

# STAR 2000™



STAR FINANCIALS PATIENT ACCOUNTING  
REFERENCE GUIDE  
TRENDSTAR Interface Guide

Release 17.0  
October 2011

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# Preface

The *STAR Financials Patient Accounting Reference Guide* is a multivolume document written for all users of the STAR Financials Patient Accounting System. This volume provides detailed information about the enhanced version of the TRENDSTAR® CCA/RUA/CPA Interface.



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# Documentation Conventions

Documentation for McKesson's STAR 2000™ line of products follows these conventions:

## Revisions

Text revisions are indicated by a change bar in the left margin. Paragraphs that contain grammatical changes that do not affect content are not marked.

## Canadian Documentation

This volume may include documentation for Canadian users of this product. Complete sections of Canadian text are identified by "CN" and "CN Only."

## Key Names

Named keys, such as ENTER, SHIFT, CTRL, and ALT, appear in this document in uppercase (capital) letters. Symbol keys display according to the key name, followed by the symbol on the key in parentheses, such as hyphen (-) and asterisk (\*).

## Key Chords

Key chords are key entries that require you to hold down one or more keys (typically, CTRL, ALT, or SHIFT) before pressing another key. In this document, key chords display as the names of each key in the chord with a hyphen (-) between each (for example, CTRL-ALT-DEL). You should press the keys in the order indicated.

## ENTER

ENTER is a key on a computer keyboard used to complete an entry on a STAR system. (This key may also be referred to as NEW LINE or NL in the STAR system).

## Data Entries

Letters or words you enter in response to the system display in **boldface** letters in this document. For example: Enter **Y** for Yes or **N** for No.

## Selecting an Entry

This document often instructs you to "select an entry." The method you use to select an entry depends on whether you are using STAR from a terminal or IBM-compatible personal computer. Entry methods include:

- Entering the option number
- Using your arrow keys to highlight the option and pressing ENTER
- Clicking on the option using a mouse or other pointing device (PC only)

For more information about these options, see the *General Information Volume*.

## Prompts

System prompts display at the bottom of many STAR screens when the system requests an entry or displays a message. Prompts display in this document italicized and indented from the rest of the text. For example:

*Enter patient name--*

**Field Characteristics**

STAR product documentation provides field explanation codes, in addition to a narrative description for each field on a screen. These codes display the maximum length of your entry in the field, the type of entry you make in the field, and whether the field is required. This information displays in the following format:

- DISPLAY ONLY for a field you cannot edit.
- For X-YY-Z field types, where:
  - X is the maximum number of characters permitted in the field:
    - P for a field length determined by a Parameter
    - T for a field length determined by a Table
    - U for a field having an Undefined length
  - YY is the type of entry technique permitted in the field:
    - A for Letters only
    - N for Numerals only
    - C for Characters (including punctuation)
    - AC for Letters and Punctuation only (no numbers)
    - NC for Numerals and Punctuation only (no letters)
    - AN for Numerals and Letters only (no punctuation)
  - Z is the requirement indicator of the field:
    - R if an entry is required to complete the function
- For YY-Z field types, where YY is:
  - TABLE LOOKUP for a field that enables you to select from a displayed table. See the *General Information Volume* for more information regarding this entry technique.
  - SPECIAL FORMAT for a field having data entry requirements not conforming to standard format. The field definition contains the specific data entry requirements for the field.
  - DATE for a field subject to the date entry conventions described in the *General Information Volume*.
  - TIME for a field subject to the time entry conventions described in the *General Information Volume*.

**NOTE:** For use of the Z position in this format, refer to the explanations for Z under X-YY-Z.

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# Introduction

This document contains a detailed explanation of the TRENDSTAR CCA/RUA/CPA and TRENDSTAR MCA interface that is used with the STAR Financials Patient Accounting system.

## Chapter 1: Using CCA/RUA/CPA Interface

This chapter discusses the TRENDSTAR CCA/RUA/CPA Interface. This interface creates a TRENDSTAR interface file in the format of TRENDSTAR CCA/RUA/CPA database input tables which can be used to create or update TRENDSTAR CCA/RUA/CPA database. Parameters and reports that are used with the CCA/RUA/CPA Interface are also provided in this chapter.

## Chapter 2: Using Management Cost Accounting (MCA) Interface

This chapter discusses the MCA Interface that provides an interface of STAR Financial data to the TRENDSTAR MCA system. Information on the tape creation and the report for the MCA interface is also provided.

## Appendix A: TRENDSTAR Data Descriptions

This appendix contains user-defined field descriptions that are used in the Clinical Cost Accounting/Case Mix Library Interface function in STAR Financials Patient Accounting.



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## INTRODUCTION

The TRENDSTAR CCA/RUA/CPA Interface creates a TRENDSTAR interface file in the format of a TRENDSTAR CCA/RUA/CPA database input table which can be used to create or update a TRENDSTAR CCA/RUA/CPA database. Parameters are available to give you the ability to customize the file to meet your needs in TRENDSTAR. Other functions are available to assist in processing the interface and in creating other files used for TRENDSTAR.

## FILE CREATION

The following is a series of events that must take place to create an interface file.

1. Trigger event occurs. Once the interface is live, the trigger events from the Trigger Event Parameter screen determines when an account is transferred to TRENDSTAR. You can choose from 1 - 40 trigger events to determine when accounts are transferred to TRENDSTAR. When the event occurs, the account is written to the appropriate interface index.
2. Write the account to an index. Once a trigger event occurs, the account is added to the interface index. The interface index contains the account number and the reason that the account was put into the index (which trigger event). The information for the interface file associated with the account is not captured at this time. There are a number of different indices depending on the type of account.

There are five different indices used.

- standard interface index
- AR/BD add account interface index
- AR converted interface index
- inhouse accounts at conversion interface index
- date range update interface index
- Standard Interface Index

In most instances, once an account is triggered, it is written to the standard interface index.

- AR/BD Add Account Interface Index

If the facility has recently been through a conversion to STAR Patient Accounting, some of the accounts triggered may be AR or Bad Debt add accounts. These are sometimes referred to as manually converted accounts. AR and Bad Debt add accounts may also result from accounts that have been archived and purged. These may need to be added back into AR and Bad Debt. If this type of account is triggered and if on the AR/BD Add Accounts screen you select to include these accounts, these accounts are written to the AR/BD add accounts index. These accounts are processed based on the parameters set in the AR/BD Add Accounts screen, and an AR/BD Add interface file is created.

- Converted Account Interface Index

If the facility has recently been through a conversion to STAR Patient Accounting, some of the accounts triggered may be converted accounts. If the parameter on the Converted Account screen is set to include converted accounts, these accounts are written to the Converted Account Index. They are

processed based on the parameters set in the Converted Account screen, and a Converted Accounts interface file is created.

- Inhouse Accounts at Conversion Interface Index

If the facility has recently been through a conversion to STAR Patient Accounting, some of the accounts triggered may be inhouse at the time of the conversion. If the parameter to process these accounts separately is set on the inhouse accounts, these accounts are written to the Inhouse at Conversion Interface Index. These accounts are processed based on the parameters set in the Inhouse Accounts at Conversion screen, and an Inhouse Accounts at Conversion interface file is created.

- Date Range Update Interface Index

If the account is triggered due to a date range update process, the account is written to the date range update interface index. These accounts are processed as a separate interface file.

Steps 3 through 6 occur during Midnight Processing.

3. Process the file. Processing the interface file entails gathering the data necessary for the interface file and placing it into the TRENDSTAR database input table format. The TRENDSTAR database input table format can be found in the TRENDSTAR documentation. Refer to TRENDSTAR Data Descriptions for information about the location of the data in STAR. The interface runs every night during midnight processing based on the parameters chosen and creates a working interface file for every index available.

For example, if there are accounts in the standard interface index, the AR/BD Add interface index and the Converted Accounts interface index, then three working interface files are created. Every night a working file is created and merged with the previous night's file so that the most current data is transferred to TRENDSTAR. In order to efficiently process the interface nightly, inhouse accounts and nondischarged outpatients are not processed. These accounts are only processed the night that the CCA/RUA/CPA interface optional batch job is run.

4. CCA/RUA/CPA Processing report (FARCCA4) is generated. After the file is processed, the CCA/RUA/CPA Processing report is generated. Refer to the Reports section for a description of this report. If the CCA/RUA/CPA interface batch job is set to run, go to step 5. If it is not set to run, go to step 6.
5. Optional batch job is processed. The CCA/RUA/CPA interface optional batch job provides different functions depending on the transfer method chosen. The transfer method refers to the STAR method that is used to transfer the STAR interface file to TRENDSTAR. Refer to the General/CCA Parameters section for more information on this parameter. If the Transfer Method is ASCII, the file is converted to an ASCII file and written to hbo/tmp directory. Once this is done, the file is

marked as Transferred. If the Transfer Method is NFS, the file is converted to an ASCII file and then written out to HBODATA: directory on TRENDSTAR. After this has been completed, the file is marked as Transferred. If ASCII or NFS transfer does not complete successfully, then the file is marked Transfer Failed/Transfer Manually and is noted on the CCA/RUA/CPA Processing report (FARCCA4). This indicates that the file needs to be transferred manually using the NFS/ASCII Manual Transfer function. Once the file transfer has been completed successfully, that flag changes to Transferred.

If the Transfer Method is Tape, then the optional batch job marks the file as Ready to be Transferred. Ready to be Transferred is noted in the comment field on the CCA/RUA/CPA Processing report (FARCCA4) so that you know that you need to create a tape. Refer to the CCA/RUA/CPA Tape Interface Functions section for a description of the tape functions.

The optional batch job also causes the audit reports to run. This includes FARCCA, FARCPA, and the additional audit reports.

6. Delete any files that have reached their retention days. Retention days are set in the General/CCA Parameter screen. If any file has met the days, the file is deleted. If a file has not been transferred, then it is not deleted.



## PARAMETERS SETUP

### General/CCA Parameters

This parameter screen contains parameters needed for processing the TRENDSTAR interface file.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.
3. Select General/CCA Parameters. After this option is selected, the first screen is displayed.

General Hospital General/CCA Parameters Processor			
Mon Aug 15, 2011 03:37 pm			
1 Active?	2 Facility Name	3 Hosp. Code	4 # Accounts
10/04/00	Windward Medical University	HBO	All
5 # Non-Discharged	6 Products	7 Transfer Method	8 File Retention
0000	CCA,RUA,CPA/Claims	ASCII	7
9 SDS Patient Types			
1IP,OPC			
10 Start Date	11 Transfer Newborn Accts with No Charges	12 GUI MPI Delete	
Earliest	Yes	Yes	
13 Transfer Other Accts with No Charges?			
Some/ERB,I/P,O/P			
14 Excluded Patient Types			15 Include SDS?
			Yes
16 FC/Ins Code	17 Transfer DRG	18 MR Number	19 Next Edit Date
MPI Fin Class	Yes	Facility	08/15/2011
20 File Ver 6.A	21 Trndstr Rel	22 Last Edit by	23 Edit Date
Yes	2011.1	New, Nancy	04/13/11 06:42pm

### Field Explanations - Screen 1 of 2

#### 1. ACTIVE? (8-A-R)

This field indicates whether the CCA/RUA/CPA interface is active for this facility. After you enter this option, the following prompt is displayed:

*Is the CCA/RUA/CPA interface active for this facility (Y/N) [N] --*

If you enter **Y** for Yes, the CCA/RUA/CPA interface becomes active immediately, with accounts going to the interface as specified in the Trigger Events parameter screen. The date that the active flag is set is displayed in the field. In addition, processing of the file begins that night in midnight processing.

Enter **N** for No if you do not want the CCA/RUA/CPA interface to be active for this facility.

Once this field is set to Active and the field is accessed again, the following prompt is displayed:

*Are you sure you want to inactivate the CCA/RUA/CPA interface for this facility (Y/N) [N]*

If you enter Y for Yes, the CCA/RUA/CPA interface will no longer be active. Accounts will not be triggered to be sent to CCA/RUA/CPA. You may also want to inactivate the CCA/RUA/CPA Interface optional batch job at this time.

If you enter N for No, the CCA/RUA/CPA interface will remain active.

## **2. FACILITY NAME (DISPLAY ONLY)**

This field displays the facility name as set up in the facility information demographics and defaults.

## **3. HOSP CODE (3-AN-R)**

Enter the hospital code used in the CCA/RUA/CPA header record. The hospital code must match the ID assigned by TRENDSTAR.

## **4. # ACCOUNTS (5-N-R)**

This field indicates how many discharged accounts can be in the interface file before the file is transferred to TRENDSTAR. If the Transfer Method parameter is ASCII, McKesson recommends that this field be used to control the size of the file. When the interface file is being processed nightly, this parameter is checked to see if the interface file has reached the limit. Once the file size reaches the number of accounts limit, no more discharged accounts are processed. If the transfer method is NFS, the file is then transferred to TRENDSTAR. If the transfer method is ASCII, the file is written to the hbo/tmp directory. If the transfer method is tape, the file is ready for the tape process.

On the CCA/RUA/CPA Processing report (FARCCA4) a message appears that the maximum number of accounts has been reached. The number of accounts limit is applicable for each different file. For example, if the number of accounts limit is 5000, then if any of the different types of files (for example, AR/BD Add Accounts, standard file, date range update file) reach this limit, then processing stops for that file. After you enter this option, the following prompt is displayed:

*Enter new maximum number of accounts to transmit [ALL] --*

Enter **All** to specify all accounts are transmitted. The default is All. You can enter a number that specifies the number of discharged accounts that the interface file will contain.

## **5. # NONDISCHARGED (5-N-O)**

This field determines how many nondischarged accounts can be in the interface file before the file is transferred to TRENDSTAR. If nondischarged accounts are being transferred (refer to the Trigger Events Parameter screen), then these accounts are not processed nightly. Nondischarged accounts are only processed when the CCA/RUA/

CPA interface optional batch job runs. When this runs, nondischarged accounts are processed up to the maximum specified in this field. Therefore, if you do not want your file to have any more than 10,000 accounts and the maximum number of nondischarged accounts you have is 300, then the # Accounts field should be set to 9,700. After you enter this option, the following prompt is displayed:

*Enter new maximum number of nondischarged accounts to transmit [All] --*

Enter **All** to specify all nondischarged accounts are transmitted. The default is All. You can enter a number that specifies the number of nondischarged accounts that the interface file will contain. If your trigger events indicate that you are not sending inhouse/nondischarged accounts, then this field cannot be accessed and 0000 is displayed in the field.

The following is an example of the interface process where the maximum number of accounts was reached.

In the following scenario, the CCA/RUA/CPA Optional Batch Job is scheduled to run every Saturday. Inhouse and nondischarged outpatient accounts are being transferred to TRENDSTAR. The maximum number of accounts parameter is set to 4000 and the maximum number of nondischarged accounts parameter is set to 400. The transfer method is NFS.

Day	Dischg Accts in Index	Nondischg Accts in Index	Existing Dischg Accts Processed	New Dischg Accts Processed	Nondischg Accts Processed	Total Accts In file
Sun	700	250	0	700	0	700
Mon	1000	255	200	800	0	1500
Tues	900	230	325	575	0	2075
Wed	1500	250	300	1200	0	3275
Thurs	2000	220	150	1850	0	4000
Fri	1700	235	0	1700	0	1700
Sat	1225	245	100	1125	245	3070

The following provides more detail for the above table.

**Sunday** - No existing discharged accounts are processed since a new file is being created. No nondischarged accounts are processed since the accounts are only processed the day that the CCA/RUA/CPA optional batch job is run.

**Monday** - Existing discharged accounts refer to those accounts that already exist in the interface file from Sunday night; however, the accounts were triggered again on Monday, so the accounts need to be processed again in order to get the most up-to-date information.

**Thursday** - There are 1850 new discharged accounts that need to be added to the interface file. The file already had 3275 accounts in it. If you were to add the additional 1850 accounts to that file, then the interface file would contain 5125 accounts which is

125 accounts over our 4000 account maximum. Therefore only the first 725 accounts were processed and added to the interface file. The remaining 1125 accounts remain in the interface index and are processed Friday night. In addition, since the interface has reached the maximum accounts, the file needs to be transferred to TRENDSTAR.

Friday - A new interface file is created tonight since Thursday night the file went to TRENDSTAR. No nondischarged accounts are processed.

Saturday - The CCA/RUA/CPA optional batch job is set to run on Saturday. Therefore, even though we have not reached our maximum number of accounts and the file was just transferred on Thursday, it is processed again on Saturday. At this time, nondischarged accounts are processed and the file is transferred to TRENDSTAR.

## 6. PRODUCTS (TABLE LOOKUP-R)

This field lists the products the facility currently has. The following table is displayed for your selection:

CCA  
RUA  
CPA/Rules Based Reimbursement  
CPA/Claims Management

If you select RUA or CPA without CCA, the following message is displayed:

*Must choose CCA as a product if RUA and/or CPA are chosen.*

If you select CPA/Rules Based Reimbursement and CPA/Claims Management the following message is displayed:

*Only one CPA product may be chosen.*

If you only select CCA, the RUA and CPA parameter screens are not available for you.

## 7. TRANSFER METHOD (1-A-R)

This field indicates if data is transferred to TRENDSTAR via Tape (T), NFS (N), or ASCII (A). The default value is Tape. The ASCII (A) option is available for UNIX and VMS environments only.

If you are using the TCP/IP transfer option in TRENDSTAR, set the Media Type to A. This option creates a file on the UNIX subdirectory /hbo/tmp/ or in the VMS directory HBO.TMP. This file can then be transferred to TRENDSTAR. The following provides you with the naming conventions and extensions for the files created in the UNIX subdirectory:

- Standard CCA DATA BASE INPUT TABLE - dbi<create date><facility code>.dbi
- PHYSICIAN SPECIALTY TABLE - psp<create date><facility code>.txt
- PROCEDURE NAME TABLE - nam<create date><facility code>.nam
- MCA PRICE TABLE - pfi<create date><facility code>.pfi

- MCA SUBACCOUNT TABLE - svf<create date><facility code>.svf
- MCA VOLUME TABLE - vof<create date><facility code>.vof
- AR/BD ADD ACCOUNTS INTERFACE FILE - add<create date><facility code>.dbi
- CONVERTED ACCOUNTS INTERFACE FILE - con<create date><facility code>.dbi
- INHOUSE ACCOUNTS AT CONVERSION INTERFACE FILE - inh<create date><facility code>.dbi
- DATE RANGE UPDATE INTERFACE FILE - dru<create date><facility code>.dbi
- UB92 SUMMARY TABLE - ub<create date><facility code>.txt
- HCPCS SUMMARY TABLE - hcp<create date><facility code>.txt
- ALTERNATE HCPCS SUMMARY TABLE - hcp<create date><facility code>.alt.txt
- PAYER SPECIFIC HCPCS CROSS REFERENCE TABLE - hcp<create date><facility code><payer specific HCPCS cross reference table number>.txt
- SERIES ACCOUNTS INTERFACE FILE - ser<create date><facility code>.dbi

For example, if a CCA/RUA/CPA interface is run on August 1 for facility A, the file to be transferred to TRENDSTAR is named dbi0801a.dbi. If the file is created in any ID other than ID1 (Live ID), then the ID number is part of the file name. For example, if you are creating a CCA/RUA/CPA interface file in ID2 (Test ID) for facility A on May 1, the file name is dbi0501a2.dbi. This avoids files from being overwritten if they were being created from Test and Live ID's on the same day.

The NFS option is available for UNIX environments only. This option uses the Network File Server (NFS) module of TCP/IP to transfer the file from STAR Patient Accounting to TRENDSTAR. The transferred file is written to the HBODATA: directory on TRENDSTAR immediately after the file is created as part of the file creation process. The file name follows the same naming conventions as noted for the ASCII transfer option. In order to use the NFS option, implementation must be done on both the STAR and TRENDSTAR systems. If the file appears in the HBODATA: directory on TRENDSTAR with TEMP appended to the file name, the file is not complete. This could be due to the TCP/IP NFS connection being broken or that the file creation is still in progress. If the transfer of the file was aborted then the TCP/IP NFS manual transfer can be used to retransmit the file to TRENDSTAR.

**NOTE:** The file hboguest.config resides on the HBODATA: directory on TRENDSTAR. This file must remain in this directory in order for the TCP/IP NFS manual transfer to work correctly. Do not delete this file.

In order to implement the NFS option for the STAR to TRENDSTAR interface there are several items that must be setup in UNIX. The following steps should be performed by your UNIX System Administrator on the local UNIX host system to Remote Mount a Directory on the TRENDSTAR system.

1. Create a directory named trendstar under the root file system and assign it user and group access.

```
cd /  
mkdir trendstar
```

```
chmod 777 trendstar
chown hbo trendstar
chgrp hbo trendstar
```

2. Ensure that the TRENDSTAR system has an entry in the /etc/hosts file if running dgux or aix. If you are running hpux, the entry should be in the /etc/checklist file.
3. Add an NFS file system for mounting the /trendstar directory. This can be accomplished through the sysadm if you are running dgux, sam if you are running hpux, or smit if you are running aix. When adding the file system for mounting, keep the following in mind:

/trendstar	local directory mount point
/hboguest	remote directory being mounted
read-write	mode for the NFS file system
soft	soft mount returns an error if the remote server does not respond
foreground	mode to attempt to mount
yes	mount the directory on system restart

An example of the dgux/etc/fstab entry is as follows:

```
vmshost:/hboguest/trendstarnfsrw,soft,intr,fg x 0
```

- where
- vmshost represents the [remote hostname] listed above.
  - hboguest is the remote directory being mounted.
  - /trendstar is the local directory.
  - nfs is the mount type.
  - rw represents read-write access.
  - soft designates a soft mount. The system returns an error if the remote server does not respond. This is particularly useful as it allows jobs to fail rather than keep retrying if the connection is broken.
  - intr allows process interrupt in the foreground.
  - fg retries failed mount attempts in the foreground.
  - x & 0 are dg-specific parameters that represent backup pass number information. In the case the backup is being told to ignore the file system which is appropriate since the backup should be done on the remote server.

4. Mount the file system.

```
mount -a
```

If you are transmitting interface files to TRENDSTAR via tape, once an interface file is created, you can create (write) the tape.

**8. FILE RETENTION (2-N-R)**

This field controls the number of days that a transferred file remains available to be transferred again. Once the file exceeds the number of days specified in this field, the file is deleted from the system and is no longer available to be transferred to TRENDSTAR. The file then needs to be recreated using the Date Range Update function. After you enter this option, the following prompt is displayed:

*Enter new number of days to retain transferred interface file [7]---*

Enter the number of days to retain the transferred interface file. The maximum number of days that can be entered is 99. The default value is 7 days. The interface file needs to be retained until the TRENDSTAR database has been updated and audited. Since the file sizes are large a short retention period is recommended. A file that has not been transferred is not deleted. The counting of retention days begins after a file is processed.

When using the ASCII option, STAR Patient Accounting does not know when the file gets to TRENDSTAR since the transfer is initiated from TRENDSTAR. Therefore, STAR Patient Accounting considers a file to be transferred when it is written to the hbo/tmp directory.

**9. SDS PATIENT TYPES (TABLE LOOKUP-O)**

This field enables you to select which valid patient types should be sent TRENDSTAR as Same Day Surgery (SDS) patient types. When this field is selected, the system displays a list of available patient types for you to choose from.

**10. START DATE (9-A-R)**

This field contains the starting discharge date to begin processing accounts. Any accounts that have had some activity that makes them eligible to transfer to TRENDSTAR but have a discharge date before the entered start date are not transferred. These accounts are listed on the CCA/RUA Audit Report (FARCCA) with a reason code of *Ineligible Start Date*. After you enter this option, the following prompt is displayed:

*Enter the discharge date to begin transferring [earliest] --*

Enter earliest for the earliest date or the date in the format of MM/DD/YY. The default is earliest which means that all accounts are transferred regardless of discharge date.

**11. TRANSFER NEWBORN ACCTS WITH NO CHARGES (1-A-R)**

This field allows you to control whether or not newborn accounts that have no charges are transferred to TRENDSTAR. If the account has charges and credits that net out to zero, then the account does have charges and is transferred. This only refers to accounts that have not had any charges placed on them. If the newborn was admitted using the Special Newborn Admission function on STAR Patient Care, then the account has no charges against it. This function automatically places all the newborn's charges on the mother's account. After you enter this option, the following prompt is displayed:

---

*Transfer newborn accounts which have no charges (Y/N) [Y] --*

Enter **Y** for Yes to indicate that newborn accounts are transferred to TRENDSTAR even if these accounts have no charges. The default is Yes. Enter **N** for No to indicate that newborn accounts that have no charges are not transferred to TRENDSTAR. These accounts appear on the CCA/RUA Audit report (FARCCA) with a reason code of No Charges.

#### **12. GUI MPI DELETE (1-A-O)**

This field indicates whether accounts formatted for TRENDSTAR or containing information that is sent to TRENDSTAR (the account appears in FCM-FAN) can be deleted through the STAR Patient Processing function of GUI MPI. When this field is accessed, the following prompt is displayed:

*Allow GUI MPI Deletes when account sent through interface (Y/N)[Y]? --*

If you answer **Yes** to the prompt, deletes are allowed.

#### **13. TRANSFER OTHER ACCTS WITH NO CHARGES (1-A-R)**

This field allows you to control whether or not accounts (other than newborns) with no charges are transferred to TRENDSTAR. After you enter this option, the following prompt is displayed:

*Transfer (A)ll, (S)ome or (N)one of the non-newborn accounts without charges [N] --*

Enter **A** for All to transfer all accounts (that are not newborns) with no charges to TRENDSTAR. Enter **N** for None to not transfer non-newborn accounts that have no charges to TRENDSTAR. These charges appear on the CCA/RUA Audit report (FARCCA) with a reason code of No Charges.

Enter **S** for Some if you want to select non-newborn accounts with no charges by patient type to transfer to TRENDSTAR. When an S is entered, the patient type table is displayed, and you can select the patient type for the accounts with no charges to transfer to TRENDSTAR.

#### **14. EXCLUDED PATIENT TYPES (TABLE LOOKUP-O)**

This field enables you to select the patient types that will not be in the CCA/RUA/CPA interface. When this field is selected, the system displays a list of available patient types for you to choose from. Contract Accounts, Internal Preadmit Accounts, and any Preadmission where the patient is not assigned an account number is not included in the interface. Unless otherwise specified, all patient types are included.

#### **15. INCLUDE SDS? (1-A-R)**

This field enables you to select whether the SDS types should be included in the CCA/RUA/CPA interface. Valid entries are **Y** for Yes or **N** for No.

#### **16. FC/INS CODE (1-A-R)**

This field indicates whether the system sends the Financial Class or Primary Insurance Code. Valid entry options are **F** (Financial Class) and **I** (Insurance Code). The system



defaults to F. If you enter **I** for Insurance Code, you are prompted to enter a default insurance code to be used for self-pay accounts. If you enter **F** for financial class, the system allows you to select between the MPI Financial Class or the PA Financial Class.

It is recommended that if you choose to send financial class information you select the MPI Financial Class. In the STAR Financials Patient Accounting system, the financial class may be changed to self pay after insurance payments are received. As such, if an account is resent to CCA/RUA/CPA after the PA financial class is changed to self pay, the previous financial class is overwritten with *self pay*. This could result in an inaccurate payor mix in CCA/RUA/CPA.

#### **17. TRANSFER DRG (1-A-R)**

This field indicates if the DRG and MDC from STAR are transferred with the account information to TRENDSTAR. After you enter this option, the following prompt is displayed:

*Do you want to transfer STAR DRG (Y/N) [Y]--*

Enter **Y** for Yes to indicate that the DRG and MDC from STAR are transferred with the account information to TRENDSTAR. The default is Yes. Enter **N** for No to indicate that the STAR and MDC from STAR are not transferred with the account information to TRENDSTAR, and DRG grouping occurs on TRENDSTAR.

One advantage to letting TRENDSTAR group the DRGs are in cases where a change occurs in the TRENDSTAR database that causes the account to regroup with a new DRG. When the account is transferred to TRENDSTAR again, the STAR DRG overwrites the TRENDSTAR DRG if the same change was not made on the STAR system. Choosing to send the STAR DRG keeps both systems in synch. Choosing not to send the STAR DRG allows changes to be made on the TRENDSTAR system only.

#### **18. MR NUMBER (1-A-R)**

This field allows you to choose whether you want the facility indicator to be included on the medical record number. Normally the medical record number has the facility. However, if a previous interface did not send the facility indicator and you are looking to keep the databases the same across fiscal years, then it may be beneficial to exclude the facility indicator from the medical record number.

After you enter this option, the following prompt is displayed:

*Include facility indicator on Medical Record Number (Y/N) [Y] --*

Enter **Y** for Yes to indicate that the facility indicator is included on the medical record number. If you enter yes, the facility indicator precedes the Medical Record Number in the 6.01 record. The default is Yes. Enter **N** for No to indicate that the facility indicator is not included on the medical record number.

**19. NEXT EDIT DATE (DISPLAY ONLY)**

If the interface is in use, you can't modify parameters until the date displayed in this field.

**20. FILE VERSION 6.A (1-A-CONDITIONAL)**

This field indicates whether a maximum of 42 diagnosis codes in Record 2 are sent to the TRENDSTAR Interface. This field must be set to Yes in order for STAR to send up to 42 parameters.

Hospitals can update this field if they are on a TRENDSTAR version less than 6.A. Once the field is updated to Yes, to reflect they are live on TRENDSTAR Version 6.A, this field cannot be updated.

**21. TRNDSTR REL (TABLE LOOKUP-O)**

This field is used when a TRENDSTAR release requires a corresponding code change in STAR Patient Accounting. When the field is selected, a table look-up of applicable TRENDSTAR releases is displayed, as follows. The table selections display the TRENDSTAR release and the associated STI in STAR that added the change. For example, Release 2010.1.3 is the TRENDSTAR Release and F10655 is the STAR STI that added the changes to the interface.

**NOTE:** Release 2011.1 can be selected to supply US ICD10 procedures in record 6.14 and to supply US ICD10 diagnoses in record 6.15.

You can select your current release or the preceding release:

General Hospital General/CCA Parameters Processor	
Mon Aug 15, 2011 03:37 pm	
Page:01	Star Logic Choices Needed for Trendstar Releas###Current Choices
( 1 ) Release 2010.1-3	F10655
( 2 ) Release 2011.1	F10691
Select release equaling or preceding your current Trendstar release--	

**22. LAST EDIT BY (DISPLAY ONLY)**

This field contains the name of the person who last edited this table entry.

**23. EDIT DATE (DISPLAY ONLY)**

This field indicates the date and time this table entry was last updated.

When you accept this screen the second screen for this function is displayed.

```

General Hospital General/CCA Parameters Processor
Wed June 19, 2002 01:44 pm

1 Uncombine mother/newborn charges?
No
2 Uncombine other accounts's charges?
None
3 Uncombine DPW account's charges?
All
4 Procedure Phy #1  5 Procedure Phy #2
Surgeon            Anesthetist
6 Physician A      7 Physician B      8 Physician C      9 Physician D

10 Additional Audit Reports      11 Refunds with Payments
Yes                              Yes
12 Series Processing 13 APC Data
Yes                            Both
14 Last Edit by              15 Edit Date
Jones, Pat                   07/08/01 03:11pm

Enter field number or '/' starting field number--
next(/) or previous screen(/P) [/]

```

## Field Explanations - Screen 2 of 2

### 1. UNCOMBINE MOTHER/NEWBORN CHGS (1-A-R)

This field allows mother and newborn charges that have been combined either through Special Newborn Admission function or the Combine Bill function to be placed on the original account they were charged to.

After you enter this option, the following prompt is displayed:

*Should mother and newborn charges be uncombined (Y/N) [N] --*

If **Y** for Yes is entered, the charges for mom and baby are placed on the original account for the TRENDSTAR interface only. This does not affect any bill or claim.

If CPA is turned on, the UB92 revenue codes on the 8.00 record are uncombined. If RUA is turned on, the Billing CPT-4 codes in the 10.06 record are uncombined. It is important to be aware that all payments appear on the mother's account. Therefore, if charges are being uncombined, the payments do not correspond to the charges on the TRENDSTAR accounts.

If **N** for No is entered, the charges for mom and baby are not placed on the original account.

### 2. UNCOMBINE OTHER ACCOUNT'S CHARGES (1-A-R)

This field allows accounts (except newborns) that have been combined through the Combine Bill function to be placed on the original account they were charged to. After you enter this option, the following prompt is displayed:

*Uncombine charges for (A)ll, (S)ome, or (N)one of the non-newborn accounts [N] --*

If you enter **A** for All, the charges for non-newborn accounts are uncombined so that the charges are transferred to TRENDSTAR with the account they were originally charged to for the TRENDSTAR interface only. This does not affect any bill or claim.

If CPA is turned on, the UB92 revenue codes on the 8.00 record are uncombined. If RUA is turned on, the Billing CPT-4 codes in the 10.06 record are uncombined. It is important to be aware that all payments appear on the combined to account. Therefore, if charges are being uncombined, the payments do not correspond to the charges on the TRENDSTAR accounts.

If you enter **N** for None, the charges for accounts (except newborns) that have been combined through the Combine Bill function are sent to TRENDSTAR as they appear on STAR.

If you enter **S** for Some, the patient type table is displayed. Select the patient types for non-newborn accounts that you want to uncombine.

### **3. UNCOMBINE DPW ACCOUNT'S CHARGES? (1-A-O)**

This field enables you to uncombine charges that were transferred using the DRG Payment Window (DPW) function.

When you access this field, the system displays the following prompt:

*Uncombine DPW charges for (A)ll, (S)ome, or (N)one of the accounts [N]-- |*

If you enter **A** for All, the system uncombines all accounts in the TRENDSTAR interface file for which charges were transferred using the DPW function. Charges appear on the accounts to which they were originally charged.

If you enter **S** for Some, the system displays the Patient Types table. You can choose to uncombine charges for certain patient types only.

If you enter **N** for None or press ENTER, the system sends the charges for accounts that have been transferred using the DPW function to TRENDSTAR the way the charges appear in the STAR system.

### **4. PROCEDURE PHY #1 (TABLE LOOKUP-O)**

This field allows you to choose which first physician you want to be transferred in the ICD Procedure Details record (6.03 record) in the interface. Select one of the following:

Surgeon  
Anesthetist  
Team Member 1  
Team Member 2  
Team Member 3  
Team Member 4

Team Member 5  
Team Member 6  
Team Member 7  
Team Member 8  
Team Member 9  
Team Member 10

#### **5. PROCEDURE PHY #2 (TABLE LOOKUP-O)**

This field allows you to choose which second physician you want to be transferred in the ICD Procedure Details record (6.03 record) in the interface. Select one of the following:

Surgeon  
Anesthetist  
Team Member 1  
Team Member 2  
Team Member 3  
Team Member 4  
Team Member 5  
Team Member 6  
Team Member 7  
Team Member 8  
Team Member 9  
Team Member 10

#### **6-9. NONATTENDING PHYSICIANS A-D (TABLE LOOKUP-O)**

These fields contain nonattending physicians A through D. When the cursor is positioned on any of the physician fields, a table containing the available types is displayed.

The following is a list of the physician choices:

1st Consulting Physician  
2nd Consulting Physician  
3rd Consulting Physician  
4th Consulting Physician  
5th Consulting Physician  
6th Consulting Physician  
7th Consulting Physician  
8th Consulting Physician  
9th Consulting Physician  
10th Consulting Physician  
Attending Physician  
Admitting Physician  
Referring Physician  
ER Physician  
Procedure 1 Surgeon  
Procedure 2 Surgeon

Procedure 3 Surgeon  
Procedure 4 Surgeon  
Procedure 5 Surgeon  
Procedure 6 Surgeon  
Procedure 7 Surgeon  
Procedure 8 Surgeon  
Procedure 9 Surgeon  
Procedure 10 Surgeon  
Procedure 11 Surgeon  
Procedure 12 Surgeon  
Procedure 14 Surgeon  
Procedure 15 Surgeon  
Primary Care Physician  
Shared Care Physician  
Discharge Physician  
Procedure 1 Anesthetist  
Procedure 2 Anesthetist  
Procedure 3 Anesthetist  
Procedure 4 Anesthetist  
Procedure 5 Anesthetist  
Procedure 6 Anesthetist  
Procedure 7 Anesthetist  
Procedure 8 Anesthetist  
Procedure 9 Anesthetist  
Procedure 10 Anesthetist  
Procedure 11 Anesthetist  
Procedure 12 Anesthetist  
Procedure 13 Anesthetist  
Procedure 14 Anesthetist  
Procedure 15 Anesthetist  
Procedure 1 Physician 1  
Procedure 1 Physician 2  
Procedure 1 Physician 3  
Procedure 1 Physician 4  
Procedure 1 Physician 5

Procedure 15 Physician 1  
Procedure 15 Physician 2  
Procedure 15 Physician 3  
Procedure 15 Physician 4  
Procedure 15 Physician 5

Each type of physician can be selected only once. After a physician type is selected, it is removed from the table display. This physician information is passed to TRENDSTAR only if it exists for the patient. If the physician for the account is entered as a free-form physician, then the override physician code located on the Demographics/Defaults screen in the Facility Information options is used. Refer to the *General Information Volume* in the *STAR Financials Patient Accounting Reference*

Guide for more information.

#### **10. ADDITIONAL AUDIT REPORTS (TABLE LOOKUP-O)**

When this field is selected, a table is displayed to allow you to choose which additional audit reports you want generated when the CCA/RUA/CPA optional batch job is run. Selections are:

Cases and Charges by Month/Fiscal Period  
Cases and Charges by Insurance Plan/Financial Class  
Totals by Record Type

One or all of these can be selected. The CCA/RUA Audit report (FARCCA) and the CPA Audit Report (FARCPA) are generated automatically when the optional batch job is run.

#### **11. REFUNDS WITH PAYMENTS (1-A-R)**

This field allows you to determine if refunds are included with payments in the Summarized Payments fields (6.04). After you enter this option, the following prompt is displayed:

*Include refunds with summarized payments (6.04) (Y/N)[Y] --*

If **Y** for Yes is entered, refunds are included with the payment amounts in the summarized payment record (6.04). If you have CPA/Claims Management and have chosen to include refunds with detail payments (field 7 on CPA parameter screen), then set this field to be Yes so that detail payments tie to summarized payments. The default is Yes. If **N** for No is entered, refunds are not included in the summarized payment amounts.

#### **12. SERIES PROCESSING (1-A-O)**

This field controls how the outpatient series accounts are processed. After you enter this option, the following prompt is displayed:

*Process outpatient cycle bills as separate accounts (Y/N) [N] --*

If you select **N** for No, the outpatient series accounts are processed the same as other accounts. Whenever the nondischarged series accounts are triggered, they are sent to TRENDSTAR with the discharge date specified in the Trigger Event Parameter screen, and all charges are transferred. Therefore, these accounts need to be merged on TRENDSTAR so that charges are not overstated. The default is No.

If you select **Y** for Yes, nondischarged series accounts go to TRENDSTAR with the bill date as the discharge date and only the charges that correspond to the bill date are sent to TRENDSTAR. Therefore, each cycle bill can remain as separate accounts on TRENDSTAR. Be aware that payments cannot be sent by cycle bill. If you select this option, the payments on the accounts do not tie to the charges.

When this parameter is set to Yes, a Series Processing Trigger Event Parameter screen is created. Some default triggers are set. The following is an example of the Default Trigger Event Parameters screen.

General Hospital Trigger Events Processor	
Thu May 08, 2009 02:22 pm	
Patient Type: Series Processing	
1 Trigger Event	Transfer Charges
Changes to Ins/FC	No
Transfer to Bad Debt	No
Abstract Flagged as Complete	No
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Payment/Adjustment	No
Update Diagnosis Information	No
Update Procedure Information	No
Update DRG Information	No

Enter field number or '/' starting field number--

Other trigger events can be added to this list. Charges can only be sent with the following trigger events: cycle bill, final bill, late bill, adjustment bill, or late charges.

This is to ensure that a specific charge item does not get sent to TRENDSTAR more than once. Sending a charge to TRENDSTAR more than once might cause charges to be duplicated on TRENDSTAR. If you had a patient type exception for a series patient type and then changed the series processing flag to Yes, it is possible that the Transfer Charges flag would be changed to No if the trigger was not on of the billing on case charge triggers listed above.

This process causes a separate interface file containing only series accounts to be created. If you are using ASCII or NFS transfer methods, then the name of the file is ser <create date><facilitycode>.dbi. For example a file created on September 12 for facility A would be called ser0912a.dbi. If the file is created in an ID other than ID 1, then the file name is ser<create date><facility code><ID#>.dbi

Specific TRENDSTAR Tape Control Table settings need to be implemented depending on the setting of this parameter. Refer to the [“TRENDSTAR TAPE CONTROL TABLE” on page 1-121](#) for more information.

### 13. APC DATA (1-A-0)

This field is used to determine which APC record types should be sent to TRENDSTAR. When this field is accessed, the following prompt is displayed:

Send (P)atient, P(R)ocedural, (B)oth, or (N)o APC data [N]--



If you respond **P** for Patient, the patient level APC data in record types 6.08 - 6.10 is to be created, and Patient is displayed in the field. If you respond **R** for Procedural, the procedural level APC data in record types 6.11 - 6.12 is to be created, and Procedural is displayed in the field. If you respond **B** for Both, both patient and procedural level data (records 6.08 - 6.12) are to be created, and **Both** is displayed in the field. If you respond **N** for No, no APC data will be created and No is displayed in the field. The default is No. A blank in this field will be the same as a No response.

**NOTE:** Regardless of the value in the APC Data field on the TRENDSTAR interface Parameters, up to 11 UB Condition codes, if present for the patient account, are sent on the 6.08 record type.

## RUA Parameters

This parameter screen contains information necessary for processing RUA information.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.
3. Select RUA Parameters. This parameter is only available if RUA product is selected on the General/CCA Parameter screen. After this option is selected, the following screen is displayed.

General Hospital RUA Parameters Processor			
Fri Sept 21, 2001 01:52 pm			
1 Autopsy Code	2 Physician E	3 Physician F	4 Physician G
2	4th Consulting P	5th Consulting P	6th Consulting P
5 Physician H	6 Physician I	7 Physician J	8 Physician K
7th Consulting P	8th Consulting P	9th Consulting P	10th Consulting
9 Physician L	10 Physician M	11 Physician N	12 Physician O
Proc 1 Surgeon			
13 Physician P	14 Physician Q	15 Physician R	16 Physician S
17 Expanded Charge Records	18 Transfer Acuity	19 Pharmacy Metric Quantity	
No	No	No	
20 Expanded HCPCS Record	21 Last Edit by	22 Edit Date	
No	Jones,Pat	07/16/01 07:57am	
Enter field number or '/' starting field number--			

## Field Explanations

### 1. AUTOPSY CODE (TABLE LOOKUP-O)

This field allows you to choose the death classification codes that indicate that an autopsy has been performed. If the death classification codes chosen appear on the

patient's medical record abstract, the TRENDSTAR interface file indicates that an autopsy had been performed.

**2-16. PHYSICIAN E-S (TABLE LOOKUP-O)**

These fields contain physicians E through S. When the cursor is positioned on any of the physician fields, a table containing the available types is displayed.

The following is a list of the physician choices:

- 1st Consulting Physician
- 2nd Consulting Physician
- 3rd Consulting Physician
- 4th Consulting Physician
- 5th Consulting Physician
- 6th Consulting Physician
- 7th Consulting Physician
- 8th Consulting Physician
- 9th Consulting Physician
- 10th Consulting Physician
- Attending Physician
- Admitting Physician
- Referring Physician
- ER Physician
- Procedure 1 Surgeon
- Procedure 2 Surgeon
- Procedure 3 Surgeon
- Procedure 4 Surgeon
- Procedure 5 Surgeon
- Procedure 6 Surgeon
- Procedure 7 Surgeon
- Procedure 8 Surgeon
- Procedure 9 Surgeon
- Procedure 10 Surgeon
- Procedure 11 Surgeon
- Procedure 12 Surgeon
- Procedure 14 Surgeon
- Procedure 15 Surgeon
- Primary Care Physician
- Shared Care Physician
- Discharge Physician
- Procedure 1 Anesthetist
- Procedure 2 Anesthetist
- Procedure 3 Anesthetist
- Procedure 4 Anesthetist
- Procedure 5 Anesthetist
- Procedure 6 Anesthetist
- Procedure 7 Anesthetist
- Procedure 8 Anesthetist

Procedure 9 Anesthetist  
Procedure 10 Anesthetist  
Procedure 11 Anesthetist  
Procedure 12 Anesthetist  
Procedure 13 Anesthetist  
Procedure 14 Anesthetist  
Procedure 15 Anesthetist  
Procedure 1 Physician 1  
Procedure 1 Physician 2  
Procedure 1 Physician 3  
Procedure 1 Physician 4  
Procedure 1 Physician 5

.  
. .  
.

Procedure 15 Physician 1  
Procedure 15 Physician 2  
Procedure 15 Physician 3  
Procedure 15 Physician 4  
Procedure 15 Physician 5

Each type of physician can be selected only once. After a physician type is selected, it is removed from the table display. This physician information is passed to TRENDSTAR only if it exists for the patient. If the physician for the account is entered as a free-form physician, then the override physician code located on the Demographics/Defaults screen in the Facility Information options is used. Refer to the *General Information Volume* in the *STAR Financials Patient Accounting Reference Guide* for more information.

#### **17. EXPANDED CHARGE RECORDS (1-A-R)**

This field enables you to choose whether you want to send the Expanded Procedure Charge Information or the RUA Charge Information to TRENDSTAR RUA. After you enter this option, the following prompt is displayed:

*Do you want to send Expanded Charge Records to TRENDSTAR? (Y/N) [N] --*

Enter **N** if you want records sent in the format of RUA Charge Information record type 9. The default is No.

Enter **Y** if you want records sent in the format of Expanded RUA Charge Information record type 99.

If you answer Yes to this prompt, the following tables is displayed. Select one or more of the selections:

Order Date  
Order Time  
Point of Service

When you access the field, you are able to see the data elements chosen. Choosing the expanded charge record increases the size of your interface file. Instead of having two charges per charge record in the interface file, you now have only one charge per charge record. The order date and time come from the STAR Order Management System. The Point of Service field contains the revenue center associated with the charge. The Point of Service field should be selected if your facility uses the revenue redirection feature in STAR Patient Care.

#### **18. TRANSFER ACUITY (1-A-R)**

This field enables you to choose whether acuity records from the Patient Acuity and Nurse Staffing module of STAR Patient Care are to be transferred in the interface file. Acuity values are only available if the Patient Acuity and Nurse Staffing module of STAR Patient Care is being used. After you enter this option, the following prompt is displayed:

*Do you want to send Acuity Data Records to TRENDSTAR? (Y/N) [N] --*

Enter **Y** if you want acuity data records sent to TRENDSTAR. You must have the Patient Acuity and Nurse Staffing module implemented.

Enter **N** if you do not want to send acuity data records to TRENDSTAR. The default is No.

Acuity records are only transferred when the Patient Care Historization trigger occurs on the account. When this occurs, acuity records should be available for transfer to TRENDSTAR. In addition, a date range update or an account update also transfers acuity. If you answer Yes to this field, the following is displayed:

Acuity records only transfer when the account is historized on patient care. Please choose Patient Care Historization as a trigger event.

The acuity data remains available to TRENDSTAR for the number of days specified in the Historical Acuity Retention field on the Nursing Facility Parameters screen. Refer to the File Maintenance section in the *Patient Acuity & Nurse Staffing Module* in the *STAR Patient Care Reference Guide* for more information on the Historical Acuity Retention field.

#### **19. PHARMACY METRIC QUANTITY (1-A-R)**

This field indicates if metric quantity is used for pharmacy items. After you enter this option, the following prompt is displayed:

*Utilize Pharmacy Metric Quantity as the quantity amount in the charge record (Y/N)[N] --*

Enter **Y** for Yes to indicate that the metric quantity should be used for pharmacy items.

Enter **N** for No to use quantity in the quantity field. The default is No. The quantity that is sent from STAR Pharmacy to STAR Patient Care and then on to STAR Patient Accounting is controlled by the Charge Quantity to Financials parameter on STAR

Pharmacy. This parameter can be set to Doses or Quantity. For STAR Patient Accounting this parameter must be set to quantity. This, in turn, sends the quantity as the number of packages for multi-dose items (for example, bottles of liquid) and the number of units for non-multi-dose items (tablets). Therefore, for multi-dose items, the number of metric units is not in the quantity field. In order to get the number of metric units in the quantity field of the charge record, this parameter must be set to Yes. If the number has decimal places, it is rounded.

You may want to send metric quantity if product costing has been done with metric quantities. However, the metric quantity is not available in the MCA Volume Table.

## 20. EXPANDED HCPCS RECORD (1-A-0)

This field is used to determine if the Expanded Medical and Billing CPT4/HCPCS and Rev Code Information records (10.15 and 10.16) are to be sent to TRENDSTAR instead of the Medical and Billing CPT-4 Data records (10.05 and 10.06). When this field is accessed, the following prompt is displayed:

*Do you wish to send the Expanded Medical and Billing HCPCS Information  
to Trendstar (Y/N) [N] -*

If you respond **Yes**, record types 10.15 and 10.16 are to be sent to TRENDSTAR. Record types 10.05 and 10.06 will no longer be sent, and **Yes** is displayed in that field.

If you respond **No**, record types 10.05 and 10.06 are to be sent to TRENDSTAR. Record types 10.15 and 10.16 will not be sent, and **No** is displayed in the field.

A blank in this field is the same as a **No** response.

## 21. LAST EDIT BY (DISPLAY ONLY)

This field contains the name of the person who last edited this table entry.

## 22. EDIT DATE (DISPLAY ONLY)

This field indicates the date and time this table entry was last updated.

# CPA Parameters

This parameter screen contains information necessary for processing CPA information.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.

3. Select CPA Parameters. After this option is selected, the following screen is displayed.

```

                                General Hospital CPA Parameters Processor
                                Fri Jan 05, 1996 01:53 pm

1 Authorization #1           2 Authorization #2           3 Authorization #3
  Approval Name COB1        Approval Name COB2        Approval Name COB3
4 Authorization #4           5 Contract ID Format          6 Include 8.01 Record
  Approval Name COB4        Include Leading Zeros        No
7 Refunds with Payment Detail (8.10) 8 Deductible/Coinsurance Source
  Yes                        Payment
9 Last Edit by              10 Edit Date
  Carol,Marlow              01/03/96 14:18P

Enter field number or '/' starting field number--

```

## Field Explanations

### 1-4.AUTHORIZATION #1 - #4 (TABLE LOOKUP O)

When these fields are accessed, a table listing of authorization numbers is displayed. You can then enter your choice. The following is the list of Authorization Number choices:

Approval Name COB 1  
 Approval Name COB 2  
 Approval Name COB 3  
 Approval Name COB 4  
 Approval Number COB 1  
 Approval Number COB 2  
 Approval Number COB 3  
 Approval Number COB 4  
 Insurance Verified Name COB 1  
 Insurance Verified Name COB 2  
 Insurance Verified Name COB 3  
 Insurance Verified Name COB 4  
 Second Opinion COB 1  
 Second Opinion COB 2  
 Second Opinion COB 3  
 Second Opinion COB 4  
 Insurance Notified Date COB 1  
 Insurance Notified Date COB 2  
 Insurance Notified Date COB 3  
 Insurance Notified Date COB 4

Approval Date COB 1  
Approval Date COB 2  
Approval Date COB 3  
Approval Date COB 4  
Insurance Verified Date COB 1  
Insurance Verified Date COB 2  
Insurance Verified Date COB 3  
Insurance Verified Date COB 4

When a choice is made, the description appears in the field. Once one of the options is chosen, it does not appear on the list for the remaining authorization number fields.

#### **5. CONTRACT ID FORMAT (1-A-R)**

This field enables you to format the Contract ID. The contract ID is the primary insurance carrier/plan code. After you enter this option, the following prompt is displayed:

*Suppress insurance carrier/plan code leading zeros (Y/N) [N] --*

Enter **Y** to exclude leading zeros if the insurance carrier code is less than three digits. If Y is entered, leading zeros on the insurance carrier/plan code are dropped when the insurance carrier/plan code is placed in the contract ID field. For example, if the insurance carrier code is 1 and the plan code is 30, the contract ID is 1030.

Enter **N** to include leading zeros if the insurance carrier code is less than three digits. If N is entered, leading zeros on the insurance carrier/plan code are included when the insurance carrier/plan code is placed in the contract ID field. The default is No. For example, if the insurance carrier code is 1 and the plan code is 30, the contract ID is 001030.

#### **6. INCLUDE 8.01 RECORD (1-A-O)**

This field allows you to include expected reimbursement for COB1 in the 8.01 record that is sent to CPA. If you are using Pathways Contract Management, the expected reimbursement is the value calculated by Pathways Contract Management. If you are not using Pathways Contract Management, the value transferred to CPA is the value calculated by the reimbursement module in STAR Patient Accounting. If you want TRENDSTAR CPA to calculate the expected reimbursement for COB1, do not include this record.

After you enter this option, the following prompt is displayed:

*Include expected reimbursement in 8.01 record? (Y/N) [N] --*

Enter **Y** to send the expected reimbursement for COB1 in the 8.01 record. Enter **N** to not send the expected reimbursement for COB1 in the 8.01 record. The default is No.

**7. REFUNDS WITH PAYMENT DETAIL (8.10) (1-A -R)**

This field controls if refunds are included in the Payment Detail record (8.10 record). After you enter this option, the following prompt is displayed:

*Include refunds with payment detail (Y/N) [Y] --*

If you enter **Y** for Yes, refunds are included in the Payment Detail record. The default is Yes. If you enter **N** for No, refunds are not included in the Payment Detail record. Only refunds that occurred after the active flag on the General/CCA Parameter screen was turned on are included.

If you want to see refunds that occurred before the Active flag was set to Yes, you must run the CPA Payment/Adjustment Backload function.

**8. DEDUCTIBLE/COINSURANCE SOURCE (1-A-R)**

This field allows you to specify where the Deductible and Coinsurance amounts in record type 8.04 are to be pulled from. You have the choice of pulling them from the payment information or from proration. After you enter this option, the following prompt is displayed:

*Should deductible and coinsurance amounts come from (P)ayments or P(R)oration ---*

If you enter **P** for payments, the deductible and coinsurance amounts are pulled from payment detail. The deductible and coinsurance amounts that are entered on the cash posting screens for all COB1 payments are transferred. The deductible and coinsurance amounts are available from payments made after the active flag on the General/CCA Parameter screen is set to Yes. If P (payments) is selected and there is no data available from the payment, then the deductible and coinsurance amounts are pulled from proration information. If the parameter is set to payment, every time that the account is processed in the interface, the interface attempts to pull the deductible and coinsurance from the payment detail. It always defaults to proration if there is no payment detail. For example, the first time the account goes to TRENDSTAR is at discharge. At that time, no payments have been made on the account for COB1. Therefore, the deductible and coinsurance are pulled from proration information. The next time the account goes to TRENDSTAR, the account has had a COB1 payment. Therefore, this time the deductible and coinsurance are pulled from the payment detail and it replaces the proration information already on TRENDSTAR.

If you enter **R** for proration, this information comes from proration, and payment information does not overwrite it.

**9. LAST EDIT BY (DISPLAY ONLY)**

This field contains the name of the person who last edited this table entry.

**10. EDIT DATE (DISPLAY ONLY)**

This field indicates the date and time this table entry was last updated.



## User Defined Fields

You can choose up to 500 user-defined elements to be passed to TRENDSTAR.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.
3. Select User Defined Fields. After this option is selected, the following screen is displayed.

General Hospital User Defined Fields Processor			
Tue May 02, 2000 01:22 pm			
User Defined Fields	Setup Routine	Table	Num
Print Routine			
TRANSFER TIME IN	TRANSFER STATION 1		
DATE (CCYYMMDD)			1
ACCOUNT BALANCE			
MONEY - ACCOUNT BALANCE			2
Admitting Medical Service			
			3
DENIED DAYS			
			4
INSURANCE CARRIER/PLAN NA	INSURANCE COB 1		
			5
ADMITTING NURSING STATION			
			6
GSE ADMIT NURSE STATION			
			7
CCA/RUA DRG NUMBER			
			8
F1Prev Page F2Next Page F3 Insert F4 Delete F6 Reset F7 Exit ?			

The User Defined Fields (UDFs) must match the UDF definitions on TRENDSTAR. UDFs should not be changed except at fiscal year end. After selecting each element, the system prompts you to complete the Setup Routines and Print Routines for the element, if applicable.

A list of user-defined fields is provided in Appendix A of this book.

**NOTE:** Changes to user-defined fields must be coordinated with your TRENDSTAR representative.

**Setup Routines** - When necessary, the system asks you to select a setup routine. The selection of a Setup Routine is necessary only if the element allows more than one choice. For example, if Insurance Amount of Payment is selected, the system asks you to choose the type of insurance (Insurance COB 1, COB 2, COB 3, or COB 4). You can set up multiple UDFs if multiple insurance payment information is desired, or you can restrict the information passed to only the primary (first) insurance.

**Table** - Some UDFs may have multiple choices based on a STAR table. In these instances, a table is displayed, and at least one choice is required.

**Print Routines** - This field is required only if the data can be reported in multiple formats. For example, if discharge date is selected, the system asks you to select from the multiple print formats available (such as MM/DD/YY, MM/YY, YYMMDD, MM/DD.) Generally, the print routine YYYYMMDD should be selected for date fields to facilitate more effective reporting on TRENDSTAR.

**Number** - This field contains the TRENDSTAR UDF number. In order to insert a UDF, place the cursor on the location where you want the UDF to be. Select F3 to insert the new UDF. After the UDF setup routine and print routine have been added, the following prompt is displayed:

*Add UDF Number X (Y/N) [Y] --*

X is the TRENDSTAR UDF number for that UDF. If you enter **Y** for Yes, the UDF numbers resequence, and the new UDF is inserted. If you enter **N** for No, the UDF is not inserted. The default is Yes.

In order to delete a UDF, place the cursor on the UDF that you want to delete. Select **F4** to delete the UDF. The following prompt is displayed:

*Delete UDF number X (Y/N) [Y] --*

X is the TRENDSTAR UDF number for that UDF. If you enter **Y** for Yes, the UDF is deleted and the UDF numbers are resequenced. If you enter **N** for No, the UDF is not deleted. The default is Yes.

After you accept this screen, the system displays the following message:

*GENERATING CCA/RUA/CPA USER DEFINED FIELD PROGRAM*

## AR/BD Add Parameters

This parameter screen contains the information necessary for processing AR Add or Bad Debt Add accounts.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.
3. Select AR/BD Add Parameters. After this option is selected, the following screen is displayed.

General Hospital AR/BD Add Parameters Processor		
Fri Jan 05, 1996 01:58 pm		
1 AR/BD Add Accounts	2 Summarized Payments (6.04)	3 Detail Payments (8.10)
No		
4 Detail Adjustments (8.11)	5 Account Balance Data (8.09)	
6 Transaction Code to Exclude		
7 Patient Contract Data (8.03)	8 Payment/Adj/Refund UDFS	
9 Last Edit by Carol, Marlow	10 Edit Date 01/04/96 14:19P	
Enter field number or '/' starting field number--		

## Field Explanations

### 1. AR/BD ADD ACCOUNTS (1-A-R)

This field determines whether or not AR and Bad Debt Add accounts are included in the TRENDSTAR interface. After you enter this option, the following prompt is displayed:

*Include AR/BD Added Accounts (Y/N) [N] --*

If you enter **N** for No, no AR or Bad Debt Add accounts are transferred in the interface. These accounts appear on the CCA/RUA Exception report (FARCCA) with a reason code of AR/BD Add Accounts. The default is No.

If you enter **Y** for Yes, when AR and BD Add accounts become eligible for transfer to TRENDSTAR, these accounts go to the AR/BD Add accounts index. Every night when the interface is processed, the interface checks the AR/BD Add Accounts index to see if anything exists. If accounts are there, a separate interface file for only the AR/BD Add accounts is processed. Only the records specified in the parameter screen plus the 0 and 1 records (General Patient Information) are processed for AR/BD Add accounts. If Yes is entered in this field, you are able to enter the remaining fields on this screen.

If the transfer method is either ASCII or NFS, the name of the file generated is add <create date><facility>.dbi. If this file is being generated out of any ID other than ID1, the name of the file is add <createdate><facility><ID#>.dbi.

### 2. SUMMARIZED PAYMENTS (6.04) (1-A-R)

This field identifies whether the summarized payments record (record type 6.04) are sent for the AR/BD Add accounts. The data in this record includes the payment amount

for insurances 1-4 and patient payment amount. After you enter this option, the following prompt is displayed:

*Include summarized payment amounts (Y/N) [N] --*

If you enter **N** for No, Exclude is displayed in this field and record type 6.04 is not sent in the interface. The default is No.

