State of Wisconsin
Department of Health Services
Tony Evers, Governor
Karen E. Timberlake, Secretary

July 20, 2022

Michael Queensland
Senate Chief Clerk
Room B20 Southeast, State Capitol
Madison, Wisconsin 53701

Edward Blazel
Assembly Chief Clerk
17 West Main Street, Room 401
Madison, WI 53703

Dear Mr. Queensland and Mr. Blazel:

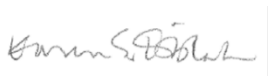
I am pleased to submit to the Legislature the enclosed report as required by Wis. Stat. ch. 153. The Wisconsin Hospital Association Information Center (WHAIC) is the "entity that collects, processes, and disseminates Wisconsin hospital and ambulatory survey center data," per Wis. Stat. Ch. 153. The report, prepared by WHAIC, presents "a broad range of information related to (WHAIC's) performance and Scope of Work compliance" as required by statute.

WHAIC continues to make improvements in the accessibility, quality, and utility of hospital data. Highlights demonstrating these efforts include the following:

- Reports and dashboards in 2020-2021 as hospitals navigated through the COVID-19 pandemic
- Annual fall virtual training sessions
- Online training sessions for new data submitters upon request
- Audits performed and quality metrics provided throughout the two-year period
- Additional affirmation statements for hospital review after data has been submitted and validated, allowing users to view various data components at a high level
- Expansion of WHAIC data sources with a formal agreement to exchange data between Wisconsin and Minnesota
- Timely annual publications, including the Health Care Data Report, Guide to Wisconsin Hospitals, Uncompensated Health Care Report, and Wisconsin Inpatient Hospital Quality Indicators Report
- Continued methods to "guard against unauthorized physical or electronic access to health care data and help ensure that authorized access is not interrupted"

Wisconsin Department of Health Services (DHS) has confirmed that the activities during this review period have met the terms of DHS's engagement with WHAIC. DHS is appreciative of this partnership and of WHAIC's continued efforts.

Sincerely,



Karen E. Timberlake
Secretary-designee

Enclosure

Biennial Contract Performance Review Documentation

July 2022

WHA | INFORMATION CENTER

Table of Contents

INTRODUCTION 2
IMPROVING THE ACCESSIBILITY, QUALITY AND UTILITY OF HOSPITAL DATA 3
Discharge Data Collection 3
Hospital Annual Survey Data Collection 4
Data Outputs 5
External Groups & Collaborations 11
CONCLUSION 20
TIMELINE 21

INTRODUCTION

2003 Wisconsin Act 33 essentially privatized hospital-related data functions previously performed by the Bureau of Healthcare Information (BHI) within the Department of Health and Family Services, now known as the Department of Health Services (DHS).

As required by Act 33, the Wisconsin Hospital Association (WHA) and the Wisconsin Department of Administration (DOA) signed a contract on October 31, 2003, that lays out the responsibilities of the parties, defines performance standards and specifies procedures that must be followed in the event of substandard performance.

The contract provides for biennial reviews of WHA Information Center (WHAIC) performance, the first of which was not to occur before two years after the transition date (June 22, 2004). The following document presents a broad range of information related to the performance and Scope of Work compliance of WHAIC, as the entity that collects, processes and disseminates Wisconsin hospital and ambulatory surgery center data per Chapter 153, Wisconsin Statutes.

With WHAIC continuing its successful compliance with the state requirements of Chapter 153 each year, WHAIC has decided to change the format of this document and how it has been created in previous years. WHAIC will no longer provide supporting information of how it complies with each part of the statute and scope of work as it was repetitive. Previous biennial reviews can be made available, if requested, for reference of WHAIC's work in compliance to sections of the statute. Instead, WHAIC would like to focus on its work completed from 2020-2021 for this review.

IMPROVING THE ACCESSIBILITY, QUALITY AND UTILITY OF HOSPITAL DATA

Since the last biennial review, WHAIC has continued to make improvements throughout the department ranging from improving the accuracy of data from facilities, new data outputs, and collaborations with external organizations. WHAIC would like to highlight these changes. As you will see, WHAIC went above and beyond its duties in providing reports and dashboards as hospitals navigated through the COVID-19 pandemic in 2020 and 2021.

Discharge Data Collection

WHAIC continued to collect the data from facilities using the ANSI 837 Standard data format. With the passing of the Modernization Act (WI Act 287), in April 2016, the act removed outdated provisions in Chapter 153 and included an opportunity to bring Chapter 153 into greater alignment with the national ANSI 837 Standard with the hope it would reduce the burden for facilities who had to maintain a non-standard format for required data submissions and other exchanges of data.

In 2020, WHAIC originally planned to visit five areas around the state to hold its annual fall training sessions. With the uncertainty of the COVID-19 pandemic, the decision was made to host the fall training sessions virtually in 2020 and virtually again in 2021. WHAIC covered training for WIpop Data Submissions, as well as the Hospital Survey Submissions, with total attendance at 159 and 99 attendees, respectively.

In addition to the annual training, WHAIC continued to host WIpop 101 online training sessions upon request as facilities bring on new data submitters.

WHAIC updated the *WIpop 837 Companion Guide and Technical Specifications* document, new training materials, and solutions to assist data submitters as needed. The document is available on the WHAIC website and data submitters are always confident that they have the most current information.

In the early stages of the COVID-19 pandemic, WHAIC shared as much information it could with the Wisconsin hospitals and surgery centers surrounding coding guidance and new diagnosis and procedure codes for the accurate reporting of COVID-19. WHAIC would stress how important data would be during this time, as WHAIC would use the data to analyze data pertaining to COVID-19 and how hospitals and surgery centers are responding to the virus. WHAIC had asked hospitals and ambulatory surgery centers to submit their discharge data to WIpop monthly to provide data sooner than later for analysis.

In additional steps to improve the accuracy of payer information submitted, WHAIC improved its edit logic for payer codes. WHAIC proposed changing or removing some of the payer codes to submit to reduce the amount of redundancy in the required payer mapping. In 2021, alerts were implemented to the WIpop system to instruct data submitters and editors to review and adjust payer codes accordingly.

To ensure continued accuracy of the data, WHAIC had performed audits throughout the year. For hospitals, the focus was on:

- Payers
- Provider-Based Location/Billing PBL Under-reporting issues
- Types of Bill Codes
- Point of Origin codes required for admission or outpatient visits

For ambulatory surgery centers, the focus was on:

- Payers
- Race and Ethnicity
- Language

In addition to the discharge data collection, WHAIC is responsible for collecting hospital rate increase information. A new, electronic process was developed and implemented to make it easier for hospitals to submit their information. Hospitals are no longer required to mail in clipped newspaper articles to WHAIC, they can simply upload them online. Submissions of PDFs of the information to WHAIC are allowed.

Hospital Annual Survey Data Collection

To assist hospitals in improving the accuracy of the annual survey data submitted, WHAIC has made changes to the affirmation statements that hospitals review after the data has been submitted and validated. The affirmation statements now include high-level financial breakdowns of revenue and expenses, a listing of stats edits (which are variances greater than 30% from the previous year), and the comparison of current and previous fiscal year submissions.

WHAIC has continued its "Going Green" Initiative for the hospital survey submissions. The primary change was the process of electronic affirmations and the ability for hospitals to submit Medicare Cost Reports (Schedule C) using the WHAIC Portal. With the electronic affirmations process, there are four steps for the users to review survey data submitted:

1. **Affirmation Summary Data**
   Users can review the survey data at a high level. Pie charts containing revenue charges, deductions, and net revenue are displayed by payor are included. A balance sheet is provided displaying revenue, deductions, and expenses. There is conditional highlighting if any of the financial categories are greater than a 30% variance from previous years. Uncompensated Care, Inpatient and Outpatient volumes, Total FTEs and Beds are also displayed on the summary page.

2. **Fiscal Year End Summary Report**
   This report represents a compilation of what will be displayed in the *Guide to Wisconsin Hospitals* and provides an opportunity for a user to review prior to being published. The report focuses on utilization, services, staffing and finance.

3. **Action Edits**
   During a hospital's survey submission, a user can indicate if any edits are accurate as submitted in real time. Within this step, users can provide an explanation or a reason as to why the data submitted is accurate and should not be flagged as inaccurate. This eliminates the need for hospitals to go back into their survey to review and correct potential errors flagged by WHAIC.

4. **Sign and Submit Affirmation**
   An electronic signature is then provided by the CEO, or designee. The signature attests that the survey data has been reviewed and verified internally by the hospital. Additional comments can be provided to explain variances not included in the Action Edits page.

Data Outputs

Discharge Data Sets

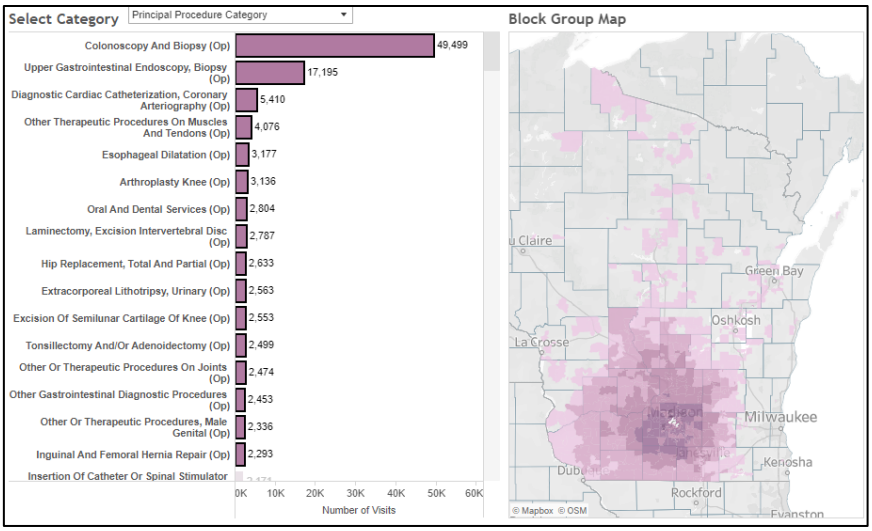
In 2018 WHAIC received a letter from former Secretary Seemeyer complimenting WHAIC by stating that "whenever possible, WHAIC continues to shorten the time between the availability of the annual data set for analysis and web application of these mandated reports." The discharge data sets are released quarterly and WHAIC continued to work on releasing the data sets earlier than its targeted goals. Since the last biennial contract review, WHAIC has released the quarterly discharge data sets about two weeks earlier on average.

