

STAR 2000™



STAR PATIENT CARE Release of Information Interface Specifications

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Introduction

This document provides vendors with interface specifications for the STAR Release of Information interface. The specifications in this guide are designed for vendor-to-STAR uploads of request/disclosure data.

Assumptions/Cautions/Limitations

Be aware of the following:

- The interface allows for one time or scheduled uploads into the STAR Release of Information product.
- The interface specifications allow for receipt of disclosures as well as Medical Record request information.
- The interface accepts only completed requests and disclosures.
- Vendors must determine the logic for creating interface files for scheduled uploads into STAR in order to reduce the possibility of duplicate records being added to the STAR database.

Chapter 1 - Overview

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INBOUND INTERFACE OVERVIEW

The interface file is uploaded into the STAR database from a text file (.txt), loaded from a user workstation. The vendor should create the text file according to the specifications described in this document. The text file is uploaded into STAR for processing. This document refers to the interface text file as the input file.

Record Types

The input file consists of two record types, Disclosure Information records and Request Information records.

- The Disclosure Information record type contains the data necessary for the STAR Disclosure Tracking function. There is one Disclosure Information record type.
- The Request Information record type contains the data necessary for the STAR Release of Information request functions. Due to the volume of request information and the need for repeating information, the Request Information record is broken into four record types:
 - Request Detail
 - Documents Requested
 - Billing Information
 - Payment Information

Of the four Request Information record types, the Documents Requested and Payment Information records are repeating records, as multiple documents may have been requested; likewise, multiple payments may have been posted for a single request.

Input File Processing

- Colons must delimit each field in the input file. The input file must not contain colons in any data element since this would be interpreted as the end of a field.
- Each record in the input file must be delimited with a carriage return and line feed characters. The input file must not contain any carriage returns or line feeds other than those used to end a record.
- As each record type is received in the file, a disclosure or request is automatically created using the included data. The internal disclosure ID or request ID is automatically assigned by the interface.
- The interface cannot be re-run for same text file; this causes duplicate disclosures or requests to be created in STAR Release of Information.

- Only completed, canceled, or denied disclosures and requests should be sent in the interface text file. The interface sets all requests received to the appropriate complete/canceled/denied status.
- Depending on the data that is received, all appropriate indices in the STAR database are updated. These indices are mainly used for reporting and creating the work list.

COLUMN HEADING DEFINITIONS

This section presents tables that list, for each record type, the data elements included in the input file. The column heading definitions presented here apply to each of these tables.

SEQ

This column contains a sequence number used to identify the position of the data field within the record. The identifier is a positive, non-zero integer. For example, a number 3 in this column indicates the data element must appear in the third column of the record.

DATA ELEMENT

This column contains the unique identifying name of the field.

R/O/C

This column indicates whether the data element is required, optional, or conditional.

- **R** indicates this data element is required, and the record cannot be processed without the presence of this field.
- **O** indicates this data element is optional, and the record can be processed with or without the presence of this field.
- **C** indicates this data element is conditional depending upon the data element and/or the presence/absence of other data elements. Refer to the detail data element descriptions following each table for data elements marked with C.

DT (DATA TYPE)

This column identifies the data type that may be used for the data element and indicates the restrictions on the contents of the data field and formatting considerations.

In addition to the following restrictions, no data element should contain a colon, carriage return, or line feed character. Any restrictions described in the Data Element Explanations sections (following each table) takes precedence over the information described in the table below.

The following table describes the identifiers used in this column and their meanings:

Identifier	Description
A	Only alphabetic characters allowed
AN	Alphabetic and numeric characters allowed
ANP	Alphabetic, numeric, and punctuation characters allowed (except colons ':')
AP	Alphabetic and punctuation (except colons ':')
DT	Date in the format MM/DD/YYYY

Identifier	Description
N	Numeric
NP	Numeric and punctuation (except colons ':')
TBL	STAR 2000 Table Code (The data element must be a code that exactly matches the table code entered in the STAR 2000 table described in the <i>Table</i> column.)
TBLO	STAR 2000 Table Code or override (The data element may either be a code that exactly matches the table code entered in the STAR 2000 table described in the <i>Table</i> column or may be a description that is used in place of the table code as an override.)
DTTM	Date and time in the format MM/DD/YYYY HHMM, where HHMM is the time in 24-hour mode

MAX

This column identifies the maximum length for the data element.