If you enter **Y** for Yes, the following prompt is displayed:

*Should STAR summarized payments (R)eplace or (A)dd to summarized payments in TRENDSTAR [R] --*

If you enter **A** for Add, Include/Add is displayed in this field. Only the payments that have not been sent to TRENDSTAR are included in the summarized payments amounts. Once a payment is sent to TRENDSTAR, it is not sent again. In addition position 75 in record type 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the summarized fields should be added to existing data. This should only be used if historical payments are not entered on the AR/BD added accounts.

If you enter **R** for Replace, Include/Replace is displayed in this field. If the parameter is include/replace, the 6.04 record is sent to TRENDSTAR with all the payments currently in STAR. If payments made before the accounts were added back into AR/BD were entered using the AR/BD Add screen or entered using the Inhouse Conversion/AR Add Historical Activity screen, then these payments are included in the summarized payments sent to TRENDSTAR. In addition position 75 in record type 1 is set to 2. This instructs the TRENDSTAR database update program to replace the data. If these amounts were not entered, only the payments made after the accounts were added back into AR/BD are sent to TRENDSTAR, and they replace whatever payments had been previously sent to TRENDSTAR. Replace should only be selected if the historical payments were entered on the AR/BD Add screen or on the Inhouse Conversion/AR Add Historical Activity screen.

For example, account 12345 is added to AR through the AR Add function. On the AR Add screen, a \$50.00 payment for COB1 was entered. After the account was added to AR there was a \$100.00 payment for COB1. The \$100 COB1 payment triggered the account to be sent to TRENDSTAR. If the parameter is set to Include/Replace, then \$150.00 is sent in the 6.04 record for COB1 and the flags in the 1 record are set so that payments are replaced on TRENDSTAR. If no payments were entered on the AR Add screen and if the parameter was set to Include/Add, then the \$100 COB1 payment is sent, and the flag in the 1 record is set so that payments are added to what already exists on TRENDSTAR. The \$100 COB1 payment is not sent to TRENDSTAR again.

### **3. DETAIL PAYMENTS 8.10 (1-A-R)**

This field determines whether or not the detail payments in the 8.10 record are sent for AR/BD Add accounts. This parameter is only available if the Products field on the

General/CCA Parameter screen has CPA/Claims Management as a product for the facility. After you enter this option, the following prompt is displayed:

*Include detail payment amounts (Y/N) [N] --*

If you enter **N** for No, the detail payments in the 8.10 record is not sent for AR/BD Add accounts. Exclude is displayed in the field. The default is No.

If you enter **Y** for Yes, the following prompt is displayed:

*Should STAR detail payments (R)eplace or (A)dd to detail payments in  
TRENDSTAR [A] --*

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the 8.10 record is sent to TRENDSTAR with all the payments currently in STAR. Only the payments made after the accounts that were added back into AR or Bad Debt are sent to TRENDSTAR and these payments replace whatever payments had been previously sent to TRENDSTAR. In addition, position 77 in record type 1 is set to 2. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should replace existing data. McKesson recommends that you do not use the Include/Replace option because it overwrites any payments that were made before the accounts was added back into AR or Bad Debt.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments that have not been sent to TRENDSTAR yet are included in the detail payment records. In addition, position 77 in record 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should be added to existing data. McKesson recommends that you use the Include/Add option.

#### **4. DETAIL ADJUSTMENTS (8.11) (14-A-R)**

This parameter determines whether or not the detail adjustments in the 8.11 record are sent for AR/BD Add accounts. This parameter is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. After you enter this option, the following prompt is displayed:

*Include detail adjustment amounts (Y/N) [N] --*

If you enter **N** for No, the detail payments in the 8.11 record are not sent for AR/BD Add accounts. Exclude is displayed in the field. The default is No.

If you enter **Y** for Yes, the detail adjustments are chosen, then the following prompt is displayed:

*Should STAR detail adjustments (R)eplace or (A)dd to detail adjustments in  
TRENDSTAR [A] --*

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the 8.11 record is sent to TRENDSTAR with all the adjustments currently in STAR. Only the adjustments made after the accounts that were added back into AR or Bad Debt are sent to TRENDSTAR and these accounts replace whatever adjustments had been previously sent to TRENDSTAR. In addition, position 78 in record type 1 is set to 2. This indicates to the database update program in TRENDSTAR that the values in the detail adjustment fields should replace existing data. McKesson recommends that you do not use the Include/Replace option because adjustments on the account that occurred before the accounts were added back into AR or Bad Debt are overwritten.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments that have not been sent to TRENDSTAR yet are included in the detail payment records. In addition, position 78 in record 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should be added to existing data. McKesson recommends that you use the Include/Add option.

All adjustments are included except for those adjustments that have a transaction code that has been selected in the Transaction Codes to Exclude field.

#### **5. ACCOUNT BALANCE DATA (8.09) (1-A-R)**

This field determines whether or not the account balance data in the 8.09 record is sent for AR/BD Add accounts. This parameter is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management or CPA/Rules Based Reimbursement as a product for the facility. After you enter this option, the following prompt is displayed:

*Include Account Balance Data (8.09 record) (Y/N)[Y] --*

If you enter **Y** for Yes, the account balances by insurance and patient are sent to TRENDSTAR. The default is Yes. If you enter **N** for No, this record is not transferred to TRENDSTAR.

#### **6. TRANSACTION CODES TO EXCLUDE (TABLE LOOKUP-O)**

When this field is accessed the adjustment transaction code table is displayed. You are prompted to enter the transaction codes to exclude. Whatever codes are selected are not included in the adjustments that the interface sends to TRENDSTAR. In most cases, the Transaction Codes to exclude would be the balance forward adjustments that are entered in order to balance the account. Since the detail payments, adjustments, and charges may have already been sent to TRENDSTAR, these balance forward adjustments may not be necessary and may cause the accounts not to balance on TRENDSTAR. If the accounts had not been sent to TRENDSTAR before they were added back into AR or Bad Debt, then the balance forward amounts should not be excluded.

**7. PATIENT CONTRACT DATA (8.03)**

This field is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. This parameter determines whether all or some of the data elements in the Patient Contract Data record (record type 8.03) are included in the interface for AR/BD Add accounts. After you enter this option the following prompt is displayed:

*Include (A)ll, (S)ome or (N)one of the Patient Contract Data --*

If **A** for All is selected, All is displayed in this field and all the data elements in record type 8.03 are included in the interface for AR/BD Add accounts.

If **S** for Some is selected, a table is displayed and you select the data elements you want transferred to TRENDSTAR for AR/BD Add accounts. The data elements include:

Final Bill Date  
COB1 First Payment Date  
COB1 Last Payment Date  
Account Location Code  
Medical Service Code  
Employer Name

If Some data elements are selected, a partial record is sent to TRENDSTAR. Refer to the TRENDSTAR Reference Guide for a description of the partial data record.

It is important that the fields that are selected to include are available for the AR/BD Add accounts. If this information had not been added for these accounts, then there is a possibility that data currently on TRENDSTAR may be overwritten. Usually Final Bill Date, Account Location Code, Medical Service Code, and Employer Name are available for AR/BD Add Accounts. Since we do not have the historical detail payment information, COB1 First Payment Date is not available. COB1 Last Payment Date would be available if a payment was made after the account was added back into AR or Bad Debt.

If **N** for None is selected, the 8.03 record is not sent for AR/BD Add Accounts.

**8. PAYMENT/ADJ/REFUND UDFS (7)**

This field determines whether all or some of the Payment/Adjustment/Refund UDFs are included in the interface for AR/BD Add accounts. After you enter this option, the following prompt is displayed:

*Include (A)ll, (S)ome or (N)one of the Payment/Adjustment/Refund UDFs --*

If **A** for All is selected, All is displayed in this field and all the Payment/Adjustment/Refund UDFs that were selected in the UDF Parameter screen are included in the interface for AR/BD Add accounts.

If **S** for Some is chosen, a table is displayed, and you can select which payment/adjustment/refund UDFs you would like to be transferred to TRENDSTAR for AR/BD Add accounts. Only those UDFs that have been previously chosen through the UDF Parameter screen are included on the scrolling screen. If the UDF had not been previously identified, then it cannot be transferred for AR/BD Add accounts. The following is a list of the payment/adjustment /refund UDFs that can display:

Account Balance  
Amount of Payments - Account  
Amount of Payments - Patient  
CCA/RUA Insurance Amount of Payments COB1  
CCA/RUA Insurance Amount of Payments COB2  
CCA/RUA Insurance Amount of Payments COB3  
CCA/RUA Insurance Amount of Payments COB4  
Insurance Total Adjustment Amount COB1  
Insurance Total Adjustment Amount COB2  
Insurance Total Adjustment Amount COB3  
Insurance Total Adjustment Amount COB4  
Total Adj Amount - Account  
Total Adj Amount - Patient  
Refund Amount (Account)  
Refund Amount (Patient)

It is important that the fields that are selected to be included are available for the AR/BD Add accounts. If this information had not been entered for these accounts, then there is a possibility that data currently on TRENDSTAR may be overwritten.

Since User Defined Fields are only replaced on TRENDSTAR, it is important that historical payment/adjustment/refund data is entered on the AR/BD Add accounts if UDF data will be transferred. This data can be entered on the AR/BD Add screens or using the Inhouse Conversion/AR Add Historical Activity Function in the CCA/RUA/CPA Interface Create Function.

If **N** for None is entered, no UDFs are transferred for AR/BD Added accounts.

#### **9. LAST EDIT BY (DISPLAY ONLY)**

This field contains the name of the person who last edited this table entry.

#### **10. EDIT DATE (DISPLAY ONLY)**

This field indicates the date and time this table entry was last updated.

## **Converted Accounts Parameters**

This parameter screen contains the information necessary for the processing of converted accounts.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.



3. Select Converted Accounts Parameters. After this option is selected, the following screen is displayed.

```

                                General Hospital Converted Accounts Parameters Processor
                                Wed Mar 11, 1998 03:42 pm

1 Converted Accounts      2 Summarized Payments (6.04)  3 Detail Payments (8.10)
No
4 Detail Adjustments (8.11)      5 Account Balance Data (8.09)

6 General Patient Information (0 and 1)  7 Patient Contract Data (8.03)

8 Non payment UDFs              9 Payment/Adj/Refund UDFS

10 Last Edit by           11 Edit Date
Masters, Brent           03/10/98 14:15P

Accept this screen? (Y/N) [Y]--

```

## Field Explanations

### 1. CONVERTED ACCOUNTS (1-A-R)

This field determines whether or not converted accounts are included with TRENDSTAR. After you enter this option, the following prompt is displayed:

*Include Converted Accounts (Y/N) [N] --*

If you enter **N** for No, no converted accounts are transferred in the interface. These accounts appear on the CCA/RUA Exception report (FARCCA) with a reason code of Converted Accounts. The default is No.

If you enter **Y** for Yes, when converted accounts become eligible for transfer to TRENDSTAR, these accounts go to a separate index for these accounts. Every night when the interface is processed, the interface checks the converted accounts index to see if anything exists. If accounts are there, a separate interface file for only the Converted accounts is processed. If Yes is entered in this field, you are able to enter the remaining fields on this screen.

If you enter **Y** for Yes, the following prompt is displayed:

*Do you want to send a complete record (Y/N) [N]*

If you enter **N** for No, then Yes/Partial is displayed in this field. Only the records that are identified on this parameter screen are transferred to TRENDSTAR.

If you enter **Y** for Yes, then Yes/Complete is displayed in this field. All records are sent to TRENDSTAR dependent on the parameters set on this screen and on the other parameter screens. This should be used if TRENDSTAR databases do not already exist with these accounts so that there is no chance of overwriting data previously sent to TRENDSTAR. Charge records (9 or 99), CPT-4 records (5), Billing CPT-4 records (10.06), and UB-92 revenue code record (8.00) are not transferred in a complete record since detail charges are not converted.

If the transfer method is either ASCII or NFS, the name of the file generated is con<create date><facility>.dbi. If the file is being created out of an ID other than ID 1, then the file name is con <create date><facility>,<ID#>.dbi.

## **2. SUMMARIZED PAYMENT (6.04) (1-A-R)**

This field identifies whether the summarized payments record (record type 6.04) is sent for the converted accounts. The data in this record includes the payment amount for insurances 1-4 and patient payment amount. After you enter this option, the following prompt is displayed:

*Include summarized payment amounts (Y/N) [N] --*

If you enter **N** for No, Exclude is displayed in this field, and record type 6.04 is not sent in the interface. The default is No.

If you enter **Y** for Yes, the following prompt is displayed:

*Should STAR summarized payments (R)eplace or (A)dd to summarized payments in TRENDSTAR [R] --*

If you enter **A** for Add, Include/Add is displayed in this field. Only the payments that have not been sent to TRENDSTAR yet are included in the summarized payments amounts. In addition position 75 in record type 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the summarized fields should be added to existing data. This should only be used if payments from the previous Patient Accounting system were not converted to STAR.

If you enter **R** for Replace, Include/Replace is displayed in this field. If the field is include/replace, the 6.04 record is sent to TRENDSTAR with all the payments currently in STAR. If payments were made before the accounts were converted to STAR and these payments were converted, then these payments are included in the summarized payments sent to TRENDSTAR. In addition position 75 in record type 1 is set to 2. This instructs the TRENDSTAR database update program to replace the data. If these payments were not converted, only the payments made after the payments were converted are sent to TRENDSTAR, and they replace whatever payments had been previously sent to TRENDSTAR. Replace should only be selected if the historical payments were converted to STAR Patient Accounting.

**3. DETAIL PAYMENTS 8.10 (1-A-R)**

This field determines whether or not the detail payments in the 8.10 record are sent for converted accounts. This field is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. After you enter this option, the following prompt is displayed:

*Include detail payment amounts (Y/N) [N] --*

If you enter **N** for No, the detail payments in the 8.10 record are not sent for converted accounts. Exclude is displayed in the field. The default is No.

If you enter **Y** for Yes, the following prompt is displayed:

*Should STAR detail payments (R)eplace or (A)dd to detail payments in TRENDSTAR [A] --*

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the 8.10 record is sent to TRENDSTAR with all the payments currently in STAR. Only the payments made after the accounts were converted are sent to TRENDSTAR, and these payments replace whatever payments were previously sent to TRENDSTAR. In addition, position 77 in record type 1 is set to 2. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should replace existing data. McKesson recommends that you do not use the Include/Replace option because it overwrites any payments that were sent to TRENDSTAR before the accounts were converted.

If you enter **A** for Add, Include/Add is displayed in this field. If the field is Include/Add, only the payments that have not been sent to TRENDSTAR yet are included in the detail payment records. In addition, position 77 in record 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should be added to existing data. If you had payments in TRENDSTAR before being converted to STAR Patient Accounting, McKesson recommends that you use the Include/Add option.

**4. DETAIL ADJUSTMENTS (8.11) (1-A-R)**

This field determines whether or not the detail adjustments in the 8.11 record are sent for converted accounts. This field is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. After you enter this option, the following prompt is displayed:

*Include detail adjustment amounts (Y/N) [N] --*

If you enter **N** for No, the detail adjustments in the 8.11 record are not sent for converted accounts. Exclude is displayed in the field. The default is No.

If you enter **Y** for Yes, the following prompt is displayed:

*Should STAR detail adjustments (R)eplace or (A)dd to detail adjustments in TRENDSTAR [A] --*

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the 8.11 record is sent to TRENDSTAR with all the adjustments currently in STAR. Only the adjustments made after the accounts were converted to STAR Patient Accounting are sent to TRENDSTAR, and these accounts replace whatever adjustments had been previously sent to TRENDSTAR. In addition, position 78 in record type 1 is set to 2. This indicates to the database update program in TRENDSTAR that the values in the detail adjustment fields should replace existing data. McKesson recommends that you do not use the Include/Replace option, because adjustments on the account were made before the account was converted and are overwritten.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments that have not been sent to TRENDSTAR yet are included in the detail payment records. In addition, position 78 in record 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the detail adjustments fields should be added to existing data. If adjustments made to these accounts were sent to TRENDSTAR before the account was converted, McKesson recommends that you use the Include/Add option.

#### **5. ACCOUNT BALANCE DATA (8.09) (1-A-R)**

This field determines whether or not the account balance data in the 8.09 record is sent for converted accounts. This parameter is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management or CPA/Rules Based Reimbursement as a product for the facility. After you enter this option, the following prompt is displayed:

*Include Account Balance Data (8.09 record) (Y/N)[Y] --*

If you enter **Y** for Yes, the account balances by insurance and patient are sent to TRENDSTAR. The default is Yes. If you enter **N** for No, this record is not transferred to TRENDSTAR.

#### **6. GENERAL PATIENT INFORMATION (0 and 1)**

This field determines whether all or some of the data elements in the General Patient Information records (record types 0 and 1) are transferred for converted accounts. After you enter this option, the following prompt is displayed:

*Include (A)ll or (S)ome of the General Patient Information records --*

If **A** for All is selected, All is displayed in this field, and all the data element in record types 0 and 1 are included in the interface for converted accounts.

If **S** for Some is selected, a table is displayed, and you select which data elements you would like to be transferred to TRENDSTAR for converted accounts. The following data elements are displayed:

Patient Name  
Age  
Sex  
Zip Code  
Primary Carrier Plan Code/Financial Class  
Discharge Status  
Attending Physician  
DRG  
MDC  
LOS

If some data elements are chosen, then a partial record is sent to TRENDSTAR. Refer to the TRENDSTAR Reference Guide for a description of the partial data record.

It is important that the fields that are chosen to be included are available for the converted account. Before completing this field, you should review your conversion specifications to be sure that you are choosing data that is available. If this information had not been converted for these accounts, there is a possibility that data currently on TRENDSTAR will be overwritten.

If DRG and MDC are selected, this overrides the field on the General/CCA Parameter screen. Therefore, if you did not choose to send DRG and MDC on the General/CCA Parameter Screen screen but did choose to send it on this screen, then the DRG and MDC are sent for converted accounts only.

#### **7. PATIENT CONTRACT DATA (8.03)**

This field is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. This parameter determines whether all or some of the data elements in the Patient Contract Data record (record type 8.03) are included in the interface for converted accounts. After you enter this option, the following prompt is displayed:

*Include (A)ll, (S)ome or (N)one of the Patient Contract Data --*

If **A** for All is selected, All is displayed in this field, and all the data elements in record type 8.03 are included in the interface for converted accounts.

If **S** for Some is selected, a table is displayed, and you select which data elements you would like to be transferred to TRENDSTAR for converted accounts. The data elements include:

Final Bill Date  
COB1 First Payment Date  
COB1 Last Payment Date  
Account Location Code  
Medical Service Code  
Employer Name

If some data elements are selected, a partial record is sent to TRENDSTAR. Refer to the STAR Patient Accounting to TRENDSTAR Interface Guide for a description of partial data record.

It is important that the fields that are selected to be included are available for the converted accounts. If this information was not converted, then there is a possibility that data currently on TRENDSTAR will be overwritten.

If **N** for None is selected, the 8.03 record is not sent for converted accounts.

#### **8. NON PAYMENT UDF (1-A-R)**

This field determines whether the UDFs defined on the UDF parameter screen that are unrelated to payments, adjustments, or refunds are sent to TRENDSTAR. After you choose the field, the following prompt is displayed:

*Include non payment/adjustment/refund UDFs (Y/N) --*

If you enter **Y**, Yes is displayed in this field. All UDFs defined in the UDF parameter screen are included in the interface file for converted accounts, with the following exceptions:

Account Balance

Amount of Payments - Account

Amount of Payments - Patient

CCA/RUA Insurance Amount of Payments COB1

CCA/RUA Insurance Amount of Payments COB2

CCA/RUA Insurance Amount of Payments COB3

CCA/RUA Insurance Amount of Payments COB4

Insurance Total Adjustment Amount COB1

Insurance Total Adjustment Amount COB2

Insurance Total Adjustment Amount COB3

Insurance Total Adjustment Amount COB4

Total Adj Amount - Account

Total Adj Amount - Patient

Refund Amount (Account)

Refund Amount (Patient)

It is important that the UDF information is available for converted accounts. If this information has not been converted, it is possible that data currently available on TRENDSTAR will be overwritten.

If you enter **N**, the UDFs described above are not included in the interface file for converted accounts.

#### **9. PAYMENT/ADJ/REFUND UDFS (1-A-R)**

This field determines whether all or some of the Payment/Adjustment/Refund UDFs are included in the interface for converted accounts. After you enter this option, the following prompt is displayed:

*Include (A)ll, (S)ome or (N)one of the Payment/Adjustment/Refund UDFs --*

If **A** for All is selected, All is displayed in this field, and all the Payment/Adjustment/Refund UDFs that were selected in the UDF Parameter screen are included in the interface for Converted accounts.

If **S** for Some is chosen, a table is displayed, and you can select which payment/adjustment/refund UDFs you want to be transferred to TRENDSTAR for converted accounts. Only those UDFs that have been previously chosen through the UDF Parameter screen are included on the table. If the UDF was not previously identified, then it cannot be transferred for converted accounts. The following is a list of the payment/adjustment /refund UDFs that are displayed:

Account Balance

Amount of Payments - Account

Amount of Payments - Patient

CCA/RUA Insurance Amount of Payments COB1

CCA/RUA Insurance Amount of Payments COB2

CCA/RUA Insurance Amount of Payments COB3

CCA/RUA Insurance Amount of Payments COB4

Insurance Total Adjustment Amount COB1

Insurance Total Adjustment Amount COB2

Insurance Total Adjustment Amount COB3

Insurance Total Adjustment Amount COB4

Total Adj Amount - Account

Total Adj Amount - Patient

Refund Amount (Account)

Refund Amount (Patient)

It is important that the fields that are selected to be included are available for the converted account. If this information was not converted for these accounts, then there is a possibility that data currently on TRENDSTAR will be overwritten.

Since User Defined Fields are only replaced on TRENDSTAR, it is important that historical payment/adjustment/refund data be part of the conversion if UDF payment and adjustment data is transferred.

If **N** for None is entered, no UDFs are transferred for converted accounts.

#### **10. LAST EDIT BY (DISPLAY ONLY)**

This field contains the name of the person who last edited this table entry.

#### **11. EDIT DATE (DISPLAY ONLY)**

This field indicates the date and time this table entry was last updated.

## Inhouse Accounts at Conversion

This parameter screen contains the information necessary for the processing of Inhouse Accounts at Conversion.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.
3. Select Inhouse Accounts at Conversion. After this option is selected, the following screen is displayed.

General Hospital Inhouse Accounts at Conversion Processor		
Wed Mar 11, 1998 03:59 pm		
1 Inhouse Accounts	2 Live Date	3 Summarized Payments (6.04)
Yes		
4 Detail Payments (8.10)	5 Detail Adjustments (8.11)	6 Charge Detail
7 Transaction Codes to Exclude		
8 SIM Department to Exclude		
9 Patient Contract Data (8.03)		
10 Non payment UDFs	11 Payment/Adj/Refund UDFS	
12 Last Edit by	13 Edit Date	
Masters, Brent	03/10/98 14:15P	
Enter field number or '/' starting field number--		

## Field Explanations

### 1. INHOUSE ACCOUNTS (1-A-R)

This field determines whether inhouse accounts at the time of the conversion are sent in a separate interface file. After you enter this option, the following prompt is displayed:

*Should accounts which are inhouse at time of conversion be processed separately  
(Y/N) [Y] --*

If you enter **Y** for Yes, then based on the Live Date field, these accounts are processed as a separate interface file based on the remaining parameters on this screen. The accounts go to a separate index when they become eligible to go to TRENDSTAR. The accounts are processed nightly and are in a separate interface file.

All record types are transferred for the account. However, the remaining parameters on this screen determine how that data is sent.



If the Transfer Method is ASCII or NFS, the standard file name is inh<create date><facility>.dbi. If the file created is an ID other than ID1 (Live ID), then the file name is inh <create date><facility><ID#>.dbi.

If you enter **N** for No, inhouse accounts at the time of conversion are processed the same as the other accounts and are in the standard interface file.

## 2. LIVE DATE (8-A-R)

This field identifies the accounts that are inhouse at the time of the conversion. After you enter this option, the following prompt is displayed:

*Enter STAR Patient Accounting Live Date --*

Enter the date in the format of MM/DD/YY. All accounts admitted before the date and discharged on or after the date are considered inhouse accounts at the time of the conversion.

## 3. SUMMARIZED PAYMENT (6.04) (1-A-R)

This field identifies whether the summarized payments record (record type 6.04) is sent for accounts inhouse at time of conversion. The data in this record includes the payment amount for insurances 1-4 and patient payment amount. After you enter this option, the following prompt is displayed:

*Include summarized payment amounts (Y/N) [N] --*

If you enter **N** for No, Exclude is displayed in this field, and record type 6.04 is not sent in the interface. The default is No.

If you enter **Y** for Yes, the following prompt is displayed:

*Should STAR summarized payments (R)eplace or (A)dd to summarized payments in TRENDSTAR [R] --*

If you enter **A** for Add, Include/Add is displayed in this field. Only the payments that have not been sent to TRENDSTAR are included in the summarized payment amounts. In addition position 75 in record type 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the summarized fields should be added to existing data. This should only be used if historical payments are not entered on the accounts that are inhouse at the time of conversion.

If you enter **R** for Replace, Include/Replace is displayed in this field. If the parameter is include/replace, the 6.04 record is sent to TRENDSTAR with all the payments currently in STAR. If payments made before the live date were entered on the Inhouse Conversion/AR Add Historical Activity screen on the CCA/RUA/CPA Interface Create Functions, then these payments are included in the summarized payments sent to TRENDSTAR. In addition position 75 in record type 1 is set to 2. This instructs the TRENDSTAR database update program to replace the data. If these amounts were not entered, only the payments made after the accounts were entered in STAR are sent to

TRENDSTAR, and they replace whatever payments had been previously sent to TRENDSTAR. Replace should only be selected if the historical payments were entered on the Inhouse Conversion/AR Add Historical Activity screen.

#### **4. DETAIL PAYMENTS 8.10 (1-A-R)**

This field determines whether or not the detail payments in the 8.10 record are sent for inhouse accounts at conversion. This field is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. After you enter this option, the following prompt is displayed:

*Include detail payment amounts (Y/N) [N] --*

If you enter **N** for No, the detail payments in the 8.10 record are not sent for accounts inhouse at conversion. Exclude is displayed in the field. The default is No.

If you enter **Y** for Yes, the following prompt is displayed:

*Should STAR detail payments (R)eplace or (A)dd to detail payments in TRENDSTAR [A] --*

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the 8.10 record is sent to TRENDSTAR with all the payments currently in STAR. Only the payments made after the accounts were entered into STAR are sent to TRENDSTAR, and these payments replace whatever payments had been previously sent to TRENDSTAR. In addition, position 77 in record type 1 is set to 2. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should replace existing data. McKesson recommends that you do not use the Include/Replace option because it overwrites any payments which were made before the accounts were entered into STAR.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments that have not been sent to TRENDSTAR yet are included in the detail payment records. In addition, position 77 in record 1 are set to 1. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should be added to existing data. McKesson recommends that you use the Include/Add option if payments were made on the account before the account was entered into STAR.

#### **5. DETAIL ADJUSTMENTS (8.11) (1-A-R)**

This field determines whether or not the detail adjustments in the 8.11 record are sent for accounts inhouse at conversion. This field is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. After you enter this option, the following prompt is displayed:

*Include detail adjustment amounts (Y/N) [N] --*

If you enter **N** for No, the detail payments in the 8.11 record are not sent for accounts inhouse at conversion. Exclude is displayed in the field. The default is No.

If you enter **Y** for Yes, the detail is chosen, and the following prompt is displayed:

*Should STAR detail adjustments (R)eplace or (A)dd to detail adjustments in  
TRENDSTAR [A] --*

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the 8.11 record is sent to TRENDSTAR with all the adjustments currently in STAR. Only the adjustments made after the accounts were entered in STAR are sent to TRENDSTAR, and these amounts replace whatever adjustments had been previously sent to TRENDSTAR. In addition, position 78 in record type 1 is set to 2. This indicates to the database update program in TRENDSTAR that the values in the detail adjustment fields should replace existing data. McKesson recommends that you do not use the Include/Replace option because adjustments on the account that occurred before the account was entered into STAR are overwritten.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments that have not been sent to TRENDSTAR yet are included in the detail payment records. In addition, position 78 in record 1 is set to 1. This indicates to the database update program in TRENDSTAR that the values in the detail payment fields should be added to existing data. If the adjustments were entered on these accounts before the accounts were entered into STAR, McKesson recommends that you use the Include/Add option.

#### **6. CHARGE DETAIL (1-A-R)**

This field determines if charges are replaced or added to existing charges in the TRENDSTAR database. After you enter this option, the following prompt is displayed:

*Should STAR charges (R)eplace or (A)dd to existing charges in TRENDSTAR [A] --*

If **A** for Add is entered, Add is displayed in the field. If Add is selected, only charges that have not been previously sent to TRENDSTAR are transferred and position 79 in record type 1 contains a 1. This indicates to the TRENDSTAR database update program that charges should be accumulated. The interface keeps track of charges that have already been sent to TRENDSTAR and does not send the charges again. In addition, only the billing CPT-4 codes (RUA only) and the UB92 Revenue Codes (CPA only) associated with the charges being sent are transferred to TRENDSTAR. In these cases, position 81 (Billing CPT-4 Code, record type 10.06) and position 76 (UB92 Revenue Codes, record type 8.00) in record 1 are set to 1. This indicates to the TRENDSTAR database update program that the Billing CPT-4 Codes and the UB92 Revenue Codes should be added to what already exists in the TRENDSTAR database.

If **R** for Replace is entered, Replace is displayed in the field. Since charges from the former Patient Accounting system do not get entered into STAR, in most cases you want to add the STAR charges to the charges that currently exist in the TRENDSTAR database. If you replace the charges, the charges that currently exist in STAR overwrite any charges that currently exist in the TRENDSTAR database. In addition, position 79 in record 1 contains a 2 to indicate to the TRENDSTAR database update

program that the charges should replace what currently exists in the TRENDSTAR database being updated.

In addition, all the Billing CPT-4 Codes (RUA only) and the UB92 Revenue Codes (CPA only) are transferred to TRENDSTAR. Position 81 (Billing CPT-4 Codes, record 10.06) and position 76 (UB92 Revenue Codes, record type 8.00) in Record 1 are set to a 2. This indicates to the TRENDSTAR database update program that the Billing CPT-4 Codes and the UB92 Revenue Codes replace what exists on TRENDSTAR.

#### **7. TRANSACTION CODES TO EXCLUDE (TABLE LOOKUP-O)**

When this field is accessed, the adjustment transaction code table is displayed. You are prompted to enter the transaction type and then the transaction codes. The adjustment transaction codes excluded are displayed. Whatever codes are selected are not included in the adjustment amounts that the interface sends to TRENDSTAR. In most cases, the Transaction Codes to exclude would be the balance forward adjustments that are entered in order to balance the account. Since the detail payments, adjustments, and charges have already been sent to TRENDSTAR from the former Patient Accounting system, these balance forward adjustments are not necessary and cause the accounts not to balance on TRENDSTAR. If the accounts were not sent to TRENDSTAR before they were entered into STAR, then the balance forward amounts should not be excluded.

#### **8. SIM DEPARTMENT TO EXCLUDE (TABLE LOOKUP-O)**

One method used for inhouse accounts at the time of conversion is to set up one SIM department containing one SIM/FIM item per department. These SIM/FIM items contain the charges entered for that department before the account was entered on STAR. If this method was used, then in most cases you do not want these charges to pass to TRENDSTAR again because these charges already exist in TRENDSTAR from the old Patient Accounting system. When this field is accessed, the SIM department table is displayed, and you are able to select the department that contains the charges from the previous system. Therefore, when the account is transferred to TRENDSTAR, charges from this department are not transferred.

#### **9. PATIENT CONTRACT DATA (8.03)**

This field is only available if the Products field on the General/CCA Parameter screen has CPA/Claims Management as a product for the facility. This field determines whether all or some of the data elements in the Patient Contract Data record (record type 8.03) are included in the interface for inhouse accounts at time of conversion. After you enter this option, the following prompt is displayed:

*Include (A)ll, (S)ome or (N)one of the Patient Contract Data --*

If **A** for All is selected, All is displayed in this field, and all the data elements in record type 8.03 are included in the interface for inhouse accounts at time of conversion.

If **S** for Some is selected, a table is displayed, and you select which data elements you would like to be transferred to TRENDSTAR for inhouse accounts at time of conversion. The data elements include:

Final Bill Date  
COB1 First Payment Date  
COB1 Last Payment Date  
Account Location Code  
Medical Service Code  
Employer Name

If some data elements are selected, a partial record is sent to TRENDSTAR. Refer to the STAR Patient Accounting to TRENDSTAR Interface Guide for a description of partial data record.

It is important that the fields that are selected to be included are available for the accounts inhouse at time of conversion. If this information was not entered for these accounts, then there is a possibility that data currently on TRENDSTAR will be overwritten.

If **N** for None is selected, the 8.03 record is not sent for accounts inhouse at the time of conversion.

#### **10. NON PAYMENT UDF (1-A-R)**

This field determines whether the UDFs defined on the UDF parameter screen that are unrelated to payments, adjustments, or refunds are sent to TRENDSTAR. After you choose the field, the following prompt is displayed:

*Include non payment/adjustment/refund UDFs (Y/N) --*

If you enter **Y**, Yes is displayed in that field. All UDFs defined in the UDF parameter screen are included in the interface file for converted accounts, with the following exceptions:

Account Balance  
Amount of Payments - Account  
Amount of Payments - Patient  
CCA/RUA Insurance Amount of Payments COB1  
CCA/RUA Insurance Amount of Payments COB2  
CCA/RUA Insurance Amount of Payments COB3  
CCA/RUA Insurance Amount of Payments COB4  
Insurance Total Adjustment Amount COB1  
Insurance Total Adjustment Amount COB2  
Insurance Total Adjustment Amount COB3  
Insurance Total Adjustment Amount COB4  
Total Adj Amount - Account  
Total Adj Amount - Patient  
Refund Amount (Account)  
Refund Amount (Patient)

It is important that the UDF information is available for converted accounts. If this information has not been converted, it is possible that data currently available on TRENDSTAR will be overwritten.

If you enter **N**, the UDFs described above are not included in the interface file for converted accounts.

#### **11. PAYMENT/ADJ/REFUND UDFS (7)**

This field determines whether all or some of the Payment/Adjustment/Refund UDFs are included in the interface for accounts inhouse at the time of conversion. After you enter this option, the following prompt is displayed:

*Include (A)ll, (S)ome or (N)one of the Payment/Adjustment/Refund UDFs --*

If **A** for All is selected, All is displayed in this field, and all the Payment/Adjustment/Refund UDFs that were selected in the UDF parameter screen are included in the interface for accounts inhouse at conversion.

If **S** for Some is chosen, a table is displayed, and you get to select which payment/adjustment/refund UDFs you would like to be transferred to TRENDSTAR for accounts inhouse at time of conversion. Only those UDFs that have been previously chosen through the UDF Parameter screen are included on the table. If the UDF was not previously identified, then it cannot be transferred for accounts inhouse at time of conversion. The following is a list of the payment/adjustment /refund UDFs that may be displayed:

- Account Balance
- Amount of Payments - Account
- Amount of Payments - Patient
- CCA/RUA Insurance Amount of Payments COB1
- CCA/RUA Insurance Amount of Payments COB2
- CCA/RUA Insurance Amount of Payments COB3
- CCA/RUA Insurance Amount of Payments COB4
- Insurance Total Adjustment Amount COB1
- Insurance Total Adjustment Amount COB2
- Insurance Total Adjustment Amount COB3
- Insurance Total Adjustment Amount COB4
- Total Adj Amount - Account
- Total Adj Amount - Patient
- Refund Amount (Account)
- Refund Amount (Patient)

It is important that the fields that are selected to be included are available for these accounts. If this information was not entered for these accounts, then there is a possibility that data currently on TRENDSTAR will be overwritten.

Since User Defined Fields are only replaced on TRENDSTAR, it is important that historical payment/adjustment/refund data is entered on the Inhouse Conversion/AR Add Historical Activity screen if UDF data will be transferred.

If **N** for None is entered, no UDFs are transferred for accounts inhouse at time of conversion.

## 12. LAST EDIT BY (DISPLAY ONLY)

This field contains the name of the person who last edited this table entry.

## 13. EDIT DATE (DISPLAY ONLY)

This field indicates the date and time this table entry was last updated.

# Trigger Events

This parameter screen contains the trigger events used to determine when accounts are sent to TRENDSTAR.

1. Select Tables from the initial Menu Processor screen.
2. Select CCA/RUA/CPA Maintenance from the Tables Processor screen.
3. Select Trigger Events. After this option is selected, the following screen is displayed. This screen displays the parameters for inpatient accounts.

General Hospital Trigger Events Processor			
Fri Jun 09, 2006 02:36 pm			
Patient Type: Inpatients			
1 Inhouse Accounts	2 Inhouse Discharge Date		
Yes	Creation Date		
3 Trigger Event	Transfer	Charges	
Patient Admission		No	
Transfer to Bad Debt		Yes	
Archive		No	
Merge Patient		Yes	
Patient Discharge/Disposition		Yes	
RESQOR Case Information		No	
Patient Historization		No	
Combine Bill		Yes	
Cycle Bill		No	
Final Bill		No	
Bill		No	
Adjustment Bill		Yes	
Payment/Adjustment		Yes	
Refund		No	
Enter field number or '/' starting field number--			

# Field Explanations

## 1. INHOUSE ACCOUNTS? (1-A-R)

This field determines whether or not in-house accounts should be processed. After you enter this option, the following prompt is displayed:

*Should inhouse accounts be processed in the interface (Y/N)[N] --*

If you enter **Y** for Yes, Yes is displayed in the field. When inhouse accounts are triggered to go to the interface, they are written to the standard interface index. If the accounts are being included, then they are processed when the CCA/RUA/CPA

interface optional batch job runs. Therefore, if the maximum number of accounts is reached before the optional batch job is scheduled to be run, inhouse accounts are not in the file.

If you enter **N** for No, or press ENTER, the following prompt is displayed:

*Transfer accounts based on (D)ischarge or (F)inal Bill (D/F) [D] --*

If you enter **D**, Discharge is displayed in the Inhouse Accounts field. This indicates that an account triggered to go to TRENDSTAR transfers as long as the account is discharged. If you enter **F**, an account that is triggered to go to TRENDSTAR transfers only if the account has been final billed. If the account has been discharged but not final billed, it is excluded from the interface. The account is displayed on the Exclusion Detail portion of the TRENDSTAR CCA/RUA/CPA Audit Report (FARCCA) with an exclusion reason of *Account Not Final Billed*.

Refer to the Maximum Number of Accounts and the Maximum Number of Nondischarged Accounts fields on the General/CCA Parameter screen for more information on the processing of inhouse accounts.

## **2. INHOUSE DISCHARGE DATE (1-A-R)**

This field determines the discharge date that should be used for inhouse accounts. After you enter this option, the following prompt is displayed:

*Discharge date for inhouse accounts should be (Z)ero or (C)reation Date [C] --*

If you enter **C** for Creation Date, the day that the account is processed is used as the discharge date. The default is C. Therefore, if a trigger event occurs that puts account 12345 into the interface index on 7/1/95 and the CCA/RUA/CPA interface optional batch job runs on 7/5/95, then the discharge date for the account is 7/5/95.

If you enter **Z** for Zero, the discharge date for accounts without a discharge date is zero, and Zero is displayed in the field. You are prompted to enter a default discharge date when you update your TRENDSTAR database.

## **3. TRIGGER EVENT**

This field determines which trigger events are used to send accounts to the interface index and whether charges should be transferred. The same triggers send accounts to the standard CCA/RUA/CPA Interface index as well as the AR/BD Add index, the Converted Accounts index, and the Inhouse Accounts at Conversion index.



After this field is entered, the following table look-up for trigger events is displayed:

### Trigger Events

Abstract Flagged as Complete  
Adjustment Bill  
Archive  
Balance Transfer  
Change in Sub-Location  
Charge Revision  
Charge/Credit  
Combine Bill  
Cycle Bill  
Cycle Adjustment Bill  
DPW Addition/Change/Deletion  
Final Bill  
Late Bill  
Merge Patient  
OPPS  
Patient Admission  
Patient Discharge/Disposition  
Patient Historization  
Patient Registration  
Payment/Adjustment  
Refund  
RES-Q OR Case Information  
Transfer Visits  
Transfer to Bad Debt  
Update Abstract General Information  
Update Abstract Newborn/Death Classification Information  
Update Additional Demographic Information  
Update Additional Episode Information  
Update Consultation Information  
Update DRG Information  
Update Demographic Information  
Update Diagnosis Information  
Update Procedure Information  
Update Insurance Information  
Update Medical Information  
Update Medical Records HCPCS  
Update Miscellaneous Visit Information  
Update Patient Employer Information  
Update Special Studies Information  
Update UB92 Data  
Update Used Defined MPI Fields  
Update User Defined Visit Fields  
Update Utilization Review Information

Once the trigger event is selected, you must decide whether you want charges to transfer for the account. The trigger event determines whether the account goes to the interface index, and the Transfer Charges field determines whether charges are included for the account. If multiple trigger events occurred for a single account, charges are transferred if any of the triggers were set up to transfer charges. All charges for the account are transferred. All accounts have a merge indicator of C in record 0 of the account.

Trigger events become effective as the events are added. There is no way to use a trigger to backload accounts into TRENDSTAR.

If you set up all the triggers as No for Transfer Charges and you attempt to accept this screen, the following message is displayed:

*Charges will not be transferred to TRENDSTAR Modify Transfer Charges Field.*

Each trigger event is described below.

**Abstract Flagged as Complete**

When a change is made to Medical Records, the Abstract Completion Flag is reset, and it requires you to complete the abstract again. When the abstract is completed, this triggers the account to go to TRENDSTAR.

**Adjustment Bill**

When an adjustment bill is produced for a patient, the account is transferred to TRENDSTAR.

**Archive**

When an account is flagged for archive, it is also triggered to go to TRENDSTAR. If this trigger is used, it is important that the interface is processed before purge is run. If purge is run before the interface be processed, the data is not available for TRENDSTAR. This would be the last chance to get the most current data on an account before the account is purged. If you use the Bad Debt Charge Deletion function, then detailed charges may not be available at archive. In this case, no charge records are sent to TRENDSTAR.

**Balance Transfer**

When a balance transfer is done on an account, the account is triggered to go to TRENDSTAR.

**Charge Revision**

When a revision is made to a charge or credit, the account is transferred to TRENDSTAR.

**Charge/Credit**

When an account has a charge or credit posted, the account is transferred to TRENDSTAR.

**Combine Bill**

When two accounts are chosen to be combine billed, this triggers both accounts to be sent to TRENDSTAR.

**Cycle Bill**

When a cycle bill is produced for a patient, the account is transferred to TRENDSTAR. If you choose to transfer charges, all charges on the account are transferred. Therefore, charges should be set up to be replaced on TRENDSTAR.

The cycle bill trigger only is effective if you are transferring inhouse accounts or nondischarged outpatient accounts.

If you only want the current fiscal year's charges to be stored in the TRENDSTAR database, then during the TRENDSTAR database update, choose to include procedure data from this fiscal year only (RUA only).

**Cycle Adjustment Bill**

When a cycle adjustment bill is produced for a patient, the account is transferred to TRENDSTAR. If you choose to transfer charges, all charges on the account are transferred. Therefore, charges should be set up to be replaced on TRENDSTAR.

The cycle adjustment bill trigger is effective only if you are transferring inhouse accounts or nondischarged outpatient accounts.

If you want only the current fiscal year's charges to be stored in the TRENDSTAR database, during the TRENDSTAR database update, choose to include procedure data from this fiscal year only (RUA only).

**DPW Addition/Change/Deletion**

If there is a DPW addition, change, or deletion, then the accounts specified in that DPW are transferred to TRENDSTAR.

**Final Bill**

When a final bill is produced for a patient, the account is transferred to TRENDSTAR.

**Late Bill**

When a late bill is produced for a patient, the account is transferred to TRENDSTAR.

**Merge Patient**

If a patient is merged, this triggers the account to be transferred to TRENDSTAR.

**OPPS (Outpatient Prospective Payment System)**

If changes are made to OPPS data, then the account is triggered to TRENDSTAR.

**Patient Admission**

If this trigger event is chosen, when the patient is admitted, the account is triggered to TRENDSTAR. This should only be chosen if you request to send inhouse accounts. If

you are not sending inhouse accounts, the patient does not trigger at admission. If Transfer Charges is Yes and if any charges were posted to the account before the interface is processed, these charges are transferred. If Transfer Charges is No, then charges are not transferred for this reason type.

If an admission is cancelled and the account has not been processed, then the account is removed from the interface index. It is possible that the admission is cancelled after the account is processed and already sent to TRENDSTAR. Since there is no automatic way to remove an account from the TRENDSTAR database, the account needs to be manually deleted.

**Patient Discharge/Disposition**

If this trigger event is chosen, when the patient is discharged or dispositioned, the account is triggered to TRENDSTAR. If you are not including inhouse accounts, this would be the first possible time that the account could be transferred to TRENDSTAR.

**Patient Historization**

When the account is historized on STAR Patient Care (this is controlled by the suspense days in STAR Patient Care), the accounts are triggered to be transferred to TRENDSTAR. This trigger should be used if you are transferring acuity from the Nurse Staffing and Acuity module. Since the acuity values are only available to TRENDSTAR once the account is historized, the patient care historization trigger causes the acuity values to be transferred to TRENDSTAR.

**Patient Registration**

When an outpatient account is registered, this triggers the account to be transferred to TRENDSTAR. If non-discharged outpatients are not being included, the account is not triggered.

**Payment/Adjustment**

When a payment or an adjustment is posted to an account, the account is triggered to be transferred to TRENDSTAR.

**Refund**

When a refund is posted to an account, the account is triggered to be transferred to TRENDSTAR.

**RES-Q OR Case Information**

When RES-Q OR Case Information changes on STAR, this triggers the account to be sent to TRENDSTAR.

**Transfer Visits**

If a patient visit is transferred, this triggers the account to be transferred to TRENDSTAR.

**Transfer to Bad Debt**

When an account transfers to bad debt, it is also triggered to be sent to TRENDSTAR.

**Update Abstract General Information**

This data can be found in the Episode Information screens of the Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- Transfer Medical Service
- Severity of Illness
- Discharge Disposition
- Discharge Doctor
- Abstractor's Initials
- Abstract Complete Date
- Readmit Indicator
- Incident Code
- Incident Date
- Abstract Remarks
- Abstract Delete Indicator
- Abstract Retain Indicator
- Admit Referral Source Type
- Time Physician Informed
- Time Physician Arrived
- Time Patient Seen by Physician
- Triage Code Used in E/R Abstract
- Case Category Code for E/R Abstract
- Visit Type Code for Outpatients
- NY/NJ Z Code
- Abstract Overflow Indicator
- Second Chart Number
- SubService
- ICD Coder
- Pre-Admit Indicator

**Update Abstract Newborn/Death**

These data elements can be found on the Maternity Newborn and Death Classification screen in the Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- Newborn Indicator
- Stillborn Indicator
- Newborn's Weight
- Birth Type
- Birth Status
- Gestation Period in Weeks
- C-Section Indicator
- Death Classification Codes
- APGAR Codes for Newborns
- Last Menstruation Date
- Birth Resuscitation Method
- Mother Gravidity

Mother's Parity  
Head Circumference  
Baby's Length  
Jaundice Indicator  
Examination of Hips  
Feeding Type Indicator  
Mother Previous Blood Transfusion  
Follow Up Care Indicator  
Delivery Place Change Reason  
Suicide Indicator  
Rubella Status  
VDRL Result  
Previous Neo Deaths  
Previous Abortions  
Previous C-Sections  
Previous Live Births  
Previous Still Births  
Presence of Fetus  
Mother's Delivery Place  
Mother's Labor Onset Method  
Presence of Fetus  
Mother's Delivery Method  
Mother Delivery Date/Time  
Mother Delivery Person Status  
Mother Length of 1st Labor Stage  
Mother L/D Anesthesia  
Mother Post L/D Anesthesia  
Time of Death  
Cause of Death  
Pronouncing Physician  
Certifying Physician  
Funeral Home  
Organ Donor  
Miscellaneous Notes

**Update Addl Demographic Information**

These data elements can be found on the Patient Page and the Miscellaneous Page of MPI/Admission Information. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Address Line 2  
Patient Nationality  
Patient Census Track  
Patient Class Code  
Father's Name  
Maiden Name  
Spouse's Name  
2nd Address Line

2nd Address Line 2  
2nd City  
2nd State  
2nd ZIP Code  
2nd County Code  
2nd Telephone Number  
2nd Resident Since  
Patient's County Code  
Church Notify  
Discount Percentage  
Chronically Sick/Disabled  
Patient's Country of Residence  
Veteran Indicator  
Medicare ID Number  
Medicaid ID Number  
Last Medical Record Number  
Primary Care Physician  
Driver's License Number  
Birthdate  
Resident Since  
Patient Allergies  
Staff Alert  
Birth Registry Serial Number  
Legal Alien Number

**Update Addl Episode Information**

These data elements can be found on the Episode Information pages of the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

DRG Discharge Status  
Final DRG Number  
Financial Class Code  
Admitting Medical Service  
DRG Transfer Indicator  
Consultant/Resource Speciality  
Type of Unit Code  
Date Ready for Discharge  
Social Services Flag  
Main Service  
Most Responsible Physician

**Update Consultation Information**

These data elements can be found on the Consultations screen of the Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Consulting Physicians and Codes

**Update DRG Information**

These data elements can be found on the DRG Assignment screen on the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- DRG Payor
- DRG Table Number
- Admit DRG Number
- Provisional DRG Number
- Final DRG Number
- Major Diagnosis Category
- Average Length of Stay
- Reimbursement Amount
- High Stay Trim Point
- DRG Complication or Comorbidity
- DRG Major Operative Procedure
- DRG High Stay Outlier Indicator
- DRG Cost Outlier Indicator
- Final Indicator
- Final DRG Assignment Date
- Operating Outlier Payment
- Capital Outlier Payment
- Operating Reimbursement
- Capital Reimbursement

The following data elements are from the Code 3 interface.

- Other Payor Code DRG
- Description Outlier Threshold
- DRG Weight
- Day Outlier Threshold
- Total IME
- Total DSH
- Deductible Amount
- Short Stay Threshold
- Federal Blended Rate
- Patient Status Flag
- MDC Description
- Patient Status Description
- Average Length of Stay
- Total Direct Medical Education

The following data elements are from the Code 3 interface when multiple groupers are used.

- Other Payor Code
- DRG Description
- Outlier Threshold
- DRG Weight



Day Outlier Threshold  
Total IME  
Total DSH  
Deductible Amount  
Short Stay Threshold  
Federal Blended Rate  
Patient Status Flag  
Geometric Length of Stay  
Total Capital  
Total Outlier  
Operating Reimbursement  
Reimbursement  
DRG  
MDC  
MDC Description  
Patient Status Description  
Average Length of Stay  
Total Direct Medical Education

**Update Demographic Information**

These data elements are from the Patient Page and Miscellaneous Page of MPI/ Admission Information. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Medical Record Number(s)  
Patient's Name  
Patient's Birthdate  
Patient's Sex  
Patient's Social Security Number  
Race Code  
Denomination Code  
Church Code  
Address  
City  
Patient's State  
ZIP Code  
Patient's Phone Number  
Patient's Marital Status  
Mother's Name  
Corporate Number  
Patient Name Entitle/Suffix  
Patients Primary Language Code  
Phone Extension

**Update Diagnosis Information**

These data elements can be found on the Diagnosis screen of the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Admitting Diagnosis  
Principal Diagnosis  
Secondary Diagnoses  
Confidential Diagnosis  
Tumor Indicator

**Update ICD Procedure Information**

These data elements can be found in the Procedures and Procedures Details screen of the Medical Record Abstract screen. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Principal Procedure Code  
Secondary Procedure Code  
Procedure Date  
Primary Surgeon  
Anesthesia Type  
Tissue Code  
ASA-PS Class  
Episode Number  
Anesthesia Start Date/Time  
Anesthesia End Date/Time  
Anesthetist  
Anesthetist Speciality  
Suffix  
Other Institution

**Update Insurance Information**

These data elements can be found on the Insurance Plan Demographics screens in the MPI/Admissions Information. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Insurance (Carrier) Code  
Insurance (Carrier) Name  
Named Insured  
Policy Number  
Group Number  
Financial Class Code  
Relation Code Patient to Insured  
Insured's Sex  
Group Name  
Birthdate  
Insurance Type Code  
Blue Shield Coverage  
CHAMPUS Service  
CHAMPUS Status  
CHAMPUS Rank and Grade  
CHAMPUS Dependent Indicator  
Special Coverage Type

Mail to Name/Contact Name  
Verification Required Indicator  
Pre-Notification Flag  
Approval Name  
Approval Number  
Approval Date  
Claim Number  
Insurance Notified Date  
Insurance Verified Name  
Insurance Verified Date  
Approved Length of Stay  
Second Opinion  
Insured's Occupation  
Employer Code (Insured)  
Employer Name (Insured)  
Medicare Questionnaire Information  
Coordination of Benefits Flag  
Insurance Address  
Insurance Address Line 2  
Insurance City  
Insurance State  
Insurance Zip  
Insured's Social Security Number  
Employment Status Code  
Notice of Admission Code  
County  
Temporary Card Indicator  
Expiration Date of Temporary Card  
Social Assistance  
Certificate Number  
Insured ID Number  
Occurrence Date  
Division Number  
Blue Shield Plan Number  
Purchaser Code  
Contract Type  
Purchaser Type  
Provider Number  
Serial Code  
Review Agency  
Review Agency Phone  
Review Agency Contact  
Review Agency Reference Number  
Return to Province Date  
Date Left Home Province  
Date of Arrival to Province  
Out of Province Reason Code  
HealthCard Policy Number

**Update Medical Information**

The data elements can be found on the Medical Page of the MPI/Admission information and on the Medical Page of Revise Patient screens in Patient Care. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- Station
- Room Number
- Bed
- Patient Type
- Working Diagnosis/Complaint
- Medical Service Code
- Attending Physician
- Discharge Date/Time
- Discharge Condition
- Height
- Weight
- Smoker
- Publicity
- Condition Code
- Isolation Code
- Level of Care
- Admitting Diagnosis/Complaint
- Accommodation Code
- Oxygen Therapy Code
- Precautions Codes
- IV Therapy Code
- Pregnant Indicator
- Contract Classification Codes
- Bed Reservations
- Intent to Discharge Date/Time
- Serum Creatinine
- Creatinine Clearance
- Onset Date/Time
- Patient's Ideal Body Weight
- Patient's Body Surface Area
- Admitting Diagnosis/Complaint
- Organ Donor
- Off Service Code
- Telephone Indicator
- Clergy Request Field Code
- Clergy Request Date
- Expected LOS-Wait List
- Home Leave Return Date
- LOA Authorization
- LOA Types
- Admission Reason

**Update Medical Records HCPCS**

These data elements can be found on the HCPCS Procedures screen in the Outpatient Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- CPT Code
- UB92 Code
- Group Number
- Episode Date/Time
- Surgeon
- Speciality Code
- Modifier Code
- Tissue Code
- Anesthesia Code
- Anesthesia Start
- Anesthesia End
- ASA-PS Class
- Other Institution

**Update Misc. Visit Information**

These data elements can be found on the Miscellaneous Page of the MPI/Admission Information. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- Admitting Physician
- Referring Physician
- Expected Arrival Date
- Valuables Indicator
- Arrived By
- Bed Preference
- Accident Related Visit
- Power of Attorney Indicator
- Accident Date/Time
- Previous Visit Date
- Outpatient Location
- Admission Type Code
- Admission Source Code
- Referred By
- Place of Accident
- Nature of Accident
- Accident Type
- Referring Hospital Name
- Valuables Disposition
- Road Traffic Accident Indicator
- Transferred From
- Transferred To
- ER Physician
- ROI Consent

**Update Patient Employer**

These data elements can be found on the Patient's Employer screen of the MPI/ Admission Information. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- Occupation
- Employer Code
- Employer Name
- Address
- City
- State
- ZIP Code
- Phone Number
- Phone Extension
- Address 2
- Employment Status Code
- Employee ID Number
- Employed Since
- Country
- Occupation Code
- Retirement Date

**Update Special Studies Information**

These data elements can be found on the Special Studies Page of the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- Special Study Code
- Special Study Data

**Update UB92 Data**

These data elements can be found on the UB92 pages of the MPI/Admission Information and in the Utilization Management Module. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

- Occurrence Codes/Dates
- Occurrence Span/Dates
- Condition Codes
- Special Program (UB92) Code
- UR Days (ICF, SNF, Denied, Grace, LOA)
- UR Approved Stay From - Thru Date
- Approval Indicator
- Total Avoidable Days
- Total Covered Days
- Notice Date
- Reinstate Date
- Residential Level of Care Days
- Alternate Level of Care Days

Value Codes and Amounts  
Occurrence Span Dates  
CoPay Exception Code

**Update User Defined MPI Fields**

These data elements can be found on the User Defined Field Page of the MPI/ Admission Information. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

MPI User Defined Field Data

**Update User Defined Visit Fields**

These data elements can be found on the User Defined Field Page of the Visit Level MPI/Admission Information. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Visit User Defined Field Data

**Update Utilization Review Information**

These data elements can be found in the Utilization Management Module. When any of the following data elements are changed, this triggers the account to be sent to TRENDSTAR.

Focus Status  
UR ID Code  
Total Number of Reviews  
Admitting Diagnosis/Complaint  
Admission Source  
URO Status Code #1  
URO Authorization 1  
URO Authorization #1  
URO Approval Code  
Total Certified Days  
URO Status #2  
URO Authorization #2  
Last Review Number and Plan  
Surgical Procedure  
Surgery Date  
Scheduled Surgery Duration  
OPCS-4 Code  
Review Number  
Review Date  
Reviewer's Initials  
Next Review Date  
UR Review Type  
Days Certified  
Number of Days for Next Review  
Non-Acute Days/Types/Dates

Once the Inpatient Trigger Events screen is completed, the Outpatient Trigger Events screen is displayed. The Outpatient Trigger Events screen is displayed:

General Hospital Trigger Events Processor		
Fri Jan 26, 1996 02:36 pm		
Patient Type: Outpatients		
1 Non-discharged Accounts	2 Non-discharged Discharge Date	
Yes	Creation Date	
3 Trigger Event		Transfer Charges
Patient Admission		No
Transfer to Bad Debt		Yes
Archive		No
Merge Patient		Yes
Patient Discharge/Disposition		Yes
RESQOR Case Information		No
Patient Historization		No
Combine Bill		Yes
Cycle Bill		No
Final Bill		No
Bill		No
Adjustment Bill		Yes
Payment/Adjustment		Yes
Refund		No
Enter field number or '/' starting field number--		

## Field Explanations

### 1. NON-DISCHARGED ACCOUNTS? (1-A-R)

This field determines whether or not outpatient accounts that have not been discharged should be processed. After you enter this option, the following prompt is displayed:

*Should outpatient accounts not discharged be processed in the interface (Y/N)[N] --*

If you enter **Y** for Yes, Yes is displayed in the field. When nondischarged accounts are triggered to go to the interface, they are written to the standard interface index. If the accounts are being included, then they are processed like any other account.

If you enter **N** for No, or press ENTER, the following prompt is displayed:

*Transfer accounts based on (D)ischarge or (F)inal Bill (D/F) [D] --*

If you enter **D**, Discharge is displayed in the Non-discharged Accounts field. This indicates that an account triggered to go to TRENDSTAR transfers as long as the account is discharged. If you enter **F**, an account that is triggered to go to TRENDSTAR transfers only if the account has been final billed. If the account has been discharged but not final billed, it is excluded from the interface. The account is displayed on the Exclusion Detail portion of the TRENDSTAR CCA/RUA/CPA Audit Report (FARCCA) with an exclusion reason of *Account Not Final Billed*.



**2. NON-DISCHARGED DISCHARGE DATE (1-A-O)**

This field determines the discharge date that should be used for nondischarged accounts. After you enter this option, the following prompt is displayed:

*Discharge date for non-discharged outpatients accounts should be (Z)ero, (C)reation date or (L)ast Service Date [C] --*

If the Non-discharged Accounts field is set to No, this field is not necessary.