Hospital Survey Data Sets

The hospital survey data sets are released on an annual basis. The data sets allow users to analyze hospital services, utilization, staffing and financial performance. In addition to data purchasers, WHAIC provides this data to the American Hospital Association, and WHA provides the survey data to its members as an association benefit.

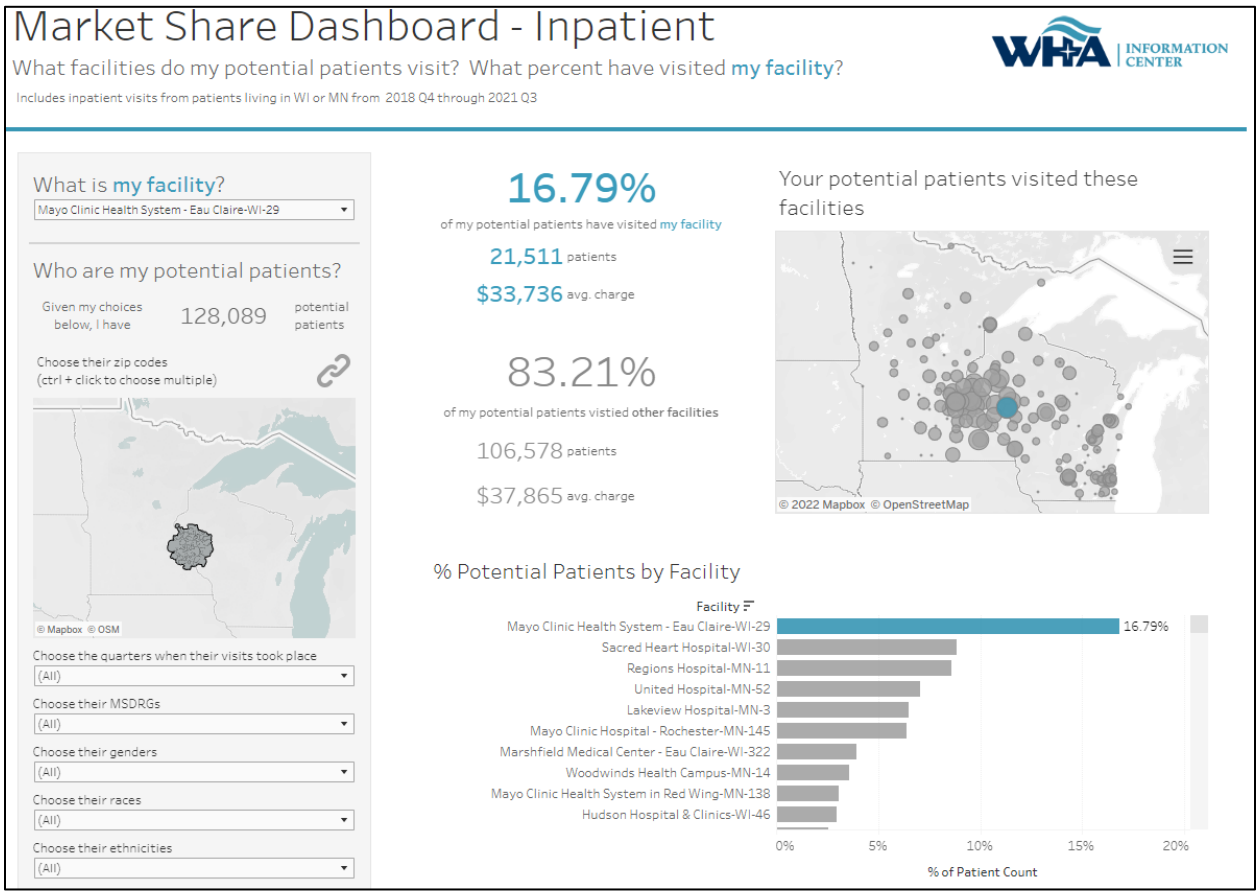
Kaavio

Powered by Tableau and specifically designed for WHAIC's data sets, Kaavio can accelerate a user's data and analytics capabilities through customizable dashboards, reports and data visualization. Kaavio enables users to attain deeper insights from data, faster than ever before. At the end of 2020, WHAIC's Tableau software was upgraded to a newer version 2020.2. The upgrade included exciting new enhancements that WHAIC has and will continue to incorporate in new dashboards going forward.



Since patient census block groups had been added, WHAIC improved the display of the census block groups by shading the areas, instead of using pie charts, making it easier for users to identify the geographic areas of interest.

To expand WHAIC's data sources, WHAIC finalized an agreement with the Minnesota Hospital Association (MHA) to exchange data between Wisconsin and Minnesota. In 2020, WHAIC launched a market share dashboard giving interested hospitals the ability to see data from Wisconsin and Minnesota. Many Wisconsin hospitals along the Minnesota border had requested this data to be able to see a full picture of their market share, since WHAIC had only collected Wisconsin discharge data.



Towards the end of 2021, WHAIC had meetings with the Missouri Hospital Association's Hospital Industry Data Institute (HIDI) to discuss WHAIC's participation in the Non-Resident Database Exchange in 2022 that would give Wisconsin hospitals access to inpatient data in Illinois, Iowa, and Michigan. Access to outpatient data would be possible in future data updates.

Another expansion of data is WHAIC's attempt at accessing the Medicare Data. WHAIC received Phase 2 Compliance from CMS in May 2021. WHAIC completed another step in the process by completing a data use agreement with CMS to begin a process to request the Medicare data.

WHAIC hosted a successful virtual webinar series called "WHAIC Tools for Everyday Use" to share the availability of interactive tools to assist data users with analysis. The webinar series included demos of

Kaavio, the Community Health Needs Assessment Mapping Tool, the COVID Impact Dashboard, Charge Analyzer and dashboards from the Rural Health Project sponsored by the SHIP Grant. In total, 265 attendees were present!

PricePoint

PricePoint is WHAIC's price transparency website. PricePoint allows any member of the public to access pricing and utilization information about any inpatient service or selected outpatient service at Wisconsin hospitals and ambulatory surgery centers. The information is displayed to allow easy comparisons to similarly sized or located facilities. Users can also receive facility-specific information about the quality and safety of care (via a link to WHA's CheckPoint website), average aggregate discounts by payor category, and uncompensated care information.

Since October 2017, Wisconsin PricePoint remains on version 3.0. This latest version of PricePoint improved the user experience by developing a "consumer-friendly portal," in addition to the "providers" portal, by using a series of questions to gather valuable information about their health care situation, including whether they have insurance. PricePoint then provides users with the estimated charges for services that are typically associated with conditions selected by the user. PricePoint also uses data provided by the Wisconsin Health Information Organization (WHIO) to provide health care consumers with information related to professional, rehabilitation, skilled nursing, ancillary, and pharmacy services that are not part of the hospital facility charges included with the WHAIC data. WHIO aggregates commercial, Medicare Advantage and Medicaid claims data to provide the information used in PricePoint.

Between January 2020 and December 2021, PricePoint has recorded over 48,500 visits, with over 653,000-page views.

Beginning January 1, 2019, the federal government, in the 2019 IPPS Final Rule Transparency Requirement, required each hospital to post its "standard charges" on the hospital's website in a "machine readable" format. WHA went to work and prepared resources for hospital members to assist in understanding the requirements and communicating with patients and the media about the chargemaster and related price transparency issues. Given the broad scope of services provided by hospitals, a chargemaster contains thousands of services and charges. The WHA and the WHAIC wanted to develop a user-friendly tool which would allow hospitals a systematic way to analyze these charges. Powered by Tableau, the WHA Charge Analyzer guides the staff user by "drilling down" from service line selection to individual charge analysis.

In addition, WHAIC further reduced the administrative burden for hospitals working to comply with another part of this requirement which was to develop an additional report made available to hospitals through PricePoint. The report is the PPS Rule Machine-Readable Transparency File for Inpatient records by APR-DRGs. The report displays the median total charge for each APR-DRG of the hospital.

WHAIC continued to be a leader and model for tools that patients can utilize to understand the cost of care they will receive at hospitals. WHAIC hosts the PricePoint application for ten other states.

To improve PricePoint, WHAIC plans to include a Google-like search functionality for hospital and ambulatory surgery center services in 2022. The upgrade would have all CPT codes and DRGs available to search in the application, while keeping payer information and non-hospital charge information available.

Annual Publications

WHAIC continued to produce and release its annual publications on time. Below is an update on each of the publications:

- ***Health Care Data Report***
  The *Health Care Data Report* summarizes charge and utilization information relating to inpatient admissions, outpatient surgeries and emergency-department visits at Wisconsin hospitals and free-standing ambulatory surgery centers during the most recently completed calendar year.