TABLE

This column identifies the STAR 2000 table where the data element must match the table code. This column is completed for data elements where the *DT* column is completed with either TBL or TBLO.

ROI INTERFACE REPORT

The ROI Interface Report is generated each time the interface is run. It includes the following sections:

1. Rejected Records, including

- error messages, such as
 - interface errors
 - missing required data
 - data that cannot be matched with STAR table data
 - unit number and account number mismatches for disclosures
 - invalid unit numbers
- requester type
- requester
- request date
- unit number
- account number

This section is sorted by requester type, with a secondary sort of unit number for requests and account number for disclosures.

2. Total Successful Requests, with a line of detailed information for each request

3. Total Successful Disclosures, with a line of detailed information for each disclosure

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DISCLOSURE INFORMATION RECORDS

Specifications

The Disclosure Information record contains the data necessary for the STAR Disclosure Tracking function. The following table describes the data elements included in the Disclosure Information record:

Seq	Data Element	R/O/C	DT	Max	Table
1	Record Type	R	"D"	1	
2	Facility Code	R	A	1	
3	Medical Record Number	R	N	15	
4	Patient Account Number	R	N	15	
5	Requester	R	TBLO	30	ROI Requesters
6	Requester Address Line 1	O	ANP	25	
7	Requester Address Line 2	O	ANP	25	
8	Requester City	O	ANP	18	
9	Requester State	O	TBL	2	State Abbreviations
10	Requester ZIP	O	N	9	
11	Disclosure Entered Date & Time	R	DTTM	15	
12	Disclosure Entered By – STAR Application Code	R	A	1	
13	Disclosure Entered By – ALLSTAR ID Code	R	AN	10	
14	Disclosure Released Date	R	DT	10	
15	PHI Requested	C	TBL	6	ROI Disclosure Information
16	PHI Disclosed	C	TBL	6	ROI Disclosure Information
17	Purpose of Disclosure	R	TBL	6	ROI Purpose of Disclosure
18	Disclosure Method	O	TBL	2	ROI Disclosure Method
19	Flag – Suspend from Accounting of Disclosures Report	O	N	1	

Seq	Data Element	R/O/C	DT	Max	Table
20	Disclosure Last Edited By – STAR Application Code	O	A	1	
21	Disclosure Last Edited By – ALLSTAR ID Code	O	AN	10	
22	Disclosure Last Edited Date & Time	O	DTTM	15	
23	Disclosure Canceled By – STAR Application Code	C	A	1	
24	Disclosure Canceled By – ALLSTAR ID Code	C	AN	10	
25	Disclosure Canceled Date & Time	C	DTTM	15	

Data Element Explanations

1. RECORD TYPE

This field must always be populated with an uppercase “D.” This field is used by STAR to identify this record as the Disclosure Information record.

2. FACILITY CODE

This field must be populated with the STAR facility code associated with the medical record number in seq 3.

3. MEDICAL RECORD NUMBER

This field must be populated with the STAR medical record number for the patient of record (for the Disclosure).

4. PATIENT ACCOUNT NUMBER

This field must be populated with the STAR patient account number for the episode/visit (for the Disclosure).

5. REQUESTER

This field must be populated with the requester of information disclosed. The requester must be a code in the STAR ROI Requester table or a description that is used in place of the table code as an override.

6. REQUESTER ADDRESS LINE 1

This field may be populated with the first line of the address for the requester (#5 above) for the disclosure.

7. REQUESTER ADDRESS LINE 2

This field may be populated with the second line of the address for the requester (#5 above) for the disclosure.

8. REQUESTER CITY

This field should be populated with the city of the requester (#5 above) for the disclosure.

9. REQUESTER STATE

This field should be populated with the state code of the requester (#5 above). The state code must be a valid code in the State Abbreviations table.

10. REQUESTER ZIP

This field should be populated with the ZIP code of the requester (#5 above) for the disclosure.

11. DISCLOSURE ENTERED DATE & TIME

This field should be populated with the date and the time the disclosure was entered in the vendor disclosure system.

12. DISCLOSURE ENTERED BY – STAR APPLICATION CODE

This field identifies the STAR application code for the STAR user who originally entered the disclosure. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials
L	Laboratory
P	Pharmacy
X	Radiology

13. DISCLOSURE ENTERED BY – ALLSTAR ID CODE

This field identifies the ALLSTAR ID code of the STAR user who originally entered the disclosure.