If **Z** for zero is selected, the discharge date for accounts without a discharge date is zero, and Zero is displayed in this field. You are prompted to enter a default discharge date when you update your TRENDSTAR database.

If **C** for creation date is selected, then the day that the account is processed is used as the discharge date and Creation Date is displayed in this field. If a trigger event occurs that puts account 12345 into the interface index on 7/1/95, and the CCA/RUA/CPA interface optional batch job runs on 7/5/95, then the discharge date is 7/5/95.

If **L** for last service date is selected, the last service date for that account is the discharge date.

**3. TRIGGER EVENT**

Refer to the trigger events field explanation for the Inpatients Trigger events screen for a definition of all of the trigger events.

After the outpatient screen is completed, the patient type table is displayed for you to edit or add patient type exceptions.

The following examples are provided to help you set up your trigger events. The first example provides you with a way to duplicate the trigger events that occur in the 13.2 version of the interface.

Inpatients:

Inhouse Accounts - No/Final Bill	
Trigger Event	Transfer Charges?
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Payment/Adjustment	No
Update DRG Information	No
Update Diagnosis Information	No
Update Procedure Information	No
Changes to Insurance Plan or Financial Class	No
Transfer to Bad Debt	No
Archive	No

Inhouse Accounts - No/Final Bill	
Trigger Event	Transfer Charges?
Medical Record Abstract Flagged as Complete	No
Balance Transfer	No

Outpatients:

Non Discharged Accounts - Yes - If included cycle bills in 13.2 interface	
Non Discharged Discharge Date - 13.2 used bill date, this is not available in this interface so you can choose either creation date or last service date	
Trigger Event	Transfer Charges?
Cycle Bill (if including nondischarged accts)	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Payment/Adjustment	No
Update DRG Information	No
Update Diagnosis Information	No
Update Procedure Information	No
Changes to Insurance Plan or Financial Class	No
Transfer to Bad Debt	No
Archive	No
Medical Record Abstract Flagged as Complete	No
Balance Transfer	No

There are no patient type exceptions.

The next examples show you how to set up the Trigger Event screen and how this affects accounts being transferred to TRENDSTAR.

### Scenario 1

This scenario can be used if you plan to transfer accounts to TRENDSTAR weekly. At that time, you want to see all inpatient accounts that have been discharged up to that point. In addition, you want accounts transferred to TRENDSTAR whenever any kind of financial activity occurs on this account (charge, credit, payment, adjustment, refund, balance transfer). You also want the account transferred when some key data elements change and just before the account is purged. For outpatient accounts, you are interested in seeing outpatient accounts based on the same trigger as inpatients, except for series accounts. You are interested in seeing the accounts before they are discharged whenever there is activity on the account.

## Inpatients:

<b>Include Inhouse Accounts - No/Discharged</b>	
<b>Trigger Events</b>	<b>Transfer Charges?</b>
Patient Discharge	Yes
Charge/Credit	Yes
Payment/Adjustment	No
Refund	No
Balance Transfer	No
Update Insurance Information	No
Update Medical Information	No
Update Miscellaneous Visit Information	No
Update Additional Demographic Information	No
Update Demographic Information	No
Update Abstract Consultations Information	No
Update Abstract Newborn/Death Class	No
Update Medical Record HCPCS	No
Update Abstract General Information	No
Update Additional Episode Information	No
Update Diagnosis Information	No
Update Procedure Information	No
Update DRG Information	No
Merge Patient	Yes
Transfer Visit	Yes
Archive	Yes

## Outpatients:

<b>Include Non-discharged Accounts - No/Discharged</b>	
<b>Trigger Events</b>	<b>Transfer Charges?</b>
Patient Discharge/Disposition	Yes
Charge/Credit	Yes
Payment/Adjustment	No
Refund	No
Balance Transfer	No
Update Insurance Information	No
Update Medical Information	No
Update Miscellaneous visit Information	No
Update Additional Demographic Information	No
Update Demographic Information	No
Update Abstract consultations Information	No
Update Abstract newborn/Death Class	No
Update Medical Record HCPCS	No
Update Abstract General Information	No
Update Additional Episode Information	No
Update Diagnosis Information	No
Update Procedure Information	No
Update DRG Information	No
Merge Patient	Yes
Transfer Visit	Yes
Archive	Yes

## Patient Type Exceptions SER:

<b>Include Non-discharged Accounts - Yes</b>	
<b>Non-discharged Discharge Date - Last Service Date</b>	
<b>Trigger Events</b>	<b>Transfer Charges?</b>
Patient Registration	Yes
Patient Discharge/Disposition	Yes
Charge/Credit	Yes
Payment/Adjustment	No
Refund	No
Balance Transfer	No
Update Insurance Information	No
Update Medical Information	No
Update Miscellaneous Visit Information	No
Update Additional Demographic Information	No
Update Demographic Information	No
Update Abstract Consultations Information	No
Update Abstract Newborn/Death Class	No
Update Medical Record HCPCS	No
Update Abstract General Information	No
Update Additional Episode Information	No
Update Diagnosis Information	No
Update Procedure Information	No
Update DRG Information	No
Merge Patient	Yes
Transfer Visit	Yes
Archive	Yes

**Scenario 2**

This scenario can be used if you plan to transfer accounts to TRENDSTAR nightly and want to include inhouse accounts. You also want outpatients that have not been discharged. In addition, you want accounts to get transferred at a billing event and only at several key events.

## Inpatients:

<b>Include Inhouse Accounts - Yes</b>	
<b>Inhouse Discharge Date - Creation Date</b>	
<b>Trigger Events</b>	<b>Transfer Charges?</b>
Patient Admission	Yes
Charge/Credit	Yes
Patient Discharge/Disposition	Yes
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Update DRG Information	No
Update ICD Diagnosis Information	No
Update ICD Procedure Information	No
Changes to Insurance Plan or Financial Class	No
Medical Record Abstract Flagged as Complete	No
Archive	Yes

## Outpatients

<b>Include non-discharged accounts - Yes</b>	
<b>Non-discharged Discharge Date - Last Service Date</b>	
<b>Trigger Events</b>	<b>Transfer Charges?</b>
Patient Registration	Yes
Charge/Credit	Yes
Patient Discharge	Yes
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Update DRG Information	No
Update ICD Diagnosis Information	No
Update ICD Procedure Information	No
Changes to Insurance Plan or Financial Class	No
Medical Record Abstract Flagged as Complete	No
Archive	Yes

---

## CCA/RUA/CPA INTERFACE FILE CREATE FUNCTIONS

The CCA/RUA/CPA Interface File Create functions are used to create other files used by TRENDSTAR and contain other miscellaneous interface functions.

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select TRENDSTAR Interfaces from the Interface Functions Input Options screen.
4. Select Clinical Cost Acct/Resource Util Analyst/Contract Pay Adv.
5. Select CCA/RUA/CPA Interface File Create Functions. The following menu is displayed:
  - Physician Listing
  - Procedure Charge Name File
  - UB92/CPT4/HCPCS Summary Table
  - Account Update
  - Date Range Update
  - ASCII/NFS Manual File Transfer
  - Inhouse Conversion/AR Add Historical Activity
  - CCA/RUA/CPA/Interface File Deletion
  - CPA Payment/Adjustment Backload

Each option is described below.

### Create Physician Listing File

The Physician Listing function produces a physician import file that can be used in TRENDSTAR to create or update a Physician file. The import file includes:

- Physician Code
- Physician Name
- Primary Specialty Number
- Physician Date of Birth
- Physician State License Number
- UPIN

**NOTE:** The Primary Specialty Number can be found in the TRENDSTAR Specialty # field in the Physician/Resource Specialties table in STAR Patient Care.

To create the Physician file, select the following options:

- Financial System Management (from the main menu)
- Interface Functions
- TRENDSTAR Interfaces
- Clinical Cost Acct/Resource Util Analyst/Contract Pay Adv
- CCA/RUA/CPA Interface Create Functions
- Physician Listing

The system prompts you to select a facility. Once you select a facility, the system creates the Physician file and displays the message:

#### *PROCESSING PHYSICIAN LISTING*

If your media type is ASCII, which is available for UNIX and VMS environments only, a file is created in the UNIX subdirectory /hbo/tmp/ or in the VMS directory HBO.TMP. The file name is psp <create date> <facility code>.txt. For example, if you created a file on April 20 for facility A, the file name is psp0420a.psp. The file can then be transferred to TRENDSTAR via the TRENDSTAR TCP/IP transfer option. If the file is created in any ID other than ID1 (Live ID), then the file name is psp<create><facility code><ID number>.txt.

If your media type is NFS, which is only available for UNIX environments, a file is created in the HBODATA: directory on your TRENDSTAR system. The file name is psp <create date> <facility code>.txt. For example, if you created a file on April 20 for facility A, the file name is psp0420a.txt. If the file is created in any ID other than ID1 (Live ID), then the file name is psp<create><facility code><ID number>.txt.

If your media type is tape, you must perform a separate function to write the Physician Listing file to a tape. Refer to the Physician Listing under the CCA/RUA/CPA Interface Tape Functions section for a description of the tape process.

## **Create Procedure Charge Name File**

The FIM File is used to supply procedure charge names for procedural-level reports. The file stores procedure charge codes and names in ascending order by FIM code.

To create the Procedure Charge Names file, select the following options:

- Financial System Management (from the main menu)
- Interface Functions
- TRENDSTAR Interfaces
- Clinical Cost Acct/Resource Util Analyst/Contract Pay Adv
- CCA/RUA/CPA Interface Create functions
- Procedure Charge Name File

The system prompts you to select a facility. Then the system prompts:

*Process Procedure file without department numbers Version (1) or with Department Numbers Version (2) [1] -- .*

If you choose **1**, a Version One Procedure Name file is created. This file contains FIM numbers and descriptions. If you choose **2**, a Version Two Procedure Charge Name file is created. This file contains FIM numbers by department and FIM descriptions.

Once you select the version number, the following prompt is displayed:



*Include Inactive FIM codes (Y/N) [Y] --*

If you choose **Y** for yes, inactive FIM codes are included in the Procedure Charge Name file. If you choose **N** for no, only the active FIM codes are included.

After the system creates the Procedure Charge Name file, the following message is displayed:

*PROCESSING PROCEDURE CHARGE NAME FILE*

If your media type is ASCII, which is available for UNIX and VMS environments only, a file is created in the UNIX subdirectory /hbo/tmp/ or in the VMS directory HBO.TMP. The file name is nam<create date><facility code>.nam. For example, if you created a file on April 20 for facility A, the file name is nam0420a.nam. The file can then be transferred to TRENDSTAR via the TRENDSTAR TCP/IP transfer option. If the file is created in any ID other than ID1 (Live ID), the file name is nam<create date><facility code><ID number>.nam.

If your media type is NFS, which is available only for UNIX environments, a file is created in the HBODATA: directory on your TRENDSTAR system. The file name is nam<create date><facility code>.nam. For example, if you created a file on April 20 for facility A, the file name is nam0420a.nam. If the file is created in any ID other than ID1 (Live ID), the file name is nam<create date><facility code><ID number>.nam.

If your media type is tape, you must perform a separate function to write the Procedure Charge Name File to a tape. Refer to the Procedure Charge Name File under the CCA/RUA/CPA Interface Tape Functions section for a description of the tape process.

## Create UB92/CPT4/HCPSC Summary Table

This function allows you to create a UB-92 and/or a CPT4/HCPSC multi-level procedure summary table in the text file format. These tables are used for the interface between Pathways Contract Management and TRENDSTAR. When you choose this option, you are prompted for a facility. After the facility is selected, the following prompt is displayed:

*Process UB92 Summary Table (Y/N)?--*

Enter **N** for No to not create the UB-92 Summary table. Enter **Y** for Yes to process the UB-92 Summary table. If **Y** is entered, a summary table is created. The UB-92 Summary table contains the UB-92 revenue codes, descriptions, and the FIM codes associated with each UB-92 revenue code. After you respond to this prompt, the following prompt is displayed:

*Process CPT4/HCPSC Summary Table (Y/N)?--*

Enter **N** for No to not create the CPT4/HCPSC Summary table. Enter **Y** for Yes to process the CPT4/HCPSC Summary table. If **Y** is entered, a summary table is created.

The CPT4/HCPSC Summary table contains the CPT4/HCPSC code, descriptions, and the FIM codes associated with each CPT4/HCPSC code. If you answer **Y** to this prompt, the following list is displayed:

HCPSC Summary Table  
Alternate HCPSC Summary Table  
Payer Specific HCPSC Cross Reference Summary Table

Select any or all from this list. If you select HCPSC Summary table, the table is created by using the HCPSC code found in the FIM file. If you select Alternate HCPSC Summary table, the table is created by using the CPT4/HCPSC code in the Alternate Code field on the FIM file. If you select Payer Specific HCPSC Cross Reference Summary table, a table is displayed for you to select the available Payer Specific Cross Reference tables for this facility. You can select any or all of these tables. The Summary table is created using the information in the Payer-specific HCPSC Cross Reference table. The name of the table that is used appears on line 2 of the Summary table created. All the files needed should be requested at the same time. When a request is entered to process these files, all previously created files are deleted.

After you select the type of CPT4/HCPSC Summary Table, the following prompt is displayed:

*Include Inactive FIM codes (Y/N)? [Y]--*

If you enter **Y** or press ENTER, inactive FIM codes are included in the CPT4/HCPSC Summary Table. If you enter **N**, inactive FIM codes are not included in the CPT4/HCPSC Summary Table.

If your media type is ASCII, which is available for UNIX and VMS environments only, a file is created in the UNIX subdirectory /hbo/tmp/ or in the VMS directory HBO.TMP. The file name for the UB-92 Summary table is ub<create date><facility code>.txt. The file name for the HCPSC Summary table is hcp<create date><facility code>.txt. The file name for Alternate HCPSC Summary table is hcp<create date><facility code>alt.txt. The file name for Payer-specific HCPSC Cross Reference table is hcp<create date><facility code><Payer Specific HCPSC Cross Reference table number>.txt. For example, if you created a UB-92 Summary Table file on April 20 for facility A, the file name is UB0420a.txt. The UB-92 Summary file can then be transferred to TRENDSTAR via the TRENDSTAR TCP/IP transfer option. If the file is created in an ID other than ID1, the file name for the UB92 Summary table is ub<create date><facility code><ID number>.txt. The file name for the HCPSC Summary table is hcp<create date><facility code><ID number>.txt. The file name for the Alternate HCPSC Summary Table is hcp<create date><facility code>alt<ID number>.txt. The file name for the Payer Specific HCPSC Cross Reference table is hcp<create date><facility code><Payer Specific HCPSC Cross Reference table number><ID number>.txt.

If your media type is NFS, which is only available for UNIX environments, a file is created in the HBODATA: directory on your TRENDSTAR system. The file name for

the UB-92 Summary table is ub<create date><facility code>.txt. The file name for the HCPCS Summary table is hcp<create date><facility code>.txt. The file name for Alternate HCPCS Summary table is hcp<create date><facility code>alt.txt. The file name for Payer Specific HCPCS Cross Reference table is hcp<create date><facility code><Payer Specific HCPCS Cross Reference table number>.txt. For example, if you created a UB-92 Summary Table file on April 20 for facility A, the file name is UB0420a.txt.

If the file is created in an ID other than ID1, the file name for the UB92 Summary table is ub<create date><facility code><ID number>.txt. The file name for the HCPCS Summary table is hcp<create date><facility code><ID number>.txt. The file name for the Alternate HCPCS Summary Table is hcp<create date> <facility code>alt<ID number>.txt. The file name for the Payer Specific HCPCS Cross Reference table is hcp<create date><facility code><Payer Specific HCPCS Cross Reference Table number><ID number>.txt.

If your media type is tape, you must perform a separate function to write the Summary table file to a tape. Refer to the UB-92 Summary Table or the CPT4/HCPCS Summary Table under the CCA/RUA/CPA Interface Tape Functions section for a description of the tape process.

## Account Update

The account update function enables you to resend any account in the CCA/RUA/CPA interface. This function does not result in a new bill or claim and has no effect on billing or claim data.

To access the Account Update option to resend an updated account in the CCA/RUA/CPA interface, select the following options:

- Financial Systems Management (from the main menu)
- Interface Functions
- TRENDSTAR Interfaces
- Clinical Cost Acct/Resource Util/Contract Pay Adv
- CCA/RUA/CPA Interface Create Function
- Account Update

The system then prompts you to select a facility if you are a multi-facility user. Once you select a facility, the system prompts you to identify the account that you want to resend.

Once you identify the account you want to resend, the system displays the following prompt:

*Do you want to send charges for this account (Y/N) [Y] --*

Enter **Y** for Yes, or press ENTER to send charges for this account. Enter **N** for No not to send the charges for this account.

If the Series Processing field on the General/CCA Parameter Screen is set to Yes, a list of available bill dates is displayed. The user can then choose the bill dates to send. The account is written to the Series Interface index and is processed as part of that file. If you choose a converted account or an AR/BD Add account and the parameters to send these types of accounts are set to Yes, then these accounts are sent to the Converted Account index or the AR/BD Add account index, depending on the type of account. If you choose an account that was inhouse at the time of conversion and the parameter to send these accounts as a separate file is set to Yes, these accounts are put into the Inhouse at Conversion index to be processed.

The account is then written to the standard interface index and is processed during that night's midnight processing.

## Date Range Update

The date range update function enables you to resend accounts to TRENDSTAR based on a specified date range.

Based on the Dates to Scan and Date Range to Transfer, accounts are written to a separate date range update index. This index is processed during midnight processing and produces its own interface file. If the Transfer Method is ASCII or NFS, the standard file name is dru<create date><facility>.dbi. If the file is created in any ID other than ID1, the file name is dru<create date><facility><ID number>.dbi. If charges are to be transferred, all the charges associated with the account are transferred so that the flag on TRENDSTAR can be set to replace charges.

The Date Range Update interface file is transferred after it is processed if the transfer method is NFS or ASCII. If the transfer method is tape, the file is ready to be written to tape. It is not necessary to wait for the 16.1 CCA/RUA/CPA interface optional batch job to run to get the Date Range Update file to transfer.

If the date range update processing hits the number of accounts limit, then processing should stop and the file should be transferred. The next night the remainder of the accounts from the date range update is processed.

The system prompts you to select a facility if this is a multi-facility installation. Once you select a facility, the system displays the Date Range Update screen:

```

                                General Hospital Date Range Update Processor
                                Mon Jul 10, 1995 11:48 am
Clinical Cost Acct/Resource Util/Contract Pay Adv Input Options
1 Date Range to Transfer          2 Transfer Charge Records?
  05/14/95 thru 05/24/95          Yes
3 I/P Patient Types
  All
4 O/P Patient Types
  All
5 Dates to Scan
  Discharge Date
6 AR/BD Add Accounts          7 Converted Accounts
  Exclude                     Exclude
```

## Field Explanations

### 1. DATE RANGE TO TRANSFER (6-N-R)

This field determines the first and last dates for which accounts should be present. When you access this field the system displays the following prompt:

*Enter transfer date [Earliest] --*

Enter the earliest date for which accounts should be resent, or press ENTER to accept the default. The system then displays the following:

*Enter transfer date [DEFAULT] --*

Enter the last date for which accounts should be resent, or press ENTER to accept the default. Default is today's date.

### 2. TRANSFER CHARGE RECORDS (1-A-R)

This field determines whether the system should transfer charge records to CCA/RUA/CPA for the selected accounts. Enter Y, or press ENTER to accept the Y default to transfer charge records.

### 3. I/P PATIENT TYPES (TABLE LOOKUP-R)

This field allows you to select certain inpatient patient types to include in the date range update. After you enter this option, the following prompt is displayed:

*Include all I/P patient types (Y/N) [Y] --*

If **Y** for Yes is entered, the date range update processes for all inpatient patient types. All is displayed in this field. The default is Yes. If **N** for No is entered, all inpatient patient types are displayed, and you can select the patient types to be included in the date range update. If you do not select any patient type, then no inpatients are placed into the index.

#### **4. O/P PATIENT TYPES (TABLE LOOKUP-R)**

This field allows you to select certain outpatient patient types to include in the date range update. After you enter this option, the following prompt is displayed:

*Include all O/P patient types (Y/N) [Y] --*

If **Y** for Yes is selected, the date range update processes for all outpatient patient types. All display in the field. If **N** for No is selected, all outpatient patient types are displayed, and you can select the patient types to be included in the date range update. If you do not select any patient type, then no outpatients are placed into the index.

#### **5. DATES TO SCAN (TABLE LOOKUP-R)**

This field determines which dates the date range update function should look at to determine if the accounts should be written to the date range update index. The following dates are included:

Admit Date

Discharge Date

Bill Date

Transfer to Bad Debt

Payment/Adjustment Date (CPA/Claims Management only)

When the Series Processing field on the General/CCA Parameter screen is set to Yes, and Discharge Date is chosen as one of the Dates to Scan, the following prompt is displayed:

*Treat all billing events for series patients within date range as discharges (Y/N) [Y] --*

When the Series Processing field is set to Yes, series accounts are sent to TRENDSTAR, so each bill is set up as a separate account. When you respond Yes to this prompt, the date range update function uses each bill date as a discharge date. Therefore, if a bill date for the series account falls within the date range, the account is sent to TRENDSTAR. If you respond No to this prompt, the account goes to TRENDSTAR only if the actual discharge date for the account falls within the date range defined.

You can select any or all of the above dates. At least one date must be chosen in order to process the date range update. By selecting all of the dates, the date range update could be used to simulate an interface run, depending on the triggers selected on the Trigger Events Parameter screen. The Payment/Adjustment Date only appears on the table if the products field on the General/CCA Parameter screen has CPA Claims Management only.

**6. AR/BD ADD ACCOUNTS (1-A-R)**

This field determines if AR/BD Add accounts should be included in the Date Range Update. After you enter this option, the following prompt is displayed:

*Include AR/BD Add Accounts in Date Range Update (Y/N)[N] --*

If **Y** for Yes is entered, Include is displayed in the field. If AR/BD Add Accounts are included in the Date Range Update and if any AR/BD Add accounts meet the Date Range Update criteria, the accounts are written to the date range update index. The accounts are processed based on the AR/BD Add parameters. This means that only the records specified on the AR/BD Add Parameter screen in addition to the 0 and 1 records are transferred. If any of the parameters are set to add data instead of replace, STAR Patient Accounting resends all of the payments, adjustments, and refunds to TRENDSTAR. The flag in the 1 record is set to add data. It may be necessary to make some changes to these accounts on TRENDSTAR to be sure that information is accumulated correctly. You want to be sure that the payments, adjustments, and refunds being sent in the interface file do not already exist in TRENDSTAR.

If **N** for No is entered, Exclude is displayed in this field. AR/BD Add accounts that meet the Date Range Update criteria are not written to the date range update index.

**7. CONVERTED ACCOUNTS (1-A-R)**

This field determines if Converted Accounts should be included in the Date Range Update. After you enter this option, the following prompt is displayed:

*Include Converted Accounts in Date Range Update (Y/N)[N] --*

If **Y** for Yes is entered, Include is displayed in this field. If Converted Accounts are included in the Date Range Update, and if any Converted Accounts meets the Date Range Update criteria they are written to the date range update index. The accounts are processed based on the Converted parameters. This means that only the records specified on the Converted Parameter screen in addition to the 0 and 1 records are transferred. If any of the parameters are set to add data instead of replace, STAR Patient Accounting resends all of the payments, adjustments, and refunds to TRENDSTAR. The flag in the 1 record is set to add data. It may be necessary to make some changes to these accounts on TRENDSTAR to be sure that information is accumulated correctly. You want to be sure that the payments, adjustments, and refunds being sent in the interface file do not already exist in TRENDSTAR.

If **N** for No is entered, Exclude is displayed in the field. Converted Accounts that meet the Date Range Update criteria are not written to the date range update index.

Once all the fields are completed, you are prompted to accept the screen. Once the screen is accepted the following is displayed:

*Process Date Range Update (Y/N) [N] --*

If you respond **N** for No, the date range update does not process, but the field settings remain the same. If you respond **Y** for Yes, the date range update begins processing.

## NFS/ASCII Manual Transfer

The NFS/ASCII Manual Transfer interface provides a manual transfer of files if the Transfer Method is ASCII or NFS. The manual transfer option should be used if the file transfer failed during the file creation process. The following files can be selected:

- CCA/RUA/CPA Interface File
- Physician File
- Procedure Charge Name File
- CPT4/HCPCS Summary File
- UB92 Summary File

After you select the type of file to transfer, all of the files available for transfer are listed. Only the files that have not been deleted due to exceeding the number of retention days or have not been deleted by using the interface file deletion are listed. Select the files you wish to transfer. McKesson recommends that if you select a file from the middle of the list, then all subsequent files should also be selected. The same account may be in subsequent files with more up to date information. If you select a file from the middle of the list without subsequent ones, the following message is displayed:

*Subsequent files may have more current account information. Please review transfer choice.*

After you select the files to transfer, the following prompt is displayed:

*Retransmit file built on XX/XX/XX XXXX (Y/N) [N] --*

The Xs within this message indicate the date and time the file was built. Enter **Y** to retransmit the file built on the date and time specified within the prompt. After the Y is entered, the message Manual Transfer in Progress and Creating or Processing XXXX file is displayed on your screen. The XXXX indicates the name of the file. If the file creation is still in progress, the message Error: XXXX File is being accessed. Try again later is displayed on your screen. The XXXX indicates the name of the file. If the transfer method on the General/CCA Parameter screen is set to ASCII, the files are transferred to the hbo/tmp directory. If the transfer method is set to NFS, the file is transferred to the HBODATA: directory on TRENDSTAR.

Enter **N** if you do not want to retransmit the file.

If there is no file available for retransmission, the message *Error: No File to Retransmit for Facility X* is displayed on the screen. A file is available for retransmission only if the media type on the CCA/RUA/CPA Parameter screen is set to NFS or ASCII when the file was created.



If the transfer method is NFS and a file is selected to retransmit but the NFS connection is not available, then the message *Error: Unable to Open Requested File* is displayed on the console. The standard files names in this directory include:

- Standard CCA database INPUT TABLE - dbi<create date><facility code>.dbi
- PHYSICIAN SPECIALTY TABLE - psp<create date><facility code>.txt
- PROCEDURE NAME TABLE - nam<create date><facility code>.nam
- AR/BD ADD ACCOUNTS INTERFACE FILE - add<create date><facility code>.dbi
- CONVERTED ACCOUNTS INTERFACE FILE - con<create date><facility code>.dbi
- INHOUSE ACCOUNTS AT CONVERSION INTERFACE FILE - inh <create date><facility code>.dbi
- DATE RANGE UPDATE INTERFACE FILE - dru<create date><facility code>.dbi
- UB92 SUMMARY TABLE - ub<create date><facility code>.txt
- HCPCS SUMMARY TABLE - hcp<create date><facility code>.txt
- ALTERNATE HCPCS SUMMARY TABLE - hcp<create date><facility code>alt.txt
- PAYER SPECIFIC HCPCS CROSS REFERENCE TABLE - hcp<create date><facility code><payer specific HCPCS cross reference table number>.txt
- SERIES ACCOUNTS INTERFACE FILE - ser<create date><facility code>.dbi.

If the file is created in an ID other than ID1 (Live ID), then the ID number is part of the file name. For example, if you are creating a CCA/RUA/CPA interface file in ID2 (Test ID), for facility A on May 1 then the file name would be dbi0501a2.dbi. This would prevent files from being overwritten if they were being created from your Test and Live ID on the same day.

The create date is in the format of MMDD and is the date that the file was created. If the transfer method is NFS and the transmission of the file is incomplete, these files appear in the HBODATA: directory with TEMP appended to the file name.

**NOTE:** The file hboguest.config resides on the HBODATA: directory on TRENDSTAR. This file must remain in this directory in order for the TCP/IP NFS manual transfer to work correctly. Do not delete this file.

Refer to CCA/RUA/CPA General/CCA Parameters in Chapter 1 of this book for information on the NFS and ASCII Transfer function.

## Inhouse Conversion/AR Add Historical Activity

The Inhouse Conversion/AR Add Historical Activity screen allows you to enter the payments, adjustments, and refunds that occurred before the account was entered into STAR or added into AR or Bad Debt. This allows complete payment, adjustment, and refund data to be sent to UDFs for these accounts.

Once you select a facility, the following screen is displayed:

General Hospital Inhouse at Conversion Historical Activity		
Wed Jul 5, 1995 11:18 am		
1 Payments COB1 \$1000.00	2 Payments COB2	3 Payments COB3
4 Payments COB4	5 Patient Payments	6 Adjustments COB1
7 Adjustments COB2	8 Adjustments COB3	9 Adjustments COB4
10 Patient Adjustments	11 Refunds COB1	12 Refunds COB2
13 Refunds COB3	14 Refunds COB4	15 Patient Refunds

## Field Explanations

### 1. PAYMENTS COB1 (9-N-O)

The amount entered in this field is used for payment UDFs and Summarized Payment amounts in record 6.04. After you enter this option, the following prompt is displayed:

*Enter total payments for COB1 --*

Enter the total payments for COB1 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

### 2. PAYMENTS COB2 (9-N-O)

The amount entered in this field is used for payment UDFs and Summarized Payment amounts in record 6.04. After you enter this option, the following prompt is displayed:

*Enter total payments for COB2 --*

Enter the total payments for COB2 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

### 3. PAYMENTS COB3 (9-N-O)

The amount entered in this field is used for payment UDFs and Summarized Payment amounts in record 6.04. After you enter this option, the following prompt is displayed:

*Enter total payments for COB3 --*

Enter the total payments for COB3 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**4. PAYMENTS COB4 (9-N-O)**

The amount entered in this field is used for payment UDFs and Summarized Payment amounts in record 6.04. After you enter this option, the following prompt is displayed:

*Enter total payments for COB4 --*

Enter the total payments for COB4 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**5. PATIENT PAYMENTS (9-N-O)**

The amount entered in this field is used for payment UDFs and Summarized Payment amounts in record 6.04. After you enter this option, the following prompt is displayed:

*Enter total payments for patient --*

Enter the total payments for patients that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**6. ADJUSTMENTS COB1 (9-N-O)**

The total adjustments for COB1 are entered in this field. This value is used for adjustment UDFs. After you enter this option, the following prompt is displayed:

*Enter total adjustments for COB1--*

Enter the total adjustments for COB1 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**7. ADJUSTMENTS COB2 (9-N-O)**

The total adjustments for COB2 are entered in this field. This value is used for adjustment UDFs. After you enter this option, the following prompt is displayed:

*Enter total adjustments for COB2--*

Enter the total adjustments for COB2 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**8. ADJUSTMENTS COB3 (9-N-O)**

The total adjustments for COB3 are entered in this field. This value is used for adjustment UDFs. After you enter this option, the following prompt is displayed:

*Enter total adjustments for COB3--*

Enter the total adjustments for COB3 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**9. ADJUSTMENTS COB4 (9-N-O)**

The total adjustments for COB4 are entered in this field. This value is used for adjustment UDFs. After you enter this option, the following prompt is displayed:

*Enter total adjustments for COB4--*

Enter the total adjustments for COB4 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**10. PATIENT ADJUSTMENTS (9-N-O)**

The total adjustments for the patient are entered in this field. This value is used for adjustment UDFs. After you enter this option, the following prompt is displayed:

*Enter total adjustments for patient--*

Enter the total adjustments for patient that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**11. REFUNDS COB1 (9-N-O)**

The total refunds for COB1 are entered in this field. This value is used for Refund UDFs and Summarized Payments (6.04) if parameter to send refunds with summarized payments is set to Yes. After you enter this option, the following prompt is displayed:

*Enter total refunds for COB1--*

Enter the total refunds for COB1 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**12. REFUNDS COB2 (9-N-O)**

The total refunds for COB2 are entered in this field. This value is used for Refund UDFs and Summarized Payments (6.04) if parameter to send refunds with summarized payments is set to Yes. After you enter this option, the following prompt is displayed:

*Enter total refunds for COB2--*

Enter the total refunds for COB2 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**13. REFUNDS COB3 (9-N-O)**

The total refunds for COB3 are entered in this field. This value is used for Refund UDFs and Summarized Payments (6.04) if parameter to send refunds with summarized payments is set to Yes. After you enter this option, the following prompt is displayed:

*Enter total refunds for COB3--*

Enter the total refunds for COB3 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**14. REFUND COB4 (9-N-O)**

The total refunds for COB4 are sent or added into AR or Bad Deterred in this field. This value is used for Refund UDFs and Summarized Payments (6.04) if parameter to send refunds with summarized payments is set to Yes. After you enter this option, the following prompt is displayed:

*Enter total refunds for COB4--*

Enter the total refunds for COB4 that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

**15. PATIENT REFUNDS (9-N-O)**

The total refunds for the patient should be entered in this field. This value is used for Refund UDFs and Summarized Payments (6.04) if parameter to send refunds with summarized payments is set to Yes. After you enter this option, the following prompt is displayed:

*Enter total refunds for patient--*

Enter the total refunds for patients that occurred before the accounts were entered into STAR or added into AR or Bad Debt.

## CCA/RUA/CPA Interface File Deletion

This function allows you to delete historical interface files that have not met their maximum retention days. When this function is accessed, a table displaying the available interface files is displayed. The type of file and creation date is displayed. You can select one or all of the files displayed in the table. Once the files are chosen the following prompt is displayed for each file selected:

*Delete (file type) (date) [N] --*

Enter **N** to not delete the file. The default is No. In order to delete the file you must respond Yes. All historical files are eligible for deletion. If you select a file that has not been transferred, the following message is displayed:

*(File type) (date) has not been transferred. Do you want to delete [N] --*

Enter **Y** for Yes for the file to be deleted.

## CPA Payment/Adjustment Backload

The CPA Payment/Adjustment Backload function is only available if you have CPA/ Rules Based Reimbursement (RBR) or CPA/Claims Management specified in the Product field on General/CCA Parameter screen. CPA/RBR and CPA/Claims Management require that first payment date be available as a data element to be sent to TRENDSTAR. This field is not normally stored in STAR. Therefore, once these products are identified on the General/CCA Parameter screen, the date of the first

payment on an account is stored. The CPA Payment/Adjustment backload calculates the first payment date by reading through payment detail records and placing the first payment date in a field that could be accessed by the CCA/RUA/CPA interface.

CPA/Claims Management requires detail payments, adjustments, and refunds (depending on parameter setting) be sent to TRENDSTAR. This information is stored in a CPA payment/adjustment file in order for the CCA/RUA/CPA interface to run efficiently.

This file is in addition to the file that currently contains information on individual payments and adjustments. The new file contains the following information for every individual payment, adjustment and refund:

- Payments
  - Payment Amount
  - Remittance Advice Number
  - Payment Type (COB # or P for patient payment)
  - Transaction Code
- Adjustments
  - Adjustment Amount
  - Adjustment Date
  - Transaction Code

This data is stored and used when the accounts are processed.

Once CPA/Claims Management is defined as a product, all payments, adjustments, and refunds are stored in this new file when they are posted. In order to get historical payments, adjustments, and refunds into this file, the CPA Payment/Adjustment Backload function needs to be done. For example, CPA/Claims Management product is added on May 1. Jane Smith had one payment on her account made on April 1 and one payment made on May 15. The May 15th payment is in CPA Payment/Adjustment file and therefore when the CCA/RUA/CPA interface is run, only the May 15th payment appears in the detail payment record of the CCA/RUA/CPA interface file. In order for the April 1st payment to be sent in the detail payment record, the CPA Payment/Adjustment Backload must be run. The backload adds the April 1st payment into the CPA Payment/Adjustment file so that the CCA/RUA/CPA interface process is able to send it to TRENDSTAR.

**NOTE:** The payment/adj/refund field is only used when an account is flagged to be sent through the interface. Accounts updated are not immediately sent through the interface. To have this completed, a date range update needs to be requested for the appropriate period of time. The date range update needs to be requested after the payment and adjustment backload completes. For new installs, the backload process can be instigated when the parameter screen is initially updated.

The backload function can be processed only the day after the CCA optional batch job is run. This date is the same as the Next Edit Date, which is displayed on the General/CCA Parameter Screen. If this function is accessed on a day other than the Next Edit Date, the following message is displayed:

*May not run backload until next edit date (MM/DD/YY). Press NL to continue--*

If this function is accessed on the Next Edit Date, you are prompted to choose a facility. The following prompt is displayed:

*Enter starting discharge date for payment/adjustment backload --*

Enter a date in the format MM/DD/YY. All accounts that have discharge dates equal to or greater than the date entered have their payments, adjustments, and refunds added to the CPA payment/adjustment file so that if that account is triggered to go to TRENDSTAR, the detail payment, adjustment, and refund data is available. In addition, it places the first payment date into the appropriate field so that the CCA/RUA/CPA interface can access it.

After the date is entered, the following prompt is displayed:

*Process accounts discharged on or after MM/DD/YY? [N]*

Enter **N** for No if you do not want the backload to run. Enter **Y** for Yes if you do want the CPA backload to start running. The backload may take several hours to run. Therefore, in order not to interfere with midnight processing, you may want to begin this process in the morning. If the CPA Backload is still running when the CCA/RUA/CPA interface begins processing, the interface does not process. The following messages appear on the console:

*CCA Interface for Facility X Index 0 in progress FAXCCA*

*CCA Interface for Facility X Index 1 in progress FAXCCA*

*CCA Interface for Facility X Index 2 in progress FAXCCA*

*CCA Interface for Facility X Index 3 in progress FAXCCA*

*CCA Interface for Facility X Index 4 in progress FAXCCA*

*CCA Interface for Facility X Index 5 in progress FAXCCA*

If the CPA backload function is accessed while the CCA/RUA/CPA interface is processing, the following message is displayed:

*Interface currently running. Press NL to continue --*

## Remove Accounts Selected for TRENDSTAR Date Range Update

This function is used to remove account requests made for a Date Range Update for TRENDSTAR. This prevents these accounts from being formatted for TRENDSTAR.

This function is used when a request is made to select accounts to be sent to TRENDSTAR using the Date Range Update function on the CCA/RUA/CPA Interface Create Functions menu. This function removes the selected accounts for which the TRENDSTAR information has not been formatted.

When the function is selected, and TRENDSTAR is not defined for the facility, the following error message is displayed, where x is the facility:

*TRENDSTAR Interface is not defined for Facility x*

If account information is being formatted for the Date Range Update, the account selection list cannot be removed, and the following message is displayed:

*TrendSTAR interface is in use for Date Range Update. Please try later!*

If no accounts have been selected for the Date Range Update, the following message is displayed:

*No accounts selected for Date Range Update for TrendSTAR*

If none of the preceding criteria are true, the following confirmation message appears:

*Are you sure that you want to remove accounts selected for TrendSTAR Date Range Update? (Y/N) [N]--*

A response of Y is required to start the background job which removes accounts from the Date Range Update index. This means that the requests to format information for TRENDSTAR have been removed. If Y is keyed to start the background job, then the following message appears:

*Background job started for Facility x*

The removal of accounts from the Date Range Update index is not journaled. If the system is restored before another full backup is done, this process may need to be repeated.

The execution of this tool appears in the Log of PA Customer Tools Run. For information, see the *General Information Volume* of the *STAR Financials Patient Accounting Reference Guide*.



## CCA/RUA/CPA INTERFACE TAPE FUNCTIONS

The CCA/RUA/CPA interface tape functions are used to create 9-track tapes to transfer files from STAR to TRENDSTAR.

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select TRENDSTAR Interfaces from the Interface Functions Input Options screen.
4. Select Clinical Cost Acct/Resource Util/Contract Pay
5. Select CCA/RUA/CPA Interface Tape Create Functions.

The following tape options are displayed:

- Clinical Cost Acct/Resource Util/Contract Pay Adv
- Physician Listing
- Procedure Charge Name File
- CPT4/HCPSC Summary Table
- UB92 Summary Table

Each option is described below.

### Produce Clinical Cost/Acct/Resource Util/Contract Pay Adv Tape

The Clinical Cost Acct/Resource Util/Contract Pay Adv function allows you to produce a tape for the TRENDSTAR system. The interface file written to tape is created when the CCA/RUA/CPA Optional Batch Job runs. This option is used only if the hospital updates the CCA/RUA/CPA database via tape.

After selecting the facility, a list of available files is displayed. Once the file is selected, the system displays the following screen:

```
General Hospital Clinical Cost Acct/Resource Util/Cost Pay Adv Processor
                               Mon Aug 20, 1990 09:59 am
Clinical Cost Acct/Resource Util/Cost Pay Adv Input Options

Page:01                      Available Tape Units
( 1) Magnetic Tape Drive 0
( 2) Magnetic Tape Drive 1

Enter choice--
```

If your system has multiple tape drives, the available tape units are displayed on the screen. Select the desired tape drive, and press ENTER. The following prompt is displayed:

*Please mount the CCA/RUA/CPA interface tape.  
Enter tape ready (R) or bypass (B).*

To bypass tape processing and return to the menu, enter **B**.

To process the tape, mount the tape in the tape drive, and press **R**.

The system displays the following message:

*High or Low density tape? (H/L)--*

Enter **H** if you want a high density tape (6250 BPI) to be written. Enter **L** if you want a low density tape (1600 BPI) to be written.

The system processes the CCA/RUA/CPA Interface tape (FXPCML) and displays the following message:

*PROCESSING CCA/RUA/CPA INTERFACE TAPE FOR FACILITY X*

If the interface file is too large to fit on one tape, you are prompted to load a second tape.

**NOTE:** In order for the system to transmit the CCA/RUA/CPA tape, the Transfer Method field must be set to TAPE (T) on the CCA/RUA/CPA Parameter Maintenance screen. If the Transfer Method field is set to NFS (N) or ASCII (A), the system displays the following error message:

*ERROR: CCA/RUA/CPA TRANSMISSION PARAMETER MUST EQUAL  
TAPE*

This message indicates that the CCA/RUA/CPA parameter is set to transmit the interface by NFS or by TCP/IP interface.

In order to process by tape, you must change the Transfer Method Flag in the CCA/RUA/CPA Parameter Maintenance to TAPE (T) and reselect this option to process the tape. The CCA/RUA/CPA Interface tape is created with a record length of 105 and blocking factor of 1890.

## Produce Physician Listing Tape

The Physicians Listing tape function produces a physician import file tape that can be used in TRENDSTAR to create or update a physician file. You must perform the Create Physician Listing before the tape can be created. Refer to Create Physician File write up in the CCA/RUA/Interface File Create Functions section.

After you select the tape drive, the following prompt is displayed:

*Please mount the Physician file interface tape  
Enter tape ready (R) or bypass (B)*

To bypass tape processing and return to the Clinical Cost Accounting/Resource Utilization Analyst/Contract Payment Advisor menu, enter **B**.

To process the tape, mount the tape in the tape drive, and press **R**. The system displays the following message:

*High or low density tape? (H/L)--*

Enter **H** if you want a high density tape (6250 BPI) to be written. Enter **L** if you want a low density tape (1600 BPI) to be written.

The system processes the tape and displays the following message:

*Processing Physician File Interface tape for facility X*

The record length of the Physician file is 100 and the block size is 2000.

## Produce Charge Name File Tape

The Produce Charge Name File Tape function produces a Procedure Charge Name File tape. You must perform the Create Procedure Charge Name File before the tape can be created. Refer to Create Charge Name File write up in the CCA/RUA/CPA Interface File Create Functions section.

After you select the Procedure Charge Name File Tape function on the CCA/RUA/CPA Interface Tape Functions screen if your system has multiple tape drives, the system prompts you to select the tape drive to use to write the tape. After you select the tape drive, the following prompt is displayed:

*Please mount the Procedure Charge Name file interface tape  
Enter tape ready (R) or bypass (B)*

To bypass tape processing and return to the Clinical Cost Acct/Resource Util Analyst/Contract Pay Adv, enter **B**.

To process the tape, mount the tape in the tape drive and enter **R**. The system displays the following message:

*High or low density tape? (H/L)--*

Enter **H** if you want a high density tape (6250 BPI) to be written. Enter **L** if you want a low density tape (1600 BPI) to be written.

The system processes the tape and displays the following message:

*Processing Procedure Charge Name file for facility X*

The record length of the Procedure Charge Name file is 42 and the block size is 2016.

## **Produce CPT4/HCPSC Summary Table Tape**

The Produce CPT4/HCPSC Summary Table Tape function produces the CPT4/HCPSC Summary Table tape. You must perform the Create CPT4/HCPSC Summary Table File before the tape can be created. Refer to Create CPT4/HCPSC Summary Table File write up in the CCA/RUA/Interface File Create Functions section.

After you select the CPT4/HCPSC Summary Table function on the CCA/RUA/CPA Interface Tape Functions screen if your system has multiple tape drives the system prompts you to select the tape drive to use to write the tape.

After you select this function, a list of available tables display. Only one table at a time may be chosen to be written to a tape.

The record length of the CPT4/HCPSC Summary file is 60 and the block size is 600.

## **Produce UB92 Summary Table Tape**

The Produce UB92 Summary Table Tape function produces the UB-92 Summary Table tape. You must perform the Create UB92 Summary Table File before the tape can be created. Refer to Create UB92 Summary Table File write up in the CCA/RUA/Interface File Create Functions section.

After you select the UB92 Summary Table function on the CCA/RUA/CPA Interface Tape Functions screen if your system has multiple tape drives, the system prompts you to select the tape drive to use to write the tape.

After you select this function, a list of available tables is displayed. Only one table at a time may be chosen to be written to a tape.

The record length of the UB92 Summary file is 250 and the block size is 2500.

## REPORTS

### CCA/RUA/CPA Processing Report - FARCCA4

#### DESCRIPTION/PURPOSE

This report lists the interface files processed during the last midnight processing run and gives the status of the files.

#### GENERATING AND PRINTING THIS REPORT

The CCA/RUA/CPA Processing Report is created every night during midnight processing. The report gives the status of what has occurred since the last processing report was generated.

The report is sorted by Standard, Date Range Update, AR/BD Add, Converted, and Inhouse at Conversion. The secondary sort is creation date.

The following is an example of a CCA/RUA/CPA Processing Report.

Figure 1.1 FARCCA4 - CCA/RUA/CPA Processing Report

Date: 03/27/96 Time: 06:04A		General Hospital CCA/RUA/CPA Processing Report				Page : 1 Report: FARCCA4A
File Type	Creation Date	Discharged Accts Processed	Non-Discharged Accts Processed	Accts Reprocessed	Accts in File	Status
Standard	03/26/96	3	16		19	Processed
Standard	03/20/96	18	56	8	74	Transferred
Standard	03/22/96	11	55	3	66	Transferred
Standard	03/24/96	5			5	Max # of accts/Transferred
AR/BD Add	03/20/96	2			2	Transferred
AR/BD Add	03/22/96	2		4	2	Transferred
AR/BD Add	03/24/96	1		2	1	Transferred
AR/BD Add	03/26/96	2			2	Ready to be Transferred
Converted	03/20/96	1			1	Transferred
Converted	03/26/96	1			1	Ready to be Transferred
Date Range Update	03/26/96	24			24	Processed
Date Range Update	03/19/96	21			21	Deleted
Date Range Update	03/20/96	6			6	Transferred
Date Range Update	03/23/96	9			9	Transferred
Date Range Update	03/24/96	5			5	Ready to be Transferred
Date Range Update	03/25/96	5			5	Ready to be Transferred
End of Report						

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number and the report name as used in the system.

**FILE TYPE**

This field lists the file description of all the files that had some kind of activity on them during midnight processing. The valid file types are Standard, Date Range Update, AR/BD Add, Converted, and Inhouse at Conversion.

**CREATION DATE**

This field contains the date that the file was created. If this file was processed during last night's midnight processing and has been merged with an existing file, then the creation date is the midnight processing date.

**DISCHARGED ACCTS PROCESSED**

This field lists the number of discharged accounts processed. This can be used to audit the nightly interface run to be sure that the processing occurred. This number does not include nondischarged accounts processed.

**NONDISCHARGED ACCTS PROCESSED**

This field contains the nondischarged accounts processed. Nondischarged accounts are only processed when the CCA/RUA/CPA optional batch job runs.

**ACCOUNTS REPROCESSED**

This field contains the accounts that were reprocessed. These accounts already exist in the interface file, however, a trigger event occurred that would place them into the interface index again. Once the accounts are reprocessed they are merged into the interface file created the previous night.

**ACCTS IN FILE**

This field is the number of accounts currently in that file. It differs from the accounts processed since the same accounts may be processed more than one night for the same file.

**STATUS**

This field contains information concerning the status of the file. The following statuses are included:

**Transferred** - This indicates that the file has been transferred since the previous night's midnight processing. The file may have been processed and transferred successfully via the ASCII or NFS transfer methods, cut to tape, or transferred using the ASCII/NFS Manual Transfer method.

**Ready to be Transferred** - This indicates that the file has been processed and is ready to be transferred. This status is only valid if the transfer method is Tape. If this status appears, the tape function needs to be run during the day to transfer the file. If this function is run during the day, then the next day's processing report shows these files are Transferred.

**Transfer Failed/Transfer Manually** - This message only appears if the transfer method is ASCII or NFS and the transfer failed during midnight processing. You need to use the ASCII/NFS Manual Transfer function to transfer the file. After the file has been transferred, the file shows on the next day's report as Transferred.

**Max # Accounts/Transferred** - This indicates that the maximum number of accounts for the file had been reached and was automatically transferred via ASCII/NFS transfer methods.

**Max # Accounts/Ready to be Transferred** - This status is only valid when the transfer method is tape. This indicates that the maximum number of accounts for the file has been reached and the account is ready to be transferred. The file needs to be transferred during the day using the CCA/RUA/CPA Interface Tape function. Once the files are transferred, they show on the next day's processing report as Transferred.

**Max # Accounts/Transfer Failed** - This message is only valid if transfer method is ASCII or NFS. This indicates that the maximum number of accounts for the file has been reached and an attempt was made to transfer it via the ASCII or NFS methods. However, the transfer failed and the user must transfer the file using the ASCII/NFS Manual Transfer functions. Once the file is transferred, it appears on the next day's report as Transferred.

**Deleted** - This indicates that the file has been deleted because the retention days have been reached or because the file was deleted using the CCA/RUA/CPA Interface File Deletion function.

**Processed** - This indicates that the file has been processed and the number of accounts indicates the number of accounts processed during the last midnight processing run.

## **CCA/RUA Audit Report - FARCCA**

### **DESCRIPTION/PURPOSE**

The CCA/RUA Audit Report lists all accounts transferred to the TRENDSTAR system through the CCA/RUA/CPA interface. For each account listed, the report contains the account number, patient name, financial class, patient type, attending doctor, reason for transfer to CCA/RUA/CPA, and the quantity and amount of charges.

The system produces this report when the optional batch job is run. The report is created for each file produced during the CCA/RUA/CPA optional batch job (for example, standard file, AR/BD Add file, and date range update file).

### **GENERATING AND PRINTING THIS REPORT**

This report is generated during batch processing whenever the CCA/RUA/CPA Interface optional batch job is run. The report is sorted by fiscal year. A different report



is produced for each type of file processed. For example, during the optional batch job a standard file, a converted file, and an AR/BD add file is created. There are three FARCCA reports processed. One for each type of file.

The following contains examples of the CCA/RUA Audit Report.

Figure 1.2 FARCCA - CCA/RUA Audit Report - Detail

Date: 03/02/96 Time: 12:03P		GENERAL HOSPITAL CCA/RUA Audit Report - Detail Date Range: 11/22/95 - 01/22/96 Standard File						Page : 1 Report: FARCCAA	
Fiscal Year 1996									
Account #	Patient Name	Discharge Date	F/C	P/T	Attend Doc	Summarized Payments	Reason	--- Charge Qty	--- Amount
-----									
A9532600001	CASS,MALE	11/22/95	400100	I/P	0000100	\$180.00	Adjustment Bill	0003	\$310.00
A9534100001	CASS,OP	12/07/95	100100	O/P	0009000	\$5.00	Abstract Flagged a	0001	\$13.10
A9533100002	CASS,MALE	12/19/95	400100	I/P	0000100	\$425.00	Adjustment Bill	0022	\$4,620.00
A9535300001	CASS,MALE	12/20/95	500100	I/P	0000100	\$45.00	Adjustment Bill	0001	\$425.00
A9600500001	CASS,OP	01/05/96	100100	O/P	0000100	\$0.00	Abstract Flagged a	0001	\$50.00
A9600500002	CASS,MALE	01/22/96	400100	I/P	0000100	\$3,725.60	Adjustment Bill	0029	\$3,725.60
Date: 03/02/96 Time: 12:03P		General Hospital CCA/RUA Audit Report - Detail Date Range: 11/22/95 - 01/22/96 Standard File						Page : 2 Report: FARCCAA	
Account #	Patient Name	Discharge Date	F/C	P/T	Attend Doc	Summarized Payments	Reason	--- Charge Qty	--- Amount
-----									
Total for Fiscal Year 1996									
Facility Total Accounts Processed							0006		
Total Summarized Payments							\$4,380.60		
Total Charge Quantity							0057		
Total Charge Amount							\$9,143.70		
Facility Total Accounts Processed							0006		
Total Summarized Payments							\$4,380.60		
Total Charge Quantity							0057		
Total Charge Amount							\$9,143.70		
End of Report									

Figure 1.3 FARCCA - CCA/RUA Audit Report - Summary

Date: 03/02/96	GENERAL HOSPITAL		Page : 1
Time: 09:25am	CCA/RUA Audit Report - Summary		Report: FARCMLA
	Date Range: 11/22/95 - 01/22/96		
	Standard File		
Fiscal Year 96			
Reason Code	# Accounts Processed	----- Charge -----	
-----	-----	Qty	Amount
-----	-----	-----	-----
Abstract Flagged as Complete	2	0002	\$63.10
Adjustment Bill	4	0055	\$9,080.60
Total Inpatient Accounts	4	0055	\$9,080.60
Total Outpatient Accounts	2	0002	\$63.10
Facility Total Accounts	6	0057	\$9,143.70
End of Report			

Figure 1.4 FARCCA - CCA/RUA Exception Report - Detail

Date: 03/03/96 Time: 09:25am		GENERAL HOSPITAL CCA/RUA Exception Report - Detail Date Range: 11/22/95 - 01/22/96 Standard File		Page : 1 Report: FARCMLA
Fiscal Year 1996				
Account #	Discharge Date	Exclusion Reason	Inclusion Reason	
-----				
9533100001	11/22/95	No Charges	Abstract Flagged as Complete	
Date: 03/02/96 Time: 12:03P		General Hospital CCA/RUA Exception Report - Detail Date Range: 11/22/95 - 01/22/96 Standard File		Page : 2 Report: FARCCAA
Account #	Discharge Date	Exclusion Reason	Inclusion Reason	
-----				
Total for Fiscal Year 1996				
Facility Total Accounts Processed			0001	
End of Report				

Figure 1.5 FARCCA - CCA/RUA Exception Report - Summary

Date: 03/02/96	GENERAL HOSPITAL	Page : 1
Time: 09:25am	CCA/RUA Exception Report - Summary	Report: FARCMLA
	Date Range: 11/22/95 - 01/22/96	
	Standard File	
Fiscal Year 96		
Exclusion	# Accounts	
Reason Code	Processed	
-----	-----	
No Charges	1	
Total Inpatient Accounts		
Total Outpatient Accounts	1	
Facility Total Accounts	1	
End of Report		

Each page of the report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number and the report name as used in the system.

The first page of the report contains information about each account sent in the interface:

**ACCOUNT #**

This field displays the account number for the account being transferred to TRENDSTAR.

**PATIENT NAME**

This field displays the name of the patient for this account.

**DISCHARGE DATE**

This field contains the date the patient was discharged. If the patient is not discharged, this would display the date chosen on the Trigger Events Parameter screen for Inhouse or Non-discharged outpatient accounts.

**INS**

This field displays either the patient financial class or the insurance code, depending on the setting of the FC/Ins Code field on the General/CCA Parameter screen.

**P/T**

This field displays the patient type for this account (such as I/P for inpatient or O/P for outpatient).

**ATTEND DOC**

This field hospital-defined code identifying the attending physician for this patient.

**SUMMARIZED PAYMENTS**

This field contains the total payments (record 6.04) for the account that is being sent. This includes the amounts for Total Insurance Payments COB 1 - 4 and the Total Patient Payments. This includes Refunds if the parameters to include refunds with payments is set to Yes on the General/CCA Parameter screen.

**REASON**

This field displays the reason this account was selected to be sent to TRENDSTAR. The reason code displayed on the report is the trigger event that caused the account to be transferred to TRENDSTAR. If there are multiple trigger events for the account, only one is displayed as the reason code.

**CHARGE QTY**

This field displays the number of charges sent to TRENDSTAR for this account. Charges are only sent to TRENDSTAR if on the Trigger Event Parameter screen, the trigger event was set up to transfer charges.

**CHARGE AMOUNT**

This field displays the amount for charges sent to TRENDSTAR for this account.

**FACILITY TOTAL ACCOUNTS PROCESSED**

This field displays the total number of accounts sent to TRENDSTAR during this transfer.

**TOTAL CHARGE QUANTITY**

This field displays the total number of charges sent to TRENDSTAR during this transfer.

**TOTAL CHARGE AMOUNT**

This field displays the total dollar amount of charges sent to TRENDSTAR during this transfer.

The second part of the report displays summary information for each reason accounts were sent over the interface. This is sorted by fiscal year. This report displays:

**REASON CODE**

This field displays the reason the account(s) were sent to TRENDSTAR during this transfer.

**# ACCOUNTS PROCESSED**

This field displays the number of accounts that were sent to TRENDSTAR during this transfer for this reason.

**CHARGE QTY**

This field displays the number of charges sent to TRENDSTAR for this reason.

**CHARGE AMOUNT**

This field displays the amount for charges sent to TRENDSTAR for this reason.

The third part of the report displays the exception report, which lists all accounts that the system could not send to TRENDSTAR. This report contains the exclusion reason and inclusion reason.

**ACCOUNT #**

This field displays the account number for the account being transferred to TRENDSTAR.

**DISCHARGE DATE**

This field contains the date the patient was discharged. If the patient is not discharged, this would display the date chosen on the Trigger Events Parameter screen for Inhouse or Non-discharged outpatient accounts.

**EXCLUSION REASON**

This field displays the reason that the accounts did not get to TRENDSTAR.

The following exclusion reason codes can be displayed on the third part of this report:

- No Charges - Account did not transfer due to no charges appearing on the account.

- Inhouse - Account did not transfer due to it being inhouse and the parameter on the Trigger Event Parameter screen was set to not process inhouse accounts.
- Nondischarged - Account did not transfer due to the outpatient account not being discharged. On the Trigger Event Parameter screen, the Nondischarged Account field was set to not process nondischarged accounts.
- Internal Number Error - Account did not transfer due to an internal database error on the account.
- Invalid Location - Account did not transfer due to an account location of HS (historized on Patient Accounting).
- Exclude Patient Type - Account did not transfer due to patient type exclusions.
- Same Day Surgery - Account did not transfer due to Same Day Surgery exclusion.
- Converted Acct - Account did not transfer due to Converted Account exclusion.
- AR/BD Added - Account did not transfer due to AR/BD Added exclusion.
- Ineligible Start Date - The discharge date of the account was earlier than the start date on the General/CCA Parameter screen.

Refer to the CCA/RUA/CPA Parameters topic for more information on parameters for the CCA/RUA/CPA interface.

**INCLUSION REASON**

This field displays the reason that the account was written to the index. These reason codes are the trigger event that occurred to send this account to TRENDSTAR. If there are multiple trigger events, only one is displayed.

The fourth part of the report displays summary information for the exception report. This report displays summary information for each reason accounts were not sent over the interface. This report contains the same information as the second part of the report, except the Reason field on this report displays the reason that the system did not send the accounts to TRENDSTAR. The following are displayed on the report.

**EXCLUSION REASON**

This field displays the reason that the accounts did not get to TRENDSTAR.

The following exclusion reason codes can be displayed on the third part of this report:

- No Charges - Account did not transfer due to no charges appearing on the account.
- Inhouse - Account did not transfer due to it being inhouse and the parameter on the Trigger Event Parameter screen was set to not process inhouse accounts.



- Nondischarged - Account did not transfer due to the outpatient account not being discharged. On the Trigger Event Parameter screen, the Nondischarged Account field was set to not process nondischarged accounts.
- Internal Number Error - Account did not transfer due to an internal database error on the account.
- Invalid Location - Account did not transfer due to an account location of HS (historized on Patient Accounting).
- Exclude Patient Type - Account did not transfer due to patient type exclusions.
- Same Day Surgery - Account did not transfer due to Same Day Surgery exclusion.
- Converted Acct - Account did not transfer due to Converted Account exclusion.
- AR/BD Added - Account did not transfer due to AR/BD Added exclusion.
- Ineligible Start Date - The discharge date of the account was earlier than the start date on the General/CCA Parameter screen.