- ***Guide to Wisconsin Hospitals***
  The *Guide to Wisconsin Hospitals* provides information about the financial status, inpatient and outpatient utilization, staffing and services offered by each of Wisconsin's hospitals during the most recently completed fiscal year.

- ***Uncompensated Health Care Report***
  The Uncompensated Health Care Report provides information about charity care and bad debt at Wisconsin hospitals during the most recently completed fiscal year. WHAIC compares the bad debt and charity care reported by each hospital to the hospital's total charges for patients not covered by government programs.

- ***Wisconsin Inpatient Hospital Quality Indicators Report***
  As a reminder, WHAIC stopped producing the *Wisconsin Inpatient Hospital Quality Indicators Report* in 2017. To satisfy the state requirement, DHS approved WHAIC to use WHA's CheckPoint website for quality reporting, instead of producing this hard-copy publication. CheckPoint is an online quality reporting tool that WHAIC provides the data. WHAIC believes the lack of interest in the publication ties to the fact that the information included in the report is not timely, not actionable and duplicative of CheckPoint. WHAIC provides quarterly updates to the measures displayed on CheckPoint making it timelier than the publication.

Quality Reporting

WHAIC continued to support the health care quality efforts of the WHA Quality Department with analytics and providing reports that leverage the discharge data sets of WHAIC. There are two quality reports that are generated every quarter for participating hospitals: The Hospital Improvement Innovation Network (HIIN) Reporting and the Readmissions Across Hospitals Reporting.

WHAIC generated the final Hospital Improvement Innovation Network (HIIN) Reports for participating hospitals in March 2020. The HIIN contract was not renewed.

The measures included in the HIIN Reports were:

- All-Cause Readmissions (to same facility)
- All-Cause Readmissions (to any facility)
- Pressure Ulcers
- Deep Vein Thrombosis/Pulmonary Embolism for Surgical Patients
- Post-Operative Sepsis
- Sepsis Mortality

The Readmissions Across Hospitals report is a report generated upon request from hospitals. WHAIC can provide this analysis because of the use of the unique case identifiers (UCID). WHAIC has also been assisting WHA work on a CMS project using the HIIN data with bordering states called the Superior Health Quality Alliance (SHQA).

WHAIC continues to host CheckPoint for Wisconsin and two other states. WHAIC is responsible for procuring, aggregating, and posting the quality metrics that are displayed on CheckPoint. WHAIC re-designed and launched CheckPoint Wisconsin version 4.0 on a new platform in September 2020. The changes included improvements on the administrative side for hospitals, cosmetics, a more versatile database enabling WHA to make quicker changes to the application, and improved organization of categories to make it easier for a user to find reports.

The quality metrics that WHAIC provided are:

- Birth Measures
- Hip & Knee Replacement Surgeries
- Infections
- Mortality Rates
- Patient Experience
- Patient Safety
- Readmissions

Privacy and Security

WHAIC employs numerous methods to guard against unauthorized physical or electronic access to health care data and help ensure that authorized access is not interrupted. Biennial risk assessments are conducted using external consultants who are subject matter experts. Following each assessment, a risk mitigation implementation plan is developed and monitored throughout the two-year period. There are many reasons WHAIC conducts a risk assessment, one being that it is required under the HIPAA security rule. Also, as a qualified entity, it is important that WHAIC maintains security compliance at the FISMA moderate level. However, beyond that, WHA and WHAIC take security seriously and are committed to ensuring the highest level of security feasible for the organization. Security is important for so many reasons. Of those reasons is to ensure that the membership and the public trust WHAIC with their information. Credibility is also important so that when opportunities arise, WHAIC can take advantage of them. It is important for WHAIC to be an organization of value and security compliance is at the root of that.

On October 15, 2019, the WHA Information Center (WHAIC) was notified that it has met the requirements to become a Certified Qualified Entity (QE) under the Centers for Medicare and Medicaid Services' (CMS) Qualified Entity Certification Program. The CMS Qualified Entity Program enables organizations to receive Medicare Parts A and B medical claims data and Part D prescription drug claims data for use in evaluating provider performance. Organizations approved as QEs are required to use the Medicare data to produce and publicly disseminate CMS-approved reports on provider performance.

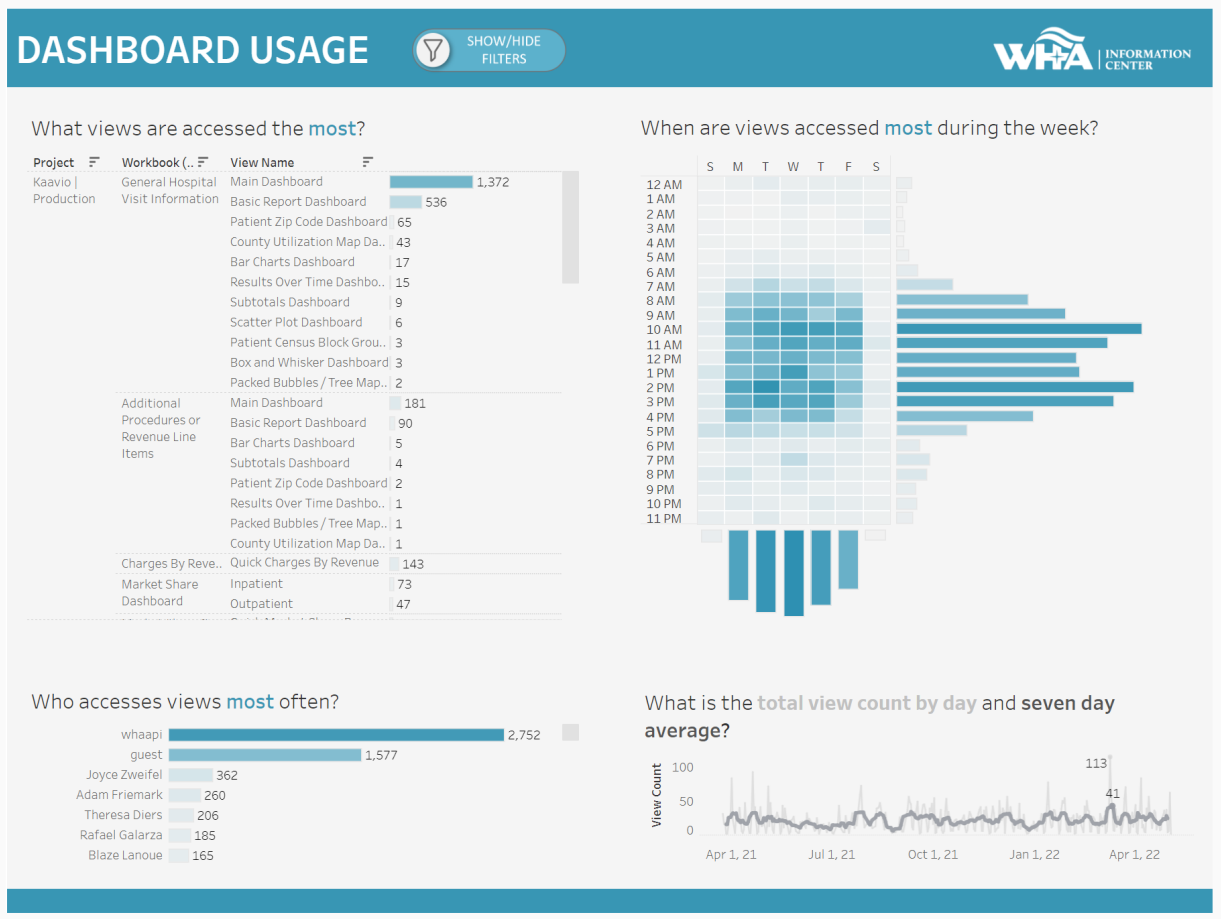
Having access to the Medicare claims data will assist both WHA and their members in several initiatives. One of those initiatives is Medicare's pay for performance. As is already known, hospitals are now relying on strong quality scores in order to successfully receive their portion of the dollars which are at risk. All these initiatives rely on claims data. If WHA had access to these data, they could take lead, and

analyze trends across the state, and work with hospitals to deploy best practices. WHA members are used to having data in their quality improvement work. However, they are currently limited to data about the care that happens within their hospital or system. They need additional data about what happens to patients before and after they leave the hospital or system. They need different data, like Medicare and Medicaid, to continue to improve quality and reduce the spend. While WHAIC has passed phase 1 and 2, and now have the Qualified Entity designation (the only hospital association in the country to have done so), there is still one phase to complete as mentioned earlier.

In August 2020, WHAIC moved its servers from DataPipe to Microsoft Azure Government, both cloud service providers. Then, in June 2021, WHAIC moved its servers from Microsoft Azure Government to Azure Commercial. In addition to the move providing a significant cost savings for WHAIC, it made it easier for WHAIC to interact with and apply security controls.

Additional WHAIC Activities

WHAIC developed a dashboard of dashboards to analyze use of each of the dashboards it has created and shared on the WHA and WHAIC websites.



