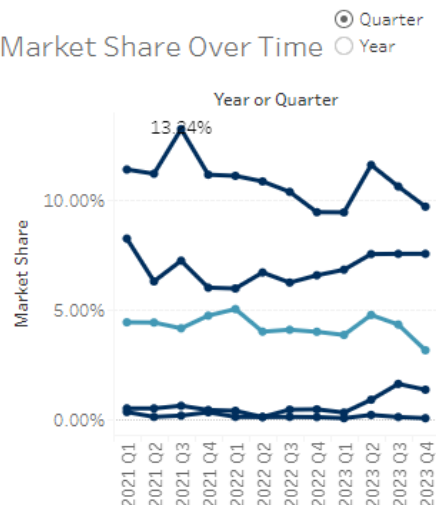


Your Market Share

Your Market Share by Principal Proc Category

	Number of Visits Your Facility	Total Charges Your Facility	Market Share Your Facility
Colonoscopy And Biopsy (Op)	213	\$4,828,089	6.4%
Upper Gastrointestinal Endoscopy, Biopsy (Op)	59	\$414,329	3.0%
Cholecystectomy And Common Duct Exploration..	55	\$1,145,798	18.7%
Lens And Cataract Procedures (Op)	54	\$4,474,237	8.2%
Arthroplasty Knee (Op)	48	\$2,593,215	10.6%
Appendectomy (Op)	47	\$1,553,112	31.5%
Other Therapeutic Procedures On Muscles And T..	45	\$968,891	5.5%
Other Or Therapeutic Procedures On Joints (Op)	32	\$597,701	7.2%
Excision Of Skin Lesion (Op)	30	\$303,183	7.0%
Inguinal And Femoral Hernia Repair (Op)	25	\$513,116	9.7%

Market Share Over Time



Market Share for All Facilities

Facility Name	Market Share
ThedaCare Regional Medical Center - Ap...	10.8%
Fort HealthCare (Fort Atkinson)	6.9%
Stoughton Hospital Association (Stough...	4.2%
Edgerton Hospital and Health Services (...)	0.6%
Mercyhealth Hospital and Medical Cent...	0.1%
UW Hospital and Clinics Authority (Madi...	13.9%
Ascension NE Wisconsin - St. Elizabeth C...	7.4%
SSM Health Surgery and Care Center (M...	7.2%
UnityPoint Health - Meriter (Madison)	6.0%
SSM Health St Mary's Hospital (Madison)	4.5%
Madison Surgery Center, Inc. (Madison)	4.1%
SSM Health St Mary's Janesville Hospit...	3.9%
Mercy Health Hospital and Trauma Cent...	3.7%
ThedaCare Regional Medical Center - N...	2.6%

Choose Your Facility

Choose Your Race

Choose Your Ethnicity

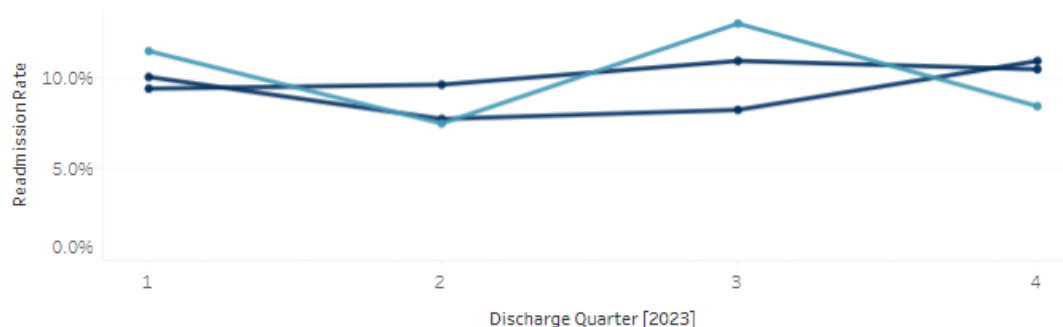
Readmission Rate - 2023 Q4

8.4%

▼ 4.5% vs. PQ

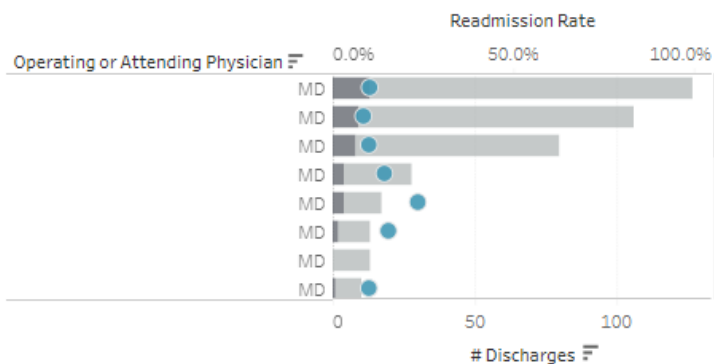
What is **your facility's** readmission rate compared to **your competitors**?

Choose Your Competitors

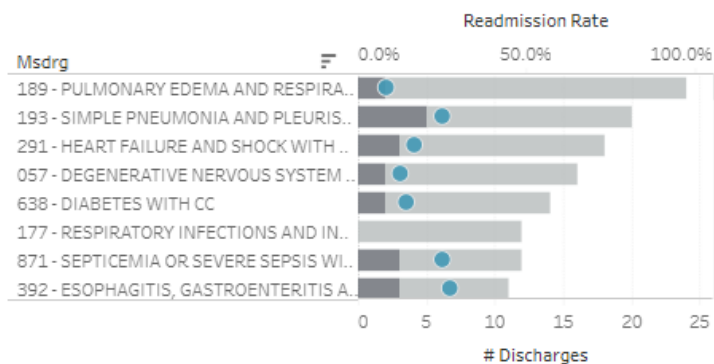


Only View Categories With Readmissions?

Readmission Rate by Provider



Readmission Rate by MSDRG



Choose Your Facility
 Choose Your Patient ZIPs
 Choose Your Place of Service
 Choose Your Quarters

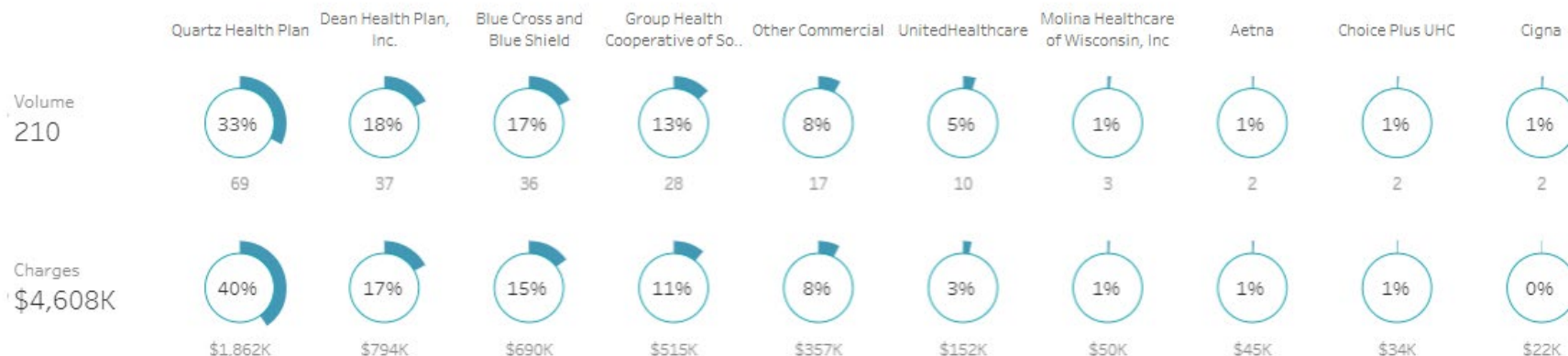
Commercial Payors

Non-Commercial Payors

All Payors

Primary Payor Utilization for Stoughton Hospital Association (Stoughton)

Scroll Through Payors



Detail For All Payors

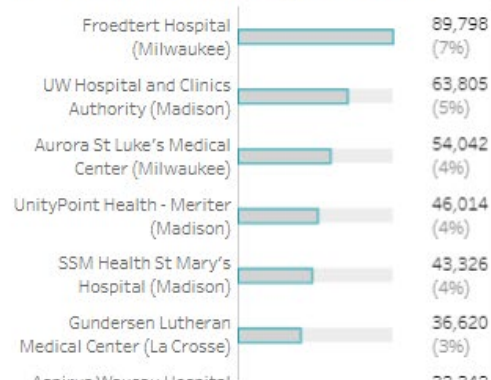
Choose Your Primary Payor

All Payors

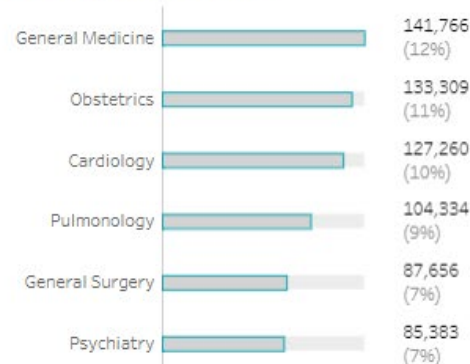
Choose Visits or Charges

Visits

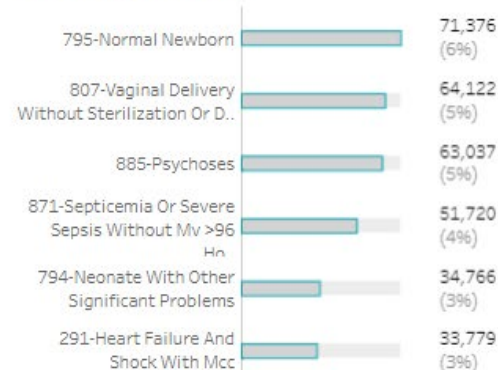
Visits by Your Facility and Others



Visits by Service Line



Visits by MSDRG



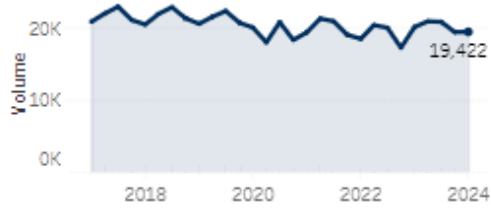
Behavioral Health Visits - Emergency Department: Summary