**# ACCOUNTS PROCESSED**

This field displays the number of accounts sent to TRENDSTAR during this transfer.

## Contract Payment Advisor Report - FARCPA

### DESCRIPTION/PURPOSE

The Contract Payment Advisor Report (FARCPA) is used to reconcile data between Patient Accounting and the CPA module of TRENDSTAR. The first three columns of this report are identical to the first three columns of FARCCA for the same interface run. The discharge date range for the accounts appears on the header of the report. This report should be used in conjunction with the CCA/RUA Audit report (FARCCA) when you are auditing the CCA/RUA/CPA interface.

### GENERATING AND PRINTING THIS REPORT

This report is generated as part of the CCA/RUA/CPA interface. If the CPA product is selected on the General/CCA Parameter, the report is generated when the CCA/RUA/CPA optional batch job is run.

This report is sorted by fiscal year, and a different report is processed for each file provided. For example, if the CCA/RUA/CPA interface optional batch job is run, a standard file and converted file are processed. A report for the standard file and a report for the converted file are created.

The following provides an example of the Contract Payment Advisor Report.

Figure 1.6 FARCPA - Contract Payment Advisor Report

Date: 02/15/99		General Hospital				Page : 1	
Time: 10:54am		Trendstar CPA Audit Report - Detail				Report: FARCPAA	
		Date Range: 11/18/98 - 02/14/99					
		Date Range Update File - 02/14/99					
Fiscal Year 1998							
Account #	Patient Name	Discharge Date	Contract ID	Summarized Payments	Detailed Payments	---- UB92 ---- Adjustments Qty	Amount
9722700003	TEST,OSHPD 2	01/07/99		\$0.00	\$0.00	\$15.01- 0509	\$299.50
9722700004	TEST,OSHPD 3	01/07/99		\$0.00	\$0.00	\$0.00 0501	\$0.00
9722700007	TEST,OSHPD 6	01/07/99		\$0.00	\$0.00	\$242.63- 0524	\$3,251.13
9722700008	TEST,OSHPD 7	01/07/99		\$0.00	\$0.00	\$0.00 0501	\$0.00
9722900001	TEST,OSHPD 8	01/07/99		\$0.00	\$0.00	\$0.00 0000	\$0.00
9811100009	LANIER,BABY 2 BOY	11/18/98	500100	\$0.00	\$0.00	\$0.00 0002	\$51.70
9824700002	GROUPE,R,REGULAR	01/07/99	100500	\$0.00	\$0.00	\$0.00 0124	\$52,700.00
Total for Fiscal Year 1998							
Facility Total Accounts Processed						0024	
Total Summarized Payments						\$0.00	
Total UB92 Charge Quantity						2749	
Total UB92 Charge Amount						\$161,759.21	
Total Detail Payments						\$0.00	
Total Adjustments						-\$257.64	
Facility Total Accounts Processed		0024	Total Summarized Payments		\$0.00		
Total UB92 Quantity		002749	Total Detailed Payments		\$0.00		
Total UB92 Amount		\$161,759.21	Total Actual Adjustments		-\$257.64		
* Exceeded 50 payment/adjustment limit							

Each page of the report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number and the report name as used in the system.

**ACCOUNT #**

This field displays the account number for the account being transferred to TRENDSTAR.

**PATIENT NAME**

This field displays the name of the patient for this account.

**DISCHARGE DATE**

This field contains the date the patient was discharged. If the patient is not discharged, this displays the data chosen on the Trigger Event Parameter screen for inhouse and non-discharged accounts.

**CONTRACT ID**

This represents the Contract ID used in CPA (record type 8.04) for this account. It should be the same as insurance carrier/plan code for COB 1.

**SUMMARIZED PAYMENTS**

This column contains the total payments (record 6.04) for the account that is being sent. This includes the amounts for Total Insurance Payments COB 1 - 4 and the Total Patient Payments. This includes refunds if the parameter to include refunds with payments is set to Yes on the General/CCA Parameter screen.

**DETAILED PAYMENTS**

This is the total of the detailed payments (record 8.10) for the account. Since there may be more than one record type 8.10, this is the sum of all types 8.10 for the account. This column contains data only if the hospital has the Claims Management module of CPA. An asterisk after the amount indicates that this account has more than 50 payments posted to it. The amount on the report is the sum of all the payments posted. However, in the interface file the information for detailed payment 50 is the sum of the 50th payment and all subsequent payments. The amount may also include refunds, if the parameter to include refunds with detail payments is set to Yes on the General/CPA Parameter screen.

**ADJUSTMENTS**

This is the total of the adjustments (record 8.11) sent in this interface run. Since there may be more than one record type 8.11, this is the sum of all types 8.11 for the account. This column contains data only if the hospital has the Claims Management module of CPA. An asterisk after the amount indicates that this account has more than 50 adjustments posted to it. The amount on the report is the sum of all the adjustments posted. However, in the interface file, the information for adjustment 50 is the sum of the 50th adjustment and all subsequent adjustments.

**UB92 QTY AND AMOUNT**

This is the sum of the UB92 revenue code quantities and amounts (record 8.00) for the account. This is accumulated in the same manner as *Charge Qty/Amount* in the

FARCCA report. These columns may not tie to the Charge Quantity and Amount columns on the CCA/RUA Audit report (FARCCA).

The UB92 Quantity and Amount columns do not include late charges that have not been billed. The Charge Quantity and Amount columns on the CCA/RUA Audit report (FARCCA) contain these amounts.

At the end of the report there are facility totals for the number of accounts processed, summarized payments, detailed payments, adjustments, and UB82 quantity and amount.

## **Cases and Charges By Month/Fiscal Period Report - FARCCA1**

### **DESCRIPTION/PURPOSE**

The Cases and Charges by Month/Fiscal Period Report lists by fiscal year, the number of cases and the amount of charges by month or by fiscal period.

### **GENERATING AND PRINTING THIS REPORT**

This report is generated for inpatients and outpatients. A total page is also generated. The report is generated for the standard, date range update, AR/BD Add, Converted and Inhouse at Conversion file types. The file type appears in the header of the report. This report is generated when the CCA/RUA/CPA Interface optional batch job is run and if it was requested in the Additional Audit Report parameter on the General/CCA Parameter screen.

The following is an example of the Cases and Charges By Month/Fiscal Period Report.

Figure 1.7 FARCCA1 - Cases and Charges By Month/Fiscal Period Report

Date: 03/07/96		Model Hospital A				Page : 1		
Time: 10:47A		Cases and Charges by Month/Fiscal Period				Report: FARCCA1A		
		Standard File - Inpatient						
	-----FY93-----		-----FY94-----		-----FY95-----		-----FY96-----	
Mon/FP	Cases	Charges	Cases	Charges	Cases	Charges	Cases	Charges
-----								
Period 1							00001	\$195.00
Period 4							00002	\$11,879.07
Period 5							00007	\$11,756.86
Zero Disch Date							00022	\$53,570.25
Total Inpatients							00032	\$77,401.18
Date: 03/07/96		General Hospital A				Page : 2		
Time: 10:47A		Cases and Charges by Month/Fiscal Period				Report: FARCCA1A		
		Standard File - Outpatient						
	-----FY93-----		-----FY94-----		-----FY95-----		-----FY96-----	
Mon/FP	Cases	Charges	Cases	Charges	Cases	Charges	Cases	Charges
-----								
Period 2							00001	\$160.00
Period 4							00001	\$254.05
Period 5							00017	\$10,170.20
Total Outpatients							00019	\$10,584.25
Date: 03/07/96		General Hospital A				Page : 3		
Time: 10:47A		Cases and Charges by Month/Fiscal Period				Report: FARCCA1A		
		Standard File - Total						
	-----FY93-----		-----FY94-----		-----FY95-----		-----FY96-----	
Mon/FP	Cases	Charges	Cases	Charges	Cases	Charges	Cases	Charges
-----								
Period 1							00001	\$195.00
Period 2							00001	\$160.00
Period 4							00003	\$12,133.12
Period 5							00024	\$21,927.06
Zero Disch Date							00022	\$53,570.25
Facility Total							00051	\$87,985.43
End of Report								

Each page of the report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number and the report name as used in the system. The file type of standard, date range update, AR/BD Add, Converted and Inhouse at Conversion appears in the header of the report.

**MONTH/FISCAL PERIOD**

This column has the month or fiscal period displayed.

The last row is totaled for the report. Accounts fall into a month or fiscal period based on their discharge date.

**CASES/CHARGES**

The remaining columns contain the cases and charges by fiscal year. The column titles are the fiscal years being reported.

## **Cases and Charges By Insurance Plan/Financial Class Report - FARCCA2**

**DESCRIPTION/PURPOSE**

The Cases and Charges by Insurance Plan/Financial Class Report lists by fiscal year the number of cases and the amount of charges by either insurance plan or financial class depending on the FC/Ins Code field on the General/CCA Parameter screen.

**GENERATING AND PRINTING THIS REPORT**

The report is generated when the CCA/RUA/CPA interface optional batch job is run and if it was requested in the Additional Audit Report parameter on the General/CCA Parameter screen. The report is generated for the types of files processed during the optional batch job run.

The following is an example of the Cases and Charges by Insurance Plan/Financial Class Report.

Figure 1.8 FARCCA2 - Cases and Charges By Insurance Plan/Financial Class Report

Date: 03/07/96	General Hospital A				Page : 1	
Time: 10:47A	Cases and Charges by Insurance Plan/Financial Class				Report: FARCCA2A	
	Standard File					
	-----FY93-----		-----FY94-----		-----FY95-----	
Ins Plan	Cases	Charges	Cases	Charges	Cases	Charges
		</				

Each page of the report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number and the report name as used in the system. The file type of standard, date range update, AR/BD Added, Converted and Inhouse at Conversion appears in the header of the report.

**INS PLAN/FC**

This column contains the Insurance Plan, MPI Financial Class or PA Financial Class depending on what is set in Financial Class field on the General/CCA Parameter Screen. The appropriate title column is used.

**CASES/CHARGES**

The remaining columns contain the cases and charges by fiscal year. The column titles should be the fiscal years being reported.

## **Totals By Record Type Report - FARCCA3**

**DESCRIPTION/PURPOSE**

The Totals by Record Type Report contains the number of records for each record type in the interface files created. This report can be compared to the TRENDSTAR database Creation Report on TRENDSTAR.

**GENERATING AND PRINTING THIS REPORT**

This report is generated when the CCA/RUA/CPA optional batch job is run. The report is generated for the types of files processed during the optional batch job and if it was requested in the Additional Audit Report Parameter on the General/CCA Parameter screen.

The following is an example of the Totals by Record Type Report.



Figure 1.9 FARCCA3 - Totals By Record Type Report

Date: 03/07/96		General Hospital A	Page : 1
Time: 10:47A		Totals by Record Type	Report: FARCCA3A
		Standard File	
Record Type	Number of Records		
-----			
0	00051		
005	00001		
1	00051		
2	00007		
3	00051		
5	00009		
6.01	00050		
6.03	00001		
6.04	00051		
7	00098		
8.00	00031		
8.03	00051		
8.04	00051		
8.05	00051		
8.07	00051		
8.08	00051		
8.09	00051		
8.10	00010		
9	00267		
10.00	00051		
10.02	00051		
10.03	00102		
10.05	00002		
10.06	00017		
Total	000001207		
End of Report			

Each page of the report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number and the report name as used in the system. The file type of standard, date range update, AR/BD Added, Converted and Inhouse at Conversion appears in the header of the report.

**RECORD TYPE**

This column lists the record types in the interface file. The last line provides a Total.

**NUMBER OF RECORDS**

This column contains the number of records for that record type. The last line contains the total number of records.

**BLOCK SIZE**

The last line of the report provides the block size of the interface file, based on the number of records in the file and the block size of an individual record. This number can be used to determine how long the file should remain on the system. If the file is very large, you may want to consider using the CCA/RUA/CPA Interface File Deletion function to delete the file as soon as possible after auditing the report.

## TRENDSTAR TAPE CONTROL TABLE

The following is an example of a TRENDSTAR Tape Control table to be used with the version of the CCA/RUA/CPA interface.

```

HOSPITAL NAME           : GENERAL HOSPITAL
TAPE CONTROL            : FILE V3.0
CREATION DATE (MM/DD/YY) : 15-NOV-1995 17:32:35.79
===== GENERAL HOSPITAL DATA=====
STATE CODE              : GA
TURNKEY CLIENT   (1=YES,0=NO) : 1
=====
DATA BASE NAME          : HBOY*.DBC
START DATE FOR SECOND CRITERIA
SECTION (MM/DD/YY; 0=NONE) : 0
PHYSICIAN 0 RE-MAP VALUE : 999
PATIENT TYPE MERGE CRITERIA : 1,2,3
MAPPING CODES   (1=YES,0=NO) : 0
ORDERING PHYSICIAN(1=YES,0=NO): 1 if RUA, 0 if CCA
PROCEDURE UNITS   (1=YES,0=NO) : 1 if RUA, 0 if CCA
PROCEDURE ORDER DATE (1=Y,0=N): 1 if RUA and sending order date in the 99 record,
                                Otherwise 0
PROCEDURE ORDER TIME   : 1 if RUA and sending order time in the 99 record,
                                Otherwise 0
TIME OF SERVICE        : 0
POINT OF SERVICE       : 1 if RUA and sending point of service in 99 record,
                                Otherwise 0
PROCEDURE RESULTS      : 0
===== MAPPING FILES =====
PAYOR MAPPING FILE     : DCML:PAYOR.PYR
PHYSICIAN COMBINATION FILE : DCML:PHYCOM.PCT
USER-DEFINED FIELDS FILE : DCML:UDFCTLBMH.UDF
PROCEDURE CHARGE MAPPING FILE : DCML:CHGMAPMC.CHG
PROCEDURE CHARGE WEIGHT FILE : DCML:HBO.CWT
FINANCIAL CLASS MAPPING FILE : DCML:FINCLASS.HFC
===== TAPE SOURCE (0=NA,1=MED,2=BIL,3=MED/BIL,4=BIL/MED,5=OTH SOURCE
FINANCIAL CLASS        : 0
PROCEDURE CHARGE DATA : 0
DISCHARGE DATE         : 0
PATIENT NAME           : 0
PATIENT AGE            : 0
PATIENT SEX            : 0
PATIENT LOS            : 0
PATIENT ZIP            : 0
PATIENT ICD DIAGNOSIS CODES : 0
PATIENT ICD PROCEDURE CODES : 0
PATIENT DISCHARGE STATUS : 0
PATIENT ATTENDING PHYSICIAN : 0
PATIENT NON-ATT. PHYSICIAN A : 0
PATIENT NON-ATT. PHYSICIAN B : 0
PATIENT NON-ATT. PHYSICIAN C : 0
PATIENT NON-ATT. PHYSICIAN D : 0
USER-DEFINED FIELD 1    : 0
USER-DEFINED FIELD 2    : 0
.
.
USER-DEFINED FIELD 98   : 0
USER-DEFINED FIELD 99   : 0
HBO OPTIONAL FIELD 1    : 0
HBO OPTIONAL FIELD 2    : 0
HBO OPTIONAL FIELD 3    : 0

```

```

HBO OPTIONAL FIELD 6      : 0
HBO OPTIONAL FIELD 7      : 0
HBO OPTIONAL FIELD 8      : 0; Include line if have RUA
HBO OPTIONAL FIELD 9      : 0; Include line if have CPA/RBR or Claims Management
HBO OPTIONAL FIELD 10     : 0; Include line if have CPA/RBR or Claims Management
HBO OPTIONAL FIELD 11     : 0; Include line if have CPA Claims Management
HBO OPTIONAL FIELD 12     : 0; Include line if have RUA
HBO OPTIONAL FIELD 13     : 0; Include line if have RUA and Utilizing RES-Q OR
HBO OPTIONAL FIELD 14     : 0; Include line if have RUA
HBO OPTIONAL FIELD 15     : 0; Include line if have RUA
HBO OPTIONAL FIELD 16     : 0; Include line if have RUA and respond Yes to
                           Transfer Acuity parameter
HBO OPTIONAL FIELD 17     : 0; Include line if have RUA and respond Yes to
                           Expanded Procedure Charge Data parameter
HBO OPTIONAL FIELD 18     : 0
===== MISC. DATA & FLAGS =====
MERGE BY ADJUSTED DSCH (0,2-9) : 0
MERGE BY PID ONLY(1=YES,0=NO) : See *
MERGE BY SEC. PID(1=YES,0=NO) : 0
SMS TAPE (1=YES,0=NO) : 0
MRII TAPE 1=YES,0=NO) : 0
MERGE BILLS (1=ADD,0=REPLACE) : 0
UB82 DATA(1=ADD,0=REPLACE) : 0
ACT PAY/ADJ(1=ADD,0=REPLACE) : 0
MEDICAL CPT4(1=ADD,0=REPLACE) : 0
BILLING CPT4(1=ADD,0=REPLACE) : 0

```

\* If you are not processing outpatient cycle bills as separate accounts (General/CCA Parameter screen) the merge by PID flag should be set to 1. If you are processing outpatient cycle bills as separate accounts, it may be necessary to use different merge criteria for different patient types, so that some patient types get merged by PID only and others do not. If you want outpatient cycle bills as separate accounts, then merge by PID Only flag should be set to 0. However, if you are sending inhouse accounts, then you want the merge by PID Only flag for inpatient set to 1. For example, you are sending inhouse accounts with the creation date as the discharge date. For outpatient accounts, you are sending nondischarged accounts for series patient types only and you want outpatient cycle bills to be processed as separate accounts. Therefore, the Patient Type Merge criteria line should look like 1 2, 3. All the flags should be the same for the two columns, except for the Merge by PID Only which should look like 1 0.

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## INTRODUCTION

The MCA (Management Cost Accounting) interface provides an interface of STAR Financial data to the TRENDSTAR MCA system. Four files require an interface:

- Procedure Charge Name File

This file contains the Financial Item Master (FIM) charge code and description. The interface of this file occurs annually or quarterly at your discretion. This interface was done previously for the CCA/RUA/CPA (Clinical Cost Accounting/Resource Utilization Analyst/Contract Payment Advisor) interface. In order to produce a tape, you must set the media type in the CCA/RUA/CPA Interface parameters to tape. The Procedure Charge Name File menu option of the CCA/RUA/CPA function is used to generate the Procedure Charge Name File interface tape.

- Volume File

A version 1 or a version 2 of the volume file can be created. A version 1 file contains the actual volume by fiscal period, FIM charge code, and patient type. A version 2 file contains the department number in addition to the other data elements. Refer to the TRENDSTAR documentation in order to determine which version is applicable to your facility. The patient types for the MCA interface are:

1 - Inpatient

2 - Outpatient

3 - Other

MCA patient types 1 and 2 only are reported in the interface. This file is transferred monthly. While the entire fiscal year is transferred each time, you select the fiscal period to update on your MCA system. The actual volume (quantity) reported for each FIM charge code is calculated from the Patient Accounting Revenue Statistics.

- Price File

A version 1 or a version 2 of the price file can be created. A version 1 file contains the current price by FIM charge code number and MCA patient type. A version 2 file contains the department number in addition to the other data elements. This file contains the current price by FIM charge code number and MCA patient type. The interface occurs annually or quarterly, at your discretion, and can be run in conjunction with the Subaccount Value File interface. Refer to the TRENDSTAR documentation in order to determine which version is applicable to your facility.

The system reads the SIM file to retrieve the FIM number for Inpatients (MCA patient type 1) and Outpatients (MCA patient type 2). If no Outpatient FIM number

is specified, the system builds a patient type 2 record using the Inpatient (Primary) FIM number.

Since the SIM price can vary based on the pricing algorithm used (timed, variable, etc.), you should follow the rules listed below to determine the piece of the SIM Price Node (S;SF) that is reported as the price.

Price Type	S;SF Piece Price Reported
1-Simple	2 (Variable SIM Price(s)-first piece)
2-Incremental	2 (Variable SIM Price(s)-first piece)
3-Timed	4 (Fixed SIM Price)
4-Manual	6 (Minimum Total SIM-first piece)

MCA patient type 2 (Outpatient) reports the first piece of piece 13 and the O/P Variable SIM if it exists; otherwise, the above rules are followed.

- Subaccount Value File

This file contains the RVU (relative value) by FIM charge code and patient type. This interface occurs annually or quarterly at your discretion and can be run in conjunction with the Price file interface.

The system reads the SIM file to retrieve the FIM for MCA patient type 1 (Inpatients) and MCA patient type 2 (Outpatients). The system extracts the Revenue Center and Relative Value Units (RVU) from the FIM record. The system builds a temporary global that contains the relative value for each item and ultimately resorts the global by revenue center, FIM number, and patient indicator. If there is no Outpatient FIM, the system builds a record for patient type 2 that contains the same values as for the inpatient (primary) FIM. If no Relative Value exists, the system creates a record with a zero RVU value.

This interface was developed for use with the FIM number only. It is recommended that you set the Unique FIM Number field on STAR Patient Care Facility Options to Yes (Are financial item master numbers unique across departments?) to eliminate duplicate FIM numbers. If there is any duplication of FIM numbers, each record overlays the previous record such that the last FIM record created is the only one existing.

No Subaccount Value/Price information is created for STAR Pharmacy since this interface originates from the SIM, and STAR Pharmacy uses the formulary in place of the SIM.



## FILE CREATION

The subaccount value and price files must be defined and can be done at the same time to decrease processing time.

Select the Financial System Management option from the STAR Financials Patient Accounting initial menu. Next, select the Interface Functions option, TRENDSTAR Interfaces option, and the Management Cost Accounting option. The system displays the following screen:

```

      General Hospital Management Cost Accounting Processor
                                Tue Nov 02, 1994 03:34 pm
Management Cost Accounting Input Options

      Option No.  Option
      -----
           1      Create Volume File
           2      Create Subaccount/Price Files
           3      TCP/IP NFS Manual Transfer

TAPE PROCESS  3      Volume File
              4      Subaccount Value File
              5      Price File

Enter option number--

```

After you select the Create Subaccount/Price Files option, the system prompts you to select a facility and displays the following prompts. Remember, you can create the Subaccount and Price files together or separately by responding appropriately to the prompts.

*Process Subaccount Value File (Y/N)?--*

Enter **Y** if you want to process the subaccount value file; enter **N** if you do not want to process it. If you enter Y, the system displays the following prompt:

*Process Price File without department numbers Version (1)  
or with department numbers version (2) [1] --*

Enter **1** if you want a version 1 file. Enter **2** if you want a version 2 file. A version 2 file contains department numbers and a version 1 file does not.

Depending on your responses, the system displays one of the following messages:

*PROCESSING SUBACCOUNT (OR PRICE) VALUE FILE  
Previous Subaccount (or Price) file has not yet been sent!*

If the previous subaccount or price file has not been sent, the system then displays the following prompt:

*Create new file? (Y/N) [N]*

Enter **Y** if you want to create the subaccount or price value file; enter **N** if you do not want to create it. If you enter Y and the system is able to process your request, the following messages are displayed:

*PROCESSING SUBACCOUNT (OR PRICE) VALUE FILE*  
*PROCESSING SUBACCOUNT (OR PRICE) FILE*

**NOTE:** If you try to access a second subaccount or price file while the first file is still being processed, or if the subaccount or price value file is being written to tape, the system displays the following message:

*Subaccount Value (or Price) File is being accessed - try again later*

If your media type is ASCII, which is available for UNIX and VMS environments only, a file is created in the UNIX subdirectory /hbo/tmp/ or in the VMS directory HBO.TMP. The file name for the subaccount file is svf<create date> <facility code>.svf. For example, if you created a file on April 20 for facility A, the file name is svf0420a.svf. The file name for the price file is pfi<create date> <facility code>.pfi. For example, if you created a file on April 20 for facility A, the file name is pfi0420a.pfi. The file can then be transferred to TRENDSTAR via the TRENDSTAR TCP/IP transfer option.

If your media type is NFS, which is only available for UNIX environments, a file is created in the HBONFS: directory on your TRENDSTAR system. The file name for the subaccount file is svf<create date><facility code>.svf. For example, if you created a file on April 20 for facility A, the file name is svf0420a.svf. The file name for the price file is pfi<create date><facility code>.pfi. For example, if you created a file on April 20 for facility A, the file name is pfi0420a.pfi.

## TCP/IP NFS MANUAL TRANSFER

The TCP/IP NFS Manual Transfer interface provides a manual transfer of files to TRENDSTAR through the TCP/IP NFS module. The manual transfer option should be used if the file transfer failed during the file creation process. The following files can be selected:

- MCA Volume File
- MCA Subaccount Value File
- MCA Price File

After you select one of these files to transfer, the system prompts you to select a facility and then displays the following prompt.

*Retransmit file built on XX/XX/XX XXXX (Y/N) [N] --*

The Xs within this message indicate the date and time the file was built. Enter **Y** to retransmit the file built on the date and time specified within the prompt. After the Y is entered, the messages, *TCP/IP Manual Transfer in Progress* and *Creating or Processing XXXX file* are displayed on your screen. The XXXX indicates the name of the file. If the file creation is still in progress, the message is displayed *Error: XXXX File is being accessed. Try again later* is displayed on your screen. The XXXX indicates the name of the file.

Enter **N** if you do not want to retransmit the file.

If there is no file available for retransmission, the message *Error: No File to Retransmit for Facility X* is displayed on the screen. A file is available for retransmission only if the media type on the CCA/RUA/CPA Parameter screen is set to NFS when the file was created.

If a file is selected to retransmit, but the TCP/IP NFS connection is not available, then the Error: Unable to Open Requested File displays on the console.

Once the file is successfully transferred, the file is found in the HBONFS: directory on TRENDSTAR. The files names in this directory include:

- MCA Volume File - vof<create date><facility code>.vof
- MCA Subaccount Value File - svf<create date><facility code>.svf
- MCA Price File - pfi<create date><facility code>.pfi

The create date is in the format of MMDD and is the date that the file is transferred. If the transmission of the file is incomplete, these files appear in the HBONFS: directory with TEMP appended to the file name.

**NOTE:** The file hboguest.config resides on the HBONFS: directory on TRENDSTAR. This file must remain in this directory in order for the TCP/IP NFS manual transfer to work correctly. Do not delete this file.

Refer to CCA/RUA/CPA Parameters in the *Tables, Masters, and Parameters Volume* of the *STAR Financials Patient Accounting Reference Guide* for more information on the TCP/IP NFS Transfer function.

## TAPE CREATION

### Subaccount Value File

Select the Tape Process Subaccount Value File option from the MCA submenu. The system prompts you to select a facility and an available tape unit if your system has multiple tape drives. The system then displays the following prompt:

*Please mount the Subaccount Value File interface tape.  
Enter tape ready (R) or bypass (B)*

Enter **R** if the tape is ready; enter **B** to bypass the process and return to the MCA submenu. If you enter Y, the system displays the following messages:

*Processing Subaccount File Interface Tape for Facility X*

The tape is created with a record length of 40 and blocking factor of 2040.

### Price Value File

Select the Tape Process Price Value File option from the MCA submenu. The system prompts you to select a facility and an available tape unit. The system then displays the following prompt:

*Please mount the Price Value File interface tape.  
Enter tape ready(R) or bypass(B)*

Enter **R** if the tape is ready; enter **B** to bypass the process and return to the MCA submenu.

If you enter Y, the system displays one of the following messages:

*Processing Price File Interface Tape for Facility X*

The tape is created with a record length of 40 and blocking factor of 2040.

## VOLUME FILE CREATION

Select the Create Volume file option from the MCA submenu. The system prompts you to select a facility and then displays the following prompt:

*Enter fiscal year, '-' for list or '=' for current year--*

Enter the fiscal year, a hyphen (-) to display valid fiscal years, or an equal sign (=) to use the current fiscal year. Each time the MCA volume file is transmitted, the entire fiscal year is sent, but you determine the fiscal period information to update after the file is loaded on the TRENDSTAR MCA system. Future fiscal periods are zero-filled. The TRENDSTAR system provides you with an option to name the file when it is being loaded. It is suggested that you use a unique naming convention indicating the fiscal period that is extracted. For example, if the Fiscal Period 1, January 1, 1995 volume file is being transferred, you could name the file Jan1995 or FP195.

If you attempt to create another volume file before the previous file has been transmitted, the system displays the following warning message but you can overlay the existing file, if desired.

*Previous file has not yet been sent!  
Create new file (Y/N) [N]*

Enter **N** or press ENTER if you do not want to create the file; enter **Y** if you do want to create it. If you enter Y the following prompt displays:

*Process Price File without department numbers Version (1)  
or with department numbers version (2) [1]--*

Enter **1** if you want a version 1 file. Enter **2** if you want a version 2 file. A version 2 file contains department numbers and a version 1 file does not.

If you enter Y, the system displays the following message:

*CREATING MCA VOLUME FILE*

This option is provided in the event that you want to view your volume file prior to the final cutoff. For example, if late charges/credits are allowed for a five day period, the volume file information would probably be higher on the 5th due to the added late charges.

If you attempt to create another MCA Volume File while the system is processing another MCA Volume File or writing the file to tape, the following message displays:

*Error: MCA Volume File is being accessed - try again later*

Next, select the Tape Process Volume File option from the MCA submenu if your media type is set to Tape on the CCA/RUA/CPA Parameter screen.

If your media type is set to CPU (C), then your file is ready to be transferred.

If your media type is ASCII, which is available for UNIX and VMS environments only, a file is created in the UNIX subdirectory /hbo/tmp/ or in the VMS directory HBO.TMP. The file name is vof<create date><facility code>.vof. For example, if you created a file on April 20 for facility A, the file name is vof0420a.vof. The file can then be transferred to TRENDSTAR via the TRENDSTAR TCP/IP transfer option.

If your media type is NFS, which is only available for UNIX environments, a file is created in the HBONFS: directory on your TRENDSTAR system. The file name for the subaccount file is svf<create date><facility code>.svf. For example, if you created a file on April 20 for facility A, the file name is svf0420a.svf. The file name for the price file is pfi<create date><facility code>.pfi. For example, if you created a file on April 20 for facility A, the file name is pfi0420a.pfi.

The system prompts you to select a facility and an available tape unit if your system has multiple tape drives and then displays the following prompt:

*Please mount the MCA Volume File interface tape.*

*Enter tape ready(R) or bypass(B)*

If you enter **B**, the system returns you to the MCA submenu. If you enter **R**, the system displays the following message:

*Processing MCA Volume File Interface for Facility X*

The tape is created with a record length of 182 and blocking factor of 2002.

## Creating MCA Volume File

This option is provided in the event that you want to view your volume file prior to the final cutoff. For example, if late charges/credits are allowed for a five-day period, the volume file information would probably be higher on the 5th due to the added late charges.

If you attempt to create another MCA Volume File while the system is processing another MCA Volume File or writing the file to tape, the following message is displayed:

*Error: MCA Volume File is being accessed - try again later*

Next, select the Tape Process Volume File option from the MCA submenu if your media type is set to Tape on the CCA/RUA/CPA Parameter screen.

If your media type is set to CPU (C), then your file is ready to be transferred.

If your media type is ASCII, which is available for UNIX and VMS environments only, a file is created in the UNIX subdirectory /hbo/tmp/ or in the VMS directory HBO.TMP.

The file name is vof<create date><facility code>.vof. For example, if you created a file on April 20 for facility A, the file name is vof0420a.vof. The file can then be transferred to TRENDSTAR via the TRENDSTAR TCP/IP transfer option.

If your media type is NFS which is only available for UNIX environments, a file is created in the HBONFS: directory on your TRENDSTAR system. The file name for the subaccount file is svf<create date><facility code>.svf. For example, if you created a file on April 20 for facility A, the file name is svf0420a.svf. The file name for the price file is pfi<create date><facility code>.pfi. For example, if you created a file on April 20 for facility A, the file name is pfi0420a.pfi.

The system prompts you to select a facility and an available tape unit if your system has multiple tape drives and then displays the following prompt:

*Please mount the MCA Volume File interface tape.  
Enter tape ready(R) or bypass(B)*

If you enter B, the system returns you to the MCA submenu. If you enter R, the system displays the following message:

*Processing MCA Volume File Interface for Facility X*

The tape is created with a record length of 182 and blocking factor of 2002.



## MCA REPORTS

### MCA Exception Report - FARVOF

#### DESCRIPTION/PURPOSE

The MCA Exception Report displays the SIM numbers for which information could not be sent over the interface between STAR Financials and the TRENDSTAR Management Cost Accounting (MCA) system. The report displays SIM items by department. Use this report as an audit tool to identify information that is not being sent over the Management Cost Accounting Interface.

Each page of the report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

The remainder of the report displays the SIM numbers for which the interface could not find corresponding FIM numbers. The pages of this report break by department.

#### GENERATING AND PRINTING THIS REPORT

This report is generated when the Create Volume File option of the Management Cost Accounting Interface is run.

The following page contains an example of the MCA Exception Report.

Figure 2.1 FARVOF - MCA Exception Report

Date: 07/07/92			GENERAL HOSPITAL				Page : 3	
Time: 02:45pm			MCA Exception Report				Report: FARVOFA	
			Fiscal Year: 92					
Non existent FIM numbers for Department : LAB			Items: see below					
1000	1010	1035	1040	1050	1060	1072	1083	1088
1111	1150	1155	1205	1210	1310	2060	2080	2115
2180	3	3000	3009	3012	3047	3048	3054	3060
3063	3066	3093	3096	3099	3102	3150	3153	3156
3253	3303	3306	3309	3327	3336	3345	3404	3509
3536	3548	3590	3620	3623	3626	3629	3653	3754
5050	5104	5116	5149	5206	5323	5377	5402	5405
5420	5423	5426	5456	5483	5516	5519	7000	7015
7100	7118	7130	7135	7320	8003	8005	8010	8040
8617	8618	9200	9245					
End of Report								

---

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## INTRODUCTION

This appendix contains a list of available user-defined fields and standard data elements used in the Clinical Cost Accounting/Resource Utilization Analyst/Contract Payment Advisor Interface function in Patient Accounting.

User-defined fields (UDFs) allow each facility to select up to 500 additional items to be reported in the CCA/RUA/CPA interface from STAR Financials to TRENDSTAR. The user-defined fields selected must be entered in the CCA/RUA/CPA User Defined Field Parameter screen in the same order as they are defined on TRENDSTAR. Generally, user-defined fields can only be changed at fiscal year end and changes should be coordinated with TRENDSTAR installation/support.

STAR Financials provides multiple setup routines (when applicable) to enable you to select which data to transmit in the interface. For example, Insurance Amount of Payments can be reported for each account for Insurance 1, 2, 3, and/or 4. If you want to send payment information for each insurance, set up a user-defined field for Insurance COB 1,2,3, and 4. If you only wish to track Insurance Payments for the patient's primary insurance, set up a user-defined field for Insurance Amount of Payments for INS COB 1.

In some instances, a STAR table is displayed for a particular UDF. In most cases, one table choice is required in order to determine the data to send to TRENDSTAR. For example, the UDF Blood Units and Pints Used, can have many different values, depending on the Blood Group chosen. When this UDF is selected, the Blood Group table is displayed in the Table field. The Blood Units and Pints Used for the blood group chosen is sent to TRENDSTAR.

The system provides multiple print routines to control the format of the data transmitted in the interface. For example, Patient Birthdate can be sent in many different formats based on your preference and/or TRENDSTAR recommendations. Generally, date fields should be entered using the YYYYMMDD print routine in order to facilitate more effective reporting on TRENDSTAR.

A variety of print routines are offered for money fields. Since money fields are stored without commas or dollar signs on STAR Financials, these print routines are offered to accommodate differing print requirements for patient bills, UB82's, 1500's, etc. If you are sending a money field as a user-defined field to TRENDSTAR, use the print routines MONEY (9(9)IMPLIED DECIMAL), MONEY (999999999, ROUNDED), MONEY (ACCOUNT BALANCE), or MONEY ROUND/INCLUDE ZERO BALANCE in order to format the information correctly in the interface. In the CCA/RUA/CPA UDF Control file, money fields must be specified as Integer Data Type with a maximum size of 9 digits with no decimals.

Standard Print is indicated as a print routine for several user-defined fields. This print option is used in billing and claims, and should not be selected for the CCA/RUA/CPA interface where *Do Not Use* is indicated.

Some facilities want to send a *blank* UDF in the interface. The *blank* print routine is used in this case to skip the specified UDF sequence. This can be done if there are UDF's in the historical data base that are not going to be reported from STAR Financials. (The blank print routine is available as an option on all UDF's.)

There may be additional print routines available for a UDF which are not listed in the documentation. If the print routine is not listed, it means that the routine was not created for use with CCA/RUA/CPA interface. Therefore, do not choose it as a print routine for your UDF.

In some cases it may not be necessary to choose a print routine. If you wish data to be sent to TRENDSTAR in the same format as it is stored in STAR, then a print routine is not necessary.

If there is a format recommended by McKesson, it is indicated by an asterisk (\*).

## USER-DEFINED FIELDS

The following list of user-defined fields includes the following information for each field:

- Name

The name of the user-defined field is displayed.

- Description

This field displays the text description of the UDF.

- PBE Field

The PBE field gives the associated Pre-bill Edit field. That controls how edits are declared and organized in PBE for billing requirements and claim edits. Claim edits include edits from STAR claim edits, OPPS, EAPG, and EC 2000 CA. If an internal element has set-up routines, then a PBE field is associated with each pairing of internal element and set-up routine. If an internal element does not have set-up routines, a PBE field is associated with the element.

- Database Location

This line contains the location of the field in the STAR database. A location exists if the element is tied to a field in the database. The global name is displayed along with the node name, piece number, and description. This information helps STAR Support answer questions about the internal element.

- Field Type

This field displays the format of the UDF. This can be one of the following:

- Alpha
- Date
- Money
- Numeric
- Time
- Alphanumeric

- Table Used

This field contains the name of the STAR table used to collect the item.

- Modules

This line contains the names of the modules selected for the internal element. Multiple responses are possible. If there is more than one response, they can be displayed in either column. The possible descriptions for modules are as follows:

Contract Statement Messages

Patient Bill Messages

PA Refund Check Messages

Detail Statement Messages

Trendstar/HPM Interface

Insurance Letter Messages

Collection Letter Messages

Memo Follow Up Letter Messages

Billing Requirements

Sort Elements for Paper Output

Telephone Messages

Claims

1500 Claims

Detail Statement Memo Messages

Any internal element can be used for a Claim Load and Edit Parameter. *Claims* does not need to appear as a Module.

- STIs

This field displays the STIs (STAR Tracking Items) under which the internal element was created or updated.

- Sample Data

This field may contain a sample of the data.

- Setup Routines

This section contains the list of set-up routines for the internal element. The two columns of data for set-up routines are labeled Setup Routines and Corresponding PBE Field. The PBE Field determines how an edit message appears on the PBE Worklist when a data problem is identified by PBE due to a Billing Requirement or a Claim Load and Edit Parameter using that internal element and set-up routine.

When an internal element has set-up routines, the PBE Field is associated with the pairing created by the internal element and set-up routine.

- Print Routines

This section contains the list of available print routines for the internal element. Both columns are used for the list. The list appears unless the Field Type is Date, Money, or Time. The list is not displayed when the field type is Date, Money, or Time because the number of choices can be large.

- Source Screen(s)

This field displays the name(s) of the screen(s) where the UDF information can be found. This list may not include all screens where this data is displayed. If no product is indicated, the screens are found in the STAR Patient Care system, many of which can be viewed and revised in STAR Financials.

For example:

*Admission Processor/Medical Screen* - this indicates that this field is located in the Admission Processor in the STAR Patient Care system.

*MPI/Visit Information/Medical Detail* - this indicates that this field is located on the Medical Detail screen in the Visit Information section of the MPI in the STAR Patient Care system.

**NOTE:** The report for internal elements, FINTELM, is produced exactly as shown below.

Date: 08/15/11	STAR Development System	Page : 1
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Accident Date/Time

Accident Date/Time provides Accident Date.

PBE Field	216-Accident Date/time
Database Location	A-VP (14) DATETH
Field Type	Time
Table Used	

---

Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Adm Medical Information, and Accident Information. Accident Date and Accident Time appear as separate fields on the screen.

## ACCIDENT HOUR

ACCIDENT HOUR provides Accident Date. The display and print routines convert the information to an hour in the desired format.

PBE Field	216-Accident Date/time
Database Location	A-VP (14) DATETH
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Adm Medical Information, Accident Information, Accident Date field.

## Accident Type

ACCIDENT TYPE loads Accident Type from Accident Information.

PBE Field	243-Accident Type
Database Location	A-VQ (8) PACACTYP
Field Type	Alphanumeric
Table Used	Accident Type
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field

---

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## Accident Type

Print Routines

STANDARD PRINT (NO FORMATTING) | BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Adm Medical Information, and Accident Information.

## ACCOUNT BALANCE

ACCOUNT BALANCE loads the current balance for the account maintained by the system.

PBE Field

|489-Account Balance

Database Location

|FA-FAP (33) F\_AECB

Field Type

|Money

Table Used

|

Modules

|Trendstar/HPM Interface

Claims

|

STIs

|

Sample Data

|

Set-Up Routines

|Corresponding PBE Field

Print Routines

|

## Source Screens

Financials, Account Management, Account Inquiry, Select Account. The account balance is in the header line under the field labeled "Balance".

## Account Location

ACCOUNT LOCATION identifies the account's status in Patient Accounting. The values which can be loaded are as follows:

- PA Account not final billed. In-house and discharged accounts.
- AR Account final billed.
- BD Account final billed and sent to a collection agency (internal or external).
- ARC Account archived but not purged.
- ARR Zero Balance Account retired from AR
- BDR Zero Balance Account retired from BD

PBE Field

|461-Account Location

Database Location	FA-FAA (5) F_AEALOC
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10561
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account. The account balance is in the header line under the field labeled "Loc".

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## ACCOUNT NUMBER

ACCOUNT NUMBER loads the number identifying the patient visit and the alpha facility indicator. Varied display and print routines can vary the format of the item including exclusion of the leading facility indicator.

PBE Field	177-Account Number
Database Location	A-MP (13) EXTACCT
Field Type	Alphanumeric
Table Used	
Modules	PA Refund Check Messages
Trendstar/HPM Interface	Collection Letter Messages
Billing Requirements	Sort Elements for Paper Output
Claims	
STIs	
Sample Data	A123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
ACCOUNT NUMBER (HOSP FORMAT) (D)	STANDARD PRINT (NO FORMATTING)
BLANK	ACCOUNT NUMBER (10 DIGITS)
ACCOUNT NUMBER (NO FACILITY)	ACCOUNT # (FAC_LAST 9 DIGITS)
ACCOUNT NUMBER-NO FAC IF PRES	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account. The account number is in the header line under the field labeled "Account".

## Account Sub Location

The account sub location was added with STI F9211. The potential sub



locations include the following:

INSR	Insurance verification not completed for COB 1
FCRV	Financial Counseling
ND	Not Discharge (COB1 Verified)
DNFB	Discharge not final billed
ACCF	Active STAR collections
PCA#	Pre-collect agency 1-9
RFBD	Reinstated from BD
BDP	Bad Debt Prelisted
BDI	Bad Debt Internal Collections
BDE	Bad Debt External Collections

PBE Field	
Database Location	FA-FAA (62) F_AESLOC
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	ACCF
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

The account sub location appears in the header line after the location.

One way to see this would be to select the account in Account Inquiry.

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#### ACTUAL LIABILITY

ACTUAL LIABILITY loads the liability for an insurance plan estimated by proration. The number is supplied for the insurance plan selected in the Set-Up Routine and this is the total for the latest run of proration.

PBE Field	
Database Location	FB-FBT (13) F_BTLIAB
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1234.56
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	742-Insurance Liability
UB CARRIER 2	742-Insurance Liability
UB CARRIER 3	742-Insurance Liability

INSURANCE COB 4	742-Insurance Liability
INSURANCE COB 3	742-Insurance Liability
INSURANCE COB 2	742-Insurance Liability
INSURANCE COB 1	742-Insurance Liability
CARRIER OF REQUEST FOR CLAIM	742-Insurance Liability
INSURANCE COB FROM CLAIM	742-Insurance Liability
INSURANCE PRIMARY TO MEDICARE	742-Insurance Liability
INSURANCE COB 5	742-Insurance Liability
INSURANCE COB 6	742-Insurance Liability
INSURANCE COB 7	742-Insurance Liability
INSURANCE COB 8	742-Insurance Liability
INSURANCE COB 9	742-Insurance Liability
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, press ENTER, Financial Information, Balance Summary, Est Liab field.

## ACUTE CERTIFIED DAYS

Calculated from information gathered during the Utilization Review process. Non acute day information from ICF (intermediate care facility), LOA (leave of absence) and denied days are subtracted from the patient's total length of stay. If the patient is not discharged, then the current date is used as the discharge date. There is no adjustment for one-day stay visits.

PBE Field	31-Acute Certified Days
Database Location	A-BP (5) URDAYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press <Page Break>

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## ACUTE CERTIFIED DAYS

ENTER, Medical Information, and UM UB Data.

## ADMISSION HOUR

ADMISSION HOUR loads the date/time that the patient was admitted to the facility. Varied display and print routines provide the hour of admission.

PBE Field	191-Admission Date/Time
Database Location	A-MP (8) DATETH
Field Type	Time
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Location Information.

## ADMISSION SOURCE CODE (ALPHA/NUM)

ADMISSION SOURCE CODE (ALPHA/NUM) loads the NUBC Code for the Admission Source for the account from the Admission Sources table. If no NUBC Code exists for the Admission Source for the account, then the Admission Source indicated for the account loads.

The Field Type for ADMISSION SOURCE CODE (ALPHA/NUM) is alphanumeric meaning the field is not restricted to a numeric value.

PBE Field	230-Admission Source Code
Database Location	A-VP (24) ADMSRC
Field Type	Alphanumeric
Table Used	Admission Sources
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Medical Page, and Admission Source field.

## Admission Source Code

ADMISSION SOURCE CODE loads the NUBC Code for the Admission Source for the account from the Admission Sources table. If no NUBC Code exists for the Admission Source for the account, then the Admission Source indicated for  
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## Admission Source Code

the account loads.

The Field Type for ADMISSION SOURCE is numeric.

PBE Field	230-Admission Source Code
Database Location	A-VP (24) ADMSRC
Field Type	Numeric
Table Used	Admission Sources
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

## Admission Type Code

ADMISSION TYPE CODE loads the Admission Type for the account.

PBE Field	229-Admission Type Code
Database Location	A-VP (23) ADMTYPE
Field Type	Numeric
Table Used	Admission Types
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	2
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL

BLANK |MA 310 ADMISSION CLASS

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Medical Page, Admission Type field.

#### ADMIT/REG DATE & TIME

ADMIT/REG DATE & TIME loads the date/time that the patient was admitted to the facility. Varied display and print routines provide different formats for the data.

PBE Field |191-Admission Date/Time

Database Location |A-MP (8) DATETH

Field Type |Date

Table Used |

Modules |Claims

Trendstar/HPM Interface |

STIs |

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#### ADMIT/REG DATE & TIME

Sample Data |

Set-Up Routines |Corresponding PBE Field

Print Routines |

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Location Information.

#### ADMITTING DRG NUMBER

The DRG assigned per the admitting diagnosis. It is provided only if the abstract is marked complete.

PBE Field |166-Admitting DRG Number

Database Location |A-KK (3) ADMDRGNO

Field Type |Numeric

Table Used |

Modules |Trendstar/HPM Interface

STIs |

Sample Data |123

Set-Up Routines |Corresponding PBE Field

Print Routines |  
STANDARD PRINT (NO FORMATTING) (D) | BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key DR at the Snap Shot Screen for DRG Information.

## Admitting Medical Service

The Admission Service assigned in the Medical Records Abstract. This is the type of service selected at the time of admission/registration.

PBE Field | 41-Admitting Medical Service  
Database Location | A-DK (8) ADMSERV  
Field Type | Alphanumeric  
Table Used | Hospital Services  
Modules | Trendstar/HPM Interface  
STIs |  
Sample Data | MED  
Set-Up Routines | Corresponding PBE Field  
Print Routines |  
STANDARD PRINT (NO FORMATTING) | BLANK

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-1. The field is labeled Admit Service.

## ADMITTING NURSING STATION

The first nursing station assigned to a patient. This can be for an admission or a bedded outpatient.

PBE Field | 224-Admitting Nursing Station  
Database Location | A-SC (1) STATIONA

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## ADMITTING NURSING STATION

Field Type | Alphanumeric  
Table Used |  
Modules | Trendstar/HPM Interface  
STIs |  
Sample Data | 1S  
Set-Up Routines | Corresponding PBE Field

## Print Routines

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information. The list is sorted from latest to earliest. The nurse station provided will be from the last entry in the list with a Location.

## ADVANCED DIRECTIVES

Identifies whether the patient has a living will, power of attorney, or a DNR (do not resuscitate) order. The code indicating this is selected from the Advanced Directives table.

PBE Field	194-Advanced Directives
Database Location	A-MQ (13) ADSVDATE
Field Type	Alphanumeric
Table Used	Advanced Directives
Modules	Trendstar/HPM Interface
STIs	
Sample Data	DNR
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page. The field is titled Ads.

## AGE IN DAYS

The age is calculated as the difference between the date of birth and the admission date. If the date of birth is blank, then the admission date is used. If the number of days is less than 731, then the number of days is provided. Otherwise, the field is blank.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	365
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

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## ALLERGY

One of ten allergies is supplied per the allergy selected in the Set-Up Routine.

PBE Field	
Database Location	A-ALLG
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
ALLERGY 1	800-Allergy
ALLERGY 2	800-Allergy
ALLERGY 3	800-Allergy
ALLERGY 4	800-Allergy
ALLERGY 5	800-Allergy
ALLERGY 6	800-Allergy
ALLERGY 7	800-Allergy
ALLERGY 8	800-Allergy
ALLERGY 9	800-Allergy
ALLERGY 10	800-Allergy
Print Routines	
ALLERGY DESCRIPTION (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Medical Information, Adm Medical Information, and Medical Page. The field is labeled Allergies.

## AMOUNT OF PYMTS-ACCOUNT

Sum of all payments for the account meaning insurance payments are included.

PBE Field	503-Account Payment Total
Database Location	FA-FAP (23) F_AEPAY
Field Type	Money
Table Used	
Modules	Patient Bill Messages
Detail Statement Messages	Trendstar/HPM Interface
Collection Letter Messages	Memo Follow Up Letter Messages



Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. The field is labeled Total Payments on the Snap Shot Screen.

## AMOUNT OF PYMTS-PATIENT

Sum of Patient Payments for the account. This does not include Insurance Payments.

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## AMOUNT OF PYMTS-PATIENT

PBE Field	499-Patient Payment Total
Database Location	FA-FAP (1) F_AEPAY
Field Type	Money
Table Used	
Modules	Patient Bill Messages
Detail Statement Messages	Trendstar/HPM Interface
Collection Letter Messages	Memo Follow Up Letter Messages
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. The field is labeled Pt Payments on the Snap Shot Screen.

## ANESTHESIA CODE (HCPCS)

Anesthesia code for HCPCS procedure selected in the Set-Up Routine. The Set-Up Routines are procedures 1 thru 5.

PBE Field	
Database Location	A-HP
Field Type	Alphanumeric
Table Used	Anesthesia Codes

Modules	Trendstar/HPM Interface
STIs	
Sample Data	A
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 2	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 3	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 4	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 5	802-Anesthesia Code for MR HCPCS Pr
Print Routines	
BLANK	ANESTHESIA CODE DESCRIPTION

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, HCPCS Procedures, and Select HCPCS to View. The field is titled Anesth Code.

## ANESTHESIA START TIME (HCPCS)

Anesthesia start time for HCPCS procedure selected in the Set-Up Routine. The Set-Up Routines are procedures 1 thru 5.

PBE Field	
Database Location	A-HP
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
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## ANESTHESIA START TIME (HCPCS)

Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 2	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 3	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 4	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 5	804-Anesthesia Start Time MR HCPCS
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, HCPCS Procedures, and Select HCPCS to view. The field is titled Anesth Start Time.

---

ANESTHESIA STOP TIME (HCPCS)

Anesthesia stop time for HCPCS procedure selected in the Set-Up Routine.  
The Set-Up Routines are procedures 1 thru 5.

PBE Field	
Database Location	A-HP
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 2	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 3	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 4	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 5	806-Anesthesia Stop Time MR HCPCS P
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, HCPCS Procedures, and Select HCPCS to view.  
The field is titled Anesth End Time.

## AP REIMBURSEMENT PAYOR

Description for the AP-DRG Reimbursement Payor. The AP Reimbursement Payor is determined from the financial class for the account per Medical Records and the DRG Payors table.

PBE Field	702-AP Reimbursement Payor
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	A
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

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## AP REIMBURSEMENT PAYOR

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key DR at the Snap Shot Screen for DRG Information. This will provide information on how the DRGs were determined. This may not match the information provided in this Internal Element determined from the current values in tables.

## APGAR codes for newborns

Rating system for newborns based on a visual evaluation at birth (one minute) and again after a few (1-5) minutes as indicated in the Set-Up Routine.

PBE Field	
Database Location	A-GK (9) APGARCDs
Field Type	Alphanumeric
Table Used	APGAR codes for newborn table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
APGAR 1	94-Apgar Score, One Minute
APGAR 5	95-APGAR Score, 5 Minutes
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

## APR-DRG CODE

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG when the grouper is used which does not provide reimbursement information.

PBE Field	684-APR-DRG Code
Database Location	A-KKAPR (17) C3DRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

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## APR-DRG CODE

View Primary DRG information (P) or APR-DRG information (R) [P]--

## APR-DRG DESCRIPTION

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG when the grouper is used which does not provide reimbursement information.

PBE Field	685-APR-DRG Description
Database Location	A-KKAPR (2) C3DRGDES
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

## APR-DRG RISK OF MORTALITY

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG Risk of Mortality assigned when the DRG was assigned using the grouper which does not provide reimbursement information.

PBE Field	688-APR-DRG Risk of Mortality
Database Location	A-KKAPR (34) PTROM
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

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#### APR-DRG RISK OF MORTALITY

View Primary DRG information (P) or APR-DRG information (R) [P]--

#### APR-DRG SEVERITY OF ILLNESS

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG Severity of Illness assigned when the DRG was assigned using the grouper which does not provide reimbursement information.

PBE Field	687-APR-DRG Severity of Illness
Database Location	A-KKAPR (33) PTSOI
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

## APR-DRG WEIGHT

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG Weight assigned when the DRG was assigned using the grouper which does not provide reimbursement information.

PBE Field	686-APR-DRG Weight
Database Location	A-KKAPR (4) C3DRGWT
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

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## ARRIVAL MODE

Code from Arrival Modes table indicated how patient was transported to facility.

---

PBE Field	233-Arrival Mode
Database Location	A-VP (8) ARRIVEBY
Field Type	Alphanumeric
Table Used	Arrival Modes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

## ASC GROUP CODE

ASC Group code for one of the first 5 HCPCS codes selected in the Set-Up Routine.

PBE Field	
Database Location	A-HP
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 2	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 3	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 4	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 5	807-ASC Group for MR HCPCS Proc
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and HCPCS Procedures. The field is labeled ASC Group.

## ATTENDING PHYSICIAN GROUP 1

The Group 1 code from the Physician/NSCG table for the patient's attending physician.

PBE Field	716-Physician Group 1, Attending
Database Location	A-MP (12) PHYS
Field Type	Alphanumeric
Table Used	Physician table

---



Modules	Trendstar/HPM Interface
STIs	
Sample Data	123

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## ATTENDING PHYSICIAN GROUP 1

Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	GROUP NAME

## Source Screens

To determine the Attending Physician in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Physicians Page.

To view Group 1 in the Physician/NSCG table in Patient Processing use Tables, Physician/NSCG, Select Physician, and Physician Parameters. The field is labeled Group 1.

## AVOIDABLE DAY TYPE CODE

The type of avoidable days for the avoidable days instance selected in the Set-Up Routine.

PBE Field	
Database Location	A-UC (9) AVDTYPE
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
FIRST AVOIDABLE DAYS	227-Avoidable Day Type Code
SECOND AVOIDABLE DAYS	227-Avoidable Day Type Code
THIRD AVOIDABLE DAYS	227-Avoidable Day Type Code
FOURTH AVOIDABLE DAYS	227-Avoidable Day Type Code
FIFTH AVOIDABLE DAYS	227-Avoidable Day Type Code
SIXTH AVOIDABLE DAYS	227-Avoidable Day Type Code
SEVENTH AVOIDABLE DAYS	227-Avoidable Day Type Code
EIGHTH AVOIDABLE DAYS	227-Avoidable Day Type Code
NINTH AVOIDABLE DAYS	227-Avoidable Day Type Code
TENTH AVOIDABLE DAYS	227-Avoidable Day Type Code
Print Routines	

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, and UB Non-covered Days Summary.

## BAD DEBT TRANSFER AMT

Amount of money that is transferred to bad debt.

PBE Field	
Database Location	FF-FFD1 (3) F_AECATB
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field

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## BAD DEBT TRANSFER AMT

Print Routines

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Press ENTER. Field label is BD Transfer Amount.

## BAD DEBT TRANSFER DATE

Date the account transferred to bad debt.

PBE Field	
Database Location	FF-FFD1 (2) F_AECATD
Field Type	Date
Table Used	
Modules	Detail Statement Messages
Trendstar/HPM Interface	Collection Letter Messages
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Press ENTER. Field label is BD Date.

## BILL COVERED DAYS-18X REV CODE

A value is returned if the patient indicator in Patient Accounting defines an inpatient. For charges selected for the bill, the number of days with charges using a revenue code of 18n where n is a number is calculated. This number is subtracted from the number of days covered by the insurance plan determined from proration to provide the value for this Internal Element.

PBE Field	809-Bill Covered Days-18x Rev Code
Database Location	FB-FBT-17, FA-FAA-20, FC-FCP
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	RIGHT JUSTIFY / BLANK W ZERO

## Source Screens

To view coverage information for an insurance plan in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance Plan, and Basic Coverage. The fields are Days Before Coverage Begins and Days Coverage is Active.

To view detailed charge information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Billing Information, and key D (detail(D)) or S (pro summaries(S)) to  
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## BILL COVERED DAYS-18X REV CODE

access options for selecting individual charges. The lookup list for pro summaries groups charges by UB Revenue Code.

## BILL NON-COVERED DAYS+18X REV CODE

This is the sum of non-covered days per proration plus the number of days with charges with a UB Revenue Code of 018 or 018N. This item is provided only if the Patient Accounting Indicator is I for Inpatient.

---

PBE Field	621-Bill Non-covered Days+18x Rev Code
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK WHEN ZERO-LEADING 0 FILL
RIGHT JUSTIFY / BLANK W ZERO	

## Source Screens

The number of non-covered days per proration is not displayed in the system. Detail charges can be viewed in Financials using Account Management, Account Inquiry, Select Account, Key B at the Snap Shot Screen for Billing Information, and key S for pro summaries(S). After selecting the list of charges to be viewed, a summarized list of charges appears collated by UB Code and ProSumm Code.

## BILL TOTAL COINSURANCE AMT

For the insurance selected in the Set-Up Routine, the coinsurance calculated by proration at the time of billing is provided. If cycle bills exist, then money from previous cycle bills is subtracted so the amount is for this bill only.

PBE Field	
Database Location	FB-FBT (10) F_BTCCOIN
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	511-Bill Total Coinsurance Amount
UB CARRIER 2	511-Bill Total Coinsurance Amount
UB CARRIER 3	511-Bill Total Coinsurance Amount
INSURANCE COB 4	511-Bill Total Coinsurance Amount
INSURANCE COB 3	511-Bill Total Coinsurance Amount
INSURANCE COB 2	511-Bill Total Coinsurance Amount
INSURANCE COB 1	511-Bill Total Coinsurance Amount

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## BILL TOTAL COINSURANCE AMT

CARRIER OF REQUEST FOR CLAIM	511-Bill Total Coinsurance Amount
INSURANCE COB FROM CLAIM	511-Bill Total Coinsurance Amount
INSURANCE PRIMARY TO MEDICARE	511-Bill Total Coinsurance Amount
INSURANCE COB 5	511-Bill Total Coinsurance Amount
INSURANCE COB 6	511-Bill Total Coinsurance Amount
INSURANCE COB 7	511-Bill Total Coinsurance Amount
INSURANCE COB 8	511-Bill Total Coinsurance Amount
INSURANCE COB 9	511-Bill Total Coinsurance Amount
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

## BILL TOTAL DEDUCTIBLE AMOUNT

For the insurance selected in the Set-Up Routine, the deductible amount as calculated by proration done at the time of billing. If cycle bills exist, then money from previous cycle bills is subtracted so the amount is for this bill only.