14. DISCLOSURE RELEASED DATE

This field must be populated with the date the disclosure was made.

15. PHI REQUESTED

This field should be populated with the code that exactly matches the STAR ROI Disclosure Information table. This field is conditional and does not need to be populated if the PHI Disclosed field is populated with a value; otherwise, this field is required. If this field is left blank, STAR automatically populates this field in the STAR database with the value of PHI Disclosed data element.

16. PHI DISCLOSED

This field should be populated with the code that exactly matches the STAR ROI Disclosure Information table. This field is conditional and does not need to be populated if the PHI Requested field is populated with a value; otherwise, this field is

required. If this field is left blank, STAR automatically populates this field in the STAR database with the value of PHI Requested data element.

17. PURPOSE OF DISCLOSURE

This field must be populated with the purpose for the disclosure. The purpose must be a code in the STAR ROI Purpose of Disclosure table.

18. DISCLOSURE METHOD

This field may be populated with the method for releasing the disclosure document/information. The method code must be a code in the STAR ROI Disclosure Method table.

19. FLAG – SUSPEND FROM ACCOUNTING OF DISCLOSURES REPORT

This field must be populated with an indicator, indicating whether this disclosure should be included on an Accounting of Disclosures Report. This field should be populated with the number 1 if the disclosure should be excluded from the report; the field should be left blank or populated with the number 0 to indicate the disclosure should be included on the report.

20. DISCLOSURE LAST EDITED BY – STAR APPLICATION CODE

This field identifies the application of the STAR user's ALLSTAR ID code who last edited the disclosure. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials
L	Laboratory
P	Pharmacy
X	Radiology

21. DISCLOSURE LAST EDITED BY – ALLSTAR ID CODE

This field must be populated with the ALLSTAR ID code of the STAR user who last edited the disclosure.

22. DISCLOSURE LAST EDITED DATE & TIME

Populate this field with the last date and time the disclosure was last edited.

23. DISCLOSURE CANCELED BY – STAR APPLICATION CODE

This field is required if the disclosure was canceled. If the disclosure is not canceled, this field should be blank. This field identifies the application of the STAR user's ALLSTAR ID code who canceled the disclosure. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials

Application Code	Description
L	Laboratory
P	Pharmacy
X	Radiology

24. DISCLOSURE CANCELED BY – ALLSTAR ID CODE

This field is required if the disclosure was canceled. If the disclosure is not canceled, this field should be blank. Populate this field with the ALLSTAR ID code of the STAR user who canceled the disclosure.

25. DISCLOSURE CANCELED DATE & TIME

This field is required if the disclosure was canceled. If the disclosure is not canceled, this field should be blank. Populate this field with the date and time the disclosure was canceled.

REQUEST INFORMATION RECORDS

The Request Information record type contains the data necessary for the STAR Release of Information request functions. Due to the volume of request information and the need for repeating information, the Request Information record type is broken into four record types:

- Request Detail
- Documents Requested
- Billing Information
- Payment Information

Of the four request information record types, the Documents Requested and Payment Information records can repeat, as multiple documents may have been requested or multiple payments may have been posted for a single request.

Each individual request must be added to the input file, and each request can consist of several consecutive records:

1. One Request Detail record is required.
2. One or more Documents Requested record(s) are required. If the entire chart was requested, there must be one record. If individual documents were requested, there must be one record for each document requested.
3. One Billing Information record is required.
4. One or more Payment Information record(s) are conditionally required. If no payments were posted for a request, no payment information record is required to be included in the input file. If one or more payments have been posted, there must be one record for each payment.

Request Detail Records

SPECIFICATIONS

The Request Detail record is required and must be the first record included in the input file for each individual request.