Choose Your Facility Group: Choose Your County Group: Choose Your Quarters:

Emergency Department Behavioral Health Admission Volumes

Visits with Behavioral Health Diagnosis as Primary

592,418

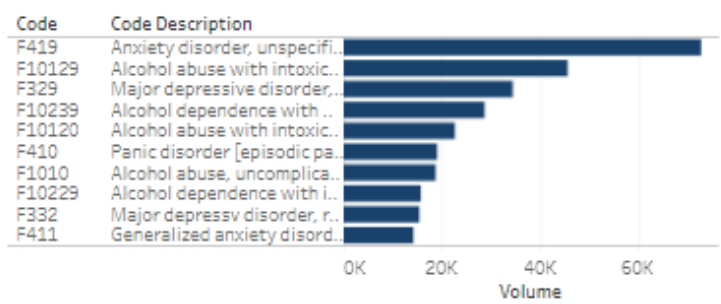


% of All Visits That Had Behavioral Health Diagnosis as Primary

3.9%

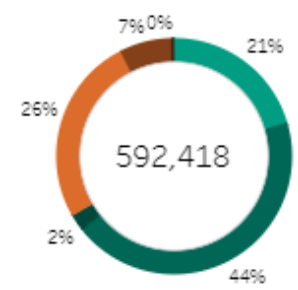


Top Visit Primary Behavioral Health Diagnoses

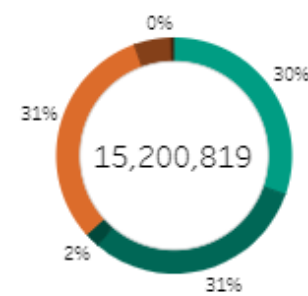


Emergency Department Payor Mix

Visits with Primary Behavioral Health Diagnosis



All Visits



Data Products

WHA Information Center (WHAIC) is the respected source for Wisconsin hospital and ambulatory surgery center data. Its timely, complete and accurate data helps hospitals and health systems, consumers, payers and policymakers better understand their communities, the health care market, and the cost and quality of hospital care in Wisconsin.

Please take a look to see what WHAIC has available.

WHAIC CONTACT

Brian Competente
Vice President
608-274-1820
EMAIL: Brian.Competente



Data Sets



Publications



Custom Reports



How is your facility data used?

We invite you to collaborate and connect!

WHA Information Center (WHAIC) Data Information Specialists and Sales Staff:

[Brian Competente](#), WHAIC Vice President

[Emily Holden](#), Data Operations Specialist (PricePoint, Kaavio)

[Amber Hollerich](#), CheckPoint

WHAIC Data Submissions and General Questions

[Cindy Case](#), Director of Data Management

[Heather Scambler](#), Program Specialist (Survey Primary Contact)

[Justin Flory](#), Applications Developer and Programmer

For general questions email us at:

whainfocenter@wha.org





New Publication Alert!

The Health Care Data Report provides an annual summary on utilization and charges from WI hospitals and surgery centers **Read More**



Upcoming Events



Wipop Data Submission
Standard Deadline - Q2 2024
August 14, 2024

WHAIC Data Submission

[Analytics](#) [Data Products](#) [Data Submitters](#) [Provider Services](#) [Transparency](#)

Data Submitters

WHA Information Center (WHAIC) has been collecting hospital, ASC and survey discharge data as authorized by the Wisconsin Department of Administration, since 2003 as defined by [Chapter 153, Wisconsin Statutes](#).

Inpatient and outpatient data is collected quarterly through a secure, web-based tool known as **Wipop** to produce public use data sets, custom data sets and three annual publications.

In addition, all Wisconsin hospitals submit Annual, Fiscal, Personnel and Uncompensated Care survey data annually. Data collected from these surveys are used for trending, benchmarking, and other key statistics.

For more information and access to the Wipop or Survey Data Submission Manuals, calendars, training materials and other updates click on one of the pictures below.

 **WIPOP LOGIN**

**Users must login to Wipop using the new
WIPOP LOGIN button.**

ALL Users Need Their Own Account.

WHAIC Does NOT Create User Accounts.

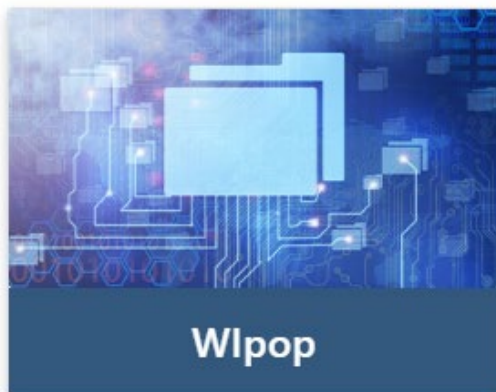
Reporting Requirements

used for trending, benchmarking, and other key statistics.

For more information and access to the Wipop or Survey Data Submission Manuals, calendars, training materials, and other updates click on one of the pictures below.

[WIPOP LOGIN](#)

Reporting Requirements



Important Dates & Events



Release date for the 2024 Q2 Discharge Data Sets

[Add Event to My Calendar](#)

Additional Resources

[Wisconsin Statutes, Chapter 153](#)

[Wisconsin Administrative Rule, Chapter DHS 120](#)

Accessing Wlpop

**WE DO NOT ADD PEOPLE, THIS IS A SECURED SYSTEM,
REGISTRATION IS REQUIRED!**

- **We will update existing users to new positions or facilities.*
- **We may need to update/add a domain or email address*

Roles and Responsibilities



Primary Contact:



Every facility must have at least one, but we prefer two or more.



Oversee and **monitor access** requests and users in Wlpop.



Primary person to monitor timely submissions.



Address issues/edits with the data submissions.



Receive and forward confirmation emails of:

data submissions,
notice of affirmation, and
newly registered Wlpop 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 Wlpop 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.

Wlpop Only Role:

Have authority to upload data (may include vendor).

Run reports out of Wlpop.

Clear/fix edits.

Microsoft Accounts – Single Sign-on

- 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 Wlpop using their own Microsoft 365 work account.
- Most will use their facility email address/credentials to access site.

**WHAIC no longer requires a WHAIC Username or Password*

Wlpop

If you registered using a Microsoft account (hotmail, outlook.com, or business active directory account) you will log in with that username and password.

Sign In

Register

New User Login / Registration

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

New Look and Feel
Wlpop

Sign In

Existing user

Register

NEW USER

WHAIC does
not create
accounts for
users!

Creating an Account

- WHAIC will first verify if user has an active account
- If no email is registered, user will be required to register as a Wlpop User and select a role based on primary or secondary contact (see [Wlpop Roles](#)), as it relates to WHAIC Data Submissions.

Wlpop

Please enter your work email address to request access to Wlpop. Note: *Enter your hospital or business email so that we can check our records to see if an account already exists.*

Submit

Wlpop

User Information

First Name*

Justin

Last Name*

Flory

Job Title

Healthcare Data Programmer

Email*

justin.florytest500@gmail.com

Business Phone*

5555555

Mobile Phone

Organization*

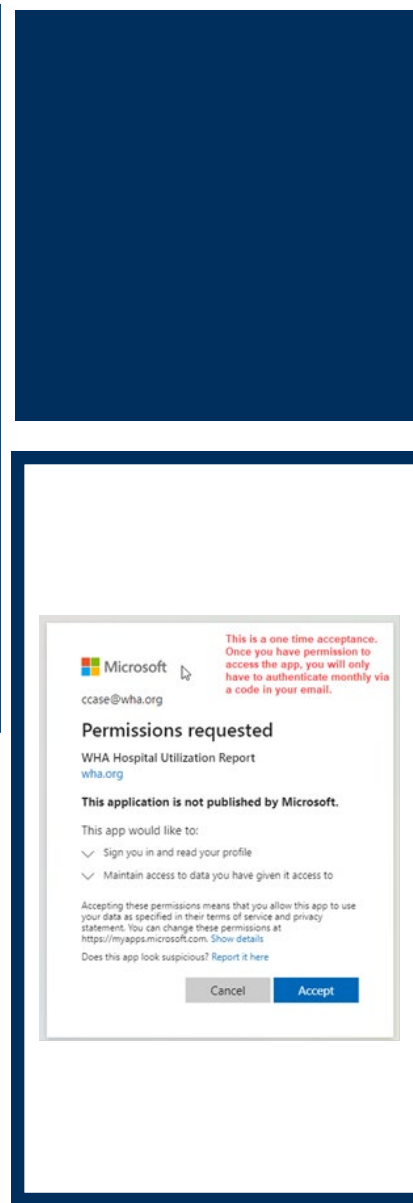
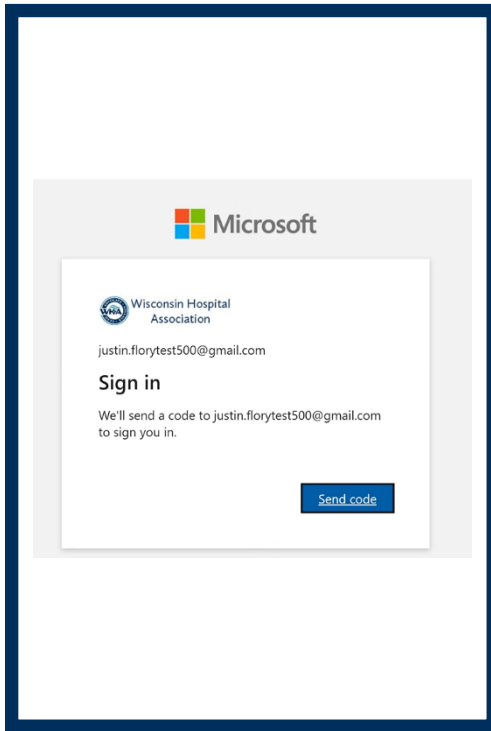
WHA Information Center

Previous

Next

Periodic Authentication Required

- 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 Authorized Users

- Wlpop Access

Wlpop Production

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Select Facility:

Wlpop (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.