PBE Field	
Database Location	FB-FBT (3) F_BTDED
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	527-Bill Total Deductible Amount
UB CARRIER 2	527-Bill Total Deductible Amount
UB CARRIER 3	527-Bill Total Deductible Amount
INSURANCE COB 4	527-Bill Total Deductible Amount
INSURANCE COB 3	527-Bill Total Deductible Amount
INSURANCE COB 2	527-Bill Total Deductible Amount
INSURANCE COB 1	527-Bill Total Deductible Amount
CARRIER OF REQUEST FOR CLAIM	527-Bill Total Deductible Amount
INSURANCE COB FROM CLAIM	527-Bill Total Deductible Amount
INSURANCE PRIMARY TO MEDICARE	527-Bill Total Deductible Amount
INSURANCE COB 5	527-Bill Total Deductible Amount

INSURANCE COB 6	527-Bill Total Deductible Amount
INSURANCE COB 7	527-Bill Total Deductible Amount
INSURANCE COB 8	527-Bill Total Deductible Amount
INSURANCE COB 9	527-Bill Total Deductible Amount
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

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## BILL TOTAL NON-COVERED DAYS

For the insurance being processed, the number of days not covered by the insurance plan as calculated by proration at the time of billing. If the Internal Element is being used for claims, this would be the insurance for which the claim is loading. If cycle bills exist, then money from previous cycle bills is subtracted so the amount is for this bill only.

PBE Field	
Database Location	FB-FBT (15) F_BTNC DY
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	517-Bill Total Non-covered Days
UB CARRIER 2	517-Bill Total Non-covered Days
UB CARRIER 3	517-Bill Total Non-covered Days
INSURANCE COB 4	517-Bill Total Non-covered Days
INSURANCE COB 3	517-Bill Total Non-covered Days
INSURANCE COB 2	517-Bill Total Non-covered Days
INSURANCE COB 1	517-Bill Total Non-covered Days
CARRIER OF REQUEST FOR CLAIM	517-Bill Total Non-covered Days
INSURANCE COB FROM CLAIM	517-Bill Total Non-covered Days
INSURANCE PRIMARY TO MEDICARE	517-Bill Total Non-covered Days
INSURANCE COB 5	517-Bill Total Non-covered Days
INSURANCE COB 6	517-Bill Total Non-covered Days
INSURANCE COB 7	517-Bill Total Non-covered Days
INSURANCE COB 8	517-Bill Total Non-covered Days
INSURANCE COB 9	517-Bill Total Non-covered Days

Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK WHEN ZERO-LEADING 0 FILL
BLANK	RIGHT JUSTIFY / BLANK W ZERO

## Source Screens

This number is not displayed in the system.

BILL. GTR. ADDRESS 1

Address1 for the account's guarantor.

PBE Field	821-Guarantor Address 1 (HIPAA)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	Apartment 1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

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BILL. GTR. ADDRESS 1

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. CITY

City for the account's guarantor.

PBE Field	822-Guarantor City (HIPAA)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field

Print Routines |  
STANDARD PRINT (NO FORMATTING) (D) | BLANK

## Source Screens

financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. INVALID ADDRESS

The guarantor address is considered to be invalid if the Invalid Address  
Flag exists in the Valid Address Flag Codes table, it is for an address,  
and Mail To Type in the Valid Address Flag Codes table is No.

PBE Field | 179-Guarantor Address 1  
Database Location |  
Field Type | Alphanumeric  
Table Used |  
Modules | Trendstar/HPM Interface  
Billing Requirements | Claims  
STIs |  
Sample Data | Apartment 1  
Set-Up Routines | Corresponding PBE Field  
Print Routines |  
STANDARD PRINT (NO FORMATTING) (D) | BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. STATE

State for the account's guarantor.

PBE Field | 823-Guarantor State (HIPAA)  
Database Location |  
Field Type | Alphanumeric  
Table Used |  
Modules | Trendstar/HPM Interface  
Billing Requirements | Claims

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BILL. GTR. STATE

STIs |  
Sample Data | GA



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Set-Up Routines	Corresponding PBE Field
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. ZIP CODE

Zip Code for the account's guarantor.

PBE Field	824-Guarantor Zip (HIPAA)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BIRTHDAY - DAY

The day of the month for the patient's date of birth. If a patient was born 3/5/02, then the day is 5.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

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#### BIRTHDAY - MONTH

The month of the year for the patient's date of birth. If a patient was born 3/5/02, then the month is 3.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

#### BIRTHDAY - YEAR

The year for the patient's date of birth.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

#### BLOOD DEDUCTIBLE

If Blood Units Furnished has a number from proration, then the sum of Blood

Units Furnished and Blood Units Replaced per proration is provided.  
Otherwise, Deductible Pints from Daily/Blood Deductibles is provided.

PBE Field	
Database Location	FA-FA1 (39) F_QMBLDP
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	458-Blood Deductible from Proration
UB CARRIER 2	458-Blood Deductible from Proration

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#### BLOOD DEDUCTIBLE

UB CARRIER 3	458-Blood Deductible from Proration
INSURANCE COB 4	458-Blood Deductible from Proration
INSURANCE COB 3	458-Blood Deductible from Proration
INSURANCE COB 2	458-Blood Deductible from Proration
INSURANCE COB 1	458-Blood Deductible from Proration
CARRIER OF REQUEST FOR CLAIM	458-Blood Deductible from Proration
INSURANCE COB FROM CLAIM	458-Blood Deductible from Proration
INSURANCE PRIMARY TO MEDICARE	458-Blood Deductible from Proration
INSURANCE COB 5	458-Blood Deductible from Proration
INSURANCE COB 6	458-Blood Deductible from Proration
INSURANCE COB 7	458-Blood Deductible from Proration
INSURANCE COB 8	458-Blood Deductible from Proration
INSURANCE COB 9	458-Blood Deductible from Proration
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view Deductible Pints per insurance coverage information use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select plan, and Daily Blood/Deductibles.

Blood Units and Pints used

Quantity in units of blood.

PBE Field	223-Blood Units and Pints Used
Database Location	A-RK (2) BLDUNIT
Field Type	Numeric
Table Used	Blood Groups
Modules	Trendstar/HPM Interface
STIs	
Sample Data	10
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Functions, M/R  
Abstracting Inquiry, Select Account, and Blood Groups.

## Blood Units Not Replaced

For the insurance selected in the Set-Up Routine, blood units furnished  
minus blood units replaced when proration was done at the time of billing.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	Admission Processor/Insurance Plan Detail
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field

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## Blood Units Not Replaced

UB CARRIER 1	740-Blood Units Not Replaced
UB CARRIER 2	740-Blood Units Not Replaced
UB CARRIER 3	740-Blood Units Not Replaced
INSURANCE COB 4	740-Blood Units Not Replaced
INSURANCE COB 3	740-Blood Units Not Replaced
INSURANCE COB 2	740-Blood Units Not Replaced
INSURANCE COB 1	740-Blood Units Not Replaced
CARRIER OF REQUEST FOR CLAIM	740-Blood Units Not Replaced
INSURANCE COB FROM CLAIM	740-Blood Units Not Replaced
INSURANCE PRIMARY TO MEDICARE	740-Blood Units Not Replaced
INSURANCE COB 5	740-Blood Units Not Replaced

INSURANCE COB 6	740-Blood Units Not Replaced
INSURANCE COB 7	740-Blood Units Not Replaced
INSURANCE COB 8	740-Blood Units Not Replaced
INSURANCE COB 9	740-Blood Units Not Replaced
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

This is a calculated number.

## CAPITAL OUTLIER REIMBURSEMENT

The Capital Outlier Reimbursement for the first DRG.

PBE Field	165-Capital Outlier Reimbursement
Database Location	A-KK (29) CAPOUTLI
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## CAPITAL REIMBURSEMENT

The Capital Reimbursement for the first DRG.

PBE Field	168-Capital Reimbursement
Database Location	A-KK (31) CAPRIEM
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

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## CAPITAL REIMBURSEMENT

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## CASE CATEGORY

Case Category Code assigned in the Medical Records Abstract.

PBE Field	63-Case Category
Database Location	A-EK (21) CASECATG
Field Type	Alphanumeric
Table Used	Case category table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	CASE CATEGORY DESCRIPTION

## Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

## Case Team Assignments

Case Team assigned to the patient.

PBE Field	39-Case Team Assignments
Database Location	A-CT (1) CASE
Field Type	Alphanumeric
Table Used	Case Team
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LASTNM, FIRSTNM
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	CASE TEAM DESCRIPTION

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Two Page.

## CASE TEAM MANAGER

The Case Team Manager associated with the Case Team Assignment.

PBE Field	715-Case Team Manager
Database Location	A-CT (1) CASE
Field Type	Alphanumeric
Table Used	Case Team Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	999
Set-Up Routines	Corresponding PBE Field
Print Routines	

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## CASE TEAM MANAGER

BLANK | CASE TEAM MANAGER NAME

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Two Page.

## CCA/RUA/PDS CLAIM DISPOSITION

For the insurance selected in the Set-Up Routine, the Claim Disposition is supplied for the claim with the most recent claim load date.

PBE Field	
Database Location	FB-FBL (3) F_AARCD
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, and Carrier Status Information.

#### CCA/RUA/PDS CLAIM SUBMISSION DATE

For the insurance selected in the Set-Up Routine, the most recent claim load date is supplied.

PBE Field	
Database Location	FB-FBL (12) F_BCMDTE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	507-Claim Submission Date
INSURANCE COB 3	507-Claim Submission Date
INSURANCE COB 2	507-Claim Submission Date
INSURANCE COB 1	507-Claim Submission Date
INSURANCE COB 5	507-Claim Submission Date
INSURANCE COB 6	507-Claim Submission Date
INSURANCE COB 7	507-Claim Submission Date

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#### CCA/RUA/PDS CLAIM SUBMISSION DATE

INSURANCE COB 8	507-Claim Submission Date
INSURANCE COB 9	507-Claim Submission Date
Print Routines	

#### Source Screens

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, and Carrier Status Information.

#### CCA/RUA/PDS DRG (DRG PYR)

Final DRG. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the DRG is supplied per the DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
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Database Location	A-KK-5 A-KK2-17
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS DRG (FIRST)

First Final DRG assigned to the account.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK (5) FINALDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen appearing with DRG information is dependent upon the type of DRG. Typically the field is labeled Final DRG.

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CCA/RUA/PDS DRG (OTH PYR)

Final DRG. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the DRG is supplied per the DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5 A-KK2-17
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS DRG CST OTL PR(DRG PYR)

Yes/No Indicator for DRG Cost Outlier. The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the DRG Cost Outlier Indicator is supplied per the DRG information for that account and payor.

PBE Field	161-DRG Cost Outlier Indicator
Database Location	A-KK (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS DRG CST OTL PR(FIRST)

Yes/No Indicator for DRG Cost Outlier. This is for the first DRG.

PBE Field	161-DRG Cost Outlier Indicator
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CCA/RUA/PDS DRG CST OTL PR(FIRST)

Database Location	A-KK (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

CCA/RUA/PDS DRG CST OTL PR(OTH PYR)

Yes/No Indicator for DRG Cost Outlier. The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the DRG Cost Outlier Indicator is supplied per the DRG information for that account and payor.

PBE Field	161-DRG Cost Outlier Indicator
Database Location	A-KK (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

---

CCA/RUA/PDS DRG DESC (DRG PYR)

DRG Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the DRG Description is supplied per the DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5 A-KK-2 A-KK1-2 A-KK-1 A-KK2-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

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CCA/RUA/PDS DRG DESC (DRG PYR)

Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS DRG DESC (FIRST)

DRG Description for first DRG assigned to the account.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen appearing with DRG information is dependent upon the type of DRG.

#### CCA/RUA/PDS DRG DESC (OTH PYR)

DRG Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the DRG Description is supplied per the DRG information for that account and payor.

PBE Field	
Database Location	A-KK-5 A-KK-2 A-KK1-2 A-KK-1 A-KK-5 A-KK2-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

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#### CCA/RUA/PDS DRG IND (DRG PYR)

One of four DRG Indicators is provided. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the DRG is supplied per the DRG information for that account and payor.

PBE Field	839-DRG Information (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

## CCA/RUA/PDS DRG IND (FIRST)

One of four DRG Indicators is provided. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG Indicator for the first DRG assigned to the account is provided.

PBE Field	839-DRG Information (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## CCA/RUA/PDS DRG IND (OTH PYR)

One of four DRG Indicators is provided. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the DRG Indicator is provided.

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## CCA/RUA/PDS DRG IND (OTH PYR)

PBE Field	839-DRG Information (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

## CCA/RUA/PDS DRG NUMBER

Final DRG. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the DRG is supplied per the DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5 A-KK2-17
Field Type	Numeric
Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	
Sample Data	077
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

## CCA/RUA/PDS DRG WEIGHT (DRG PYR)

DRG Weight. The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the DRG Weight is supplied per the DRG information for that account and payor.

PBE Field	719-DRG Weight
Database Location	A-KK1-4 Rate Master A-KK2-4

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CCA/RUA/PDS DRG WEIGHT (DRG PYR)

Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
DRG WEIGHT WITH NO DECIMAL (D)	BLANK
DRG WEIGHT WITH DECIMAL	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS DRG WEIGHT (FIRST)

DRG Weight for the first DRG.

PBE Field	719-DRG Weight
Database Location	A-KK1-4 or DRG Rate Master
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
DRG WEIGHT WITH NO DECIMAL (D)	BLANK



---

DRG WEIGHT WITH DECIMAL

|  
Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

CCA/RUA/PDS DRG WEIGHT (OTH PYR)

DRG Weight. The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection table maintained in Patient Accounting. If a match is found, the DRG Cost Outlier Indicator is supplied per the DRG information for that account and payor.

PBE Field	719-DRG Weight
Database Location	A-KK1-4 DRG Rate Master A-KK2-4
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
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CCA/RUA/PDS DRG WEIGHT (OTH PYR)

DRG WEIGHT WITH NO DECIMAL (D)	BLANK
DRG WEIGHT WITH DECIMAL	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS DRG/DESC (DRG PYR)

DRG and DRG Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the DRG and DRG Description are supplied per the DRG information for that account and

payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5, A-KK2-17, A=KK1=2, A-KK-1, A-KK-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS DRG/DESC (FIRST)

DRG and DRG Description for first DRG assigned to the account.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

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CCA/RUA/PDS DRG/DESC (OTH PYR)

DRG and DRG Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is

found, the DRG and DRG Description are supplied per the DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5, A-KK2-17, A-KK-2, A-KK1-2, A-KK-1, A-KK-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS HAC PROC REQ (HCFA DRG)

HAC Processing Required. The HAC Processing Required flag is returned for the first DRG if one of the following identifies it as a HCFA DRG:

- DRG was assigned by the Star grouper
- No Other Payor Code exists but Medicare Payor? is Yes in the DRG Payors table or the Other Payor Code in that table is 00
- Other Payor Code exists and it is recorded as a Medicare DRG or Classic DRG in Other Payor Code for DRG Mapping

Otherwise the HAC Processing Required flag is returned for the second DRG if either of the two preceding criteria are true for the second DRG.

PBE Field	
Database Location	A-KK-37 A-KK2-37
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

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#### CCA/RUA/PDS HAC STATUS (HCFA DRG)

HAC Status. The HAC Status is returned for the first DRG if one of the following identifies it as a HCFA DRG:

- DRG was assigned by the Star grouper
- No Other Payor Code exists but Medicare Payor? is Yes in the DRG Payors table or the Other Payor Code in that table is 00
- Other Payor Code exists and it is recorded as a Medicare DRG or Classic DRG in Other Payor Code for DRG Mapping

Otherwise HAC Status is returned for the second DRG if either of the two preceding criteria are true for the second DRG.

The values must be 0-4. If the DRG Version is not greater than 260 and the DRG is not marked as processed by M23943 or after, then the values are translated as follows to use new values: 0-0, 1-0, 2-1, 3-1, 4-2.

PBE Field	
Database Location	A-KK-36 A-KK2-36
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

#### CCA/RUA/PDS ICD CODING SYSTEM

Billing ICD indicator. If the USA ICD10 Eff Date for the facility is blank or the account's admission date precedes it, then 9 is provided.

Otherwise, 0 for ICD10 is provided unless an override to the value exists per the Final Billing Parameter for the account, the primary insurance plan, the primary insurance carrier, or the financial class.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

---

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

The USA ICD10 Eff Date can be determined in Patient Processing on the Admission and General Parameters screen found on Hospital Facility Options on the menu for Facility Options & Parameters.

The ICD-10 Effective Date for a billing parameter is found on the second screen for Billing Parameters found on menu PA/AR Parameter Maintenance.

The Final Billing Parameter for an account is found on the Billing screen in Account Inquiry.

The primary insurance carrier, primary insurance plan, and financial class for an account can be found on the first screen for Insurance Process found on the Admission Information menu in Patient Processing.

The tables for Insurance Carrier, Insurance Plan, and Financial Class

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## CCA/RUA/PDS ICD CODING SYSTEM

contain the ICD-10 Eff Date if an override to the facility date exists.

## CCA/RUA/PDS INSURANCE ADJ AMOUNT

Sum of adjustment amounts for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	FA-FAB (4) F_AEADJA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	659-Insurance Adjustment Amount
UB CARRIER 2	659-Insurance Adjustment Amount
UB CARRIER 3	659-Insurance Adjustment Amount
INSURANCE COB 4	659-Insurance Adjustment Amount
INSURANCE COB 3	659-Insurance Adjustment Amount
INSURANCE COB 2	659-Insurance Adjustment Amount
INSURANCE COB 1	659-Insurance Adjustment Amount
CARRIER OF REQUEST FOR CLAIM	659-Insurance Adjustment Amount
INSURANCE COB FROM CLAIM	659-Insurance Adjustment Amount

---

INSURANCE PRIMARY TO MEDICARE	659-Insurance Adjustment Amount
INSURANCE COB 5	659-Insurance Adjustment Amount
INSURANCE COB 6	659-Insurance Adjustment Amount
INSURANCE COB 7	659-Insurance Adjustment Amount
INSURANCE COB 8	659-Insurance Adjustment Amount
INSURANCE COB 9	659-Insurance Adjustment Amount
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

## CCA/RUA/PDS INSURANCE AMT OF PAYMEN

Sum of payment amounts for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	744-Insurance Payment
UB CARRIER 2	744-Insurance Payment
UB CARRIER 3	744-Insurance Payment
INSURANCE COB 4	744-Insurance Payment
INSURANCE COB 3	744-Insurance Payment
INSURANCE COB 2	744-Insurance Payment

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## CCA/RUA/PDS INSURANCE AMT OF PAYMEN

INSURANCE COB 1	744-Insurance Payment
CARRIER OF REQUEST FOR CLAIM	744-Insurance Payment
INSURANCE COB FROM CLAIM	744-Insurance Payment
INSURANCE PRIMARY TO MEDICARE	744-Insurance Payment
INSURANCE COB 5	744-Insurance Payment
INSURANCE COB 6	744-Insurance Payment
INSURANCE COB 7	744-Insurance Payment
INSURANCE COB 8	744-Insurance Payment
INSURANCE COB 9	744-Insurance Payment

Print Routines

|  
Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

CCA/RUA/PDS MDC (DRG PYR)

Final DRG. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the MDC is supplied per the DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	24
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS MDC (FIRST)

MDC for first DRG assigned to the account.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	24
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

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## CCA/RUA/PDS MDC (FIRST)

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## CCA/RUA/PDS MDC (OTH PYR)

MDC. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the MDC is supplied per the DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	24
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

## CCA/RUA/PDS MDC DESC (DRG PYR)

MDC Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the MDC Description is supplied per the DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	



Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

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## CCA/RUA/PDS MDC DESC (FIRST)

MDC Description for the first DRG assigned to the account.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## CCA/RUA/PDS MDC DESC (OTH PYR)

MDC Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the MDC Description is supplied per the DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

---

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS MDC/DESC (DRG PYR)

MDC and MDC Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the MDC and MDC Description are supplied per the DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	

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CCA/RUA/PDS MDC/DESC (DRG PYR)

Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS MDC/DESC (FIRST)

MDC and MDC Description for the first DRG assigned to the account.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

CCA/RUA/PDS MDC/DESC (OTH PYR)

MDC and MDC Description. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the MDC and MDC Description are supplied per the DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

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CCA/RUA/PDS MDC/DESC (OTH PYR)

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS OUTL DESC PRI (DRG PYR)

Outlier Description. If the DRG High Stay Outlier Indicator is Yes, then HIGH STAY OUTLIER appears. If the DRG Cost Outlier Indicator is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper appears.

The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the Outlier Description is supplied per the DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK-14, A-KK-15, A-KK1-20
Field Type	Alphanumeric
Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS OUTL DESC PRI (FIRST)

Outlier Description. If the DRG High Stay Outlier Indicator is Yes, then HIGH STAY OUTLIER appears. If the DRG Cost Outlier Indicator is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper appears.

The Outlier Description appears for the first DRG assigned to the account.

PBE Field	709-Outlier Code/Description
Database Location	A-KK-14, A-KK-15, A-KK1-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

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CCA/RUA/PDS OUTL DESC PRI (OTH PYR)

Outlier Description. If the DRG High Stay Outlier Indicator is Yes, then HIGH STAY OUTLIER appears. If the DRG Cost Outlier Indicator is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper appears.

The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the Outlier Description is supplied per the DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK-14, A-KK-15, A-KK1-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS OUTLIER PRI (DRG PYR)

Outlier (Patient Status Flag). The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the Outlier is supplied per the DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK1 (11) C3STN
Field Type	Alpha
Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

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## CCA/RUA/PDS OUTLIER PRI (FIRST)

Outlier (Patient Status Flag) for the first DRG assigned to the account.

PBE Field	709-Outlier Code/Description
Database Location	A-KK1 (11) C3STN
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## CCA/RUA/PDS OUTLIER PRI (OTH PYR)

Outlier (Patient Status Flag). The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the Outlier is supplied per the DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK1 (11) C3STN
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS STAY OUTL PRI (DRG PYR)

Yes/No Indicator for DRG Stay Outlier. The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the DRG Cost Outlier Indicator is supplied per the DRG information for that account and payor.

PBE Field	708-Stay Outlier
Database Location	A-KK (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface

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CCA/RUA/PDS STAY OUTL PRI (DRG PYR)

STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS STAY OUTL PRI (FIRST)

Yes/No Indicator for DRG Stay Outlier. This is for the first DRG.

PBE Field	708-Stay Outlier
Database Location	A-KK (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

CCA/RUA/PDS STAY OUTL PRI (OTH PYR)

Yes/No Indicator for DRG Stay Outlier. The DRG payor for the first DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the DRG Stay Outlier Indicator is supplied per the DRG information for that account and payor.

PBE Field	708-Stay Outlier
Database Location	A-KK (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

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CCA/RUA/PDS STAY OUTL PRI (OTH PYR)

View Secondary DRG Information? (Y/N)--

CCA/RUA/PDS TOTAL CHARGES

Total charges on the account. This is the sum of billed and unbilled charges.

PBE Field	
Database Location	FA-FAP-21 and FA-FAP-22
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. On the Snap Shot Screen the field is titled Total Charges.

CCA/RUA/PDS WEIGHT

As selected in the Set-Up Routine, Newborn Weight from Medical Records Abstract or Other Weight from nursing information.

PBE Field	
Database Location	A-GK-3 or A-MP-22
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
WEIGHT (NEWBORN)	92-Weight - Newborn
WEIGHT (OTHER)	183-Weight
Print Routines	
WEIGHT	WEIGHT - NEWBORN/ POUNDS,OZ
BLANK	WEIGHT IN POUNDS
WEIGHT IN KILOGRAMS	NEWBORN WEIGHT IN POUNDS
NEWBORN WEIGHT IN GRAMS	WEIGHT (NEWBORN, LBS/OZ, NUMERIC)
WEIGHT (NEWBORN GRAMS NUMERIC)	WEIGHT (OTHER, LBS, NUMERIC)

WEIGHT (KILOGRAMS TO GRAMS)		WEIGHT NEWBORN/GRAMS (999999)
WEIGHT NEWBORN/GRAMS (99999)		WEIGHT IN KILOGRAMS - NUMERIC
WEIGHT (NEWBORN, LBS IN DEC)		

## Source Screens

To view Newborn Weight from Medical Records abstract in Patient Processing from a Medical Records CRT use Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

To view Patient Weight from Medical Records abstract in Patient Processing from a Medical Records CRT use Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Patient Information. The field is  
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CCA/RUA/PDS WEIGHT

labeled Admission Weight.

CERT/SSN/HIC ID NUMBER

For the insurance selected in the Set-Up Routine this number is loaded. The label for the field containing the number varies and following are some of the labels used in character base.

Blue Cross	Sub ID #, Subscriber ID Number,
	Agreement Number
CHAMPUS	ID Card Number
Commercial	Policy Number
Canada Out of Province	Policy Number
Canada Wrk's Comp	Workers Comp #
HMO	Certificate #
Medicare	Claim Number
Medicaid	Recipient Number, Medicaid Number

PBE Field	
Database Location	A-I1 (5) POLNBR
Field Type	Alphanumeric
Table Used	
Modules	PA Refund Check Messages
Trendstar/HPM Interface	Claims
STIs	F10486
Sample Data	A123456789B123456789
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	126-Insurance Policy/Cert/SSN/HIC N
UB CARRIER 2	126-Insurance Policy/Cert/SSN/HIC N

UB CARRIER 3	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 4	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 3	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 2	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 1	126-Insurance Policy/Cert/SSN/HIC N
1500 CARRIER	126-Insurance Policy/Cert/SSN/HIC N
CARRIER OF REQUEST FOR CLAIM	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB FROM CLAIM	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE PRIMARY TO MEDICARE	126-Insurance Policy/Cert/SSN/HIC N
OHIP OTHER INS INFO (CANADA)	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 5	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 6	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 7	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 8	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 9	126-Insurance Policy/Cert/SSN/HIC N
OTHER 1500 INSURANCE	126-Insurance Policy/Cert/SSN/HIC N
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK
MA 319C CERT/SSN/HIC ID NUMBER	MA 310 CERTIFICATE PRINT
MA 319C LINE NUMBER	NO PUNCTUATION
CANADIAN CLAIM NBR, BLOCKED	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance plan, Plan Demographics

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## Claim Number

Claim/Case Number for insurance selected by the Set-Up Routine.

PBE Field	
Database Location	A-I3 (4) CLAIMNUM
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	2299
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	139-Insurance Claim Number
UB CARRIER 2	139-Insurance Claim Number
UB CARRIER 3	139-Insurance Claim Number
INSURANCE COB 4	139-Insurance Claim Number

INSURANCE COB 3	139-Insurance Claim Number
INSURANCE COB 2	139-Insurance Claim Number
INSURANCE COB 1	139-Insurance Claim Number
CARRIER OF REQUEST FOR CLAIM	139-Insurance Claim Number
INSURANCE COB FROM CLAIM	139-Insurance Claim Number
INSURANCE PRIMARY TO MEDICARE	139-Insurance Claim Number
INSURANCE COB 5	139-Insurance Claim Number
INSURANCE COB 6	139-Insurance Claim Number
INSURANCE COB 7	139-Insurance Claim Number
INSURANCE COB 8	139-Insurance Claim Number
INSURANCE COB 9	139-Insurance Claim Number
Print Routines	
BLANK	CANADIAN CLAIM NBR, BLOCKED

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER to proceed to screen with information.

## CMG WEIGHT

## Canadian CMG Weight

PBE Field	711-CMG Weight
Database Location	A-KK1 (4) C3DRGWT
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
NO PUNCTUATION (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

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## Collection Agency Code

The code for the collection agency responsible for recovering bad debt for the account.

PBE Field	
Database Location	FF-FFD1 (1) F_AACODE
Field Type	Alphanumeric
Table Used	Collection Agency Code
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Account Follow-Up.

## Collection Agency Transfer Date

Date of transfer to collection agency.

PBE Field	
Database Location	FF-FFD1 (12) F_CATD
Field Type	Date
Table Used	
Modules	Detail Statement Messages
Trendstar/HPM Interface	Collection Letter Messages
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Account Follow-Up.

## COMBINED BILL ACCOUNT NUMBER

For a charge to account, the charge from account number is selected per the selection in the Set-Up Routine. Up to one of five charge from account numbers can be supplied.

For a charge from account, the charge to account number is provided when the Set-Up Routine is Combine Bill 1.

Otherwise, the field is blank.

PBE Field	
Database Location	A-MP-6, A-MP-7, and A-FAC
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

---

Sample Data	09420000001	
Set-Up Routines	Corresponding PBE Field	
COMBINE BILL 1	714-Combined Bill Account Number	
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## COMBINED BILL ACCOUNT NUMBER

COMBINE BILL 2	714-Combined Bill Account Number
COMBINE BILL 3	714-Combined Bill Account Number
COMBINE BILL 4	714-Combined Bill Account Number
COMBINE BILL 5	714-Combined Bill Account Number
Print Routines	

## Source Screens

Financials, Billing and Claims, Patient Billing, Combine Bills, and Select Account. If you select a charge to account, then the first screen lists all charge from accounts. If you select a charge from account, then the first screen lists the charge from and charge to account. Press ENTER in response to the following prompt to see a list of all charge from accounts for the charge to account.

Press NL for Combine Bill Status screen.

## COMBINED BILL FLAG

The value returned for the Combined Bill Flag is determined by the setup routine.

If the Setup Routine is COMBINE BILL 1, then the following values are returned:

- 0 indicates a charge from account
- 1 indicates a charge to account
- 2 indicates a charge to account with a mother/baby link

If the Setup routine is other than COMBINE BILL 1, the account is a charge to account, and a charge from account exists for the Set-Up Routine indicated, then the following values are returned. (For example, if the Set-Up Routine is COMBINE BILL 3, then the routine would look for a third charge line from account.)

- 1 indicates a charge to account and 2 a charge to with a mother/baby link

PBE Field	
Database Location	A-MP (7) CTOFLAG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface

---

STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
COMBINE BILL 1	189-Combined Bill Flag
COMBINE BILL 2	189-Combined Bill Flag
COMBINE BILL 3	189-Combined Bill Flag
COMBINE BILL 4	189-Combined Bill Flag
COMBINE BILL 5	189-Combined Bill Flag
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Billing and Claims, Patient Billing, Combine Bills, and Select Account.

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## COMPLEXITY VALUE

The Canadian CMG complexity value for the first DRG.

PBE Field	159-Complexity Value
Database Location	A-KK1 (24) C3CRS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

## CONDITION CODE 10

Tenth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
-----------	----------------------

---

Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

## CONDITION CODE 11

Eleventh UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

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## CONDITION CODE 11

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

---



## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

## CONDITION CODE 1

First UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	01
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

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## CONDITION CODE 2

Second UB condition code. This can be for a condition code keyed or a

condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	02
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

#### CONDITION CODE 3

Third UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

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#### CONDITION CODE 4

Fourth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

#### CONDITION CODE 5

Fifth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric

---

Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

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## CONDITION CODE 6

Sixth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

## CONDITION CODE 7

Seventh UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

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## CONDITION CODE 8

Eighth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric

---

Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

## CONDITION CODE 9

Ninth UB condition code. This can be for a condition keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

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## CONSULTANT DATE

Date for the consultation listed in the Medical Record Abstract selected in the Set-Up Routine.

PBE Field	
Database Location	A-FK (1) PHYSC
Field Type	Date
Table Used	Physicians Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
CONSULTING PHYS (1)	87-Physician, Consulting Date
CONSULTING PHYS (2)	87-Physician, Consulting Date
CONSULTING PHYS (3)	87-Physician, Consulting Date
CONSULTING PHYS (4)	87-Physician, Consulting Date
CONSULTING PHYS (5)	87-Physician, Consulting Date
CONSULTING PHYS (6)	87-Physician, Consulting Date
CONSULTING PHYS (7)	87-Physician, Consulting Date
CONSULTING PHYS (8)	87-Physician, Consulting Date
CONSULTING PHYS (9)	87-Physician, Consulting Date
CONSULTING PHYS (10)	87-Physician, Consulting Date
Print Routines	

## Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Consultations.

## CONSULTANT TYPE

Physician Type for the consultation listed in the Medical Record Abstract selected in the Set-Up Routine.

PBE Field	
Database Location	A-FK
Field Type	Alphanumeric
Table Used	Physicians Type
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field

CONSULTING PHYS (1)	713-Consultant Type
CONSULTING PHYS (2)	713-Consultant Type
CONSULTING PHYS (3)	713-Consultant Type
CONSULTING PHYS (4)	713-Consultant Type
CONSULTING PHYS (5)	713-Consultant Type
CONSULTING PHYS (6)	713-Consultant Type
CONSULTING PHYS (7)	713-Consultant Type
CONSULTING PHYS (8)	713-Consultant Type
CONSULTING PHYS (9)	713-Consultant Type
CONSULTING PHYS (10)	713-Consultant Type
Print Routines	
BLANK	CONSULTANT TYPE DESCRIPTION

## Source Screens

Patient Processing, Medical Records, Abstracting &amp; DRG Assignment

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## CONSULTANT TYPE

Functions, M/R Abstracting, Select Account, and Consultations.

## CONSULTING PHYSICIAN

Physician code number for consulting physician selected by the Set-Up Routine. If a free text consulting physician exists, then the Override Phy Code maintained in Demographics/Defaults under Maintain Facility Information is used.

PBE Field	
Database Location	A-FK (1) PHYSC
Field Type	Numeric
Table Used	Physicians Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	33300
Set-Up Routines	Corresponding PBE Field
CONSULTING PHYS (1)	85-Physician, Consulting
CONSULTING PHYS (2)	85-Physician, Consulting
CONSULTING PHYS (3)	85-Physician, Consulting
CONSULTING PHYS (4)	85-Physician, Consulting
CONSULTING PHYS (5)	85-Physician, Consulting
CONSULTING PHYS (6)	85-Physician, Consulting
CONSULTING PHYS (7)	85-Physician, Consulting



CONSULTING PHYS (8)	85-Physician, Consulting
CONSULTING PHYS (9)	85-Physician, Consulting
CONSULTING PHYS (10)	85-Physician, Consulting
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Consultations.

To determine the Override Phy Code in Financials select Financial System Management, Maintain Facility Information, and Demographics/Defaults. Press ENTER to proceed to the second screen.

Corporate number

The number assigned to the patient for the corporation. This number is the same in all facilities for the corporation.

PBE Field	49-Corporate number
Database Location	A-DP (25) CORPNBR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

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Corporate number

## Source Screens

Financials, Account Management, and MPI Inquiry. Corporate number appears in the name look-up for this function.

Financials, Account Management, and Account Inquiry. Corporate number appears in the name look-up for this function.

COVERED DAYS FOR BILL

For the insurance being processed, the number of days covered by the insurance plan as calculated by proration at the time of billing. If the

Internal Element is being used for claims, this would be the insurance for which the claim is loading. If cycle bills exist, then covered days from previous cycle bills is subtracted so the covered days is for this bill only.

PBE Field	
Database Location	FB-FBT (17) F_BTCVDY
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	519-Covered Days For Bill
UB CARRIER 2	519-Covered Days For Bill
UB CARRIER 3	519-Covered Days For Bill
INSURANCE COB 4	519-Covered Days For Bill
INSURANCE COB 3	519-Covered Days For Bill
INSURANCE COB 2	519-Covered Days For Bill
INSURANCE COB 1	519-Covered Days For Bill
CARRIER OF REQUEST FOR CLAIM	519-Covered Days For Bill
INSURANCE COB FROM CLAIM	519-Covered Days For Bill
INSURANCE PRIMARY TO MEDICARE	519-Covered Days For Bill
INSURANCE COB 5	519-Covered Days For Bill
INSURANCE COB 6	519-Covered Days For Bill
INSURANCE COB 7	519-Covered Days For Bill
INSURANCE COB 8	519-Covered Days For Bill
INSURANCE COB 9	519-Covered Days For Bill
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
RIGHT JUSTIFY / BLANK W ZERO	

## Source Screens

This number is not displayed in the system.

## DATE/TIME PATIENT SEEN

Time seen by physician recorded in outpatient dispositioning or in the ER medical record abstract.

PBE Field	61-Date/Time Patient Seen
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## DATE/TIME PATIENT SEEN

Database Location	A-EK (18) PATSEEN
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting, Select Account, Episode Information 2 OR

Financials, Account Management, MPI Inquiry, Select patient, Visit Information, Select Account, Disposition Information

## DEATH CLASS CONCATENATED

All death classification codes concatenated into one string. If the death classification codes are 1 and 2, this field would be 12.

PBE Field	811-Death Classification Code
Database Location	A-GK1 (1) DTHCLSS
Field Type	Alphanumeric
Table Used	Death Classifications
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting, Select Account, Death Classification

## DEATH CLASSIFICATION CODE

Death classification code selected in the Set-Up Routine.

PBE Field	
Database Location	A-GK1 (1) DTHCLSS
Field Type	Alphanumeric
Table Used	Death Classification
Modules	Trendstar/HPM Interface
STIs	
Sample Data	01

Set-Up Routines	Corresponding PBE Field
DEATH CLASSIFICATION 1	811-Death Classification Code
DEATH CLASSIFICATION 2	811-Death Classification Code
DEATH CLASSIFICATION 3	811-Death Classification Code

DEATH CLASSIFICATION 4	811-Death Classification Code
DEATH CLASSIFICATION 5	811-Death Classification Code
DEATH CLASSIFICATION 6	811-Death Classification Code
DEATH CLASSIFICATION 7	811-Death Classification Code
DEATH CLASSIFICATION 8	811-Death Classification Code

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## DEATH CLASSIFICATION CODE

DEATH CLASSIFICATION 9	811-Death Classification Code
DEATH CLASSIFICATION 10	811-Death Classification Code
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment  
Functions, M/R Abstracting, Select Account, Death Classification

## DELIVERY DATE AND TIME

The delivery date and time is supplied. If there are multiple births, this  
is the delivery date and time for the first baby.

PBE Field	651-Delivery Date and Time
Database Location	A-FKX (1)
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Processing, Medical Records CRT, Abstracting & DRG Assignment  
Functions, M/R Abstract Inquiry, Select Account for a Mother, and  
Maternity/Newborn Information.

## DENIED DAYS

The number of non-acute days categorized as UB denied days.

PBE Field	28-Denied Days
Database Location	A-BP (5) URDAYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

#### DISCHARGE DATE

The discharge date is provided when it is present. If the claim type is X (UB) or R (Medi-Cal UB) and the Statement Through Date (Field 2 in Locator 6) precedes the discharge date, then the field is blank. Pre-bill claims are loaded using the run date as the discharge date when no discharge date exists. If a pre-bill claim loads using this Internal Element and the account is not discharged, then the value for this field would equal the

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#### DISCHARGE DATE

run date.

PBE Field	178-Discharge Date/Time
Database Location	A-MP (14) DATETH
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

On Financials, the discharge date appears in the account header appearing at the top of most screens providing account information.

## Discharge Doctor

Physician code for the discharging physician. This is the discharging physician assigned in the Medical Records abstract.

PBE Field	71-Physician, Discharge
Database Location	A-EK (4) DISPHYS
Field Type	Numeric
Table Used	Physicians Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting Inquiry, Select Account, and Episode Information-1.

## Discharge Hour

The discharge hour is provided when it is present. If the claim type is X (UB) or R (Medi-Cal UB) and the Statement Through Date (Field 2 in Locator 6) precedes the discharge date, then the field is blank. Pre-bill claims are loaded using the run date and time as the discharge date and time when no discharge date/time exists. If a pre-bill claim loads using this Internal Element and the account is not discharged, then the value for this field would equal the run time.

PBE Field	178-Discharge Date/Time
Database Location	A-MP (14) DATETH
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	

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## Discharge Hour

Set-Up Routines	Corresponding PBE Field
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## Print Routines

## Source Screens

Financials, Account Management, MPI Inquiry, select a patient causing the MASTER menu to appear, Visit Information, select an account, Medical Detail, Medical Information.

## DISCHARGE STATUS/DISP

The patient's condition upon discharge or outpatient dispositioning. These codes are mapped to UB discharge status codes.

PBE Field	181-Discharge Status/Disposition
Database Location	A-MP (15) DISTYPE
Field Type	Alphanumeric
Table Used	Discharge Status/Disposition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting, Select Account, and Episode Information 1.

## DOCTOR ADDRESS LINE 1

First address line for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (11) ADDR12
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123 PEACHTREE STREET
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	377-Phy Address 1, Attending
PHYSICIAN, PRIMARY PROCEDURE	378-Phy Address 1, Primary Procedure
PHYSICIAN, ADMITTING	379-Phy Address 1, Admitting
PHYSICIAN, REFERRING	380-Phy Address 1, Referring
1500 PHYSICIAN (SUPPLIER)	381-Phy Address 1, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	382-Phy Address 1, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	383-Phy Address 1, Primary Care
PHYSICIAN, ER	384-Phy Address 1, ER

PHYSICIAN, SHARED CARE	385-Phy Address 1, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5380-Phy Address 1, Referring-Not A
PHYSICIAN,FIRST MR HCPCS	6331-Doctor Address Line 1, MR HCPC
PHYSICIAN,CHARGING(1500S ONLY)	1102-Phy Address 1, Charging Physic
Print Routines	

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## DOCTOR ADDRESS LINE 1

STANDARD PRINT (NO FORMATTING) | BLANK

## Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

## DOCTOR ADDRESS LINE 2

Second address line for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (11) ADDR12
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	SUITE 1
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	386-Phy Address 2, Attending
PHYSICIAN, PRIMARY PROCEDURE	387-Phy Address 2, Primary Procedur
PHYSICIAN, ADMITTING	388-Phy Address 2, Admitting
PHYSICIAN, REFERRING	389-Phy Address 2, Referring
1500 PHYSICIAN (SUPPLIER)	390-Phy Address 2, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	391-Phy Address 2, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	392-Phy Address 2, Primary Care
PHYSICIAN, ER	393-Phy Address 2, ER
PHYSICIAN, SHARED CARE	394-Phy Address 2, Shared Care



PHYSICIAN,REFER (NOT ATTEND)	5389-Phy Address 2, Referring-Not A
PHYSICIAN,FIRST MR HCPCS	6332-Doctor Address Line 2, MR HCPC
PHYSICIAN,CHARGING(1500S ONLY)	1103-Phy Address 2, Charging Physic
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

## DOCTOR CITY

City for the doctor selected in the Set-Up Routine.

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## DOCTOR CITY

PBE Field	
Database Location	D-PC (12) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ALTANTA
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	395-Phy City, Attending
PHYSICIAN, PRIMARY PROCEDURE	396-Phy City, Primary Procedure
PHYSICIAN, ADMITTING	397-Phy City, Admitting
PHYSICIAN, REFERRING	398-Phy City, Referring
1500 PHYSICIAN (SUPPLIER)	399-Phy City, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	400-Phy City, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	401-Phy City, Primary Care
PHYSICIAN, ER	402-Phy City, ER
PHYSICIAN, SHARED CARE	403-Phy City, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5398-Phy City, Referring-Not Att

PHYSICIAN, FIRST MR HCPCS	6333-Doctor City, MR HCPCS
PHYSICIAN, CHARGING (1500S ONLY)	1104-Phy City, Charging Physician
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

## DOCTOR NAME

For the physician selected in the Set-Up Routine, the name of the doctor from the Physician/NSCG table appears.

PBE Field	
Database Location	D-PC (2) PHYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	SMITH, JOHN
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	432-Phy Name, Attending
PHYSICIAN, PRIMARY PROCEDURE	433-Phy Name, Primary Procedure
PHYSICIAN, ADMITTING	434-Phy Name, Admitting
PHYSICIAN, REFERRING	435-Phy Name, Referring
1500 PHYSICIAN (SUPPLIER)	436-Phy Name, 1500 Phy (Supp)

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## DOCTOR NAME

1500 PHYSICIAN (GROUP)	437-Phy Name, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	438-Phy Name, Primary Care
PHYSICIAN, ER	439-Phy Name, ER
PHYSICIAN, SHARED CARE	440-Phy Name, Shared Care
PHYSICIAN, NS WCB ATTENDING	441-Phy Name, NS WCB Attending
PHYSICIAN, 1443 CHARGING PHY	818-Phy Name, 1443 Charging Phy

PHYSICIAN,REFER (NOT ATTEND)	5435-Phy Name, Referring-Not Att
PHYSICIAN,FIRST MR HCPCS	6329-Doctor Name, MR HCPCS
PHYSICIAN,CHARGING(1500S ONLY)	1100-Phy Name, Charging Physician
Print Routines	
DOCTOR NAME (LAST,FIRST MI) (D)	DOCTOR NAME (FIRST MI LAST)
BLANK	LAST NAME
NAME(LAST FIRST MI) NO PUNCT	1443 DOCTOR NAME
NAME (LAST,FIRST,MI)	DOCTOR NAME(LAST,FIRST,MI)

## Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Physician Parameters.

The doctor is determined from the Set-Up Routine.

## DOCTOR PHONE NUMBER

The Office Phone Number for the primary office for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (7) PHONE
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	8005551212
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	442-Phy Phone Number, Attending
PHYSICIAN, PRIMARY PROCEDURE	443-Phy Phone Number, Primary Procd
PHYSICIAN, ADMITTING	444-Phy Phone Number, Admitting
PHYSICIAN, REFERRING	445-Phy Phone Number, Referring
1500 PHYSICIAN (SUPPLIER)	446-Phy Phone Number, 1500 Phy (Sup
1500 PHYSICIAN (GROUP)	447-Phy Phone Number, 1500 Phy (Grp
PHYSICIAN, PRIMARY CARE	448-Phy Phone Number, Primary Care
PHYSICIAN, ER	449-Phy Phone Number, ER
PHYSICIAN, SHARED CARE	450-Phy Phone Number, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5445-Phy Phone Number, Referring-No
PHYSICIAN,FIRST MR HCPCS	6334-Doctor Phone Number, MR HCPCS
PHYSICIAN,CHARGING(1500S ONLY)	1101-Phy Phone Number, Charging Phy
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	STANDARD PRINT (NO FORMATTING)
PHONE NUMBER 999-999-9999	BLANK

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## DOCTOR PHONE NUMBER

PHONE (999 9999999)

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select Physician, and Office Information. Select the primary office.

## DOCTOR STATE

State for the doctor selected in the Set-Up Routine.

PBE Field

Database Location

Field Type

Table Used

Modules

Trendstar/HPM Interface

STIs

Sample Data

Set-Up Routines

PHYSICIAN, ATTENDING

PHYSICIAN, PRIMARY PROCEDURE

PHYSICIAN, ADMITTING

PHYSICIAN, REFERRING

1500 PHYSICIAN (SUPPLIER)

1500 PHYSICIAN (GROUP)

PHYSICIAN, PRIMARY CARE

PHYSICIAN, ER

PHYSICIAN, SHARED CARE

PHYSICIAN, REFER (NOT ATTEND)

PHYSICIAN, FIRST MR HCPCS

PHYSICIAN, CHARGING (1500S ONLY)

Print Routines

STATE ABBREVIATION (XX) (D)

BLANK

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for

"Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for  
 "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician,  
 Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

DOCTOR UB82 ID NUMBER

UB92 Physician ID number for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-BC (7) IDNO
Field Type	Alphanumeric
Table Used	

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DOCTOR UB82 ID NUMBER

Modules	Trendstar/HPM Interface
STIs	
Sample Data	1234567890123456789012
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	308-Phy UB82 ID Number, Attending
PHYSICIAN, PRIMARY PROCEDURE	309-Phy UB82 ID Number, Primary Pro
PHYSICIAN, ADMITTING	310-Phy UB82 ID Number, Admitting
PHYSICIAN, REFERRING	311-Phy UB82 ID Number, Referring
1500 PHYSICIAN (SUPPLIER)	312-Phy UB82 ID Number, 1500 Phy (S
1500 PHYSICIAN (GROUP)	313-Phy UB82 ID Number, 1500 Phy (G
PRINCIPLE PROCEDURE SURGEON	314-Phy UB82 ID Number, Prin Proc S
PHYSICIAN, PRIMARY CARE	315-Phy UB82 ID Number, Primary Car
PHYSICIAN, ER	316-Phy UB82 ID Number, ER
PHYSICIAN, SHARED CARE	317-Phy UB82 ID Number, Shared Care
PHYSICIAN, REFER (NOT ATTEND)	5311-Phy UB82 ID Number, Referring-
PHYSICIAN, CHARGING (1500S ONLY)	1114-Phy UB82 ID Number, Charging P
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance,  
 Physician/NSCG, Select facility if requested, Key P to prompt for "Enter  
 department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for  
 "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for  
 "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician,  
 Home Address/ID Numbers.

The doctor is determined from the Set-Up Routine.

#### DOCTOR ZIP CODE

Zip code for the primary office code for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (14) ZIP
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	413-Phy Zip Code, Attending
PHYSICIAN, PRIMARY PROCEDURE	414-Phy Zip Code, Primary Procedure
PHYSICIAN, ADMITTING	415-Phy Zip Code, Admitting
PHYSICIAN, REFERRING	416-Phy Zip Code, Referring
1500 PHYSICIAN (SUPPLIER)	417-Phy Zip Code, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	418-Phy Zip Code, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	419-Phy Zip Code, Primary Care
PHYSICIAN, ER	420-Phy Zip Code, ER
PHYSICIAN, SHARED CARE	421-Phy Zip Code, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5416-Phy Zip Code, Referring-Not At
PHYSICIAN,FIRST MR HCPCS	6336-Doctor Zip Code, MR HCPCS

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#### DOCTOR ZIP CODE

PHYSICIAN,CHARGING(1500S ONLY)	1106-Phy Zip, Charging Physician
Print Routines	
ZIP CODE-UNIVERSAL (D)	STANDARD PRINT (NO FORMATTING)
ZIP CODE 99999-9999	ZIP CODE 99999
BLANK	

#### Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance,  
Physician/NSCG, Select facility if requested, Key P to prompt for "Enter  
department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for  
"Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for  
"Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician,

Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

#### DOCTOR'S SOCIAL SECURITY NUMBER

Social Security Number for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-AC (6) SSN
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	260-Phy Social Security Nbr, Attend
PHYSICIAN, PRIMARY PROCEDURE	261-Phy Social Security Nbr, Prim P
PHYSICIAN, ADMITTING	262-Phy Social Security Nbr, Admitt
PHYSICIAN, REFERRING	263-Phy Social Security Nbr, Referr
1500 PHYSICIAN (SUPPLIER)	264-Phy Social Security Nbr, 1500 P
PHYSICIAN, PRIMARY CARE	265-Phy Social Security Nbr, Primar
PHYSICIAN, ER	266-Phy Social Security Nbr, ER
PHYSICIAN, SHARED CARE	267-Phy Social Security Nbr, Shared
PHYSICIAN,REFER (NOT ATTEND)	5263-Phy Social Security Nbr, Ref-N
PHYSICIAN,FIRST MR HCPCS	6309-Phy Social Security Nbr, MR HC
PHYSICIAN,CHARGING(1500S ONLY)	1117-Phy Social Security Nbr, Charg
Print Routines	
SOCIAL SECURITY NUMBER (D)	BLANK
SOCIAL SECURITY # NO DASHES	

#### Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Physician Parameters.

The doctor is determined from the Set-Up Routine.

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#### DOCTOR'S STATE LICENSE NUMBER

State license number for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-AC (11) NUMBER
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456789012
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	250-Phy State License Number, Atten
PHYSICIAN, PRIMARY PROCEDURE	251-Phy State License Number, Prim
PHYSICIAN, ADMITTING	252-Phy State License Number, Admit
PHYSICIAN, REFERRING	253-Phy State License Number, Refer
1500 PHYSICIAN (SUPPLIER)	254-Phy State License Number, 1500
1500 PHYSICIAN (GROUP)	255-Phy State License Number, 1500
PRINCIPLE PROCEDURE SURGEON	256-Phy State License Number, Prin
PHYSICIAN, PRIMARY CARE	257-Phy State License Number, Prima
PHYSICIAN, ER	258-Phy State License Number, ER
PHYSICIAN, SHARED CARE	259-Phy State License Number, Share
PHYSICIAN,REFER (NOT ATTEND)	5253-Phy State License Nbr, Referri
PHYSICIAN,FIRST MR HCPCS	6310-Phy State License Nbr, MR HCPC
PHYSICIAN,CHARGING(1500S ONLY)	1118-Phy State License Number, Char
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Home Address/ID Numbers.

The doctor is determined from the Set-Up Routine.

#### DRG REIMBURSEMENT AMOUNT

DRG Reimbursement Amount for first DRG assigned to the account.

PBE Field	172-DRG Reimbursement Amount
Database Location	A-KK (8) REIMBAMT
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	



STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

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## DRG table number

The DRG Rate Table number applicable to the patient's payor and discharge date. The DRG Rate Table contains the reimbursement amount, the standard LOS, and the stay and cost outlier trim points. This field is provided for the first DRG. The DRG Rate Table number exists for accounts grouped in Star.

PBE Field	162-DRG Table Number
Database Location	A-KK (2) DRGTBLNO
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	01
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## Employee ID Number

Insured's employee ID number for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-N1 (14) EMPID
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	234212

Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	199-Insured's Employee ID Number
UB CARRIER 2	199-Insured's Employee ID Number
UB CARRIER 3	199-Insured's Employee ID Number
INSURANCE COB 4	199-Insured's Employee ID Number
INSURANCE COB 3	199-Insured's Employee ID Number
INSURANCE COB 2	199-Insured's Employee ID Number
INSURANCE COB 1	199-Insured's Employee ID Number
CARRIER OF REQUEST FOR CLAIM	199-Insured's Employee ID Number
INSURANCE COB FROM CLAIM	199-Insured's Employee ID Number
INSURANCE PRIMARY TO MEDICARE	199-Insured's Employee ID Number
INSURANCE COB 5	199-Insured's Employee ID Number
INSURANCE COB 6	199-Insured's Employee ID Number
INSURANCE COB 7	199-Insured's Employee ID Number
INSURANCE COB 8	199-Insured's Employee ID Number
INSURANCE COB 9	199-Insured's Employee ID Number
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan <Page Break>

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## Employee ID Number

Demographics, Press ENTER as needed to proceed to the screen containing Employee ID.

## Employment Information Data

Code for Employment Information Data. This code describes the person for whom employment information was collected for the insurance selected in the Set-Up Routine. This is collected for UB reporting.

PBE Field	
Database Location	A-N1 (12) EID
Field Type	Alphanumeric
Table Used	Employment Information Data
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	R
Set-Up Routines	Corresponding PBE Field

UB CARRIER 1	195-Insured's Employment Informatio
UB CARRIER 2	195-Insured's Employment Informatio
UB CARRIER 3	195-Insured's Employment Informatio
INSURANCE COB 4	195-Insured's Employment Informatio
INSURANCE COB 3	195-Insured's Employment Informatio
INSURANCE COB 2	195-Insured's Employment Informatio
INSURANCE COB 1	195-Insured's Employment Informatio
CARRIER OF REQUEST FOR CLAIM	195-Insured's Employment Informatio
INSURANCE COB FROM CLAIM	195-Insured's Employment Informatio
INSURANCE PRIMARY TO MEDICARE	195-Insured's Employment Informatio
INSURANCE COB 5	195-Insured's Employment Informatio
INSURANCE COB 6	195-Insured's Employment Informatio
INSURANCE COB 7	195-Insured's Employment Informatio
INSURANCE COB 8	195-Insured's Employment Informatio
INSURANCE COB 9	195-Insured's Employment Informatio
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics, Press ENTER as needed to proceed to the screen containing Employment Info.

ER Physician (Code or Name)

The physician identified as the ER physician on the Admission screens.

PBE Field	231-Physician, ER
Database Location	A-VP (28) PHYS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456
Set-Up Routines	Corresponding PBE Field

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ER Physician (Code or Name)

Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, Adm Medical Page, Physicians Page

#### EXPECTED REIMBURSEMENT

For the insurance selected in the Set-Up Routine, the expected reimbursement for the account calculated for the most recent bill. This can be the sum of the expected reimbursements for multiple claims when PCON, OPPS, or EAPG is being used to estimate the reimbursement.

PBE Field	
Database Location	FB-FBT1 (5) F_ACRAMT
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	509-Expected Reimbursement
UB CARRIER 2	509-Expected Reimbursement
UB CARRIER 3	509-Expected Reimbursement
INSURANCE COB 4	509-Expected Reimbursement
INSURANCE COB 3	509-Expected Reimbursement
INSURANCE COB 2	509-Expected Reimbursement
INSURANCE COB 1	509-Expected Reimbursement
CARRIER OF REQUEST FOR CLAIM	509-Expected Reimbursement
INSURANCE COB FROM CLAIM	509-Expected Reimbursement
INSURANCE PRIMARY TO MEDICARE	509-Expected Reimbursement
INSURANCE COB 5	509-Expected Reimbursement
INSURANCE COB 6	509-Expected Reimbursement
INSURANCE COB 7	509-Expected Reimbursement
INSURANCE COB 8	509-Expected Reimbursement
INSURANCE COB 9	509-Expected Reimbursement
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. The Expected Reimbursement appears on the Billing Reimbursement screen. The opportunity to view it is provided when appropriate.

#### FACILITY CODE

The intended use of this Internal Element is Trendstar/HPM. If the Set-Up Routine is 112 (Facility Code (Numeric)), then a numerical value is provided for the facility of the account. This is the order of the facility code in the list of facility codes for the institution. If the Set-Up Routine is 113 (Facility Code (Alpha)), then the one-character alpha code for the facility is provided.

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PBE Field		
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## FACILITY CODE

Database Location	None
Field Type	Alphanumeric
Table Used	The first facility listed is 1, the second
is 2, etc.	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
FACILITY CODE (NUMERIC)	
FACILITY CODE (ALPHA)	
Print Routines	

## Source Screens

The facility for an account is the first character of the patient account number which appears in the account header for most screens in Patient Accounting.

## Final Bill Date

The date on which the account was final billed.

PBE Field	459-Final Bill Date
Database Location	FA-FAA (3) F_AEFBD
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Billing Information

## Final DRG Assignment Date

The final DRG was marked as the final DRG on this date.

PBE Field	163-Final DRG Assignment Date
Database Location	A-KK (21) FNLDRGDT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

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## FINAL DRG

The Final DRG assigned in the first of two possible sets of DRG information.

PBE Field	170-Final DRG
Database Location	A-KK (5) FINALDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## FINANCIAL CLASS DESCRIPTION

Description from the Financial Class table for Financial Class for the account stored in Patient Accounting. Initially the Financial Class matches the Financial Class recorded during Admitting by default from the primary insurance or by user selection from the Financial Class table. The Financial Class stored in Patient Accounting can be altered in Patient Accounting processes such as cash posting, Balance Transfer and Claim

Disposition, and Insurance Time Out.

PBE Field	457-Financial Class
Database Location	V-JV (2) FINDESC
Field Type	Alphanumeric
Table Used	Financial Classes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	Fin class desc
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

The Patient Accounting Financial Class appears in the header line for the account in most Patient Accounting screens.

The Financial Class table can be accessed in Financials using Tables, Table Maintenance, and Financial Classes.

#### Financial Class

Financial Class for the account stored in Patient Accounting. Initially this matches the Financial Class recorded during Admitting by default from the primary insurance or by user selection from the Financial Class table. The Financial Class stored in Patient Accounting can be altered in Patient Accounting processes such as cash posting, Balance Transfer and Claim

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#### Financial Class

Disposition, and Insurance Time Out.

PBE Field	457-Financial Class
Database Location	FA-FAA (21) F_AEFCLS
Field Type	Alphanumeric
Table Used	Financial Classes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	AB
Set-Up Routines	Corresponding PBE Field
Print Routines	

---

STANDARD PRINT (NO FORMATTING) | BLANK

Source Screens

The Patient Accounting Financial Class appears in the header line for the account in most Patient Accounting screens.

Gestation Period in Weeks

The length of time from conception to birth.

PBE Field | 93-Gestation Period in Weeks

Database Location | A-GK (6) GESPERD

Field Type | Numeric

Table Used |

Modules | Trendstar/HPM Interface

STIs |

Sample Data | 36

Set-Up Routines | Corresponding PBE Field

Print Routines |

STANDARD PRINT (NO FORMATTING) | BLANK

Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

GSE ADMIT NURSE STATION

For inpatients it is the first nurse station where the patient has been for more than two hours. For outpatients it is the first visit location. If there is no visit location, it will be the patient type.

PBE Field | 792-GSE Admit Nurse Station

Database Location |

Field Type | Alphanumeric

Table Used |

Modules | Trendstar/HPM Interface

STIs |

Sample Data | 1E

Set-Up Routines | Corresponding PBE Field

Print Routines |

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

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## GSE ADMIT NURSE STATION

ENTER, Medical Information, and Location Information.