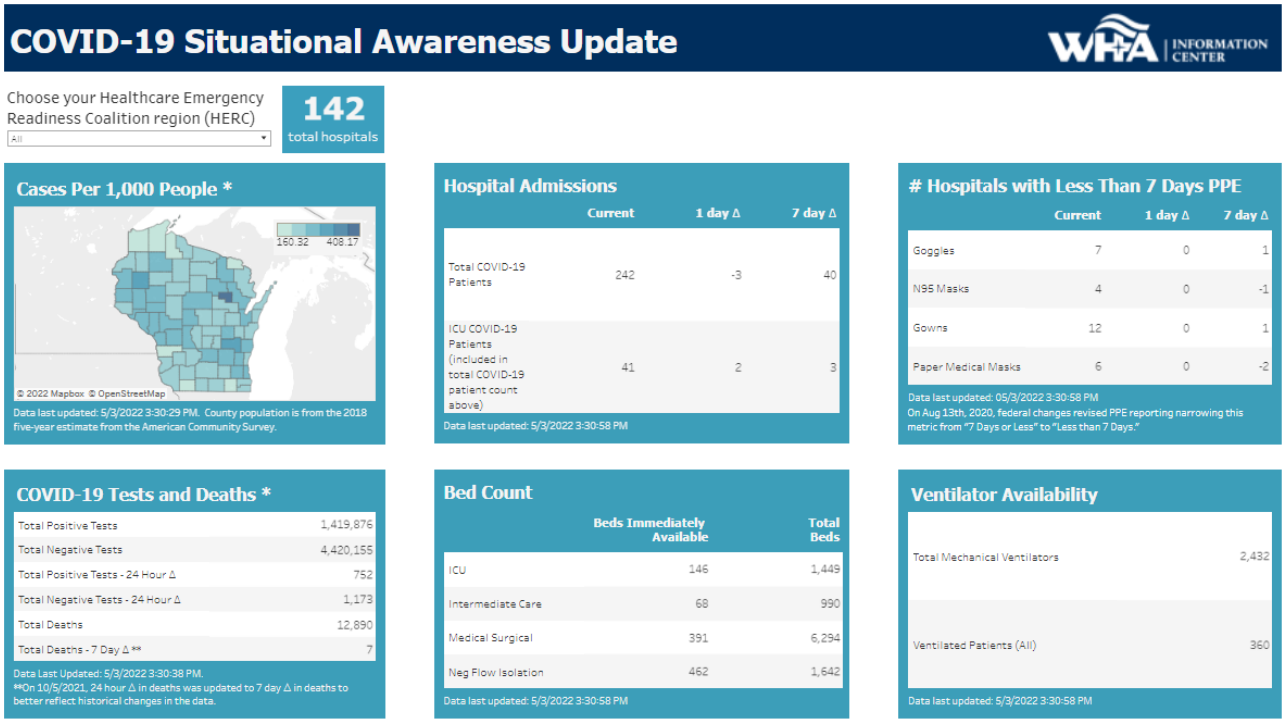
WHAIC redesigned and launched its new website in August 2020. The WHAIC website was moved to the Kentico CMS system. It is the same system it used to upgrade the WHA website. While implementing a more modern look and making the website mobile-friendly, WHAIC organized the navigation of the website to make it easier for visitors to find the information needed for data submissions, data products and event information.

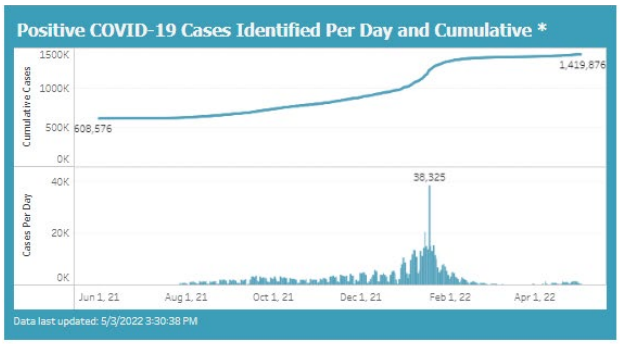
External Groups and Collaborations

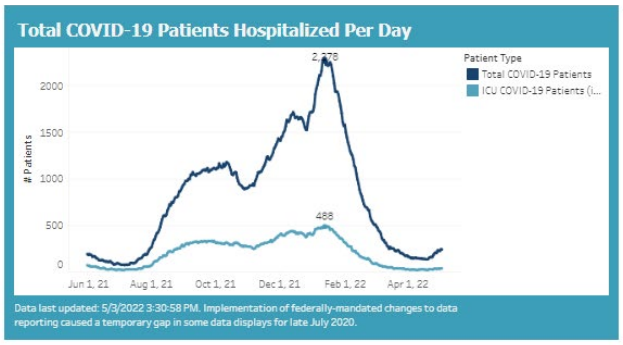
Department of Health Services (DHS)

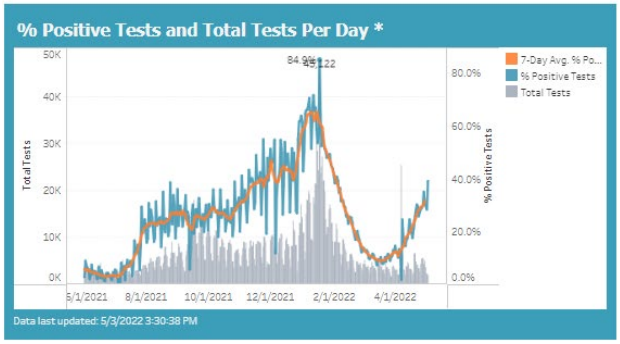
WHAIC continued to go above and beyond its statutory requirements and welcomed the opportunity to collaborate with other organizations. Together, there are ways to improve quality outcomes and processes, to assist in providing data to review for public policies, and to assist in analytics to those organizations that may not have the resources.

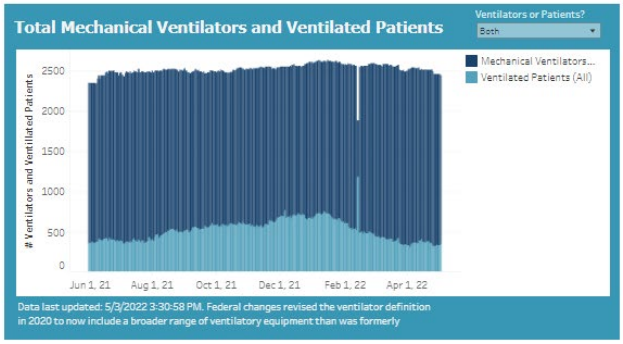
In April 2020, WHAIC developed and launched the COVID-19 Situational Awareness Update Dashboard in collaboration with DHS. At the end of 2021, the dashboard had over 1.2 million page views.











Items displayed on the dashboard include:

- State Map displaying number of cases per 1000
- Hospital Admissions
- Number of Hospitals with Less than 7 Days PPE
- Number of COVID Tests and Deaths
- Bed Count Availability
- Ventilator Availability
- Trend Graphs:
    - Positive COVID cases per day/cumulative
    - Total COVID Patients Hospitalized per day
    - Percent Positive Tests and Total Tests per day
    - Total Vents and Ventilated Patients per day
    - Deaths per day and cumulative
    - Number of hospitals with less than 7 Days PPE on hand

In addition to the COVID-19 Situational Awareness Update Dashboard, WHAIC quantified and published a report documenting the impact the COVID-19 pandemic has had on Wisconsin's health care system. The report conveyed a full year of COVID-related effects on the state's hospitals and health systems. The data underscored the ongoing challenges COVID-19 had created for Wisconsin hospitals as they responded to the pandemic on multiple fronts while continuing to provide care to non-COVID patients as able and permitted. The report captured measurable effects of the pandemic on hospital service delivery during three distinct stages of the pandemic: Non-emergent care shutdown, re-opening of non-emergent care, and COVID-19 case surge. The report provided a basis for discussion of how best to respond to and recover from this unprecedented health crisis.

WHAIC has worked with DHS on additional projects. WHAIC continued to provide more timely data to DHS each quarter, for its work on the Overdose Data to Action Grant with the CDC. WHAIC is primarily

providing analysis on ED Visits that mention all drug overdoses, opioid overdoses, heroin overdoses, and all stimulant overdoses throughout the state. Further, this analysis is stratified by unintentional and undetermined intent, or by self-harm.

WHAIC continued to host the Inpatient Psychiatric Bed Locator System in accordance to Wisconsin Act 153.However, in 2021, Wisconsin Act 153 was further expanded and WHAIC revised and launched a new version of the Psychiatric Bed Locator System via the WHAIC website. In addition to inpatient psychiatric beds, the new system provided the ability to query peer run respite and crisis stabilization beds, as well as the expansion of access to the tool. The original application allowed hospital emergency departments to query inpatient psychiatric bed availability in the state to assist in transitioning care from their respective ER to an available psychiatric inpatient bed. Now, access has been expanded to allow staff who are responsible for county approval of emergency detentions under Wis. Stat. § 51.15(2)(c). Hospital participation with the Psychiatric Bed Locator is voluntary, however, sixty-two percent of the hospitals with psychiatric units are participating in updating the number of available psychiatric beds at their hospitals daily. With the expansion of additional psychiatric beds to query, three peer run respite facilities and one crisis stabilization facility have registered to participate in the Psychiatric Bed Locator, but have yet to enter number of beds available. WHAIC develops and provides reports for DHS and the Milwaukee Health Care Partnership (MHCP) Collaborative to review trend lines for vacancy rates, number of psychiatric beds available and other data of interest, on a regular basis.

WHAIC continued to create the Worker's Compensation Certified Health Cost Databases for the DWD Worker's Compensation Division. The certified databases are used to ensure reasonable fees for medical services. WHAIC creates three databases based on the specifications provided by DWD for inpatient, hospital outpatient and radiology services.