Dates are approximately close to the 45 days following the close of each quarter.

Wlpop Users

Please take a moment to review your facility's Vendor Name, and list of Wlpop Users or Vendor(s) authorized to access the WHAIC secure Wlpop System. If the Vendor Name is incorrect, or if any of the names listed no longer require access to Wlpop, please contact whainfocenter@wha.org, as it is the facility's responsibility to notify WHAIC with any staff updates or corrections. Primary contacts may make changes to your list of current users, please see "User Management" under the User Links dropdown in the navigation menu for more information.

Vendor Name: Epic Review vendor Click [here](#) for Roles definition

First Name	Last Name	Email Address	Role
Afton	Gates	afton.r.gates@hudsonhospital.org	IC Primary User
Steve	Rozenboom	steven.l.rozenboom@amerymedical.com	User
Katheryn	Casselberry	katheryn.m.casselberry@westfieldshospital.com	User

Review user access often. WHAIC is not responsible for unauthorized users.

Notes:

1. The facility is responsible for managing users. To remove users, update current access, or update names/emails notify WHAIC: whainfocenter@wha.org
2. Review Roles definition before registering so you know what to choose.
3. New users must register in the Portal. WHAIC will authorize within 24-48 hrs.
 - In general, *we automatically approve if user has facility email address. Primary contacts receive notification.*

whainfocenter@wha.org



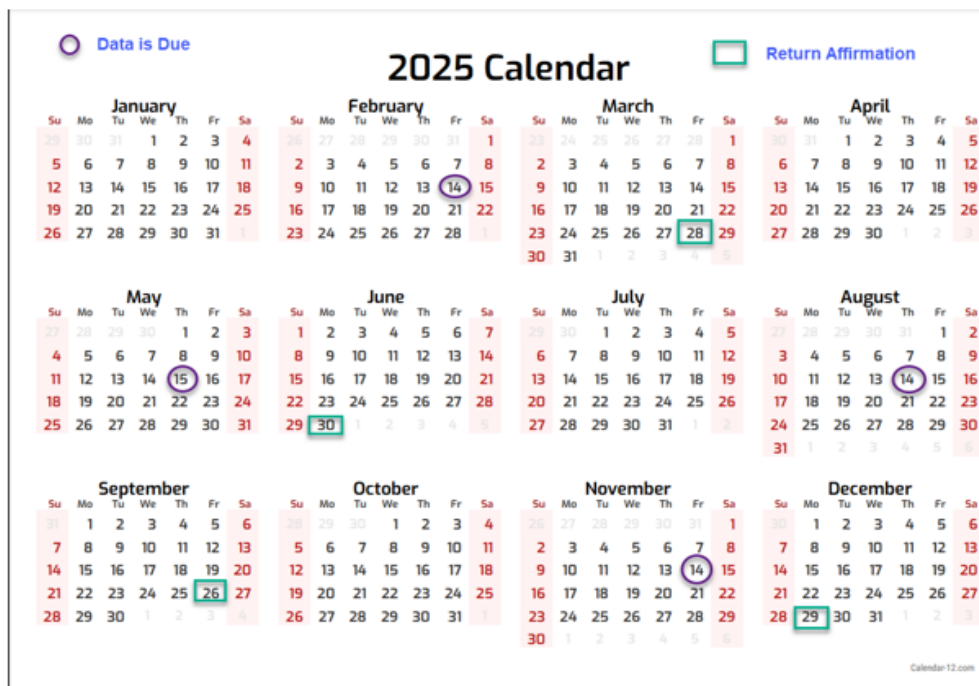
2025 WHAIC Data Submission Calendar

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 <u>fix Edits</u> & Mark QTR Complete	2/28	Standard Deadline <u>fix Edits</u> & Mark QTR Complete	5/29
Extended Deadline - Date for Data Submission	3/3	Extended Deadline Date for Data Submission	5/30
Extension Deadline to <u>fix Edits</u> & Mark QTR Complete	3/14	Extension Deadline to <u>fix Edits</u> & 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 <u>fix Edits</u> & Mark QTR Complete	8/28	Standard Deadline <u>fix Edits</u> & Mark QTR Complete	11/28
Extended Deadline - Date for Data Submission	8/29	Extended Deadline - Date for Data Submission	12/1
Extension Deadline to <u>fix Edits</u> & Mark QTR Complete	9/11	Extension Deadline to <u>fix Edits</u> & 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

❖ [Physician Request for Review of Reports](#) see our website for process.



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



Discharge Data Files

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

The 837 EDI file is the standard format to transmit health care claims data between health care providers and payers i.e insurance companies.

The basic structure of the 837 claims file remains the same with loops & segments BUT...

- ❖ Some claim manipulation is required to collect for self-pay patients.
- Requires some mapping of data from EHR/EMR – fields NOT on the claim i.e. race/ethnicity, SDOH, Z codes & payer mapping details.
- EHR or billing vendor may need to get involved and there may be costs associated with the initial set-up.

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*614222222~ 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~

Facility 3 digit
Code

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*614222222~

LOOP 1000B: RECEIVER NAME

NM1*40*2*WHAIC*****46*WHAIC 837~

LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL

HL*1**20*1~

Facility NPI

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~

Claim Filing
Indicator Code

Subscriber
UCID and ECID

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~

Subscriber Race, Ethnicity

Subscriber Language

LOOP 2010BB: PAYER NAME

NM1*PR*2*PRIMARY PAYER*****PI*A21-09~

Primary Payer Code

REF*NF*62111~

Payer ID / NAIC #

Primary Payer Name

Data Collection Overview & Parameters

- **Limitation** on some [Bill Types](#) (TOBs): **NO replacement, voided, or corrected claims.**
- **Exclude revenue codes 096X to 098X.** We cannot collect data for Professional Services.
- State Statute requires the collection of Race, Ethnicity, and patient sex.
- Patient Sex may be listed as M, F, **X**, O or U. **If O or U, Condition Code 45 must be used.*
- [Place of service \(POS\)](#) is assigned by WHAIC based on revenue codes and hierarchy.
- External Cause of Injury (ECI) Codes V-Y are required, as per state statute
 - External Cause Code required when there is an injury diagnosis code – S codes.
- Verify Social Determinants of Health (SDOH) codes are collected and pulled into the file.
- If an operating NPI number is provided, *a valid CPT/HCPCS* is required in the principal procedure field. *If one is not found, an edit will occur on the operating NPI field.*
 - Attending NPI is required for inpatient and emergency department records.

What and How Data is Collected



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.

Types of data we collect

Other 'hospital' outpatient data (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?



We can not accept data from:

- 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 encounters – skews quality data*)
- Residential Facility
- Federally regulated facilities like Veteran hospitals and other Specialty Facilities not listed in statute
- Rural Health Clinic (RHC) data
- Physician Professional fees – clinic data (unless PBL)

Wlpop

Home User Links  Wlpop Manual  Data Detail  Data Deliverables 

1 Announcements & Important Dates

10/23/2024	WHAIC will host three in-person Wlpop training sessions in October and one virtual session in November. Training is free, and each session runs from 9:00 AM to 11:30 AM (8:30 AM registration). We encourage all facilities (Hospitals and ASCs), including vendors involved	Add To Calendar
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5

Wlpop Production

Wlpop Test

2 Training Schedule

WHAIC will host three in-person Wlpop training sessions in October and one virtual session in November. Training is free, and each session runs from 9:00 AM to 11:30 AM (8:30 AM registration). We encourage all facilities (Hospitals and ASCs), including vendors involved in the Wlpop file development process, to join one of these sessions. Upon registering, you will receive a confirmation email.

Training Sessions:

- **Wednesday, October 23:** Appleton – [Holiday Inn – Appleton](#), 1565 N. Casaloma Drive, Appleton, WI 54913
- **Thursday, October 24:** Pewaukee – [Holiday Inn Pewaukee](#), N14 W24140 Tower Place, P.O. Box 28 Pewaukee, WI 53072
- **Friday, October 25:** Fitchburg – [WHA office](#), 5510 Research Park Drive, Fitchburg, WI 53711
- **Thursday, November 7:** Virtual [2024 Wlpop Training - Virtual](#)

[Register for training](#), for the full training calendar, search for the appropriate date and then select the event. Be sure you are registering for Wlpop and not the Survey training.

3 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.

4 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.