The following table describes the data elements included in this record:

Seq	Data Element	R/O/C	DT	Max	Table
1	Record Type	R	"R"	1	

Seq	Data Element	R/O/C	DT	Max	Table
2	Facility Code	R	A	1	
3	Medical Record Number	R	N	15	
4	Request Record Type	R	"R"	1	
5	Request Entered Date & Time	R	DTTM	15	
6	Request Entered By – Application Code	R	A	10	
7	Request Entered By – ALLSTAR ID Code	R	AN	10	
8	Purpose of Disclosure	O	TBL	6	ROI Purpose of Disclosure
9	Request Authorization Type	O	TBL	4	ROI Authorization Type
10	Requester	R	TBLO	44	ROI Requesters
11	Requester Type	O	TBL	4	ROI Requester Type
12	Requester Contact Name	O	AN	25	
13	Requester Address Line 1	O	ANP	25	
14	Requester Address Line 2	O	ANP	25	
15	Requester City	O	ANP	18	
16	Requester State	O	A	2	
17	Requester ZIP	O	N	10	
18	Requester Fax Number	O	N	20	
19	Requester Phone	O	N	20	
20	Requester E-Mail Address	O	ANP	40	
21	Flag – Include on Accounting of Disclosures Report	O	N	1	
22	Total Number of Pages (Paper)	C	N	10	
23	Total Number of Microfilm Pages	C	N	10	

Seq	Data Element	R/O/C	DT	Max	Table
24	Copied By – Employee Application Code	O	A	1	
25	Copied By – Employee ALLSTAR ID Code	C	AN	10	
26	Request Needed Date	O	DT	10	
27	Request Received Date	R	DT	10	
28	Request Logged Date and Time	O	DTTM	15	
29	Request Logged By – Employee Application Code	O	A	1	
30	Request Logged By – Employee ALLSTAR ID Code	O	AN	10	
31	Date and Time the Request Was Pended	O	DTTM	15	
32	Pended By – Employee Application Code	O	A	1	
33	Pended By – Employee ALLSTAR ID Code	O	AN	10	
34	Pended Reason Code	O	TBL	6	ROI Reasons (Valid for Pend Request)
35	Completed Indicator	O	N	2	
36	Completed By – Employee Application Code	O	A	1	
37	Completed By – Employee ALLSTAR ID Code	C	AN	10	
38	Completed Date and Time	C	DTTM	15	
39	Completed Reason	O	TBL	6	ROI Reasons (Valid for Completed Requests)
40	Disclosure Method	O	TBL	2	ROI Disclosure Method
41	Reference Number	O	AN	20	

DATA ELEMENT EXPLANATIONS**1. RECORD TYPE**

This field must be populated with an uppercase “R.” This field is used by STAR to identify this record as the Request Information record.

2. FACILITY CODE

This field must be populated with the facility code associated with the medical record number in seq 3.

3. MEDICAL RECORD NUMBER

This field must be populated with the medical record number of the patient on which documents are requested.

4. REQUEST RECORD TYPE

This field must be populated with an uppercase “R.” This field is used by STAR to identify this record as the Request Detail record for this request.

5. REQUEST ENTERED DATE & TIME

This field must be populated with the date the request was entered in the vendor system.

6. REQUEST ENTERED BY – STAR APPLICATION CODE

This field identifies the application of the STAR user’s ALLSTAR ID code who originally entered the request. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials
L	Laboratory
P	Pharmacy
X	Radiology

7. REQUEST ENTERED BY – ALLSTAR ID CODE

This field identifies the ALLSTAR ID code of the STAR user who originally entered the request.

8. PURPOSE OF DISCLOSURE

This field is populated with the purpose for the disclosure. The purpose must be a code in the STAR ROI Purpose of Disclosure table.

9. REQUEST AUTHORIZATION TYPE

This field is populated with the Request Authorization Type. The type must be a code in the STAR ROI Authorization Type table.

10. REQUESTER

This field must be populated with the requester of information released. The requester must be a code in the STAR ROI Requester Table or a description that is used in place of the table code as an override.

11. REQUESTER TYPE

This field must be populated with the requester type. The requester type must be a code in the STAR ROI Requester Type table.

12. REQUESTER CONTACT NAME

This field is populated with the contact name/person for this requester.

13. REQUESTER ADDRESS LINE 1

This field may be populated with the first line of the address for the requester.

14. REQUESTER ADDRESS LINE 2

This field may be populated with the second line of the address for the requester.

15. REQUESTER CITY

This field should be populated with the city of the requester.

16. REQUESTER STATE

This field should be populated with the state code of the requester. The state code must be a valid code in the State Abbreviations table.

17. REQUESTER ZIP

This field should be populated with the ZIP code of the requester.

18. REQUESTER FAX

This field should be populated with the fax number of the requester.