## GUARANTOR ADDRESS 1

Address line 1 for the guarantor.

PBE Field	179-Guarantor Address 1
Database Location	A-DP (9) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	Apartment 1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, Guarantor Information, Guarantor Page

## GUARANTOR ADDRESS 2

Address line 2 for the guarantor.

PBE Field	453-Guarantor Address 2
Database Location	A-AL (1) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, Guarantor Information, Guarantor Page

## GUARANTOR CITY

City for the guarantor.

PBE Field	466-Guarantor City
Database Location	A-DP (10) CITY
Field Type	Alphanumeric
Table Used	
Modules	Claims

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#### GUARANTOR CITY

Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

#### GUARANTOR EMPLOYER CODE

Code assigned to the guarantor's employer. If the guarantor's employer was entered using free text, then this field will be blank.

PBE Field	196-Guarantor Employer Code
Database Location	A-UP (2) EMPCODE
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	00535
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press Enter, Admission Information, Guarantor Information, Guarantor Page

#### GUARANTOR EMPLOYER NAME

Employer/School for the guarantor. If the Employer/School was selected from the Employers table, then the description existing in the table at the time of selection is used. If a free form response was used to indicate Employer/School, then it is supplied.

PBE Field	198-Guarantor Employer Name
Database Location	A-UP (3) EMPLOYER
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	AT&T
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

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#### GUARANTOR EMPLOYERS ADDRESS 2

Line 2 of address for guarantor's employer.

PBE Field	188-Guarantor Employer's Address 2
Database Location	A-UP (11) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

#### GUARANTOR EMPLOYERS ADDRESS

Line 1 of address for guarantor's employer.

---

PBE Field	200-Guarantor Employer's Address
Database Location	A-UP (4) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

## GUARANTOR EMPLOYERS CITY

The city of the guarantor's employer.

PBE Field	202-Guarantor Employer's City
Database Location	A-UP (5) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

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## GUARANTOR EMPLOYERS CITY

## GUARANTOR EMPLOYERS STATE

The state of the guarantor's employer.

---

PBE Field	204-Guarantor Employer's State
Database Location	A-UP (6) STATE
Field Type	Alphanumeric
Table Used	State Abbreviations
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

#### GUARANTOR EMPLOYERS ZIP CODE

The zip code of the guarantor's employer.

PBE Field	206-Guarantor Employer's Zip Code
Database Location	A-UP (7) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

#### GUARANTOR EMPLOYMENT STATUS

Employment Status of the guarantor (e.g., Full time, Part time, etc.).  
The code for Employment Status is the table titled Employment Status Codes.

PBE Field	190-Guarantor Employment Status
Database Location	A-UP (13) EMPSTAT
Field Type	Alphanumeric
Table Used	Employment Status Codes
Modules	Trendstar/HPM Interface
STIs	

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## GUARANTOR EMPLOYMENT STATUS

Sample Data	6
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

## GUARANTOR MEDICAL REC NUMBER

Medical record number for the patient's guarantor.

PBE Field	86-Guarantor Medical Record Number
Database Location	A-GP (3) GUARNO
Field Type	Alphanumeric
Table Used	Unit Number preceded by alpha facility
indicator	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	0-99999
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	MEDICAL RECORD # (HOSP FORMAT)
BLANK	MEDICAL RECORD #, NO FACILITY
MEDICAL RCD # FOR PDS (GUAR)	

## Source Screens

The Medical Record Number appears in the name lookup for varied Patient Accounting processors. The label is Unit#. If the guarantor has a visit, then the Medical Record Number appears in the header line when that visit is accessed for a Patient Accounting function.

## GUARANTOR NAME

Name of the guarantor.

PBE Field	469-Guarantor Name
Database Location	A-DP (2) NAME
Field Type	Alphanumeric

---

Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	PATIENT,JOHN;Q
Set-Up Routines	Corresponding PBE Field
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
BLANK	LAST NAME
FIRST NAME	NAME(LAST FIRST MI) NO PUNCT
NAME (LAST,FIRST,MI)	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, Guarantor Information, Guarantor Page  
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## GUARANTOR OCCUPATION

The occupation of the patient's guarantor. If the occupation is selected from the Occupation Codes table, then the description existing at that time is used. If a free form response is used, then that is supplied.

PBE Field	182-Guarantor Occupation
Database Location	A-UP (1) OCCUPAT
Field Type	Alphanumeric
Table Used	Occupation Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ACTOR
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, Guarantor Employer Page

## GUARANTOR PHONE

Guarantor phone number.

PBE Field	471-Guarantor Phone Number
Database Location	A-DP (13) PHONE

Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	1234567
Set-Up Routines	Corresponding PBE Field
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	PHONE NUMBER 999-999-9999
PHONE NUMBER 999-9999	PHONE # WITHOUT PUNCTUATION
BLANK	PHONE ( 999 999-9999)
PHONE (999 9999999)	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

GUARANTOR SOCIAL SECURITY NUMBER

Employee ID for the guarantor.

PBE Field	192-Guarantor Social Security Number
Database Location	A-UP (14) EMPID
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	
STIs	
Sample Data	999-999-7865

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GUARANTOR SOCIAL SECURITY NUMBER

Set-Up Routines	Corresponding PBE Field
Print Routines	
SOCIAL SECURITY NUMBER	NO PUNCTUATION IN SS#
BLANK	SOCIAL SECURITY # NO DASHES

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Guarantor Employer Page.

GUARANTOR STATE



The state in which the guarantor resides.

PBE Field	472-Guarantor State
Database Location	A-DP (11) STATE
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

#### GUARANTOR ZIP CODE

The zip code in which the guarantor resides.

PBE Field	474-Guarantor Zip Code
Database Location	A-DP (12) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

#### H/T ICD10 ADM DIAG CODE (MR/ADM)

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD10 diagnosis only.

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## H/T ICD10 ADM DIAG CODE (MR/ADM)

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-1 or A-MQ-28
Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD10 Diagnosis Information.

## H/T ICD10 ADM DIAG DESCRIPTION

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. The description for the ICD10 diagnosis code is provided if it exists in the ICD-10-CM table.  
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-1 or A-MQ-28
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ADMITTING DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD10 Diagnosis Information.

#### H/T ICD10 ADMITTING DIAGNOSIS CODE

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD10 diagnosis only. The intended uses of this Internal Element are Trendstar and HPM.

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#### H/T ICD10 ADMITTING DIAGNOSIS CODE

PBE Field	
Database Location	A-HKT-1 or A-MQ-28
Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Informaiton menu and Admitting/Principal Diagnosis. View ICD10 Diagnosis Information.

#### H/T ICD10 ANESTHESIA CODE

Anesthesia code for an ICD10 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT
Field Type	Alphanumeric
Table Used	Anesthesia Codes

Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

## H/T ICD10 ANESTHESIA START TIME

Anesthesia start time for an ICD10 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT

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## H/T ICD10 ANESTHESIA START TIME

Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

## H/T ICD10 ANESTHESIA STOP TIME

Anesthesia stop time for an ICD10 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

## H/T ICD10 EXT CAUSE INJ 1 (MR/ADM)

The secondary ICD10 diagnosis codes are evaluated to determine the first code designated as an external cause of injury code because the code begins with V, W, X, or Y. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then Medical Records ICD10 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 SDQ

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## H/T ICD10 EXT CAUSE INJ 1 (MR/ADM)

Field Type	Alphanumeric
Table Used	

---

Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 EXT CAUSE INJ 1

The secondary ICD10 Medical Records diagnosis codes are evaluated to determine the first code designated as an external cause of injury code because the code begins with V, W, X, or Y.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 EXT CAUSE INJ 2 (MR/ADM)

The secondary ICD10 diagnosis codes are evaluated to determine the second code designated as an external cause of injury code because the code begins with V, W, X, or Y. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then Medical Records ICD10 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field		
Database Location		A-HKT-3 A-SDQ
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H/T ICD10 EXT CAUSE INJ 2 (MR/ADM)

Field Type		Alphanumeric
Table Used		
Modules		Trendstar/HPM Interface
STIs		
Sample Data		
Set-Up Routines		Corresponding PBE Field
Print Routines		
STANDARD PRINT (NO FORMATTING)		BLANK
ICD10 DIAGNOSIS CODE		

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 EXT CAUSE INJ 2

The secondary ICD10 Medical Records diagnosis codes are evaluated to determine the second code designated as an external cause of injury code because the code begins with V, W, X, or Y.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field		
Database Location		A-HKT-3
Field Type		Alphanumeric
Table Used		
Modules		Trendstar/HPM Interface
STIs		
Sample Data		
Set-Up Routines		Corresponding PBE Field
Print Routines		
STANDARD PRINT (NO FORMATTING)		BLANK

ICD10 DIAGNOSIS CODE

|  
Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 EXT CAUSE INJ 3 (MR/ADM)

The secondary ICD10 diagnosis codes are evaluated to determine the third code designated as an external cause of injury code because the code begins with V, X, X, or Y. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then Medical Records ICD10 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field

Database Location

|A-HKT-3 A-SDQ

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H/T ICD10 EXT CAUSE INJ 3 (MR/ADM)

Field Type

|Alphanumeric

Table Used

|

Modules

|Trendstar/HPM Interface

STIs

|

Sample Data

|

Set-Up Routines

|Corresponding PBE Field

Print Routines

|

STANDARD PRINT (NO FORMATTING)

|BLANK

ICD10 DIAGNOSIS CODE

|

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 EXT CAUSE INJ 3

The secondary ICD10 Medical Records diagnosis codes are evaluated to



determine the third code designated as an external cause of injury code because the code begins with V, W, X, or Y.  
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

## H/T ICD10 OTHER DIAG DESCRIPTION 1

The ICD10 description for the first secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-10-CM table, then the field will be blank.  
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

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## H/T ICD10 OTHER DIAG DESCRIPTION 1

STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

#### H/T ICD10 OTHER DIAG DESCRIPTION 2

The ICD10 description for the second secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-10-CM table, then the field will be blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

#### H/T ICD10 OTHER DIAG DESCRIPTION 3

The ICD10 description for the third secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-10-CM table, then the field will be blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

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## H/T ICD10 OTHER DIAG DESCRIPTION 4

The ICD10 description for the fourth secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical records data but not in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

## H/T ICD10 OTHER DX DESC 1 (MR/ADM)

The ICD10 description for the first secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the first Medical Records ICD10 secondary diagnosis code is used. Otherwise, the first Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

---

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 OTHER DX DESC 2 (MR/ADM)

The ICD10 description for the second secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, <Page Break>

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H/T ICD10 OTHER DX DESC 2 (MR/ADM)

then the second Medical Records ICD10 secondary diagnosis code is used. Otherwise, the second Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 OTHER DX DESC 3 (MR/ADM)

The ICD10 description for the third secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the third Medical Records ICD10 secondary diagnosis code is used. Otherwise, the third Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Informaiton menu and ICD-10 Secondary Diagnosis.

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H/T ICD10 OTHER DX DESC 4 (MR/ADM)

The ICD10 description for the fourth secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the fourth Medical Records ICD10 secondary diagnosis code is used. Otherwise, the fourth Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	

---

Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

## H/T ICD10 OTHER PROCEDURE 1 DATE

Procedure date for the second ICD10 procedure recorded in Medical Records. This is the first ICD10 procedure following the primary ICD10 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

## H/T ICD10 OTHER PROCEDURE 2 DATE

Procedure date for the third ICD10 procedure recorded in Medical Records. This is the second ICD10 procedure following the primary ICD10 procedure recorded in Medical Records.

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## H/T ICD10 OTHER PROCEDURE 2 DATE

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

## H/T ICD10 PRIN (MR/ADM) OR WORK DX

If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the primary Medical Records ICD10 diagnosis is used. Otherwise, if a primary ICD10 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD10 working diagnosis exists and the code does not begin with V, W, X, or Y, then it is used. For the selected code to be used, it must be a valid code in the ICD-10-CM table maintained in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

## H/T ICD10 PRIN DIAG DESC (MR/ADM)

The ICD10 description for the primary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the Medical Records ICD10 primary diagnosis code is used. Otherwise, the Patient Processing ICD10 primary diagnosis is used. If the code does not exist in the ICD-10-CM table, then the field will be blank.

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## H/T ICD10 PRIN DIAG DESC (MR/ADM)

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-2 A-MQ-29
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

To view the admitting diagnosis entered in admission data from Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Admitting/Principal Diagnosis. If ICD9 and ICD10 information exists, then you can navigate to see information for either type of diagnosis.

To view the admitting diagnosis from the Medical Records abstract from Financials, Select Account Management, Account Inquiry, Select Account, Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of diagnosis.

## H/T ICD10 PRIN OR WORK DIAG DESC

The ICD10 description for the Medical Records ICD10 primary diagnosis is supplied. If no Medical Records ICD10 primary diagnosis exists, then the ICD10 description for the Patient Processing ICD10 working diagnosis is supplied. If the code used does not exist in the ICD-10-CM table, then the field will be blank



The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

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#### H/T ICD10 PRIN OR WORKING DX CODE

If a Medical Records ICD10 primary diagnosis code exists, then it is used. Otherwise, if an ICD10 working diagnosis exists and the code does not begin with V, W, X, or Y, then it is used. For the selected code to be used, it must be a valid code in the ICD-10-CM table maintained in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select the Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

H/T ICD10 PRIN PHYSICIAN PROC 3

Performing physician for the third ICD10 procedure recorded in Medical Records. This is the second ICD10 procedure following the primary ICD10 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	2345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 PRIN PROC DESCRIPTION

Description for the primary (first) ICD10 procedure recorded in Medical Records. If the primary ICD10 procedure code does not appear in the ICD-10-PCS table, then the field will be blank.

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H/T ICD10 PRIN PROC DESCRIPTION

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-IKT (2) SECPROPT
Field Type	Alphanumeric

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Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	OPERATION
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 PRIN(MR/ADM) OR WRK DX DS

If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the primary Medical Records ICD10 diagnosis is used. Otherwise, if a primary ICD10 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD10 working diagnosis exists in Patient Processing it is used. The description for the selected code from the ICD-10-CM table is provided. If the selected code does not exist in the ICD-10-CM table, then the field is blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

H/T ICD10 PRINCIPAL DIAGNOSIS DESC

The description for the Medical Records ICD10 principal diagnosis is provided. If the code for the Medical Records ICD10 principal diagnosis does not appear in the ICD-10-CM table, then the field is blank.

The intended uses of this Internal Element are Trendstar and HPM.

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#### H/T ICD10 PRINCIPAL DIAGNOSIS DESC

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

#### H/T ICD10 PRINCIPAL PROCEDURE DATE

Procedure date for the first ICD10 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

#### H/T ICD10 SURGERY SCHEDULED CODE

The ICD10 Code for Surgery Scheduled, which is collected in Patient

Processing, is provided. The ICD10 procedure code must exist in the Star ICD Procedure table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-MK (18) SURSCH
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	

#### Source Screens

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#### H/T ICD10 SURGERY SCHEDULED CODE

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

#### H/T ICD10 WORKING DIAGNOSIS CODE

ICD10 working diagnosis code indicated in Patient Processing if the code is valid per the ICD-10-CM table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-MP (64) DIAGC10
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

## H/T ICD9 ADM DIAG CODE (MR/ADM)

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD9 diagnosis only. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-1 or A-MQ-10
Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

## Source Screens

To view the admitting diagnosis entered in admission data from Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Admitting/Principal Diagnosis. If ICD9 and ICD10 information exists, then you can navigate to see information for either type of diagnosis.

To view the admitting diagnosis from the Medical Records abstract from Financials, Select Account Management, Account Inquiry, Select Account, Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can

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## H/T ICD9 ADM DIAG CODE (MR/ADM)

navigate to see information for either type of diagnosis.

## H/T ICD9 ADMITTING DIAG AND PREFIX

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD9 diagnosis only. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-1 or A-MQ-10

---

Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	78650
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	ICD DIAGNOSIS CODE
BLANK	1500 DIAGNOSIS PRINT

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD9 Diagnosis Information.

## H/T ICD9 ADMITTING DIAG DESCRIPTION

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. The description for the ICD9 diagnosis code is provided if it exists in the ICD-9-CA table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-1 or A-MQ-10
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ADMITTING DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	DIAGNOSIS DESCRIPTION (CA)

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD9 Diagnosis Information.

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## H/T ICD9 ANESTHESIA CODE

Anesthesia code for an ICD9 procedure recorded in Medical Records.  
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Alphanumeric
Table Used	Anesthesia Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	
BLANK	ANESTHESIA CODE DESCRIPTION

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

## H/T ICD9 ANESTHESIA START TIME

Anesthesia start time for an ICD9 procedure recorded in Medical Records.  
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	

## Source Screens



Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information, View ICD9 Procedure Information.

#### H/T ICD9 ANESTHESIA STOP TIME

Anesthesia stop time for an ICD9 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field		
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#### H/T ICD9 ANESTHESIA STOP TIME

Database Location	A-JK
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

#### H/T ICD9 ECODE DIAG CODE 1

The secondary ICD9 Medical Records diagnosis codes are evaluated to determine the first code designated as an ECode because the code begins with E.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	

---

Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 ECODE DIAG CODE 2

The secondary ICD9 Medical Records diagnosis codes are evaluated to determine the second code designated as an ECode because the code begins with E.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	

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H/T ICD9 ECODE DIAG CODE 2

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Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 ECODE DIAG CODE 3

The secondary ICD9 Medical Records diagnosis codes are evaluated to determine the third code designated as an ECode because the code begins with E.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 ECODE DX 1 (MR/ADM)

The secondary ICD9 diagnosis codes are evaluated to determine the first code designated as an ECode because the code begins with E. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then Medical Records ICD9 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	

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H/T ICD9 ECODE DX 1 (MR/ADM)

Set-Up Routines	Corresponding PBE Field
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Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 ECODE DX 2 (MR/ADM)

The secondary ICD9 diagnosis codes are evaluated to determine the second code designated as an ECode because the code begins with E. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then Medical Records ICD9 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 ECODE DX 3 (MR/ADM)

The secondary ICD9 diagnosis codes are evaluated to determine the third code designated as an ECode because the code begins with E. If a primary

or secondary ICD9 diagnosis code exists in Medical Records, then Medical Records ICD9 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined. The intended uses of this Internal Element are Trendstar and HPM.

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H/T ICD9 ECODE DX 3 (MR/ADM)

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER DIAG DESCRIPTION 1

The ICD9 description for the first secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

## H/T ICD9 OTHER DIAG DESCRIPTION 2

The ICD9 description for the second secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3

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## H/T ICD9 OTHER DIAG DESCRIPTION 2

Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

## H/T ICD9 OTHER DIAG DESCRIPTION 3

The ICD9 description for the third secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
-----------	--

Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

## H/T ICD9 OTHER DIAG DESCRIPTION 4

The ICD9 description for the fourth secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

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## H/T ICD9 OTHER DIAG DESCRIPTION 4

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

## H/T ICD9 OTHER DX DESC 1 (MR/ADM)

The ICD9 description for the first secondary ICD9 diagnosis is supplied.

If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the first Medical Records ICD9 secondary diagnosis code is used. Otherwise, the first Patient Processing ICD9 secondary diagnosis code is used. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER DX DESC 2 (MR/ADM)

The ICD9 description for the second secondary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the second Medical Records ICD9 secondary diagnosis code is used. Otherwise, the second Patient Processing ICD9 secondary diagnosis code is used. If the code does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

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H/T ICD9 OTHER DX DESC 2 (MR/ADM)

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER DX DESC 3 (MR/ADM)

The ICD9 description for the third secondary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the third Medical Records ICD9 secondary diagnosis code is used. Otherwise, the third Patient Processing ICD9 secondary diagnosis code is used. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER DX DESC 4 (MR/ADM)

The ICD9 description for the fourth secondary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the fourth Medical Records ICD9 secondary diagnosis code is used. Otherwise, the fourth Patient Processing ICD9 secondary diagnosis code is used. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

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H/T ICD9 OTHER DX DESC 4 (MR/ADM)

STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER PROCEDURE 1 DATE

Procedure date for the second ICD9 procedure recorded in Medical Records. This is the first ICD9 procedure following the primary ICD9 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

## H/T ICD9 OTHER PROCEDURE 2 DATE

Procedure date for the third ICD9 procedure recorded in Medical Records. This is the second ICD9 procedure following the primary ICD9 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press <Page Break>

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## H/T ICD9 OTHER PROCEDURE 2 DATE

ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

## H/T ICD9 PRIN (MR/ADM) OR WORK DX

If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the primary Medical Records ICD9 diagnosis is used. Otherwise, if a primary ICD9 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD9 working diagnosis exists and the code does not begin with E, S, or V, then it is used. For the selected code to be used it must be a valid code in the ICD-9-CM table maintained in Medical Records.

---

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	E8000
Set-Up Routines	Corresponding PBE Field
Print Routines	
1500 DIAGNOSIS CODE (D)	STANDARD PRINT (NO FORMATTING)
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

H/T ICD9 PRIN DIAG DESC (MR/ADM)

The ICD9 description for the primary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the Medical Records ICD9 primary diagnosis code is used. Otherwise, the Patient Processing ICD9 primary diagnosis is used. If the code does not exist in the ICD-9-CM table, then the field will be blank.

PBE Field	
Database Location	A-HK-2 A-MQ-26
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

To view the admitting diagnosis entered in admission data from Financials

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## H/T ICD9 PRIN DIAG DESC (MR/ADM)

use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Admitting/Principal Diagnosis. If ICD9 and ICD10 information exists, then you can navigate to see information for either type of diagnosis.

To view the admitting diagnosis from the Medical Records abstract from Financials, Select Account Management, Account Inquiry, Select Account, Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of diagnosis.

## H/T ICD9 PRIN OR WORKING DIAG DESC

The ICD9 description for the Medical Records ICD9 primary diagnosis is supplied. If no Medical Records ICD9 primary diagnosis exists, then the ICD9 description for the Patient Processing ICD9 working diagnosis is supplied. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

## H/T ICD9 PRIN OR WORKING DX CODE

If a Medical Records ICD9 primary diagnosis code exists, then it is used. Otherwise, if an ICD9 working diagnosis exists which is numeric or which begins with the letter E, S, or V and the remainder of the code is numeric then it is used. For the selected code to be used, it must be a valid code in the ICD-9-CM table maintained in Medical Records.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	E8000

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H/T ICD9 PRIN OR WORKING DX CODE

Set-Up Routines	Corresponding PBE Field
Print Routines	
1500 DIAGNOSIS CODE (D)	STANDARD PRINT (NO FORMATTING)
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select the Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

H/T ICD9 PRIN PHYSICIAN PROC 3

Performing physician for the third ICD9 procedure recorded in Medical Records. This is the second ICD9 procedure following the primary ICD9 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	2345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Accounts, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

H/T ICD9 PRIN(MR/ADM) OR WRK DX DS

If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the primary Medical Records ICD9 diagnosis is used. Otherwise, if a primary ICD9 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD9 working diagnosis exists in Patient Processing it is used. The description for the selected code from the ICD-9-CM table is provided. If the selected code does not exist in the ICD-9-CM table, then the field is blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

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H/T ICD9 PRIN(MR/ADM) OR WRK DX DS

Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

H/T ICD9 PRINCIPAL DIAG DESCRIPTION

The description for the Medical Records ICD9 Principal Diagnosis is provided from the ICD9 table. If the code for the Medical Records IC9

Principal Diagnosis does not appear in the ICD9 table, then the field is blank.

PBE Field	
Database Location	A-HK (2) PRIDIAGP
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of diagnosis.

#### H/T ICD9 PRINCIPAL PROCEDURE DATE

Procedure date for the first ICD9 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

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#### H/T ICD9 PRINCIPAL PROCEDURE DESC

Description for the primary (first) ICD9 procedure recorded in Medical Records. If the primary ICD9 procedure code does not appear in the ICD-9-CM table, then the field will be blank.



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PBE Field	
Database Location	A-IK (2) SECPROCP
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	OPERATION
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key PX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of procedure.

## H/T ICD9 SURGERY SCHEDULED CODE

The ICD9 Code for Surgery Scheduled, which is collected in Patient Processing, is provided. The ICD9 procedure code must exist in the Star ICD Procedure table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-MK (5) SURSCH
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	ICD PROCEDURE CODE

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

## H/T ICD9 WORKING DIAGNOSIS CODE

ICD9 working diagnosis code indicated in Patient Processing if the code is valid per the ICD-9-CM table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-MP (10) DIAGC
Field Type	Alphanumeric
Table Used	

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Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345

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## H/T ICD9 WORKING DIAGNOSIS CODE

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Informaiton, Adm Medical Information, and Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

## HIPAA PATIENT REL TO INSURED

The Relation to Insured is translated as follows for the insurance selected in the Set-Up Routine:

- For a UB04 claim, HIPAA UB04 Relationship Code is used.
- If the Bill Thru Date for the claim's bill is 10/13/2003 or before, UB92 Relationship Code is used.
- Otherwise, HIPAA UB92 Relationship Code is used unless the values is 32 or 33. If the value is 32 or 33, then Sex for Insured must be present. 32 is supplied if Sex for Insured is Female and 33 is supplied if Sex for Insured is Male.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Insured Relation
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	01
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	794-HIPAA Patient Rel to Insured
UB CARRIER 2	794-HIPAA Patient Rel to Insured
UB CARRIER 3	794-HIPAA Patient Rel to Insured
INSURANCE COB 4	794-HIPAA Patient Rel to Insured
INSURANCE COB 3	794-HIPAA Patient Rel to Insured

INSURANCE COB 2	794-HIPAA Patient Rel to Insured
INSURANCE COB 1	794-HIPAA Patient Rel to Insured
1500 CARRIER	794-HIPAA Patient Rel to Insured
CARRIER OF REQUEST FOR CLAIM	794-HIPAA Patient Rel to Insured
INSURANCE COB FROM CLAIM	794-HIPAA Patient Rel to Insured
INSURANCE PRIMARY TO MEDICARE	794-HIPAA Patient Rel to Insured
INSURANCE COB 5	794-HIPAA Patient Rel to Insured
INSURANCE COB 6	794-HIPAA Patient Rel to Insured
INSURANCE COB 7	794-HIPAA Patient Rel to Insured
INSURANCE COB 8	794-HIPAA Patient Rel to Insured
INSURANCE COB 9	794-HIPAA Patient Rel to Insured
Print Routines	
ZERO/BLANK FILL (D)	STANDARD PRINT (NO FORMATTING)
LEADING ZERO FILL	BLANK WHEN ZERO
1500 PAT RELATION TO INSURED	BLANK WHEN ZERO-LEADING 0 FILL
BLANK	CANADIAN UNIVERSAL CLAIM

## Source Screens

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## HIPAA PATIENT REL TO INSURED

To determine Relation to Insured and Sex in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

To review the translation codes for Insured Relation in Financials use Tables, Table Maintenance, Insured Relation, and Select Insured Relation Code.

## HNE NUMBER

## Enterprise ID Number

PBE Field	52-HNE Number
Database Location	A-DP (33) EPN
Field Type	Alphanumeric
Table Used	HNE123456789
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

This number is not displayed in a Star character base screen.

## I/P REHAB CMG CODE

The I/P Rehab CMG code is characters 2 and 3 of the HIPPS (Health Insurance PPS)/Case Mix Group code which appears as a HCPCS code on the UB claim. The HIPPS/Case Mix Group code is determined from HCPCS codes for charges with UB revenue codes 24, 024, and 0024. The HCPCS code with a UB revenue code of 24, 024, or 0024 is used if the combined charge total for all charges with the HCPCS and UB revenue code is greater than zero and is the greatest charge total for HIPPS codes.

PBE Field	730-I/P Rehab CMG Code
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. At the Snap Shot Screen key B for Billing Information. Key S for pro summaries(s) and select the desired look-up list. Examine charges with a UB revenue code of 24, 024, or 0024.

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## I/P REHAB HIPPS CODE

The I/P Rehab HIPPS Code is the HIPPS (Health Insurance PPS)/Case Mix Group code which appears as a HCPCS code on the UB claim. The HIPPS/Case Mix Group code is determined from HCPCS codes for charges with UB revenue codes 24, 024, and 0024. The HCPCS code with a UB revenue code of 24, 024, or 0024 is used if the combined charge total for all charges with the HCPCS and UB revenue code is greater than zero and is the greatest charge total for HIPPS codes.

PBE Field	731-I/P Rehab HIPPS Code
Database Location	
Field Type	Alphanumeric
Table Used	

Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. At the Snap Shot Screen key B for Billing Information. Key S for pro summaries(s) and select the desired look-up list. Examine charges with a UB revenue code of 24, 024, or 0024.

## I/P REHAB RIC CODE

The I/P Rehab RIC code is characters 4 and 5 of the HIPPS (Health Insurance PPS)/Case Mix Group code which appears as a HCPCS code on the UB claim. The HIPPS/Case Mix Group code is determined from HCPCS codes for charges with UB revenue codes 24, 024, and 0024. The HCPCS code with a UB revenue code of 24, 024, or 0024 is used if the combined charge total for all charges with the HCPCS and UB revenue codes is greater than zero and is the greatest charge total for HIPPS codes.

PBE Field	732-I/P Rehab RIC Code
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. At the Snap Shot Screen key B for Billing Information. Key S for pro summaries(s) and select the desired look-up list. Examine charges with a UB revenue code of 24, 024, or 0024.

## ICD CODER

Initials of person who coded the Medical Records abstract.

PBE Field	65-ICD Coder
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## ICD CODER

Database Location	A-EK (23) CODER
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, Episode Information-2.

## ICF DAYS

The number of days categorized by Utilization Management review to be UB intermediate care facility days.

PBE Field	26-ICF Days
Database Location	A-BP (5) URDAYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

## INSURANCE ADDRESS LINE 1

Mail To Address Line 1 for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (2) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	132-Insurance Address Line 1

UB CARRIER 2	132-Insurance Address Line 1
UB CARRIER 3	132-Insurance Address Line 1
INSURANCE COB 4	132-Insurance Address Line 1
INSURANCE COB 3	132-Insurance Address Line 1
INSURANCE COB 2	132-Insurance Address Line 1
INSURANCE COB 1	132-Insurance Address Line 1
CARRIER OF REQUEST FOR CLAIM	132-Insurance Address Line 1
INSURANCE COB FROM CLAIM	132-Insurance Address Line 1

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## INSURANCE ADDRESS LINE 1

INSURANCE PRIMARY TO MEDICARE	132-Insurance Address Line 1
INSURANCE COB 5	132-Insurance Address Line 1
INSURANCE COB 6	132-Insurance Address Line 1
INSURANCE COB 7	132-Insurance Address Line 1
INSURANCE COB 8	132-Insurance Address Line 1
INSURANCE COB 9	132-Insurance Address Line 1

Print Routines

STANDARD PRINT (NO FORMATTING) (D) |BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to screen containing the information.

## INSURANCE ADDRESS LINE 2

Mail To Address Line 2 for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (3) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ADDRESS LINE 2
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	140-Insurance Address Line 2
UB CARRIER 2	140-Insurance Address Line 2
UB CARRIER 3	140-Insurance Address Line 2
INSURANCE COB 4	140-Insurance Address Line 2

INSURANCE COB 3	140-Insurance Address Line 2
INSURANCE COB 2	140-Insurance Address Line 2
INSURANCE COB 1	140-Insurance Address Line 2
CARRIER OF REQUEST FOR CLAIM	140-Insurance Address Line 2
INSURANCE COB FROM CLAIM	140-Insurance Address Line 2
INSURANCE PRIMARY TO MEDICARE	140-Insurance Address Line 2
INSURANCE COB 5	140-Insurance Address Line 2
INSURANCE COB 6	140-Insurance Address Line 2
INSURANCE COB 7	140-Insurance Address Line 2
INSURANCE COB 8	140-Insurance Address Line 2
INSURANCE COB 9	140-Insurance Address Line 2
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

## INSURANCE APPROVED LENGTH OF STAY

Approved Length of Stay for the insurance selected by the Set-Up Routine.

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## INSURANCE APPROVED LENGTH OF STAY

PBE Field	
Database Location	A-I3 (8) APPLOS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	149-Insurance Approved Length Of St
UB CARRIER 2	149-Insurance Approved Length Of St
UB CARRIER 3	149-Insurance Approved Length Of St
INSURANCE COB 4	149-Insurance Approved Length Of St
INSURANCE COB 3	149-Insurance Approved Length Of St
INSURANCE COB 2	149-Insurance Approved Length Of St
INSURANCE COB 1	149-Insurance Approved Length Of St
1500 CARRIER	149-Insurance Approved Length Of St
CARRIER OF REQUEST FOR CLAIM	149-Insurance Approved Length Of St



INSURANCE COB FROM CLAIM	149-Insurance Approved Length Of St
INSURANCE PRIMARY TO MEDICARE	149-Insurance Approved Length Of St
INSURANCE COB 5	149-Insurance Approved Length Of St
INSURANCE COB 6	149-Insurance Approved Length Of St
INSURANCE COB 7	149-Insurance Approved Length Of St
INSURANCE COB 8	149-Insurance Approved Length Of St
INSURANCE COB 9	149-Insurance Approved Length Of St
OTHER 1500 INSURANCE	149-Insurance Approved Length Of St
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, and Select Insurance. Press ENTER until a screen appears with a field labeled Appr LOS. It will be on a screen containing verification/approval information.

## INSURANCE CARRIER/PLAN CODE

Combination of the insurance carrier code and the insurance plan code for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (1) INSNBR
Field Type	Numeric
Table Used	Insurance Plans
Modules	Trendstar/HPM Interface
STIs	
Sample Data	401
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	1520-Insurance Plan Code
UB CARRIER 2	1520-Insurance Plan Code
UB CARRIER 3	1520-Insurance Plan Code
INSURANCE COB 4	1520-Insurance Plan Code
INSURANCE COB 3	1520-Insurance Plan Code
INSURANCE COB 2	1520-Insurance Plan Code

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## INSURANCE CARRIER/PLAN CODE

INSURANCE COB 1	1520-Insurance Plan Code
CARRIER OF REQUEST FOR CLAIM	1520-Insurance Plan Code
INSURANCE COB FROM CLAIM	1520-Insurance Plan Code
INSURANCE PRIMARY TO MEDICARE	1520-Insurance Plan Code

INSURANCE COB 5	1520-Insurance Plan Code
INSURANCE COB 6	1520-Insurance Plan Code
INSURANCE COB 7	1520-Insurance Plan Code
INSURANCE COB 8	1520-Insurance Plan Code
INSURANCE COB 9	1520-Insurance Plan Code
Print Routines	
BLANK	INSURANCE ZERO IF BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, Insurance Process

## INSURANCE CARRIER/PLAN NAME

Insurance Carrier/Plan Name for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (2) INSNAME
Field Type	Alphanumeric
Table Used	
Modules	PA Refund Check Messages
Trendstar/HPM Interface	Claims
STIs	
Sample Data	Insurance Carrier Name
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	120-Insurance Plan Name
UB CARRIER 2	120-Insurance Plan Name
UB CARRIER 3	120-Insurance Plan Name
INSURANCE COB 4	120-Insurance Plan Name
INSURANCE COB 3	120-Insurance Plan Name
INSURANCE COB 2	120-Insurance Plan Name
INSURANCE COB 1	120-Insurance Plan Name
1500 CARRIER	120-Insurance Plan Name
CARRIER OF REQUEST FOR CLAIM	120-Insurance Plan Name
INSURANCE COB FROM CLAIM	120-Insurance Plan Name
INSURANCE PRIMARY TO MEDICARE	120-Insurance Plan Name
OHIP OTHER INS INFO (CANADA)	120-Insurance Plan Name
INSURANCE COB 5	120-Insurance Plan Name
INSURANCE COB 6	120-Insurance Plan Name
INSURANCE COB 7	120-Insurance Plan Name
INSURANCE COB 8	120-Insurance Plan Name
INSURANCE COB 9	120-Insurance Plan Name
OTHER 1500 INSURANCE	120-Insurance Plan Name
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
 ENTER, Admission Information, Insurance Process  
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## INSURANCE CERTIFIED FLAG [ALL]

This is a billing requirement edit. If an insurance exists on the account and pre-notification is required, then an approval date is expected.

PBE Field	1568-Insurance Approval Date
Database Location	A-I3 (3) APPRDATE
Field Type	Alphanumeric
Table Used	
Modules	Billing Requirements
Trendstar/HPM Interface	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
 ENTER, Admission Information, Insurance Process, Select Insurance, and Plan  
 Demographics. Press ENTER to proceed to screen containing information.

## Insurance City

Mail to city for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (4) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	144-Insurance City
UB CARRIER 2	144-Insurance City
UB CARRIER 3	144-Insurance City
INSURANCE COB 4	144-Insurance City
INSURANCE COB 3	144-Insurance City

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INSURANCE COB 2	144-Insurance City
INSURANCE COB 1	144-Insurance City
CARRIER OF REQUEST FOR CLAIM	144-Insurance City
INSURANCE COB FROM CLAIM	144-Insurance City
INSURANCE PRIMARY TO MEDICARE	144-Insurance City
INSURANCE COB 5	144-Insurance City
INSURANCE COB 6	144-Insurance City
INSURANCE COB 7	144-Insurance City
INSURANCE COB 8	144-Insurance City
INSURANCE COB 9	144-Insurance City
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

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## Insurance Group Name

Insurance Group Name for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (12) GROUP
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	INS GROUP NAME
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	117-Insurance Group Name
UB CARRIER 2	117-Insurance Group Name
UB CARRIER 3	117-Insurance Group Name
INSURANCE COB 4	117-Insurance Group Name
INSURANCE COB 3	117-Insurance Group Name
INSURANCE COB 2	117-Insurance Group Name
INSURANCE COB 1	117-Insurance Group Name
1500 CARRIER	117-Insurance Group Name
CARRIER OF REQUEST FOR CLAIM	117-Insurance Group Name
INSURANCE COB FROM CLAIM	117-Insurance Group Name
INSURANCE PRIMARY TO MEDICARE	117-Insurance Group Name
INSURANCE COB 5	117-Insurance Group Name

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INSURANCE COB 6	117-Insurance Group Name
INSURANCE COB 7	117-Insurance Group Name
INSURANCE COB 8	117-Insurance Group Name
INSURANCE COB 9	117-Insurance Group Name
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics

## INSURANCE GROUP NUMBER

Insurance Group Number for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (6) GROUPNBR
Field Type	Alphanumeric
Table Used	
Modules	Claims
PA Refund Check Messages	Trendstar/HPM Interface
STIs	
Sample Data	GR123456789
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	128-Insurance Group Number
UB CARRIER 2	128-Insurance Group Number
UB CARRIER 3	128-Insurance Group Number
INSURANCE COB 4	128-Insurance Group Number
INSURANCE COB 3	128-Insurance Group Number

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## INSURANCE GROUP NUMBER

INSURANCE COB 2	128-Insurance Group Number
INSURANCE COB 1	128-Insurance Group Number
1500 CARRIER	128-Insurance Group Number
CARRIER OF REQUEST FOR CLAIM	128-Insurance Group Number
INSURANCE COB FROM CLAIM	128-Insurance Group Number
INSURANCE PRIMARY TO MEDICARE	128-Insurance Group Number
INSURANCE COB 5	128-Insurance Group Number
INSURANCE COB 6	128-Insurance Group Number
INSURANCE COB 7	128-Insurance Group Number

INSURANCE COB 8	128-Insurance Group Number
INSURANCE COB 9	128-Insurance Group Number
OTHER 1500 INSURANCE	128-Insurance Group Number
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

## Insurance Last Payment Date

This element should be used for Insurance Letter Messages and Telephone Messages. For the insurance being processed, it provides the date of the most recent payment.

PBE Field	
Database Location	FA-FAB (2) F_AELPAY
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Insurance Letter Messages	Telephone Messages
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	470-Insurance Last Payment Date
UB CARRIER 2	470-Insurance Last Payment Date
UB CARRIER 3	470-Insurance Last Payment Date
INSURANCE COB 4	470-Insurance Last Payment Date
INSURANCE COB 3	470-Insurance Last Payment Date
INSURANCE COB 2	470-Insurance Last Payment Date
INSURANCE COB 1	467-Last Payment Date for Insurance
CARRIER OF REQUEST FOR CLAIM	470-Insurance Last Payment Date
INSURANCE COB FROM CLAIM	470-Insurance Last Payment Date
INSURANCE PRIMARY TO MEDICARE	470-Insurance Last Payment Date
INSURANCE COB 5	470-Insurance Last Payment Date
INSURANCE COB 6	470-Insurance Last Payment Date
INSURANCE COB 7	470-Insurance Last Payment Date
INSURANCE COB 8	470-Insurance Last Payment Date
INSURANCE COB 9	470-Insurance Last Payment Date
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

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Insurance Last Payment Date

#### INSURANCE PHONE

Phone Number for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (7) PHONE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	154-Insurance Phone Number
UB CARRIER 2	154-Insurance Phone Number
UB CARRIER 3	154-Insurance Phone Number
INSURANCE COB 4	154-Insurance Phone Number
INSURANCE COB 3	154-Insurance Phone Number
INSURANCE COB 2	154-Insurance Phone Number
INSURANCE COB 1	154-Insurance Phone Number
CARRIER OF REQUEST FOR CLAIM	154-Insurance Phone Number
INSURANCE COB FROM CLAIM	154-Insurance Phone Number
INSURANCE PRIMARY TO MEDICARE	154-Insurance Phone Number
INSURANCE COB 5	154-Insurance Phone Number
INSURANCE COB 6	154-Insurance Phone Number
INSURANCE COB 7	154-Insurance Phone Number
INSURANCE COB 8	154-Insurance Phone Number
INSURANCE COB 9	154-Insurance Phone Number
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	BLANK
PHONE (999 9999999)	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics

Insurance State

Mail to state for insurance selected in the Set-Up Routine.

PBE Field	
-----------	--

Database Location	A-I2 (5) STATE
Field Type	Alphanumeric
Table Used	State Abbreviations
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	150-Insurance State
UB CARRIER 2	150-Insurance State
UB CARRIER 3	150-Insurance State

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## Insurance State

INSURANCE COB 4	150-Insurance State
INSURANCE COB 3	150-Insurance State
INSURANCE COB 2	150-Insurance State
INSURANCE COB 1	150-Insurance State
CARRIER OF REQUEST FOR CLAIM	150-Insurance State
INSURANCE COB FROM CLAIM	150-Insurance State
INSURANCE PRIMARY TO MEDICARE	150-Insurance State
INSURANCE COB 5	150-Insurance State
INSURANCE COB 6	150-Insurance State
INSURANCE COB 7	150-Insurance State
INSURANCE COB 8	150-Insurance State
INSURANCE COB 9	150-Insurance State
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

## Insurance User Defined Field data

User defined field for an account for the insurance selected in the Set-Up routine. This is a UDF for the visit and insurance. An entry from the table titled Insurance UDF Definition determines the UDF provided.

PBE Field	
Database Location	A-IUDD (1) IUFD



---

Field Type	Alphanumeric
Table Used	Insurance UDF Definition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	141-Insurance User Defined Field (P
INSURANCE COB 3	141-Insurance User Defined Field (P
INSURANCE COB 2	141-Insurance User Defined Field (P
INSURANCE COB 1	141-Insurance User Defined Field (P
INSURANCE COB 5	141-Insurance User Defined Field (P
INSURANCE COB 6	141-Insurance User Defined Field (P
INSURANCE COB 7	141-Insurance User Defined Field (P
INSURANCE COB 8	141-Insurance User Defined Field (P
INSURANCE COB 9	141-Insurance User Defined Field (P
Print Routines	
MONEY IMP DEC (999999999)	UDF DATE (YYYYMMDD)
UDF DATE (YYMMDD)	UDF IMPLIED DECIMAL (999999)
UDF TIME (HOSP FORMAT)	UDF DATE TIME (HOSP FORMAT)
UDF TABLE DESCRIPTION	YES/NO (CONVERT 1/Y,0/N)
INS UDF MONEY INC 0 (99999999)	INS UDF MONEY ROUNDED INC ZERO

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER until the screen containing User Defined Fields  
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Insurance User Defined Field data

appears at the end.

Insurance Zip Code

Mail to zip code for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (6) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456789

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Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	152-Insurance Zip Code
UB CARRIER 2	152-Insurance Zip Code
UB CARRIER 3	152-Insurance Zip Code
INSURANCE COB 4	152-Insurance Zip Code
INSURANCE COB 3	152-Insurance Zip Code
INSURANCE COB 2	152-Insurance Zip Code
INSURANCE COB 1	152-Insurance Zip Code
CARRIER OF REQUEST FOR CLAIM	152-Insurance Zip Code
INSURANCE COB FROM CLAIM	152-Insurance Zip Code
INSURANCE PRIMARY TO MEDICARE	152-Insurance Zip Code
INSURANCE COB 5	152-Insurance Zip Code
INSURANCE COB 6	152-Insurance Zip Code
INSURANCE COB 7	152-Insurance Zip Code
INSURANCE COB 8	152-Insurance Zip Code
INSURANCE COB 9	152-Insurance Zip Code
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

## INSURED EMPLOYER CODE

Code from Employers table used to select insured's employer for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-N1 (2) EMPCODE
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1234
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	201-Insured's Employer Code
INSURANCE COB 3	201-Insured's Employer Code

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## INSURED EMPLOYER CODE

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INSURANCE COB 2	201-Insured's Employer Code
INSURANCE COB 1	201-Insured's Employer Code
INSURANCE COB 5	201-Insured's Employer Code
INSURANCE COB 6	201-Insured's Employer Code
INSURANCE COB 7	201-Insured's Employer Code
INSURANCE COB 8	201-Insured's Employer Code
INSURANCE COB 9	201-Insured's Employer Code
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

## INSURED'S EMPLOYER ADDRESS

For insurance selected in Set-Up Routine, Address Line 1 for the insured's employer is supplied.

PBE Field	
Database Location	A-N1 (4) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	207 JACKSON STREET
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	205-Insured's Employer Address 1
UB CARRIER 2	205-Insured's Employer Address 1
UB CARRIER 3	205-Insured's Employer Address 1
INSURANCE COB 4	205-Insured's Employer Address 1
INSURANCE COB 3	205-Insured's Employer Address 1
INSURANCE COB 2	205-Insured's Employer Address 1
INSURANCE COB 1	205-Insured's Employer Address 1
CARRIER OF REQUEST FOR CLAIM	205-Insured's Employer Address 1
INSURANCE COB FROM CLAIM	205-Insured's Employer Address 1
INSURANCE PRIMARY TO MEDICARE	205-Insured's Employer Address 1
INSURANCE COB 5	205-Insured's Employer Address 1
INSURANCE COB 6	205-Insured's Employer Address 1
INSURANCE COB 7	205-Insured's Employer Address 1
INSURANCE COB 8	205-Insured's Employer Address 1
INSURANCE COB 9	205-Insured's Employer Address 1
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

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#### INSURED'S EMPLOYER CITY

For insurance selected in Set-Up Routine, City for the insured's employer is supplied.

PBE Field	
Database Location	A-N1 (5) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	207-Insured's Employer City
UB CARRIER 2	207-Insured's Employer City
UB CARRIER 3	207-Insured's Employer City
INSURANCE COB 4	207-Insured's Employer City
INSURANCE COB 3	207-Insured's Employer City
INSURANCE COB 2	207-Insured's Employer City
INSURANCE COB 1	207-Insured's Employer City
CARRIER OF REQUEST FOR CLAIM	207-Insured's Employer City
INSURANCE COB FROM CLAIM	207-Insured's Employer City
INSURANCE PRIMARY TO MEDICARE	207-Insured's Employer City
INSURANCE COB 5	207-Insured's Employer City
INSURANCE COB 6	207-Insured's Employer City
INSURANCE COB 7	207-Insured's Employer City
INSURANCE COB 8	207-Insured's Employer City
INSURANCE COB 9	207-Insured's Employer City
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

#### INSURED'S EMPLOYER LOCATION

For the insurance selected in the Set-Up Routine, Address Line 1, City, State, and Zip are provided for the insured's employer. A comma separates each field. The maximum length of the field is 34 and Address Line 1 is shortened as needed so the total length is not greater than 34.

PBE Field	
Database Location	A-N1
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123 STREET ATLANTA GA 30030
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	207-Insured's Employer City
UB CARRIER 2	207-Insured's Employer City

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#### INSURED'S EMPLOYER LOCATION

UB CARRIER 3	207-Insured's Employer City
INSURANCE COB 4	207-Insured's Employer City
INSURANCE COB 3	207-Insured's Employer City
INSURANCE COB 2	207-Insured's Employer City
INSURANCE COB 1	207-Insured's Employer City
CARRIER OF REQUEST FOR CLAIM	207-Insured's Employer City
INSURANCE COB FROM CLAIM	207-Insured's Employer City
INSURANCE PRIMARY TO MEDICARE	207-Insured's Employer City
INSURANCE COB 5	207-Insured's Employer City
INSURANCE COB 6	207-Insured's Employer City
INSURANCE COB 7	207-Insured's Employer City
INSURANCE COB 8	207-Insured's Employer City
INSURANCE COB 9	207-Insured's Employer City
Print Routines	
STANDARD PRINT (NO FORMATTING)	INSURED'S EMPLOYER LOCATION
BLANK	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

## INSURED'S EMPLOYER NAME

For insurance selected in Set-Up Routine, Employer is supplied. If the employer was selected from the Employers table, the description for Employer existing at the time of selection is used.

PBE Field	
Database Location	A-N1 (3) EMPLOYER
Field Type	Alphanumeric
Table Used	MPI/Visit Information/Insurance Screen
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	EMPLOYER NAME
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	203-Insured's Employer Name
UB CARRIER 2	203-Insured's Employer Name
UB CARRIER 3	203-Insured's Employer Name
INSURANCE COB 4	203-Insured's Employer Name
INSURANCE COB 3	203-Insured's Employer Name
INSURANCE COB 2	203-Insured's Employer Name
INSURANCE COB 1	203-Insured's Employer Name
1500 CARRIER	203-Insured's Employer Name
CARRIER OF REQUEST FOR CLAIM	203-Insured's Employer Name
INSURANCE COB FROM CLAIM	203-Insured's Employer Name
INSURANCE PRIMARY TO MEDICARE	203-Insured's Employer Name
INSURANCE COB 5	203-Insured's Employer Name
INSURANCE COB 6	203-Insured's Employer Name
INSURANCE COB 7	203-Insured's Employer Name
INSURANCE COB 8	203-Insured's Employer Name
INSURANCE COB 9	203-Insured's Employer Name

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## INSURED'S EMPLOYER NAME

OTHER 1500 INSURANCE	203-Insured's Employer Name
Print Routines	
EMPLOYER NAME (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

## INSURED'S EMPLOYER STATE

For insurance selected in Set-Up Routine, State for the insured's employer is supplied.

PBE Field	
Database Location	A-N1 (6) STATE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	209-Insured's Employer State
UB CARRIER 2	209-Insured's Employer State
UB CARRIER 3	209-Insured's Employer State
INSURANCE COB 4	209-Insured's Employer State
INSURANCE COB 3	209-Insured's Employer State
INSURANCE COB 2	209-Insured's Employer State
INSURANCE COB 1	209-Insured's Employer State
CARRIER OF REQUEST FOR CLAIM	209-Insured's Employer State
INSURANCE COB FROM CLAIM	209-Insured's Employer State
INSURANCE PRIMARY TO MEDICARE	209-Insured's Employer State
INSURANCE COB 5	209-Insured's Employer State
INSURANCE COB 6	209-Insured's Employer State
INSURANCE COB 7	209-Insured's Employer State
INSURANCE COB 8	209-Insured's Employer State
INSURANCE COB 9	209-Insured's Employer State
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

## INSURED'S EMPLOYER ZIP CODE

For insurance selected in Set-Up Routine, Zip Code for the insured's employer is supplied.

PBE Field	
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## INSURED'S EMPLOYER ZIP CODE

Database Location	A-N1 (7) ZIP
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	211-Insured's Employer Zip Code
UB CARRIER 2	211-Insured's Employer Zip Code
UB CARRIER 3	211-Insured's Employer Zip Code
INSURANCE COB 4	211-Insured's Employer Zip Code
INSURANCE COB 3	211-Insured's Employer Zip Code
INSURANCE COB 2	211-Insured's Employer Zip Code
INSURANCE COB 1	211-Insured's Employer Zip Code
CARRIER OF REQUEST FOR CLAIM	211-Insured's Employer Zip Code
INSURANCE COB FROM CLAIM	211-Insured's Employer Zip Code
INSURANCE PRIMARY TO MEDICARE	211-Insured's Employer Zip Code
INSURANCE COB 5	211-Insured's Employer Zip Code
INSURANCE COB 6	211-Insured's Employer Zip Code
INSURANCE COB 7	211-Insured's Employer Zip Code
INSURANCE COB 8	211-Insured's Employer Zip Code
INSURANCE COB 9	211-Insured's Employer Zip Code
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

## INSURED'S EMPLOYMENT STATUS

For insurance selected in Set-Up Routine, employment status for the insured's employer is supplied. This is the code from the Employment Status Codes table.

PBE Field	
Database Location	A-N1 (13) EMPSTAT
Field Type	Numeric



---

Table Used	Employment Status Code
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	197-Insured's Employment Status
UB CARRIER 2	197-Insured's Employment Status
UB CARRIER 3	197-Insured's Employment Status
INSURANCE COB 4	197-Insured's Employment Status
INSURANCE COB 3	197-Insured's Employment Status
INSURANCE COB 2	197-Insured's Employment Status

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## INSURED'S EMPLOYMENT STATUS

INSURANCE COB 1	197-Insured's Employment Status
1500 CARRIER	197-Insured's Employment Status
CARRIER OF REQUEST FOR CLAIM	197-Insured's Employment Status
INSURANCE COB FROM CLAIM	197-Insured's Employment Status
INSURANCE PRIMARY TO MEDICARE	197-Insured's Employment Status
INSURANCE COB 5	197-Insured's Employment Status
INSURANCE COB 6	197-Insured's Employment Status
INSURANCE COB 7	197-Insured's Employment Status
INSURANCE COB 8	197-Insured's Employment Status
INSURANCE COB 9	197-Insured's Employment Status
Print Routines	
LEADING ZERO FILL (D)	STANDARD PRINT (NO FORMATTING)
BLANK WHEN ZERO	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

## INSURED'S NAME WITH ENTITLE

For the insurance selected in the Set-Up Routine, the name of the insured is supplied. The entitle appears after the last name if it exists.

PBE Field	
Database Location	
Field Type	Alphanumeric

---

---

Table Used		
Modules		Trendstar/HPM Interface
Claims		
STIs		
Sample Data		DANIELS JR,DALE;D
Set-Up Routines		Corresponding PBE Field
UB CARRIER 1		122-Insured's Name
UB CARRIER 2		122-Insured's Name
UB CARRIER 3		122-Insured's Name
INSURANCE COB 4		122-Insured's Name
INSURANCE COB 3		122-Insured's Name
INSURANCE COB 2		122-Insured's Name
INSURANCE COB 1		122-Insured's Name
1500 CARRIER		122-Insured's Name
CARRIER OF REQUEST FOR CLAIM		122-Insured's Name
INSURANCE COB FROM CLAIM		122-Insured's Name
INSURANCE PRIMARY TO MEDICARE		122-Insured's Name
INSURANCE COB 5		122-Insured's Name
INSURANCE COB 6		122-Insured's Name
INSURANCE COB 7		122-Insured's Name
INSURANCE COB 8		122-Insured's Name
INSURANCE COB 9		122-Insured's Name
OTHER 1500 INSURANCE		122-Insured's Name
Print Routines		
NAME (LAST, FIRST MI) (D)		STANDARD PRINT (NO FORMATTING)
NAME (FIRST MI LAST)		BLANK
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## INSURED'S NAME WITH ENTITLE

LAST NAME		FIRST NAME
NAME(LAST FIRST MI) NO PUNCT		NAME (LAST NAME, FIRST INTITIA
NAME(LAST ENT, FIRST MI)		NAME VERIFICATION (FMLL)
NAME (MA 319 CLAIM FORM)		NAME (FIRST INITIAL LAST)
NAME (LAST, FIRST, MI)		

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

## INSURED'S NAME

For the insurance selected in the Set-Up Routine, the name of the insured

is supplied.

PBE Field	
Database Location	A-I1 (3) NAMEI
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	DANIELS,DALE;D
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	122-Insured's Name
UB CARRIER 2	122-Insured's Name
UB CARRIER 3	122-Insured's Name
INSURANCE COB 4	122-Insured's Name
INSURANCE COB 3	122-Insured's Name
INSURANCE COB 2	122-Insured's Name
INSURANCE COB 1	122-Insured's Name
1500 CARRIER	122-Insured's Name
CARRIER OF REQUEST FOR CLAIM	122-Insured's Name
INSURANCE COB FROM CLAIM	122-Insured's Name
INSURANCE PRIMARY TO MEDICARE	122-Insured's Name
INSURANCE COB 5	122-Insured's Name
INSURANCE COB 6	122-Insured's Name
INSURANCE COB 7	122-Insured's Name
INSURANCE COB 8	122-Insured's Name
INSURANCE COB 9	122-Insured's Name
OTHER 1500 INSURANCE	122-Insured's Name
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
BLANK	LAST NAME
FIRST NAME	NAME(LAST FIRST MI) NO PUNCT
NAME (LAST,FIRST,MI)	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

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INSURED'S SEX

For insurance selected in Set-Up Routine, Sex for the insured is supplied.

---

PBE Field	
Database Location	A-I1 (11) SEX
Field Type	Alphanumeric
Table Used	M or F
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	116-Insured's Sex
UB CARRIER 2	116-Insured's Sex
UB CARRIER 3	116-Insured's Sex
INSURANCE COB 4	116-Insured's Sex
INSURANCE COB 3	116-Insured's Sex
INSURANCE COB 2	116-Insured's Sex
INSURANCE COB 1	116-Insured's Sex
1500 CARRIER	116-Insured's Sex
CARRIER OF REQUEST FOR CLAIM	116-Insured's Sex
INSURANCE COB FROM CLAIM	116-Insured's Sex
INSURANCE PRIMARY TO MEDICARE	116-Insured's Sex
INSURANCE COB 5	116-Insured's Sex
INSURANCE COB 6	116-Insured's Sex
INSURANCE COB 7	116-Insured's Sex
INSURANCE COB 8	116-Insured's Sex
INSURANCE COB 9	116-Insured's Sex
OTHER 1500 INSURANCE	116-Insured's Sex
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	1500 PATIENT SEX
1500 (CLM FORM 2360) PAT SEX	BLANK
SEX - M,F PLACE "X" IN BOX	SEX PRINT "X" IN BOXES

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

## LANGUAGE CODE

The code used to identify the primary language of the patient.

PBE Field	50-Patient Language Code/Description
Database Location	A-DP (27) LANGUAGE
Field Type	Alphanumeric
Table Used	Languages
Modules	Trendstar/HPM Interface
STIs	

---

Sample Data	E
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

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## LANGUAGE CODE

## Source Screens

Financials, Account Management, Account Inquiry, Select patient, Press ENTER, Admission Information, Patient Information, Patient Page.

## LANGUAGE DESCRIPTION

The description for the primary language of the patient. The current description from the Languages table for the code is supplied.

PBE Field	50-Patient Language Code/Description
Database Location	
Field Type	Alphanumeric
Table Used	Languages
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ENGLISH
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select patient, Press ENTER, Admission Information, Patient Information, Patient Page.

## Last Adjustment Date

For the insurance selected in the Set-Up Routine, the transaction posting date for the last insurance adjustment posted to the account for the insurance is provided.

PBE Field	
Database Location	FA-FAB (5) F_AELADF
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	

---

Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	490-Last Adjustment Date
UB CARRIER 2	490-Last Adjustment Date
UB CARRIER 3	490-Last Adjustment Date
INSURANCE COB 4	490-Last Adjustment Date
INSURANCE COB 3	490-Last Adjustment Date
INSURANCE COB 2	490-Last Adjustment Date
INSURANCE COB 1	490-Last Adjustment Date
CARRIER OF REQUEST FOR CLAIM	490-Last Adjustment Date
INSURANCE COB FROM CLAIM	490-Last Adjustment Date
INSURANCE PRIMARY TO MEDICARE	490-Last Adjustment Date
INSURANCE COB 5	490-Last Adjustment Date
INSURANCE COB 6	490-Last Adjustment Date
INSURANCE COB 7	490-Last Adjustment Date
INSURANCE COB 8	490-Last Adjustment Date
INSURANCE COB 9	490-Last Adjustment Date
Print Routines	

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Last Adjustment Date

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

## LAST SERVICE DATE

The latest service date for all charges posted to an account. The determination of the date does not include logic looking at offsetting charges and credits.