Wlpop Overview



Welcome, Cindy C. | [Sign out](#)
[Messages \(0\)](#) | [Administration](#)

Wlpop Production

[Home](#) [User Links](#) [Wlpop Manual](#) [Data Detail](#) [Data Deliverables](#)

Select Facility:

[Batch Review](#)

Wlpop (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](#)

[Request Extension](#)

Wlpop Users

Please take a moment to review your facility's Vendor Name, and list of Wlpop Users or Vendor(s) authorized to access the WHAIC secure Wlpop System. If the Vendor Name is incorrect, or if any of the names listed no longer require access to Wlpop, please contact whainfocenter@wha.org, as it is the facility's responsibility to notify WHAIC with any staff updates or corrections. **Primary contacts may make changes to your list of current users, please see "User Management" under the User Links dropdown in the navigation menu for more information.**

Vendor Name: Cerner - Community Works

Click [here](#) for Roles definition

First Name	Last Name	Email Address	Role
Karen	Pettet	pettetk@brmh.net	IC Primary User
Tammy	Hernandez	hernandezt@brmh.net	IC Primary User
Mark	Hughes	hughesm@brmh.net	IC Secondary User
Tiffany	Gray	grayt@brmh.net	User

A few new things to talk about this year!

1. Upper Right has your name and any messages you might have such as invalid batch files.

2. A new Tool Bar with all the references and links necessary to gather information.

3. Primary contacts can now update user access.

4. File Upload process a little different now.

5. NO MORE BLACK BOX!



Uploading data

- Users can upload data directly in Wlpop
 - Locate your file and follow the prompts
 - **No need for a separate 837 File Handler/Black Box**
- Common file issue we see is using the wrong upload method.


File Upload


[Back to Production](#)

014 - Black River Memorial Hospital

To submit your inpatient/outpatient file please choose a quarter and your preferred upload method below and click upload. Do not close the browser window while the file is being uploaded to our server. Once your file has been accepted, a notice will appear and submitter as well as facility Primary contact(s) will receive an email notification.

Step 1.

Step 2. Upload Method: ☐ Create Encrypted Patient Identifier and Upload File (AKA Black Box)  Choose this method if your 837 claim contains patient names.

☐ Upload 837 Claim file (file contains encrypted patient identifier)  Choose this method if your 837 file does not contain patient names.

Step 3. No file chosen

Uploading data

Common file issue - not waiting long enough for the file to be processed and trying to submit it again.

File Upload

[Back to Proc](#)

001 - Amery Regional Medical Center

To submit your inpatient/outpatient file please choose a quarter and your preferred upload method below and click upload. **Do not close the browser window while the file is being uploaded to our server.** Once your file has been accepted, a notice will appear and submitter as well as facility Primary contact(s) will receive an email notification.

Step 1. Quarter 2, 2023

Step 2. Upload Method:

☐ Create Encrypted Patient Identifier and Upload File (AKA Black Box) ⓘ

☒ Upload 837 Claim file (file contains encrypted patient identifier) ⓘ

Step 3. Choose File Facility075_TestFile.txt

Upload

Batch Review

File Received does not mean the file "Processed" it means we acknowledge the file was submitted. You will either see it in the Batch Review Screen or you will receive an Invalid Batch Email!

File Received

Thank you for uploading your discharge data file. The file is currently being processed, a confirmation email will be sent letting you and the primary contact(s) know if it was accepted as a valid or invalid batch. For more information, please contact whainfocenter@wha.org.

NEW FILE PROCESSING MESSAGES

Duplicate file sample

- Duplicate file upload – 2024 we put an invalid batch update in to avoid duplicate file uploads and interfering with file processing

[External]035 2024Q3 Wlpop Production: Invalid Batch



WHA Information Center <whainfocenter@wha.org>

To: Bousquet, Benjamin

Cc: WHAInfoCenter



Mon 10/21/2024 9:51 AM

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 **Wlpop Production** on Oct 21 2024 9:50AM could not be processed due to the issues specified below.

Login to [Wlpop](#) and check the upper right corner for "Messages" related to this file.

File Name: WIPOP_0035280101_1352239.837T.txt

Submitted By: benjamin.bousquet@cerner.com

For Facility: 035 - Fort HealthCare

For Quarter: 3 2024

Transaction	Claim	Error
0	0	A file with this name is currently being processed. Please wait until the first file is finished before attempting to upload it again.

Sample Invalid Batch

Email is sent to primary and person uploading

[External] [REDACTED] 2021Q3 Wipop Test: Invalid Batch



WHA Information Center <whainfocenter@wha.org>

To [REDACTED]

Cc WHAInfoCenter



Invalid batch

Some of the content in this message couldn't be downloaded because you're working offline or aren't connected to a network.

Thank you for submitting your quarterly data to WHAIC. The batch submitted to **Wipop Test** on Jul 30 2021 7:58AM could not be processed due to the issues specified below.

Login to the [WHAIC Portal](#) and check the upper right corner for "Messages" related to this file.



File Name: 837p_pctrl8[REDACTED]_07302021075111681_upload.dsg

Submitted By: [REDACTED]

For Facility: [REDACTED] Surgery Center

For Quarter: 3 2021

Transaction	Claim	Error
1	1	Error on field RACE (loop 2010BA/2010CA DMG05-1), maximum length 1, value = 05


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 portal messages at <https://portal.whainfocenter.com>

Sample Valid Batch File

- Valid batch email goes to Primary and submitter

[External]FW: 346 2024Q3 Wipop Test: Batch Uploaded - Review Your Batch File Now

 Deborah Olushina <dolushina@pamhealth.com>
To Case, Cindy

 You replied to this message on 10/21/2024 3:15 PM.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

  Reply  Reply All  Forward  

Mon 10/21/2024 2:57 PM

CONFIDENTIAL OR PRIVILEGED: This communication contains information intended only for the use of the individuals to whom it is addressed and may contain information that is privileged, confidential or exempt from other disclosure under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution or use of the contents is prohibited. If you have received this in error, please notify the sender immediately by telephone or by returning it by reply email and then permanently deleting the communication from your system.

From: WHA Information Center <whainfocenter@wha.org>
Sent: Tuesday, October 15, 2024 1:33 PM
To: Deborah Olushina <dolushina@pamhealth.com>
Subject: 346 2024Q3 Wipop Test: Batch Uploaded - Review Your Batch File Now

Batch submitted to Wipop Test on Oct 15 2024 1:33PM 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://wipopicd10.whainfocenter.com>, login to Wipop and select your facility, then click [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 #: 312108
File Name: Q3_Wausau Rehab_IP Data.txt
Submitted By: dolushina@pamhealth.com
For Facility: 346 - PAM Health Rehabilitation of Wausau
For Quarter: 3 2024

Total Records: 123
Valid Records: 0
Invalid Records: 123

Inpatient Valid: 0
Inpatient Invalid: 113

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
A021-Ethnicity is Unavailable	1	0%
A080-Over 65 non-Medicare	17	13%

User Messages

- If an invalid batch contains PHI, this is where the errors will display

Upper Right Corner



Welcome, Cindy C. | [Sign out](#)
✉ Messages (0) | 🔒 Administration

Message

[Back To List](#)

Subject: **001 2023Q2 Wipop INTERNAL TEST: Invalid Batch**

Received: **9/19/2023 3:28:32 PM**

Thank you for submitting your quarterly data to WHAIC. The batch submitted to **Wipop INTERNAL TEST** on 9/19/2023 3:28:23 PM could not be processed due to the issues specified below.

Login to the [WHAIC Portal](#) and check the upper right corner for "Messages" related to this file.

File Name: Facility212_TestFile.txt
Submitted By: jflory@wha.org
For Facility: 001 - Amery Hospital & Clinic
For Quarter: 2 2023

Transaction	Claim	Error
0	0	Value in ISA06: 212 does not match the facility number specified for this file: 001

Please correct these issues and resubmit the data.

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

User Messages

User Messages

[Back Home](#)

Subject	Received
001 2023Q2 Wipop INTERNAL TEST: Invalid Batch	9/19/2023 3:28:32 PM
001 2023Q2 Wipop INTERNAL TEST: Invalid Batch	9/19/2023 3:21:36 PM
001 2023Q2 Wipop INTERNAL TEST: Invalid Batch	9/19/2023 9:08:25 AM
001 2023Q2 Wipop INTERNAL TEST: Invalid Batch	8/3/2023 3:30:55 PM
001 2023Q2 Wipop INTERNAL TEST: Invalid Batch	8/3/2023 3:28:55 PM
002 2023Q2 Wipop INTERNAL TEST: Invalid Batch	9/19/2023 3:51:55 PM
003 2023Q2 Wipop INTERNAL TEST: Invalid Batch	9/19/2023 4:00:40 PM
008 2023Q2 Wipop INTERNAL TEST: Invalid Batch	9/19/2023 3:23:26 PM
194 2023Q2 Wipop INTERNAL TEST: Invalid Batch	9/19/2023 9:27:01 AM

Showing 1 to 9 of 9 entries

Previous 1 Next

- After “Messages” is clicked, user is taken to their list of messages
- Click on the Subject link to open up the specific message

Valid Data Submission

- Confirmation email is sent to submitter and primary contact.
- Email summarizes total records and edits in each datatype.
- Correct edits as soon as possible.
- **Removed the “Mark Complete” until all invalid records are fixed.**
- Mark Batch Complete after all Edits are done.

Batch Review

TEST DATA ONLY

Back To Production

014 - Black River Memorial Hospital

Quarter 2, 2023

(Standard Data Due Date: 8/14/2023 12:00:00 AM)

[Data Enter New Batch](#)

We removed the option to "Mark Complete" until all edits are done.