19. REQUESTER PHONE

This field should be populated with the phone number of the requester.

20. REQUESTER E-MAIL ADDRESS

This field should be populated with the e-mail address of the requester.

21. FLAG – INCLUDE ON ACCOUNTING OF DISCLOSURES REPORT

This field must be populated with an indicator, indicating whether this completed request should be included on an Accounting of Disclosures Report. This field should be populated with the number 1 if the disclosure should be included on the report; the field should be left blank or populated with the number 0 to indicate the disclosure should be excluded from the report.

22. TOTAL NUMBER OF PAGES

This field should be populated with the total number of paper pages copied for documents for this request. This field is required only if billing calculation is to be performed during interface processing for this request. See [Billing Information Records](#).

23. TOTAL NUMBER OF MICROFILM PAGES

This field should be populated with the total number of microfilm pages copied for documents for this request. This field is required only if billing calculation is to be performed during interface processing. See [Billing Information Records](#).

24. COPIED BY – EMPLOYEE APPLICATION CODE

This field identifies the application of the STAR user's ALLSTAR ID code who made the copies for this request. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials
L	Laboratory
P	Pharmacy
X	Radiology

25. COPIED BY – EMPLOYEE ALLSTAR ID CODE

This field identifies the ALLSTAR ID code of the STAR user who made the copies for this request. This field is not required; however, it is important if productivity reporting is anticipated.

26. REQUEST NEEDED DATE

This field should be populated with the date the requester needed the requested documents.

27. REQUEST RECEIVED DATE

This field should be populated with the date the facility's Records Management Department received the request.

28. REQUEST LOGGED DATE AND TIME

This field should be populated with the date and time the request was last placed in a logged status.

29. REQUEST LOGGED BY – EMPLOYEE APPLICATION CODE

This field identifies the application of the STAR user's ALLSTAR ID code who placed this request in a logged status. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials
L	Laboratory
P	Pharmacy
X	Radiology

30. REQUEST LOGGED BY – EMPLOYEE ALLSTAR ID CODE

This field identifies the ALLSTAR ID code of the STAR user placed this request in a logged status.

31. DATE AND TIME THE REQUEST WAS PENDED

This field should be populated with the date and time the request was placed in a pended / pending status.

32. PENDED BY – EMPLOYEE APPLICATION CODE

This field identifies the application of the STAR user's ALLSTAR ID code who placed this request in a pended status. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials
L	Laboratory
P	Pharmacy
X	Radiology

33. PENDED BY – EMPLOYEE ALLSTAR ID CODE

This field identifies the ALLSTAR ID code of the STAR user who placed this request in a pended status.

34. PENDED REASON

This field should be populated with the reason code the request was placed in a pended status. The reason code must be a valid code in the ROI Reasons table, and the table code must be defined as a valid code to be used for pending a request.

35. COMPLETED INDICATOR

This field indicates how this request was completed. Valid entries are as follows:

Code	Description
3	Denied
4	Canceled
99	Complete

36. COMPLETED BY – EMPLOYEE APPLICATION CODE

This field identifies the application of the STAR user's ALLSTAR ID code who completed this request. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials

Application Code	Description
L	Laboratory
P	Pharmacy
X	Radiology

37. COMPLETED BY – ALLSTAR ID CODE

This field identifies the ALLSTAR ID code of the STAR user who completed this request. This field is not required; however, it is important if productivity reporting is anticipated.

38. COMPLETED DATE AND TIME

This field must be populated with the date and time this request was completed. This field is not required; however, it is important if productivity reporting is anticipated.

39. COMPLETED REASON

This field should be populated with the reason that the request was completed. The reason code must be a valid code in the ROI Reasons table, and the table code must be defined as a valid code to be used for completing a request.

40. DISCLOSURE METHOD

This field should be populated with the disclosure method code. The disclosure method code must be a valid code in the ROI Disclosure Method table.

41. REFERENCE NUMBER

This field can be populated with any number as a reference.

Documents Requested Records

SPECIFICATIONS

The Request Detail record must be followed by the Documents Requested record. The Documents Requested record is required.

If the entire chart was requested, there must be one Documents Requested record; otherwise, there must be one Document Requested record for each document requested.