Wisconsin Hospital Association

WHAIC has also provided much support to WHA and its processes. As noted earlier in the review, WHAIC quantified and published data and reports documenting the impact the COVID-19 pandemic has had on Wisconsin's health care system. Here are other examples since the start of the COVID-19 pandemic:

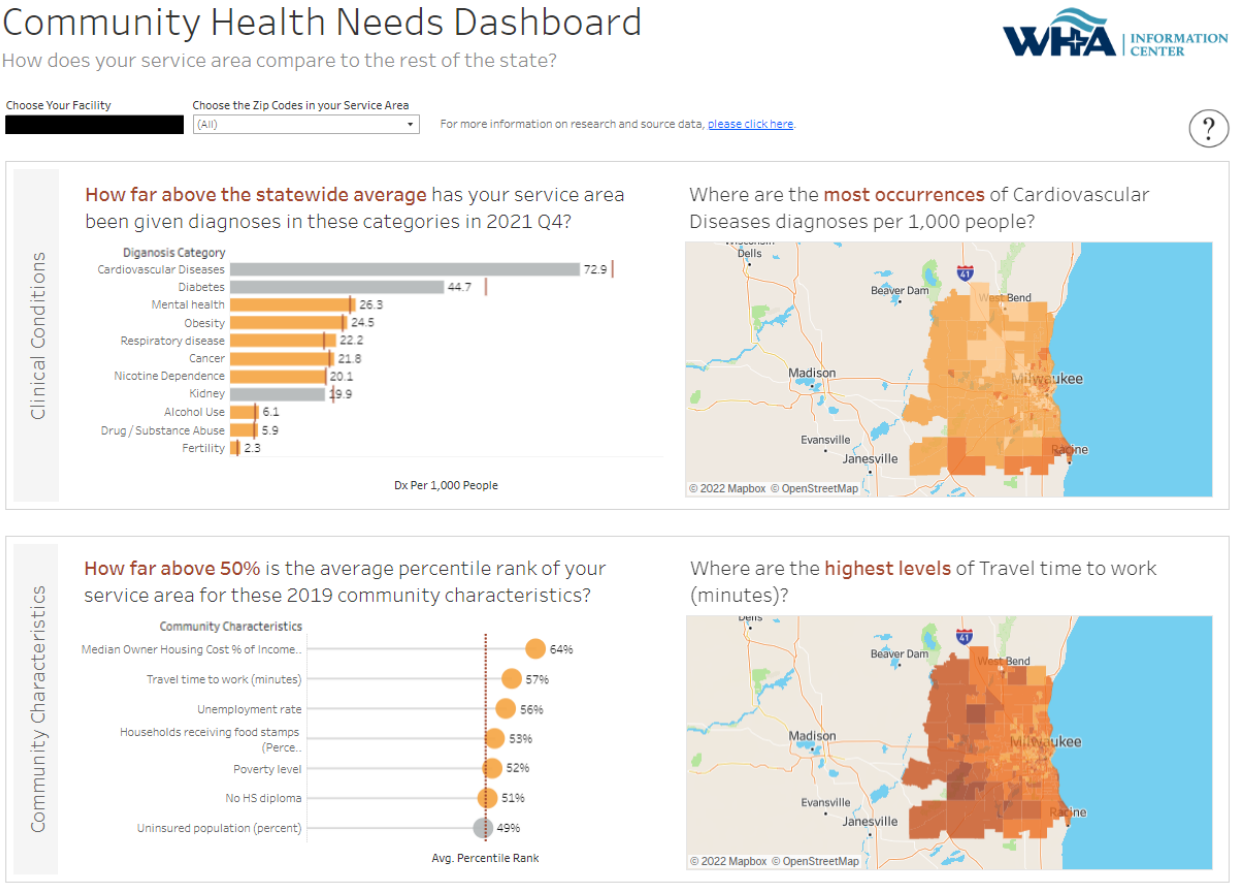
- Developed a COVID-19 Impact Dashboard Page for WHA Members. Members can compare two years of data analyzing top diagnoses and procedures by volume and charges. With hospitals and surgery centers being timelier in data submissions, WHAIC can provide preliminary data for analysis.
- Developed the Volume Compare Tool to analyze "real-time" COVID-19 data to identify trends.
- Developed and launched the Stop the COVID Spread! Coalition website. More than 135 of Wisconsin's leading health care, business and advocacy organizations united to beat the pandemic. The coalition's multi-channel public education campaign encouraging safe, virus-fighting behaviors played an important role in curbing COVID spread in Wisconsin during a time when the state's health care system was severely stressed by dramatically rising caseloads.

To assist WHA and WHAIC staff with working options during the pandemic, WHAIC upgraded each of the A/V equipment in the conference rooms to ensure productivity in the new, hybrid environment. WHAIC also assessed and upgraded its wireless capabilities to ensure staff productivity and consistency in communication with external parties.

WHAIC assisted WHA by administering and managing the ASPR Emergency Supplemental Funding Grant. Toward the end of 2020, WHAIC also provided positivity rates by county for analysis.

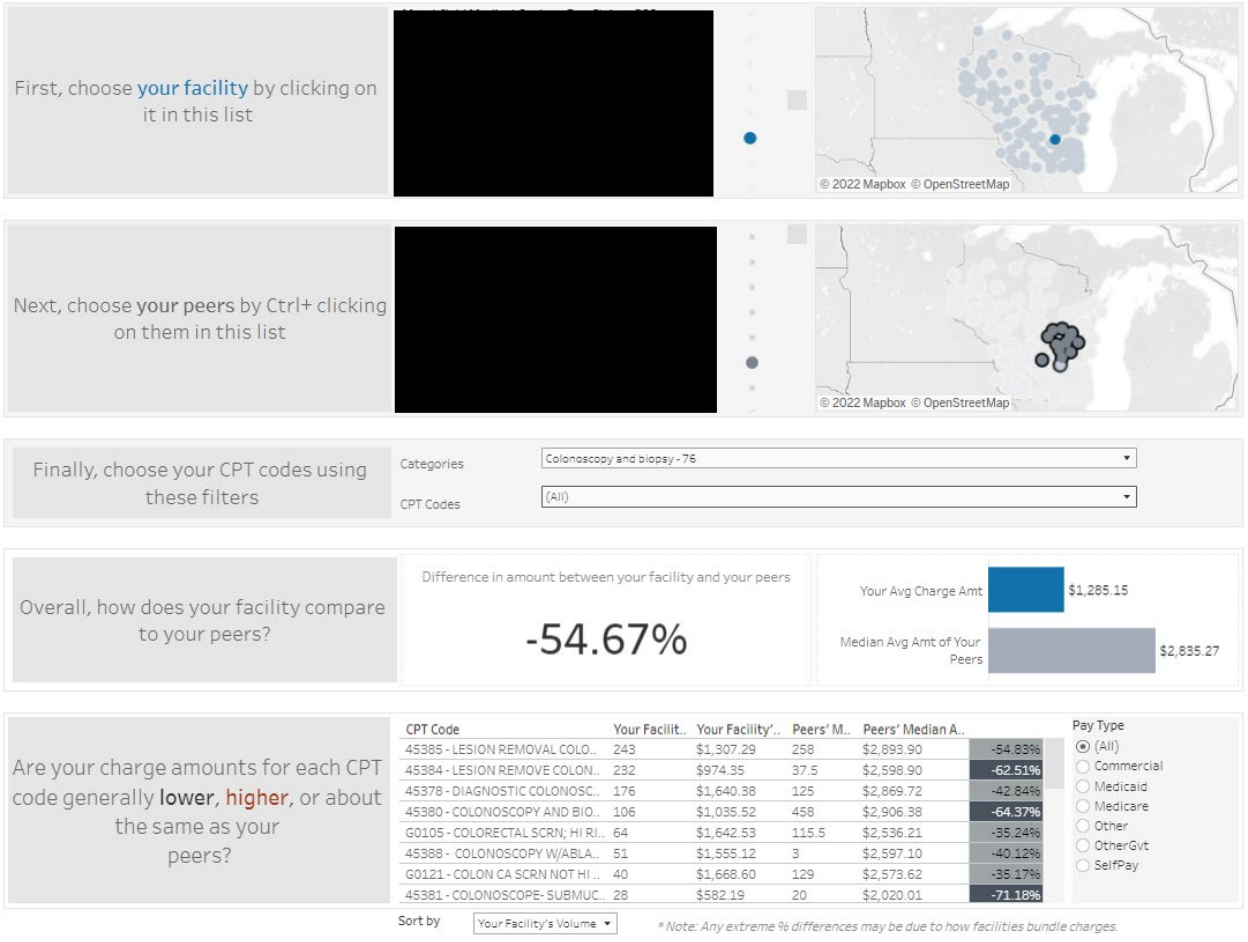
In January 2020, WHAIC re-designed and launched a WHA Hospital Member Portal accessible behind the WHA website. WHAIC created many dashboards to be made available behind the WHA Member Portal with this transition, along with its valuable resources to the hospitals. Below is a listing of the dashboards added through 2021.

- The Community Health Needs Assessment Mapping Tool allowed hospitals, and community partners, the opportunity to identify areas of need in their community by analyzing clinical conditions and community characteristics. In addition to the discharge data, WHAIC expanded the data sources by implementing the American Community Survey data to allow for specific analysis down to the census tract level of individual communities.