PBE Field	762-Last Charge Date
Database Location	
Field Type	Date
Table Used	
Modules	Claims
Patient Bill Messages	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

---

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Billing Information, and Select D to review charges by service date.

## Level of Care

Acuity levels that can be assigned to patients when acuity is determined by levels of care.

PBE Field	186-Level of Care
Database Location	A-MP (29) LEVCARE
Field Type	Alphanumeric
Table Used	Level of Care
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Nursing Station, Revise Patient, and Medical Page.

## LOA DAYS

The number of days categorized by Utilization Management as LOA nonrecovered days.

PBE Field	30-LOA Days
Database Location	A-BP (5) URDAYS
Field Type	Numeric
Table Used	

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## LOA DAYS

Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

#### LOCATION

Location(s) selected from the Department Locations table.

PBE Field	228-Outpatient Locations
Database Location	A-VP (21) OPLOC
Field Type	Alphanumeric
Table Used	Department Locations
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LAB
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	MEDICAL PAGE LOCATION

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

#### LOG ID 1

First log identifier code for insurance selected in the Set-Up Routine. The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
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## LOG ID 1

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

## LOG ID 2

Second log identifier code for insurance selected in the Set-Up Routine. The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

## LOG ID 3

Third log identifier code for insurance selected in the Set-Up Routine. The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log

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## LOG ID 3

INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

## LOG ID 4

Fourth log identifier code for insurance selected in the Set-Up Routine. The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field

---

INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

## LOG ID 5

Fifth log identifier code for insurance selected in the Set-Up Routine. The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface

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## LOG ID 5

STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log

Print Routines  
STANDARD PRINT (NO FORMATTING) | BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

Major Diagnosis Category for the assigned DRG

Major Diagnostic Category (MDC) number for the first DRG.

PBE Field | 171-Major Diagnosis Category for Assgn DRG  
Database Location | A-KK (6) MDCNO  
Field Type | Alphanumeric  
Table Used |  
Modules | Trendstar/HPM Interface  
STIs |  
Sample Data |  
Set-Up Routines | Corresponding PBE Field  
Print Routines |  
STANDARD PRINT (NO FORMATTING) | BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## MAJOR TRANSFER OF CASE

Determines whether the attending physician is the same as the admitting physician. 1 is returned if the physicians are different. 0 is returned if the physicians are the same.

PBE Field | 645-Major Transfer of Case  
Database Location |  
Field Type | Numeric  
Table Used | Physician table?  
Modules | Trendstar/HPM Interface  
STIs |  
Sample Data | 1  
Set-Up Routines | Corresponding PBE Field  
Print Routines |

## Source Screens

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## MAJOR TRANSFER OF CASE

Financials, Account Management, MPI Inquiry, Select Account, Press ENTER,  
Medical Information, Physicians Information Page

## MEDICAL RECORD NUMBER

The Medical Record Number at the facility for the visit.

PBE Field	47-Medical Record Number
Database Location	A-DP (1) MRNBR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	A1234567890
Set-Up Routines	Corresponding PBE Field
Print Routines	
MEDICAL RECORD # (HOSP FORMAT) (D)	STANDARD PRINT (NO FORMATTING)
MEDICAL RECORD #, NO FACILITY	

## Source Screens

Financials, Account Management, and MPI Inquiry. Select the patient. The Medical Record Number appears in the header line for the patient.

## Medical Service Code

The code that categorizes the type of service the patient receives in a hospital.

If medical service has changed during the patient's stay, this code will be the code matching the last service rendered.

PBE Field	176-Medical Service (Admitting)
Database Location	A-MP (11) SERVCODE
Field Type	Alphanumeric
Table Used	Hospital Services
Modules	Trendstar/HPM Interface
STIs	
Sample Data	MED
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission, Adm Medical Information, and Medical Page.

## MOTHER'S GRAVIDA

The number of Total Births entered on the Maternity Screen in Medical Records Abstracting.

PBE Field	90-Mother's Gravida
Database Location	A-GK (13) GRAVID
Field Type	Numeric
Table Used	

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#### MOTHER'S GRAVIDA

Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	

##### Source Screens

Patient Processing, Medical Records, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

#### MOTHER'S PARITY

The number of Viable Births and Non-Viable Births entered on the Maternity Screen in Medical Records Abstracting.

PBE Field	91-Mother's Parity
Database Location	A-GK (14) PARITY
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	

##### Source Screens

Patient Processing, Medical Records, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

#### MOTHERS ACCOUNT NUMBER

The mother's account number for newborn accounts.

PBE Field	614-Mother's Account Number
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
ACCOUNT NUMBER (HOSP FORMAT) (D)	STANDARD PRINT (NO FORMATTING)
BLANK	ACCOUNT NUMBER (10 DIGITS)

#### Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

#### MOTHERS ATTENDING PHYSICIAN

The mother's attending physician code or name is provided for newborn accounts when Newborn Admission was used to register the infant.

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#### MOTHERS ATTENDING PHYSICIAN

PBE Field	615-Mother's Attending Physician
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	CCA DOCTOR NAME (LAST, FIRST MI
CCA DOC NAME (FIRST MI LAST)	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Medical Information, and Physicians Page. The mother's account should be viewed.

## MOTHERS NAME

The name of the mother of the newborn child when Newborn Admission was used to register the infant.

PBE Field	616-Mother's Name
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
LAST NAME	NAME(LAST FIRST MI) NO PUNCT
NAME (LAST,FIRST,MI)	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

## MOTHERS SOCIAL SECURITY NUMBER

The mother's social security number for newborn accounts when Newborn Admission was used to register the infant.

PBE Field	617-Mother's Social Security Number
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	

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## MOTHERS SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER	NO PUNCTUATION IN SS#
BLANK	SOCIAL SECURITY # NO DASHES

## Source Screens



To determine the account number for the mother use Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

To determine the social security number for the mother use Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Patient Information.

#### MOTHERS UNIT NUMBER

The mother's unit number for newborn accounts when Newborn Admission was used to register the infant.

PBE Field	618-Mother's Unit Number
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
CCA UNIT NUMBER (D)	

#### Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

#### MPI MASTER LEVEL UDF

User defined field for MPI master information. This is a UDF for the person and is not visit specific. An entry from the table titled UDF Definition (MPI) determines the UDF provided.

PBE Field	210-MPI Master Level UDF
Database Location	A-US1 (1) USRMPI
Field Type	Alphanumeric
Table Used	UDF Definitions and Tables
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
UDF DATE (YYYYMMDD)	UDF DATE (YYMMDD)
UDF IMPLIED DECIMAL (999999)	UDF TIME (HOSP FORMAT)
UDF DATE TIME (HOSP FORMAT)	UDF TABLE DESCRIPTION
YES/NO (CONVERT Y/1,N/0)	

## Source Screens

Financials, Account Management, MPI Inquiry, Select Person, and User Defined Fields. (User Defined Fields is selected from the Master menu.)

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## MPI VISIT FINANCIAL CLASS

The financial class for the primary insurance. This is the financial class for the account per Patient Processing.

PBE Field	130-Financial Class from Primary Insurance
Database Location	A-I1 (7) FINCLASS
Field Type	Alphanumeric
Table Used	UDF Definition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Insurance Process. The FC for the primary insurance appears in the column labeled FC.

## MPI VISIT LEVEL UDF

User defined field for MPI visit information. This is a UDF for the visit. An entry from the table titled UDF Definition(Visit) determines the UDF provided.

PBE Field	212-MPI Visit Level UDF
Database Location	A-US2 (1) USRACT
Field Type	Alphanumeric
Table Used	UDF Definitions and Tables
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
UDF DATE (YYYYMMDD)	UDF DATE (YYMMDD)
UDF IMPLIED DECIMAL (999999)	UDF TIME (HOSP FORMAT)
UDF DATE TIME (HOSP FORMAT)	UDF TABLE DESCRIPTION
YES/NO (CONVERT Y/1,N/0)	

## Source Screens

Financials, Account Management, MPI Inquiry, Select Person, Visit Information, Select Visit, and User Defined Fields. (User Defined Fields is selected from the Visit menu.)

## MR COMPLETE FLAG

1 is provided if an Abstract Complete Date exists. Otherwise, 0 is provided. The print and display routines may format this information differently.

PBE Field	72-Abstract Complete Date
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

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## MR COMPLETE FLAG

Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Patient Information. The field is labeled Abstract Complete.

## MR SPECIAL STUDY

Response to special study question in Medical Records Abstract as selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	MR Special Study
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
1ST SPECIAL STUDY ANSWER	620-MR Special Study

2ND SPECIAL STUDY ANSWER	620-MR Special Study
3RD SPECIAL STUDY ANSWER	620-MR Special Study
4TH SPECIAL STUDY ANSWER	620-MR Special Study
5TH SPECIAL STUDY ANSWER	620-MR Special Study
6TH SPECIAL STUDY ANSWER	620-MR Special Study
7TH SPECIAL STUDY ANSWER	620-MR Special Study
8TH SPECIAL STUDY ANSWER	620-MR Special Study
9TH SPECIAL STUDY ANSWER	620-MR Special Study
10TH SPECIAL STUDY ANSWER	620-MR Special Study
11TH SPECIAL STUDY ANSWER	620-MR Special Study
12TH SPECIAL STUDY ANSWER	620-MR Special Study
13TH SPECIAL STUDY ANSWER	620-MR Special Study
14TH SPECIAL STUDY ANSWER	620-MR Special Study
Print Routines	
DATE (HOSPITAL FORMAT)	BLANK
SPECIAL STUDY DATE (YYMMDD)	MONEY IMP DEC (999999999)
SPECIAL STUDY TIME (HOSPITAL F	SPECIAL STUDIES DATE/TIME
SPECIAL STUDIES TABLE CODE	SPECIAL STUDIES TABLE DESCRIPT
SPEC STUDY DATE (YYYYMMDD)	SPECIAL STUDY DATE/TM (COLONS)
SPECIAL STUDY TIME WITH COLON	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Special Study, and Select Account. If Special Study information exists, then a table lookup is provided. If an item is selected, then the previously keyed response appears.

## NEWBORN EXCESS DAYS

The number of days the newborn stays in the hospital after the mother is discharged. Newborn discharge date minus mother's discharge date.

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## NEWBORN EXCESS DAYS

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field

## Print Routines

## Source Screens

The patient's discharge date is available in the header information for most Patient Accounting screens.

## NUMBER OF AVOIDABLE DAYS BY CODE

The number of avoidable days specified by avoidable day code identified in the Set-Up Routine.

PBE Field	225-Number Of Avoidable Days
Database Location	
Field Type	Numeric
Table Used	UM Avoidable Day types
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

## NUMBER OF AVOIDABLE DAYS

Number of days listed for the type of avoidable days selected in the Set-Up Routine.

PBE Field	
Database Location	A-UC (5) NNBDAYS
Field Type	Numeric
Table Used	Non covered days
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
FIRST AVOIDABLE DAYS	225-Number Of Avoidable Days
SECOND AVOIDABLE DAYS	225-Number Of Avoidable Days
THIRD AVOIDABLE DAYS	225-Number Of Avoidable Days
FOURTH AVOIDABLE DAYS	225-Number Of Avoidable Days
FIFTH AVOIDABLE DAYS	225-Number Of Avoidable Days
SIXTH AVOIDABLE DAYS	225-Number Of Avoidable Days

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## NUMBER OF AVOIDABLE DAYS

SEVENTH AVOIDABLE DAYS	225-Number Of Avoidable Days
EIGHTH AVOIDABLE DAYS	225-Number Of Avoidable Days
NINTH AVOIDABLE DAYS	225-Number Of Avoidable Days
TENTH AVOIDABLE DAYS	225-Number Of Avoidable Days
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, and UB Non-covered Days Summary.

## NUMBER OF UM REVIEWS

Number of UM reviews for the patient.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, and View Review.

## NY/NJ Z code

NY/NJ Z code is collected for New York and New Jersey. This is the value in the Medical Records Abstract.

PBE Field	68-NY/NJ Z Code
Database Location	A-EK (34) ZCODE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	Z0
Set-Up Routines	Corresponding PBE Field

Print Routines |  
STANDARD PRINT (NO FORMATTING) (D) | BLANK

## Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R  
Abstract Inquiry, Select Account, and Episode Information-2.

## OCCURRENCE CODE 10

The tenth UB Occurrence Code which is a significant event which may affect  
payor processing. This can be an occurrence code keyed or an occurrence  
code auto loading per the Provider Master.

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## OCCURRENCE CODE 10

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence codes keyed for an account, use Financials, Account  
Management, Account Inquiry, Select Account, Press ENTER, Admission  
Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use  
Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select  
a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two  
screens, and Select Occurrence Codes to Auto Load from the lookup list  
provided.

## OCCURRENCE CODE 1

The first UB Occurrence Code which is a significant event which may affect  
payor processing. This can be an occurrence code keyed or an occurrence

code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	11
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

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#### OCCURRENCE CODE 2

The second UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	;;22
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL



BLANK WHEN ZERO | BLANK

#### Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

#### OCCURRENCE CODE 3

The third UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	;;;33
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two  
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#### OCCURRENCE CODE 3

screens, and Select Occurrence Codes to Auto Load from the lookup list

provided.

#### OCCURRENCE CODE 4

The fourth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	;;;;;;;;44
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

#### OCCURRENCE CODE 5

The fifth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	;;;;;;;;;;55
Set-Up Routines	Corresponding PBE Field
Print Routines	

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STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission

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## OCCURRENCE CODE 5

Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

## OCCURRENCE CODE 6

The sixth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two

screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

## OCCURRENCE CODE 7

The seventh UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

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## OCCURRENCE CODE 7

STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

## OCCURRENCE CODE 8

The eighth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
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Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

## OCCURRENCE CODE 9

The ninth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface

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## OCCURRENCE CODE 9

Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL

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BLANK WHEN ZERO | BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE DATE 10

Date for Occurrence Code 11.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 1

Date for Occurrence Code 1.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials,

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## OCCURRENCE DATE 1

Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE DATE 2

Date for Occurrence Code 2.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE DATE 3

Date for Occurrence Code 3.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information,

and UB Occurrence Codes.

#### OCCURRENCE DATE 4

Date for Occurrence Code 4.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	

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#### OCCURRENCE DATE 4

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

#### OCCURRENCE DATE 5

Date for Occurrence Code 5.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.



## OCCURRENCE DATE 6

Date for Occurrence Code 6.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE DATE 7

Date for Occurrence Code 7.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	

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## OCCURRENCE DATE 7

Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE DATE 8

Date for Occurrence Code 8.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE DATE 9

Date for Occurrence Code 9.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE SPAN CODE 1

The first UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

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## OCCURRENCE SPAN CODE 1

PBE Field	17-UB Occurrence Span Code
Database Location	A-BP (2) OCCSPAN
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

## OCCURRENCE SPAN CODE 2

The second UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

PBE Field	17-UB Occurrence Span Code
Database Location	A-BP (13) OCCSPAN
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission

Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

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### OCCURRENCE SPAN CODE 3

The third UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

PBE Field	17-UB Occurrence Span Code
Database Location	A-BP-19 and auto loaded
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

### OCCURRENCE SPAN CODE 4

The fourth UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

PBE Field	17-UB Occurrence Span Code
-----------	----------------------------

Database Location	A-BP-20 and auto loaded
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

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## OCCURRENCE SPAN FROM DATE 1

From Date for Occurrence Span Code 1.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP (2) OCCSPAN
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE SPAN FROM DATE 2

From Date for Occurrence Span Code 2.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP (13) OCCSPAN
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE SPAN FROM DATE 3

From Date for Occurrence Span Code 3.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP-19 and auto loaded
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission  
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OCCURRENCE SPAN FROM DATE 3

Information, and UB Occurrence Codes.

OCCURRENCE SPAN FROM DATE 4

From Date for Occurrence Span Code 4.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP-20 and auto loaded
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

#### OCCURRENCE SPAN THRU DATE 1

Thru Date for Occurrence Span Code 1.

PBE Field	19-UB Occurrence Span Thru Date
Database Location	A-BP (2) OCCSPAN
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

#### OCCURRENCE SPAN THRU DATE 2

Thru Date for Occurrence Span Code 2.

PBE Field	19-UB Occurrence Span Thru Date
Database Location	A-BP (13) OCCSPAN
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	

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Sample Data		
Set-Up Routines		Corresponding PBE Field
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## OCCURRENCE SPAN THRU DATE 2

Print Routines |

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE SPAN THRU DATE 3

Thru Date for Occurrence Span Code 3.

PBE Field		19-UB Occurrence Span Thru Date
Database Location		A-BP-19 and auto loaded
Field Type		Date
Table Used		
Modules		Trendstar/HPM Interface
Billing Requirements		Claims
STIs		
Sample Data		
Set-Up Routines		Corresponding PBE Field
Print Routines		

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

## OCCURRENCE SPAN THRU DATE 4

Thru Date for Occurrence Span Code 4.

PBE Field		19-UB Occurrence Span Thru Date
Database Location		A-BP-20 and auto loaded
Field Type		Date
Table Used		
Modules		Trendstar/HPM Interface
Billing Requirements		Claims
STIs		
Sample Data		



Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

OP DISCHARGE DATE/TIME - \$H FORMAT

Disposition Date and Time from Outpatient Disposition.

PBE Field	220-Discharge Date/Time (OP OPD)
Database Location	A-OPD (16) DATETH
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface

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OP DISCHARGE DATE/TIME - \$H FORMAT

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

OP DISCHARGE DISPOSITION

Discharge Disposition from Outpatient Disposition.

PBE Field	221-Discharge Disposition (OP OPD)
Database Location	A-OPD (17) DISDISP
Field Type	Alphanumeric
Table Used	Discharge Status/Disposition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

#### OP OUTCOME OF ATTENDANCE

Outcome of Attendance from Outpatient Disposition.

PBE Field	222-Outcome of Attendance (OP OPD)
Database Location	A-OPD (24) OUTATT
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

#### Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

#### OP REGISTRATION DATE/TIME

Registration Date/Time from Outpatient Disposition.

PBE Field	219-Admission Date/Time (OP Reg from OPD)
Database Location	A-OPD (10) DATETH
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface

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#### OP REGISTRATION DATE/TIME

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information. The fields are labeled OP Admission Date and OP Admission Time.

## OPERATING OUTLIER REIMBURSEMENT

The Operating Outlier Reimbursement for the primary DRG.

PBE Field	164-Operating Outlier Reimbursement
Database Location	A-KK (28) OPOUTLI
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## OPERATING REIMBURSEMENT

The Operating Reimbursement for the first DRG.

PBE Field	167-Operating Reimbursment
Database Location	A-KK (30) OPREIM
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## OPPS BILL TYPE

The UB three-character bill type for the claim used to calculate reimbursement for the account. When more than one claim is used to determine the OPPS reimbursement, this will be the claim bill type from the last claim in the list of claims used to calculate reimbursement. This information is recorded when information from the claim is formatted for the 3M OPPS interface.

PBE Field	
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## OPPS BILL TYPE

Database Location	FB-FBAPC-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information.

## OPPS CLAIM SUMMARY CODE

Claim summary code supplied by the 3M OPPS Interface for the claim used to calculate reimbursement for the account. When more than one claim exists on the account, a 98 will appear. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-34
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	98
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Clm Summ Code on the third screen.

## OPPS LINE ITEM DENIAL DISP

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Line Item Denial on the third screen.

PBE Field	
Database Location	FB-FBAPC-19
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	0
Set-Up Routines	Corresponding PBE Field
Print Routines	
YES/NO (CONVERT 1/Y,0/N) (D)	STANDARD PRINT (NO FORMATTING)

## Source Screens

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## OPPS LINE ITEM DENIAL DISP

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Claim Information, Select claim, OPPS Information, Select 0 for OPPS Information

## OPPS PRIMARY APC CODE/NAME

The APC code and corresponding description for the payment APC with the highest APC weight. This is from the claim used to calculate reimbursement for the account. When more than one claim exists this will be the payment APC number for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-8
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	0001-ABC
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Primary APC on the third screen.

To see summary information in Financials use Account Management, Account

Inquiry, Select Account, Press ENTER, Financial Information, and Balance |Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPTS information. Press ENTER to see Primary APC on the third screen.

## OPPTS PRIMARY APC SERV IND

The APC service indicator for the payment APC with the highest APC weight. This is from the claim used to calculate reimbursement for the account. When more than one claim exists this will be the payment APC number for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPTS interface.

PBE Field	
Database Location	FB-FBAPC-10
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	A
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	

## Source Screens

To see information on one claim in Financials use Billing and Claims,  
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## OPPTS PRIMARY APC SERV IND

Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPTS/EAPG Information, and Select O for OPPTS Information. Press ENTER to see Primary APC Service Indicator on the third screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPTS information. Press ENTER to see Primary APC Service Indicator on the third screen.

## OPPTS PRIMARY APC WEIGHT

The APC weight for the payment APC with the highest APC weight. This is from the claim used to calculate reimbursement for the account. When more

than one claim exists this will be the payment APC Weight for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-9
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
NO PUNCTUATION (D)	STANDARD PRINT (NO FORMATTING)
OPPS APC WEIGHT WITH DECIMAL	

#### Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPTS/EAPG Information, and Select O for OPPTS Information. Press ENTER to see Primary APC Wgt on the third screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPTS information. Press ENTER to see Primary APC Wgt on the third screen.

#### OPPTS PRIMARY APC

The payment APC number with the highest APC weight. This is from the claim used to calculate reimbursement for the account. When more than one claim exists this will be the payment APC number for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPTS interface.

PBE Field	
Database Location	FB-FBAPC-6
Field Type	Alphanumeric
Table Used	

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#### OPPTS PRIMARY APC

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Modules	Trendstar/HPM Interface
STIs	
Sample Data	2000
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Primary APC on the third screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance |Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Primary APC on the third screen.

## OPPS TOTAL ABOVE CAP PAYMENT

Above Cap Payment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-18
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Above Cap Pmt appears on the first screen in this option.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Above Cap Pmt appears on the first screen in this option.

## OPPS TOTAL APC PAYMENT



Claim Payment for Service Lines with APC assigned. This number is totaled for OPPTS claims for the primary insurance not excluded from the OPPTS Reimbursement Calculation. This number is supplied by the 3M OPPTS Interface for each claim it processes.

PBE Field

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#### OPPTS TOTAL APC PAYMENT

Database Location	FB-FBAPC-12
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPTS/EAPG Information, and Select O for OPPTS Information. Press ENTER to see Total Clm Pmt for APC on the second screen. The line appears only if APCs were assigned for some of the HCPCS.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPTS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see Total Clm Pmt for APC on the second screen. The line appears only if APCs were assigned for some of the HCPCS.

#### OPPTS TOTAL COINSURANCE

The OPPTS total coinsurance per the claim used to calculate reimbursement for the account. When more than one claim is used to determine the OPPTS reimbursement, this number will be the sum of coinsurance from these claims. This number is supplied by the 3M OPPTS interface.

PBE Field

Database Location

Field Type

|

|FB-FBAPC-2

|Money

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select O for OPPS Information. Press ENTER to see Coinsurance on the second screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance |Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Coinsurance on the second screen.

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## OPPS TOTAL CONTRACTUAL ADJ

Contractual Adjustment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-5
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Informaiton, and Select O for OPPS Information. Contractual Adj appears on the first screen in this option.

## OPPS TOTAL DME PAYMENT

DME Payment which is total payment for Durable Medical Equipment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-14
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select O for OPPS Information. Press ENTER to see Total Clm Pmt for DME on the second screen. The line appears only if service lines exist with DME HCPCS.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see Total Clm Pmt for APC on the second screen. The line appears only if service lines exist with DME HCPCS.

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#### OPPS TOTAL DRUG/BIO PASSTHRU

Drug/Bio Passthru. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-18-4
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00

Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select O for OPPS Information. TPass Drugs/Bio appears on the first screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. TPass Drugs/Bio appears on the first screen.

## OPPS TOTAL EPO PAYMENT

EPO Payment. As of April 2002, this information is no longer returned by the 3M OPPS Interface. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-15
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select O for OPPS Information. Press ENTER to see Total Clm Pmt for EPO on the second screen. The line appears only if HCPCS on the claim indicated EPO.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing

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## OPPS TOTAL EPO PAYMENT

Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Total Clm Pmt for EPO on the second screen. The line appears only if HCPCS on the claim indicated EPO.

## OPPS TOTAL INS PAYMENT

Insurance Payment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-3
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select O for OPPS Information. Press ENTER to see Ins Pmt in the Total line on the second screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Ins Pmt in the Total line on the second screen.

## OPPS TOTAL LAB PAYMENT

Lab Payment which is total payment for lab services. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-11
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for Lab on the second screen. The line appears only if HCPCS on the claim indicated lab items.

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## OPPS TOTAL LAB PAYMENT

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Total Clm Pmt for Lab on the second screen. The line appears only if HCPCS on the claim indicated lab items.

## OPPS TOTAL MAMMOGRAPHY PAYMENT

Payment for Screen Mammography. The definition for this number has varied. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes when the number was being returned.

PBE Field	
Database Location	FB-FBAPC-16
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for NMamm on the second screen. The line

appears only if qualifying HCPCS exist on the claim.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Total Clm Pmt for NMamm on the second screen. The line appears only if qualifying HCPCS exist on the claim.

#### OPPS TOTAL MED DEV PASSTHRU

Medical Device Passthru. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-18-3
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00

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#### OPPS TOTAL MED DEV PASSTHRU

Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select O for OPPS Information. TPass Med Dev appears on the first screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. TPass Med Dev appears on the first screen.

#### OPPS TOTAL MEDICAL NUTRITION PMT

Medical Nutrition Payment. This number is totaled for OPPTS claims for the primary insurance not excluded from the OPPTS Reimbursement Calculation. This number is supplied by the 3M OPPTS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-20-26
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPTS/EAPG Information, and Select O for OPPTS Information. Press ENTER to see Total Clm Pmt for MedN on the second screen. The line appears if qualifying HCPCS appear on the claim.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPTS information. Press ENTER to see Total Clm Pmt for MedN on the second screen. The line appears if qualifying HCPCS appear on the claim.

#### OPPTS TOTAL OUTLIER PAYMENT

The OPPTS total outlier payment per the claim used to calculate reimbursement for the account. When more than one claim is used to determine the OPPTS reimbursement, this number will be the sum of total outlier payments for these claims. This number is supplied by the 3M OPPTS interface.

PBE Field		
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#### OPPTS TOTAL OUTLIER PAYMENT

Database Location	FB-FBAPC-18-2
Field Type	Money



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Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Claim Information, Select claim, OPPS Information, Select O for OPPS Information. Look for Cost Outlier Pmt on the first screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Cost Outlier Pmt on the first screen.

## OPPS TOTAL PATIENT DEDUCTIBLE

Patient Deductible calculated with reimbursement. Star supplies the available money for the patient deductible by providing First Ancillary Coverage Deductible Amount from the Ancillary Coverage screen for each claim or the override amount keyed if the claim was manually queued for 3M processing. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-4
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select O for OPPS Information. Press ENTER until the second screen appears listing Pt Deduct in the Total line.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for

claims used to determine estimated reimbursement for the account.

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#### OPPS TOTAL PAYMENT

Total Payment (Insurance Payment + Coinsurance + Patient Deductible). This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-1
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see the total line under the column heading of Total Clm Pmt on the second screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see the total line under the column heading of Total Clm Pmt on the second screen.

#### OPPS TOTAL THERAPY PAYMENT

Total Therapy Payment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-13

Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for Tx on the second screen. The line appears only if qualifying HCPCS exist on the claim.

To see summary information in Financials use Account Management, Account  
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## OPPS TOTAL THERAPY PAYMENT

Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see Total Clm Pmt for Tx on the second screen. The line appears only if qualifying HCPCS exist on the claim.

## OPPS TOTAL USER ADJ COINS

This field contains a 1 if a user adjustment coinsurance was returned by 3M for any of the claims used to calculate reimbursement for the account.

PBE Field	
Database Location	FB-FBAPC-17-1
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
YES/NO (CONVERT 1/Y,0/N) (D)	STANDARD PRINT (NO FORMATTING)

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Financial Information, Claim Information, Select claim, OPPS Information, Select OC for OPPS Charge Information. Look for User Adjusted Coins for each claim service line.

#### OSHPD ADMISSION SOURCE SITE

OSHPD admission source site for OSHPD reporting. If OSHPD value is non-blank, use it. Otherwise, the value is determined as follows:

7 if visit type is 4

3 if the outpatient category (UK) for any of the account's patient types is I or W

OSHPD site if referring hospital name was selected from the table

OSHPD admission source conversion code if admission source exists 9

PBE Field	631-OSHPD Admission Source Site
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	AB
Set-Up Routines	Corresponding PBE Field
Print Routines	
OSHPD ADM SRC SITE CODE (D)	OSHPD ADMISSION SOURCE SITE

#### Source Screens

To view OSHPD Source of Admission Data in Patient Processing use System Management, Special Tools, OSHPD Source of Admission Data, Indicate Type of Care Mapping, Select Account, and Select Service Visit.

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#### OSHPD DISPOSITION

OSHPD disposition for OSHP reporting. The value is determined as follows:

01 if discharge status/condition is DIS or DI

OSHPD discharge status/condition conversion code

PBE Field	632-Discharge Status/Disposition - OSHPD
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	01

Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting, Select Account, and Episode Information 1.

## OSHDP LICENSED UNDER

Licensure of Site for OSHDP reporting. Use override value if available. If not, use calculated value as follows:

1 if visit type is 4

1 if the outpatient category (UK) for any of the account's patient types is I or W

3 if the OSHDP Admission Source Site is 8 or 9

3 if the OSHDP Admission Source Site 1 and no referring hospital name was selected from the table

1 if the OSHDP Admission Source Site is 2,4,5, or 6 and no referring hospital name was selected from the table

Licensure of site from OSHDP Referring Institution/Facility mapping table if the OSHDP Admission Source Site is 1,2,4,5, or 6 and a referring hospital name was selected from the table

PBE Field	633-OSHDP Licensed Under
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
OSHDP LICENSED UNDER CODE (D)	OSHDP LICENSED UNDER DESCRIPTI

## Source Screens

To view OSHDP Licensed Under in Patient Processing use System Management, Special Tools, OSHDP Source of Admission Data, Indicate Type of Care Mapping, Select Account, and Select Service Visit.

## OSHDP ROUTE

Route of admission value for OSHDP reporting. Use override value if available. If it is not available, then use calculated value as follows.

1 if charges exist using a UB revenue code beginning with 45

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## OSHDP ROUTE

2 otherwise

PBE Field	634-OSHDP Route
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
OSHDP ROUTE CODE (D)	OSHDP ROUTE DESCRIPTION

## Source Screens

Special tools, OSHDP Source of Admission Data

## OTHER NAME

Another name for the patient as identified in the Set-Up Routine.  
 Previous Name for patient as selected in the Set-Up Routine. The Set-Up  
 Routines for the Internal Element provide three choices.

PBE Field	
Database Location	A-BK (1) PREVNAME
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LASTNAME, FIRSTNAME
Set-Up Routines	Corresponding PBE Field
MOST RECENT PREVIOUS NAME	14-Patient Other Name
SECOND MOST RECENT PREV NAME	14-Patient Other Name
THIRD MOST RECENT PREV NAME	14-Patient Other Name
Print Routines	
NAME (LAST, FIRST MI) (D)	STANDARD PRINT (NO FORMATTING)
NAME (FIRST MI LAST)	NAME (LAST FIRST MI) NO PUNCT
NAME (LAST NAME, FIRST INTITIA	NAME (LAST, FIRST, MI)

## Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, and Other Names.

## PATIENT ADDRESS 1

Patient address line 1.

PBE Field	57-Patient Address 1
Database Location	A-DP (9) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field

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## PATIENT ADDRESS 1

Print Routines	
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Source Screens	

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT ADDRESS 1&amp;2

The first and second address lines for the patient are combined separated by a space. The resulting field is truncated to 40 characters.

PBE Field	57-Patient Address 1
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	123 MAIN STREET APT 310
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT ADDRESS 2

Patient address line 2.

PBE Field	8-Patient Address 2
Database Location	A-AL (1) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT BIRTHDATE

The date of birth of the patient.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	

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## PATIENT BIRTHDATE

Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## Patient Census Track

Geographic Code/Census Track for patient.

PBE Field	11-Patient Census Track
Database Location	A-AL (4) CENTRACK



Field Type	Alphanumeric
Table Used	Geographic Codes/Census Tracts
Modules	Trendstar/HPM Interface
STIs	
Sample Data	9
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT CITY

The city where the patient lives.

PBE Field	42-Patient City
Database Location	A-DP (10) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT CLASS CODE

Patient Classification Code used to identify patients of interest such as VIP or Board Member.

PBE Field	12-Patient Class Code/Description
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## PATIENT CLASS CODE

Database Location	A-AL (7) PATCLASS
Field Type	Alphanumeric

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Table Used	Classification
Modules	Trendstar/HPM Interface
STIs	
Sample Data	BRD
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

## PATIENT CLASS DESCRIPTION

Description from the Classification table for the Patient Classification Code used to identify patient of interest such as VIP or Board Member.

PBE Field	12-Patient Class Code/Description
Database Location	
Field Type	Alphanumeric
Table Used	Patient Class
Modules	Trendstar/HPM Interface
STIs	
Sample Data	BOARD MEMBER
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

## PATIENT COUNTY CODE

Code from the Counties table for the county where the patient resides.

PBE Field	4-Patient County Code
Database Location	A-AK (1) COUNTY
Field Type	Alphanumeric
Table Used	Counties
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

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## PATIENT EMPLOYER ADDRESS 1

Employer Address Line 1 for the patient's employer.

PBE Field	80-Patient Employer Address 1
Database Location	A-EP (4) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT EMPLOYER ADDRESS 2

Employer Address Line 2 for the patient's employer.

PBE Field	75-Patient Employer Address 2
Database Location	A-EP (11) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SUITE 1000
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT EMPLOYER CITY

City for the patient's employer.

PBE Field	81-Patient Employer City
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Database Location	A-EP (5) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

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## PATIENT EMPLOYER CODE

If the employer was determined from the Employers table, then the code number from that table is loaded.

PBE Field	78-Patient Employer Code
Database Location	A-EP (2) EMPCODE
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT EMPLOYER NAME

The name of the patient's employer. If the employer was selected from the Employers table, this will be the description existing when the selection was made. If the selection was not made from the table, this will be the free text description keyed by the user.

PBE Field	79-Patient Employer Name
Database Location	A-EP (3) EMPLOYER
Field Type	Alphanumeric

Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	MCKESSON
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT EMPLOYER PHONE NO (DISPLAY)

Phone number for the patient's employer.

PBE Field	84-Patient Employer Phone Number
Database Location	A-EP (8) PHONE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	919-999-3333
Set-Up Routines	Corresponding PBE Field
Print Routines	
PHONE NUMBER 999-999-9999	PHONE NUMBER 999-9999
PHONE NUMBER (999) 999-9999	PHONE # WITHOUT PUNCTUATION

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## PATIENT EMPLOYER PHONE NO (DISPLAY)

BLANK	PHONE (999 9999999)
-------	---------------------

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT EMPLOYER STATE

State for the patient's employer.

PBE Field	82-Patient Employer State
Database Location	A-EP (6) STATE
Field Type	Alpha
Table Used	State Abbreviations

Modules	Trendstar/HPM Interface
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT EMPLOYER ZIP CODE

ZIP Code for the patient's employer.

PBE Field	83-Patient Employer Zip Code
Database Location	A-EP (7) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	999998888
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT EMPLOYMENT STATUS

The employment status of the patient. This is a code from the Employment Status Codes table.

PBE Field	76-Patient Employment Status
Database Location	A-EP (13) EMPSTAT
Field Type	Numeric
Table Used	Employment Status Codes
Modules	Trendstar/HPM Interface
STIs	

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## PATIENT EMPLOYMENT STATUS

---

Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT INDICATOR PER PATIENT PROC

The patient indicator is determined from the current patient type and the Patient Type table. E signifies an ER visit, O signifies an outpatient visit, and I signifies an inpatient visit.

PBE Field	
Database Location	A-MP-5 and Pt Type Table
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	I
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

The patient type appears in the account header for most Patient Accounting screens.

In Patient Processing, the Patient Type table can be viewed by selecting Tables followed by Patient Type.

## PATIENT INDICATOR

The patient indicator retained in Patient Accounting is determined from the patient type table whenever the account is initiated in Patient Accounting or whenever the patient type changes. E signifies an ER visit, I signifies an inpatient visit, and O signifies an outpatient visit.

PBE Field	455-Patient Indicator (I/O/E)
Database Location	FA-FAA (20) F_AEFPI
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	I
Set-Up Routines	Corresponding PBE Field

---

Print Routines |  
 STANDARD PRINT (NO FORMATTING) | BLANK

## Source Screens

The patient type appears in the account header in most Patient Accounting screens.

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## PATIENT INSURANCE ID

Patient Insurance ID can be used in UB04 Locator 8 to load the patient insurance ID when it differs from the Subscriber ID. The Patient ID is captured on the Insurance Demographics screen for Blue Cross, Commercial, CHAMPUS, and Medicaid plans.

PBE Field	
Database Location	A-I2 (46) PATID
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	828-Patient Insurance ID
UB CARRIER 2	828-Patient Insurance ID
UB CARRIER 3	828-Patient Insurance ID
INSURANCE COB 4	828-Patient Insurance ID
INSURANCE COB 3	828-Patient Insurance ID
INSURANCE COB 2	828-Patient Insurance ID
INSURANCE COB 1	828-Patient Insurance ID
CARRIER OF REQUEST FOR CLAIM	828-Patient Insurance ID
INSURANCE COB FROM CLAIM	828-Patient Insurance ID
INSURANCE PRIMARY TO MEDICARE	828-Patient Insurance ID
INSURANCE COB 5	828-Patient Insurance ID
INSURANCE COB 6	828-Patient Insurance ID
INSURANCE COB 7	828-Patient Insurance ID
INSURANCE COB 8	828-Patient Insurance ID
INSURANCE COB 9	828-Patient Insurance ID
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and



Plan Demographics. The field is labeled Patient ID.

#### PATIENT MARITAL STATUS

Marital status of the patient.

PBE Field	46-Patient Marital Status
Database Location	A-DP (14) MARSTAT
Field Type	Alphanumeric
Table Used	Marital Status
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK
MARITAL STATUS "X" IN BOX	1500 MARITAL STATUS VALUES

#### Source Screens

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#### PATIENT MARITAL STATUS

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

#### PATIENT NAME

Name of the patient.

PBE Field	48-Patient Name
Database Location	A-DP (2) NAME
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Insurance Letter Messages	Collection Letter Messages
Billing Requirements	Claims
STIs	
Sample Data	DANIELS,DALE;D
Set-Up Routines	Corresponding PBE Field
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
MA 319C PATIENT NAME	LAST NAME

FIRST NAME	MIDDLE INITIAL
NAME(LAST FIRST MI) NO PUNCT	NAME (LAST NAME, FIRST INTITIA
NAME(LAST ENT,FIRST MI)	NAME VERIFICATION (FMLL)
NAME (MA 319 CLAIM FORM)	NAME (FIRST INITIAL LAST)
NAME (LAST,FIRST,MI)	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## Patient Nationality

The nationality of the patient. This is the code from the Nationality table.

PBE Field	10-Patient Nationality
Database Location	A-AL (3) NATIONAL
Field Type	Alphanumeric
Table Used	Nationality
Modules	Trendstar/HPM Interface
STIs	
Sample Data	USA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT OCCUPATION CODE

If the Occupation Codes table was used to indicate the occupation of the patient, this is the code from that table.

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## PATIENT OCCUPATION CODE

PBE Field	77-Patient Occupation Code
Database Location	A-EP (17) OCCUCODE
Field Type	Alphanumeric
Table Used	Occupation Codes
Modules	Trendstar/HPM Interface
STIs	

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT OCCUPATION

The description of the patient's occupation. If the Occupation Codes table was used to select the occupation, then the occupation description existing at the time of selection is used. If a free text response was keyed, then the free text response appears.

PBE Field	74-Patient Occupation
Database Location	A-EP (1) OCCUPAT
Field Type	Alphanumeric
Table Used	Occupation Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ACTOR
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

## PATIENT PHONE NUMBER

Home telephone number of the patient.

PBE Field	45-Patient Phone Number
Database Location	A-DP (13) PHONE
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	8005551212
Set-Up Routines	Corresponding PBE Field
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	PHONE NUMBER 999-999-9999
PHONE # WITHOUT PUNCTUATION	BLANK
PHONE ( 999 999-9999)	PHONE (999 9999999)

## Source Screens

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## PATIENT PHONE NUMBER

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT RELATION TO INSURED

The UB92 Relationship Code from the Insured Relation Table for the Relation to Insured for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (9) RELCODE
Field Type	Alphanumeric
Table Used	Insured Relation
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	115-Patient Relation to Insured
UB CARRIER 2	115-Patient Relation to Insured
UB CARRIER 3	115-Patient Relation to Insured
INSURANCE COB 4	115-Patient Relation to Insured
INSURANCE COB 3	115-Patient Relation to Insured
INSURANCE COB 2	115-Patient Relation to Insured
INSURANCE COB 1	115-Patient Relation to Insured
1500 CARRIER	115-Patient Relation to Insured
CARRIER OF REQUEST FOR CLAIM	115-Patient Relation to Insured
INSURANCE COB FROM CLAIM	115-Patient Relation to Insured
INSURANCE PRIMARY TO MEDICARE	115-Patient Relation to Insured
INSURANCE COB 5	115-Patient Relation to Insured
INSURANCE COB 6	115-Patient Relation to Insured
INSURANCE COB 7	115-Patient Relation to Insured
INSURANCE COB 8	115-Patient Relation to Insured
INSURANCE COB 9	115-Patient Relation to Insured
Print Routines	
BLANK WHEN ZERO-LEADING 0 FILL (D)	STANDARD PRINT (NO FORMATTING)
LEADING ZERO FILL	BLANK WHEN ZERO
1500 PAT RELATION TO INSURED	BLANK
CANADIAN UNIVERSAL CLAIM	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Admission Information, Insurance Process, Select Insurance Plan, and Plan Demographics.

To access Insured Relation in Financials use Tables, Table Maintenance, and Insured Relation.

#### PATIENT RELIGION (DENOMINATION)

The religion (denomination) of the patient.

PBE Field	56-Patient Denomination
Database Location	A-DP (7) DENOM
Field Type	Alphanumeric

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#### PATIENT RELIGION (DENOMINATION)

Table Used	Denominations
Modules	Trendstar/HPM Interface
STIs	
Sample Data	PRE
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

#### PATIENT SOCIAL SECURITY NUMBER

The social security number assigned to the patient. This Internal Element loads the social security number as is meaning it can load with punctuation such as hyphens. Use Patient Soc Sec Num/No Punctuation if the social security number needs to be loaded to a smaller locator.

PBE Field	54-Patient Social Security Number
Database Location	A-DP (5) SSNBR
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	
STIs	

Sample Data	123-45-6789
Set-Up Routines	Corresponding PBE Field
Print Routines	
SOCIAL SECURITY NUMBER (D)	STANDARD PRINT (NO FORMATTING)
NO PUNCTUATION IN SS#	BLANK
SOCIAL INSURANCE NO.	SIN (XXX XXX XXX)
SOCIAL SECURITY # NO DASHES	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT STATE

The state where the patient lives.

PBE Field	43-Patient State/Province
Database Location	A-DP (11) STATE
Field Type	Alphanumeric
Table Used	State Abbreviations
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

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## PATIENT STATE

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## PATIENT TYPE FROM PATIENT PROC

This is the patient type retained in Patient Processing.

PBE Field	
Database Location	A-MP (5) PATTYPE
Field Type	Alphanumeric
Table Used	Patient Type

---

Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Type appears in the header screen used with most Patient Accounting screens.

## Patient Type

The last patient type for an account. This field is stored in Patient Accounting and is used in varied processes such as census statistics.

PBE Field	452-Patient Type
Database Location	FA-FAA (18) PATTYPE
Field Type	Alphanumeric
Table Used	Patient Type
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

This field is not displayed in Patient Accounting. It should match the patient type appearing in the header screen for most Patient Accounting processors.

## PATIENT ZIP CODE

The ZIP Code for the patient address.

PBE Field	44-Patient Zip Code
Database Location	A-DP (12) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Trendstar/HPM Interface
Claims	Billing Requirements
STIs	

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## PATIENT ZIP CODE

Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	STANDARD PRINT (NO FORMATTING)
ZIP CODE 99999-9999	ZIP CODE 99999

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information. Patient Information, and Patient Page.

## PATIENT'S COUNTRY CODE NOT USA

The Internal Element pulls the Patient's Country Code only if it is NOT US or USA.

PBE Field	875-Patient's Country Code Not USA
Database Location	
Field Type	Alphanumeric
Table Used	Country Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	AS
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information. Patient Information, and Patient Page.

## PATIENT'S COUNTRY CONV CODE NOT USA

If the country for the patient is USA, US, or blank, then the value for this Internal Element is blank. Otherwise, the Conversion Code from the Country/Citizenship Table for the patient's country is provided.

PBE Field	884-Patient's Conv Country Code Not USA
Database Location	
Field Type	Alphanumeric
Table Used	Country Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	AS
Set-Up Routines	Corresponding PBE Field
Print Routines	



---

STANDARD PRINT (NO FORMATTING) (D) | BLANK

Source Screens

Account Management, Account Inquiry, Select Account, Admission Information, Patient Information, and Patient Page.

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### Physician Referred To

The physician to which the patient was referred.

PBE Field | 214-Physician, Referred To (UM)

Database Location | A-NK (9) REFTODOC

Field Type | Alphanumeric

Table Used |

Modules | Trendstar/HPM Interface

STIs |

Sample Data |

Set-Up Routines | Corresponding PBE Field

Print Routines |

STANDARD PRINT (NO FORMATTING) (D) | BLANK

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

### PRE-COLLECTION FROM ACCOUNT INQUIRY

Internal/External Agency Collections information is provided. The items are agency, process status, status description, and date. If a pre-collect pending maintenance code exists, then the information is provided for that. Otherwise, the information is provided for the pre-collect status code.

PBE Field |

Database Location |

Field Type | Alphanumeric

Table Used |

Modules | Trendstar/HPM Interface

STIs |

Sample Data |

Set-Up Routines | Corresponding PBE Field

Print Routines |

STANDARD PRINT (NO FORMATTING) (D) | BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key PC

at the Snap Shot Screen for Int/Ext Agency Collections.

#### Precautions Codes

Precaution code selected by the Set-Up Routine. Currently, up to three can be collected in Patient Processing and selected by the Set-Up Routine.

PBE Field	
Database Location	A-MP (31) PRECAUTN
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
PRECAUTION CODE 1	187-Precaution Code
PRECAUTION CODE 2	187-Precaution Code
PRECAUTION CODE 3	187-Precaution Code

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#### Precautions Codes

Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
	Source Screens

Patient Processing, Nursing CRT, Revise Patient, Select Account, and Medical Page.

#### PREOP LENGTH OF STAY

If the difference between the principal procedure date from the Medical Record Abstract and the admit date is greater than 0, that difference is provided. This is provided for the ICD9 procedure.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key PX at the Snap Shot Screen to view Procedure Information.

## PREVIOUS FACILITY

Previous Facility/Visit Information.

PBE Field	234-Previous Facility/Visit Information
Database Location	A-VQ (14) PRIORADM
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	NORTHSIDE
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

## PREVIOUS VISIT INDICATOR

A yes/no indicator identifying whether the patient had a previous visit at the facility.

PBE Field	226-Previous Visit Indicator
Database Location	A-VP (18) IND
Field Type	Numeric
Table Used	Null, 0 = No, 1 = Yes
Modules	Trendstar/HPM Interface

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## PREVIOUS VISIT INDICATOR

STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Admission Information, and Miscellaneous Page.

#### PRIMARY CARE PHYSICIAN

The Primary Care Physician for the patient.

PBE Field	7-Physician, Primary Care
Database Location	A-AK (7) PHYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
CCA DOCTOR NAME (LAST, FIRST MI	CCA DOC NAME (FIRST MI LAST)
PHYSICIAN CODE	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Adm Medical Information, and Physicians Page.

#### PRIMARY DIAGNOSIS DATE

The date that the final DRG was assigned.

PBE Field	639-Primary Diagnosis Date
Database Location	
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. The field is labeled Final Accept Date.

#### Prorated Patient Liability

The amount of the account balance for which the patient is liable based upon insurance coverage parameters set in the system and the results from the latest proration performed for the account.

PBE Field	501-Prorated Patient Liability
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## Prorated Patient Liability

Database Location	FA-FAP (14) F_AEPL
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

## Provisional DRG number

The DRG that is used before a Final DRG is assigned. This is the Provisional DRG assigned in the first of two possible sets of DRG information.

PBE Field	169-Provisional DRG Number
Database Location	A-KK (4) PRODRGNO
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear.

## PSRO APPROVAL FLAG

This flag indicates the overall status of the patient's Utilization Review activity and is also used for UB reporting.

PBE Field	34-PSRO Approval Flag
-----------	-----------------------

Database Location	A-BP (8) APPIND
Field Type	Numeric
Table Used	UR Approval Indicators Table
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data. The field is labeled Approval <Page Break>

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PSRO APPROVAL FLAG

Ind.

PSRO APPROVED STAY FROM

The first day approved during the utilization review process. The date is used for UB reporting.

PBE Field	32-PSRO Approved Stay From
Database Location	A-BP (6) URSTYDTS
Field Type	Date
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

PSRO APPROVED STAY THROUGH

The ending date approved during the utilization review process. The date is used for UB reporting.

PBE Field	33-PSRO Approved Stay Through
Database Location	A-BP (6) URSTYDTS
Field Type	Date
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

## PSRO GRACE DAYS

The number of non acute days categorized as UB grace days.

PBE Field	29-PSRO Grace Days
Database Location	A-BP (5) URDAYS
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	;;;12
Set-Up Routines	Corresponding PBE Field
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## PSRO GRACE DAYS

Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
ZERO IF BLANK	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

Publicity (Display, special characters)

Publicity indicator. This is a code from the Publicity Code table.

PBE Field	185-Publicity
Database Location	A-MP (24) PUBLICTY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	*
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

## RACE

The code from the Race Codes table indicating the race for the patient.

PBE Field	55-Patient Race
Database Location	A-DP (6) RACE
Field Type	Numeric
Table Used	Race Codes
Modules	Claims
Trendstar/HPM Interface	Billing Requirements
STIs	
Sample Data	2
Set-Up Routines	Corresponding PBE Field
Print Routines	
RACE - DESCRIPTION (D)	RACE - CODE
BLANK	RACE-NEW JERSEY (W/A)
RACE-NEW JERSEY (B/O)	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

## Readmit indicator

Selection from Re-Admission Codes Table in the Medical Records Abstract documenting whether the patient has been admitted previously.

PBE Field	73-Readmit Indicator
-----------	----------------------

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## Readmit indicator

Database Location	A-EK (7) READMIT
Field Type	Numeric
Table Used	Re-Admission Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

## Referred To

The facility to which the patient was referred.

PBE Field	213-Referred To (UM)
Database Location	A-NK (3) REFTO
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

## REFERRING HOSPITAL CODE

Referring hospital for the patient. This can be a code from the table titled Referring Institution/Facility or a free text facility.

PBE Field	236-Referring Facility
Database Location	A-VQ (9) PACREFHP
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface
STIs	
Sample Data	NORTHSIDE
Set-Up Routines	Corresponding PBE Field
Print Routines	

---

STANDARD PRINT (NO FORMATTING) | BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

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Referring Physician (Code or Name)

The physician referring the patient. This piece contains a code number identifying the physician or a free text physician.

PBE Field	232-Physician, Referring
Database Location	A-VP (5) PHYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
CCA DOCTOR NAME (LAST, FIRST MI	CCA DOC NAME (FIRST MI LAST)
PHYSICIAN CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Physicians Page.

REFUND AMOUNT (ACCOUNT)

Sum of all refunds for the account meaning insurance refunds are included.

PBE Field	488-Refund Amount for Account
Database Location	FA-FAP (29) F_AEREF
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	34500
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

## REFUND AMOUNT (PATIENT)

Sum of Patient Refunds for the account. This does not include Insurance Refunds.

PBE Field	492-Refund Amount for Patient
Database Location	FA-FAP (7) F_AEREF
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1300
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

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## SEVERITY LEVEL

The Severity Level of the Utilization Management Reviewer for the review selected in the Set-Up Routine.

PBE Field	
Database Location	A-OK (7) NACUTDAY
Field Type	Alphanumeric
Table Used	UM Severity Level
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
FIRST UM REVIEW	217-UM Severity Level
SECOND UM REVIEW	217-UM Severity Level
THIRD UM REVIEW	217-UM Severity Level
FOURTH UM REVIEW	217-UM Severity Level
FIFTH UM REVIEW	217-UM Severity Level
LAST UM REVIEW	217-UM Severity Level
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions,

Utilization Management Functions, Review, Select Account, Add/Edit Review, and Select Insurance Plan.

## SEVERITY OF ILLNESS

A hospital defined code which defines the ranking of the seriousness of the patient's illness.

The first or second Severity of Illness code is provided based on the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Severity of Illness Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
SEVERITY CODE 1	795-Severity of Illness
SEVERITY CODE 2	795-Severity of Illness
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Care, Medical Records, Abstract & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

## SHARED CARE PHYS

The physician identified as the shared care physician on the admission screens.

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## SHARED CARE PHYS

PBE Field	180-Physician, Shared Care (UM)
Database Location	A-UK (40) DOCTOR
Field Type	Alphanumeric
Table Used	Physician Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456

Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	OVERRIDE PHYS NAME

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Physicians Page.

## Smoker

An indicator identifying the patient as a smoker.

PBE Field	184-Smoker
Database Location	A-MP (23) IND
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

## SNF DAYS

The number of days categorized by Utilization Management review to be skilled nursing facility noncovered days.

PBE Field	27-SNF Days
Database Location	A-BP (5) URDAYS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

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## Social Security Number

The insured's social security number for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (11) PACSSNBR
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123321222
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	119-Insured Social Security Number
UB CARRIER 2	119-Insured Social Security Number
UB CARRIER 3	119-Insured Social Security Number
INSURANCE COB 4	119-Insured Social Security Number
INSURANCE COB 3	119-Insured Social Security Number
INSURANCE COB 2	119-Insured Social Security Number
INSURANCE COB 1	119-Insured Social Security Number
1500 CARRIER	119-Insured Social Security Number
CARRIER OF REQUEST FOR CLAIM	119-Insured Social Security Number
INSURANCE COB FROM CLAIM	119-Insured Social Security Number
INSURANCE PRIMARY TO MEDICARE	119-Insured Social Security Number
INSURANCE COB 5	119-Insured Social Security Number
INSURANCE COB 6	119-Insured Social Security Number
INSURANCE COB 7	119-Insured Social Security Number
INSURANCE COB 8	119-Insured Social Security Number
INSURANCE COB 9	119-Insured Social Security Number
Print Routines	
SOCIAL SECURITY NUMBER	NO PUNCTUATION IN SS#
BLANK	SOCIAL INSURANCE NO.
SIN (XXX XXX XXX)	SOCIAL SECURITY # NO DASHES

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics

## SPECIAL PROGRAM INDICATOR

Special Program for visit selected on the UB Condition Codes screen.

PBE Field	25-Special Program Indicator
-----------	------------------------------

Database Location	A-BP (4) SPECPROG
Field Type	Numeric
Table Used	Special Program Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
LEADING ZERO FILL (D)	STANDARD PRINT (NO FORMATTING)
BLANK	

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## SPECIAL PROGRAM INDICATOR

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UM Condition Codes.

## Station

The last nursing station on which the patient was located.

PBE Field	658-Nurse Station, Last
Database Location	A-MP (18) STATIONA
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management. Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information. Look for the last Location for the patient.

## Time physician arrived

The Date/Time the physician arrived to treat the patient.

PBE Field	60-Time Physician Arrived
Database Location	A-EK (17) PHYARRV

Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

## Time physician informed

The date/time that the physician was informed about the patient needing treatment.

PBE Field	59-Time Physician Informed
Database Location	A-EK (16) PHYINF
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

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## Time physician informed

## Source Screens

Patient Care, Medical records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

## TOTAL ACUTE DAYS

Calculated from information gathered during the utilization review process. Total non-acute days (ICF, SNF, GRACE, LOA and denied) are subtracted from the patient's total length of stay.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	



Modules	Trendstar/HPM Interface
STIs	
Sample Data	23
Set-Up Routines	Corresponding PBE Field
Print Routines	
LEADING ZERO FILL (D)	STANDARD PRINT (NO FORMATTING)
BLANK	

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, and UB Non-Covered Days Summary.

TOTAL ADJ AMOUNT - ACCOUNT

Total of all adjustments placed on the account including insurance adjustments.

PBE Field	487-Total Account Adjustment Amount
Database Location	FA-FAP (26) F_AEADJA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

TOTAL ADJ AMOUNT - PATIENT

Total of all patient adjustments.

PBE Field	491-Total Adjustment Amount for Patient
Database Location	FA-FAP (4) F_AEADJA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	

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TOTAL ADJ AMOUNT - PATIENT

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

Total Avoidable Days

Number of days categorized as avoidable by Utilization Management.

PBE Field	35-Total Avoidable Days
Database Location	A-BP (9) TOTAVD
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

## TOTAL CAPITAL REIMBURSEMENT

Total Capital Reimbursement is provided for the first or second DRG if the Other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

PBE Field	
Database Location	A-KK-31 or A-KK2-13
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	808-Total Capital Reimbursement
NEW JERSEY DRG	808-Total Capital Reimbursement

AP DRG	808-Total Capital Reimbursement
CHAMPUS DRG	808-Total Capital Reimbursement
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If  
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## TOTAL CAPITAL REIMBURSEMENT

a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

## TOTAL CO-PAYMENT PER PYMT FOR COB

Total co-payment for all insurance payments posted for COB selected in Set-Up Routine.

PBE Field	
Database Location	FT-FTG (44) F_COPAY
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Co-payment for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

#### TOTAL COINSURANCE PER PYMT FOR COB

Total coinsurance for all insurance payments posted for COB selected in Set-Up Routine.

PBE Field	
Database Location	FT-FTG (38) F_COIN
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	

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#### TOTAL COINSURANCE PER PYMT FOR COB

INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Coinsurance for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

#### TOTAL DEDUCTIBLE PER PYMT FOR COB

Total deductible for all insurance payments posted for COB selected in Set-Up Routine.

PBE Field	
Database Location	FT-FTG (39) F_DED
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Deductible for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

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#### TOTAL DSH

Total DSH (Disproportionate Share Adjustment Payment) is provided for the first or second DRG if the Other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

PBE Field	
Database Location	A-KK1-7 or A-KK2-7
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	15000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	703-Total DSH
NEW JERSEY DRG	703-Total DSH
AP DRG	703-Total DSH
CHAMPUS DRG	703-Total DSH
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

#### TOTAL IME

Total IME (Indirect Medical Education Adjustment Payment) is provided for the first or second DRG if the Other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

PBE Field	
Database Location	A-KK1-6 or A-KK2-6
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	10000
Set-Up Routines	Corresponding PBE Field

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## TOTAL IME

MEDICARE DRG	704-Total IME
NEW JERSEY DRG	704-Total IME
AP DRG	704-Total IME
CHAMPUS DRG	704-Total IME
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

## TOTAL INSURANCE ADJUSTMENT COB 5-9

Sum of insurance adjustments for COB 5-9.

PBE Field	797-Insurance Adjustment COB 5-9
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

## TOTAL INSURANCE PAYMENT COB 5-9

Sum of insurance payments for COB 5-9.

PBE Field	798-Insurance Payment COB 5-9
Database Location	
Field Type	Money
Table Used	

Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

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Total Number of Reviews

Total number of Utilization Management reviews.

PBE Field	173-Total Number of Reviews
Database Location	A-MK (3) TOTNOREV
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, and Add/Edit Review.

TOTAL OUTLIER REIMBURSEMENT

If the Other Payor Code matches the code selected in the Set-Up Routine, then Total Outlier for the DRG is supplied. This means the DRG was not assigned in Star.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	



Sample Data	132156
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	630-Total Outlier Reimbursement
NEW JERSEY DRG	630-Total Outlier Reimbursement
AP DRG	630-Total Outlier Reimbursement
CHAMPUS DRG	630-Total Outlier Reimbursement
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

TOTAL PATIENT RESP PER PYMT FOR COB

Total patient responsibility for all insurance payments posted for COB selected in Set-Up Routine.