The following table describes the data elements included in the Documents Requested record:

Seq	Data Element	R/O/C	DT	Max	Table
1	Record Type	R	"R"	1	
2	Facility Code	R	A	1	
3	Medical Record Number	R	N	15	

Seq	Data Element	R/O/C	DT	Max	Table
4	Request Record Type	R	"D"	1	
5	Patient Account Number	C	N	15	
6	Document Type	O	TBL	6	ROI Document Type
7	Start Date	O	DT	10	
8	End Date	O	DT	10	
9	Total pages copied for this document type	O	N	10	

DATA ELEMENT EXPLANATIONS

1. RECORD TYPE

This field must be populated with an uppercase "R." This field is used by STAR to identify this record as the Request Information record.

2. FACILITY CODE

This field must be populated with the STAR facility code associated with the medical record number in seq 3.

3. MEDICAL RECORD NUMBER

This field must be populated with the STAR medical record number of the patient on which documents are requested.

4. REQUEST RECORD TYPE

This field must be populated with an uppercase "D." This field is used by STAR to identify this record as the Documents Requested record for this request.

5. PATIENT ACCOUNT NUMBER

If the entire chart was requested, this field must be left blank; otherwise, if documents were requested, this field is required and must be populated with the patient account number associated with the requested document.

6. DOCUMENT TYPE

If the entire chart was requested, this field must be left blank; otherwise, this field should be populated with the Document Type code requested. The Document Type code must be a valid code in the STAR ROI Document Type table.

7. START DATE

If the entire chart was requested this field must be left blank; otherwise, this field should be populated with the start date (if applicable) related to the document type requested.

8. END DATE

If the entire chart was requested this field must be left blank; otherwise, this field should be populated with the end date (if applicable) related to the document type requested.

9. TOTAL PAGES

If the entire chart was requested, this field must be left blank; otherwise, this field can be populated with the total pages for each document that was copied.

Billing Information Records

SPECIFICATIONS

The Documents Requested record(s) must be followed by the Billing Information record. The Billing Information record is required.

The following table describes the data elements included in the Request Billing Information record:

Seq	Data Element	R/O/C	DT	Max	Table
1	Record Type	R	"R"	1	
2	Facility Code	R	A	1	
3	Medical Record Number	R	N	15	
4	Request Record Type	R	"B"	1	
5	Billing Type	R	TBL	4	ROI Billing Type
6	Invoice Number	O	N	10	
7	Invoice Date	O	DT	10	
8	Most Recent Date & Time Invoice was last printed or faxed	O	DTTM	15	
9	Disclosure Method	O			
10	View Only Fee	O	NP	10	
11	Postage Charge	O	NP		
12	Charge Adjustment Amount	O	NP		
13	Charge Adjustment Reason Code	O	TBL		ROI Reasons (Valid for Adjustment)
14	Charge Adjustment Date	O	DT		
15	Total Charges	C	NP		
16	Total Payments	O	NP		

Seq	Data Element	R/O/C	DT	Max	Table
17	Balance Adjustment Amount	O	NP		
18	Balance Adjustment Reason	O	TBL		ROI Reasons (Valid for Adjustment)
19	Balance Adjustment Date	O	DT		
20	Balance Due	O	NP		

DATA ELEMENT EXPLANATIONS

1. RECORD TYPE

This field must be populated with an uppercase "R." This field is used by STAR to identify this record as the Request Information record.

2. FACILITY CODE

This field must be populated with the STAR facility code associated with the medical record number in seq 3.

3. MEDICAL RECORD NUMBER

This field must be populated with the STAR medical record number of the patient for which documents are requested.

4. REQUEST RECORD TYPE

This field must be populated with an uppercase "B." This field is used by STAR to identify this record as the Billing Information record for this request.

5. BILLING TYPE

This field must be populated with the billing type code for this request. The billing type code must match a valid code in the STAR ROI Billing Type code table. If the *Total Charges* field is blank and the *Total Pages* field contains an entry, STAR calculates billing information for the request using this Bill Type.

6. INVOICE NUMBER

This field should be populated with a unique number associated with the invoice for this request.

7. INVOICE DATE

This field should be populated with the last date an invoice was generated for this request.

8. MOST RECENT DATE & TIME INVOICE WAS LAST PRINTED OR FAXED

This field should be populated with the date and time the invoice was last printed or faxed.

9. DISCLOSURE METHOD

This field should be populated with a disclosure method code indicating the method the requested information was disclosed. The disclosure method code must be a valid code in the STAR ROI Disclosure Method table.