Batch Num #223307 (Uploaded 8/3/2023 4:13:49 PM)	Patient Type	Total Records	Valid Records	Invalid Records	Available Options	Alert Records
Delete Batch	Inpatient			5	View Delete	49
	Outpatient Surgery			23	View Delete	40
	Emergency Room			30	View Delete	227
View Errors	Observation			9	View Delete	10
	Therapies			0	Complete	36
	Outpatient Lab/Rad			20	View Delete	76
	Other Outpatient			12	View Delete	29

Fixing edits

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



Batch Detail

014 - Black River Memorial Hospital

Batch #223307

Outpatient Surgery

[Create New Record](#)

Total Records With Errors: 23

Patient Control	MRN	Admission (OP)	
		041	
		061	
		041	
		041	
		041	
		05082023	05092023 Edit
		04052023	04052023 Edit

Use the drop-down feature to isolate record type and errors/edits.

- (All Errors)
- (All Errors)
- CPT/HCPCS/Rate Errors (20)
- Ethnicity Errors (1)
- Operating NPI Errors (1)
- Primary Language Errors (1)
- Principal Procedure Errors (20)
- Revenue Code Errors (1)
- Service Date Errors (1)
- Statement Covers Period Through Errors (1)
- (All Alerts)
- Date of Birth Alerts (9)
- Ethnicity Alerts (27)
- Expected Source of Pay ID Alerts (1)
- Payer ID Alerts (2)
- Race Alerts (27)

Wlpop Production

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Edit Record

[Back To Batch Detail](#)

001 - Amery Regional Medical Center

← Facility Name moved

Patient Control #Test CC123 - Outpatient Surgery

Delete Record


Click on this
for info

Update Record

Patient Details

Unique Case ID:	<input type="text"/>	MRN:	<input type="text"/>	Gender:	<input type="text"/>	Race:	<input type="text"/>	Patient Type:	<input type="text" value="2"/>
Census Block Group:	<input type="text"/>	Zip Code:	<input type="text"/>	Marital Status:	<input type="text"/>	Ethnicity:	<input type="text"/>	Place of Service:	<input type="text" value="1"/>
Generate UCID		Birth Date:	<input type="text"/>	Primary Language:	<input type="text"/>	Race 2:	<input type="text"/>		

837 Claim Details


NPI Billing Provider:	<input type="text"/>	Attending NPI:	<input type="text"/>	<u>Expected Source of Payment ID/Type:</u>	<input type="text"/>	<input type="text"/>	Claim File Indic Code:	<input type="text"/>
Rendering NPI:	<input type="text"/>	Operating NPI:	<input type="text"/>	Secondary Source of Payment ID/Type:	<input type="text"/>	<input type="text"/>	Prov Based Loc:	<input type="text"/>
Referring NPI:	<input type="text"/>	Other Operating NPI:	<input type="text"/>	Insurance Certificate Number:	<input type="text"/>		Payer ID:	<input type="text"/>
Point of Origin:	<input type="text"/>	Admission Date/Time:	<input type="text"/>	Principal Diagnosis:	<input type="text"/>	Principal Diagnosis POA:	Condition Code 1:	<input type="text"/>
Admit Type:	<input type="text"/>	Discharge Date/Time:	<input type="text"/>	Admitting Diagnosis:	<input type="text"/>	Principal Procedure:	Condition Code 2:	<input type="text"/>
Discharge Status:	<input type="text"/>	Statement From:	<input type="text"/>	Reason For Visit Diagnosis 1:	<input type="text"/>	Principal Procedure Date:	Condition Code 3:	<input type="text"/>
Type of Bill:	<input type="text"/>	Statement To/Thru:	<input type="text"/>	Reason For Visit Diagnosis 2:	<input type="text"/>	Principal Proc Modifiers:	Condition Code 4:	<input type="text"/>
Leave Days:	<input type="text"/>	Total Charges:	<input type="text" value="0.00"/>	Reason For Visit Diagnosis 3:	<input type="text"/>		Accident State:	<input type="text"/>

837I Claim - Hospital

Mark your batch files complete

- Once all edits are done, mark the batch complete.
- Once the Batch is marked complete, it is in Read ONLY mode
- To fix edits in a closed batch, you need to “Reopen Batch”

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)	Patient Type	Total Records	Valid Records	Invalid Records	Available Options	Alert Records
Delete Batch	Inpatient	701	701	0	Complete	219
Mark Batch Complete 	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)	Patient Type	Total Records	Valid Records	Invalid Records	Available Options	Alert Records
Reopen Batch	Inpatient (Completed)	764	764	0		256
Delete Batch	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

Running Reports

- Reports are available in Wlpop once data is submitted.
- Users **don't have to wait** till the end of the quarter to validate data.
- Reports can/should be run throughout the quarter.

Wlpop

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Facility Reports

001 - Amery Regional Medical Center

Inventory Report

014 - Black River Memorial Hospital

Quarter 2, 2023

Generate Report

Find Patient Record

Direct Data Entry

Create Report

Report Descriptions

Inventory Report

This report identifies by data type - the place of service, payer codes and patient control number on each line item.

Back To Batch Review

Running Reports

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

WS

WHA Information Center, LLC - Wlpop Data Submission

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

Close Report

Data Integrity Report

01 Milwaukee
Hospital

Q1 2023

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 Wlpop 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?

[Home](#) [User Links](#) [Wipop Manual](#) [Data Detail](#) [Data Deliverables](#)

Batch Number:
All Batches

Primary Payor:

Primary Procedure:

Provider Based Location:
All Provider Based Locations

SDoH Z-Code:
All Z-Codes

Place of Service:
All Places of Service

Primary Diagnosis:

Race:
All Races

Close Report

View Report

User must click View Report

WHA Information Center, LLC - Wipop Data Submission

Inventory Report

Batch Number: ALL Total Records: 8044

We are continuing to refine the downloading and printing options.

001 - Amery Regional Medical Center

Quarter Year: Q1 2023

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 – once data is processed

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

Wlpop

Home User Links Wlpop Manual Data Detail Data Deliverables

Validation Reports

Primary contacts will receive an email letting them know the quarterly reports are available for validation.

Validation Reports
Data Affirmations

Back To Production

File Name	Description	Size	7-Zip Password	Keyword	Date Posted	MD5 Checksum
Download	2023 Q1 Validation Reports For Facility 008.zip	2023 Q1 Validation Reports for 008-SSM Health St. Clare Hospital – Baraboo (Baraboo)	3079834		6/14/2023 5:55:34 AM	D7B4CC101A8BF154FC26AE94C89FA713

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.

Obtaining Reports and Affirmation

- In summary, once the reports are available, they need to be reviewed, and the data signed off on.

Wlpop Production

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Batch Review









Login to Wlpop, go to Batch Review, then to Data Deliverables.
The data must be reviewed and then signed off on.

Validation Reports
Data Affirmations

What are Validation Reports?

- Several types of reports posted.
- Pay particular attention to the SPR.
- Keep for 5 quarters to trend data.
- The SPR 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 record totals by provider-based location
 - Includes graphs for each data type with number of visits over 12-month period.

Name

-  Diagnoses Not Present On Admission UW Hospital and ...
-  No Medicare Age 68+ UW Hospital and Clinics Authority
-  Outpatient Surgery Principal Procedure Report UW Hos...
-  Payer Detail Report UW Hospital and Clinics Authority
-  Profile Report UW Hospital and Clinics Authority
-  Quarter End Validation and Affirmation Reports
-  Summary Profile Report UW Hospital and Clinics Autho...
-  Unknown Payer UW Hospital and Clinics Authority

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.*

Survey Results on use of Reports!

1. Do you use any of the reports provided by WHAIC?

[More Details](#)

Yes, I use them	35
I download and share them	14
No, we do not use them	20



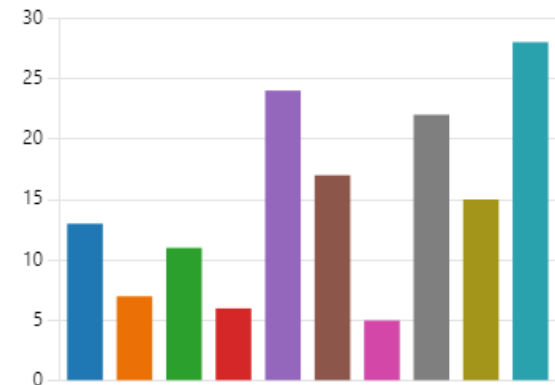
Most respondents said the reports are good as they are and had no suggestions.

2. Do you use any of the Reports below? (Not all facilities receive all of these reports)

[More Details](#)

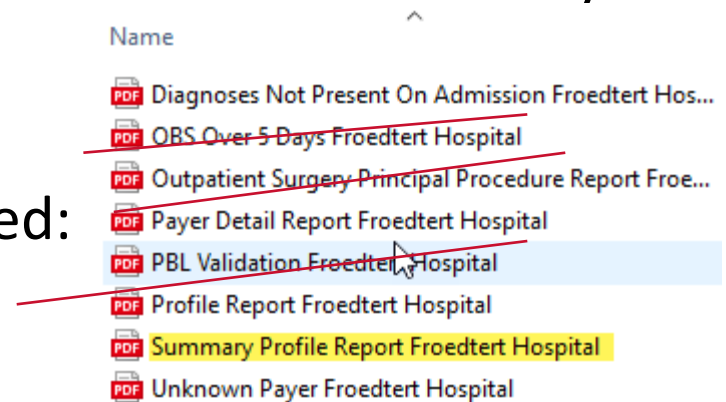
Diagnoses Not Present on Admi...	13
OBS Over 5 Days Report	7
* Outpatient Surgery Principal P...	11
* PBL Validation (combining wit...	6
Payer Detail Report	24
Unknown Payer Report	17
NEW: Over 68 with No Primary ...	5
Summary Profile Report	22
Full Profile Report	15
None of these	28

Retired the OBS > 5 days.
Combined the PBL on the Summary Profile Report



Revisiting Reports Used

- As required by the Statute, WHAIC provides quarterly reports for each facility based on the data submitted.
- Reports are designed to help validate the data and make any necessary corrections.
- Q224 following our survey we removed:
 - * *OBS Over 5 Days Report*
 - * *Outpatient Surgery Principal Procedure*
 - * *PBL Validation* (combining with Summary Profile Report)



What's to know about Validation Reports?