PBE Field	
Database Location	FT-FTG (45) F_PTRESP
Field Type	Money
Table Used	

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TOTAL PATIENT RESP PER PYMT FOR COB

Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Patient Responsibility for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

#### TOTAL REIMBURSEMENT AMT

The intended use of this Internal Element is Trendstar/HPM. For the Other Payor Code selected in the Set-Up Routine, the Total Reimbursement Amount returned by the grouper is supplied. This number can be supplied from the first or second DRG. The Set-Up routines look for specific values for the Other Payor Code and these are as follows:

Medicare DRG	00
New Jersey DRG	01
AP DRG	02
CHAMPUS DRG	03

PBE Field	
Database Location	A-KK-8 A-KK2-16
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	120000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	718-Total Reimbursement Amount
NEW JERSEY DRG	718-Total Reimbursement Amount
AP DRG	718-Total Reimbursement Amount
CHAMPUS DRG	718-Total Reimbursement Amount
Print Routines	

#### Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes <Page Break>

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#### TOTAL REIMBURSEMENT AMT

information for it to appear.

View Secondary DRG Information? (Y/N)--

#### TRANSFER SERVICE

The transfer medical services for the account as selected in the Set-Up Routine. (International) Currently, there are four choices for the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Hospital Services Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ERS
Set-Up Routines	Corresponding PBE Field
TRANSFER SERVICE 1	646-Transfer Service
TRANSFER SERVICE 2	646-Transfer Service
TRANSFER SERVICE 3	646-Transfer Service
TRANSFER SERVICE 4	646-Transfer Service
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

#### Source Screens

Financials, Account Management, MPI Inquiry, Select Account, Press ENTER, Visit information, Medical Detail, and Medical Information.

#### TRANSFER STATION

Transfer station per the selected Set-Up Routine. Currently, there are five choices for the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Nursing station codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1E
Set-Up Routines	Corresponding PBE Field
TRANSFER STATION 1	
TRANSFER STATION 2	
TRANSFER STATION 3	
TRANSFER STATION 4	
TRANSFER STATION 5	
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information.

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## TRANSFER TIME IN

The Transfer Time In per the selected Set-Up Routine. Currently, there are five choices for the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
TRANSFER STATION 1	
TRANSFER STATION 2	
TRANSFER STATION 3	
TRANSFER STATION 4	
TRANSFER STATION 5	
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information.

## TRANSFER TIME OUT

The transfer time out per the selected Set-Up Routine. Currently, there are five choices for the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
TRANSFER STATION 1	
TRANSFER STATION 2	

TRANSFER STATION 3  
 TRANSFER STATION 4  
 TRANSFER STATION 5  
 Print Routines

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information.

Transferred From

The facility from which the patient was transferred.

PBE Field	238-Transferred From
Database Location	A-VQ (19) TRANFR
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface

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Transferred From

STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

Transferred To

The facility to which the patient was transferred.

PBE Field	218-Transferred To
Database Location	A-VQ (20) TRANTO
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ABC
Set-Up Routines	Corresponding PBE Field
Print Routines	

---

STANDARD PRINT (NO FORMATTING) | BLANK

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment  
Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

TREATMENT AUTHORIZATION CODE

A number that is assigned documenting treatment authorization.

PBE Field	38-Treatment Authorization Code
Database Location	A-BQ (9) F_BUBTAC
Field Type	Alphanumeric
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	A123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press  
ENTER, Admission Information, and UB Condition Codes.

Triage code used in E/R Abstract

Triage Code assigned in the Medical Records Abstract.

PBE Field	62-Triage Code used in E/R Abstract
Database Location	A-EK (19) TRIAGE

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Triage code used in E/R Abstract

Field Type	Alphanumeric
Table Used	Triage code table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	TRIAGE CODE DESCRIPTION

## Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

## TRIAGE DATE/TIME

No data loads for this Internal Element.

PBE Field	67-Triage Date/Time
Database Location	A-EK (28) TIME
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

None.

## UB COINSURANCE DAYS

UB Coinsurance Days is calculated using numbers for First Daily Deductible found on the screen titled Daily/Blood Deductibles. If Start After Days is indicated for the First Daily Deductible, then the minimum of the following two numbers is provided:

Days Active

Days Covered by Claim - Start After Days for Second Daily Deductible

This number is provided for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	650-Coinsurance Days
UB CARRIER 2	650-Coinsurance Days
UB CARRIER 3	650-Coinsurance Days
INSURANCE COB 4	650-Coinsurance Days
INSURANCE COB 3	650-Coinsurance Days
INSURANCE COB 2	650-Coinsurance Days

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## UB COINSURANCE DAYS

INSURANCE COB 1	650-Coinsurance Days
CARRIER OF REQUEST FOR CLAIM	650-Coinsurance Days
INSURANCE COB FROM CLAIM	650-Coinsurance Days
INSURANCE PRIMARY TO MEDICARE	650-Coinsurance Days
INSURANCE COB 5	650-Coinsurance Days
INSURANCE COB 6	650-Coinsurance Days
INSURANCE COB 7	650-Coinsurance Days
INSURANCE COB 8	650-Coinsurance Days
INSURANCE COB 9	650-Coinsurance Days
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
RIGHT JUSTIFY / BLANK W ZERO	

## Source Screens

Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select Insurance, and Daily/Blood Deductibles. Start After Days and Days Active under Second Daily Deductible are used to create this item.

## UB DISCHARGE STATUS

The UB code associated with the discharge status/disposition. For cycle and cycle adjustment bills, the system looks to the Through Date of the claim in Locator 6. If the Through Date is before the Discharge Date of the account, then the Default Value is used in the Claim Load Edit Parameter (which can be set to 30 for Still Patient). The system uses the Discharge Disposition/Status on the account to pull the associated UB Code in the Discharge Status/Disposition Table in the following cases:

Through Date is on or after the Discharge Date of the account  
 Bill type is final, adjustment, or late

PBE Field	895-Discharge Status/Disposition, UB
Database Location	A-MP (15) DISTYPE
Field Type	Alphanumeric
Table Used	Discharge Status/Disposition
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	



## Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, Medical Detail, and Medical Information.

## UB LIFETIME RESERVE DAYS

UB Lifetime Reserve Days is calculated using numbers for Second Daily Deductible found on the screen titled Daily/Blood Deductibles. If Start After Days is indicated for the Second Daily Deductible, then the minimum of the following two numbers is provided:

Days Active

Days Covered by Claim - Start After Days for Second Daily Deductible

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## UB LIFETIME RESERVE DAYS

This number is provided for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	600-Lifetime Reserve Days
UB CARRIER 2	600-Lifetime Reserve Days
UB CARRIER 3	600-Lifetime Reserve Days
INSURANCE COB 4	600-Lifetime Reserve Days
INSURANCE COB 3	600-Lifetime Reserve Days
INSURANCE COB 2	600-Lifetime Reserve Days
INSURANCE COB 1	600-Lifetime Reserve Days
CARRIER OF REQUEST FOR CLAIM	600-Lifetime Reserve Days
INSURANCE COB FROM CLAIM	600-Lifetime Reserve Days
INSURANCE PRIMARY TO MEDICARE	600-Lifetime Reserve Days
INSURANCE COB 5	600-Lifetime Reserve Days
INSURANCE COB 6	600-Lifetime Reserve Days
INSURANCE COB 7	600-Lifetime Reserve Days
INSURANCE COB 8	600-Lifetime Reserve Days
INSURANCE COB 9	600-Lifetime Reserve Days
Print Routines	

---

STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
RIGHT JUSTIFY / BLANK W ZERO	

## Source Screens

Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select Insurance, and Daily/Blood Deductibles. Start After Days and Days Active under Second Daily Deductible are used to create this item.

## UM READMIT IND

A 1 or 0 is provided indicating whether a previous discharge qualifies per the readmission criteria in Utilization Management.

PBE Field	174-Readmit Indicator (UM)
Database Location	A-MK (7) REFFRM
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, and

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## UM READMIT IND

Miscellaneous Review Information.

## UM REVIEWER INITIALS

The initials of the Utilization Management Reviewer for the review selected in the Set-Up Routine.

PBE Field	
Database Location	A-OK (3) REVINIT
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	KK
Set-Up Routines	Corresponding PBE Field
FIRST UM REVIEW	215-UM Reviewer Initials
SECOND UM REVIEW	215-UM Reviewer Initials
THIRD UM REVIEW	215-UM Reviewer Initials
FOURTH UM REVIEW	215-UM Reviewer Initials
FIFTH UM REVIEW	215-UM Reviewer Initials
LAST UM REVIEW	215-UM Reviewer Initials
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, Add/Edit Review, and Select Insurance Plan.

## UM SPECIAL STUDY

The answer to the Utilization Management special study question selected in the Set-Up Routines.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	UM Special Study Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
1ST SPECIAL STUDY ANSWER	652-UM Special Study
2ND SPECIAL STUDY ANSWER	652-UM Special Study
3RD SPECIAL STUDY ANSWER	652-UM Special Study
4TH SPECIAL STUDY ANSWER	652-UM Special Study
5TH SPECIAL STUDY ANSWER	652-UM Special Study
6TH SPECIAL STUDY ANSWER	652-UM Special Study
7TH SPECIAL STUDY ANSWER	652-UM Special Study
8TH SPECIAL STUDY ANSWER	652-UM Special Study
9TH SPECIAL STUDY ANSWER	652-UM Special Study
10TH SPECIAL STUDY ANSWER	652-UM Special Study
11TH SPECIAL STUDY ANSWER	652-UM Special Study
12TH SPECIAL STUDY ANSWER	652-UM Special Study

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## UM SPECIAL STUDY

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13TH SPECIAL STUDY ANSWER	652-UM Special Study
14TH SPECIAL STUDY ANSWER	652-UM Special Study
15TH SPECIAL STUDY ANSWER	652-UM Special Study
Print Routines	
DATE (HOSPITAL FORMAT)	BLANK
SPECIAL STUDY DATE (YYMMDD)	MONEY IMP DEC (999999999)
SPECIAL STUDY TIME (HOSPITAL F	SPECIAL STUDIES DATE/TIME
SPECIAL STUDIES TABLE CODE	SPECIAL STUDIES TABLE DESCRIPT
SPEC STUDY DATE (YYYYMMDD)	SPECIAL STUDY DATE/TM (COLONS)
SPECIAL STUDY TIME WITH COLON	

## Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Special Studies, Select Account, and Select UM Special Study Code.

## UM TOTAL COVERED DAYS

This is calculated by subtracting the following day totals from the number of days in the hospital. The admission date is subtracted from the discharge date or current date if the account is not discharged. The minimum value must be 1.

ICF Days  
 SNF Days  
 Denied Days  
 Grace Days  
 LOA Days

PBE Field	16-UM Total Covered Days
Database Location	A-BP (10) TOTCOV
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

## UM TOTAL NONCOVERED DAYS

This is calculated by adding the following day totals.

ICF Days  
 SNF Days  
 Denied Days

---

Grace Days		
LOA Days		
PBE Field		653-UM Total Noncovered Days
Database Location		
Field Type		Numeric
Table Used		
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## UM TOTAL NONCOVERED DAYS

Modules		Trendstar/HPM Interface
STIs		
Sample Data		12
Set-Up Routines		Corresponding PBE Field
Print Routines		

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

## VALUE CODE 1 AMOUNT

Dollar amount for the first UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field		37-UB Value Code Amount
Database Location		A-BQ (1) F_BUBVCA
Field Type		Money
Table Used		
Modules		Claims
Trendstar/HPM Interface		
STIs		
Sample Data		123456.78
Set-Up Routines		Corresponding PBE Field
Print Routines		

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens,

and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 10 AMOUNT

Dollar amount for the tenth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (11) F_BUBVCA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

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#### VALUE CODE 10 AMOUNT

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 10

Tenth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (11) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Trendstar/HPM Interface
Claims	
STIs	

---

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 11 AMOUNT

Dollar amount for the eleventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (12) F_BUBVCA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

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## VALUE CODE 11 AMOUNT

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 11

Eleventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (12) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 12 AMOUNT

Dollar amount for the twelfth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (13) F_BUBVCA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.



To view the value codes auto loading for a Provider Master, use Financials,  
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#### VALUE CODE 12 AMOUNT

Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 12

Twelfth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (13) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 1

First UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
-----------	------------------

Database Location	A-BQ (1) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	11;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

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## VALUE CODE 1

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 2 AMOUNT

Dollar amount for the second UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (2) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission

Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 2

Second UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (2) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	22;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, <Page Break>

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#### VALUE CODE 2

Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 3 AMOUNT

Dollar amount for the third UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (3) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 3

Third UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (3) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	33;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility,  
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## VALUE CODE 3

Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 4 AMOUNT

Dollar amount for the fourth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (4) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 4

Fourth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (4) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	44;
Set-Up Routines	Corresponding PBE Field

Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens,  
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## VALUE CODE 4

and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 5 AMOUNT

Dollar amount for the fifth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (5) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 5

Fifth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (5) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	55;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

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#### VALUE CODE 6 AMOUNT

Dollar amount for the sixth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (6) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 6

Sixth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (6) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	66;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

#### Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

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#### VALUE CODE 7 AMOUNT

Dollar amount for the seventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
-----------	-------------------------



Database Location	A-BQ (7) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 7

Seventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (7) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	77;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

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## VALUE CODE 8 AMOUNT

Dollar amount for the eighth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (8) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

## VALUE CODE 8

Eighth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (8) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	88;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

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#### VALUE CODE 9 AMOUNT

Dollar amount for the ninth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (10) F_BUBVCA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

#### Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

#### VALUE CODE 9

Ninth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (10) F_BUBVCA
Field Type	Alphanumeric

---

Table Used	UB Value Codes
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

## Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

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## Veteran Indicator (Yes/No Flag)

This indicator has a value of Y or N identifying whether the patient is a veteran. If the field has a response of N or is blank, then a value of N loads.

PBE Field	3-Patient Veteran Indicator
Database Location	A-AJ (4) IND
Field Type	Yes/No Flag
Table Used	Y or N
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

## Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

## Zero Balance Date

The date on which the account balance became zero.

PBE Field	
Database Location	FA-FAA (6) F_AEZBD
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Account Follow-Up. The field is labeled Zero Balance.<Page Break>

## CCA DATA ELEMENTS

The following list of data elements includes the following information for each field:

- Database Location

This field displays the STAR Financial's database location displayed in the format *GLOBAL NODE (PIECE) PIECE NAME*.

- Description

This field displays the text description of the data element.

- Source Screen(s)

This field displays the name(s) of the screen(s) where the data element information can be found. This list may not include all screens where this data is displayed. If no product is indicated, the screens are found in the STAR Patient Care system, many of which can be viewed and revised in STAR Financials.

For example:

*Admission Processor/Medical Screen* - this indicates that this field is located in the Admission Processor in the STAR Patient Care system.

*MPI/Visit Information/Medical Detail* - this indicates that this field is located on the Medical Detail screen in the Visit Information section of the MPI in the STAR Patient Care system.

## Admission Date

<b>Database Location</b>	A-MP 8 DATETH
<b>Description</b>	Admission Date
<b>Source Screen(s)</b>	MPI/Visit Information/Medical Detail

## Age

<b>Database Location</b>	A-DP 3 BIRTHDAY
<b>Description</b>	Calculated as Admit Date - Birth Date
<b>Source Screen(s)</b>	MPI/Patient Page

## Anesthetist

<b>Database Location</b>	A-JK 1 semicolon piece 7
<b>Description</b>	Procedure Physician 1 & 2 Choice Anesthetist associated with Procedure
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures Details

## APC Payment Indicator

<b>Database Location</b>	FB-FBAPCCHG 8 FAPCSIND
<b>Description</b>	APC payment indicator for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## APC Weight

<b>Database Location</b>	FB-FBAPCCHG 11 FAPCLIWT
<b>Description</b>	APC weight for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## APC Cost Outlier Payment

<b>Database Location</b>	FB-FBAPC 18 semicolon piece 2 FAPCONUM
<b>Description</b>	If there is more than one claim, this will be the sum of Total Outlier Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Outlier Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Admitting Physician

<b>Database Location</b>	A-VP 4 PHYS
<b>Description</b>	Non attending physician choice based upon CCA Parameter Screen
<b>Source Screen(s)</b>	MPI/Visit Information/Medical Detail

## Attending Physician

<b>Database Location</b>	A-MP 12
<b>Description</b>	Attending physician code
<b>Source Screen(s)</b>	MPI/Visit Information/Medical Detail

## Bill Type

<b>Database Location</b>	FB-FBAPC 28 FAPCBT
<b>Description</b>	If there is more than one claim on the account, this will be the Claim Bill Type from the final claim. If there is no final claim, this will be the Claim Bill Type for the latest claim. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Claim Bill Type for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info

## Billing HCPCS Code with Modifiers

<b>Database Location</b>	FC-FCA 26
<b>Description</b>	Billing HCPCS Code with up to 5 modifiers.
<b>Source Screen(s)</b>	Patient Accounting/Account Inquiry/Financial Info/Billing Info/Charge Detail



## Billing HCPCS Units of Service

<b>Database Location</b>	FC-FCA 1 F_ACQTY
<b>Description</b>	Charge quantity.
<b>Source Screen(s)</b>	Patient Accounting/Account Inquiry/Financial Info/Billing Info/Charge Detail

## Billing HCPCS Date of Service

<b>Database Location</b>	FC-FCA 13 F_ACDSVC
<b>Description</b>	Service date for the charge.
<b>Source Screen(s)</b>	Patient Accounting/Account Inquiry/Financial Info/Billing Info/Charge Detail

## Billing HCPCS Performing Physician

<b>Database Location</b>	FC-FCB 18 semicolon piece 2 F_ACSDOC
<b>Description</b>	Performing Physician for the charge.
<b>Source Screen(s)</b>	Patient Accounting/Account Inquiry/Financial Info/Billing Info/Charge Detail

## CPT-4 Code

<b>Database Location</b>	A-HP 1 CPTINFO FC-FCA 26 F_ACHCPC
<b>Description</b>	CPT-4/HCPCS Codes from Medical Records and from Charge Record. If CPT-4 code is seven digits long, the modifier will not be sent. If CPT-4 code is a five digit alphanumeric code, it will not be sent. CPT-4 codes from the Charge Record will only be transferred when charges are transferred.
<b>Source Screen(s)</b>	Medical Records Abstract/HCPCS Codes Financials/Acct Inquiry/Billing Detail/Charge Detail

## Claim Number

<b>Database Location</b>	FB-FBAPCCHG
<b>Description</b>	APC Claim number associated with the charge data in this record.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## Condition Codes 1-7

<b>Database Location</b>	FB-FBAPC 29 FAPCCND
<b>Description</b>	For accounts with multiple claims, only the first 7 codes will be sent. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the condition codes for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Coinurance Payment

<b>Database Location</b>	FB-FBAPCCHG (12) FAPCLICI
<b>Description</b>	APC Coinurance payment for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info

## Consulting Physician 1

<b>Database Location</b>	A-FK 1 PHYSC
<b>Description</b>	Non attending physician choice based upon CCA Parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 2

<b>Database Location</b>	A-FK 2 PHYSC2
<b>Description</b>	Non attending physician choice based upon CCA Parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 3

<b>Database Location</b>	A-FK 3 PHYSC3
<b>Description</b>	Non attending physician choice based upon CCA Parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 4

<b>Database Location</b>	A-FK 4 PHYSC4
<b>Description</b>	Non attending physician choice based upon CCA Parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 5

<b>Database Location</b>	A-FK 5 PHYSC5
<b>Description</b>	Non attending physician choice based upon CCA/RUA/CPA parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 6

<b>Database Location</b>	A-FK 6 PHYSC6
<b>Description</b>	Non attending physician choice based upon CCA/RUA/CPA parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 7

<b>Database Location</b>	A-FK 7 PHYSC7
<b>Description</b>	Non attending physician choice based upon CCA/RUA/CPA parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 8

<b>Database Location</b>	A-FK 8 PHYSC8
<b>Description</b>	Non attending physician choice based upon CCA/RUA/CPA parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 9

<b>Database Location</b>	A-FK 9 PHYSC9
<b>Description</b>	Non-attending physician choice based upon CCA/RUA/CPA parameter Screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## Consulting Physician 10

<b>Database Location</b>	A-FK 10 PHYSC10
<b>Description</b>	Non attending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Consultations

## DRG Number

<b>Database Location</b>	A-KK 5 FINALDRG
<b>Description</b>	Medicare DRG Number from Medical Records
<b>Source Screen(s)</b>	Medical Record Abstract/DRG Assignment/Final DRG

## Deductible

<b>Database Location</b>	FB-FBAPCCHG (14) FAPCLIDE
<b>Description</b>	APC Patient deductible for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info

## Discharge Date

<b>Database Location</b>	FCM-FCM 2 DISDATE
<b>Description</b>	Discharge date for the account.
<b>Source Screen(s)</b>	MPI/Visit Information

## Discharge Physician

<b>Database Location</b>	A-EK 7 DISPHYS
<b>Description</b>	Non attending physician choice based upon CCA Parameter Screen
<b>Source Screen(s)</b>	MPI/Visit Information/Medical Detail

## Discharge Status

<b>Database Location</b>	A-MP 15 DISTYPE
<b>Description</b>	The UB92 Code from the Discharge Status/Disposition Table is transferred
<b>Source Screen(s)</b>	MPI/Visit Information/Discharge Disposition

## ER Physician

<b>Database Location</b>	A-VP 28 Phys
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Admission Processor/Physician Page

## Financial Class

<b>Database Location</b>	PA) FA-FAA 21 F_AEFCLS (MPI) A-I1 7 FINCLASS (INS CODE) A-I1 1 INSNBR
<b>Description</b>	Depends upon parameter chosen in CCA Parameter Screen. Choices are PA Financial Class, MPI Financial Class or Insurance Carrier/Plan Code.
<b>Source Screen(s)</b>	(PA) Financials/Acct Inquiry/Financial Info/Acct Follow-up (MPI) MPI/Visit Information/Insurance Screen (INS CODE) MPI/Visit Information/Medical Detail/Insurance Carrier Plan Code

## First Date

<b>Database Location</b>	A-JK 1-8 PROCINF1-8
<b>Description</b>	Date associated with ICD-9-CM Procedure
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures

## HCPCS Code

<b>Database Location</b>	FB-FBAPCCHG 1 FAPCPRC
<b>Description</b>	APC HCPCS Code with up to 5 modifiers.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## HCPCS Units

<b>Database Location</b>	FB-FBAPCCHG 2 FAPCUOS
<b>Description</b>	APC HCPCS units of service.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## HCPCS Charges

<b>Database Location</b>	FB-FBAPCCHG 3 FAPAMT
<b>Description</b>	APC HCPCS total charges.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## HCPCS Date of Service

<b>Database Location</b>	FB-FBAPCCHG 28 FAPCSDT
<b>Description</b>	APC HCPCS Date.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## Hospital Code

<b>Database Location</b>	FCM-FCP 2 HOSPCODE
<b>Description</b>	Three letter code used by TRENDSTAR
<b>Source Screen(s)</b>	CCA Parameter Screen

## ICD-10 Procedure Code

**CN:** This is applicable for Canadian customers only.

<b>Database Location</b>	A-IK 1 PRIPROCP, A-IK 2 SECROCP
<b>Description</b>	ICD-10-CCI code with decimal point removed
<b>Source Screen(s)</b>	Discharge Processor/Discharge Screen 3 Medical Records Abstract/Procedures

## ICD-10 Diagnosis Code

<b>Database Location</b>	A-HK 2 PRIDIAGP, A-HK 3 SECDIAGP
<b>Description</b>	Principal and Secondary ICD-10 - CA Code with decimal point removed
<b>Source Screen(s)</b>	Admission Processor/Medical Page Discharge Processor/Discharge Screen

## Length of Stay

<b>Database Location</b>	
<b>Description</b>	Inpatients: Discharge Date - Admit Date. If Discharge Date = Admit Date, the LOS = 1. If there is no Discharge Date, then today's date is used.  All other accounts: Always send LOS = 0.
<b>Source Screen(s)</b>	MPI/Visit Information

## Line Item Payment Indicator

<b>Database Location</b>	FB-FBAPCCHG (6) FAPCCLIP
<b>Description</b>	APC Line payment indicator for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info

## Line Item Payment

<b>Database Location</b>	FB-FBAPCCHG (9) FAPCLIPY
<b>Description</b>	APC Total claim payment for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info

## Line Item Denial Disposition

<b>Database Location</b>	FB-FBAPC 19 FAPCLDEN
<b>Description</b>	For accounts with multiple claims, if any of the claims have a line item denial, a "1" is sent in this field. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Line Item Denial for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Medicare Payment

<b>Database Location</b>	FB-FBAPCCHG (13) FAPCLIIP
<b>Description</b>	APC Insurance payment for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info

## Medical Record Number

<b>Database Location</b>	A-DP 1 MRNBR
<b>Description</b>	Medical Record Number
<b>Source Screen(s)</b>	Medical Records Abstract

## Medical HCPCS Code With Modifiers

<b>Database Location</b>	A-HP semicolon pieces 1 and 5
<b>Description</b>	Medical HCPCS Code with up to 5 modifiers.
<b>Source Screen(s)</b>	Medical Records Abstract/HCPCS Procedures

## MDC Number

Database Location	A-KK 6 MDCNO
Description	MDC Number from Medical Records
Source Screen(s)	Medical Record Abstract/DRG Assignment

## Medical HCPCS Date of Service

Database Location	A-HP semicolon piece 4
Description	HCPCS Date of Service.
Source Screen(s)	Medical Records Abstract/HCPCS Procedures

## Name

Database Location	A-DP 2 NAME
Description	Patient Name
Source Screen(s)	MPI/Patient Page

## Non-Covered Charges

Database Location	FB-FBAPCCHG 4 FAPCNC
Description	APC non-covered charges for that charge line.
Source Screen(s)	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## Patient ID Number

Database Location	A-MP13 EXTACCT
Description	Patient's Account Number
Source Screen(s)	MPI/Visit Information

## Patient Type

Database Location	A-MP 5 PATTYPE
Description	Patient Type is converted to space = inpatient, 1 = same day surgery which is defined in the CCA Parameter Screen, 2 = other outpatient.
Source Screen(s)	MPI/Visit Information/Medical Detail



## Payment APC Code

<b>Database Location</b>	FB-FBAPCCHG 25 FAPCAPCM or FB-FBAPCHG 10
<b>Description</b>	Payment APC code for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## Performing Physician

<b>Database Location</b>	A-HP semicolon piece 5
<b>Description</b>	Surgeon associated with the Medical Records HCPCS code.
<b>Source Screen(s)</b>	Medical Records Abstract/HCPCS Procedures

## Professional Fee Flag

<b>Database Location</b>	FC-FCA 21 F_PATTYPE
<b>Description</b>	If the charge is a pro fee, a "Y" is sent in this field.
<b>Source Screen(s)</b>	Patient Accounting/Account Inquiry/Financial Info/Billing Info/Charge Detail

## Primary APC Flag

<b>Database Location</b>	Calculated
<b>Description</b>	If the Payment APC Code is the same as the Primary APC for the account, this field is set to Y(Yes).
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## Primary APC Code

<b>Database Location</b>	FB-FBAPC 8 FABCSAPC
<b>Description</b>	Primary APC number. If there is more than one claim, this is used as the APC number for the APC with the highest weight across all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this is the APC number for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Primary APC Service Indicator

<b>Database Location</b>	FB-FBPAPC 10 FAPCSSI
<b>Description</b>	If there is more than one claim, this will be the APC Service Indicator for the APC with the highest weight across all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this is the APC number for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info

## Primary APC Weight

<b>Database Location</b>	FB-FBPAPC 9 FABCSWT
<b>Description</b>	If there is more than one claim, this is the highest weight across all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the APC weight for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Information

## Principal Diagnosis

<b>Database Location</b>	A-HK 2 PRIDIAGP
<b>Description</b>	ICD-9-CM Principal Diagnosis Code from Medical Records
<b>Source Screen(s)</b>	Medical Record Abstract/Diagnoses/Principal Diagnosis

## Procedure APC Code

<b>Database Location</b>	FB-FBAPCCHG 10 FAPCAPCD
<b>Description</b>	APC code for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## Procedure 1-15 Physician 1

<b>Database Location</b>	A-ET 1 PHYS
<b>Description</b>	Team member 1 associated with Procedures 1-15. Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details/Team Member Info

**Procedure 1-15 Physician 2**

<b>Database Location</b>	A-ET 1 PHYS
<b>Description</b>	Team member 1 associated with Procedures 1-15. Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details/Team Member Info

**Procedure 1-15 Physician 3**

<b>Database Location</b>	A-ET 1 PHYS
<b>Description</b>	Team member 1 associated with Procedures 1-15. Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details/Team Member Info

**Procedure 1-15 Physician 4**

<b>Database Location</b>	A-ET 1 PHYS
<b>Description</b>	Team member 1 associated with Procedures 1-15. Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details/Team Member Info

**Procedure 1-15 Physician 5**

<b>Database Location</b>	A-ET 1 PHYS
<b>Description</b>	Team member 1 associated with Procedures 1-15. Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details/Team Member Info

**Procedure 1 Surgeon**

<b>Database Location</b>	A-JK 1 PROCINF1 Semicolon piece 1
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 1.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

**Procedure 2 Surgeon**

<b>Database Location</b>	A-JK 2 PROCINF2 Semicolon piece 2
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 2.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

### Procedure 3 Surgeon

<b>Database Location</b>	A-JK 3 PROCINF3 Semicolon piece 3
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 3.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

### Procedure 4 Surgeon

<b>Database Location</b>	A-JK 4 PROCINF4 Semicolon piece 4
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 4.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

### Procedure 5 Surgeon

<b>Database Location</b>	A-JK 5 PROCINF5 Semicolon piece 5
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 5.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

### Procedure 6 Surgeon

<b>Database Location</b>	A-JK 6 PROCINF6 Semicolon piece 6
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 6.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

### Procedure 7 Surgeon

<b>Database Location</b>	A-JK 7 PROCINF7 Semicolon piece 7
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 7.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

### Procedure 8 Surgeon

<b>Database Location</b>	A-JK 8 PROCINF8 Semicolon piece 8
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 8.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Procedure 9 Surgeon

<b>Database Location</b>	A-JK 9 PROCINF9 Semicolon piece 9
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 9.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Procedure 10 Surgeon

<b>Database Location</b>	A-JK 10 PROCINF10 Semicolon piece 10
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 10.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Procedure 11 Surgeon

<b>Database Location</b>	A-JK 11 PROCINF11 Semicolon piece 11
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 11.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Procedure 12 Surgeon

<b>Database Location</b>	A-JK 12 PROCINF12 Semicolon piece 12
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 12.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Procedure 13 Surgeon

<b>Database Location</b>	A-JK 13 PROCINF13 Semicolon piece 13
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 13.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Procedure 14 Surgeon

<b>Database Location</b>	A-JK 14 PROCINF14 Semicolon piece 14
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 14.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Procedure 15 Surgeon

<b>Database Location</b>	A-JK 15 PROCINF15 Semicolon piece 15
<b>Description</b>	Nonattending Physician choice based upon CCA Parameter Screen. Surgeon associated with ICD-9-CM Parameter Screen, Procedure 15.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures/Surgeon

## Primary Care Physician

<b>Database Location</b>	A-MP (54) PHYS
<b>Description</b>	Non attending physician choice based upon CCA Parameter Screen
<b>Source Screen(s)</b>	MPI/Patient Page

## Procedure 1 Anesthetist

<b>Database Location</b>	A-JK 1 semicolon piece 7 PROCINF1
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 2 Anesthetist

<b>Database Location</b>	A-JK 2 semicolon piece 7 PROCINF2
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 3 Anesthetist

<b>Database Location</b>	A-JK 3 semicolon piece 7 PROCINF3
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 4 Anesthetist

<b>Database Location</b>	A-JK 4 semicolon piece 7 PROCINF4
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 5 Anesthetist

<b>Database Location</b>	A-JK 5 semicolon piece 7 PROCINF5
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 6 Anesthetist

<b>Database Location</b>	A-JK 6 semicolon piece 7 PROCINF6
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 7 Anesthetist

<b>Database Location</b>	A-JK 7 semicolon piece 7 PROCINF7
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 8 Anesthetist

<b>Database Location</b>	A-JK 8 semicolon piece 7 PROCINF8
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 9 Anesthetist

<b>Database Location</b>	A-JK 9 semicolon piece 7 PROCINF9
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 10 Anesthetist

<b>Database Location</b>	A-JK 10 semicolon piece 7 PROCINF10
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 11 Anesthetist

<b>Database Location</b>	A-JK 11 semicolon piece 7 PROCINF11
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 12 Anesthetist

<b>Database Location</b>	A-JK 12 semicolon piece 7 PROCINF12
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 13 Anesthetist

<b>Database Location</b>	A-JK 13 semicolon piece 7 PROCINF13
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 14 Anesthetist

<b>Database Location</b>	A-JK 14 semicolon piece 7 PROCINF14
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details

## Procedure 15 Anesthetist

<b>Database Location</b>	A-JK 15 semicolon piece 7 PROCINF15
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details



## Procedure Code

Database Location	A-IK 1 PRIPROCP A-IK 2 SECPCOCP
Description	ICD-9-CM Procedure Codes (up to 15 procedures)
Source Screen(s)	Medical Records Abstract/Procedures/ICD-9-CM Code

## Procedure Charge Code

Database Location	FC-FCA 6 F_ABCODE
Description	FIM Number
Source Screen(s)	Financials/Acct Inquiry/Billing/Charge Detail

## Procedure Charge Amount

Database Location	FC-FCA 2 F_ACAMT
Description	Charge Amount
Source Screen(s)	Financials/Acct Inquiry/Billing/Charge Detail

## Procedure Charge Unit Quantity

Database Location	FC-FCA 1 F_ACQTY
Description	Charge Quantity
Source Screen(s)	Financials/Acct Inquiry/Billing/Charge Detail

## Referring Physician

Database Location	A-VP 5 PHYS
Description	Nonattending Physician choice based upon CCA Parameter Screen
Source Screen(s)	MPI/Visit Information/Medical Detail

## Secondary Diagnosis

Database Location	A-HK 3 SECPCOCP
Description	ICD-9-CM Secondary Diagnoses Codes (up to 14 codes transferred)
Source Screen(s)	Medical Record Abstract/Diagnoses/Secondary Diagnoses

## Service Indicator

<b>Database Location</b>	FB-FBAPCCHG 7 FAPCSIND
<b>Description</b>	APC service indicator for that charge line.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## Sex

<b>Database Location</b>	A-DP 4 SEX
<b>Description</b>	Converted to a 1 = male or a 2 = female
<b>Source Screen(s)</b>	MPI/Patient Page

## Shared Care Physician

<b>Database Location</b>	A-UK 40 DOCTOR
<b>Description</b>	Nonattending Physician choice based upon CCA/RUA/CPA parameter screen
<b>Source Screen(s)</b>	Admission Processor/Physician Page

## Surgeon

<b>Database Location</b>	A-JK 1-8 PROCINF1-8
<b>Description</b>	Procedure Physician 1 & 2 Choice Surgeon associated with ICD-9-CM Procedure
<b>Source Screen(s)</b>	Medical Records Abstract/Procedures

## Team Member 1-10

<b>Database Location</b>	A-ET 1 PHYS
<b>Description</b>	Procedure Physician 1 & 2 Choice Team members associated with procedure.
<b>Source Screen(s)</b>	Medical Records Abstract/Procedure Details/Team Member Info

## Total Insurance Payments COB 1-4

<b>Database Location</b>	FA-FAB 1 F_AEPA4
<b>Description</b>	Total payments for COB1-4 as of the interface run
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary. The amount may include refunds depending upon parameter setting.

## Total Claim Therapy Payment

<b>Database Location</b>	FB-FBAPC 13 semicolon piece 1 FAPCPYTX
<b>Description</b>	If there is more than one claim, this will be the sum of Total Therapy Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Therapy Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim Clinical Diagnostic Laboratory Payment

<b>Database Location</b>	FB-FPAPC 11 semicolon piece 1 FAPCLAB
<b>Description</b>	If there is more than one claim, this will be the sum of Total Lab Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Lab Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim DME Payment

<b>Database Location</b>	FB-FPAPC 14 semicolon piece 1 FAPCDME
<b>Description</b>	If there is more than one claim, this will be the sum of Total DME Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total DME Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim Screening Mammography Payment

<b>Database Location</b>	FB-FPAPC 16 semicolon piece 1 FAPCNMAM
<b>Description</b>	If there is more than one claim, this will be the sum of Total Mammography Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Mammography Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim Patient Responsibility Payment

<b>Database Location</b>	FB-FBAPC 2 plus FBFBAPC 4
<b>Description</b>	If there is more than one claim, this will be the sum of Total Claim Patient Responsibility Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Claim Patient Responsibility Payment Amount for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim EPO Payment

<b>Database Location</b>	FB-FBAPC 15 semicolon piece 1 FAPCEPD
<b>Description</b>	If there is more than one claim, this will be the sum of Total EPO Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total EPO Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim Payment

<b>Database Location</b>	FB-FBAPC 1 FAPCPY
<b>Description</b>	If there is more than one claim, this will be the sum of Total Claim Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Claim Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim Medicare Payment

<b>Database Location</b>	FB-FBAPC 3 FAPCIP
<b>Description</b>	If there is more than one claim, this will be the sum of Total Insurance Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Insurance Payment for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim APC Payment

<b>Database Location</b>	FB-FPAPC 12 semicolon piece 1 FAPCONUM
<b>Description</b>	If there is more than one claim, this will be the sum of Total APC Payment Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total APC Payment Amount for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim Pass-Through for Medical Devices Payment

<b>Database Location</b>	FB-FPAPC 18 semicolon piece 3 FAPCONUM
<b>Description</b>	If there is more than one claim, this will be the sum of Total Medical Devices Pass-through Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Medical Devices Pass-through Amount for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Claim Pass-Through for Drug/Bio

<b>Database Location</b>	FB-FPAPC 18 semicolon piece 4 FAPCONUM
<b>Description</b>	If there is more than one claim, this will be the sum of Total Drug/Bio Pass-through Amounts for all claims. If the TRENDSTAR Series Processing parameter is set to Yes, this will be the Total Drug/Bio Pass-through Amount for the claim which corresponds to the bill date of the series account.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Info Account Inquiry/Financial Info/Balance Summary/Billing Reimbursement/Summary OPPS Information

## Total Patient Payments

<b>Database Location</b>	FA-FAP 1 F_AEPAY
<b>Description</b>	Total payments for patient as of the interface run
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary. The amount will include payments for COB 5-9.

## UB92 Revenue Code

<b>Database Location</b>	FB-FBAPCCHG
<b>Description</b>	APC UB92 revenue code for the charge.
<b>Source Screen(s)</b>	Account Inquiry/Financial Info/Claim Info/OPPS Charges

## UB92 Revenue Code

<b>Database Location</b>	A-HP semicolon piece 2
<b>Description</b>	UB92 Revenue Code associated with the Medical Records HCPCS code.
<b>Source Screen(s)</b>	Medical Records Abstract/HCPCS Procedures

## ZIP Code

<b>Database Location</b>	A-DP12 ZIP
<b>Description</b>	Send 5 digit, 9 digit or alphanumeric ZIP code
<b>Source Screen(s)</b>	MPI/Patient Page

## RUA DATA ELEMENTS

The RUA data elements include the same data elements as the CCA data elements. Refer to the CCA Data Elements in this appendix for a description of these data elements. Additional data elements are defined below for RUA.



## Charge Date

<b>Database Location</b>	FC-FCA 6 F_ACDCHG
<b>Description</b>	Service Date
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Billing/Charge Detail

## Order Date

<b>Database Location</b>	FC-FCB 37 DATE
<b>Description</b>	Order Date is not available for Room and Bed changes.
<b>Source Screen(s)</b>	Order Management/Order Review

## Order Time

<b>Database Location</b>	FC-FCB 37 DATE
<b>Description</b>	Order Time is not available for Room and Bed changes.
<b>Source Screen(s)</b>	Order Management/Order Review

## Time of Service

<b>Database Location</b>	This field is not currently available in the CCA/RUA interface.
<b>Description</b>	
<b>Source Screen(s)</b>	

## Point of Service

<b>Database Location</b>	FC-FCA 11 F_ACRDPT
<b>Description</b>	Revenue Center associated with this charge code. If redirection of revenue is being used then the point of service will reflect the redirected revenue center.
<b>Source Screen(s)</b>	Charge Functions/Charge Inquiry/Revenue Code

## Procedure Results

<b>Database Location</b>	This field is not currently available in the CCA/RUA interface.
<b>Description</b>	
<b>Source Screen(s)</b>	

## Charge Doctor

<b>Database Location</b>	FC-FCA 9 F_ACODOC
<b>Description</b>	Ordering Physician
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Billing/Charge Detail

## Birthdate

<b>Database Location</b>	A-DP 3 BIRTHDAY
<b>Description</b>	Birthdate sent as YYMMDD
<b>Source Screen(s)</b>	Admission Processor/Patient Page MPI/Patient Page

## Ethnic Origin

<b>Database Location</b>	A-DP 6 RACE
<b>Description</b>	Race Code
<b>Source Screen(s)</b>	Admission Processor/Patient Page MPI/Patient Page

## Marital Status

<b>Database Location</b>	A-DP 14 MARSTAT
<b>Description</b>	Marital Status (M, D, W, S)
<b>Source Screen(s)</b>	Admission Processor/Patient Page MPI/Patient Page

## Admission Time

<b>Database Location</b>	A-MP 8 DATETH
<b>Description</b>	Admission time converted to military time (HHMM)
<b>Source Screen(s)</b>	Medical Record Abstract/Episode Information -1

## Discharge Time

<b>Database Location</b>	A-MP 14 DATETH
<b>Description</b>	Discharge time converted to military time (HHMM)
<b>Source Screen(s)</b>	Medical Record Abstract/Episode Information -1

## Admission Source

<b>Database Location</b>	A- VP 24 ADMSRC
<b>Description</b>	Admission Source Code
<b>Source Screen(s)</b>	Admission Processor/UB92 Condition Codes MPI/Visit Information/UB92 Condition Codes

## Readmit Flag

<b>Database Location</b>	A-MK 7
<b>Description</b>	Readmit Flag from Utilization Management
<b>Source Screen(s)</b>	Utilization Management/View Review/Misc Review Information

## Previous Discharge Date

<b>Database Location</b>	Calculated
<b>Description</b>	Discharge date from previous visit
<b>Source Screen(s)</b>	

## Admission Weight

<b>Database Location</b>	A- GK 3 NBNWEIGHT
<b>Description</b>	Birth weight in pounds for newborns from Medical Records. Not available for other patients.
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Discharge Weight

<b>Database Location</b>	A-MP 22 WEIGHT
<b>Description</b>	Weight in pounds from nursing department.
<b>Source Screen(s)</b>	Nursing/Revise Patient/Medical Page

## Religion

<b>Database Location</b>	A-DP 7 DENOM
<b>Description</b>	Denomination code
<b>Source Screen(s)</b>	Admission Processor/Miscellaneous Page MPI/Miscellaneous Page

## Unplanned Return to Surgery

<b>Database Location</b>	This field is not available from STAR Patient Care or STAR Patient Accounting.
<b>Description</b>	
<b>Source Screen(s)</b>	

## Autopsy Flag

<b>Database Location</b>	A-GK 8 calculated DTHCLSS
<b>Description</b>	1 = Autopsy was done based upon CCA/RUA/CPA Parameter screen and death classification codes for patient. 0 = Autopsy was not done based upon CCA/RUA/CPA Parameter screen and death classification codes for patient.
<b>Source Screen(s)</b>	Medical Record Abstract/Death Classifications

## National ID

<b>Database Location</b>	A-DP 5 SSNBR
<b>Description</b>	Social Security Number
<b>Source Screen(s)</b>	Admission Processor/Patient Page MPI/Patient page

## Admission Type

<b>Database Location</b>	A-VP 23 ADMTYPE
<b>Description</b>	UB92 Admission type code
<b>Source Screen(s)</b>	Admission Processor/UB92 Condition Codes MPI/Visit Information/UB92 Condition Codes

## Wait Days

<b>Database Location</b>	This field is not available from STAR Patient Care and STAR Patient Accounting.
<b>Description</b>	
<b>Source Screen(s)</b>	

## Primary Nurse

<b>Database Location</b>	This field is not available from STAR Patient Care or STAR Patient Accounting.
<b>Description</b>	
<b>Source Screen(s)</b>	

## First Surgery Date

<b>Database Location</b>	A-MO 1 DATEPO
<b>Description</b>	Procedure date for first surgery from RES-Q OR converted to YYMMDD
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## First Surgery Incision Time

<b>Database Location</b>	A-MO 12 1st semicolon piece SURTIME
<b>Description</b>	Surgery start time for first surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## First Surgery Closure Time

<b>Database Location</b>	A-MO 12 2nd semicolon piece SURTIME
<b>Description</b>	Surgery stop time for first surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Second Surgery Date

<b>Database Location</b>	A-MO 1 DATEPO
<b>Description</b>	Procedure date for second surgery from RES-Q OR converted to YYMMDD
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Second Surgery Incision Time

<b>Database Location</b>	A-MO 12 1st semicolon piece SURTIME
<b>Description</b>	Surgery start time for second surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Second Surgery Closure Time

<b>Database Location</b>	A-MO 12 2nd semicolon piece SURTIME
<b>Description</b>	Surgery stop time for second surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Third Surgery Date

<b>Database Location</b>	A-MO 1 DATEPO
<b>Description</b>	Procedure date for third surgery from RES-Q OR converted to YYMMDD
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Third Surgery Incision Time

<b>Database Location</b>	A-MO 12 1st semicolon piece SURTIME
<b>Description</b>	Start time for third surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Third Surgery Closure Time

<b>Database Location</b>	A-MO 12 2nd semicolon piece SURTIME
<b>Description</b>	Surgery stop time for third surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Fourth Surgery Date

<b>Database Location</b>	A-MO 1 DATEPO
<b>Description</b>	Procedure date for fourth surgery from RES-Q OR converted to YYMMDD
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Fourth Surgery Incision Time

<b>Database Location</b>	A-MO 12 1st semicolon piece SURTIME
<b>Description</b>	Surgery start time for fourth surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Fourth Surgery Closure Time

<b>Database Location</b>	A-MO 12 2nd semicolon piece SURTIME
<b>Description</b>	Surgery stop time for fourth surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Fifth Surgery Date

<b>Database Location</b>	A-MO 1 DATEPO
<b>Description</b>	Procedure date for fifth surgery from RES-Q OR converted to YYMMDD
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Fifth Surgery Incision Time

<b>Database Location</b>	A-MO 12 1st semicolon piece SURTIME
<b>Description</b>	Surgery start time for fifth surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Fifth Surgery Closure Time

<b>Database Location</b>	A-MO 12 2nd semicolon piece SURTIME
<b>Description</b>	Surgery stop time for fifth surgery from RES-Q OR converted to HHMM
<b>Source Screen(s)</b>	Main Surgery Screen/RES-Q OR Interface/OR Case Inquiry

## Newborn/Mother Flag

<b>Database Location</b>	A-VQ 21 IND (Mother Indicator) A-VP 17 BIRTHNBR (Baby Indicator)
<b>Description</b>	0 = neither mother or baby 1 = mother 2 = first born 3 = second born, etc.
<b>Source Screen(s)</b>	

## Birth Location

<b>Database Location</b>	A-GK 1 NBNIND
<b>Description</b>	Newborn Indicator Code
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Birth Status

<b>Database Location</b>	A-GK 5 BTHSTAT
<b>Description</b>	Birth Status Code
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Birth Type

<b>Database Location</b>	A-GK 4 BHTYPE
<b>Description</b>	Birth Type Code
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Stillborn Flag

<b>Database Location</b>	This field is not currently available in the CCA/RUA interface.
<b>Description</b>	
<b>Source Screen(s)</b>	

## C-Section Performed

<b>Database Location</b>	A-GK 7 CSECIND
<b>Description</b>	C-Section Indicator; 1= yes, 0= no
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## First APGAR Score

<b>Database Location</b>	A-GK 9 1st semicolon piece APGARCD5
<b>Description</b>	APGAR Score (1 minute)
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information



## Second APGAR Score

<b>Database Location</b>	A-GK 9 2nd semicolon piece APGARCDs
<b>Description</b>	APGAR Score (5 minutes)
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Mother's Patient ID

<b>Database Location</b>	A-VP 17 and A-MP-13
<b>Description</b>	Mother's account number
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Mother's Admit Date

<b>Database Location</b>	A-VP 17 and A-MP-8
<b>Description</b>	Mother's Admission Date (YYMMDD)
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Mother's Discharge Date

<b>Database Location</b>	A-VP 17 and A-MP-14
<b>Description</b>	Mother's Discharge Date (YYMMDD)
<b>Source Screen(s)</b>	Medical Record Abstract/Newborn Information

## Medical CPT-4 Code

<b>Database Location</b>	A-HP 1st semicolon piece CPTINFO
<b>Description</b>	CPT-4 code with modifier from Medical Records
<b>Source Screen(s)</b>	Medical Record Abstract/HCPs

## Medical CPT-4 Units

<b>Database Location</b>	Calculated
<b>Description</b>	Number of times the HCPs code appears in the medical record abstract
<b>Source Screen(s)</b>	Medical Record Abstract/HCPs

## Medical CPT-4 Charges

Database Location	This field is not available from STAR Patient Care or STAR Patient Accounting.
Description	
Source Screen(s)	

## Medical CPT-4 Location

Database Location	This field is not available from STAR Patient Care or STAR Patient Accounting.
Description	
Source Screen(s)	

## Billing CPT-4 Code

Database Location	FC-FCA 26 F_ACHCPC
Description	CPT-4 code with modifier from billing. These codes will only be transferred when charges are transferred.
Source Screen(s)	Financials/Account Inquiry/Billing Detail

## Billing CPT-4 Units

Database Location	FC-FCA 1 F_ACQTY
Description	Quantity of charge associated with CPT-4 code. Billing CPT-4 data is only transferred when charges are transferred.
Source Screen(s)	Financials/Account Inquiry/Billing Detail

## Billing CPT-4 Charges

Database Location	FC-FCA 2 F_ACAMT
Description	Amount of charge associated with CPT-4 code. Billing CPT-4 data is only transferred when changes are transferred.
Source Screen(s)	Financials/Account Inquiry/Billing Detail

## Billing CPT-4 Location

Database Location	Not available from STAR Patient Care or STAR Patient Accounting.
Description	
Source Screen(s)	

## Acuity Date

<b>Database Location</b>	DH-HD
<b>Description</b>	Date which corresponds with the following acuity values
<b>Source Screen(s)</b>	All acuity data is transferred from the Staffing and Acuity Module of STAR Patient Care. Station Summaries are available for the patient beds based upon the staffing parameter for acuity retention. Refer to the <i>Patient Acuity and Nurse Staffing module</i> in the <i>Patient Care Reference Guide</i> for more information.

## Shift Number

<b>Database Location</b>	DH-HD
<b>Description</b>	Shift number which corresponds with the following acuity values.
<b>Source Screen(s)</b>	Refer to the Source Screen section under the Acuity Date data element

## Nurse Station

<b>Database Location</b>	DH-HD 1 1st semicolon piece SN
<b>Description</b>	Nurse station which corresponds with the following acuity values.
<b>Source Screen(s)</b>	Refer to the Source Screen section under the Acuity Date data element

## Level of Care

<b>Database Location</b>	DH-HD 1 2nd semicolon piece SN
<b>Description</b>	Level of care based on the acuity values.
<b>Source Screen(s)</b>	Refer to the Source Screen section under the Acuity Date data element

## Skill Level

<b>Database Location</b>	^V(,"NSK",,1) 6th piece
<b>Description</b>	Skill level associated with the following acuity values
<b>Source Screen(s)</b>	Refer to the Source Screen section under the Acuity Date data element

## Acuity Value

<b>Database Location</b>	DH-HD 2 SKLVL
<b>Description</b>	Acuity value for the specified patient, date, shift, and skill level.
<b>Source Screen(s)</b>	Refer to the Source Screen section under the Acuity Date data element

## CPA/RBR DATA ELEMENTS

The CPA/RBR data elements include the same data elements as the CCA/RUA data elements. Refer to the CCA/RUA Data Elements in this appendix for a description of these data elements. Additional data elements are defined below for CPA/RBR.

## UB82 Code

<b>Database Location</b>	FB-FBS 5th piece of key FB-FBU 5th piece of key
<b>Description</b>	UB92 revenue code. If a charge does not have a UB92 revenue code associated with it, the code ZZZZ is used as a default. UB92 revenue codes will be sent only when charges are transferred.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Billing/Proration Summaries

## UB82 Units

<b>Database Location</b>	FB-FBS1 F_CSDAYS FB-FBU16 F_CSCOMQ
<b>Description</b>	UB92 quantity. UB92 revenue codes will be sent only when charges are transferred.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Billing/Proration Summaries

## UB82 Charges

<b>Database Location</b>	FB-FBS 2 F_CSTCHG FB-FBU 2 F_CSTCHG
<b>Description</b>	UB92 charge amount. UB92 revenue codes will be sent only when charges are transferred.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Billing/Proration Summaries

## Contract ID

<b>Database Location</b>	A-I1 1 INSNBR
<b>Description</b>	Insurance Carrier/Plan Number for COB 1. Self pay accounts have a contract ID of 000000.
<b>Source Screen(s)</b>	MPI/Visit Information/Medical Detail

## Final Bill Date

<b>Database Location</b>	FA-FAA 3 F_ AEFBD
<b>Description</b>	Final bill date
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Billing

## First Payment Date

<b>Database Location</b>	FA-FAB 20F_AEFPAY
<b>Description</b>	First payment date for COB 1
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Last Payment Date

<b>Database Location</b>	FA-FAB 2 F_AELPAY
<b>Description</b>	Last payment date for COB 1
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Account Location

<b>Database Location</b>	FA-FAA 5 F_AEALOC
<b>Description</b>	PA = Patient Accounting, AR = Accounts Receivable, BD = Bad Debt, or AC = Archived
<b>Source Screen(s)</b>	Financials/Acct Inquiry

## Treatment Location

<b>Database Location</b>	A-MP 11 SERVCODE
<b>Description</b>	Medical Service Description
<b>Source Screen(s)</b>	MPI/Visit Information/Medical Detail

## Employer Name

<b>Database Location</b>	A-EP 3 EMPLOYER
<b>Description</b>	Employer Name
<b>Source Screen(s)</b>	MPI/Employer Page

## Covered Charges

<b>Database Location</b>	FB-FBT 1 F_BCACHG + FB-FBT 2 F_BCRCHG
<b>Description</b>	Covered ancillary charges plus covered room charges from proration for COB 1.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary

## Noncovered Charges

<b>Database Location</b>	Computed
<b>Description</b>	Total charges minus covered charges for COB 1.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary

## Deductible

<b>Database Location</b>	FB-FBT 3 F_BTDED
<b>Description</b>	Deductible for COB 1 from Proration or from Payment depending upon the parameter chosen.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary or Financials/Acct Inquiry/Transaction History

## Coinsurance

<b>Database Location</b>	FB-FBT 10 F_BTCCOIN or FB-FBT 25 F_COINS
<b>Description</b>	Coinsurance for COB 1 from Proration or from Payment depending upon the parameter chosen
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary or Financials/Acct Inquiry/Transaction History

## Covered Days

<b>Database Location</b>	FB-FBT 17 F_BTCDY
<b>Description</b>	Covered days for COB 1
<b>Source Screen(s)</b>	MPI/Insurance Screens

## Noncovered Days

<b>Database Location</b>	FB-FBT 15 F_BTNCY
<b>Description</b>	Noncovered days for COB 1
<b>Source Screen(s)</b>	MPI/Insurance Screen

## Social Security Number

<b>Database Location</b>	A-DP 5 SSNBR
<b>Description</b>	Patient's Social Security Number
<b>Source Screen(s)</b>	MPI/Patient Page

**Expected Payment COB 2-4**

<b>Database Location</b>	FB-FBT 13 F_BTLIAB
<b>Description</b>	Actual liability from proration for COB 2 - 4. This is the actual liability as of the date of the interface run.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary

**Patient Expected Payment**

<b>Database Location</b>	FA-FAP 14 F_AEPL
<b>Description</b>	Actual liability from proration for patient. This is the actual liability as of the date of the interface run. The amount will include the expected payments from COB5-9.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary



## CPA/CLAIMS MANAGEMENT DATA ELEMENTS

The CPA/Claims Management data elements include the same data elements as the CPA/RBR data elements. Refer to the CPA/RBR Data Elements in this appendix for a description of these data elements. Additional data elements are defined below for CPA/Claims Management.

## Subscriber ID

Database Location	A-I1 5 POLNBR
Description	Subscriber ID for COB 1
Source Screen(s)	MPI/Insurance Screen

## Insurance Group Number

Database Location	A-I1 6 GROUPNBR
Description	Insurance group number for COB 1
Source Screen(s)	MPI/Insurance Screen

## Insurance Group Name

Database Location	A-I1 12 GROUP
Description	Insurance group name for COB 1
Source Screen(s)	MPI/Insurance Screen

## Approval Name COB 1-9

Database Location	A-I3 1 APPRNAME
Description	Authorization Number choice
Source Screen(s)	MPI/Insurance Screens/Plan Demographic

## Insurance Verified Name COB 1-9

Database Location	A-I3 6 VERINAME
Description	Authorization Number choice
Source Screen(s)	MPI/Insurance Screens/Plan Demographics

## Second Opinion COB 1-9

Database Location	A-I3 9 APPLDS
Description	Authorization Number choice, Yes/No flag
Source Screen(s)	MPI/Insurance Screens/Plan Demographics

## Insurance Verified Date COB 1-9

<b>Database Location</b>	A-I3 7 VERIDATE
<b>Description</b>	Authorization Number choice
<b>Source Screen(s)</b>	MPI/Insurance Screens/Plan Demographics

## Approval Date COB 1-9

<b>Database Location</b>	A-I3 3 APPRDATE
<b>Description</b>	Authorization Number choice
<b>Source Screen(s)</b>	MPI/Insurance Screens/Plan Demographics

## Insurance Notified Date COB 1-9

<b>Database Location</b>	A-I3 5 NOTDATE
<b>Description</b>	Authorization Number choice
<b>Source Screen(s)</b>	MPI/Insurance Screens/Plan Demographics

## Account Balance COB 1-4

<b>Database Location</b>	FA-FAB 13 F_AECBAL
<b>Description</b>	Account Balance for COB 1-4 as of interface run date
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary

## Patient Balance

<b>Database Location</b>	FA-FAP 11 F_AEBAL
<b>Description</b>	Account balance for patient as of interface run date. The amount includes the balance for COB5-9.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Balance Summary

## Payment Amount

<b>Database Location</b>	FCM - FCPA 3 F_TTAMT
<b>Description</b>	Payment Amount. If more than 50 payments are on one account, then the 50th payment record will contain the sum of the 50th payment and all subsequent payment amounts. Refunds may be included depending upon the parameter setting.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Remittance Advice Number

<b>Database Location</b>	FCM FCPA 5 F_ARAN
<b>Description</b>	Remittance Advice Number for payment. If more than 50 payments are on one account, then the 50th payment record will be blank
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Payment Date

<b>Database Location</b>	FCM FCPA 2 F_TTPDTE
<b>Description</b>	Payment posting date. If more than 50 payments are on one account, then the 50th payment record will contain the posting date for the 50th payment.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Payment Type

<b>Database Location</b>	Calculated from FCM-FCPA 6 F-FCPAIN
<b>Description</b>	P = Patient, 1 = COB 1, 2 = COB 2, 3 = COB 3, 4 = COB 4. If more than 50 payments are on one account, then the 50th payment record will be blank.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Payment Transaction Code

<b>Database Location</b>	FCM-FCPA 1 F-TTTC
<b>Description</b>	Payment transaction type and code. If more than 50 payments are on one account, then the 50th payment record will contain P P P P P.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Adjustment Amount

<b>Database Location</b>	FCM-FCPA 3 F_TTAMT
<b>Description</b>	Adjustment amount. If more than 50 adjustments records are on one account, then the 50th adjustment record will be the sum of the 50th adjustment and all subsequent adjustments.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Adjustment Date

<b>Database Location</b>	FCM-FCPA 2 F_TTPDTE
<b>Description</b>	Adjustment posting date. If more than 50 adjustments records are on one account, then the 50th adjustment record will contain the date of the 50th adjustment.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History

## Adjustment Transaction Code

<b>Database Location</b>	FCM-FCPA 1 F_TTTC
<b>Description</b>	Adjustment transaction type and code. If more than 50 adjustments are on one account, then the 50th adjustment record will contain AAAAA.
<b>Source Screen(s)</b>	Financials/Acct Inquiry/Transaction History



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