10. VIEW ONLY FEE

This field should be populated with the fee for viewing (only) a patient's record.

11. POSTAGE CHARGE

This field is populated through STAR's billing calculation, based on the Bill Type if the *Total Charges* field is blank. Otherwise, this field should be populated with the amount for postage/shipping.

12. CHARGE ADJUSTMENT AMOUNT

This field should be populated with the amount to adjust the sub-total. It allows entry of a U.S. currency amount with a maximum of \$10,000. Format is mmmmm.mm. A minus sign (-) must be entered in front of the amount to subtract.

13. CHARGE ADJUSTMENT REASON CODE

This field should be populated with a reason for the adjustment from the ROI Reasons table, and the table code must be defined as a valid code to be used for a charge adjustment.

14. CHARGE ADJUSTMENT DATE

This field should be populated with the date the adjustment to total charges was made.

15. TOTAL CHARGES

This field should be left blank when the billing calculation is to be performed by STAR based on the Bill Type (table). Data sent in this field indicate that charge totals are being sent (instead of being calculated on STAR).

16. TOTAL PAYMENTS

This field should be populated with the amount of total payments sent for the request.

17. BALANCE ADJUSTMENT AMOUNT

This field should be populated with the amount of the adjustment to the balance due amount. Format is mmmmm.mm. A minus sign (-) must be entered in front of the amount to subtract.

18. BALANCE ADJUSTMENT REASON

This field should be populated with the reason for the adjustment to the balance. The reason code must be a valid code in the ROI Reasons table, and the table code must be defined as a valid code to be used for a balance adjustment.

19. BALANCE ADJUSTMENT DATE

This field should be populated with the date of the balance adjustment.

20. BALANCE DUE

This field should be populated with the balance due amount for the request.

Payment Information Records

SPECIFICATIONS

The Billing Information record must be immediately followed by the Payment Information record (if payments have been posted for a request). The Payment Information record(s) may be omitted from the input file if no payments have been posted for a request.

The following table describes the data elements included in the Request Payment Information record:

Seq	Data Element	R/O/C	DT	Max	Table
1	Record Type	R	"R"	1	
2	Facility Code	R	A	1	
3	Medical Record Number	R	N	15	
4	Request Record Type	R	"P"	1	
5	Payment Type	O	TBL	4	ROI Method of Payment
6	Check or Confirmation Number	O	AN	10	
7	Payment Amount	O	N	10	
8	Payment Date	O	DT	10	
9	Payment Entered By Employee application code	O	A	1	
10	Payment Entered By Employee ALLSTAR ID Code	O	AN	10	
11	Payment Entered Date	O	DT	10	

DATA ELEMENT EXPLANATIONS

1. RECORD TYPE

This field must be populated with an uppercase "R." This field is used by STAR to identify this record as the Request Information record.

2. FACILITY CODE

This field must be populated with the facility code associated with the medical record number in seq 3.

3. MEDICAL RECORD NUMBER

This field must be populated with the medical record number of the patient on which documents are requested.

4. REQUEST RECORD TYPE

This field must be populated with an uppercase "P." This field is used by STAR to identify this record as the Payment Information record for this request.

5. PAYMENT TYPE

This field should be populated with the payment type code for this payment. The payment type code must match a valid code in the STAR ROI Method of Payment code table.

6. CHECK OR CONFIRMATION NUMBER

This field should be populated with the check or confirmation number for the payment.

7. PAYMENT AMOUNT

This field should be populated with the payment received. It allows entry of a U.S. currency amount.

8. PAYMENT DATE

This field should be populated with the date the payment was recorded as received in the vendor system.

9. PAYMENT ENTERED BY EMPLOYEE APPLICATION CODE

This field identifies the application of the STAR user's ALLSTAR ID code who originally entered the payment. Valid entries are as follows:

Application Code	Description
C	Patient Care
F	Financials
L	Laboratory
P	Pharmacy
X	Radiology

10. PAYMENT ENTERED BY EMPLOYEE ALLSTAR ID CODE

This field identifies the ALLSTAR ID code of the STAR user who entered the payment.

11. PAYMENT ENTERED DATE

This field should be populated with the date the payment was received.

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■ R e a d e r C o m m e n t F o r m ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *STAR Patient Care - Release of Information Interface Specifications* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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