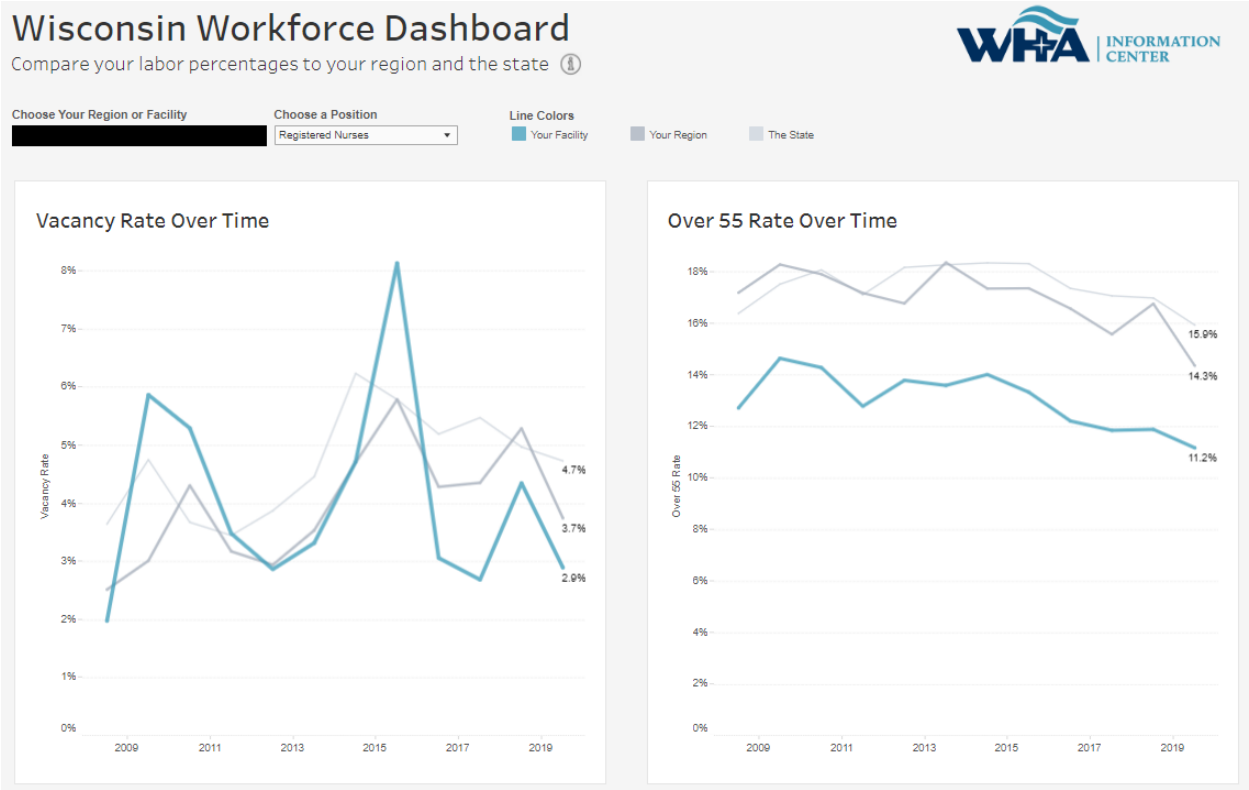


- Hospital Member Dashboards to be shared by senior staff at Hospital CEO visits. WHAIC leveraged WHA's CRM to improve the efficiency in the creation of these reports for senior staff displaying data at the hospital or health system level. The dashboard displays finance information, PAC/Conduit participation, engagement in WHA Advocacy, participation in different WHA Councils and Task Forces, Quality and Physician engagement, and grants awarded to the hospital or health system.

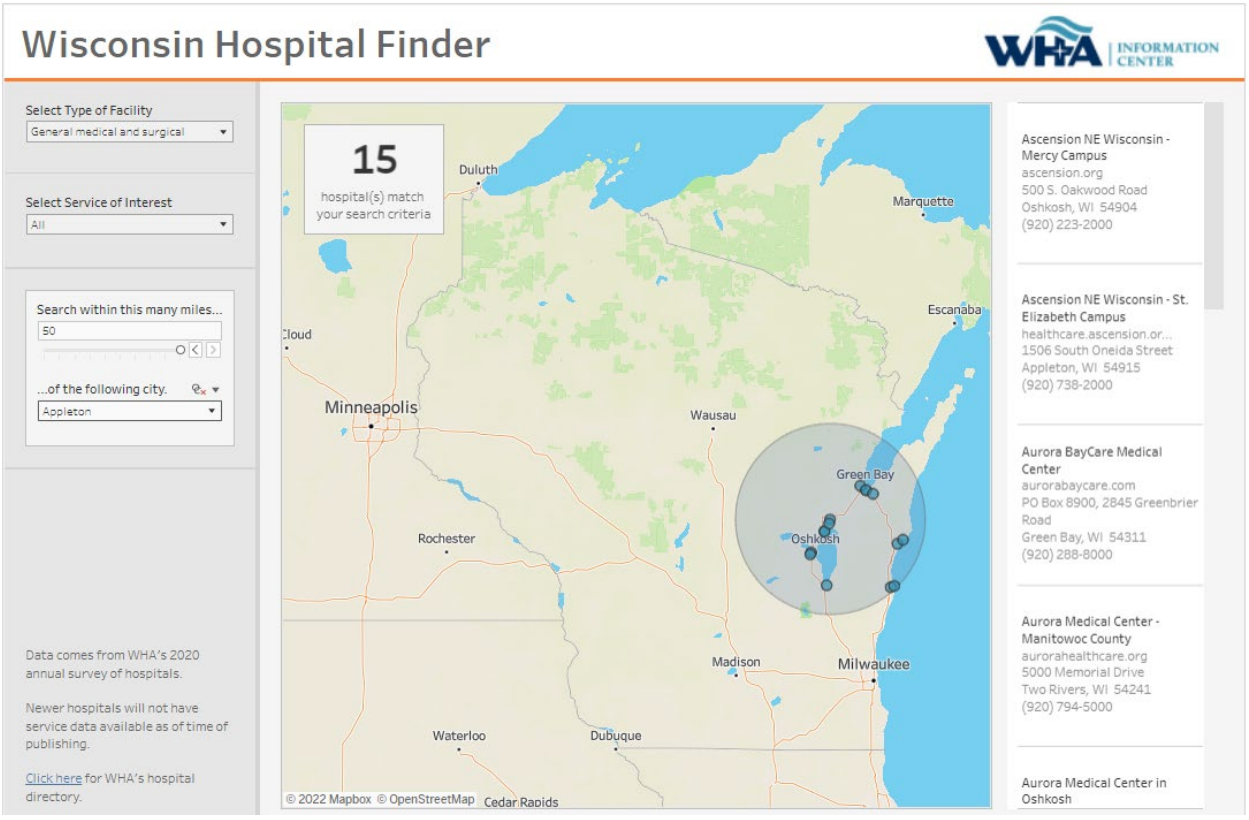
- The Charge Analyzer which allowed hospitals to “drill down” and compare individual charges compared to self-selected peers or a peer group. Additional data on the dashboard puts the charges into context including information on volumes, average age of the patient, payer mix and the percent variance from peer or peer group.



- The Workforce Dashboard allowing hospital members to see local, regional and state views to share the workforce it needs.



- Developed the interactive Hospital Finder on the WHA website to replace the static hospital listing. WHAIC used information from the annual hospital survey to allow users to query by services provided by the hospitals.



In addition to the WHA Hospital Member Portal, WHAIC provided upgrades to existing processes on the WHA website:

- Integrated WHA's Reg4 Registration application onto the WHA website.
- Updated the HANYS Reports dissemination Process leveraging WHA's CRM system. WHA shares the Finance and Quality HANYS Reports to hospital members.
- Updated the search functionality on WHA Website.
- Developed a new PAC/Conduit Contribution page

Behind the Member Portal, WHAIC also created a vendor listing for Personal Protective Equipment (PPE) to support its members in their efforts to keep patients and workers safe during the pandemic. The listing includes manufacturers and suppliers of PPE that would like to make their offers available to member hospitals.

WHAIC assisted in improving the CRM and its use with WHA activities and leveraging it for use with different applications. WHAIC has been preparing the CRM towards the end of 2021 to transition to Microsoft Dynamics 365 in 2022. This has enabled WHA to clean up its processes and data integrity of accounts and contacts.

In early March 2020, WHAIC also integrated the WHA Quality Center website into WHA's website to consolidate this information for hospital members, as well as, transitioning the Quality Center into the same platform as the other websites for WHA and WHAIC.

WHAIC developed two survey applications behind the WHA Member Portal. The first was the Health Equity Organization Assessment (HEOA). This survey was to better understand hospitals and their preparedness to address health disparities through the consistent collection of accurate demographic data, the use of demographic data to identify and resolve disparities, and the implementation of organization and cultural structures needed to sustain the delivery of equitable care. The second was the Payer Scorecard Survey. Its purpose is to obtain timely information about health insurer practice trends to positively influence payer behavior over time.

WHA and WHAIC continued discussions with DHS to obtain access to the Wisconsin Medicaid data. Access to the Medicaid data would provide insights into services outside of the hospital. WHA members need to have all data be made available as they do their quality improvement work. However, right now they are currently limited to data about the care that happens within their hospital or system. They need additional data about what happens to their patients before and after they leave the hospital or system. They need different data, like Medicaid, to continue to improve quality in pay for performance initiatives, in reducing readmissions, and reducing inappropriate utilization and ultimately the Medicaid spend.

Wisconsin Office of Rural Health

WHAIC continued to maintain the Rural Dashboard Project as part of the work with the Wisconsin Office of Rural Health and the Small Hospital Improvement Program (SHIP) Grant. In addition to the eleven rural dashboards, WHAIC provides support to each of the participating hospitals, including hospital visits.

In Year 4 of the SHIP Grant, WHAIC upgraded Tableau (visualization software) to a more current version providing more features and functionality to the Rural Health Dashboards. Users can target specific demographic groups, using filters for race and ethnicity where applicable. WHAIC also added a census block group map for readmissions, which will enable users to better pinpoint where readmission hot spots are in their service areas. WHAIC has been and will continue to send quarterly emails that include a presentation-ready power point complete with summary screenshots of the dashboards with data customized for each hospital.