2024 Q3 Data Submission	
Standard Data Submission Deadline – Data Due	11/14
Standard Deadline <u>fix Edits</u> & Mark QTR Complete	11/28
Extended Deadline - Due Date for Data Submission	11/29
Ext. Deadline <u>fix Edits</u> & Mark QTR Complete	12/13
❖ Validation Reports in Portal – review data!	12/16
Deadline to Validate and Return Affirmation	12/27
Data Released	1/9/24

◇ Reports are posted early or on time

◇ Each time a batch file is opened, and data reviewed, **new reports/affirmation are automatically rerun**

◇ **NEW** the validation and affirmation return date is the same now!

Wlpop

[Home](#) [User Links](#) [Wlpop Manual](#) [Data Detail](#) [Data Deliverables](#)

Validation Reports

Primary contacts will receive an email letting them know the quarterly reports are available for validation.

[Validation Reports](#)
[Data Affirmations](#)

Back To Production

File Name	Description	Size	7-Zip Password	Keyword	Date Posted	MD5 Checksum
Download 2023 Q1 Validation Reports For Facility 008.zip	2023 Q1 Validation Reports for 008-SSM Health St. Clare Hospital – Baraboo (Baraboo)	3079834			6/14/2023 5:55:34 AM	D7B4CC101A8BF154FC26AE94C89FA713

New Report and Updates

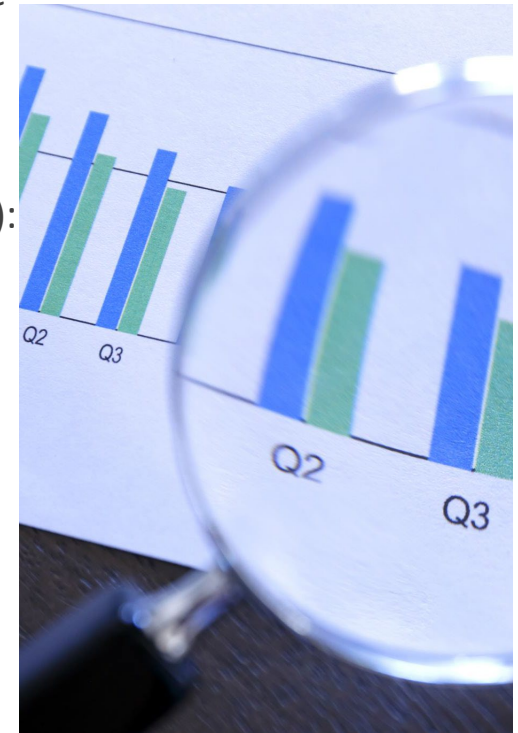
We have notified all facilities for about 2 years now to update the payer mapping for those 68+ with a commercial plan (Medicare Advantage) to the new MPC-09 code.

Next Steps for Compliance

- We are meeting with the data advisory committee in November to discuss repercussions or consequences of how to address the facilities who have not updated their data.
- We will be developing a new Race Report as well to encourage collection of more than one race and update the current mapping.

Validation Reports Wrap Up

- **Available in** the portal approx. 6 weeks after the end of the quarter.
 - *Most reports are also available in Wlpop once data is submitted.*
 - Review the data, what historically trended – use the summary profile report, validate what has been submitted, review for missing data, and submit additional records, if needed.
 - Run internal census or request audit reports for comparison detail.
- Records that may need to be reviewed/corrected (Payor, POA, PBL, etc.):
 - 1) Login to Wlpop and go to Batch Review.
 - 2) Click on Reopen Batch
 - 3) Go to “Data Detail” Find Patient Record using the patient control number.
 - 4) Make corrections and mark batch closed.
 - 5) Electronically sign/submit affirmation
- **Download and save your reports!** This is most helpful when validating the historical trends and knowing what’s normal in any month or quarter.
 - Keep a copy for your records for at least 5 quarters.



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

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Facility Affirmations

No longer have to go to
separate portal location.

Back to Affirmation List

WHA Information Center, LLC - Wlpop Data Affirmation

Q4 2022

Data Affirmation

1 Facility ID and Name

The affirmation statement is a high-level summary of the quarterly discharge data submitted, by month, for each data type. As stated under (DHS) 120.11, each facility must review its data for accuracy and completeness through internal reports such as a census, abstract or other internal reports or auditing methodology. Once the data is verified and validated it must be attested to and electronically signed by the chief executive officer or administrator of the hospital or freestanding ambulatory surgery center, or his/her designee.

**WHAIC encourages facility contacts to share this information with the data analytics and/or end user staff. Please keep a copy of this document for your records.*

Variances in data must be reviewed prior to form submission.

Patient Type	October	November	December	Current Quarter	Prior Quarter	% Change
Inpatient	91	85	99	275	262	5.0%
Outpatient Surgery	120	100	99	319	315	1.3%
Emergency Dept Visit	572	562	530	1664	1678	-0.8%
Observation	26	28	23	77	100	-23.0%
Therapies	87	78	73	238	170	40.0%
Outpatient (Lab-Radiology)	57	65	69	191	243	-21.4%
Other Outpatient	1467	1036	923	3426	2704	26.7%
Total	2420	1954	1816	6190	5472	13.1%

- ☐ Variances over or under 20% in any of the patient types (data in red) requires a thorough explanation/comment. Please provide enough detail to describe the reason for the change in record volume, how data will be corrected in future submissions, and if a caveat is necessary. For questions, or to provide additional information, contact WHAIC at whainfocenter@wha.org
- ☐ I HEREBY ATTEST, to the best of my knowledge, the data for the fourth quarter 2022 that was submitted to WHA Information Center by [redacted] was reviewed internally, and is accurate. Submission of this form is considered a signed affirmation from the CEO/designee whose name appears below.

CEO/Designee:

Comments:

Submit

Justin will add a Print Option to allow users
to share with others prior to submitting.

Save a copy for your records so you
can compare quarter to quarter.

Security Incidents

What is a security incident?

- A security incident is an event that could indicate that an organization's systems or data have been compromised or that security measures put in place to protect them have failed.
- In IT, an *event* is anything that has significance for system hardware or software and an *incident* is an event that disrupts normal operations. Security events are usually distinguished by the degree of severity and the associated potential risk to the organization.

If your organization experiences a security incident, do not hesitate to reach out to WHAIC to inform us. The sooner we know, the better we can manage potential delays in the data submission.

What's
New?



Updates, Issues and Edits

2025 New Edit

- Effective Q1 2025: New Payer ID Edit Coming
- Edit # 1315
- Edit Verbiage: Payer ID is a unique identifier assigned to an insurance company that allows providers and payers to communicate and submit claims electronically.
- Payer ID will be required for the following insurance types
 - Medicare
 - Medicare Advantage
 - Medicaid
 - BadgerCare
 - Commercial

<u>Expected Source of Payment ID/Type:</u>	MED	02	Claim File Indic Code:	MA
Secondary Source of Payment ID/Type:	CHA	03	Prov Based Loc:	
Insurance Certificate Number:	9FC6J9CW77		Payer ID:	11695

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.



Expected Source of Payment ID/Type: MED 02
Secondary Source of Payment ID/Type: CHA 03
Insurance Certificate Number: 9FC6J9CW77

Claim File Indic Code: MA

Prov Based Loc:

Payer ID: 11695

file.



To see the payer's name, click on the underlined Expected Source of Payment ID/Type field.

Q123 - New Plan Code to Identify Medicare Part C

- New Plan Code MPC-09
- What is Medicare Part C?
 - <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-medicare-part-c/index.html> *Learn more about Medicare Advantage Plans.*
- 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.
- A new report 68 and older without Medicare as Primary was created that we discussed earlier.

NEW: OMB Guidelines on Race / Ethnicity Data Collection

- Guidance not updated since 1997
- Sets standards, but not a mandate to collect
- Highlights
 - Consolidate race/ethnicity into a single question
 - Add new category for Middle Eastern and North African (MENA)
 - Require collection of detailed category data by default, but provide flexibility to agencies
 - Updated terminology and question wording
 - Central repository of implementation guidance affecting agencies and non-federal
- Final standards posted Spring 2024
- Source: <https://www.federalregister.gov/documents/2023/01/27/2023-01635/initial-proposals-for-updating-ombs-race-and-ethnicity-statistical-standards>



What does this mean to YOU?

- Effective Q4 2024 (10/1/24 DOS)
- WHAIC expanded collection of Race to allow for 3 options
- Expanded collection to allow for either (or both) main categories or one of the 6 subcategories
- Encourage collection and reporting at the subcategory level
- Encourage collection and reporting of more than one race

Race:

Ethnicity:

Race 2:

Patient Type:

Race 3:

Edit 3049 - Race 3 subcategory must be a valid value if supplied.