In Year 5 of the SHIP Grant, WHAIC updated more Rural Health Dashboards.

- Redesigned the EDTC section to be more intuitive, including adding a link to the WORH webpage for more information.
- Added a new dashboard to analyze a hospital's community health needs.
- Created new market share and readmissions dashboards.

This is all part of our effort to make the Rural Health Dashboard simpler, cleaner, and easier to understand for users.

Superior Health Quality Alliance (SHQA)

WHA is a member of the Superior Health Quality Alliance. The SHQA is comprised of eight member organizations — all with long track records of success driving achievement of Medicare quality improvement goals as a Quality Innovation Network — Quality Improvement Organization (QIN-QIO), Hospital Improvement Organization (HIIN), or End-Stage Renal Disease Network (ESRD). WHAIC has participated in building work proposals for SHQA, and provides .7 FTE to support its efforts.

Association of Wisconsin Surgery Centers (WISCA)

WHAIC continued to maintain dashboards designed specifically for WISCA, the Association of Wisconsin Surgery Centers, which are proudly displayed on their website via their own member portal. There are three dashboards that look at the number of visits and charges, top procedures performed, and facility visits by county for selected surgery centers. The purpose of the dashboards is to show the Ambulatory Surgery Centers (ASCs) how the data they submit to WHAIC can be used to analyze their business, as well as to support their already small business development offices.

American Hospital Association

WHAIC has participated in providing data to the American Hospital Association (AHA) Multi-State Data Collaborative starting at the end of 2018. The subject of the next report focused on Social Determinants of Health (SDoH) and the data collection of Z-codes. A report of the results had not yet been released by the end of 2021.

CONCLUSION

WHAIC's mission:

Dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other healthcare providers.

WHAIC believes that by any reasonable standard it has achieved its mission and remained in compliance with Scope of Work requirements over the last two years:

- WHAIC has brought the process of hospital and ambulatory surgery data collection into current versions by using a state-of-the-art web-based data collection system and a completely online survey submission system. In its short history, WHAIC has developed and implemented three major upgrades to its initial discharge data collection system. The most recent upgrade has been released to accommodate the transition to collection of data in the 837-file format in 2018.

- WHAIC continued to expand the universe of data collection to include nearly every outpatient service provided by hospitals and updated the list of data elements collected with the 837-file format.

- WHAIC made numerous improvements to the timeliness and content of data products previously generated by BHI.

- WHAIC created PricePoint, which provides free public access to facility-specific charge and utilization information. Previous versions of the website provided inpatient charges and utilization, charges and utilization related to selected outpatient surgeries and invasive diagnostic procedures, ED visit diagnoses, significant radiological procedures, labs, rehabilitation, radiology and cardiovascular procedures. PricePoint is also vehicle for WI hospitals to meet the requirements of the 2009 Wisconsin Act 146 as well as the 2019 IPPS Final Rule Transparency Requirement. The current version implemented a "consumer-friendly portal" to gather valuable information about consumers' health care situation, including whether they have insurance. It then provides users with the estimated charges for services that are typically associated with conditions or treatments like their own. And, since Insurance and coverage can be confusing and to help ensure patients get the best possible results, WHAIC put together a coverage checklist, which includes some questions to be sure patients ask their insurance company's member services representative.

- WHAIC significantly increased security and privacy practices including investments in products to support NIST, HIPAA and FISMA-Moderate standards.

We are confident that, given another two years, we will continue to build upon our substantial record of achievement. We fully expect to be increasing our analytic services. We look forward to our next opportunity to demonstrate our accomplishments in 2024.

TIMELINE

Below is a brief history on significant milestones that WHAIC has reached throughout its start back in 2003.

2003

- WHA Information Center (WHAIC) created. *(October 2003)*
- WHAIC and DHFS finalized a transition plan and date by which WHAIC would begin fully performing its duties. *(November 2003)*
- Implemented an interim data collection system to transition from BHI to WHAIC. *(December 2003)*
- Hosted the first of its **annual training sessions**. WHAIC Staff also available for training on an ad-hoc basis. *(December 2003)*

2004

- Wisconsin Hospital Association (WHA), in collaboration with WHAIC, launched its voluntary hospital quality reporting program, CheckPoint. CheckPoint was the first statewide, voluntary hospital quality reporting initiative in the country. It was designed to meet the demand for information on the quality of care provided by community hospitals.
- Improved the **physician review process** by reminding all physicians of their right to review any patient record where they are the attending or procedure physician. *(February 2004)*
- Launched a paperless **survey data submission system**, which included online edits. The previous process included data entering each paper copy submitted. *(March 2004)*
- Release first public use **discharge data sets** (2003 Q4 data). The data sets are considered "special data compilations" as they include hospital and ASC identifiers, a continuation of BHI's practice. *(May 2004)*
- Implemented the **WIpop** Data Collection System. Allowed WHAIC to collect all outpatient data, as well as an unlimited number of diagnoses, procedures, and all revenue-code detail for a patient record. *(June 2004)*

2005

- Launched its pricing transparency website **PricePoint**. Users can view pricing and utilization information about any inpatient service or selected outpatient services at Wisconsin hospitals and surgery centers. *(February 2005)*
- Collecting all inpatient and all outpatient data using **WIpop** starting with 2005 Q1 data. *(April 2005)*
- Released the four annual publications for the first time. Improvements made by WHAIC to the **publications**: *(August 2005)*

- **Hospital Inpatient Quality Indicators Report**
  - Added Executive Summary, which also includes a summary table for side-by-side comparisons for current and previous year(s).
  - Added diagram and explanation for how to read graphs, illustrations and confidence intervals.
  - Included documentation/footnotes providing sources for explanation of the measures, conditions and procedures.
  - Added exclusion criteria to the appendix.

- **Health Care Data Report**
  - Included emergency department data. BHI had previously released this data in a separate publication.
  - Suppressed percentile detail on ambulatory surgery charges when less than ten cases were reported, since there are only nine percentile levels.
  - Summarized in greater detail any exclusions of formulaic differences between prior reports and current report in Data Caveats and Limitations section.
  - Added more detail to injury information as relates to subcategories.
  - Included more information regarding methodology and technical notes section in the form of U.S. census estimates used, E-Code category assignment, payer code assignment and rehabilitation services category assignment.
  - Improved overall readability of the data tables.

- **Guide to Wisconsin Hospitals**
  - Tables purporting to express revenue per day or per stay shown two different ways: including swing-bed stays and excluding swing-bed stays. Previous reports excluded swing-bed utilization but included swing-bed revenue in the calculations.

2006

- Second generation of **PricePoint** included outpatient surgeries and the ability to compare selected hospitals. *(October 2006)*

2007

- Implemented a new version of WIpop called **WIpop UB-04** to reflect the implementation of a new uniform billing form for hospitals. *(May 2007)* Required Facility NPIs to be submitted to be consistent with the national standard established by CMS.
- Beginning with FY 2006 data, the **Annual Hospital Survey of Hospitals module** included on-line edits. (September 2007)

- Made improvements to the annual **publications:** *(October 2007)*
    - **Hospital Inpatient Quality Indicators Report**
      Began scoring and displaying data based on a three-year measurement period on applicable measures.
    - **Guide to Wisconsin Hospitals**
        - Added a table showing percentage of gross revenue collected by payer source.
        - Added a graph illustrating the extent to which Wisconsin hospitals reported having implemented various aspects of electronic medical records systems.
    - **Health Care Data Report**
        - Converted to APR-DRG as the basic unit for analysis on Inpatient records
        - Updated the race categories based on the new definitions in the WIpop submission manual.

2008

- **WIpop** allowed Physician/Provider NPIs to be submitted. Not required until 2010. *(January 2008)*
- WHAIC added questions on the **Annual Survey** to measure the degree to which each hospital has implemented 16 different aspects of an electronic medical record system. WHAIC has also added questions to the **Fiscal Survey** that: *(September 2008)*
    - provide a more precise breakdown of gross revenues and contractual adjustments by payer category and type of service
    - break out net patient accounts receivable by payer category
    - Collect current and projected charity care, bad debt and total uncompensated care amounts at cost (in addition to full billed charges)
- Improved the **Uncompensated Health Care Report:** *(October 2008)*
    - Add data showing uncompensated care at cost (in addition to billed charges)
    - Added additional data for determination of eligibility for financial assistance, collection practices and procedures for informing the public about charity-care programs.
- Third generation of **PricePoint** included the ability to view emergency department and urgent care services. *(October 2008)*

2009

- WHAIC implemented a new, online **survey data collection system**, with a more robust, three-tiered automated validation process. *(September 2009)*

2010

- **WIpop** required Physician/Provider NPIs to be submitted instead of Wisconsin Licenses or UPINs. *(January 2010)*
- Within **WIpop** implement inventory reports, vertical scrolling of record rows in patient records, and the ability to delete multiple rows features in **WIpop.** *(October 2010)*
- WHAIC provided an enhancement to the relational data sets to include **Border State County Names**. Users would be able to identify county names of bordering states, instead of receiving a generic state identifier for the county name. *(March 2010)*
- Fourth generation of **PricePoint** accommodating the requirements of the 2009 Wisconsin Act 146, which obligates hospitals and other health care providers to make available billed charges for a standardized set of services. Under the law, Wisconsin hospitals are required to maintain and update a list of the 75 most common types of hospitalizations and then 75 most common outpatient surgical procedures. (*2010*)
- The **Quality Indicators Report** used AHRQ's 2010 indicators and methods, including twelve Patient Safety Indicators (PSIs). PSIs are meant to measure the extent to which problems or complications occurring in the inpatient setting are likely amenable to prevention by changing patient care procedures at the system or caregiver level. WHAIC also began using three-year trending in this publication to allow more hospitals to meet the minimum fifty-case threshold required for reporting.