Updated Race Table

Code	Main (Minimum) Category	Subcategory	Subcategory	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 /Vietnamese
3	Black or African American	301 - African	302 - Jamaican	303 - Ethiopian	304 - Haitian	305 - Nigerian	306 - Somali
4	Native Hawaiian or Other Pacific Islander	401 - Chamorro	402 - Guamanian	403 - Fijian	404 - Marshallese	405 - Tongan	406 - Samoan
5	White	501 - English	502 - German	503 - Irish	504 - Italian	505 - Polish	506 - Scottish
6	*NEW: Arab, Middle Eastern 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						

Race / Ethnicity

- Files rejected if > 25% of Race reported as unknown or declined.
- Facilities **SHOULD report multiple races when available.**

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

- *Work with your vendor to update the file to store 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.
- **Edits:** Combining a **valid code with an invalid code such as putting both a 5 (White) and 9 (unavailable) on the record.**

EDI File Expectations

2010BA	DMG05-1	Subscriber Race Code1 See Appendix 2	R/S	<p>Loop 2010BA, NM101 = IL Loop 2010BA, NM102 = 1 DMG05 value of 5:2:3 is treated as Race = 5, Ethnicity = 2, Race2 = 3 For each entry: DMG05-1: Leave empty DMG05-2: Value is RET (race or ethnicity) DMG05-3: Two-character value. The first character is either R (race) or E (ethnicity). The second character is the race or ethnicity code. DMG*D8*19830501*F*M*:RET:R3^:RET:E1~</p>	DMG05 is a composite element, which repeats up to 10 times. The first two entries for race will be used for Wlpop fields RACE and RACE2. The first entry for ethnicity will be used for field ETHN.
2010CA	DMG05-1	Patient Race Code1 See Appendix 2	R/S	<p>Loop 2010CA, NM101 = QC Loop 2010CA, NM102 = 1 For each entry: DMG05-1: Leave empty DMG05-2: Value is RET (race or ethnicity) DMG05-3: Two-character value. The first character is either R (race) or E (ethnicity). The second character is the race or ethnicity code. DMG*D8*19830501*F*M*:RET:R3^:RET:E1~</p>	DMG05 is a composite element, which repeats up to 10 times. The first two entries for race will be used for Wlpop fields RACE and RACE2. The first entry for ethnicity will be used for field ETHN.
2010BA	DMG05-2	Subscriber Ethnicity Code See Appendix 2	R/S	<p>Loop 2010BA, NM101 = IL Loop 2010BA, NM102 = 1</p>	File rejected if >25% of records = declined/unknwn
2010CA	DMG05-2	Patient Ethnicity Code See Appendix 2	R/S	<p>Loop 2010CA, NM101 = QC Loop 2010CA, NM102 = 1</p>	File rejected if >25% of records = declined/unknwn
2010BA	DMG05-3	Subscriber Race 2	S	<p>Loop 2010BA, NM101 = IL Loop 2010BA, NM102 = 1</p>	Report only if more than one race is collected.
2010CA	DMG05-3	Patient Race 2	S	<p>Loop 2010CA, NM101 = QC Loop 2010CA, NM102 = 1</p>	Report only if more than one race is collected.

Race Collection Changes

Further Action Items for Data Collection Entities:

- 1. Update Data Collection Systems:** Ensure all verbal, written, EMR/EHR and collection systems and processes are updated to reflect the new combined race and ethnicity categories.
- 2. Collect More Than One Race:** In order for data users to see real value in the collection of race and/or ethnicity data, more than one race collected and reported is a must. Facilities must work with their EMR/EHR or claims vendor to make sure they have the capability to collect and report more than one race.
- 3. Training and Awareness:** Educate staff and those that collect the data on the new standards and their importance for reporting accurate data representation.
- 4. Monitor Compliance:** Regularly review data collection practices to ensure adherence to the updated standards.

New Gender Code

- WHAIC will accept the New Gender Code X.
- This is a standalone code.

Gender: New Code <input checked="" type="text" value="X"/>	Race: <input type="text" value="5"/>
Marital Status: <input type="text" value="M"/>	Ethnicity: <input type="text" value="2"/>
Primary Language: <input type="text" value=""/>	Race 2: <input type="text" value="3"/>

- Gender X and nonbinary are both terms used to describe people who don't identify exclusively as male or female, but they have some key differences:
- Gender X
 - A gender marker that can refer to a person who is nonbinary, intersex, or gender nonconforming. The X marker is optional to collect.
- Nonbinary
 - An umbrella term that describes people whose gender identity falls outside of or between male and female. Nonbinary people may identify as a mix of genders, or as having no gender at all.
- Examples of gender identities that fall under the X umbrella include:
 - agender, androgynous, bigender, demigender, genderfluid, genderqueer, intersex, pangender, and transgender.

Unknown Sex/Gender

How do I fix an edit for Gender?

- *O (Other)* or *U (Unknown)* allowed in the data files.
 - This accommodates meaningful use standards as part of the CMS' effort to include sexual orientation and gender identity data.
- **Click on the TRIANGLE for directions. It spells out that Condition Code 45 is Required with "O" or "U"**

The screenshot shows a CMS data entry form with several fields. A yellow warning box is overlaid on the form, containing the text: "Edit 3030 - Gender does not correspond to accepted values. Value of U or O requires Condition Code 45 if transgender or ambiguous gender." A red arrow points from the warning box to the "Condition Code 1:" field, which is currently empty. The form includes fields for Gender (set to "O"), Marital Status, Primary Language (set to "ENG"), Expected Source of Payment ID/Type (set to "BGR" and "09"), Secondary Source of Payment ID/Type, Insurance Certificate Number (set to "3425405934"), Principal Diagnosis (set to "O691XX"), Principal Diagnosis POA (set to "Y"), Claim File Indic Code (set to "MC"), Prov Based Loc, Payer ID (set to "3504"), and Condition Code 1.

- Examples: Gender neutrality, transgender, intersex, gender binary.
- https://docs.asee.org/public/LGBTQ/Transgender_Vocab_Handout.pdf

Ghost Edits

- Occasionally, the file may contain a “ghost edit”
- When you hit view to fix the edit, nothing comes up.
- This applies to **unknown outpatient** type too.
- Contact the whainfocenter@wha.org with the batch number and facility name to notify us to fix it.

Batch Num #229061 (Uploaded 8/12/2024 9:20:12 AM) Delete Batch	Patient Type	Total Records	Valid Records	Invalid Records	Available Options
	Outpatient Surgery	1185	1185	0	Complete
	Emergency Room	2938	2937	1	View Delete
	Observation	121	121	0	Complete

Batch #229491

Unknown Outpatient Type

(All Errors)

[Create New Record](#)

No Records Found

Extension Requests

- Extension requests must be done in the Wlpop 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, Security Incident, 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.

Select Facility: 075 - Children's Wisconsin-Milwaukee Hospital ▼

Batch Review

Wlpop (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

Request Extension

**Must file 10 days
before the data is due!**

Invalid Batch File – Duplicate Records

Batch file will be rejected if duplicate records are found.

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 Wlpop

To fix and/or remove duplicates

Resubmit the batch with the phrase “exclude_duplicates” somewhere in the file name.

Example file name: Q423 WHAIC 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.

What Does Mark Batch Complete Mean?

- Once the edits are fixed, be sure to close the batch up.
 - This tells us that you are done with this quarter or batch.
- We manage over 250 sites – the facility is responsible for completing the quarterly submission, including marking complete.
- We do appreciate that most facilities are good at fixing edits and closing batch files in a timely manner.

Quarter 1, 2023

(Standard Data Due Date: 5/15/2023 12:00:00 AM)

[Data Enter New Batch](#)

This will go away once
batch is marked complete.

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

How do I fix records?

- **Reopen the Batch** - to fix records or add details to records in the batch file.
- If you do not open the batch, the records will be in 'Read Only'
- Be sure to Mark Batch Complete again so the reports & affirmation can run.

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)	Patient Type	Total Records	Valid Records	Invalid Records	Available Options
Delete Batch	Inpatient	701	701	0	Complete
Mark Batch Complete	Outpatient Surgery	827	827	0	Complete
	Emergency Room	4658	4658	0	Complete
	Observation	278	278	0	Complete
	Therapies	4539	4539	0	Complete
	Outpatient Lab/Rad	9752	9752	0	Complete
	Other Outpatient	10403	10403	0	Complete
Batch Num #222847 (Uploaded 3/6/2023 6:57:20 AM)	Patient Type	Total Records	Valid Records	Invalid Records	Available Options
Reopen Batch	Inpatient (Completed)	764	764	0	
Delete Batch	Outpatient Surgery (Completed)	907	907	0	
	Emergency Room (Completed)	4867	4867	0	
	Observation (Completed)	295	295	0	
	Therapies (Completed)	4826	4826	0	
	Outpatient Lab/Rad (Completed)	10829	10829	0	
	Other Outpatient (Completed)	11601	11601	0	

Edits: Finding a Patient

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

Wlpop Production

Home User Links ▾ Wlpop Manual ▾ Data Detail ▾ Data Deliverables ▾

Batch Review

Find Patient Record
Direct Data Entry
Facility Reports

Find Patient Record

Back To Batch Review

000 - WHA Test Hospital

To locate a previously submitted record, enter the Patient Control Number below and press Find Record.

Quarter: --Select Quarter-- ▾

Patient Control #:

Find Record

Choosing the quarter is important because Patient Control #'s can be used in multiple quarters.




EDITS: Fixing records

- Edits can seem scary and overwhelming.
- **Click on the Triangle to see what the edit says!**
- Fixing edits usually goes faster with each quarter.
- Don't stress if it looks like there's hundreds; one record might have 6.
- Reference the Wipop Manual – Appendix 7.9 – [Edit Codes and Descriptions](#)

Cause Codes This section contains

	POA	Delete	
✓		<input type="checkbox"/>	Methicillin resis staph infct ca
✓	<input type="text" value="Y"/>	<input type="checkbox"/>	Human metapneumovirus as
✓	<input type="text" value="Y"/>	<input type="checkbox"/>	Oth coronavirus as the cause
✓	<input type="text" value="Y"/>	<input type="checkbox"/>	Failure to thrive (child)
✓	<input type="text" value="Y"/>	<input type="checkbox"/>	Contact with and (suspected)
	<input type="text"/>	<input type="checkbox"/>	Allergy status to penicillin

 [Delete Selected Diagnosis Codes](#)

How to delete a revenue line item

- Three easy steps
 - Check the delete box
 - Click on the “Red Underlined – Delete Selected Revenue Codes”
 - Click the Calculate total charges *unless it was a zero charge.
 - If you miss this step, an edit will occur for total charges.

Revenue Codes

To delete a revenue record - check the delete box, click the underlined trash link and recalculate the total charges.

Service Date	RevCode	HCPCS/CPT	Mod1	Mod2	Mod3	Mod4	Units	Charge	Delete	Description
02282023	0250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	6.55	<input checked="" type="checkbox"/>	Pharmacy - General Classification
02282023	0306	0202U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	604.25	<input type="checkbox"/>	Laboratory - Bacteriology & Microbiology
02282023	0450	99284	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	513.50	<input type="checkbox"/>	Emergency Room - General Classification
02282023	0762	G0378	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	1022.00	<input type="checkbox"/>	Observation Hours Observation Room
03012023	0250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	6.25	<input type="checkbox"/>	Pharmacy - General Classification

Create more [Additional Revenue Codes](#) **2** [Delete Selected Revenue Codes](#) [Calculate Total Charge](#) **3**

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 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.

External Cause Codes

- The Statute requires an external cause code on injury records.
- Injury codes “S” codes will trigger an external cause code edit.
- To fix, you need to add a row by putting a 1 in create and click the underlined “Additional Diagnosis Codes”

Point of Origin: <input type="text" value="5"/>	Admission Date/Time: <input type="text" value="04012024"/>	Principal Diagnosis: <input type="text" value="S0181XA"/>
Admit Type: <input type="text" value="1"/>	Discharge Date/Time: <input type="text" value="04012024"/> <input type="text" value="1754"/>	Admitting Diagnosis: <input type="text"/>
Discharge Status: <input type="text" value="03"/>	Statement From: <input type="text"/>	Reason For Visit Diagnosis 1: <input type="text" value="S0101XA"/>
Type of Bill: <input type="text" value="0131"/>	Statement To/Thru: <input type="text"/>	Reason For Visit Diagnosis 2: <input type="text"/>
Leave Days: <input type="text"/>	Total Charges: <input type="text" value="5045.30"/>	Reason For Visit Diagnosis 3: <input type="text"/>

837I Claim - Hospital

Value Code 1: <input type="text"/>	Value Code 1 Amount: <input type="text"/>	Occurrence Code 1: <input type="text" value="05"/>	Occurrence Code 1 Start: <input type="text" value="04012023"/>
Value Code 2: <input type="text"/>	Value Code 2 Amount: <input type="text"/>	Occurrence Code 2: <input type="text"/>	Occurrence Code 2 Start: <input type="text"/>
Value Code 3: <input type="text"/>	Value Code 3 Amount: <input type="text"/>	Occurrence Code 3: <input type="text"/>	Occurrence Code 3 Start: <input type="text"/>
Value Code 4: <input type="text"/>	Value Code 4 Amount: <input type="text"/>	Occurrence Code 4: <input type="text"/>	Occurrence Code 4 Start: <input type="text"/>

Additional Diagnosis and External Cause Codes

⚠ This section contains edits

	Code	POA	Delete	Description
1	<input type="text" value="Z23"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encounter for immunization

Create more [Additional Diagnosis Codes](#)

[Delete Selected Diagnosis Codes](#) ⚠ External Cause Code Required

EDITS: Type of Bill

- Type of Bill Codes are required on the 837i claim and required in Wlpop.
- 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.

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: <ul style="list-style-type: none">• 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

ASCs can map field to 0851 or 0999

*NEW: Vendor Question

- Does your vendor such as Cerner have the program set up to eliminate pulling records because their encounters didn't have an attending provider associated.
- WHA specs: the only records requiring an attending are the inpatient records. Thus, we had Cerner lift the restriction, resulting in the increase in Lab/Rad.

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.

Batch Alert Bell



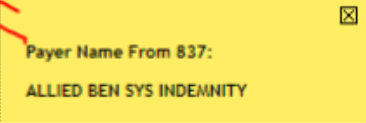
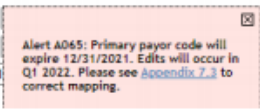
- Alerts draw attention to potential misaligned data.
- Alerts do NOT have to be cleared like an edit.
- It's an opportunity to review the data more-timely with an at-a-glance table of potential areas of improvement.

Examples might 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%

Alert Codes	Alert Defined	Alert reconciliation how to handle
A060	<p>Unknown or Other Primary Payor.</p> <p>Expected Source of Payment ID/Type: A99 09</p> <p>Secondary Source of Payment ID/Type: </p> <p>Insurance Certificate Number:</p>	<p>Verify the correct payer is assigned. In this record the Alert is produced for the A99 code. Clicking on the Expected Source of Payment will provide the name of the payer. A google search will lead the reviewer to noticing this is a Benefit Plan Admin. Or TPA.</p> <p>The correct mapping should be OTH 21, NOT A99.</p>
A065	<p>Primary Payor Code will expire 12/31/2021. See Appendix 7.3 for more information.</p> <p>OTH 31 was combined with OTH 21. Remap Payers with OTH 31</p> <p>Expected Source of Payment ID/Type: OTH 31</p> <p></p>	<p>Multiple payer codes have been combined or removed to reduce the amount of facility payer mapping required. Payer Alerts are set up to instruct submitters and editors to review the Appendix 7.3 and adjust codes accordingly.</p> <ul style="list-style-type: none"> • MED and T18 – combined to MED-09 = Medicare, Medicare Advantage, Medicare Sup / MediGap, Medicare Part A, B, C - all Medicare patients. • OTH 21 and OTH 31 – combined to OTH-21 = self-insured/TPA and benefit plan administration (BPA) or private employer funded insurance. • CHA 03 and OTH 55 – combined to CHA 03 = current and former military (insurance) benefits regardless of who is managing contract. • OTH 54, 59 & 71 – combined to OTH 54 = free/subsidized government programs, nonprofit organizations, health departments, and grant/research funds. • OTH 99 and 98 – combined to OTH 99 = TPL, MVA, state funded crime victim or safe funds, and some other unknown payers that are not related to

Wlpop Manual FAQ

7.16 Frequently Asked Questions (FAQ)

How to search a PDF? <http://www.wikihow.com/Search-for-a-Word-or-Phrase-in-a-PDF-Document> Use your Mouse and do a RIGHT Click to bring up the search box.

By default, if you open Adobe Reader and press CTRL + F, you'll get the normal **search** box. It is located at the top right. To use the advanced **PDF search** option, you can choose Advanced **Search** from the Edit drop down menu or press SHIFT + CTRL + F. Enter the phrase you are searching for in the **search** box.

Topic	Question	Answer	Content added / last updated
A - F			
Additional Procedure	How will WHAIC add additional procedures to my data?	Outpatient surgery Procedures are based on the revenue codes 036X, 0481, 049X and/or 750. The principal procedure will be assigned first and then any additional procedures located within the revenue line item detail coded in addition to one of the revenue codes described above will be assigned to the additional procedure section along with any modifier(s) and date of service in the revenue line item detail. Errors may occur if we inadvertently pull out an "add-on" code and populate it in the principal. If this occurs, the data submitter/editor may have to manually swap out the codes	12/1/17
Assign Principal Procedure	How will WHAIC assign the principal procedure to my outpatient records?	Outpatient surgery Procedures are based on the revenue codes 036X, 0481, 049X and/or 750. Assignment of principal procedure code to OUTPATIENT Surgery records is based on the revenue line item detail and the corresponding CPT code.	12/1/17
Birth Date	How do I handle an unknown birth date?	If the patient's age is unknown, use January 1 (0101) as the birth date and the four-digit year based on the age or the best information available.	11/30/17
Census Block Group	We had a problem populating the Census Block Group – what would cause that?	The Census Block group is based on the US Census, so generally it only works on residential addresses. It will not work with PO Boxes or industrial districts.	12/1/17
Charity care	Should we report charity care?	Yes, you are required to report and include all services rendered to patients regardless of payment method.	12/1/17

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 find out **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!

What's in the works in 2025?

Top four 2025 fields we will focus on!

- Race collection update
- Language
- Payer ID
- Better identification of Medicare Part C – Advantage Plan Details –
 - Data users want more specific mapping
 - New code MPC - 09



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How to communicate with WHAIC



Wlpop Contact Information

- Cindy Case, Director of Data Management
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- Heather Scambler, Program Specialist
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- Justin Flory (For Technical difficulties with the files only)
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- Best way to reach us at WHAIC or ask questions.
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