2011

- **WIpop** upgrades:
    - WHAIC provide education on NPI and sub-part NPI submissions to help identify the correct place of service. *(July 2011)*
    - To confirm batch submissions to WIpop, WHAIC implemented a submission file email upgrade. The email provides details of each data type and number of valid and invalid records within the batch in the auto-generated email. *(August 2011)*
- Hospitals were identified for the first time in the **Quality Indicators Report.** *(November 2011)*
- Implemented its own contact management system using Microsoft CRM Dynamics. *(November 2011)*

2012

- New categories available on **PricePoint** based on Other Hospital Outpatient data: *(April 2012)*
    - Radiological procedures
    - Laboratory
    - Rehabilitation
    - Radiological tests
    - Cardiovascular procedures
- WHAIC automated the process of creating the **Physician Review Reports** and releasing them using the Portal. *(April 2012)*

- Collaborated with the **WHA Quality Department** to develop Quality Reports coinciding with the Partners for Patients (PfP) Initiative: *(May 2012)*
    - Hospital-Acquired Conditions (HAC)
    - Potentially Preventable Readmissions (PPR)
    - Partners for Patients (14 measures) (PfP)
    - Mortality Rates

- Developed and implemented its own **WHAIC Portal** to improve the efficiency and security of the data submission and distribution process. *(July 2012)* Both the WIpop and Survey applications are accessed in the WHAIC Portal. Only one username and password are needed to access multiple facilities, if appropriate.
- WHAIC provided a "black box" option to assist facilities in generating the Unique-case Identifiers (**UCIDs)** for data submissions. *(September 2012)*
- Developed and launched its own analytical tool (**IC e-Auger Data Drill**) to assist hospitals that purchase the data sets and do not have the proper resources to analyze the data. *(September 2012)*
- The first **Other Hospital Outpatient Data Set** was released containing 2012 Q1 data. *(December 2012)*
- All data types were required to be submitted on the same timeline in the new **WIpop 10** system, which improved the timeliness of releasing the **Other Hospital Outpatient** data. *(December 2012)*

2013

- Launched **WIpop 10** to reflect an interim transition to the ICD-10 coding for hospitals in 2012. *(January 2013)*
- WHAIC required facilities to submit a 64-character supplementary unique-case identifier (**UCID**) to the encrypted-case identifier (**ECID**). The **UCID** would assist in identifying when a readmission or additional related visits occur at a facility other than where the original admission, ambulatory surgery or visit occurred. *(January 2013)*
- WHAIC received access to the Wisconsin Workforce Nursing Survey and can create custom reports from that database. *(February 2013)*
- WHAIC began to disseminate all validation requests, profile reports, profile addendums and affirmation statements through the **WHAIC Portal**. Also, all data sets and custom reports are disseminated through the WHAIC Portal. WHAIC no longer releases the data sets on CDs to customers. Customers can access the requested data in a more timely and secure manner than before by downloading the files directly from WHAIC. *(April 2013)*
- Implemented an additional 'race' field to accommodate facilities reporting more than one race on a patient record in **WIpop**. *(April 2013)*
- Added the ability for facility users to delete and reopen submitted batches in **WIpop** without WHAIC assistance. *(August 2013)*

- WHAIC launched a redesigned **WHAIC website** with improved navigation, making it more user-friendly. The major navigation menu items are: *(September 2013)*
    - Analytics
    - Services and Publications
    - Data Submitters
    - Consumers
    - Physicians
- The **WIpop ICD-10** system was launched in a testing environment. *(September 2013)*
- WHAIC included Present on Admission (**POA**) Indicators to the public data sets starting with 2013 Q3 data sets. *(November 2013)*

2014

- Developed and released an online extension form in **WIpop 10**. *(January 2014)*
- Automated the process of posting the quarterly validation and profile reports to the **WHAIC Portal** allowing facilities to get access to their respective reports in a timely manner to review the data. *(January 2014)*
- Release the first **Senior Leader Dashboard** and a set of facility-centric prototype reports based on the **WHIO DataMart**. *(May 2014)*
- Developed an additional Quality Report to analyze **Readmissions Across Hospitals** upon request.
- WHAIC released **PricePoint version 2.0**, along with a new report on observation cases. PricePoint 2.0 is a new, modern design with improved navigation menus and content enhancements. PricePoint also provides a third option in searching for hospitals and ambulatory surgery centers which is searching by a miles radius from a select ZIP code. This allows a user to look at facilities across multiple counties. Maps accompany the facility listings. With the new design, users can also compare an unlimited number of hospitals with each report. *(August 2014)*

2015

- WHAIC began collecting data from all **provider-based clinics**, as they are defined as outpatient departments of the hospital. A new identification system was created to collect the different provider-based locations and allowing data users to see where services are provided. The provider-based clinic identifiers were released starting with 2015 Q2 data sets. *(May 2015)*
- WHAIC developed new ways to visualize the data implementing trend graphs and bar charts in profile reports for review. Data Submitters can easily see where there may be significant increases or decreases in the data submissions to **WIpop**.
- **WIpop ICD-10** was moved to production, effective with 2015 Q4 data, to reflect the transition to ICD-10 coding for hospitals. *(September 2015)*
- WHAIC created analytical report templates using the **WHIO DataMart**. *(September 2015)*

- WHAIC continued support to the WHA Quality Department in transitioning from the reports for the **Partners for Patients (PfP)** to the **Hospital Engagement Network (HEN)** Reports *(September 2015)*

2016

- **Wisconsin Act 287 ("Modernization Act")** was signed into law removing outdated provisions in Chapter 153 that helped standardize the process of submitting discharge information to WHAIC. The Modernization Act expanded the data that WHAIC could collect and the use of the data by hospitals, ambulatory surgery centers, and others. For example, new data elements to collect would be patient street address (to assign census block group) and all provider NPIs for all data types.
- WHAIC implemented a **Forum Discussion Board** as a means for data submitters to post questions and comments about the 837 Transition Project and learn from other WIpop users.
- WHAIC launched **Kaavio.** Kaavio was developed on the Tableau platform to analyze and visualize data. Users can gain crucial insights into areas such as population health, utilization, patient access, geographic distribution and market share for hospitals and freestanding ambulatory surgery centers, and compare them to other facilities based on size or region. *(April 2016)*
- **PricePoint** expanded the number of reports available to include Charges for High Frequency Professional Services. WHAIC implemented the use of an additional data source from the Wisconsin Health Information Organization (**WHIO**). The report shows the median charge for the 25 most common professional services in an office setting. *(May 2016)*
- WHAIC developed and released the **Wisconsin Inpatient Psychiatric Bed Locator**. It is a web-based system to enable hospital emergency departments to see information about psychiatric bed availability to accelerate the transition of care from the ER to an available inpatient psychiatric bed. *(June 2016)*
- WHAIC developed a new package of reports to support the **Hospital Improvement Innovation Network (HIIN) Reporting**, which was a continuation of the HEN Initiative. Around the same time, WHAIC provided data support for the CDC regarding States Targeting Reduction in Infections via Engagement (STRIVE) pilot program. *(August 2016)*
- WHAIC developed a Tableau dashboard for the **SHIP Grant Rural Dashboard Project**. The dashboard includes utilization, market share, financial and quality data for hospitals participating in the project. *(October 2016)*

2017

- **PricePoint version 3.0** was launched. This latest version of PricePoint improved the user experience by developing a "consumer-friendly portal," in addition to the "providers" portal, by using a set of questions to gather valuable information about their health care situation, including whether they have insurance. It then provides users with the estimated charges for

services that are typically associated with conditions or treatments like their own. WHAIC used WHIO as an additional data source to find the state averages to report. *(October 2017)*

- WHAIC proposed stopping the production of the **Quality Indicators Report**, with approval from DHS, and directed users to WHA's CheckPoint website. CheckPoint provides more timely data for hospitals working on quality improvement initiatives and for the public looking to understand a hospital's quality status. *(November 2017)*
- WHAIC enhanced the **survey** affirmation statements to hospitals to assist in validating the survey data submitted — including charges, deductions and net revenue pie charts that are displayed in PricePoint, and additional high-level financial data elements. *(December 2017)*

2018

- **WIpop 837** collected data in the new format starting with 2018 Q1. *(January 2018)*
- **Successful migration** to FISMA — Moderate, FedRamp compliant cloud provider, DataPipe now Rackspace. (*February 2018*)
- **ASC Dashboard** developed and made available for no charge to WISCA via their member portal (*February 2018*)
- Include Census Block Group to the **Relational Data Sets.** *(August 2018)*

2019

- WHAIC implement reports available via **PricePoint** for hospitals to share DRG information like CMS' Chargemaster requirement for reporting. *(January 2019)*
- Given the responsibility from WHA to develop an updated version of the **Hospital Utilization Report** currently used by Milwaukee County hospitals. *(February 2019)*
- **Kaavio improvements** to include the addition of census block group, race and ethnicity. (*August 2019*)
- Expanding its data sources by beginning to **exchange data** with Minnesota. *(September 2019)*
- Going Green initiative: **Annual Survey Improvements.** Includes electronic affirmation and ability to submit Medicare Cost Report via the WHAIC portal. (*October 2019)*
- Became the first and only hospital association to **receive Qualified Entity (QE) Designation** by CMS. This will qualify WHAIC to receive Medicare FFS claims data.
- Hosted first ever, full day **Data and Quality Reporting Conference** with over 220 attendees. (*October 2019*)